

## **SURGICAL EXCHANGE** “Superior Nurse Staffing”

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Oakland, Ca. 94612  
510-452-4626 Office  
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### **EMPLOYMENT AGREEMENT**

The following are the criteria governing the professional conduct expected of each Surgical Exchange employee.

#### **POLICIES AND PROCEDURES**

You must arrive at the staffing office on time at the start of each shift. If a delay arises causing a five minutes or longer delay, call Surgical Exchange and let us know approximately when you will arrive, we will then inform the facility. Upon arrival, report to the Nurse Staffing Office or your scheduled department and sign in on the Surgical Exchange time sheet, then report to the supervisor for your assignment. Sign out as you leave the facility. You must visibly display your identification badge at all times while on assignment.

Each employee is required to **MAINTAIN AND RENEW ANNUALLY:**

- **Nursing License (must be current)**
- **CPR Certification**
- **Physical/ TB/CXR (CXR is good for 5 years)**
- Review of Fire/ Safety, Infection Control, Skills Assessment, Blood borne Pathogens.
- Wear Surgical Exchange identification badge to all at all times on assignments.
- Causes for immediate Termination:
  - One (1) no show for any reason.
  - Repeated, frequent cancellation of confirmed/accepted assignments.
  - Documented incompetence, negligence or misconduct.
  - Documented violation of either patient or employee confidentiality.
  - Repeated refusal of assignment/frequent tardiness
  - Discrimination against any category of race, or creed.
- Discussion, transmission or narration of any patient information not related to the patient’s welfare is expressly forbidden at any time. Any violation of patient or employee confidentiality is grounds for dismissal.
- Notify immediately the supervisor of your assigned area, any assignment or procedure that you are asked to perform which you feel exceeds your scope of

- practice or experience. Do not perform any procedure that may, because of your lack of experience, jeopardize the safety of patient, yourself or other employee.
- It is the employee's responsibility to maintain the credentials and all required nursing licenses and documentation in order to remain employed with Surgical Exchange.
  - In the event of an injury while on assignment, you must notify the supervisor of your area and Surgical Exchange so proper notification can be made.

### **Standards of Conduct**

The following professional behavior is expected of each individual in the employment of Surgical Exchange.

- Carry your current license and CPR card at all times including your picture identification.
- Plan to arrive at least 15 minutes before shift to allow time for parking, change into scrubs and signing in.
- If you should become ill, or need to cancel a confirmed shift, prior to the start of that shift, please call Surgical Exchange immediately, and give Surgical Exchange at least 6 hours notice of your intent to cancel so that we may attempt to find a replacement.
- Have all overtime verified and approved by your area supervisor prior to working the **overtime**. If your **overtime** is not approved on the time sheet, the over time will NOT be paid. The employee is responsible for returning to the facility where the over time was worked, he/she must then fill/ obtain the appropriate signatures necessary for approval of the **overtime**. Only then will the Overtime be paid. (You will receive the O.T. pay on the following pay period). It is the responsibility of the employee to have ALL of their work hours and overtime hours properly approved by the department supervisor.
- Employees working at Herrick Alta Bates campus must fill out a daily validation sheet **in addition** to the daily timesheet. You must sign in and out and on the timesheet registry book and you must also submit your SIGNED (by charge nurse) validation form. If you forget to sign in/ out or you do not get the validation form filled out/ signed you will not be paid. Kindly go back to Herrick and do so before the next pay period so that we would be able to pay you for your time worked.
- Maintain patient and employees confidentiality at all times.
- Conduct yourself according to the policies and procedures of each facility and of Surgical Exchange.
- Notify area supervisor and Surgical Exchange of any injury or illness.
- Do not contact any facility personally concerning an assignment through Surgical Exchange.
- Contact with the facility is to be maintained through Surgical Exchange. Should you be requested to change your schedule by the facility, notify Surgical Exchange immediately.
- **LATE CALLS** are paid as an additional 1.5 hours when you arrive within one hour from the time that you were confirmed for that shift and apply only to

Alameda County Medical Center facilities. You must work the full shift, if you choose to work until the end of the shift, you will be paid only for the time worked plus the 1.5 hour late call that must be approved by the staffing office only. To qualify for a late call you must arrive at the facility within one hour upon confirmation. This policy applies to Alameda County Medical Center facilities only.

Late Calls do not apply to any other facility contracted with Surgical Exchange at this time.

Stat calls are determined by the facility.

- **CANCELLATION TIME** with all hospitals is one and a half hours. The hospital has that amount of time in which to notify the registry of your cancellation. **SHOW UP** time is paid only when you have been canceled less than an hour and a half prior to the start of the shift and you have reported to the facility. Show up time is **TWO HOURS**.

**LATE CANCELLATIONS BY THE EMPLOYEE: can result in immediate termination.**

**If the employee is confirmed for a shift and calls off that shift 1 and ½ hours before the start of that shift a late cancellation is applied to the employee and the penalty is a charge to the employee of 4 hours at the facility billing rate. The late cancellation penalty will be applied to the employee's payroll by deducting the full amount from the next payroll cycle.**

I HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PRECEDING POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT, and I will abide by and adhere to them.

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**EMPLOYEE SIGNATURE**

**DATE**

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