



Table Of Contents



- | | |
|--|---|
| <u>1. Cover Page</u> | <u>13. Four Moments of Hand Hygiene</u> |
| <u>2. Table of Contents</u> | <u>14. Contact – Hand Hygiene</u> |
| <u>3. President’s Message</u> | <u>15. Droplet – Contact</u> |
| <u>4. WHMIS</u> | <u>16. Contact – Patient Transport</u> |
| <u>5. Staffing Department Expectations</u> | <u>17. High Risk Interventions</u> |
| <u>6. Agency Expectations</u> | <u>18. Handling Complaints</u> |
| <u>7. Client Expectations</u> | <u>19. Accounting Services</u> |
| <u>8. Human Resources</u> | <u>20. Client & Family-Centred Care</u> |
| <u>10. Infection Control</u> | <u>21. Bill 168 & Bill 132</u> |
| <u>11. Personal Protective Equipment – How To Put On</u> | <u>22. Organizational Structure</u> |
| <u>12. Personal Protective Equipment – How To Remove</u> | <u>23. Organizational Structure Chart</u> |



Dear NHI New Employee:

Thank you for registering to work at NHI. I want to take this opportunity to welcome you to the Agency and hope that your stay with us will be a long one.

You will be required to go through an orientation which will be online. Please take some time to go through the orientation once it is emailed to you so that you can be familiar with your Agency and also the policies and procedures that will help you as you work with us.

We will also have an employee login and you will be able to access other important documents online, through our online portal for staff, you will need a password for access. Your password will be changed on 1st and 15th of each month for security reasons. Should you not be able to access your login please contact our office for access.

Should you have any issues or concerns that should be brought to my attention, please feel free to contact me through email or telephone, my door is always an open one.

Delores Lawrence O.Ont, MBA, RN
President & CEO



We have partnered with  **HRdownloads™** for WHMIS.
It is mandated by Occupational Health & Safety.

*The WHMIS course will be emailed to you from  **HRdownloads™**

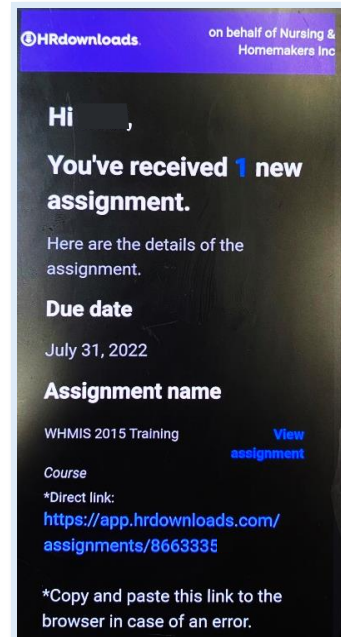
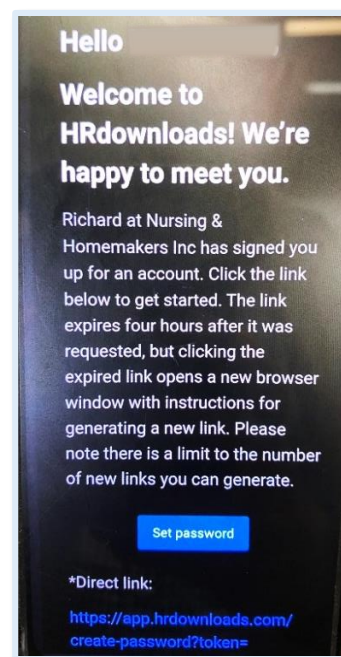
Here is a sample of the email you should receive from HR Downloads



What's included for you:

1. WHMIS Training
2. WHMIS Quiz
3. WHMIS Certificate upon successful completion

*If you already have a current WHMIS certificate, please ensure we get a copy of it for your file



[Back to Table of Contents](#)





Staffing Department Expectations

For assignments, call, email or text your availability

When on assignments,

- A. Greet client and introduce yourself
- B. Wash hands upon enter and exit
- C. Must wear mask if necessary and gloves if your hands will be in contact with bodily fluids
- D. Be in full uniform
- E. Practice good hygiene
- F. Cell phones and electronics must be off
- G. Must complete bookings within the allotted time
- H. Report issues/concerns to (NHI) Supervisor
- I. Maintain a professional relationship at all times with your clients





Agency Expectations

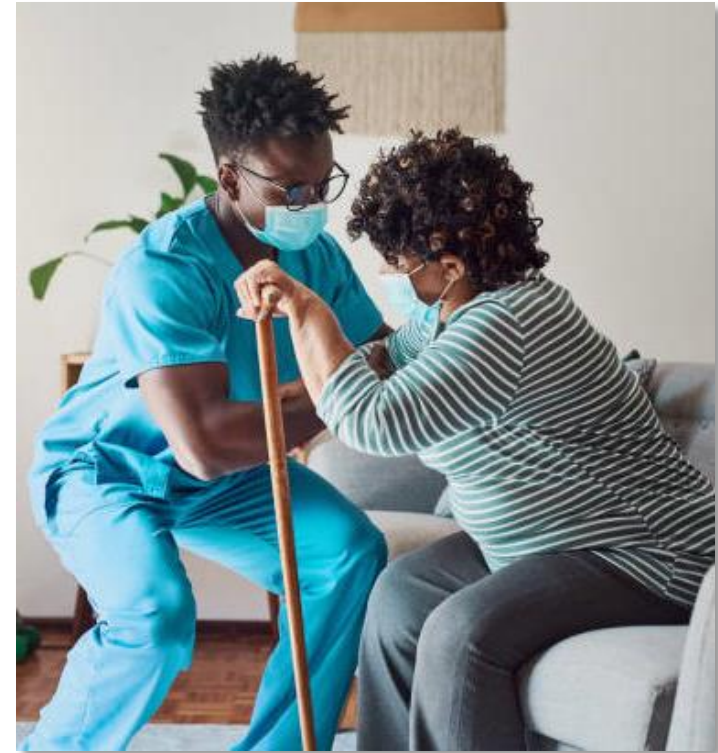
- A. Assignment Commitment- When an assignment is accepted, you are expected to show up.
- B. Accepting Private Duty
- C. Always Be Professional
- D. Uniform Policy- Make sure your uniform is clean & appropriate (scrubs preferred)
- E. Educational In-services
- F. You are expected to attend Educational In-Services (Such as Infection Control or Mask Fit) when necessary which can be done online via YouTube or Constant Contact/Social Media.
- G. Flexibility to work in nursing homes, community, floor duty in hospitals
- H. Be familiar with [Joint Health & Safety Act - JHSC 297/13 OHA Act](#)
- I. The contracts the agency has with hospitals, long term care and community clients
- II. varies. Hospitals have the rights to make changes to your assignment from floor
- III. duty to constant care and vice-versa.





Client Expectations

1. Signing in at every institution and time slips and make sure your timesheets are signed. [Timesheets](#) are available on the NHI website or can be faxed/mailed to you at any time
 2. Familiarize yourself with policies and procedures at every institution
 3. Following Guidelines
 4. Work Hours must be accurate for payroll purposes
 5. Documentation
 6. Always be punctual and reliable
 7. Be helpful, good attitude, stay awake and alert
 8. Many institutions have zero tolerance when one complaint is lodged
 9. Some institutions will ban you and this is put into their computer records
- which will apply to all agencies





Human Resources

Please notify Human Resources if there any changes or updates in the following:

1. **Contact Information** - Mailing address, phone number, email, emergency contact
2. **Work Permit/New SIN card** - Must be valid at all times (original documents must be seen during office hours).
3. **Credentials/Certification** - CPR/ACLS, Mask Fit , Police Clearance , CNO registration, WHMIS etc.
4. **Medical updates** - Recent TB test/Chest X-ray, Flu shot, Immunization etc.



Please send your updated documents to HR by fax (416-754- 4014) or email (huresources@nhihealthcare.com) to update your Personnel file

Human Resourcescont'd

5. Hospital Orientation for Nurses - Training will be available for Nurses at selective hospitals prior to accepting shifts

6. Performance Review - NHI conducts performance review by way of self-evaluation based on the criteria given (i.e. knowledge, skills, and abilities)

7. Letter of Employment – Employee must have completed the probationary period (450 hours). Admin fee applicable for the employment letter and will be available upon request for reasons such as renting/leasing apartment, buying a car or a house, loan etc .

8. References/Employment Verification – can only be granted after completion of 450 hours with proper authorization and consent.

9. Resignation/Exit Interview - Resignation letter or notice must be emailed to HR. A link to complete an Exit interview will be emailed to you asking for your feedback.

10. Record of Employment (ROE) - Request for ROE must be emailed to HR including the reason for the request (i.e. maternity leave, etc.)

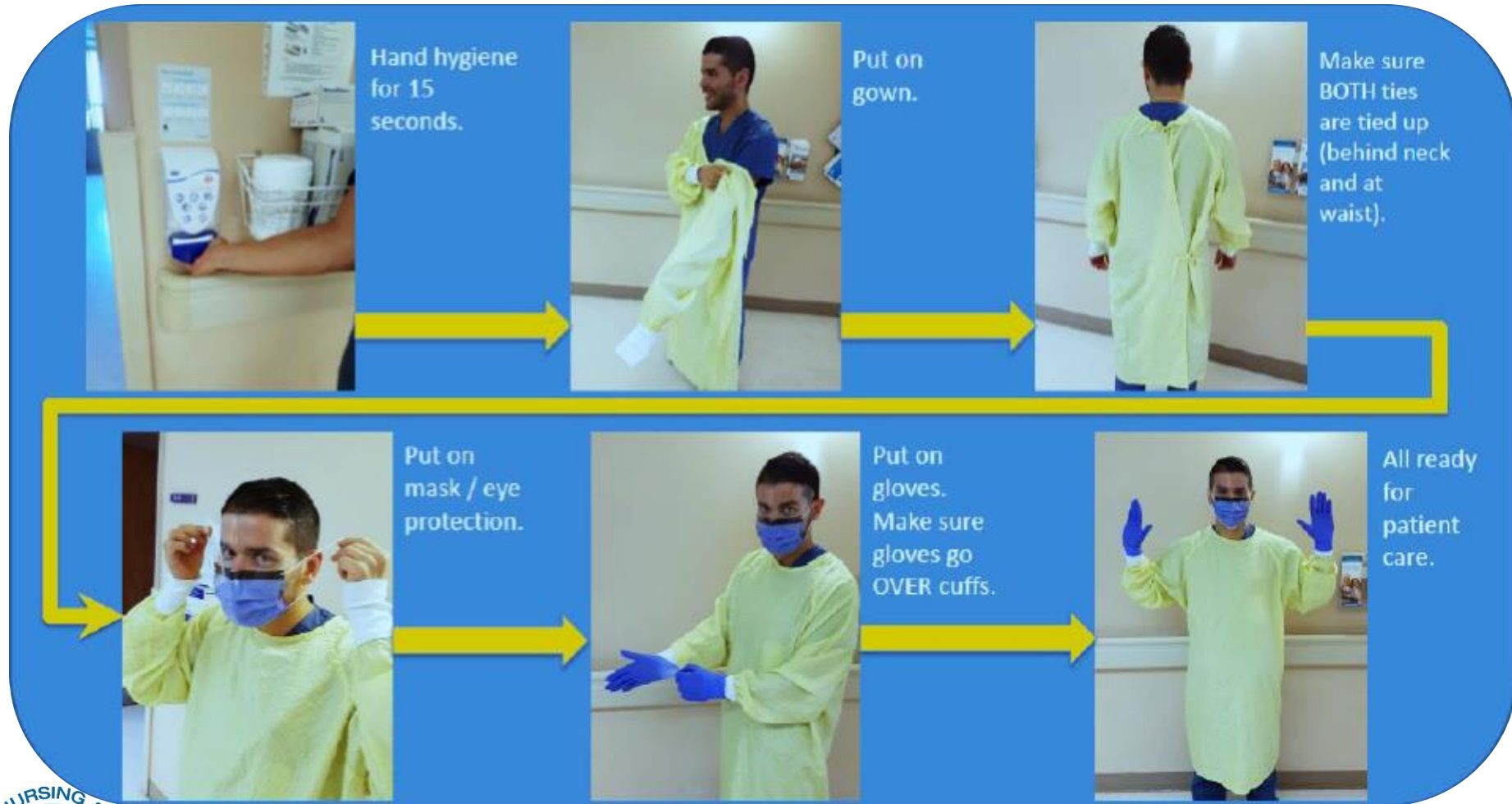


Infection Control

- A. [Universal Precautions](#)
- B. [PPE](#), [Hand Hygiene](#)
- C. Health & Safety Policies



Use Personal Protective Equipment when entering isolations rooms





Slowly remove gloves using glove-to-glove technique for first glove....



...then skin-to-skin technique for 2nd glove. Discard gloves.



Remove gown touching only inside of gown and discard in linen hamper in a manner that minimizes air disturbance.



Hand hygiene for 15 seconds.

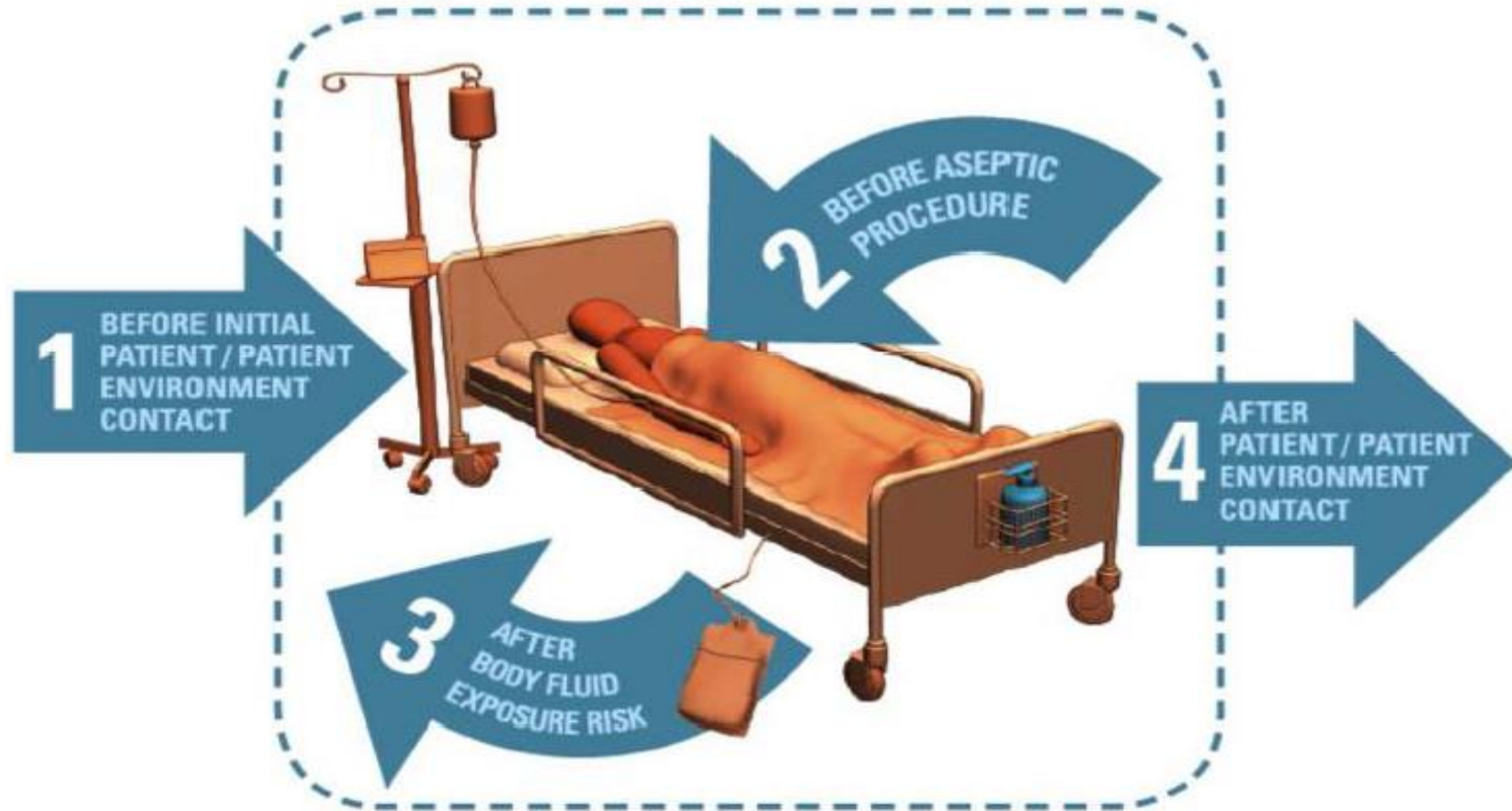


Remove eye protection / mask and discard.



Hand hygiene for 15 seconds.

Your 4 Moments for Hand Hygiene



VISITORS:

Please check with nurse before entering



HAND HYGIENE



Isolation gown



Gloves



Dedicated equipment

e.g., stethoscope, SpO₂ monitor

VISITORS:
Please check with nurse before entering



Procedure mask
(within two metres of patient)



Eye protection
(eyeglasses not adequate)



Isolation gown



Gloves



Dedicated equipment
e.g., stethoscope, SpO₂ monitor

Contact - Patient Transport

- Notify receiving department



Additional Precautions

Organism/Disease	Contact	Droplet Contact	Airborne Contact	Airborne
Diarrhea*				
MRSA				
VRE				
<i>Clostridium difficile</i>				
CPE				
Acute Respiratory Symptoms (ARI)				
Pertussis (Whooping Cough)				
Meningococcal disease				
RSV				
Influenza				
Group A Strep(skin, wound, invasive)				
Norovirus				
Chickenpox				
MERS-CoV				
Influenza (H7N9)				
Shingles (disseminated)				
Measles (Rubeola)				
Tuberculosis (pulmonary)				
Shingles (localized)	Routine practices			
Ebola	Enhanced airborne droplet contact			



High Risk Interventions Falls Prevention Program

Patient Name: _____

Date: _____

Cause	Interventions
Environment	<input type="checkbox"/> Place falls mat on floor by patient's bed <input type="checkbox"/> Move bed against wall <input type="checkbox"/> If patient found to be climbing over side rails, keep bottom bed rails down <input type="checkbox"/> Supervision with toileting <input type="checkbox"/> Place higher risk patients in bed by bathroom <input type="checkbox"/> Use bedside commodes for patients who can transfer independently, but are unsafe to walk to the bathroom <input type="checkbox"/> Minimize room-to-room transfers <input type="checkbox"/> Hourly or more frequent monitoring <input type="checkbox"/> Other _____
Physical Status	<input type="checkbox"/> Place gait aids at side of bed (canes at bottom of bed) <input type="checkbox"/> Encourage patient to dangle before standing/walking <input type="checkbox"/> Encourage patient to sit down immediately if feeling dizzy <input type="checkbox"/> Range Of Motion exercises, ankle pumping in sitting position before walking <input type="checkbox"/> Encourage toileting routine (q2hrs) <input type="checkbox"/> Reduce fluid intake after dinner <input type="checkbox"/> Other _____
Cognition	<input type="checkbox"/> Use of Bed Alarm, if applicable <input type="checkbox"/> Place higher risk patients in room near nurse's station <input type="checkbox"/> Avoid changes of make changes gradually <input type="checkbox"/> Remove excessive stimulation <input type="checkbox"/> Provide orientation cues such as time of day and date <input type="checkbox"/> Frequent Monitoring <input type="checkbox"/> Encourage family members/friends/sitters to remain with patients <input type="checkbox"/> Provide meaningful activity whenever possible <input type="checkbox"/> Other _____
Medications	Consult MD regarding: <input type="checkbox"/> Decreasing use of benzodiazepines, sedatives <input type="checkbox"/> Administering diuretics in the morning <input type="checkbox"/> Pain management <input type="checkbox"/> Other _____



Handling Complaints

- A. All complaints from staff and clients are managed by the Complaints Department
- B. Open Door Policy





Accounting Services

- A. Payroll - automatic bank deposits
- B. Pay Period is bi-weekly
- C. Pay Stubs are emailed
- D. T4 at the end of the year
- E. Time Sheets are to be emailed or faxed each week





Client & Family-Centred Care



Client Centred Care

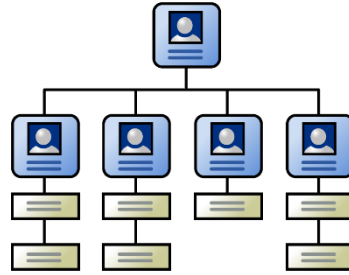
An approach in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making.

Family Centred Care

Generally indicates an approach to care in which the family is viewed as the unit of care, rather than just the identified patient. This approach is consistent with a client centred approach when each individual's meaning of "family" is respected and families are viewed as an integral whole.

Bill 168

Bill 132



Organizational Structure

- A. President and CEO
- B. Vice President - Finance
- C. Nursing Team
- D. Personal Support Workers Team
- E. Dental Placement Team
- F. Staffing Team
- G. Human Resources
- H. Marketing
- I. Accounting Team

Organizational Structure Chart

