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ABOUT ALLIED SERVICES

A MESSAGE FROM OUR PRESIDENT & CHIEF EXECUTIVE OFFICER

Dear New Employee,

Welcome to Allied Services.

I am sure this is an exciting day for you as you begin your employment with one of the country's most diverse providers of services to people in need.

Since 1958, Allied Services has enjoyed an excellent reputation for providing high quality compassionate care. This distinction has been hard earned and is due to the wonderful compassion exhibited every day by our employees and volunteers. You have accepted a vital responsibility by becoming a member of our team.

This employee handbook will help you to understand Allied and explain some of its Human Resources policies and procedures. Please be sure to read through it thoroughly and feel free to contact your supervisor or our Human Resources Department about any issues that are unclear.

Best wishes for success at Allied and be sure to keep in mind that we seek to treat those we serve like we would like to be treated.

Sincerely,



William P. Conaboy, President/Chief Executive Officer

SECTION I

General Information

ALLIED SERVICES' MISSION, VALUES, AND VISION

MISSION STATEMENT

To be here 50 years from now and still providing high quality, compassionate care to people in need.

VALUE STATEMENT

Our approach is a hands-on, people-oriented style which places the physical and emotional needs of those in our care at the center of all we do. Whether in our rehabilitation hospitals, our skilled nursing facilities, our behavioral health/developmental services programs, home care or vocational programs, we strive everyday to enable those receiving our care to reach their fullest potential.

We use a participative-style of interaction, with guidance from our board of directors that seeks team-oriented solutions and employee empowerment so that we may be:

- The region's premier provider of rehabilitation, vocational, home care and residential services to people who are elderly and disabled;
- Recognized by those who receive our care and the community at large as a quality driven organization with the highest level of integrity;
- Positioned to fulfill changing medical, vocational and residential needs of our community;
- A leader in research on the latest trends assisting those in our care;
- Regarded as a respected corporate citizen, conscious of the environment and its natural resources;
- Consistently seeking ways to better serve those in our care;
- Conscious that everyone should be treated with courtesy and compassion;
- Assured that our facilities and properties reflect the highest standards of cleanliness and appearance.

VISION STATEMENT

At Allied Services, we use a cooperative decision-making style among employees that seeks team-oriented solutions to enable the organization to:

- Empower employees to grow as professionals in an environment that is motivating and future oriented;
- Provide quality programs and services into the 21st century;
- Be positioned to participate in managed care competition;
- Establish partnerships with local and national organizations to meet the needs of our service community;
- Attract motivated workers to continue our tradition of health and human service excellence;
- Be a nationwide resource on rehabilitation, vocational, mental health/mental retardation, home care and elderly care service issues;
- Provide research and technology that addresses the changing needs of those served in our programs.

HISTORY OF ALLIED SERVICES

It started in the mid 1950's, as a vision in the minds of local citizens looking for a better way to serve people with disabilities. Today, more than 60 years later, Allied Services programs and services touch those in need throughout Northeastern and Central Pennsylvania.

Allied Services was conceived as an alliance of local agencies dedicated to serving and treating people with disabilities. It got its start when a group of Scranton area human service professionals brought their concept of a joint administrative and treatment facility for people with disabilities before the Welfare Council of Lackawanna County.

The idea was to bring all agencies that provided services to people with disabilities under one umbrella in order to coordinate the provision of care and reduce administrative expenses. It was formalized on September 10, 1957, when the Welfare Council approved the proposal to organize Allied Services for the Handicapped. Some of the first organizations to support the new effort were United Cerebral Palsy, Lackawanna County Retarded Children's Association, and Goodwill Industries. Other groups were the Junior League of Scranton, Lackawanna County Society for Crippled Children and Adults, Lackawanna County Tuberculosis and Health Society, and the Visiting Nurse Association.

The first meeting of Allied Services was conducted in 1958 at the Jewish Community Center in Scranton. One of the first issues faced by the organization was that of securing office space. That issue was resolved in 1962 when the Scranton Redevelopment Authority made available for sale the old Economy Warehouse on Franklin Avenue and Linden Street in downtown Scranton.

From there the organization blossomed.

From a barren loft devoid of a chair, desk, telephone and staffed only by a program coordinator and a secretary, Allied soon grew to include a sheltered workshop in a bakery building on Cedar Avenue in Scranton. Though some of the original organizations withdrew from the concept, word of Allied's mission spread as a 16-acre track of land along the Morgan Highway was donated to the organization by the R.Y. Moffat family of Scranton. That gift, in conjunction with funding from the state, federal and private sources, enabled Allied to expand its facilities and increase its programs and services.

In 1965, Allied opened the doors of its Institute for Physical Medicine and Rehabilitation, which would provide rehabilitative services through physical, occupational, and speech therapies, as well as psychological and social services. Two years later, thanks to the support of the Lynett Family of Scranton, a grouping of cottage-like treatment and living facilities for children with intellectual disabilities was opened on the Allied campus. The site was named Lynett Village and today is one of PA's model programs for the care of individuals with intellectual disabilities. Nineteen sixty-eight was a year of growth for Allied as an additional 70 acres of land was purchased along the Morgan Highway. In 1970, Allied's Vocational Training Center moved from its Cedar Avenue location to its present home on the Morgan Highway campus. A residence for the intellectually disabled was built alongside. To recognize the assistance provided for those projects by former Governor William Scranton, Allied named the two facilities in his honor.

As the 1970's moved forward, Allied's programs continued to grow and to reach out to more and more people. In 1974, Allied instituted a Community Living Arrangement program for intellectually disabled, to provide opportunities for higher functioning clients to live in a community environment in home-like settings. That program continued through 1988 when insufficient human services funding made it necessary to discontinue the program. That philosophy of promoting independence for people with disabilities spurred Allied to establish its Community Residential Rehabilitation Program for persons with mental illness in 1979. Through this program, residents today live in carefully supervised community residences throughout Lackawanna County and receive the care they need to help become reoriented to community life.

In 1980, Allied opened a 180-bed long-term facility on the Morgan Highway campus. The building was doubled in size in 1984, and today houses some 370 residents. It features the region's largest treatment program for the care of those afflicted with Alzheimer's illness. Nineteen eighty-one and 1982 were eventful years as Allied established a home care division to service homebound patients in Northeastern and Central PA. Allied's 103 bed John Heinz Institute of Rehabilitation Medicine in Wilkes-Barre Township, named for the late U.S. Senator John Heinz, also opened its doors in 1982. The Heinz Institute joins Allied's 107 bed Scranton rehabilitation facility, which was expanded in 1985, as two of the most progressive facilities of their kinds in the country.

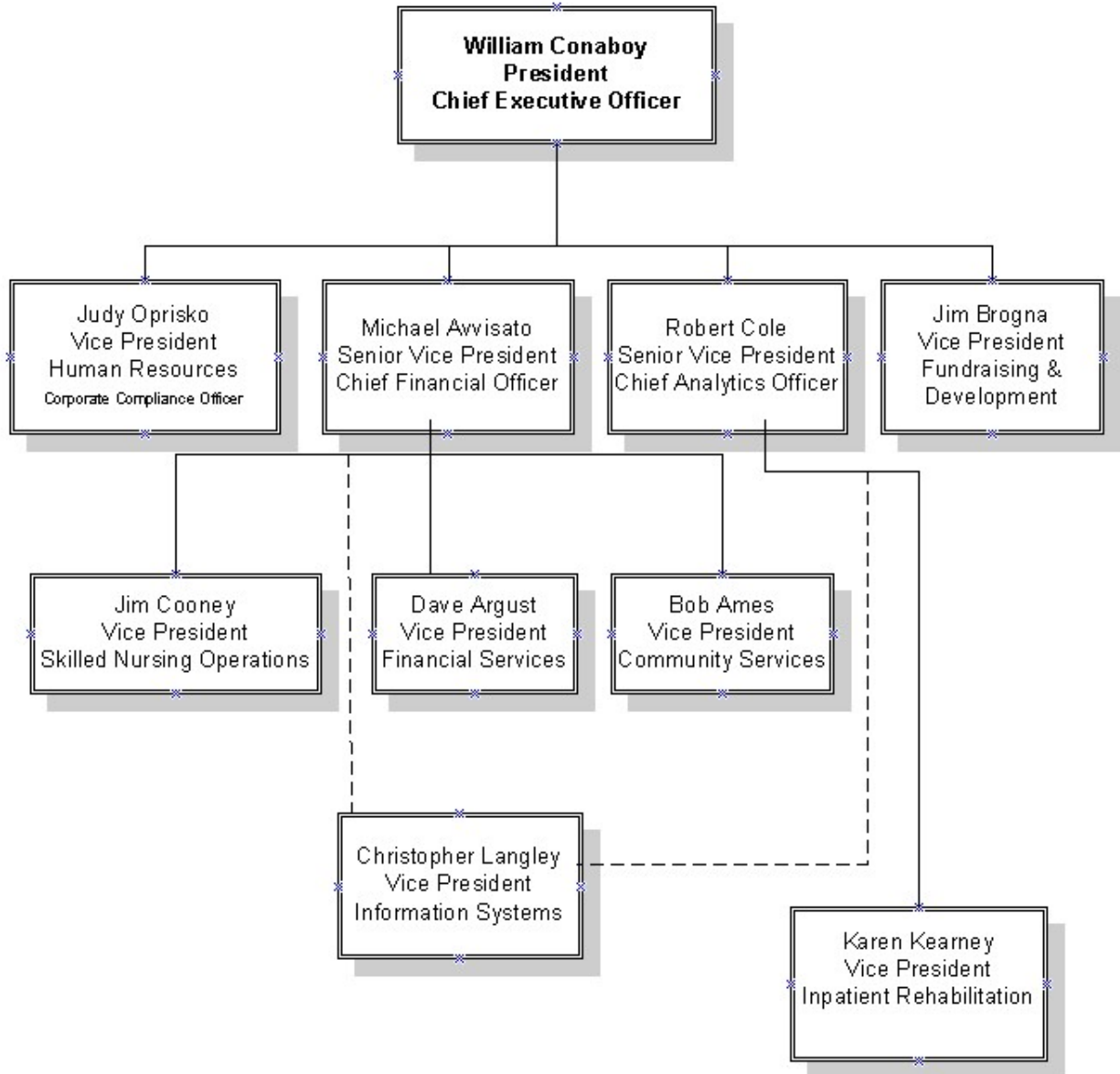
During the late 1980's, Allied developed and enhanced specialty programs such as spinal cord injury, head trauma, and stroke rehabilitation; vocations training and placement services; rehabilitation and service programs for children; and the expansion of community services for the homebound and for those with mental disabilities.

The 1990's and later brought an enormous expansion in outpatient services. To better serve the community the John Heinz Institute and Rehabilitation Hospital have opened outpatient clinics. We now have clinics in several communities, including: Carbondale, Dickson City, Taylor, Pittston, Kingston, Nanticoke, Dallas, Dunmore, Tunkhannock, Mount Pocono, Moscow, Mountaintop and Berwick. Allied acquired the DePaul School which educates children with dyslexia up to 8th grade.

In 2008 Allied affiliated with the Burnley Employment and Rehabilitation Services in the Stroudsburg area. This division has expanded the vocational services available to the community.

In more recent years Allied Services expansion includes Transitional Rehabilitation Units in the Allied Rehab and Heinz Rehab Facilities and both a community based and inpatient Hospice Division.

Throughout history, Allied Services has demonstrated that its eyes are focused on the future. The commitment, however, for service today has always remained paramount. It's that commitment to better serve people with disabilities and those who are elderly that Allied was built upon and that remains the driving force behind the organization today. For additional information about Allied Services call 570-348-1348 or email allied-services.org.



**Allied Services
Executive Organizational Chart**

June 2021

HUMAN RESOURCES TELEPHONE DIRECTORY

MAIN NUMBER (570) 348-1348,
TOLL FREE (800) 368-3910, TDD (570) 348-1240,
FAX (570) 348-1294

Judy Oprisko – *Vice President of Human Resources - (570) 348-1208*

Discipline and employee relations issues; grievances; EEO issues; EAP issues and referrals; policy interpretations; benefit and pension issues, compensation, ERISA and Department of Labor Regulations; Fair Labor Standards Act concerns; Corporate Compliance Officer.

Carmela Fox – *Assistant Vice President of Human Resources – (570) 348-1454*

Discipline and employee relations issues; grievances; compensation planning, pension, and benefit inquiries; ERISA, FMLA, and Fair Labor Standards Act questions; employee career counseling and educational benefits; employee engagement & recognition programs; performance evaluations, and manager training.

Theresa Snyder – *Employment Manager - (570) 348-1455*

Recruiting, interviewing and hiring of professional staff including Executive, Management level, RNs, LPNs, Certified Nurse Aides, Physical Therapists, Physical Therapist Assistants, Occupational Therapists, COTA's, Respiratory Therapists, Speech Therapists; discipline and employee relations, grievances; employee requisitions, job fairs/recruitment; job posting and on-boarding questions.

Lisa Freas – *Compensation & Benefits Manager – (570) 341-4344*

Pension; 401K and tax deferred annuities; Fair Labor Standards Act questions and compliance; exempt/non-exempt and overtime issues; Unemployment Compensation; Affirmative Action; costing reports; job evaluation and labor grade inquiries; wage and salary issues; salary surveys; wellness; compensation and benefit inquiries.

Dana Katilus – *Employee Benefits Coordinator - (570) 348-1463*

Health insurance processing, deductions and inquiries; life insurance; COBRA; terminations; flexible benefit issues and deductions (including spending accounts, disability, life and health insurance); Employee information maintenance (including position, rate, status, deduction and divisional changes);

Diana Poduch – *Human Resource Information System (HRIS) Administrator - (570) 341-4630*

Administers UKG Dimensions, recruiting and onboarding systems, and attendance tracking system. Resolves employee and manager HR software issues, timecard questions and generates manager requested reports. Handles local tax exemption concerns.

Tim McVeigh – *HRIS Coordinator/Leave Administrator - (570) 341-4559*

Benefit time inquiries; new hires; vacation donation; tuition assistance; FMLA, Medical and Personal Leave of Absences; Short and Long term Disability, direct deposit, employee self service questions, W-4 questions and wage garnishments.

Becky Snyder – *Senior Employment Representative - (570) 341-4518*

Recruiting, interviewing and hiring of RNs, LPNs, Certified Nurse Aides, Resident Assistants, Developmental Assistants Clerical, Dietitians, Maintenance positions; job fairs and employee relations. Recruiting and hiring for Burnley Workshop, Custodian positions; OP Luger; Corporate; John Heinz; Health Information positions, Teachers, Lifeguards/Pool Tech., Drivers, and Clerical positions.

Tara McVeigh – *Senior Employment Representative - (570) 348-1481*

Coordinates new hire/employee credentialing including pre-employment testing; minor reporting; new hire interviews; retention/follow up with new hires; orientation; assists with job fairs. Recruiting for In-Home Services, Behavioral Health, Waiver Coordination, Rec Therapy, PT Aides, OT Aides, Food Service Workers, and Clerical positions.

Terri Sallurday – *Onboarding Employment Specialist - (570) 348-1301*

Coordinates I-9 reporting and tracking, Pennsylvania new hire reporting, new hire background clearances, division specific background clearance requirements, Identigo fingerprinting, employee performance management, and educational tracking.

Rose Burti, RN – *Occupational Health- (570) 341-4691*

Develops, administers and directs occupational health and wellness services, provides first aid for injured workers, employee educational development and tracking, and Employee Health & Safety Committee.

Maurya Incavido, – *Talent Manager (570)348-1278*

Cross divisional staffing, employee career and educational counseling, employee probationary evaluation management, and employee recognition program support.

Mary Beth Valvano – *Administrative Assistant (570) 348-1348*

General department inquiries, employment and wage verification, ID Badges, HR forms and coordinated employee discount program.

EMPLOYEE SERVICES TELEPHONE DIRECTORY

SECURITY

Scranton Campus PAGER: (570) 496-3589

Wilkes-Barre Campus Cell Phone: (570) 614-3082

EMPLOYEE ASSISTANCE PROGRAM (800) 451-1834

PRESIDENT'S HOTLINE (570) 348-1271

PAYROLL DEPARTMENT

Maria Nardelli – *Director of Accounting* (570) 348-1287

Sandy Murphy– *Manager, Payroll* (570) 348-1330

Patricia Bator– *Payroll Clerk II* (570) 348-1452

FACILITY SERVICES

Scranton Campus (570) 348-1400

Wilkes-Barre Campus (570) 826-3848

RISK MANAGEMENT

Manager, Corporate Risk (570) 348-1403

Assistant Vice President (570) 348-1469

GENERAL INFORMATION

IMPORTANT NOTICE

The policies set forth in this handbook are applicable to every employee of Allied Services regardless of level, seniority and authority. We all share responsibility for promoting an organizational culture that encourages ethical conduct and a commitment to compliance with the law. It is the goal of Allied Services that all personnel who work for and with Allied Services comply with state and federal laws and behave ethically at all times. This handbook includes the Allied Services Code of Conduct and the specific policies and procedures that apply to your job.

The contents of this Handbook set forth a summary of policies and procedures of Allied Services that is a collective reference to the many separate not-for-profit corporations which are subsidiaries of Allied Services Foundation. However, each corporation is independently incorporated and organized as a legal entity, operates separately and independently under its own bylaws and through its own Board, and employs its own workforce.

While each of the corporations that comprise Allied Services generally subscribe to the policies and procedures set forth in this Handbook, none of these policies or procedures, in whole, in part, or collectively, constitute a promise of any kind by Allied Services or a contract of any kind between Allied Services and its employees. As an employee, you are also responsible to check with your supervisor or manager to determine which of the policies and procedures set forth in this Handbook do not apply to your corporation, or even your particular department. You also need to inquire about any rules, policies or procedures specific to your employing corporation and/or your specific department or job. Likewise, neither this Handbook nor any portion of it is intended to or does constitute or create any promise to any employee of continued employment or of the continuation of any policy, practice, procedure, or benefit described in this Handbook.

Allied Services reserves the right to modify, revoke, suspend, terminate, or otherwise change any or all of its policies, procedures, or practices, in whole or in part, at any time, with or without notice.

“AT-WILL EMPLOYMENT”

Employment at Allied Services shall be “at-will” and shall be terminable “at-will” by the employee or the employer at any time, with or without cause. Any statement or promise to the contrary, oral or written, is not binding upon Allied Services or the corporation specifically employing the individual unless it is confirmed in writing by the President of Allied Services.

INTRODUCTION

This handbook will introduce you to Allied Services. The information acquaints you with some of our current policies and practices regarding employment with various Allied Services corporations. Again, nothing in this Handbook is intended to or does constitute a contract of employment in whole or in part.

One of your first responsibilities upon accepting employment with Allied Services is to familiarize yourself with the contents of this Handbook. It is impossible to include the details of all policies or keep a Handbook completely current in a dynamic changing institution. Therefore, you are at all times obliged to check to make sure what policies and procedures are then currently in effect for “Allied Services”, as well as any special, additional or even contrary policy or procedure applicable to your employing corporation, department, or specific job.

If you have any questions about these policies or procedures, or about a policy, procedure or rule specific to your employing corporation or even your particular department or job, your supervisor and the Human Resources Department are available to discuss them with you, although your immediate supervisor will be most informed about, and helpful about, policies and procedures applicable to your division, department, work site, or specific job.

ORIENTATION

All new employees will be scheduled to meet with a representative of Human Resources for orientation. This is a good opportunity for you to ask questions about payroll, benefits, what is expected from you, or any matters that are not clear to you. You will also be given presentations on mandated topics such as back safety, infection control, fire safety, patient rights and confidentiality and the right to know.

After orientation, your supervisor or department head will instruct you in your job duties, applicable work rules, and will introduce you to your co-workers.

MEDICAL EXAMINATIONS

Allied Services reserves its lawful rights to have medical examinations conducted on prospective and current employees as it determines appropriate. Such testing will include, but is not limited to the following:

- Pre-placement physical
- Pre-placement drug testing
- Pre-placement TB testing
- Medical examinations either on a scheduled (i.e., annually) or on an unscheduled basis, as Allied deems appropriate.

Unless proscribed by law, the results of medical examinations, by a physician employed or engaged by Allied Services to do so, are the property of Allied Services.

Allied will pay for any medical examination that it requires and schedules.

MEALS – FOOD SERVICE

Dining rooms are available at various Allied Services sites where discounted meals are available to our employees by presenting their employee I.D. badges.

NEED FOR ACCURATE EMPLOYEE RECORDS

It is imperative that accurate information be obtained from employees in order to keep employment records updated. If you move, get married or divorced, have a change in your family size affecting your dependents, or in any way change any of the personal information you have previously supplied, including but not limited to the information in your employment application and any information you subsequently gave to your supervisor, department head, or to Human Resources, you must immediately notify the Human Resources Department in writing. If you are a benefit eligible employee you must call Human Resources at 1-800-368-3910 within 30 days after the change has gone into effect.

ALLIED SERVICES CUSTOMER EXCELLENCE (ACE) STANDARDS

MAKE A GREAT FIRST IMPRESSION...with all of your customers (internal and external)

Make people feel welcome

- Smile, make eye contact and introduce yourself

Take pride in yourself and your environment

- Dress and act like a professional
- Keep your work area neat
- Keep our facilities and grounds clean

On the telephone

- Include a friendly greeting
- Identify yourself
- Conclude with an invitation to serve

Anticipate customer needs

- Offer assistance to people who look lost or confused

Make a difference for new employees

- Look for opportunities to make them feel welcome
- Be attentive to special needs

COMMUNICATE PROFESSIONALLY

Use appropriate verbal and non-verbal communication

- Make eye contact, listen first
- Clarify your understanding of needs
- When giving information, be sure to let people know what, when, where and how
- Be courteous, concise and timely with your responses
- Always ask if the customer has questions
- Explain problems or delays
- Stay informed so you can keep the customer informed
- Never discuss personal issues or complaints in front of customers

Keep written communications customer friendly

- Use clear and simple language
- Proofread from the customer's viewpoint

BE A TEAM PLAYER

Your team depends on you

- Do your job
- Come to work on time
- Be prepared

You can make a difference

- Offer help and support
- Reward and recognize your peers
- Be open to new ideas
- Respect and encourage different opinions
- Welcome change, have fun with it
- Give open and honest feedback

HANDLE WITH CARE

Show respect

- Ask and use patient names
- Avoid using slang names (e.g., Honey)
- Use language that patients can understand
- Be considerate of patient's and family's time
- Treat people as you would like to be treated
- Handle personal belongings with care
- Show empathy

Protect privacy and confidentiality:

- Knock on patient doors, announce before entering
- Use privacy curtains and cover patients
- Watch what you say, where you say it
- Be aware of computer screen access

Of employees:

- Maintain co-worker confidences
- Always praise in public and critique in private

SOLVE PROBLEMS

Ask how you can help

- Listen to replies
- Clarify what you hear
- Communicate who will respond, how and by when
- Exceed the customer's expectations for resolution

Anticipate customer needs

- Don't wait, act first
- Ask for help to prevent problems or delays
- Always ask, "What else can I do for you?"

Make it right

- Do what it takes to satisfy the customer
- Involve the customer in developing agreeable solutions
- Don't be judgmental, make excuses or get defensive

ACT LIKE AN OWNER

Take pride in Allied Services

- Be an advocate for the system
- Support co-workers
- Initiate improvements

Stay involved and informed

- Encourage customer feedback
- Get the facts, don't guess
- Share successes and mistakes so others can learn
- Be a good corporate citizen



ETHICS ADVISORY COMMITTEE

Allied Services has an Ethics Advisory Committee in place to assist all Allied patients, clients, residents, families and employees to resolve potential or real ethical issues. The Committee consists of representatives from all Allied divisions and community representatives so that issues may be addressed knowledgeable and appropriately.

All healthcare providers share in the responsibility of observing a Code of Ethics, which requires them to:

- Conduct themselves in an ethical manner
- Freely express ethical concerns
- Ensure quality care is delivered in an environment that is free from harassment, coercion, illegal acts, unethical acts and discrimination on the basis of race, creed, color, sex, ethnic origin, age, disability or ability to pay

Various issues may be brought to the Ethics Advisory Committee for discussion and review. Issues may include, but are not limited to:

- Care issues
- Employee issues
- Physician concerns

A request for review of an ethical issue may be initiated by anyone with an ethical problem or concern. Requests may be made to any member of the Committee. Employees should contact their supervisor or their division representative. It is the policy of Allied Services to provide a supportive environment for the resolution of ethical issues, promote employee and client rights and provide education in ethical situations.

If you have any questions, please contact: Tracy Hunt 570-348-2250

DISCOUNTS

A list of area discounts available to Allied Services employees can be obtained in Human Resources or on the company's intranet. They include:

- Allied Services Discounts at the Rehab Hospital Fitness Facility, VSD trash liners, and cafeterias
- Area Restaurants
- Local Amusement Parks and Resorts
- Automotive
- Golf
- Computer and Phone Systems
- Wellness
- Jewelry



PAY INFORMATION

PAYCHECKS

Your paycheck is based on a 14-day pay period. Each pay period includes two work weeks which begin at 12:00 AM Sunday and ends at 11:59PM Saturday. Paychecks include all time worked as well as any benefit time used during that 14-day period. Paychecks are distributed on Thursday following the end of a pay period.

PAYROLL CALENDAR

The following calendar will give you an idea of the BI WEEKLY pay cycles at Allied Services.

Sunday-Start	Saturday-End	Thursday Check Date	Note
4/3/2022	4/16/2022	4/21/2022	
4/17/2022	4/30/2022	5/5/2022	
5/1/2022	5/14/2022	5/19/2022	
5/15/2022	5/28/2022	6/2/2022	
5/29/2022	6/11/2022	6/16/2022	
6/12/2022	6/25/2022	6/30/2022	*3rd Check Date in Month – No Flex Benefit Deductions
6/26/2022	7/9/2022	7/14/2022	
7/10/2022	7/23/2022	7/28/2022	
7/24/2022	8/6/2022	8/11/2022	
8/7/2022	8/20/2022	8/25/2022	
8/21/2022	9/3/2022	9/8/2022	
9/4/2022	9/17/2022	9/22/2022	
9/18/2022	10/1/2022	10/6/2022	
10/2/2022	10/15/2022	10/20/2022	
10/16/2022	10/29/2022	11/3/2022	
10/30/2022	11/12/2022	11/17/2022	

ADDITIONAL HOURS/SHIFTS

Additional hours occur when Allied Services requires employees to work additional hours beyond their scheduled work shifts in order to provide full levels of service to all clients, residents, and patients. Even though great efforts are made to ensure adequate staffing levels, there are times which staffing for a particular day, week, or other period is not at an adequate level. It is a condition of every employee's employment that he/she work such mandated extra hours or shifts, and to report on otherwise, unscheduled days as is required, to ensure adequate staffing levels at all times. For those employees working in two jobs at Allied Services, they are required to work any mandatory extra hours/shifts in the primary department/division before reporting to the second job. Refer to Policy (#2.24A) for additional details.

OVERTIME

Non exempt employees shall be compensated at one times (1x) base rate of pay for all hours worked plus one-half (½) time weighted average rate of pay for hours worked in excess of forty (40) hours during Allied Services designated seven (7) day pay period. The pay period begins at 12:00 AM on Sunday and ends at 11:59 PM on Saturday.

PAYROLL DEDUCTIONS

Allied Services is required to make deductions from your pay for various purposes, including federal income tax, social security and Medicare taxes, state income tax, city/borough/township wage tax and occupational privilege tax. In addition, you may authorize, in writing, deductions for credit union, United Way, and other purposes. Allied is also responsible to and does adhere to federal, state, and local wage garnishments. Please see your supervisor or a Human Resources representative with questions about deductions being taken from your paycheck.

DIRECT DEPOSIT

Allied Services offers employees the option for direct deposit of their payroll check. The first check after you sign up for the direct deposit will be a paper check and each subsequent check will be automatically deposited into your account by 3:00 PM on paydays. If you need to cancel your direct deposit for any reason, you will need to contact Human Resources in writing immediately to stop the automatic deposits. You may opt to suppress your direct deposit paystubs by making this election in Employee Self Service in Kronos.

EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYMENT POLICY

Each of the corporations referred to in these policies as Allied Services is an equal opportunity employer, and has non-discriminatory policies and practices. It is the policy of each Allied Services corporation to seek, employ, and promote the best-qualified employees and applicants for employment, without regard to any lawfully protected rights. Refer to Section III/ Policy 1.01.

INITIAL EVALUATION PERIOD

All new employees must complete a predetermined initial evaluation period of 90 days with the manager's right to extend for an additional 30-60 days based on performance. Benefit-eligible employees are eligible for certain benefits after 60/90 calendar days of employment, regardless of the length of the initial evaluation period.

In order to comply with the Affordable Care Act, Allied Services will conduct an annual evaluation of all non-benefit eligible employees' hours to determine whether they are eligible to receive an offer of coverage for medical insurance only.

EMPLOYEE CLASSIFICATIONS

<u>Full-time</u>	scheduled and normally working eighty (80) hours per pay period; eligible for full benefits.
<u>Part-time (with benefits)</u>	scheduled and normally working between 40 and 79 hours per pay period; eligible for pro-rated benefits.
<u>Part-time (no benefits)</u>	normally scheduled less than 40 hours per pay period.
<u>Limited Term (no benefits)</u>	hired to accomplish a specific task or project, or hired for a specified amount of time (i.e., six months).
<u>Call-in (no benefits)</u>	works on an "as-needed" basis.
<u>Per Diem (no benefits)</u>	works on a per-day or per-visit basis (Home Health).
<u>Government Contract</u>	works under the terms of a Federal or State contract

OPPORTUNITIES FOR ADVANCEMENT

Promotions are made on the basis of qualifications and merit.

You may apply for a promotion or for a transfer after you have completed at least six (6) full calendar months of actual continuous service in your current position. For more information, contact your supervisor or the Human Resources Department.

JOB OPPORTUNITIES

Human Resources posts available jobs as they become vacant on the Allied Services website. www.allied-services.org. If you believe you are qualified and wish to be considered for a posted position. You may complete an internal job application on-line through the intranet.

TERMINATION OF EMPLOYMENT

This policy is designed to provide employees with guidelines to terminate their employment relationship fairly and consistently. Refer to Section III/ Policy 2.06.

EMPLOYEE CONDUCT

You are expected to comply with all rules and regulations pertaining to employee conduct. Allied Services Policies outline basic rules of conduct, violation of which will result in discipline up to and including discharge. Some of the important rules are found in below Policies located in Section III.

- Absence Control Guidelines -Policy 2.26
- Cellular Phone/PDA Policy-2.57
- Discipline & Discharge - Policy 2.07
- E-Mail Usage – Policy 2.51A
- Employees' Attire & Personal Appearance- Policy 2.11
- Fitness For Duty –Policy 2.20
- Internet Usage–Policy 2.51B
- Punctuality/Tardiness Control–Policy 2.26A
- Sexual Harassment–Policy 2.36A
- Software–Policy 2.51C
- Substance Abuse–Policy 2.45
- Technology Compliance–Policy 2.51

DRUG FREE WORKPLACE

It is the policy of Allied Services to provide for our employees a drug-free workplace in which we can provide quality care and related services to those in need. Refer to Section III/ Policy 2.20. In addition the two policies listed below reference important information on drug/alcohol and substance abuse issues.

- Fitness for Duty Policy 2.20
- Substance Abuse Policy 2.45

HARASSMENT

Allied Services is committed to creating an environment which is free from intolerance directed toward individuals and groups and strives to create and maintain an environment that fosters respect for others. This policy defines certain types of harassment, including verbal, physical, and visual harassment, and reaffirms the company's position regarding harassment relating to employment through the organization. Refer to Section III/ Policy 2.36.

SEXUAL HARASSMENT

Allied Services has a strong corporate policy against sexual harassment. Any employees who believe he or she has been subjected to sexual harassment MUST immediately report the alleged act to his or her department supervisor, manager, or Human Resource representative immediately without fear of retaliation. Refer to Section III/ Policy 2.36A.

GRIEVANCE PROCEDURE

Allied Services recognizes that disagreements or disputes between employer and employee will occur in any organization. Our Grievance Procedure Policy provides employees below the department head level with a structured and fair means of resolving certain workplace disagreements or disputes. Employees are encouraged to use the Grievance Procedure and are assured that they may do so without fear of retribution. Confidentiality is to be maintained by all parties to the grievance procedure at all steps. Refer to Section III/ Policy 2.08.

HIPAA: CONFIDENTIAL AND PRIVILEGED INFORMATION

Health Insurance Portability and Accountability Act

As an employee, you will at various times work closely with patients, residents, clients, and physicians. Because they and others are so much affected by the services Allied performs, and also because of various federal and state laws you are strictly prohibited from repeating or otherwise passing on information, directly or indirectly, concerning any patient, client, or resident of Allied Services. This includes discussing information with patients, family, friends, co-workers, or anyone else, except as required by your job.

Depending on your particular position, you may at times acquire information about Allied Services, other employees, or third parties that also, at times, must be maintained confidentially--even if your employment should terminate.

Any breach of the confidentiality requirement set above is cause for immediate termination of your employment and may also lead to legal actions.

Allied Services Privacy Officer (the person responsible for developing, implementing and overseeing all privacy policies and procedures) is Stacy Lewis, 570-348-2259. All issues or complaints received by any Allied Services employee must be documented and referred to Stacy Lewis.

SOLICITATIONS/DISTRIBUTION OF WRITTEN MATERIALS

In order to prevent disruptions in the operation of Allied Services, interference with patient care, discomfort or inconvenience, solicitation for any purpose and/or distribution of any written materials by an employee to any patient, client, resident, visitor or other employee, for any purpose is strictly prohibited at all times in working areas. Refer to Section III/ Policy 2.09.

OTHER EMPLOYEE BENEFITS

In addition to benefits offered to “Benefit-Eligible” employees, Allied Services also provides other employee benefits. Some key ones are:

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides confidential, professional assistance for problem-solving to employees experiencing personal problems or illnesses that adversely affect their personal well-being and job performance. AllOne Health is a Work and Family-Life EAP that combines the best of traditional EAP programs with enhanced work/life services. EAP is available 24 hours a day, seven days a week to help with any issues you may be struggling with no matter how big or small they may be. The EAP Counselors are Licensed Mental Health Professionals who provide counseling in-person or over the phone for a variety of stressful issues such as marital, family, substance abuse, depression, stress, grief, health, and more. In addition to the traditional services that are offered by an EAP; AllOne Health provides additional services for our employees and their families including a Personal Assistant service. Personal Assistants are work/life specialists who will work for you by providing information, referrals and assistance with day to day issues as well as life events. Their phone number is 1-800-451-1834.

CREDIT UNION

Allied Services offers employees the option of a payroll deduction from your paycheck directly into your Penn East Federal Credit Union account. Contact Human Resources or Penn East FCU for more information.

TUITION ASSISTANCE

Employees who have completed one (1) full year of continuous service, and currently are of full-time status, may be eligible for tuition assistance. Prior approval must be obtained from your department head and divisional vice-president. Applications may be obtained and, when completed, returned to the Human Resources Department. Refer to Policy (#3.6A) for reimbursement procedure and requirements.

TAX-DEFERRED ANNUITY/403(b)

Under current Internal Revenue Service provisions, employees of tax-exempt organizations are given tax-deferred saving opportunities. Employees of Allied Services are eligible to participate in this program. They may set aside, through payroll deduction, a portion of their earnings on which no federal income tax need be paid at this time. Contact Human Resources for more information.

RETIREMENT PLAN: 401(K) Retirement Savings Plan

At Allied Services we offer a 401(K) retirement plan to our eligible employees. Listed below are some general facts about the 401(K) plan.

- The plan may start immediately. All full-time, part-time, limited term and call-in employees are able to begin contributions into the 401(K) as long as they are 18 years of age or older.
- Auto enrollment is on a monthly basis and begins with the first pay of each month.
- Contributions to your 401(K) are pre-taxed from federal income tax.
- You can contribute up to the federal limit each year. If you are over 50 years old, you can contribute an additional amount in accordance with federal limits.
- Vesting with the 401(K) is immediate on your contributions.

To start your 401(K) contact Lincoln Financial at 1-800-234-3500 or www.LincolnFinancial.com . They can assist you with fund selection and answer any investment questions you may have.

For a complete Summary Plan Description on Allied Services 401(k) Retirement Savings Plan please contact Human Resources.

LEAVES OF ABSENCE

All leaves (Medical, Personal and Military) will be reviewed for Family and Medical Leave Act Policy eligibility. An eligible leave will be considered to be a Family and Medical Leave unless otherwise noted by Human Resources. Refer to Section III/ Policy 2.28.

JURY DUTY

Full-time and part-time benefit-eligible employees will be eligible to receive regular pay if jury duty occurs during a scheduled work day. If you receive a jury duty summons, notify your supervisor promptly.

SOCIAL SECURITY

Your employment at Allied Services is covered by the Social Security Law. Under the law, the amount you pay in taxes is matched by Allied Services and credited to your Social Security account. While you are working here, you are building protection for yourself and your family.

UNEMPLOYMENT COMPENSATION

Allied Services pays for your participation in this program, which is administered by the PA Bureau of Employment Security. Inquiries concerning your eligibility under this program should be directed to your local Office of Employment Security. Determination of your local office is based upon your home residence. Claims for benefits are reviewed and decisions on your eligibility will be determined by the Unemployment Compensation referee.

WORKERS' COMPENSATION

Allied Services adheres to all the provisions of the Pennsylvania Worker's Compensation Act. Under the Workers' Compensation law a work injury is covered for medical and wage loss benefits if it is compensable. Employees will be referred to a posted panel provider for treatment.

REMEMBER: IT IS IMPORTANT TO INFORM YOUR SUPERVISOR IMMEDIATELY IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS.

Refer to following Policies:

- Employee Accident and Medical Care Procedure- Policy 4.18
- Workers' Compensation-Policy 2.44A.
- Workers' Compensation Responsibilities-Policy 4.07
- Workers' Compensation Employee Notification (Next Two Page)

WORKERS' COMPENSATION **EMPLOYEE NOTIFICATION**

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

*** EMPLOYEE COPY***

WORKER'S COMPENSATION **EMPLOYEE NOTIFICATION**

Workers' Compensation Information

(1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report immediately any injury or work-related illness to your employer.

(4) Your benefits could be delayed or denied if you do not notify your employer immediately.

(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

(6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

SECTION II

Safety Training & Patient Rights

EMPLOYEE AND PATIENT SAFETY

Allied Services has always provided excellent patient care – and we want to assure you that we will continue to do so through an effective patient safety improvement and management program. We have adopted and promote a non-punitive culture that is preventative rather than reactive in the management of adverse events and near-misses.

We believe safety is the responsibility of all employees and unsafe conditions cannot be remedied unless they are first reported. Risks and adverse events can be reduced, but not without the help and participation of every provider within the organization. Through the efforts of each employee in identifying and reporting events we are able to proactively reduce the risk of our patients, employees and visitors.

The activities of the Safety Program are guided by facility-specific Safety Plans. Each Division also has a Safety Committee that provides direction and leadership in planning, coordinating and evaluating patient, employee and facility safety. Safety Committees within our smaller divisions are often combined with a larger division.

UNSAFE CONDITIONS

An unsafe condition is any situation or activity (exclusive of condition for which patient/resident is being treated) which significantly increases an adverse event. Several examples of unsafe conditions include poor or exposed electrical outlets, broken patient equipment, chemical spills, exterior building and ground in need of repair or hazardous substances with no warning information.

Patient, family members and visitors should alert a healthcare provider of unsafe conditions.

REPORTING UNSAFE CONDITIONS

Any issues regarding patient/resident, visitor, staff and/or environmental safety are to be reported using one or more of the following methods:

- Inform your supervisor as soon as possible
- Inform Facilities Services / Plant Resources
- Call the Health and Safety Hotline at (570) 348-1434



VARIANCE EVENT REPORTING SYSTEM

The purpose of Allied Services Event Reporting System is to establish a procedure for the reporting of patient, visitor, and volunteer accidents or injuries. The system will ensure that such events are promptly reported and analyzed and that appropriate action is taken. It will also serve as the instrument for initial notification to the Risk Management Department of potentially serious events.

- The Allied Services employee who discovers, witnesses, or to whom the occurrence is reported is responsible for completing a Variance Report.
- The Variance Report should be used for all visitors and volunteers. Variance reports that are used for patients may be different from the following form depending on divisional policy.
- Occurrences considered to be minor do not need to be faxed to Risk Management. However, Risk Management must be notified immediately of serious accidents or injuries.
- The completed form is to be reviewed by the employee's supervisor to make certain that the information provided is accurate and complete. The supervisor will then fax the form to Risk Management if necessary.

CONTACT RISK MANAGEMENT

- Phone (570) 348-1469 or (570) 348-1403
- Fax (570) 341-4648 (Fax)

OSHA

The Occupational Safety and Health Administration (OSHA) is a division of the United States Department of Labor. OSHA's mission is "to save lives, prevent injuries and protect the health of America's workers."

OSHA established protective standards, enforces those standards and reaches out to employers/employees through technical and consultation programs.

Almost every working man and woman in the US comes under OSHA's jurisdiction (some exceptions are miners, self-employed and transportation workers).

OSHA bases new standards on results from surveys, focus groups and meetings with employers and employees across the country.

As an Allied Services employee, you are responsible to be knowledgeable on the following OSHA standards:

Lock Out / Tag Out
Hazardous Communication Standard
Blood borne Pathogens
Ergonomics
Workplace Violence

The following pages will explain these standards. Please refer to your departmental policies and procedures for job specific responsibilities.

LOCK OUT / TAG OUT

The purpose of this OSHA Standard is to prevent injury to servicing and/or maintenance employees due to the unexpected energization or start-up of machines and equipment or release of stored energy.

Energy Control Programs must be established by employees consisting of energy control procedures, employee training and periodic inspections to ensure that before service and maintenance is performed, machines and equipment that could unexpectedly start-up, become energized, or release stored energy, are isolated from their energy source and rendered safe.

This standard applies to general industry workers performing servicing/maintenance on machines or equipment and who are exposed to unexpected start-up, or release of hazardous energy.



The standard covers any servicing, operating, installing and/or maintenance of machines or equipment that is electrical, mechanical, hydraulic, pneumatic, chemical or thermal. This includes: lubricating, cleaning or unjamming of machines or equipment, and making adjustments or tool changes.

The standard does not cover work on cord and plug connected to electrical equipment if the equipment is unplugged from the energy source and the authorized employee has exclusive control of the plug.

HAZARD COMMUNICATION STANDARD

In 1983, the Federal Government established the OSHA Hazard Communication Standard. This standard is designed to protect employees who use hazardous materials on the job. In 2012, the HCS was modified to align its provisions with the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The Hazard Communication Standard states that companies which produce and use hazardous materials must provide their employees with information and training on the proper handling and use of these materials. You, as an employee, have a Right to Know about the hazardous materials used in your work area and the potential effects of these materials upon your health and safety.

Hazardous materials (chemical products) are everywhere. It has been estimated that over a half million chemical products are used by business and industry every year. Some of these chemical products pose little danger to you, while others are deadly.

Modern manufacturing would not be possible without chemicals. However, like machinery or electrical equipment, you must know how to use chemicals safely.

Hazardous Materials - Any substance which has been determined to be either a *health hazard* or a *physical hazard*.

The first step in using chemicals safely is to recognize those materials that may be hazardous to your health or physical safety.

Employees often ask themselves the following questions:

- how can this material hurt me?
- what can I do to protect myself?
- where can I find the answers to the first two questions?

Your most immediate source for information can be found on labels attached to containers which hold various hazardous materials.

Your second source of information is Safety Data Sheets (SDSs).

What Must Be Labeled

The OSHA Hazard Communication Standard requires that ALL hazardous materials be labeled. Labels must appear either on the container itself, the batch ticket, placard, or the process sheets.

Hazardous chemicals in portable containers which are for the immediate use of the employee who performs the transfer is the exception to this rule.

Basic Label Information

The labels you receive on a shipped container must have the following information, located together (other information may also appear on the label):

- Product identifier
- Signal Word
- Hazard statement(s)
- Pictogram(s)
- Precautionary statement(s)
- Name, address, and phone number of the responsible party

Labeling - All containers of *hazardous materials* must have labels identifying the material and warning employees of its potential hazards.

Commercial Labels

Below is an example of a warning label from a can of rubber cement thinner.

1. A warning statement, message or symbol
2. The product name
3. Safe handling procedures
4. Manufacturer's name and address

WARNING - MAY PRODUCE DAMAGE TO CENTRAL AND PERIPHERAL NERVOUS SYSTEMS BY SKIN CONTACT OR BY INHALING VAPORS. CONTAINS n-HEXANE (CAS110-54-3).
Avoid inhaling vapors or skin contact. Use only in a well ventilated area. When using, do not eat, drink or smoke. If swallowed, do NOT induce vomiting. CALL PHYSICIAN IMMEDIATELY.
ABC Rubber Cement Company.
Altonia, Ill.

Signal Words

As you read labels, you will see signal words which signal you that you should take extra care when handling a particular hazardous material. A signal word is a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used in the standard are "**danger**" and "**warning**." "Danger" is used for the more severe hazards, while "warning" is used for the less severe hazards. Signal words were not previously used in the HCS, although they do appear on consumer labels. It is important to be aware of – and train workers on- the way signal words convey a difference in the severity of the hazard. While the product is hazardous wherever a signal word is indicated, the signal word chosen can give a preliminary idea of the relative significance of the effect.

For example, the key word "DANGER" means:

- Protective equipment and/or clothing is required before use;
- Misuse can result in immediate harm, long term effects, or death; and
- The chemical may be toxic, corrosive, or flammable.

Labels

In addition to commercial labels, many organizations use labels such as those shown below. Contact your supervisor for more information about the labels used by your organization.

Product Identifier

Pictogram *(Symbol in Red Frame)*



Signal Word *(Danger)*

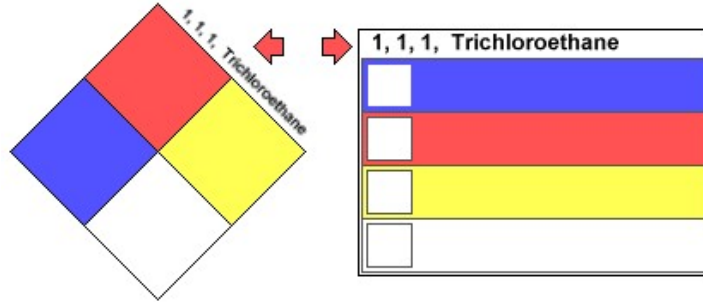
Hazard Statement(s) *(Extremely flammable gas)*

Precautionary Statement(s) *(Keep away from heat and open flames. No smoking. Leaking gas fire: Do not extinguish, unless leak can be stopped safely. Eliminate all ignition sources if safe to do so. Store in well-ventilated place.)*

**Name, Address, and Telephone Number
of Manufacturer, Importer, or Other Responsible Party**

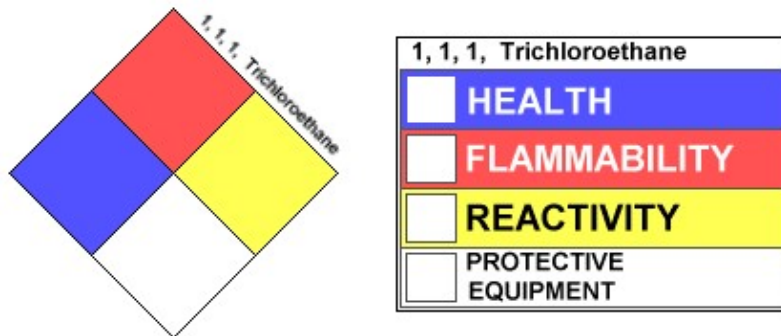
Chemical Name

Toward the top of the label will be the chemical trade name of the hazardous material.



Hazard Class

Each colored bar or small diamond represents a different class of hazard. The hazard classes found on labels include Health, Flammability, Reactivity, and in some cases, Special Hazards. Each hazard class uses a different color and a rating scale from 0 - 4.



Health Hazards

The first hazard class is Health Hazards. This hazard class is colored BLUE. The rating scale for Health Hazards is listed below:

- 0 - No Hazard
- 1 - Slight Hazard
- 2 - Dangerous
- 3 - Extreme Danger
- 4 - Deadly



Flammability Hazards

The second hazard class is Flammability Hazards. This hazard class is colored RED. The rating scale for flammability hazards is based on the flash point of the material. The flash point is the temperature at which the material gives off enough vapors to sustain ignition.

- 0 - Will Not Burn
- 1 - Ignites Above 200 Degrees Fahrenheit
- 2 - Ignites Below 200 Degrees Fahrenheit
- 3 - Ignites Below 100 Degrees Fahrenheit
- 4 - Ignites Below 73 Degrees Fahrenheit



Reactivity

The third hazard class is the Reactivity of the material. This hazard class is colored YELLOW. The rating scale for Reactivity is listed below:

- 0 - Stable
- 1 - Normally Stable
- 2 - Unstable
- 3 - Explosive
- 4 - May Detonate



Special Hazards

Diamond shaped labels include a fourth hazard class called Special Hazards. This hazard class is colored WHITE.

These special hazards are represented by the following symbols:

 - Water Reactive

OX - Oxidizer

 - Radioactive

COR - Corrosive










ACD - Acid

ALK – Alkali



PHYSICAL HAZARDS

Physical Hazards are one of two major classes of hazardous materials covered by the OSHA Communication Standard. The other major hazard class is Health Hazards. To help you identify materials which are physical hazards, the symbols shown below are often used.

Health Hazard  <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	Flame  <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	Exclamation Mark  <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none">• Gases Under Pressure	Corrosion  <ul style="list-style-type: none">• Skin Corrosion/ Burns• Eye Damage• Corrosive to Metals	Exploding Bomb  <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none">• Oxidizers	Environment (Non-Mandatory)  <ul style="list-style-type: none">• Aquatic Toxicity	Skull and Crossbones  <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

What is a Physical Hazard?

Physical hazards are those substances which threaten your physical safety. The most common types of physical hazards are:

- Fire
- Explosion
- Chemical Reactivity

Materials Which Use the Fire Symbol

There are three classes of materials which use the fire symbol.

- Flammables can be gases, liquids or solids. Flammables ignite easily and burn rapidly. Liquid flammables have a flashpoint under 100 degrees Fahrenheit.
- Combustibles are similar to flammables, but they do not ignite as easily. Liquid combustibles have a flash point above 100 degrees Fahrenheit
- Pyrophoric, or spontaneous combustion materials, burst into flames "on their own" at temperatures below 130 degrees Fahrenheit



Working with Materials That Use the Fire Symbol

Whenever you work with a material that uses the fire symbol, be sure to read the warning label and the MSDS for safe handling procedures. With flammables, combustibles, and pyrophorics, do not expose these materials to sparks, flames or other heat sources. You must also not smoke or light a match or flame near them.

Materials That Use the Explosive Symbol

- Explosives are materials which release a tremendous amount of energy in the form of heat, light and expanding pressure within a very short period of time.
- Water Reactives react with water and may explode, or they may release a gas which is flammable.
- Unstable Reactives are chemicals that can react or can become self-reactive when subjected to shock, pressure or temperature.



Working with Materials That Use the Explosive Symbol

Whenever you work with a material that uses the explosive symbol, be sure to read the warning label or the MSDS for safe handling procedures. Because materials that use the explosive symbol are often very dangerous to work with, you may need additional training or instructions from your supervisor. Always check with your supervisor before handling or using materials that use the explosive symbol

Materials That Use the Flaming "O" Symbol

- Oxidizers cause other substances to burn more easily through a chemical reaction or change.
- Organic Peroxides contain oxygen and act as powerful oxidizers.



Working with Materials That Use the Flaming "O" Symbol

Whenever you work with a material that uses the Flaming "O" symbol, be sure to read the warning label and the MSDS for safe handling procedures.

Materials That Use the Cylinder Symbol

Many gases such as nitrogen, oxygen, and acetylene. In order to transport, store and use these gases, they are "bottled" under great pressure in tanks called gas cylinders.



Working with Materials That Use the Cylinder Symbol

Great care should be taken when you handle gas cylinders to insure that they are not damaged when they are moved or used. In addition, you should read the warning label and the MSDS for safe handling procedures concerning the gas contained in a gas cylinder.

HEALTH HAZARDS

Health Hazards are one of two major classes of hazardous materials covered by the OSHA Communication Standard. The other major hazard class is Physical Hazards. To help you identify materials which are health hazards, the symbols shown below are often used.

Health Hazard  <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	Flame  <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	Exclamation Mark  <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none">• Gases Under Pressure	Corrosion  <ul style="list-style-type: none">• Skin Corrosion/ Burns• Eye Damage• Corrosive to Metals	Exploding Bomb  <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none">• Oxidizers	Environment (Non-Mandatory)  <ul style="list-style-type: none">• Aquatic Toxicity	Skull and Crossbones  <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

Toxicity vs. Hazard

The term toxicity is used to describe the ability of a substance to cause a harmful effect. EVERYTHING is toxic at some dose. Even water! If someone drinks too much water at any one time, it can cause death.

Toxicity vs. Dose

There is a balance between toxicity and dose. Dose is the AMOUNT of something you are exposed to, or come in contact with. The less the toxicity, the greater the dose you can tolerate without ill effects. The greater the toxicity, the less dose you can tolerate without becoming sick.

Hazard Potential

Hazard Potential is the likelihood that a specific chemical or substance (toxic material) will cause an ill effect at a given dose. The following screens will help you to understand the relationship between toxicity, dose, and hazard potential.

High Toxicity - Low Dose

For example, acetone is a highly toxic chemical. But you could work safely with it, if you were outside or in a well ventilated room where your dose would be very low. As the chart below shows, your hazard potential for working with acetone in a well ventilated room would be low.

TOXICITY	Very Low	Low	Moderate	High	Very High
HAZARD POTENTIAL	Very Low	Low	Moderate	High	Very High
DOSE	Very Low	Low	Moderate	High	Very High

Low Toxicity - High Dose

Let's take another example. Nitrogen gas has a low toxic rating. It is found in great amounts in the air we breathe. However, if you were in a confined space that had only nitrogen gas in it (a very high dose), you would soon die because of the lack of oxygen. As the chart below indicates, your hazard potential for working in a room filled with nitrogen would be high.

TOXICITY	Very Low	Low	Moderate	High	Very High
HAZARD POTENTIAL	Very Low	Low	Moderate	High	Very High
DOSE	Very Low	Low	Moderate	High	Very High

The Most Accurate Way

Hazard potential is the most accurate way to rate how dangerous a substance is when used under a given set of circumstances. Neither the toxicity nor the dose rating alone provides you with enough information on how to use a hazardous material safely. Your real concern must always be with a hazardous material's hazard potential.

Safe Exposure Limits

Much research has been done by government agencies and groups to establish safe exposure limits for the chemicals used in your work area. These limits are based upon a Time Weighted Average or TWA. TWAs have been established for all the chemicals you work with and limit the average amount of a chemical you can be exposed to over an eight hour day.



Acute vs. Chronic

The effects of health hazards are classified as either:

- Acute
- Chronic

Acute Health Hazards

Acute Health Hazards are those whose effects occur immediately or soon after you come in contact with them. For example, you accidentally spill a strong acid on your hand. The acid will begin to burn your hand immediately. Or, you begin work with a paint solvent in a closed area, and the fumes make you feel dizzy.



Chronic Health Hazards

Chronic Health Hazards, on the other hand, are those whose effects take years or decades to occur after many exposures. An example of a chronic health hazard would be asbestos. The dangerous effects for people who have been overexposed to asbestos take years to appear and have been linked to a number of fatal lung diseases.



Routes of Exposure

It's important to remember that hazardous materials present a health hazard only when they come into contact with the body.

- Chemicals can enter the body in three ways:
- Inhalation
- Skin absorption
- Ingestion



Inhalation

Inhalation is the most common route of exposure for most health hazards. This includes breathing in dust, fumes, oil mist, and vapors from solvents and various gases.

Skin Contact

Some chemicals are absorbed into the body through skin contact. If a chemical is readily absorbed into the skin, then the notation "skin" will appear along with the occupational exposure limits on the MSDS. Corrosive chemicals can cause burns and tissue destruction. Extra care must be taken to prevent skin and eye contact with these chemicals. This is why wearing aprons, gloves, eye protection, and other protective clothing is important when working with some chemicals.

Ingestion

It is possible to accidentally eat chemicals that are health hazards.

To insure that you do not accidentally eat any of the chemicals you work with:

- Never eat foods in areas where chemicals are used.
- Never smoke in areas where chemicals are used.
- Wash your hands and face with soap and water after working with chemicals before you eat, drink, or smoke.

Major Types of Health Hazards

Any chemical that may be harmful to your health is called a health hazard.

The following is a brief description of the major types of health hazards.

- Corrosives - cause tissue damage and burns on contact with the skin and eyes.
- Primary Irritants - cause intense redness or swelling of the skin or eyes on contact, but with no permanent tissue damage.
- Sensitizers - cause an allergic skin or lung reaction.
- Acutely Toxic Materials - cause an adverse effect, even at a very low dose.
- Carcinogens - may cause cancer.
- Teratogens - may cause birth defects.
- Organ Specific Hazards - may cause damage to specific organ systems, such as the blood, liver, lungs, or reproductive system.

Health Hazard Symbols

<p>Health Hazard</p>  <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	<p>Flame</p>  <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	<p>Exclamation Mark</p>  <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none">• Gases Under Pressure	<p>Corrosion</p>  <ul style="list-style-type: none">• Skin Corrosion/ Burns• Eye Damage• Corrosive to Metals	<p>Exploding Bomb</p>  <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none">• Oxidizers	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none">• Aquatic Toxicity	<p>Skull and Crossbones</p>  <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

Working with Health Hazards

As with materials that are physical hazards, be sure to read all warning labels and the MSDSs that provide information concerning the health hazards you work with.

PROTECTIVE MEASURES

CONTROLLING PHYSICAL AND HEALTH HAZARDS

There are a number of ways that you can safeguard your health and physical safety when using hazardous materials. These measures include:

- Product Substitution
- Engineering Controls
- Safe Work Practices
- Personal Protective Equipment
- Training and Communication
- Environmental Monitoring
- Personal Monitoring

Product Substitution

Because many chemicals do similar jobs, it is important to select chemicals that do a good job, while being less toxic.

Engineering Controls

Well designed work areas minimize exposure to materials which are hazardous. Examples of engineering controls would include exhaust systems and wetting systems to control dust.

Safe Work Practices

Safe work practices will insure that chemicals are used correctly and safely.

Personal Protective Equipment

Masks, eye protection, gloves, aprons, and other protective equipment and clothing are designed to protect you while you work. **USE THEM!**

Training and Communication

Knowing how to work safely with chemicals that pose a hazard is an important activity. This is the reason for this training, bulletin boards in the plant, safety meetings, SDSs, and various bulletins. You have a right to know, but you also have a responsibility to use the knowledge and skills to work safely.

Environmental Monitoring

Industrial hygiene personnel regularly sample the air and collect other samples to insure that hazardous chemicals do not exceed established acceptable exposure limits.

Personal Monitoring

Monitor yourself and others. Be on the lookout for any physical symptoms which would indicate that you or your coworkers have been overexposed to any hazardous chemical. Symptoms, such as skin rashes, dizziness, eye or throat irritations or strong odors, should be reported to your supervisor.

SAFETY DATA SHEETS

While labels are an effective way to display information about hazardous materials, there will be times when you will want more information than can be included on a label.

You can find additional information about the hazardous materials you work with in what is called a Safety Data Sheet, or SDS for short. You should take time to read and understand the SDSs describing the hazardous materials present in your work area.

Material Safety Data Sheet: A detailed description of each *hazardous material* listed on the *Materials Inventory*.

What is an SDS?

A Material Safety Data Sheet (SDS) provides detailed information about a specific hazardous material.

An SDS contains the following information:

- Identification
- Hazard(s) identification
- Composition/information on ingredients
- First-aid measures
- Firefighting measures
- Accidental release measures
- Handling and storage
- Exposure control/personal protection
- Physical and chemical properties
- Stability and reactivity
- Toxicological information
- Ecological information
- Disposal considerations
- Transport information
- Regulatory information
- Other information

What Materials Have SDSs?

Safety Data Sheets are available for ALL of the hazardous materials present in your work area.

When Do You Use an SDS?

You should use an SDS whenever you need additional information about a hazardous material that is not included on the product label.

Some chemicals are very dangerous. If you have an accident, you may not have time to look up the information you need in an SDS. You should read the SDSs for the hazardous materials present in your work area before you work with them.

How to Find an SDS

Ask your supervisor or manager where SDSs are located. Take time to read the SDSs which describe the hazardous materials present in your work area. Remember, knowing where SDSs are located and how to use them is your responsibility; it is part of your job.

References:

Oklahoma State University, Environmental Health & Safety

Minimum Information for an SDS

	Heading	Subheading
1.	Identification	(a) Product identifier used on the label; (b) Other means of identification; (c) Recommended use of the chemical and restrictions on use; (d) Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party; (e) Emergency phone number.
2.	Hazard(s) identification	(a) Classification of the chemical in accordance with paragraph (d) of §1910.1200; (b) Signal word, hazard statement(s), symbol(s) and precautionary statement(s) in accordance with paragraph (f) of §1910.1200. (Hazard symbols may be provided as graphical reproductions in black and white or the name of the symbol, e.g., flame, skull and crossbones); (c) Describe any hazards not otherwise classified that have been identified during the classification process; (d) Where an ingredient with unknown acute toxicity is used in a mixture at a concentration = 1% and the mixture is not classified based on testing of the mixture as a whole, a statement that X% of the mixture consists of ingredient(s) of unknown acute toxicity is required.
3.	Composition/ information on ingredients	Except as provided for in paragraph (i) of §1910.1200 on trade secrets: For Substances (a) Chemical name; (b) Common name and synonyms; (c) CAS number and other unique identifiers; (d) Impurities and stabilizing additives which are themselves classified and which contribute to the classification of the substance. For Mixtures In addition to the information required for substances: (a) The chemical name and concentration (exact percentage) or concentration ranges of all ingredients which are classified as health hazards in accordance with paragraph (d) of §1910.1200 and (1) are present above their cut-off/concentration limits; or (2) present a health risk below the cut-off/concentration limits. (b) The concentration (exact percentage) shall be specified unless a trade secret claim is made in accordance with paragraph (i) of §1910.1200, when there is batch-to-batch variability in the production of a mixture, or for a group of substantially similar mixtures (See A.0.5.1.2) with similar chemical composition. In these cases, concentration ranges may be used. For All Chemicals Where a Trade Secret is Claimed Where a trade secret is claimed in accordance with paragraph (i) of §1910.1200, a statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.
4.	First-aid measures	(a) Description of necessary measures, subdivided according to the different routes of exposure, i.e., inhalation, skin and eye contact, and ingestion; (b) Most important symptoms/effects, acute and delayed. (c) Indication of immediate medical attention and special treatment needed, if necessary.
5.	Fire-fighting measures	(a) Suitable (and unsuitable) extinguishing media. (b) Specific hazards arising from the chemical (e.g., nature of any hazardous combustion products). (c) Special protective equipment and precautions for fire-fighters.
6.	Accidental release measures	(a) Personal precautions, protective equipment, and emergency procedures. (b) Methods and materials for containment and cleaning up.

7.	Handling and storage	(a) Precautions for safe handling. (b) Conditions for safe storage, including any incompatibilities.
8.	Exposure controls/personal protection	(a) OSHA permissible exposure limit (PEL), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV), and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the safety data sheet, where available. (b) Appropriate engineering controls. (c) Individual protection measures, such as personal protective equipment.
9.	Physical and chemical properties	(a) Appearance (physical state, color, etc.); (b) Odor; (c) Odor threshold; (d) pH; (e) Melting point/freezing point; (f) Initial boiling point and boiling range; (g) Flash point; (h) Evaporation rate; (i) Flammability (solid, gas); (j) Upper/lower flammability or explosive limits; (k) Vapor pressure; (l) Vapor density; (m) Relative density; (n) Solubility(ies); (o) Partition coefficient: n-octanol/water; (p) Auto-ignition temperature; (q) Decomposition temperature; (r) Viscosity.
10.	Stability and reactivity	(a) Reactivity; (b) Chemical stability; (c) Possibility of hazardous reactions; (d) Conditions to avoid (e.g., static discharge, shock, or vibration); (e) Incompatible materials; (f) Hazardous decomposition products.
11.	Toxicological information	Description of the various toxicological (health) effects and the available data used to identify those effects, including: (a) Information on the likely routes of exposure (inhalation, ingestion, skin and eye contact); (b) Symptoms related to the physical, chemical and toxicological characteristics; (c) Delayed and immediate effects and also chronic effects from short- and long-term exposure; (d) Numerical measures of toxicity (such as acute toxicity estimates). (e) Whether the hazardous chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest edition), or by OSHA.
12.	Ecological information (Non-mandatory)	(a) Ecotoxicity (aquatic and terrestrial, where available); (b) Persistence and degradability; (c) Bioaccumulative potential; (d) Mobility in soil; (e) Other adverse effects (such as hazardous to the ozone layer).
13.	Disposal considerations (Non-mandatory)	Description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging.
14.	Transport information (Non-mandatory)	(a) UN number; (b) UN proper shipping name; (c) Transport hazard class(es); (d) Packing group, if applicable; (e) Environmental hazards (e.g., Marine pollutant (Yes/No)); (f) Transport in bulk (according to Annex II of MARPOL 73/78 and the IBC Code);

		(g) Special precautions which a user needs to be aware of, or needs to comply with, in connection with transport or conveyance either within or outside their premises.
15.	Regulatory information (Non-mandatory)	Safety, health and environmental regulations specific for the product in question.
16.	Other information, including date of preparation or last revision	The date of preparation of the SDS or the last change to it.

FIRE SAFETY

Fires are a major risk in the hospital environment, and are most commonly caused by malfunctioning electrical equipment or smoking. How can we avoid the panic and fear that form the greatest danger in this emergency? By knowing the hospital's Fire Plan and practicing appropriate responses, we can become confident and calm.

Most facilities use a formula such as **RACE** to help staff remember how to respond in case of fire.

R – **REMOVE** anyone else in immediate danger – make sure everyone is safe, moving them if necessary.

A – **ACTIVATE** the alarm system, everyone's attention and help is needed.
Pull only one alarm!



C – **CLOSE** all doors and windows. (Remember not to open a door without first testing to see if it is HOT!).

E – **EXTINGUISH** the fire. Many small fires can be rapidly extinguished by smothering with a blanket or using a fire extinguisher. Be sure to get to safety if the fire starts to go out of control.

EXTINGUISHERS

Fire extinguishers are rated as A, B, C or any combination of these letters. Class A extinguishers are for wood, paper, and textile fires. Class B extinguishers are for flammable liquids and gas. Class C extinguishers are for electrical fires. Allied Services uses A-B-C extinguishers.

Food Service Workers: your area is equipped with special fire extinguishers for different situations. See your supervisor for detailed instructions.



WHAT YOU NEED TO KNOW

- The location of your nearest Fire Alarm Pull Station
- The location of your nearest Fire Extinguisher
- The location of your evacuation floor plan diagram

OPERATING A FIRE EXTINGUISHER

P – **PULL** the pin.

A – **AIM** at the base of the fire.

S – **SQUEEZE** the handle.

S – **SWEEP** from side to side.



LOCATION OF FIRE – You **MUST** refer to the procedure you receive at your facility orientation.

<u>FACILITY</u>	<u>EXAMPLE OF PA ANNOUNCEMENT</u>
ASRH	Code Red, Zone _____ (zone number will be announced)
SNC	Code Red, Zone _____ (zone number will be announced)
JHIRM	Dr. Red, Zone _____ (zone number will be announced)

REPORTING A FIRE – You **MUST** refer to the procedure you receive at your facility orientation.

<u>FACILITY</u>	<u>EXAMPLE OF PROCEDURE</u>
ASRH	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Page Security• Use Paging System – dial 8511 – announce Code Red, Zone _____
Developmental Disabilities	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call Allied’s Security• Call your supervisor
VSD Waiver Coordination	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call Allied’s Security• Call your supervisor
SNC	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Page Security• Call the Operator with information, if Operator is not available• Use Paging System – dial 8511 – announce Code Red, Zone _____
JHIRM	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call the Operator with information, if Operator is not available• Use Paging System – dial 7005 – announce Dr. Red, Zone _____
Behavioral Health	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call 911• Call Allied’s Security• Call your supervisor
In-Home	<ul style="list-style-type: none">• Call 911• Call your supervisor
Home Health	<ul style="list-style-type: none">• Call 911• Call your supervisor
Corporate Services Hospice	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call 911• Call Allied’s Security• Call your supervisor
Pharmacy	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call 911• Call Allied’s Security• Call your supervisor
Allied Terrace	<ul style="list-style-type: none">• Pull the nearest fire alarm pull station• Call Allied’s Security• Call your supervisor

EVACUATION – You **MUST** refer to the procedure you receive at your facility orientation.

It is important to know the safe evacuation routes from your regular work area. Evacuation routes are found in the facility fire plan and on floor plan diagrams mounted on the walls.

<u>FACILITY</u>	<u>EXAMPLE OF PROCEDURE</u>
ASRH	<ul style="list-style-type: none">• depending upon the zone, patients are relocated to various areas• horizontal evacuation – patients are moved from one end of a floor to the opposite end; if further evacuation is required patients are then evacuated down one floor
Developmental Disabilities VSD & Waiver Coord	<ul style="list-style-type: none">• total evacuation• total evacuation
SNC	<ul style="list-style-type: none">• depending upon the zone, patients are relocated to various areas• horizontal evacuation – patients are moved from one end of a floor to the opposite end; if further evacuation is required patients are then evacuated down one floor
JHIRM	<ul style="list-style-type: none">• depending upon the zone, patients are relocated to various areas• horizontal evacuation – patients are moved from one end of a floor to the opposite end; if further evacuation is required patients are then evacuated down one floor
Behavioral Health	<ul style="list-style-type: none">• total evacuation
In-Home	<ul style="list-style-type: none">• total evacuation
Home Health	<ul style="list-style-type: none">• total evacuation
Corporate Services	<ul style="list-style-type: none">• total evacuation
Hospice	<ul style="list-style-type: none">• total evacuation
Pharmacy Allied Terrace	<ul style="list-style-type: none">• total evacuation• total evacuation

FIRE ALARMS – You **MUST** refer to the procedure you receive at your facility orientation.

Most facilities within the Allied System have either a one-bell ring, a 'patterned' ring, or an automated voice announcement. This patterned ring may indicate floor or fire zone.

<u>FACILITY</u>	<u>EXAMPLE OF PROCEDURE</u>
ASRH	An automated voice announcement will indicate in which zone the alarm activation took place
SNC	first bell indicates ZONE, second bell indicates FLOOR

EMERGENCY PREPAREDNESS

Knowing what to do in a disaster situation is the responsibility of every employee.

- All employees are responsible to know the locations of their department's Fire/Disaster Manual and how to access its information.
- All employees are responsible to know their department specific emergency procedures.

TELEPHONE POWER FAILURE SYSTEM & EMERGENCY TELEPHONES

In the event of an emergency that causes the telephone system to fail, the following locations have been equipped with emergency telephones. These telephones should only be used when the main telephone switchboard is out of service. Each unit is labeled in bright red on the handset and base, with its designated telephone number and location assignment.

The emergency telephones have an active dial tone, at all times, as opposed to the old power fail units. They are also direct dial lines, which means you do not dial 9 for outside access, just dial the ten or 1 + ten digit number you are calling. When calling long distance, you will still be prompted to enter your three digit access code when necessary.

Please use the telephones only when the main telephone switchboard is out of services. On a monthly basis, each emergency line and telephone unit will be tested to ensure proper functionality. If at any time you should notice a problem with one of the units, please contact the Information Systems Department Help Desk at 341-4333 or by pager at 969-3072.

EMERGENCY PAGING SYSTEM NUMBERS

8511	ASRH
7005	JHIRM
8533	SNC

EMERGENCY PHONE NUMBERS AND LOCATIONS

When using the **Emergency Phones**, there is no need to dial a "9" before the number and the area code "570"

ALLIED SERVICES REHABILITATION HOSPITAL			
TELEPHONE	LOCATION	FAX NUMBER	LOCATON
(570) 348-2991	Physical Therapy	(570) 348-3198	Unit 1 and 2 Nurses Station
(570) 348-3102	Occupational Therapy	(570) 348-4081	Unit 3 and 4 Nurses Station
(570) 348-3108	Dietary Admin		
(570) 348-2973	Unit 1 Nurses Station – Emergency Cell – (570) 466-2534		
(570) 348-2974	Unit 2 Nurses Station –Emergency Cell –(570) 840-0717		
(570) 348-3637	Unit 3 Nurses Station		
(570) 348-1345	Unit 4 Nurses Station – Red Phone – (570) 348-2979		
(570) 348-3170	Outpatient Physical Therapy		

JOHN HEINZ INSTITUTE OF REHABILITATION HOSPITAL			
TELEPHONE	LOCATION	TELEPHONE	LOCATION
(570) 825-5960	Boardroom	(570) 825-9256	Pediatric Gym
(570) 825-3779	Hydrotherapy Room	(570) 825-7831	Pool
(570) 825-8905	Dietary	(570) 825-8436	Security Office
(570) 825-9439	Maintenance Shop	(570) 835-0946	Spine Center MAC III

JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE CONT'D			
(570) 825-8168	Large Gym	(570) 825-9203	Fitness Center
(570) 825-2993	Small Gym	(570) 819-0671	Admissions Office
(570) 825-8064	Nursing Supervisor's	(570) 819-0652	Medical Secretary
(570) 825-1931	Nursing Unit 1	(570) 825-0937	Outpatient Gym – MAC 3
(570) 825-1948	Nursing Unit 2		
(570) 825-7381	Nursing Unit 3		
(570) 825-7627	Senior Care Nursing Unit		

SKILLED NURSING CENTER SCRANTON			
TELEPHONE	LOCATION	FAX NUMBER	LOCATON
(570) 348-4315	1 North Nurses Station	(570) 348-4312	1 North Nurses Station
(570) 348-4320	2 North Nurses Station	(570) 348-4313	2 South Nurses Station
(570) 348-4377	3 North Nurses Station		
(570) 348-4482	2 South Nurses Station		
(570) 348-8340	3 South Nurses Station		
(570) 348-8368	4 South Nurses Station		
(570) 348-9770	Dietary		
(570) 348-0140	Large Conference Room		
(570) 348-9771	Receptionist and PT Gym		

ALLIED TERRACE	
TELEPHONE	LOCATION
(570) 348-9776	Dietary and Nurses Station
(570) 348-2165	Administrator

CORPORATE SERVICES CENTER	
TELEPHONE	LOCATION
(570) 348-2200	Home Health -- FOR MEDICAL EMERGENCIES ONLY
(570) 586-8723	Main Communications Room
(570) 586-8540	Telecommunications

DEVELOPMENTAL SERVICES	
TELEPHONE	LOCATION
(570) 348-2961	Lynette Village Cottage 421 Nursing Office
(570) 348-2962	Lynette Village Cottage 422 Nursing Office
(570) 348-2964	Lynette Village Cottage 423 Nursing Office
(570) 348-1384	Lynette Village Nurses Station
(570) 348-1430	William Warren Scranton Dormitory Nursing Office
(570) 348-1273	William Warren Scranton Dormitory Supervisor's Office
(570) 348-2972	Vocational Training Center/William Warren Scranton Supervisor's Office
(570) 341-1758	CM I Woodlawn Street, Scranton
(570) 282-7612	CM II Canaan Street, Carbondale
(570) 282-0897	CM III Pear Street, Carbondale
(570) 562-1497	CM IV Bichler Lane, Taylor
(570) 800-5292	CM V Richmond Street, Scranton

MEADE STREET RESIDENCE	
TELEPHONE	LOCATION
(570) 823-6131	Main Number - <i>see extensions below</i>
Extension 6310	Administrator
Extension 6269	Assistant Administrator
Extension 6320	Wellness Room
Extension 6326	Whispering Hope

CENTER CITY SKILLED NURSING	
TELEPHONE	LOCATION
(570) 830-3901	Administrator
(570) 830-3911	Director of Nursing
(570) 830-3900	Maintenance & Facility Supervisor
(570) 826-1031 Ext 2606	Assistant Administrator
(570) 826-1031 Ext 2605	RNAC
(570) 830-3915	Social Worker
(570) 823-6131 Ext 2631	Admissions & Marketing
(570) 830-3902	Director Of Food Services
(570) 830-3907	Administrative Support
(570) 822-5800	Medical Director (Office)
(570) 826-1031	Transportation/Driver
(570) 826-1031 Ext 2622	Therapy/Rehab
(570) 826-1031 Ext 2620	Activities Director
(570) 826-1031 Ext 2609	Infection Control
(570) 830-3912	Medical Records

MEADE STREET SKILLED NURSING	
TELEPHONE	LOCATION
(570) 706-8904	Administrator
(570) 826-6131 Ext 6295	Director of Nursing
(570) 826-6131 Ext 6268	Assistant Director of Nursing
(570) 826-6131 Ext 6218	Facilities Services
(570) 408-9754	Director of Environmental Services
(570) 826-6131 Ext 6205	Dietary Manager
(570) 826-6131 Ext 6224	Nursing Supervisor/Unit Manager
(570) 826-6131 Ext 6270	Social Services
(570) 826-6131 Ext 6236	Admissions
(570) 826-6131 Ext 6207	Admissions
(570) 408-9756	Activities Director
(57) 408-9797	Dietician
(570) 826-6131 Ext 6219	Staff Development

EMERGENCY INFORMATION MATRIX

REPORT ALL EMERGENCY SITUATIONS TO SECURITY IMMEDIATELY – SCRANTON 496-3589 - WILKES BARRE 614-3082

<u>EMERGENCY TYPE</u>	<u>WHAT TO EXPECT</u>	<u>WHO IS INFORMED AND/OR CONTACTED</u>	<u>WHO RESPONDS</u>	<u>RESPONSIBILITY OF FACILITIES SERVICES & PLANT RESOURCES</u>	<u>RESPONSIBILITY OF NURSING AND/OR OTHERS</u>
Work Related Incident/Accident	Injury during work related task or during work activities.	Immediate supervisor, Security and others as required.	Immediate supervisor, Security, nursing representative as available, local ambulance and others as required.	Inspect area for cause of accident, secure item, equipment and/or area until cause of accident is remedied. Repair if required. Document all activities.	Provide basic medical assistance and triage as required. Authorize transport to Panel Physician, WorkMed or Hospital if indicated.
General Hazards	Injury, loss of life, fire, accident, building damage or equipment failure.	Immediate supervisor, Security, Safety Officers, Facilities Services/Plant Resources.	Safety Officer, Security, and Facilities Services/Plant Resources.	Actions required to correct problem and lessen safety hazard.	Report all hazards immediately.
Bomb Threat	Phone call implying a bomb may be in the building. Person receiving the call uses "BOMB THREAT CARD" to obtain vital information. Pay close attention to exact time of call and words used by caller. Caller may be agitated, do not provoke or offer information.	Call Security – use pager number and ask Security to report to your area immediately. DO NOT ANNOUNCE BOMB THREAT into pager. Immediate Supervisor, Facilities Services, Plant Resources, Admin and Nursing Office. All off campus facilities call 911.	Campus Facilities Executive Director, Plant Resources Assistant Manager, Facilities Services Assistant Manager, and/or others as assigned. Local Police, Fire Department and/or EMS, other agencies as required.	Secure area of the called threat, notify and coordinate activities with appropriate agency. Operator will announce "CODE WIRELESS" to turn off all pagers and cell phones. Start sweeps as indicated by situation and only if safe to do so. Initiate Incident Command and Emergency Management Plan.	Do not panic, calmly survey all clinical areas as requested by the Incident Command Center. Establish list of staff available for evacuation and sweep team assignments. Assure all patients and visitors that the unusual activities are for safety reasons.
Violent Situations or Attempted Abductions	Person displaying verbal and/or physically aggressive behavior. A weapon may be involved. Calmly talk to aggressive person and try to remove him/her from area.	Call Security immediately. Also contact immediate supervisor and others as needed. Use emergency paging system and announce "CODE ARMSTRONG or DR ARMSTRONG" and give exact location. All off campus facilities call 911.	Security, Facilities Services and Plant Resources. Others as needed. Off campus facilities: State and Local Police.	Security, Facilities Services and Plant Resources staff will respond to given location. 911 will be contacted if not previously done. Initiate Incident Command and Emergency Management Plan. Authorize cancellation of code.	Do not attempt to physically restrain. Gather information by calmly talking to the person. If able, remove person from area. Patient or other persons may also need to be removed from the immediate area.
Pediatric Abductions or Missing Child	Staff notification of missing pediatric individual. Staff must make emergency page from the nearest Allied department.	Use emergency paging system and announce "CODE ADAM, Pink or Blue, approximate age, give exact location." Call Security, Immediate Supervisor, Facilities Services and Plant Resources. All off campus facilities call 911.	All available staff cover exits to building. Security, Facilities Services and Plant Resources will respond to coordinate activities.	Security, Facilities Services and Plant Resources staff will respond to given location to assist in search for missing pediatric individual. 911 will be contacted if not previously done. Will relay information to local authorities. Restrict access to specified road ways and conduct traffic control. Initiate Incident Command and Emergency Management Plan. Authorize cancellation of code.	Staff from immediate area of suspected abduction will begin search of all closets, hallways, restrooms, patient rooms, storage areas, etc. If staff encounters suspected abductor, DO NOT RESTRAIN. Follow at safe distance, not description of individual, retrieve license plate number, car information (color, make, model) and direction of travel. Relay information to Security and/or police.
General Threats, Bio-Terrorism, chemical or other agents	Unusual smells, agents, material. May experience watery eyes, burning of skin and/or mucous membranes. A weapon or strange package may be involved.	Call Security immediately. Use pager and give security a telephone number to return call. Do not specify emergency through pager. Contact immediate supervisor and others as needed. All off campus facilities call 911.	Security, Facilities Services, Plant Resources, Police, Fire, local EMA and others as needed.	Security, Facilities Services and Plant Resources staff will respond to given location. Area will be secured with perimeter security as first actions. Other action will be as instructed by responding agencies. Initiate Incident Command and Emergency Management Plan.	Do not panic. Protect in place all patients, staff, visitors and others in the area. Gather information by observation, note all details. If possible remove all persons from area. DO NOT REMOVE AGENTS OR MATERIAL.

<u>EMERGENCY TYPE</u>	<u>WHAT TO EXPECT</u>	<u>WHO IS INFORMED AND/OR CONTACTED</u>	<u>WHO RESPONDS</u>	<u>RESPONSIBILITY OF FACILITIES SERVICES & PLANT RESOURCES</u>	<u>RESPONSIBILITY OF NURSING AND/OR OTHERS</u>
Chemical Spill	Spill of a chemically hazardous substance, possible fire, explosion or chemical burns. Restricted access to immediate area. Secure spill area.	Call Security, Immediate Supervisor, Facilities Services and Plant Resources. All off campus facilities call 911.	Security, Facilities Services, Plant Resources, and local EMA or vendor.	Facilities Services / Plant Resources will respond as directed to clean up spill according to approved guidelines. Contact local authorities, EMS and/or HazCom agencies if required.	Staff with first contact with spill will secure immediate area of spill. Restrict access to area. Evacuation of patients, staff, and visitors may be necessary.
Spills – Unknown or Not Clearly Identified	Spill of a hazardous substance, possible fire or chemical burns. Restrict access to immediate area. Secure spill area.	Call Security, Immediate Supervisor, Facilities Services and Plant Resources. All off campus facilities call 911.	Security, Facilities Services, Plant Resources, and local EMA or vendor.	Facilities Services / Plant Resources will respond as directed to clean up spill according to approved guidelines. Contact local authorities, EMS and/or HazCom agencies if required.	Staff with first contact with spill will secure immediate area of spill. Restrict access to area. Evacuation of patients, staff and visitors may be necessary.
Bio-Terrorism	Unknown substance in the work place or threat of agent being released into the environment. Agents not always easily identified or noticeable. Slow release of agent may be used, be aware of unusual activities.	Call Security immediately. Use pager and give security a telephone number to return call. Do not specify emergency through pager. Contact Immediate Supervisor, Plant Resources, Facilities Services, Administration and Nursing Office. All off campus facilities call 911.	Security, Facilities Services, Plant Resources, Police, Fire, local EMA and others as needed.	Secure areas of identified threat, form response team and coordinate activities with appropriate agency. Oversee mitigation and recovery activities. Identify triage and/or decontamination area away from emergency area.	Do not panic, calmly survey all clinical areas as requested by the Incident Command Center. Establish list of staff available for evacuation and sweep team assignments. Assure all patient and visitors that the unusual activities are for safety reasons.
Natural Emergencies	May involve any type of severe weather – heavy rain, high winds, thunder and lightning. May also include heavy show accumulations. May hear weather watch/warning on radio.	Security, Immediate Supervisor, Facilities Services, Plant Resources and others as assigned. All off campus facilities call 911.	Facilities Services, Plant Resources, approved vendors and Security.	Assist in securing building. Conduct building tours to survey for damage. Contact vendors for supplies required for damage repair.	Secure all areas. May involve removing patients and staff away from windows. Close all curtains and blinds. Prepare flashlights and extension cords in case of power failure. Plan alternate supply needs and meals.
Fire or Smoke Condition	Smoke and/or actual fire. Smoke can be heavy due to construction materials and furnishings.	Follow RACE procedure, be sure someone in the immediate area is aware of the situation. Call Immediate Supervisor, Security, 911. In all communication be specific in regards to location and condition. All off campus facilities call 911.	Security, Facilities Services, Plant Resources, Police, Fire, local EMA and others as needed.	Be sure all Life/Fire Safety components are functioning. Assist with incipient fire control and evacuation of area. Secure area for responding emergency agencies.	Follow RACE procedure. Protect in place all staff, visitors, patients/residents. Follow directions of responding emergency teams.
Fire Alarm System Out-Of-Service	No fire alarm system notification.	Call Security, Facilities Services, Plant Resources and others as assigned.	Security, Facilities Services, Plant Resources, Administration and Nursing.	Attempt repairs. Contact contractor. Monitor high risk areas.	Operator will announce fire alarm system is under repair. All staff is to use RACE procedure. Security, Facility Services and Plant Resources will establish fire watch as needed.
Equipment Failure	Patient / Client / User injury. Equipment not available for scheduled therapy or treatment.	Report failure to your immediate supervisor, contact the Bio-Medical staff.	Bio-Medical or vendor if required.	Evaluate failure cause, repair and/or remove from service, refer to vendor, assist with lockout/tagout. If failure was caused by user error refer to department director or staff for follow up re-training.	Contact the Bio-Medical staff.

<u>EMERGENCY TYPE</u>	<u>WHAT TO EXPECT</u>	<u>WHO IS INFORMED AND/OR CONTACTED</u>	<u>WHO RESPONDS</u>	<u>RESPONSIBILITY OF FACILITIES SERVICES & PLANT RESOURCES</u>	<u>RESPONSIBILITY OF NURSING AND/OR OTHERS</u>
Power Failure	Partial or total loss of electrical power. Use Red outlets and emergency lighting.	Call Security, Immediate Supervisor, Facilities Services and Plant Resources.	Facilities Services, Plant Resources, Security and others as assigned.	Identify extent of power failure. Continue emergency power supply. Contact utility company and initiate repair sequence. Arrange for back up equipment.	Utilize emergency power sources. Use red outlets, flashlights, extension cords. Contact Respiratory Department for assistance with oxygen and other respiratory equipment needs. Contact other department staff as needed for assistance.
Elevators Out-Of-Service	Vertical movement will have to be accomplished by the stairways.	Call Security, Facilities Services, Plant Resources and others as assigned.	Administration, Nursing, Security, Facilities Services and Plant Resources.	Expedite service company response. Free trapped passengers. Prioritize by medical need as directed by nursing staff.	Only transport emergency cases until services if restored. Form carry teams to move critical need cases and equipment to other floors and locations.
Elevator Stopped Between Floor	Elevator alarm is sounding.	Call Security, Facilities Services, Plant Resources and others as assigned.	Administration, Nursing, Security, Facilities Services and Plant Resources.	If feasible, remove passengers without endangering passengers or response team. If medical emergency is evident, contact the local fire department and elevator service company for extrication.	Keep in verbal contact with patient and residents in stalled elevator. Assure them help is on the way and what measures are being taken to get them out safely.
Loss Of Ventilation	No ventilation. Heating or Cooling.	Facilities Services, Plant Resources, HVAC trade person, and others as assigned.	Administration, Nursing, Security, Facilities Services and Plant Resources.	Determine extent and scope of the failure. Expedite repairs and/or call service contractor. If extended downtime is expected initiate alternate plan as outlined in the Utility Management Plan procedures.	Summer – open windows if possible and safe. Winter – provide extra blankets. Security to implement fire watch and extra tours. Restrict use of odorous or hazardous materials. Housekeeping to suspend floor care operations (buffing).
Domestic Water Supply	No water at sinks, toilets and/or other devices. Possible loss of steam production if applicable.	Facilities Services, Plant Resources, HVAC trade person, and others as assigned.	Administration, Nursing, Security, Dietary, Facilities Services, Plant Resources and others as required.	Determine extent and scope of the failure. Expedite repairs and/or call water company for bottled water service and/or tanker truck. If total failure follow procedures as outlined in the Utility Management Plan procedures.	Notify Security to institute a fire watch. Conserve all water. Use bottled water for drinking. Contact Housekeeping for toilet maintenance.
Natural Gas Failure Or Leak	Odor present or no flame at normal burner source.	Facilities Services, Plant Resources, HVAC trade person, and others as assigned.	Administration, Nursing, Security, Facilities Services, Plant Resources and others as required.	If leak is identified, notify local fire department, evacuate immediate area and ventilate area. If failure, contact utility. Determine cause of problem and/or evaluate repair. Follow procedures as outlined in the Utility Management Plan procedures.	Open windows to ventilate. Turn off all gas equipment. Don't use any flame or spark producing equipment such as electric motors, switches, etc.
Sewer Stoppage	Drains backing up.	Facilities Services, Plant Resources and others as assigned.	Administration, Nursing, Dietary, Security, Facilities Services, Plant Resources and others as required.	Determine extent of stoppage: internal/external, partial or total stoppage. Start repairs or expedite outside contractor services as outlined in the Utility Management Plan procedures.	Do not flush toilets, do not use water. Housekeeping should implement procedure for emergency collection from all restrooms.

HOMELAND SECURITY ADVISORY SYSTEM

Immediately following the tragic events of September 11, 2001, departments and agencies from across the federal government took steps to strengthen the safety and security of the American people. At the Federal level, a total of 410.6 billion from the Fiscal Year 2002 Emergency Budget Supplemental was dedicated to homeland security. The challenge is large, and much more remains to be done, but the foundation for a stronger, more secure America has been put in place.

In 2011, the Department of Homeland Security (DHS) replaced the color-coded alerts of the Homeland Security Advisory System (HSAS) with the National Terrorism Advisory System (NTAS), designed to more effectively communicate information about terrorist threats by providing timely, detailed information to the American public.

NTAS will now consist of two types of advisories: Bulletins and Alerts. DHS has added Bulletins to the advisory system to be able to communicate current developments or general trends regarding threats of terrorism. NTAS Bulletins permit the Secretary to communicate critical terrorism information that, while not necessarily indicative of a specific threat against the United States, can reach homeland security partners or the public quickly, thereby allowing recipients to implement necessary protective measures. Because DHS may issue NTAS Bulletins in circumstances not warranting a more specific warning, NTAS Bulletins provide the Secretary with greater flexibility to provide timely information to stakeholders and members of the public.

As before, when there is specific, credible information about a terrorist threat against the United States, DHS will share an NTAS Alert with the American public when circumstances warrant doing so. The Alert may include specific information, if available, about the nature of the threat, including the geographic region, mode of transportation, or critical infrastructure potentially affected by the threat, as well as steps that individuals and communities can take to protect themselves and help prevent, mitigate or respond to the threat. The Alert may take one of two forms: Elevated, if we have credible threat information, but only general information about timing and target such that it is reasonable to recommend implementation of protective measures to thwart or mitigate against an attack, or Imminent, if we believe the threat is credible, specific, and impending in the very near term

NTAS advisories – whether they are Alerts or Bulletins – encourage individuals to follow the guidance provided by state and local officials and to report suspicious activity. Where ever possible and applicable, NTAS advisories will include steps that individuals and communities can take to protect themselves from the threat as well as help detect or prevent an attack before it happens.

Individuals should report suspicious activity to local law enforcement authorities. The “If You See Something, Say Something” campaign across the United States encourages the public and leaders of communities to be vigilant for indicators of potential terroristic activity, and to follow the guidance provided by the advisory and/or state and local officials for information.

SUSPICIOUS MAIL PROCEDURE

Any staff (mailrooms, office areas), who receive mail which they consider a suspicious substance should follow the following procedure:

- Do not open
- Place item in a container (i.e., baggie, garbage can with lid, etc.)
- Back out of the room – lock the door
- Wash hands with soap and water
- Contact supervisor/security
- Provide names of all other individuals who came in contact with suspicious item

If appropriate, the following steps should also be followed:

- Turn off machines
- Turn off fans/ventilation

Gloves are available by contacting your supervisor.

ELECTRICAL SAFETY

Safety is everyone's responsibility. If you notice anything unsafe report it to your supervisor as soon as possible.

Damaged equipment causes fire and shock hazards. There are usually signs of a problem before something serious occurs. Examples of such signs are:

- visible damage – frayed cords, cut insulation
- mild shock to user when touching appliance
- liquid spills on appliances
- equipment does not function adequately

If you notice such damage, unplug the equipment and do not use until repaired. If the need for the equipment is urgent, page the appropriate personnel (maintenance, bio-med) or replace with another piece of equipment.

MEDICAL EQUIPMENT SAFETY

All medical equipment will be inspected in accordance with manufacturer recommendations. These inspections are conducted as preventative maintenance checks on electrical equipment used with patients/residents. The stickers show the date (month and year) equipment was inspected.

If a piece of equipment malfunctions during use, turn it off, unplug it and complete a variance and/or employee accident report if necessary. Inform your supervisor and the Bio-Med Department.

The Bio-Med Department uses the following system to verify that a piece of equipment has been inspected:

Hospital Owned	BLUE stickers, round or square
Non-Hospital Owned (rental, demonstration, leased, patient-owned, loaned, etc.	GREEN stickers, round or square. These devices must be inspected each time they enter the environment.
Hospital Owned One-time inspection	ORANGE stickers, round or square. They are fixed to equipment that requires a one-time inspection – when the equipment enters the environment.
Rental Equipment	YELLOW stickers, round or square. A GREEN sticker will also be fixed to this equipment.
Out of Service	RED stickers, round or square. They are fixed to equipment in storage or to equipment removed from service awaiting repair.

BLOODBORNE PATHOGENS

Bloodborne pathogens are infectious materials in blood that can cause disease in human, including Hepatitis B, Hepatitis C and HIV. Workers exposed to these pathogens risk serious illness or death.

Wearing Personal Protective Equipment (PPE's) significantly reduce health risks for workers exposed to blood or other potentially infectious materials. PPE's may include gloves, gowns, masks, eye protection, pocket masks, impervious gowns/lab coats.

If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he/she must wear gloves. PPE's must be removed before the employee leaves the work areas or when the PPE becomes contaminated.

If an employee's skin comes in contact or mucous membranes come into contact with blood, he/she is to wash with soap and water and flush eyes with water as soon as feasible.

Workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employees may use other hand washing measures, such as towelettes or waterless rubs.



WATERLESS ALCOHOL RUBS

Waterless alcohol rubs may replace soap and water as the leading recommended tool for hand disinfection according to the 2002 Guideline Hand Hygiene of the CDC's Healthcare Infection Control Practices Advisory Committee. This change in mindset has occurred after multiple studies have shown that hand-washing protocols bear no resemblance to what actually occurs in healthcare settings. Education and re-education was thought to be one solution, but in all fairness to healthcare professionals, the reason we are not washing correctly is not due to a deficiency in knowledge. The time demand, inconvenience of repeated hand washing, a desire to prevent or not aggravate hand dermatitis, poor access to sinks, or sinks that are blocked by patient equipment are usually the contributors to low compliance.

The average time for hand washing with soap and water is 10-15 seconds. Alcohol de-germers kill 99% of organisms in approximately 5 seconds.

Remember that alcohol will destroy the microbial loads on hands, but it is still necessary to wash when hands are obviously dirty. Manufacturers recommend washing after 10 uses with a degermer.

ENGINEERED SHARPS INJURY PROTECTION

The Needlestick Safety and Prevention Act, passed by Congress November 2000, has mandated that OSHA revise their Bloodborne Pathogen Standards. The main issue centers around "engineered sharps injury protection." The main purpose of engineered sharps safety is to increase protection from sharps injuries, which can transmit HIV, Hepatitis B, Hepatitis C and other bloodborne pathogens. This is accomplished by stronger requirements for employers to use needles and other sharps that are engineered to reduce the chances of inadvertent needle sticks or other sharps injuries.

Also required is for employers to keep a sharps log which record the date and time of each sharps injury, as well as the type and brand of device involved in the exposure incident, the task being done when the injury occurred and whether the injury occurred before, during, or after the task was performed.

The revised standard adds two additional terms to the definition section. They are "Sharps with Engineered Sharps Injury Protections" and "Needleless Systems." These are physical attributes build into a device or into a non-needle sharp that effectively reduces the risk of an exposure incident.

NEEDLELESS SYSTEM

A needleless system is a device that does not use needles for the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is established; the administration of medication or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

The following criteria are to be used in the selection of the device.

- The safety feature should provide a barrier between the hand and the needle after use.
- The safety feature should allow or require the worker's hands to remain behind the needle at all times.
- The safety feature should be an integral part of the device not an accessory.
- Safety feature should be in effect before disassembly and remain in effect after disposal, to protect the workers who may subsequently handle the device.
- The device should be simple and easy to use, requiring little or no training.

In order to ensure effectiveness, education and evaluation of new safety devices and engineering controls will be an ongoing practice at Allied Service and will include employee input into the selection of the devices. Every effort will be made to provide and maintain an adequate sharps injury protection program.

UNIVERSAL BODY SUBSTANCE PRECAUTIONS

Healthcare workers are at risk for occupational exposure to bloodborne pathogens including hepatitis B virus, hepatitis C virus and human immunodeficiency virus. Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye nose, mouth or skin with a patient's blood. Because not all infectious processes are known or suspected, Universal Body Substances Precautions must be followed, as recommended by the Centers for Disease Control and the Occupational Safety and Health Administration (OSHA) standard effective in 1992 for blood borne pathogens. A copy of the OSHA standard is available for review upon request from your supervisor. These precautions have been developed to emphasize the need to treat blood and body substances from **ALL** patients as potentially infectious. Universal Body Substance Precautions will be used in conjunction with other precautions for airborne diseases. Refer to the Infection Control Manuals located in your department for guidelines regarding airborne diseases.

The use of Universal Body Substance Precautions is based on the anticipated contact with the patient's blood and body substances, non-intact skin and mucous membranes (eyes, nose, mouth) Many needlesticks and other cuts can be prevented by using safer techniques, disposing of used needles in appropriate sharps disposal containers and by using medical devices with safety features designed to prevent injuries.. Using appropriate barriers such as gloves, eye and face protection, or gown when contact with blood is expected can prevent many exposures to the eyes, nose, mouth or skin.

Modes of Transmission of Bloodborne Pathogens:

- Through skin, eye, mucous membrane exposure or potential contact with blood or other potentially infectious materials, that may result from the performance of a healthcare workers duties.
- Other potentially infectious materials, including fluids around the heart, lungs, joints and spine and fluid from around a baby before it is born, semen or vaginal secretions.
- To avoid cross-contamination in the work area, no eating, drinking, application of cosmetic lip balm or handling contact lenses is allowed where the possibility of contamination exists.

Hepatitis B (HBV)

Hepatitis B may produce no symptoms or may cause loss of appetite, nausea and vomiting, jaundice, liver damage, cancer of the liver and death. The hepatitis B vaccine is available at no cost to healthcare workers who fall into category I or II of the OSHA Exposure Categories.

According to the US Department of Health and Human Services Centers for Disease Control and Prevention (CDC), healthcare workers who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needle stick

or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen status of the source individual Hepatitis C (HCV)

There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. Following recommended infection control practices to prevention percutaneous injuries is imperative.

According to the CDC, the average risk for infection after a needlestick or cut exposure to hepatitis C infected blood is approximately 1.8%. Studies have shown that about 1% of healthcare workers have evidence of hepatitis C infection (about 3% of the US population has evidence of the infection).

Human Immunodeficiency Virus (HIV)

There is no vaccine against HIV. However, results from a small number of studies suggest that the use of some antiretroviral drugs after certain occupational exposures may reduce the chance of HIV transmission.

According to the CDC, the average risk of HIV infection after a needlestick or cut exposure to HIV infected blood is about 0.3% or about 1 in 300. The risk after exposure of the eye, nose or mouth to HIV infected blood is estimated to be 0.1% or about 1 in 1,000. The risk after exposure of non-intact skin to HIV infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all.

Exposure Control Plan

1) Immediately following an exposure to blood, the CDC suggests:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2) Then, report the exposure to the individual responsible for managing exposures. Prompt reporting is essential because, in some cases, post exposure treatment may be recommended and it should be started as soon as possible.

Pursuant to the requirements of the Federal OSHA Regulations on bloodborne pathogens, the Exposure Control Plan provides guidelines to help protect healthcare workers against occupational transmission of bloodborne pathogens by:

- Identifying the employer's role in protecting healthcare workers and the healthcare workers obligation to use protective measures.
- Identifying healthcare workers at risk for occupational exposure and the procedures that put them at risk.
- Delineates what to do if an exposure occurs and the significant exposure follow-up procedure by the healthcare provider.
- Provides for the written opinion for post exposure evaluation the by the healthcare provider to be given to the healthcare worker within 15 days of completion of the evaluation.
- Post exposure evaluation records will be kept the length of employment plus 30 years according to the OSHA regulations.

LATEX SENSITIVITY

Latex sensitivity (allergy) is a relatively new phenomenon. It is the result of exposure to latex by individuals at risk or known to be sensitive to latex. Symptoms usually occur within 30 minutes of exposure; however, the time of onset may range from 10 minutes to 5 hours.

Signs and symptoms may include itchy eyes, generalized pruritus or pruritus of the hands (secondary to wearing latex gloves), shortness of breath, feeling of faintness, feeling of impending doom, nausea, vomiting, abdominal cramping, diarrhea or wheezing.

Symptoms in an anesthetized patient may include tachycardia, hypertension, wheezing, bronchial spasm, cardiac arrest, flushing, facial edema, laryngeal edema or urticaria.

Patients at risk for latex sensitivity include:

- patients requiring chronic bladder catheterizations
- patients with a history of allergic reactions after exposure to balloons, rubber gloves, dental dams, latex consumer products and medical devices
- patients with a history of atopy and multiple allergies
- patient with a history of having experienced anaphylactic reaction during surgery, urinary catheterization, rectal or vaginal examination and/or bladder stimulation
- patients with ostomy appliances
- patients who have had multiple operations
- patients with occupational exposure to latex
- patients with a history of food allergies

Healthcare workers may develop sensitivity due to the generalized application of universal precautions. Latex sensitivity may present as mild latex glove eczema.

Management of Latex Sensitivity

Patients are asked about allergies upon admission, or as part of an outpatient history. The department sending a latex sensitive patient for diagnostic testing will notify the receiving department about a patient's latex sensitivity.

A latex safe environment will be created for the latex sensitive patient i.e., all latex material will be removed. Latex free medical supplies such as non-latex gloves, stethoscope, thermometer, syringe, adhesive, tourniquet, IV port cover, blood pressure cuff, etc., will be provided. If there is a question about a product, remove it from the room and consult with supplier. If no latex free product is available, the physician will determine whether use of the product is warranted, given the patient's condition and history of latex reaction. Latex parts of any equipment used must be covered and the patient shielded from contact with these parts. Healthcare workers with a suspected latex sensitivity will report their symptoms to their supervisor and follow policy and procedure guidelines.

SAFE LIFTING

- 1) Bend to lift an object - don't stoop
- 2) Keep your back straight by tucking in your chin
- 3) Lift with the strong leg muscles, not the weaker back muscles



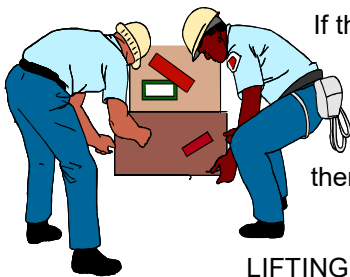
Improper lifting techniques are responsible for a large percentage of back injuries among healthcare workers. Proper methods of lifting and handling protect against injury, and make work easier. You need to "think" about what you are going to do before bending to pick up an object. Over time, safe lifting technique should become a habit.

Following are the basics steps of safe lifting and handling.

1. Size up the load and check overall conditions. Don't attempt the lift by yourself if the load appears to be too heavy or awkward. Check that there is enough space for movement, and that the footing is good. Check to ensure that you won't trip or stumble over an obstacle.
2. Make certain that your balance is good. Feet should be shoulder width apart, with one foot beside and the other foot behind the object that is to be lifted.
3. Bend the knees; don't stoop. Keep the back straight, but not vertical. (There is a difference. Tucking in the chin straightens the back.)
4. Grip the load with the palms of your hands and your fingers. The palm grip is much more secure. Tuck in the chin again to make certain your back is straight before starting to lift.
5. Use your body weight to start the load moving, and then lift by pushing up with the legs. This makes full use of the strongest set of muscles.
6. Keep the arms and elbows close to the body while lifting.
7. Carry the load close to the body. Don't twist your body while carrying the load. To change direction, shift your foot position and turn your whole body. Watch where you are going!
8. To lower the object, bend the knees. Don't stoop. To deposit the load on a bench or shelf, place it on the edge and push it into position. Make sure your hands and feet are clear when placing the load.



TEAM LIFTING MUST BE COORDINATED



If the weight, shape, or size of an object makes the job too much for one person, ask for help. Ideally, workers should be of approximately the same size for team lifting. One individual needs to be responsible for control of the action to ensure proper coordination. If one worker lifts too soon, shifts the load, or lowers it improperly, either they or the person working with them may be injured.

LIFTING HEAVY OBJECTS

Safe lifting of heavy items requires training and practice. The secret lies in taking the proper stance and grip. When equipment is available, it should be used to lift and carry heavy objects. Loaders, forklifts, hoists, etc. are made for this purpose.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

PATIENT RIGHTS

CODE OF CONDUCT

The Allied Rehab Hospital operates according to a code of ethical behavior which addresses:

- marketing, admission, transfer, discharge and billing practices
- the relationship of the hospital and its staff members to other health care providers, educational institutions, and payers and
- a patient's right to perform or refuse to perform tasks for the hospital.

The hospital follows ethical behavior in its care, treatment and services as well as business practices. The hospital's code of ethical business and professional behavior protects the integrity of clinical decision making, regardless of how the hospital compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners.

The integrity of hospital decisions is based on identified care, treatment, and service needs of the patients.

The hospital makes decisions regarding the provision of ongoing care, treatment, services or discharge based on the care treatment and services required by the patient. The patient and/or family is involved in these decisions.

COMPLAINTS AND GREIVANCES

The hospital addresses conflicts of interest as well as the resolution of complaints from Patients and/or their designee. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment, and services.

Patients and/or their representative have the right:

- to tell hospital staff about concerns, complaints, or an unmet need regarding care.
- to voice concerns directly. Voicing a concern or complaint to your physician, nurse, therapist, or the nurse manager of your floor, in most cases, resolves the issue quickly and effectively. Voicing concerns will not affect current or future care.
- to voice complaints regarding care, to have those complaints reviewed, and, when possible, resolved.
- to seek review of quality of care concerns, coverage decisions, and concerns about discharge.
- to file complaints or grievances in writing, by phone, or in-person.
- to expect timely response to complaints or grievances from the hospital. We work to resolve complaints at the time they are shared.
- to receive a written response to a formal grievance within seven days from the day we receive your grievance.

RESPECT AND DIGNITY

Patients and/or their representative have the right:

- to respectful care given by competent personnel at all times.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

- to expect good management techniques to be implemented within the hospital, considering effective use of the patient's time and avoiding personal discomfort to the patient.
- to be free from physical or mental abuse, and corporal punishment. Patients should be free from restraints and seclusion of any form if these are used for coercion, discipline, convenience or retaliation.
- to care that respects the patient's cultural and personal values, beliefs and preferences.
- to religious and other spiritual services.
- to have a family member or representative of their choice as well as their physician notified promptly of their admission to the hospital.
- to an environment that preserves dignity and contributes to a positive self-image.
- to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation, or harassment.
- to respect, dignity and comfort while in the hospital.
- to have their rights respected during research.

ACCESS TO CARE

Patients and/or their representative have the right:

- to be informed of their rights at the earliest possible moment in the course of their hospitalization.
- to good quality care and high professional standards that are continually maintained and reviewed.
- to reasonable access to care.
- to make informed decisions regarding his or her care. The patient's rights include being informed of their status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- to medically appropriate services without discrimination based on age, race, color, national origin, ancestry, ethnicity, religion, creed, culture, language, physical or mental disability, socioeconomic status, source of payment, sex, sexual orientation, sexual preference, and gender identity or expression.
- to assistance in obtaining consultation with another physician at the patient's request and own expense.
- to expect emergency procedures to be implemented without unnecessary delay.
- to full information in layperson's terms concerning their diagnosis, treatment, prognosis and outcomes, including information about alternative treatments and possible complications. When it is not medically advisable to give such information to the patient, the information shall be given on their behalf to the patient's next of kin or other designated individual.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

- to effective communication from health care personnel in a manner that meets their oral and written communication needs. The patient who does not speak English should have access to an interpreter, free of charge. Patients with visual, speech, hearing, language and cognitive impairments will have their needs addressed.
- to access an individual or agency who is authorized to act on their behalf to assert or protect the rights of the individual. This includes advocacy services.
- to be transferred to another facility, when medically permissible, only after the patient and their next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The hospital to which the patient is to be transferred must first have accepted the patient for transfer. In the event of a medical emergency, patients may be transferred to acute care prior to their next of kin being notified.
- to be involved in the development and implementation of their plan of care, including the right to participate in the development and implementation of their inpatient and outpatient treatment/care plan, to participate in the development and implementation of their discharge plan, and to participate in the development and implementation of their pain management plan.
- to ongoing assessment and management of pain, including education about pain and pain relief measures.
- to allow their family to be involved in care, treatment and service decisions to the extent permitted by the patient or surrogate decision maker.
- to refuse any drugs, care, treatment and services/procedures offered by the hospital, to the extent permitted by law, and the physician shall inform them of the medical consequences of this refusal. When a patient is not legally responsible, the surrogate decision maker has the right to refuse care, treatment and services on the patient's behalf.

IDENTITY OF CARE PROVIDERS

- Patients and/or their designee have the right to be given the name of their attending physician, the names of all other physicians directly participating in their care, and the names and functions of other health care persons having direct contact with the patient.

PRIVACY AND CONFIDENTIALITY

- A patient's medical record is used only for the purposes of treatment, payment, and healthcare operations except as otherwise required or permitted by applicable law, rule or regulation. A patient is entitled to access information in the medical record, following Allied Services Corporate HIPAA policies and procedures, unless such access to the medical record is restricted by the physician for medical reasons or is prohibited by law. Patient records will only be used or disclosed as referenced in our Notice of Privacy Practices.
- The privacy of a patient's protected health information will be maintained as required by law. A patient has the right to receive the applicable Notice of Privacy Practices brochure indicating Allied Services Corporate HIPAA privacy practices with respect to a patient's protected health information on a patient's first contact on or after April 14, 2003, and when such a brochure is materially changed. To receive a copy, please contact any of our employees.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

Patients and/or their representative have the right:

- to every consideration of personal privacy concerning the patient's medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
- to have all records pertaining to their care treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- to access information in the medical record in a timely fashion.
- to security and personal privacy and confidentiality of information.
- to confidentiality of their clinical records.
- to access, request amendment to, and obtain information on disclosures of health information in accordance with law and regulation.

PATIENT INFORMATION

Patients and/or their representative have the right:

- to know what hospital rules and regulations apply to their conduct as a patient.
- to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives .
- to have the hospital address Advance Directives, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment and care at the end of life (if appropriate) with patients and/or their designee. Assistance will be provided to patients and/or their designee who indicate that they do not have an Advance Directive but wish to formulate one during their hospital stay. The hospital and staff must comply with these directives.
- to examine and receive a detailed explanation of their bill.
- to full information and counseling on the availability of known financial resources for their health care.
- to expect that the hospital will provide a mechanism whereby they are informed upon discharge of their continuing healthcare requirements following discharge and the means for meeting them.
- to be informed about and participate in decisions regarding their care, treatment and services.
- to designate a surrogate decision maker in case they are incapable of understanding a proposed treatment or procedure or are unable to communicate their wishes regarding care.
- to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment.
- to be informed of their health status.
- to make informed decisions regarding his or her care.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

- to be informed when the outcomes of care are significantly different from the expected outcome, including unanticipated outcomes including those that relate to sentinel events as deemed by the Joint Commission.
- to resolution of complaints and grievances from the patient and their family.
- Inpatients covered by Medicare have the following rights with respect to the Patient Assessment Instrument:
 - To be informed of the assessment data collection.
 - To have any information collected remain confidential and secure.
 - To be informed that the information will not be disclosed to others, except for the purposes allowed by the Privacy Act and federal or state regulations.
 - To refuse to answer patient assessment data questions.
 - To see, review, and request changes on the patient assessment instrument.

INFORMED CONSENT

Patients and/or their representative have the right:

- to give or withhold informed consent.
- to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.
- to give informed consent, a legally responsible party, has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program, and the patient, or legally responsible party must give informed consent prior to actual participation in such a program. A patient, or legally responsible party, may, at any time, refuse to continue in any such program to which he has previously given informed consent.

SAFE ENVIRONMENT

Patients and/or their representative have the right:

- to access protective services and advocacy services.
- to receive care in a safe setting.
- to be free from all forms of abuse and harassment, financial or other exploitation, retaliation, humiliation, and neglect.

HOSPITAL VISITATION RIGHTS

Visitors can be 'good medicine' for patients. Family members, support persons, patient representatives and friends are welcome to visit.

Patient's have the right to the following;

- Consent to receive visitors he or she has designated, either orally or in writing, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend.

REHABILITATION HOSPITAL – PATIENT BILL OF RIGHTS

- Receive the visitors he or she has designated, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and
- Withdraw or deny his/her consent to receive specific visitors, either orally or in writing.

In order to enhance the quality of the patient care experience, some simple and flexible guidelines for visiting have been established supporting equal visitation privileges consistent with patient preferences. We will ensure that all visitors you would like to see enjoy visitation privileges that are no more restrictive than that which family members would enjoy.

The following are simple and flexible guidelines for your visitors. If you need additional information, please check with the nurse on the unit:

- The hospital allows a family member, friend or other individual to be present with the patient for emotional support during the course of stay.
- Your family, support person, representative and friends generally may visit you until 8:30pm daily
- Visitors may not smoke in patient rooms or anywhere on the hospital property.
- Visitors in semi private rooms should be considerate of you and your roommate.
- The number of visitors in your room at the same time may be limited, based upon your request or preference, or in consideration of the other patient in the room.
- Your visitors may be requested to step out of the room for brief periods so that staff may provide care to you and/or your roommate, or in the event of emergency situations.
- Visitors with colds, sore throats or any contagious diseases should not visit.
- Visitors are asked to maintain a quiet environment and avoid unnecessary noise.
- Visitors must keep their young children under direct supervision at all times.
- Visitors may not bring in any medications, eye drops, ear drops, vitamins, supplements or herbals for you. Providing drugs or alcohol to patients is prohibited.
- Before bringing you food or beverages, your visitors must check with the nursing staff. Many of our patients have diet restrictions and/or swallowing difficulties.
- Visitors are not allowed to remove you or any patient from the unit without notifying nursing staff.

SKILLED NURSING CENTER – RESIDENT RIGHTS

RESIDENT RIGHTS

The Right To Be Fully Informed

1. The right to be informed of all services available and all charges.
2. The right to a copy of the facility's policies, procedures, rules and regulations.
3. The right to be informed of the address and telephone number of the State Ombudsman, the State Licensure Office and other advocacy groups and the facility shall post these numbers.
4. The right to see the State survey reports on the facility.
5. The right to daily communication in one's own language and the right to assistance if there is sensory impairment.

The Right To Participate In Care

1. The right to receive adequate or appropriate health care.
2. The right to be informed of one's medical condition and to participate, with or without a representative, in treatment planning.
3. The right to refuse medication and treatment, and to be offered alternatives.
4. The right to participate in discharge planning.
5. The right to review medical records.

The Right To Make Independent Choices

1. The right to know that choices are available.
2. The right to make independent personal decisions.
3. The right to choose one's own physician
4. The right to participate in activities of the community inside and outside the facility.
5. The right to vote.
6. The right to participate in a residents' council.

The Right To Privacy And Confidentiality

1. The right to private and unrestricted communication with any person of the resident's choice. This includes having privacy for telephone calls, receiving mail unopened and having privacy for meetings with family and friends and other residents.
2. The right to privacy in treatment and caring for personal needs.
3. The right to reasonable access to any entity or individual that provides health, social, legal or other services.
4. The right to confidentiality regarding medical, personal and financial affairs.

The Right To Dignity, Respect And Freedom

1. The right to be treated with consideration, respect and with the fullest measure of dignity.
2. The right to be free from mental and physical abuse.
3. The right to be free from physical and chemical restraints.
4. The right to self-determination.

The Right To Security For Possessions

1. The right to manage one's own financial affairs.
2. The right to file a complaint with the State survey and certification agency for abuse, neglect or misappropriation of property.

The Right To Remain In The Facility

1. The right to be transferred or discharged only for medical reasons, for one's own welfare if one's needs cannot be met in the facility, if the health or safety of others is endangered, for non-payment of stay, or if the facility closes.
2. The right to receive notice of transfer. A thirty-day notice for transfer out of the facility must be given in most instances. The notice must include the reason for transfer, the effective date, the location to which the resident is discharged, a statement of the right to appeal, the name, address and telephone number of the State's long term care Ombudsman.
3. The right to receive from the facility sufficient preparation to ensure a safe and orderly transfer.

The Right To Raise Concerns Or Complaints

1. The right to present grievances for one's self or for others to the staff of the nursing home, or to any other person, without fear of reprisal.
2. The right to prompt efforts by the facility to resolve grievances.

DEVELOPMENTAL SERVICES – Client Rights and Liberties

CLIENT RIGHTS

Each client has the right:

1. To be informed before or at admission of his/her rights and responsibilities and of all the rules governing client conduct.
2. To be informed of their medical/health status and be allowed to participate in planning their care and treatment.
3. To be transferred or discharged only for the following reasons:
 - A. Medical reasons
 - B. His/her welfare or the welfare of other individuals
 - C. Nonpayment except as prohibited by the Medicaid program
4. To be assisted in exercising their rights by each member of the Interdisciplinary Team.
5. To manage his or her own financial affairs.
6. To be free from mental and physical abuse and chemical or physical restraints.
7. To be treated with respect and full recognition of his dignity and individuality; to be given privacy during treatment and care of personal needs.
8. No client may be required to perform services for the facility.
9. Communicate, associate and meet privately with individuals of his/her choice, unless this infringes on the rights of another individual, and to send and receive mail unopened.
10. To participate in social, religious and community group activities.
11. Retain and use his/her personal possessions and clothing as space permits.
12. To have any information kept confidential.

RESTRAINT POLICY

Allied Services is a behavioral restraint-free facility. Restraints are defined as a physical, mechanical or chemical device used to involuntarily restrict a patient's movement. Patients should be restrained only to protect themselves or others from harm. There are several alternatives to restraints that may be used:

- At risk screening
- Frequent observation
- Room change closer to nurse's station
- Chair/bed tenders
- Visual monitors
- Low beds

Refer to your departmental manual for a full explanation of this policy.

ALLIED TERRACE AND MEADE STREET RESIDENCE – Resident Rights

Commonwealth of Pennsylvania Adult Residential Licensing Personal Care Homes

- A resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age, or sex.
- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
- A resident shall be treated with dignity and respect.
- A resident shall be informed of the rules of the home and given 30 days written notice prior to the effective date of a new home rule.
- A resident shall have access to a telephone in the home to make calls in privacy. Non-toll calls shall be without charge to the resident.
- A resident has the right to receive and send mail.
- Outgoing mail may not be opened or read by staff persons unless the resident requests.
- Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.
- A resident has the right to communicate privately with and access the local ombudsman.
- A resident has the right to practice the religion or faith of the resident's choice, or not to practice any religion or faith.
- A resident shall receive assistance in accessing health services.
- A resident shall receive assistance in obtaining and keeping clean, seasonal clothing.
- A resident has the right to access, review and request corrections to the resident's record.
- A resident has the right to furnish his room and purchase, receive, use, and retain personal clothing and possessions.
- A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.
- A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility.
- A resident has the right to freely associate, organize, and communicate with others privately.
- A resident shall be free from restraints.
- A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.
- A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.
- A resident has the right to privacy of self and possessions.
- A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation, or threat of discharge.
- A resident has the right to remain in the home, as long as it is operating with a license.
- A resident has the right to receive services contracted for in the resident-home contract.
- A resident has the right to use both the home's procedures and external procedures to appeal involuntary discharge.
- A resident has the right to a system to safeguard money and property.
- A resident has the right to choose his own health care providers.

NOTES:

