Success Nurse Agency Inc.
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Policies & Procedures Packet

Required reading and signature for every RN, LPN, CNA and Respiratory Therapist

Read every section. Sign and date the acknowledgment on the final page. A signed acknowledgment is required before your first assignment and annually thereafter.

1. Scope of Practice and Assignment

- You will practice only within the scope of your Illinois license or certification and the policies of the client facility.
- Accepting an assignment means you are competent for the unit, population and equipment involved. If you are not, notify the charge nurse and Success Nurse Agency immediately.
- Never accept a verbal or telephone order outside your scope, and never sign documentation for care you did not personally provide.

2. Attendance, Punctuality and Call-Off

- Report to the unit and clock in at your scheduled start time in uniform, badged, and ready to receive report.
- Cancellation within six (6) hours of shift start results in a fourteen (14) day deactivation from booking, per the posted cancellation policy.
- No-call/no-show is grounds for immediate removal from the schedule and possible termination.
- Two (2) consecutive no-call/no-shows will end the working relationship.

3. Time Clock, Breaks and Overtime

- Punch in and out through the Success Nurse Agency app while physically on facility grounds. GPS geofencing is enforced.
- A thirty (30) minute unpaid meal break is automatically applied to shifts over six (6) hours unless the facility documents a missed break.
- Success Nurse Agency is a no-overtime agency. Overtime is worked only at the written request of the facility and, for W-2 employees, is paid at 1.5x the regular rate.
- Falsifying a punch, punching for another person or clocking in off-site is fraud and results in immediate termination.

4. Dress Code and Professional Conduct

- Clean scrubs, closed-toe non-slip shoes, agency badge visible at all times, hair secured and nails short.
- No fragrance, no visible profanity, and cellular phones are used only on break and away from resident care areas.
- Treat every resident, family member, facility employee and coworker with courtesy and respect.

5. HIPAA Privacy and Security

- Access protected health information only for patients in your direct care and only for the minimum necessary purpose.
- Never photograph, text, email or post any patient information, image or facility detail on social media.

- Log out of EMR workstations, never share credentials, and report any suspected privacy breach within 24 hours.

6. Infection Control and OSHA

- Perform hand hygiene before and after every patient contact and follow standard, contact, droplet and airborne precautions.
- Use PPE correctly, dispose of sharps in approved containers, and never recap needles.
- Report any needle stick or bloodborne pathogen exposure to the charge nurse and to the agency immediately for post-exposure follow up.

7. Medication Administration and Documentation

- Follow the rights of medication administration and complete an independent double check for high-alert medications.
- Chart in real time. No blanks on the MAR/TAR. Late entries must be labeled as late entries.
- Report any medication error or near miss immediately; reporting in good faith is never grounds for discipline.

8. Abuse, Neglect and Incident Reporting

- You are a mandated reporter. Any suspicion of abuse, neglect, exploitation or misappropriation must be reported immediately to the facility and the agency.
- Falls, injuries, elopements, medication errors and equipment failures require an incident report before the end of shift.

9. Credentialing and Expirations

- Keep license, certification, BLS/ACLS/PALS, physical, TB screening and immunizations current in the app at all times.
- The app will text and email you before an expiration. If a required document expires, your account is automatically deactivated until a current copy is uploaded and approved.
- Success Nurse Agency assists staff with keeping AHA BLS, ACLS and PALS current.

10. Drug-Free Workplace and Background Screening

- Success Nurse Agency maintains a drug-free workplace. Pre-placement, reasonable-suspicion and post-incident testing may be required.
- Continued employment is contingent on a cleared background check and, for CNAs, good standing on the Illinois Health Care Worker Registry.

11. Pay, Bonus and Payout

- Pay is issued on the posted pay schedule. Instant pay may be available after clock-out for staff enrolled in payouts.
- A $50 bonus is paid on the upcoming pay date when three (3) shifts are worked within the same pay week.
- Banking details and tax election (W-2 or 1099) must be complete in the app before payout.

12. Non-Solicitation and Confidentiality

- You agree not to accept direct employment with, or contract independently with, a Success Nurse Agency client facility introduced to you by the agency for twelve (12) months following your last assignment, except through the agency.
- Rates, contracts, staffing lists and facility contact information are confidential business information of the Corporation.

13. Grievances and Corrective Action

- Concerns may be raised without retaliation through the app message center or by contacting the office directly.
- Corrective action normally proceeds from verbal counseling to written warning to removal from the schedule, except where conduct warrants immediate termination.

Acknowledgment and Agreement

I certify that I have received, read and understand the Success Nurse Agency Inc. Policies & Procedures Packet. I agree to comply with every policy stated in this packet, including the cancellation policy, the time clock and no-overtime policy, HIPAA privacy requirements, infection control requirements and the credentialing requirements. I understand that violation of these policies may result in removal from assignment and termination of my working relationship with the agency.

Role RN / LPN / CNA / RT

Employee ID

Start date

Staff signature

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____

Agency representative

Printed name _____ **Title / Credential** _____

Signature _____ **Date** _____