



Employee Handbook

Document ID: HR-01

Effective Date: January 2010

InGenesis Employee Handbook Receipt and Acknowledgment

I hereby acknowledge receipt of the InGenesis Employee Handbook and understand that I am responsible for knowing and understanding its contents and I agree to familiarize myself with the contents of this handbook and to abide by its policies. In addition to abiding by the policies in this handbook, I am also responsible for knowing and abiding by the work site's (i.e., Government Facility) policies and procedures. A violation of the policies in this Handbook or at the work site could result in disciplinary action up to and including termination.

I understand and agree that this handbook does not constitute a contract of employment. My employment is entirely at-will and for no definite duration. I can terminate my employment with the Company at any time, with or without cause or notice and the Company reserves the right to do the same.

This Handbook constitutes only an overview of some of the guidelines relating to work rules and other policies and practices. Although the Company will endeavor to provide you with notice when possible, all rules, policies, practices, wages and benefits, regardless of whether they are contained or described in this handbook, may be unilaterally changed, amended, modified, reduced or discontinued by the Company at any time, in its sole judgment and discretion consistent with federal, state and local laws.

Printed Name

Signature

Date

2010 by InGenesis

This document is the sole property of InGenesis. The information contained herein may be used and distributed only as necessary to administer the business needs of InGenesis and is intended for internal use by current staff.

January 1, 2010

Dear InGenesis Colleague:

It is a pleasure to present you with the InGenesis Employee Handbook.

From its inception InGenesis has grown and met with exceptional success. This success is directly attributable to the combined efforts and talents of our employees. As we continue to work together to grow our business, we realize the formula for our success rests with our employees. This Employee Handbook contains key policies and expectations of the Company to help ensure we meet each others' expectations of excellence. You should use this book as a ready reference as you continue your career path with us.

Our policies have been designed to position us as a major competitor in the federal healthcare services market while at the same time maintain compliance with federal and state regulations that govern our work in the marketplace.

As always, InGenesis continues to maintain an "employment at will" relationship with employees. The distribution of this document, both in written and electronic format, does not constitute an employment agreement of any type.

Should you have any questions about your Employee Handbook, you are encouraged to speak directly with a member of our Human Resources Department.

Sincerely,

Veronica Edwards
President, CEO
InGenesis, Inc.

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INTRODUCTION

This Employee Handbook is designed to acquaint employees with InGenesis, herein referred to as the 'Company.' Neither this handbook, nor any other Company document, confers any contractual right, either expressed or implied, to remain in the Company's employ. Nor does it guarantee any fixed terms and conditions of your employment. Your employment is not for any specific time and may be terminated at will, with or without cause and without prior notice, by the Company or you may resign for any reason at anytime. No supervisor or other representative of the Company (except an Officer of the Company) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

Company policies, practices, procedures and benefits found in this handbook and elsewhere are applied at the discretion of the Company, unless otherwise required by law. The Company reserves the right to change, withdraw, apply or amend any of the policies or benefits, including those covered in this handbook, at any time. The Company may notify employees of such changes via printed memos, e-mails, postings, amendments to or reprinting of this handbook, but may also, at the Company's discretion, make such changes at any time, without notice and with or without a written revision of this handbook. The Company's policies shall apply to the extent that they are lawful; if not, they shall be construed so as to comply with any applicable law, ordinance or regulation.

This handbook contains general information and guidelines about the Company. The policies, procedures and programs outlined in this handbook are designed to serve as guidelines to keep employees informed of relevant facts about their employment. If an employee has questions about these guidelines or needs further information about any subject they should contact the Human Resources Department.

Note: Some policies contained in this document cover areas addressed by federal laws. Such laws and regulations have provided guidance for the Company in development of our policies on applicable and related topics. It is our commitment to comply with all applicable federal, state and local laws. In the event a state or local law may differ from the federal law, the applicable law will be applied.

This handbook and the information in it should be treated as confidential. No portion of this handbook should be disclosed to others, except employees of the Company.

Finally, some of the subjects described herein are covered in detail in official policy documents. These policy documents will supersede and be controlling in the event there is any conflict between the official policy document and general terms contained in the handbook. You should refer to these documents for specific information, since this handbook only briefly summarizes those benefits.

The official version of this manual is held by the Human Resources Department. In case of discrepancy between the official version and any other version, the official version will take precedence. Should you wish to check any provision in the official version, please call the Human Resources Department.

SECTION 100: GENERAL EMPLOYMENT INFORMATION

Policy #101: Employee Conduct and Work Rules

We will achieve our goals only to the extent that we conduct our business and ourselves ethically, honestly and fairly. This Code of Business Conduct is intended to reinforce the Company's fundamental business values. The Company is committed to conducting its business on the basis of sound business practices. It is a fundamental policy of the Company that every employee acts ethically and honestly.

Our obligation to operate within the law is just the start of the Company's ethical commitment. Just because an action or decision may be legal does not necessarily mean that such action or decision is ethical. Rather, all of us must be committed to honest and straightforward dealings in our business relationships. We expect all employees to practice the highest standards of business conduct in every business relationship whether it is with each other, our customers, business partners, or competitors. Moreover, in any relationship, the Company will not tolerate discrimination or harassment based on an individual's sex, race, ethnicity, age, disability, pregnancy, genetic information, marital status, sexual orientation, religion or other classification protected by law.

The following Code of Business Conduct contains guidelines regarding how employees should conduct themselves when performing their jobs. It is not possible to provide guidance for all situations that may arise; therefore, it is each individual employee's responsibility to exercise good judgment and to act in a manner that will reflect favorably upon the Company and the individual. The willingness of each of us to raise ethical concerns is essential. You will not suffer any adverse effects to your job or career as a result of raising an ethical concern, adhering to Company policy, or advising Company management if you see an instance where an employee or agent is not complying with the law.

This Code of Business Conduct is designed to reaffirm the Company's commitment to integrity and honesty.

STATEMENT OF ETHICAL PRINCIPLES

- We shall act in the best interests of the Company at all times and conduct ourselves with integrity and honesty in the course of our business dealings.
- We shall not pursue any business opportunity that is unethical or involves a violation of the law or Company policy.
- We shall disclose any actual or potential conflict of interest we may have regarding our responsibilities to the Company and resolve such conflict before taking any action which might be inconsistent with the Company's Code of Business Conduct.
- We shall be demanding of vendors and, in all business relationships, promote the best interests of the Company.

APPLICABILITY AND IMPLEMENTATION

This Code, which includes the appended policies, applies to all Company employees. You and employees who may report to you are responsible for understanding and complying with the spirit as well as the letter of this Code. Your Project Manager is responsible for assisting you in understanding the Code and being aware of the ethical nature of your business conduct. If you have a question regarding how to apply or interpret this Code, you should consult your Project Manager, or the Human Resources Department.

YOUR RESPONSIBILITIES TO THE COMPANY

CONFLICT OF INTEREST

A conflict of interest is deemed to exist whenever an employee is in a position, as a result of the nature or responsibilities of his or her employment with the Company, to further any personal financial interest of the employee or a member of the employee's family which may conflict with the interest of the Company.

You are required to disclose to your Project Manager any such potential or actual conflict of interest so it may be resolved.

You should not have any investment or financial interest in, or hold a position with, any customers, suppliers or competitors of the Company that could influence or appear to influence you in carrying out your responsibilities. This would include ownership of stock in these companies. A financial interest or ownership of stock in a Company is improper if, in relationship to your job, the amount of your particular investment or stock owned could--when viewed objectively by another person--influence your decisions as a Company employee.

You should not permit yourself to be placed in a position that might give rise to the appearance of a conflict of interest (e.g., hiring a relative as an outside vendor to provide goods or services to the Company; using a vendor relationship for personal gain or reward).

Should a conflict of interest arise, you are required to promptly report it, in writing, to your Project Manager, who shall consult with the Company's Human Resources Department to determine whether a conflict of interest actually exists. The Human Resources Department will recommend measures to be taken to eliminate or neutralize the adverse effect of the conflict of interest reported. If you are not sure if your situation or relationship with another might conflict with your job or the Company's interests, you should immediately consult with the Human Resources Department. Most potential conflict situations can be readily resolved and it is in your and the Company's best interest to raise your concern promptly.

CONFIDENTIAL PROPRIETARY INFORMATION

Confidential proprietary information is any information that is the property of the Company. Such information includes, without limitation, the Company's business, financial, sales, marketing, strategic, competitive, and service plans. It also includes, without limitation, trade secrets, operational information, operations development, pricing strategies and formulas, devices, contracts, compilations of information (especially customer information), personnel information, medical records, and salary data. Copyrighted material such as software is also considered proprietary information.

You are obligated not to disclose any Company confidential proprietary information to anyone outside the Company. You are also required as an employee to use such information only in connection with Company business.

If you leave the Company for any reason whatsoever, including retirement, voluntary resignation or involuntary termination, you may not disclose or misuse Company confidential or proprietary information.

SAFEGUARDING COMPANY ASSETS

Everyone is responsible for safeguarding the Company's assets, which include, without limitation, the Company's trade secrets (e.g., business plans, marketing projections or strategies, product or service ideas, personnel information, internal process flows, customer and billing information), technology, and other confidential proprietary information, as well as the Company's physical property. Company equipment, systems, telecommunications services, facilities, vehicles, corporate charge cards, and supplies may only be used for conducting the Company's business or for purposes authorized by management.

You may not use Company property and services for your own or someone else's personal benefit unless the use has been properly approved for general employee use or for a specified purpose. Managers are responsible for setting up and keeping effective controls to protect assets from loss or unauthorized use.

You may also be asked to sign an agreement containing specific restrictions preventing the disclosure of the Company's "Confidential Proprietary Information" (as defined in the agreement) which will include safeguards preventing non-competition and non-solicitation with the Company (also defined in the agreement) which specifically address the Company's policy on these matters and must be adhered to.

CONDUCTING COMPANY BUSINESS

AVOID MAKING MISREPRESENTATIONS

Company employees should never make misrepresentations or dishonest statements to anyone. Our business relationships should be based on honesty. We must accurately represent our products and services in marketing, advertising, and sales efforts.

INFORMATION ABOUT OTHERS

In the normal course of business, it is not unusual for the Company to acquire information about other organizations, including competitors. This is acceptable when this information is properly acquired. Proper sources would include information which is published or in the public domain, or is lawfully received from others or an authorized third party.

There are, however, limits to obtaining information. No one should employ improper means to acquire a competitor's trade secrets or other confidential information. You may not engage in unethical or illegal conduct to acquire information about other companies. You have a responsibility not to steal or misuse the intellectual property of any supplier, customer, business partner, or competitor.

If you are offered proprietary information under questionable or suspicious circumstances, you should immediately inform the Company's Human Resources Department. If you have any questions concerning the proper authorization of the use of information from another company, immediately consult with the Company's Human Resources Department.

CONFIDENTIAL INFORMATION PROPERLY RECEIVED

The Company regularly receives confidential information from companies with whom we do business. Information about other companies should be treated with sensitivity and discretion. To avoid the risk of the Company being accused of misappropriating or misusing someone's confidential or restricted information, such information can be received under the terms of a written and signed confidentiality agreement that spells out Company obligation for the use and protection of the information. These agreements should be reviewed and approved by the Contracts Department. Once another party's confidential or restricted information is properly in your hands, your use is limited to what is authorized by the confidentiality policy. You must not use, copy, distribute, or disclose the information unless it is in accordance with the terms of the confidentiality policy under which it was obtained.

QUESTIONABLE OR IMPROPER PAYMENTS

The use of any Company funds or assets (tangible or intangible) for any unlawful or improper purpose is strictly prohibited.

No payment of funds or assets shall be made to or for the benefit of a representative of any domestic or foreign government (or agency thereof), or any current or prospective customer or supplier for the purpose of improperly obtaining any sale, purchase, desired action, contract, or other commercial benefit. This prohibition applies to direct and indirect payments made through third parties and/or employees and is intended to prevent bribes, kickbacks, or any other form of influence. In addition, employees are prohibited from accepting any payment of any kind described in this paragraph.

GIFTS, MEALS, AND ENTERTAINMENT

Expensive business-related gifts and excessive entertainment may be compromising and should be scrutinized carefully. Neither you nor any member of your family may solicit or accept from a supplier or customer, money or a gift that is, or could be reasonably construed to be, given to influence or give the appearance of influencing the recipient. If you are offered money or a gift or give money or a gift to a supplier or customer, you must inform your manager immediately. If you have questions regarding whether an item, service, trip, or favor offered by an existing or prospective vendor or any other person or entity is permissible, you must seek approval from a member of the Senior Management Team or the Human Resources Department.

RELATIONSHIP WITH GOVERNMENT EMPLOYEES

Certain federal, state, and local laws, regulations, and ethics codes prohibit or strictly regulate permissible gifts, meals, and entertainment. Therefore, you should not provide any meals, entertainment, or other amenities to any government employee unless clearly permitted by law and with the prior approval of the Company.

LEGAL COMPLIANCE

It is the Company's policy to comply with all laws and regulations that apply to its business. Therefore, you must become familiar with and comply with those laws and regulations which govern your area of responsibility. If you have any questions regarding the applicability of a specific law or regulation, you should contact the Company's Human Resources Department for advice. You are not authorized to take any action which the Human Resources Department has advised would constitute a violation of the law.

RECORDING AND REPORTING INFORMATION

You should record and report all information accurately and honestly. The Company's books and records must reflect an accurate and verifiable record of all transactions. Information that you record or submit to another party must be accurate, timely, and complete. Reports or records should not be used to mislead those who receive them, or to conceal anything that is improper.

Dishonest reporting of information to entities and individuals outside the Company is strictly prohibited. It could lead to civil or even criminal liability for you and the Company.

COMPLIANCE AND REPORTING OF VIOLATIONS

All employees are responsible for immediately bringing violations of this Code to the attention of senior management through normal reporting channels or by reporting violations to the Company's Human Resources Department. In addition, all managers are responsible for documenting and promptly taking corrective action when violations involving this Code come to their attention.

- All employee reports of unlawful or unethical conduct will be investigated promptly. In conducting its investigations, the Company will respect the rights and privacy of all parties concerned, to the fullest extent possible.
- Every effort will be made to keep the identity of employees reporting possible violations confidential. If, however, the Company determines it is necessary to reveal the identity of an employee in order to enforce this Code or to comply with applicable law or judicial process, it will do so.
- If a violation of this Code is found, the Company will take appropriate disciplinary action, up to and including termination. In addition, the Company may pursue any and all remedies available to it, including legal action.

OTHER WORKPLACE OR OFF-SITE STANDARDS OF CONDUCT

The following are some types of conduct that are prohibited and may result in disciplinary action, up to and including termination. This list is merely illustrative and does not include all incidents for which an employee may be disciplined.

- Supplying false or misleading information when applying for employment, or at any time during your employment.
- Altering or falsifying records of the Company.
- Recording the time or hours worked of another employee, if absent from office.
- Theft or unlawful possession of Company property or the property of others.
- Loitering on the premises or sleeping on the job.
- Engaging in any unethical conduct.
- Committing illegal, immoral, or indecent conduct; soliciting persons for these purposes; or aiding/or abetting any of the above.
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace at any time during working hours while representing the Company.
- Refusal or failure to perform assigned work, failure to follow supervisor's instructions, or any act of insubordination.
- Engaging in any act of violence or disorderly conduct, threatening, using abusive language, rudeness, or similar acts to any fellow employee, customer, or visitor.
- Abusing, defacing, or destroying Company property.
- Excessive tardiness and/or absenteeism despite remedial action(s) taken by supervisory personnel.
- Uttering, publishing, or distributing false, vicious, or malicious statements concerning the Company, its customers, employees, or clients engaged in business negotiations.
- Violating the Company Equal Opportunity Employment Policy.
- Violating the Company's policies on harassment.
- Failure to maintain the confidentiality of all information to which the employee has access in carrying out his or her responsibilities and duties for the Company.
- Failure to report a work-related accident or injury in a timely manner.
- Unsatisfactory or careless work; failure to meet expectations of the position; mistakes due to carelessness or failure to get necessary instructions; concealing defective work.
- Smoking in prohibited areas.
- Excessive interruption of work for personal business, personal phone calls or personal visits by or to other employees or third parties.
- Failure to meet Statement of Work (SOW) or credentialing/privileging requirements.

Policy #102: Progressive Discipline

The Company developed the Code of Business Conduct and the Employee Handbook in order to coordinate the many varied activities within the corporation and also to advise employees regarding conduct which is unsuitable in a work environment. The Company expects employees to follow the rules of conduct and associated policies and procedures in order to protect the interests and safety of all employees and the Company. Employee misconduct which disregards the rules of conduct and associated policies and procedures will result in corrective disciplinary action up to and including termination.

Your employment is “at will.” Therefore, your employment may be terminated at any time, with or without reason or notice. In other words, this employee handbook does not express and does not imply that you are entitled to any lesser form of discipline before your employment is terminated. While the Company endorses a policy of progressive discipline in which it attempts to provide staff members with notice of deficiencies and an opportunity to improve, we may implement these disciplinary actions in any order at any time. Your employment may be terminated without notice at any time for any reason or for no reason at all

The steps in the progressive discipline process represent increasingly serious and formal communications with the employee and are designed to bring about a change in performance or behavior. Company management retains the right to administer discipline as appropriate. Any or all progressive discipline steps can be accelerated with the approval of the Human Resources Department. At the discretion of management, and with the concurrence of the Human Resources Department, discharge can occur without any previous steps.

In the event that disciplinary action is necessary, the following is typically followed:

- **Verbal Warning.** Verbal warnings will be documented and placed in the employee’s personnel file.
- **Written Warning.** Employees will receive a copy of any written warning. One copy of the warning will be placed in the employee’s personnel file.
- **Suspension.** Suspension is a period during which the employee will not be allowed to report for duty and will not receive pay.
- **Termination.** Termination is a permanent removal from the job and may occur at any time.

Your employment is “at will.” Therefore, your employment may be terminated at any time, with or without reason or notice. InGenesis does not utilize a progressive discipline program. In other words, this employee handbook does not express or imply that you are entitled to any lesser form of discipline before your employment is terminated. We may implement these disciplinary actions in any order at any time; and your employment may be terminated without notice at any time for any reason or for no reason at all.

Policy #103: Confidentiality and Non-Disclosure

The Company's business is ultimately based on its ability to find and attract clients, and to maintain their business by professionally meeting their needs. In the course of serving them, the Company has developed certain unique methods, solutions, and business practices. It is imperative that employees keep this information confidential, so that the Company can continue to be successful, serve clients properly, and provide the best opportunities for employees. Employees must not disclose this information to any person or firm outside of the Company, or use it for personal benefit, or for the benefit of any other person or firm other than the Company.

It is imperative that what happens internally at the Company remains within the Company. These requirements apply while employees are employed with the Company, and at all times after an employee has left the Company for any reason. The following information must be kept confidential but is not inclusive of all Company Confidential information:

- Compensation data
- Customer lists and contact information
- Employee lists and contact information
- Customer preferences
- Financial information
- Marketing strategies
- Pricing information
- New materials research
- Pending projects and proposals
- Proprietary production processes
- Scientific data
- Technological data
- Technological prototypes
- Any miscellaneous information (i.e., report forms, business plans, customer information reports, Company address and phone directories, computer printouts, agreements/contracts, work schedules, information on Rolodex or calendars; names and addresses of the Company suppliers; records kept on any storage medium).

Employees who improperly use or disclose trade secrets or confidential business information will be subject to disciplinary action, up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information. This encompasses the Company's clients, their business operations and all other business matters.

Employees shall not respond to media inquiries while at the workplace, or while away from the workplace when such inquiries relate to your job or the military hospital/clinic. Any inquiry from the media, third parties or public agencies shall be immediately relayed to the COR (Contracting Officer's Representative) at the hospital/clinic, who will relay the inquiry to the MTF (Medical Treatment Facility) Public Affairs Officer or, after duty hours, to the Administrative Officer of the Day. Employees shall give no interviews, comments or any other response without the knowledge and approval of the MTF Commander. Other than routine inquiries from external agencies, all other inquiries and complaints shall be brought to the attention of the COR.

As a healthcare professional, it is the employee's responsibility to maintain confidentiality in relation to medical records and medical information. This information is shared only with other healthcare professionals on a need-to-know basis. To share medical information or medical records with anyone else (including the patient's family members) requires a signed release of information from the patient. All employees must be in total compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

As noted above, you may also be asked to sign an agreement containing specific restrictions preventing the disclosure of the Company's "Confidential Information" (as defined in the agreement) which will include safeguards preventing non-competition and non-solicitation with the Company (also defined in the agreement) which specifically address the Company's policy on these matters and must be adhered to.

Policy #104: Conflicts of Interest / Outside Employment

As noted above, employees are expected to avoid situations that create an actual or potential conflict between the employee's personal interests and the interest of the Company. Employees who, because of other work or outside activities, cannot make this commitment may be asked to end their association with the Company.

Healthcare workers shall not, simultaneously with performance under the contract, engage in other employment that creates a conflict of interest, violates federal law, or potentially compromises the quality of their work under the contract. While on duty, healthcare workers shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the healthcare worker when they are not on duty, or from a partner or group associated in practice with the contractor.

No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to their Project Manager or the Human Resources Department as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Additionally, outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside the Company for materials or services rendered while performing his/her job at the Company.

Employees are not prohibited from conducting a private practice or other employment as long as the existence of the private practice or other employment has been disclosed to a member of Senior Management or the Human Resources Department and there is no conflict with the performance of his/her job with the Company. However, such private practice or other such employment shall not be conducted during those hours in which the employee is required to render services under his/her position with the Company. The employee shall make no use of the Company's or the client's facilities, confidential proprietary information or property in connection with such other employment.

Policy #105: E-mail, Network, Internet and Intranet Prohibited Activities

The Company's and Client's e-mail systems are designed to improve service to our clients, enhance internal communications and reduce paperwork. Employees using the Company's and Client's e-mail system must adhere to the following policies and procedures:

All information created, sent or received via the Company's e-mail system, network, Internet/Intranet, including all e-mail messages and electronic files, is the property of the Company. Employees should have no expectation of privacy regarding this information. The Company reserves the right to access, read, review, monitor and copy all messages and files on its e-mail system, network, Internet/Intranet and computer system at any time and without notice. When deemed necessary, the Company reserves the right to disclose text or images to law enforcement agencies or other third parties without the employee's consent.

Access and/or use of any Client Facility's e-mail system, network, Internet/Intranet, or access and/or use of the Company's e-mail system, network, Internet/Intranet are intended for business use only. Employees may access e-mail and the Internet for personal use provided such use does not interfere with their work or otherwise violate this policy or the policy in effect at any Medical Treatment Facility (MTF). If you are working on a Company client site, you should apply this policy in addition to any policy the client may have, to the use of the client's e-mail system, network, and Internet/Intranet system. Any use of the Company's or Client Facility's e-mail system, distribution lists, network, or Internet/Intranet access for the following activities is prohibited and will subject the user to disciplinary action up to and including termination:

- Participating in activities, including the preparation or dissemination of content which could damage Company's professional image, reputation and/or financial stability.
- Sending or forwarding messages containing defamatory, obscene, offensive or harassing statements. An employee should notify their Project Manager and the Human Resources Department immediately upon receiving such a message. This type of message should not be forwarded.
- Engaging in unethical or other activity in violation of the Company's Standards of Conduct.
- Printing or distributing copyrighted materials. This includes, but is not limited to, software, articles and graphics protected by copyright.
- Operating a business, soliciting money for personal gain or otherwise engaging in commercial activity outside the scope of employment.
- Searching for outside employment.
- Making offensive or harassing statements based on race, color, religion, national origin, veteran status, ancestry, disability, age, sex or sexual orientation.
- Sending or forwarding a message that discloses personal information without Company authorization. This shall also include accessing, transmitting, receiving or seeking confidential information about clients or fellow employees without authorization.
- Sending ethnic, sexual-preference or gender-related slurs and/or jokes via e-mail; Sending or soliciting sexually oriented messages or images.
- Attempting to access or visit sites featuring pornography, terrorism, espionage, theft or drugs.
- Gambling or engaging in any other criminal activity in violation of local, state, or federal law.
- Permitting or granting use of an e-mail or system account to another employee or persons outside the Company.
- Using another employee's password or impersonating another person while communicating or accessing the Network or Internet.

Policy #106: Solicitation and Distribution

To avoid work disruptions and possible discord between co-workers, employees are prohibited from soliciting other employees or distributing literature in connection with non-work-related causes or interests.

Solicitation includes, but is not limited to the following: asking employees for funds or contributions, offering goods for sale (whether for charitable or for commercial purposes), asking to sign a petition, requesting employees to become a member of a group, soliciting support for a political candidate, or otherwise requesting support or commitment with respect to causes, groups, or interests.

Employees are prohibited from soliciting other employees or distributing literature during working hours. Employees can use their meal and break periods for personal purposes, but must not engage in solicitation, literature distribution, or other activities that disrupt or interfere with ongoing Company operations or other employees' enjoyment of their break or meal periods.

Employees are strictly prohibited from using Company or Client facilities in connection with any solicitation or literature distribution activities. This restriction applies regardless of whether employees are on- or off-duty, whether the activities are conducted during working or nonworking hours, or whether the activities are located on or off Company premises. For purposes of this restriction, Company and Client facilities include, but are not limited to, telephones, e-mail, fax machines, interoffice mail, voice mail, and photocopiers.

Solicitation or literature distribution that is discriminatory, hateful, harassing, illegal, defamatory, or obscene is prohibited at all times. Persons not employed by the Company may not solicit employees for any purposes on Client or Company property.

Policy #107: Complaints / Open Door Policy

The Company operates with an open management style in which each employee is encouraged to speak freely to his or her supervisor. We make a conscious effort to keep employees informed about matters affecting their jobs, and we encourage all employees to talk to their Project Manager, Senior Management, or the Human Resources Department about ideas or suggestions that could improve our working environment by offering positive and constructive criticism.

Misunderstandings or conflicts can arise in any organization. To ensure that effective working relationships and good communications are maintained, it is important that such matters be resolved before serious problems develop. Most incidents are resolved before they reach that stage; however, should a situation persist that you believe is detrimental to you or to the Company, free discussion with your Project Manager is encouraged.

It is important to note that you are working for our company as an employee. Under contract to the government, our company provides healthcare contract workers to the MTF where you work. Most of our government contracts are for "Personal Services." This type of contract creates a supervisor-contract worker relationship between the government supervisor and the contract worker for day-to-day operations and clinical issues. Supervision of the contract worker for all other matters falls to your company Project Manager. This includes items such as pay, benefits, company policies, etc. Payroll issues should never be discussed with your government supervisor, as they have no information or control over company personnel and payroll functions. This is intended to reinforce the employees' "**duty of loyalty**" to the company that employs them as established by existing legal precedent. Failure to comply with this restriction will result in disciplinary action up to and including termination.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. An employee should present the problem during discussion or in writing to his or her immediate Project Manager (**not the client-site supervisor**) within 15 calendar days after the incident occurs. If the Project Manager is unavailable or the employee believes it would be inappropriate to contact that person, the employee may present the problem to the Vice President of Operations.
2. The Project Manager or VP of Operations will respond to the problem during discussion or in writing within 30 calendar days, after consulting with appropriate management, when necessary. The Project Manager or VP of Operations will document the decision and provide a copy to the Human Resources Department.
3. If the employee feels that the problem remains unresolved, he or she may appeal the decision to the Human Resources Department.
4. The Human Resources Department will respond to the problem during discussion or in writing within 30 calendar days, after consulting with appropriate management, when necessary. He or she will advise the employee of the decision and provide a copy to the President.
5. Only the President or Chief Operations Officer may reverse or alter the decisions made by the Human Resources Department.

6. If, at any time, you find that you are unable to talk to or cannot resolve a job-related concern with your Project Manager, you are strongly urged to seek a resolution through your functional reporting chain. Through this process, Company employees can discuss and seek resolution of any issue by reaching out up to and including the senior management of the Company. Employees are also encouraged to seek assistance from the Human Resources Department at any time. If employees disagree with established rules of conduct, policies, or practices, they can express their concern through this problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint with the Company in a reasonable, businesslike manner, or for using the problem resolution procedure.

The Company does not tolerate any form of retaliation against employees who use the Open Door Policy. The procedure should not be construed, however, as preventing, limiting, or delaying any disciplinary action against any individual, where the Company deems such disciplinary action appropriate.

Policy #108: Employment / Reference Checks, Personnel Files, Credentialing

REFERENCE CHECKS

To ensure that individuals who join the Company are well qualified and have a strong potential to be productive and successful, it is the policy of the Company to check the backgrounds of all final candidates. This may include, but is not limited to, the following: employment references, educational credentials, criminal records, driving records, credit checks, etc. The Company will conduct post employment background checks annually when a legitimate business need for such information arises. Misrepresentations with regard to references or employment history are taken seriously and constitute grounds for termination.

EMPLOYMENT VERIFICATION

On occasion, the Company must provide information to federal, state, and local government agencies in accordance with recordkeeping and reporting requirements imposed by such agencies. Access by such parties to this information may also occur via legal subpoena or court order.

In response to a request from an outside organization, individual, or other nongovernmental entity, the Company will confirm only dates of employment, wage rates, and position(s) held. All requests for information must be directed to the Human Resources Department in writing and include the employee's authorization signature. Only the Human Resources Department is authorized to give an employment reference.

PERSONNEL FILES

It is the policy of the Company to maintain records of each employee that are related to the employee's position and performance. Employee medical information is kept in a separate file maintained by the Human Resources Department. Access to all files is tightly controlled. Any employment-related information is to be directed to Human Resources Department.

Paper-based documents relating to employee personnel records are kept in secure files in the Human Resources Office. These files are accessible only to the staff that has a valid, demonstrable need to obtain specific information from an employee's personnel record. Employees may be granted access to their personnel files and records by contacting the Human Resources Department. Files may be reviewed on Company premises along with a Human Resources representative or their designee. Under no circumstances may an employee alter or remove documents in the file.

Employees who wish to review their own file should contact the Human Resources Department. With reasonable advance notice, employees may review the non-confidential portions of their own personnel files in the Company's corporate office and in the presence of an individual appointed by the Company to maintain the files. Employees are not permitted to make copies of their personnel file unless required by federal, state or local laws.

It is also important that employees keep the Company informed of significant changes in life events that may affect benefits, emergency contacts, etc. If there are changes in any of the following areas, employees should contact the Human Resources Department.

- Name
- Emergency contact

- Address
- Tax withholding status
- Home/cell phone number
- Personal e-mail address
- Dependent information
- Marital status
- Change in beneficiaries
- Changes to U.S. Immigration Form I-9
- Updates to documents for authorization to work in the U.S.

CREDENTIALING

Each government facility has established specific credential requirements for each position to ensure quality patient care. Employment at the government facility is contingent upon all credentials being kept current.

All employees are responsible for keeping all licenses, CPR certifications, national certifications, immunizations, and any other credentials and privileges current, active and valid at all times.

If an employee does not have current credentials required by the facility, the Company may be required to remove the employee from their position without notice and without pay until the credentials are updated accordingly.

Policy #109: Benefits Overview

BENEFITS

A variety of benefit programs have been designed to assist regular full-time employees and their eligible dependents in meeting the financial burdens that can result from illness and disability and to help employees plan for retirement. Eligibility and rights can be determined by referring to the full text of the official plan documents. To the extent that any of the information contained in summary documents is inconsistent with the official plan documents, the provisions of the official plan documents will govern in all cases.

Participation in the Company's Short-Term, Long-Term and Basic Life Insurance is mandatory for all employees. In addition, participation in the Company's medical plan is mandatory unless documentation of active coverage through a different medical plan provider is submitted within 30 days of your start date. Employees covered under the Service Contract Act (SCA) receive Health and Welfare dollars to offset the cost of Insurance, which is outlined in the offer letter.

Eligible employees must elect benefit options within eligibility period for benefits, typically within 30 days from their start date. Employees also can make changes during open enrollment or if a qualifying life event occurs. Cost of benefit plans will be deducted from each employee's paycheck. Deductions are withheld on a pre-tax basis unless otherwise requested in writing.

Plan specifics and offerings are subject to change. Consult the Human Resources Department, benefits summary booklet, and/or official plan documents for details and benefit offerings.

COBRA

Covered employees and their covered dependents will have the opportunity to continue their health insurance benefits for a period in general of at least 18 months under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) that would otherwise end due to a covered employee's death, employment termination for a reason other than gross misconduct, change of employment status due to a reduction in hours, employee's child ceases to be a "dependent child" under the terms of the Company's health insurance plan(s), the employee becomes divorced or legally separated, or the employee becomes entitled to Medicare.

The Company asks that the employee notify the Human Resources Department as soon as possible in the event of divorce, legal separation, a child's loss of dependent status, or any other event that might affect the employee or a family member's status to continued medical benefit coverage under COBRA. Upon the occurrence of a qualifying event that would trigger COBRA, the Company will notify eligible individuals of their rights to elect COBRA continuation coverage. All additional questions should be addressed with the Human Resources Department.

PAY DEDUCTIONS

Law requires the Company make certain deductions from each employee's paycheck. Among the deductions are applicable federal, state and local income taxes, Social Security and Medicare taxes. Changes to federal and state taxes made in writing on a W-4 withholdings form, and to a state withholding form as applicable by state, should be returned to Payroll. Federal or state agencies may require the Company to make additional deductions, such as child support and garnishments. Eligible employees also may authorize deductions directly from their paychecks to cover costs of participation in the Company's benefit programs (e.g., health and life insurance). If a benefit deduction is missed, there will be a retroactive adjustment on the following paycheck.

Policy #110: Leaving the Company

Both the employee and the Company have the right to terminate the employment relationship “at will,” at any time, with or without cause. The Company asks that employees provide at least a two-week written notice before terminating their employment, as professional courtesy.

Departing employees, regardless of their reason for leaving, may be asked to participate in an exit interview with the Human Resources Department or their designee. All Company and Government property must be returned to the Company/MTF/Government no later than the last day worked by an employee and/or upon request. Such property may include such items as CAC Cards, installation vehicle access decals, ID badges, keys, equipment, records, manuals, computer files and/or other such documents, including all copies of such items which in any way relate to the business or affairs of the Company or any of its employees or clients. Upon termination of employment, employees may be immediately escorted off of the premises.

The Company may take appropriate legal action to recover the cost of any unreturned Company or MTF property. Final paychecks may be mailed to a worker's home address or directly deposited in the employee's direct deposit bank account on the next regular payday after separation from employment, unless federal, state, or local law requires payment sooner.

SECTION 200: EMPLOYMENT POLICIES

Policy #201: Employment Requirements and e-Verify

The Company is committed to meeting its obligations under U.S. immigration law. Accordingly, the Company neither hires nor continues to employ individuals who are not legally authorized to work in the United States. Moreover, the Company does not discriminate on the basis of citizenship status or national origin.

FORM I-9

Each employee is required to complete and sign the employee's portion of Form I-9, Employment Eligibility Verification, and present original documentation supporting the employee's identity and employment eligibility. Employees must complete the employee section of Form I-9 on the day they begin work, and they must also provide the required supporting documentation within three business days of starting work. An employee's failure to produce required documentation within allotted time periods is grounds for immediate termination of employment.

E-VERIFY

As a Federal Contractor the Company is required to verify all employees' work eligibility by using E-Verify, an electronic employment verification system operated by the U.S. Citizenship and Immigration Services. If the Government cannot confirm that you are authorized to work through the E-Verify system, the Human Resources Department will notify you with written instructions and provide you an opportunity to contact the Social Security Administration (SSA) and/or Department of Homeland Security (DHS). If you fail to respond or choose not to contest, the non-confirmation will result in a termination of your employment. If your employment eligibility cannot be verified after submitting the request to contest the non-confirmation, it will result in termination.

Policy #202: Employment Status Policy / FLSA / Overtime Pay

The Company's Employment Status Policy is established in order to define the procedures used to ensure compliance with Department of Labor regulations, etc., about the status of employees as exempt or non-exempt under the Fair Labor Standards Act (FLSA).

Job positions within the Company must be defined as either exempt or non-exempt in accordance with the provisions of the Fair Labor Standards Act, which regulates various employment practices concerning wages, hours, working conditions, etc. The Human Resources Department is responsible for determining the exemption status of all positions. When a new position opens up with the Company, it shall be evaluated in regard to Title 29, Part 541 of the Code of Federal Regulations, in order to determine if the position is to be an exempt or non-exempt position.

The most direct effect of this classification is on the regulations concerning payment of overtime. Time not worked (whether paid or unpaid) such as PTO, FMLA, job-related injury, holiday, etc., will not count as time worked for purposes of determining or computing overtime pay. A work week begins at 12:01 a.m. on Sunday and ends at midnight the following Saturday.

Exempt employee: An exempt employee is not eligible for overtime pay (time and one-half for all hours worked in excess of 40 hours during one workweek), unless otherwise specified in the Offer Letter. If a position is determined to be exempt, then the employee in this position will only receive his/her regular rate of pay even if overtime hours are worked. Should an exempt employee work overtime hours such hours may be charged by the Company to the customer under CPFF and T & M type contracts, with prior Management approval.

Nonexempt employees: A non-exempt employee is eligible for overtime time or hours worked in excess of 40 in any workweek, unless state regulations provide for a different overtime calculation. A nonexempt employee must obtain prior approval from the site as well as their Project Manager before working overtime hours. Working overtime without approval could result in disciplinary action up to and including termination.

If you have any additional questions about your status as an exempt or non-exempt employee, please direct your inquiries to the Human Resources Department.

EMPLOYEES ARE CLASSIFIED

Regular, full-time employees: working at least 32 hours per week

Regular, part-time employees: working less than 32 hours per week

Backup Personnel "PRN": These employees are specifically employed to work as a "backup" or on a "PRN" basis when regular employees are absent from their work site. There is no guaranteed or regular number of hours a PRN may work each week.

Policy #203: Equal Employment Opportunity / Affirmative Action

It is the policy of the Company to ensure equal employment opportunity for all persons without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status, actual or perceived sexual orientation, genetic information, or any other characteristic protected by federal, state, or local law. This policy applies to all terms, conditions, and privileges of employment, including, but not limited to recruitment, hiring, placement, job assignments, training, compensation, discipline and termination.

The Company is committed to maintaining a work environment in which all individuals are treated with respect and dignity. Each employee should be able to work in an atmosphere that promotes equal opportunity and prohibits inappropriate workplace behavior such as harassment and discrimination. The purpose of our policy is not to regulate the personal morality of employees, but rather to ensure a working environment that is free from all forms of harassment and discrimination.

The Company requires that employees promptly report all suspected violations of this policy. If an employee has observed harassment or discrimination, or any behavior that violates this policy, they should promptly notify their Project Manager or the Human Resources Department. If an employee is not comfortable making a verbal or in-person report, or if they are dissatisfied with the results achieved in making a report, they may send a written report by certified mail, return receipt requested, to the Director of Human Resources who is designated as the Equal Employment Officer for the Company and will be responsible for communicating and implementing this policy throughout the organization.

All reports will be investigated promptly, fairly and impartially. The Company endeavors to maintain confidentiality to the greatest extent possible unless disclosure is required for continued investigation or by law, and without fear of retaliation. All managers have a responsibility to promptly notify the Human Resources Department of incidents of harassment or discrimination.

It is the policy of the Company to seek and employ qualified personnel at all locations and for all positions, and to provide equal employment opportunities for all applicants and employees in recruiting, hiring, placement, training, compensation, insurance, benefits, promotion, transfer, and termination. To achieve this, the Company is dedicated to taking affirmative action to employ and advance in employment qualified females, minorities, individuals with disabilities and protected veterans. The objective in adopting the Affirmative Action Program is to place qualified females, minorities, individuals with disabilities and protected veterans in all job classifications. The Company operates under the guidance of an established Affirmative Action Plan; copies of this Plan are available in the Human Resources Department at the Corporate Office.

Policy #204: Persons with Disabilities

The Company complies with all applicable state and federal laws that address disability in the workplace, including the Americans with Disabilities Act (ADA) of 1990. It is the Company's policy not to discriminate against any qualified employee or applicant with regard to any terms or conditions of employment because of such individual's disability or perceived disability so long as the employee can perform the essential functions of the job. Consistent with this policy of nondiscrimination, the Company will provide reasonable accommodations to a qualified individual with a disability, as defined by the ADA, who has made the Company aware of his or her disability, provided that such accommodation does not constitute an undue hardship on the Company.

Employees with a disability who believe they need a reasonable accommodation to perform the essential functions of their job should contact the Human Resources Department. The Company encourages individuals with disabilities to come forward and request reasonable accommodation.

PROCEDURE FOR REQUESTING AN ACCOMMODATION

The Company will determine the feasibility of the requested accommodation considering various factors, including, but not limited to, the nature and cost of the accommodation, the availability of tax credits and deductions, outside funding, the Company's overall financial resources and organization, and the accommodation's impact on the operation of the Company, including its impact on the ability of other employees to perform their duties and on the Company's ability to conduct business.

The Company will inform the individual of its decision on the accommodation request or on how to make the accommodation. If the accommodation request is denied, the individual will be advised of their right to appeal the decision by submitting a written statement explaining the reasons for the request. If the request on appeal is denied, that decision is final.

The ADA does not require the Company to make the best possible accommodation, to reallocate essential job functions, or to provide personal use items (i.e., eyeglasses, hearing aids, wheelchairs etc.).

The Company is also committed to not discriminating against any qualified employees or applicants because they are related to or associated with a person with a disability. The Company will follow any state or local law that provides individuals with disabilities greater protection than the ADA for those employees who work in that jurisdiction. An employee or job applicant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the Human Resources Department. All such inquiries or complaints will be treated as confidential to the greatest extent permissible.

This policy is neither exhaustive nor exclusive. The Company is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

Policy #205: Drug & Alcohol Abuse

Drugs and alcohol use are highly detrimental to the safety and productivity of employees in the workplace. No employee may be under the influence of any illegal drug or alcohol while in the workplace, while on duty, or while operating a vehicle or equipment owned or leased by the Company.

The Company will maintain a workplace that is free from the effects of drug and alcohol abuse. The Company will not tolerate any abuse of drugs (including prescribed medications) or alcohol that imperils the health or well being of its staff or the customers it serves, threatens its operation, or compromises the safety of its products and services.

DEFINITIONS

“Unauthorized Drug/Controlled Substance” means any illegal drug, and specifically includes marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates and prescription drugs that are not obtained and used under a prescription lawfully issued to the employee possessing them, and any other substances included in Schedules I through V of the Federal Controlled Substances Act when not possessed or used pursuant to a valid prescription or as otherwise authorized by law.

“Alcohol” means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

“Company Premises” means all land, property, buildings, structures, installations, vehicles, and equipment owned by, leased to, or supplied by the Company, as well as any work site or location on which any work is being performed for the Company or any of its clients or contractors.

PROHIBITED CONDUCT

No employee shall manufacture, ingest, use, possess, transport, sell or distribute any illegal controlled substance or paraphernalia while on Client Facilities or Company premises or engaged in work for the Company.

An employee must promptly inform the Human Resources Department of any drug or drug-related crime the employee has committed or seen, or that the employee reasonably knows to have occurred in the workplace or on Company premises.

The Company will not knowingly employ anyone abusing controlled substances or whose use of alcohol prevents performing his/her job duties or who, because of the use of drugs or alcohol, constitutes a threat to the property or safety of others.

The Company reserves the right to establish drug and alcohol search and screening procedures consistent with applicable laws as deemed necessary which may include pre-employment, random, “reasonable suspicion” or post-accident/injury drug and alcohol testing. Implementation of search or screening procedures will be established only with the joint and prior approval of senior management and Human Resources Department.

Employees may use physician-prescribed medications, provided that the use of such drugs does not adversely affect or interfere with job performance or the safety of the employee or other persons in the workplace.

Employees who are experiencing work-related or personal problems resulting from alcohol or drug abuse or dependency are encouraged to seek assistance. When appropriate, the Company may refer the employee to approved counseling or rehabilitation programs. Any employee engaged on government contract or grant work must comply with this policy as a condition of employment or continued employment.

In compliance with the Drug Free Workplace Act, employees are obligated to notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Physicians who have a drug conviction must notify the Company immediately due to the sensitive nature of their position. The Company will make all necessary notifications within required times in accordance with applicable laws, regulations, licensing and privileging requirements. Appropriate action, including possible disciplinary action and/or participation in a drug abuse assistance or rehabilitation program, may result after notice of the conviction is received.

DRUG AND ALCOHOL TESTING

Under its Drug and Alcohol Policy, the Company may require the following:

Pre-Employment Testing: Drug and Alcohol Testing may be performed on applicants who receive a conditional offer of employment. Positive test results will be considered in making employment decisions.

Reasonable Suspicion Testing: Employees may be asked to submit to a drug and/or alcohol test whenever the Company reasonably believes from the facts and circumstances that the employee may be under the influence of a controlled substance or alcohol, or otherwise may have violated any aspect of this policy, federal, state or local law or federal regulations. Symptoms suggesting drug or alcohol use include visible needle marks, red eyes, liquor smell on breath or clothing, sudden changes in work performance, inappropriate behavior, unexplained and/or frequent absenteeism, slurred speech, etc.

Random Testing: Under those circumstances where either appropriate or required by law, the Company may implement random testing on employees.

Post-Accident Testing: Employees involved in, or who have contributed to, a work-related incident may be required to submit to a drug and/or alcohol test. Tests will be performed within two hours of the accident or as soon as reasonably practical after an accident occurs. An employee who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization for obtaining hospital reports and/or other documents that would indicate whether there were any controlled substances or alcohol in his/her system.

Any employee failing to consent to, cooperate with or participate in testing, including any person who engages in conduct that clearly obstructs the testing process, will be subject to disciplinary action up to and including termination.

Policy #206: Sexual and Other Unlawful Harassment

The Company promotes a productive work environment which does not tolerate any verbal or physical conduct that harasses, disrupts, or otherwise inappropriately interferes with another's work performance, or creates an intimidating, threatening, offensive, or hostile environment.

INDIVIDUALS AND CONDUCT COVERED

This policy applies to all applicants and employees, and prohibits harassment, discrimination, and retaliation whether engaged in by fellow employees, by a manager or by someone not directly connected to the Company (i.e., an outside vendor, consultant, client). For those not employed directly by the Company, the Company will contact the employer of the offending party to ensure that appropriate action is taken.

Conduct prohibited by this policy is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

DEFINITION OF SEXUAL HARASSMENT

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, verbal or physical conduct of a sexual nature, or other verbal or physical conduct based on gender when

- Submission to such conduct is either explicitly or implicitly made a term or condition of employment
- Submission to or rejection of such conduct is used as the basis for employment decisions
- Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Some examples of what may constitute sexual harassment are employment actions such as discharge, demotion or reassignment, or threats of such actions if sexual favors are not granted; demands for sexual favors in exchange for preferential treatment; unwelcome and repeated flirtations, propositions or advances; unwelcome physical contact; whistling to, at, or about an individual in a sexual manner; improper gestures; use of stereotypes; offensive, insulting, derogatory or degrading remarks; unwelcome comments about appearance; sexual jokes or use of sexually explicit or offensive language; gender or sex-based pranks; and the display in the workplace of sexually suggestive objects or pictures.

Sexual harassment can occur between members of the same sex or between members of the opposite sex. Care should be taken in informal business situations, including company parties, business trips, etc.

The above examples are not intended to be an all-inclusive list. While this policy sets forth the Company's standards for promoting a workplace that is free from harassment, it does not limit the Company's authority or ability to discipline or take other remedial action for workplace conduct that the Company finds to be inappropriate, regardless of whether that conduct meets the definition of sexual harassment.

DEFINITION OF DISCRIMINATION AND OTHER WORKPLACE HARASSMENT

For purposes of this policy, discrimination and other workplace harassment consist of unwelcome conduct, whether verbal, visual or physical, that disparages or shows hostility or aversion toward an individual because of race, color, religion, sex, national origin, age, disability, veteran status, marital status, actual or perceived sexual orientation, genetic information, or any other characteristic protected by federal, state, or local law, and that creates an intimidating, hostile, or offensive work environment, or unreasonably interferes with an individual's work performance.

Examples of discrimination and other workplace harassment are using insults or slurs; mocking, ridiculing or mimicking another's culture, accent or appearance; threatening, intimidating or engaging in hostile or offensive acts that focus on an individual's race, color, religion, sex, national origin, age, disability, veteran status, marital status, actual or perceived sexual orientation, genetic information, or any other characteristic protected by federal, state, or local law, including jokes or pranks; displaying or circulating in the workplace written or graphic material that denigrates or shows hostility or aversion toward a person or group because of race, color, religion, sex, national origin, age, disability, veteran status, marital status, actual or perceived sexual orientation, genetic information, or any other characteristic protected by federal, state, or local law.

The above list is not intended to be all-inclusive. While this policy sets forth our standards for promoting a workplace that is free from discrimination and other workplace harassment, it does not limit our authority or ability to discipline or take any other remedial action for workplace conduct that the Company finds to be inappropriate, regardless of whether that conduct meets the definition of discrimination and other workplace harassment.

RETALIATION IS PROHIBITED

The Company prohibits retaliation against any individual who opposes or reports suspected discrimination or harassment or who testifies, assists, or participates in any way in discrimination or a harassment investigation, hearing, or other proceeding. Any such retaliatory conduct is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action, up to and including termination.

REPORTING AN INCIDENT OF HARASSMENT, DISCRIMINATION OR RETALIATION

All employees, regardless of identity, position or rank, are responsible for implementing the Company's policy against harassment and discrimination and cooperating fully in its enforcement. The Company requires the prompt reporting of all incidents of discrimination, harassment or retaliation, regardless of the identity or position of the reporter, the offender, or the victim. All employees, including managers and supervisory personnel, who believe they have experienced, or who have knowledge of, any incidents of harassment, discrimination, or retaliation should contact their Project Manager and/or the Human Resources Department.

The Human Resources Department has overall responsibility for implementation and enforcement of this policy. If an employee is not comfortable making a verbal or in-person report, or if an employee is dissatisfied with the results achieved in making a report, they may send a written report by certified mail, return receipt requested:

Norma Donahue
Vice President, Operations
InGenesis, Inc.
11230 West Ave., Ste. 1207
San Antonio, TX 78213

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. The Company requires that employees promptly report complaints or concerns so that rapid and constructive action can be taken. Every effort will be made to stop alleged harassment before it becomes severe or pervasive, but can only do so with the cooperation of its staff/employees.

THE INVESTIGATION

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly, thoroughly and impartially. All inquiries, complaints, and investigations are treated confidentially to the greatest extent possible, unless disclosure is required for investigation or by law. Appropriate steps will also be taken to ensure that employees making complaints are protected from retaliation during the investigation.

RESPONSIVE ACTION

Misconduct constituting harassment, discrimination or retaliation will be dealt with promptly and appropriately. Disciplinary action will be taken as the Company believes appropriate under the circumstances, up to and including termination.

Policy #207: HIPAA

As required by the Health Insurance Privacy and Accountability Act (HIPAA), the Company is committed to ensuring the privacy and security of employee health information. In order to manage the facilitation and implementation of activities related to the privacy and security of protected health information (PHI), the Company will appoint and maintain an internal Privacy Officer (PO). It is the Company's policy not to receive PHI on employees, unless specifically requested by the employee to assist with a claim. The employee must provide authorization by signing a consent form to discuss PHI on behalf of the employee. To this end, all health carriers have been notified in writing regarding this policy.

The Company will be privy to PHI if specifically requested by an employee to assist with a health claim. This will be discussed solely by the Company-designated PO with a claims' representative at a carrier affected by the claim and/or the benefits broker account representative if the issue is not resolved between the PO and insurance carrier. The employee will sign a consent form to discuss PHI and the employee will be informed with whom the claim will be discussed.

The Company has designated a PO, the Human Resources Manager/Director, who will be responsible for the secure transmission and storage of protected health information, including the following:

- Controlling access to protected health information;
- Secure management of protected health information;
- Proper use and disclosure of protected health information at the request of the individual;
- Individual rights regarding protected health information;
- Maintenance of records regarding access to protected health information;
- Maintain a log with specifics of all occurrences where PHI was released.

The employee has the right to the following:

- Request a restriction on certain uses and disclosures of information; however, the company is not required to agree to a requested restriction;
- Inspect and obtain a copy of their health record;
- Request that a health record be amended;
- Request communications of health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of health information.

OBLIGATIONS OF THE COMPANY

The Company is required by law to do the following:

- Maintain the privacy of protected health information;
- Provide the employee with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify the employee if the Company is unable to agree to a requested restriction on how information is used or disclosed;
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations.

PRIVACY VIOLATIONS

You have the right to file a complaint with the Company and/or the Department of Health and Human Services if you believe your privacy rights have been violated. The employee will not be retaliated against for filing a complaint. If at any time the privacy of employee PHI is determined to have been compromised, the Privacy Officer will immediately inform the employee in writing, detailing what information was compromised, the corrective measures taken, and the current status of the situation.

Policy #208: Family and Medical Leave

You are eligible to take up to 12 weeks of unpaid family/medical leave within any 12-month period and be restored to the same or an equivalent position upon your return from leave provided that you have worked for the Company for at least 12 months, and for at least 1250 hours in the last 12 months provided the Company must have at least 50 employees working in a 75-mile radius of that site of your employment. The Company will measure the 12-month period as a rolling 12-month period measured backward from the date you use any leave under this policy. Each time you take leave, the Company will compute the amount of leave you have taken under this policy and subtract it from the 12 weeks of available leave, and the balance remaining is the amount you are entitled to take in the current 12-month period. Leave without pay will begin after all available applicable paid leave has been exhausted and will be included in the 12 weeks of Family and Medical Leave Act (FMLA) leave.

REASONS FOR FAMILY/MEDICAL LEAVE

You may take family/medical leave for any of the following reasons:

1. Birth of a son or daughter and in order to care for such son or daughter;
2. Placement of a son or daughter with you for adoption or foster care and in order to care for the newly placed son or daughter;
3. To care for a spouse, son, daughter, or parent with a serious health condition;
4. Because of your own serious health condition which renders you unable to perform the job functions essential to your position;
5. Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.;
6. To care for a family member injured while serving in the military.

Leave because of reasons "1" or "2" must be completed within the 12-month period beginning on the date of birth or placement of the child. In addition, spouses employed by the Company who request leave because of reasons "1" or "2" or to care for an employee's parent with a serious health condition may only take a combined total of 12 weeks leave during any 12-month period. An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the company will measure the 12-month period as a rolling 12month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If a husband and wife both work for the company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave. If a husband and wife both work for the company and each wishes to take leave to care for a covered injured or ill service member, the husband and wife may only take a combined total of 26 weeks' leave.

NOTIFICATION

If your need for family/medical leave is foreseeable, you must give the Company 30 days prior written notice. If this is not possible, you must at least give notice as soon as practicable (within 1 or 2 business days of learning of your need for leave). Failure to provide such notice may be grounds for delay of leave. Additionally, if you are planning a medical treatment that is foreseeable you must consult with the Company first regarding the dates of such treatment. Where the need for leave is not foreseeable, you are expected to notify the Company within one to two business days of learning of your need for leave, except in extraordinary circumstances. The Company has Request for Family/Medical Leave forms available from the Human Resources Department. You should use these forms when requesting leave.

MEDICAL CERTIFICATION

If you are requesting leave because of your own or a covered relation's serious health condition, you and the relevant healthcare provider must supply appropriate medical certification. You may obtain Medical Certification Forms from the Human Resources Department. The form must be returned to the Human Resources Department within 15 days after the date the leave is requested. Failure to provide requested medical certification in a timely manner may result in denial of leave until it is provided or disciplinary action taken against you, up to and including termination for any unexcused absenteeism in accordance with Company policy.

The Company, at its expense, may require an examination by a second healthcare provider designated by the Company. If the second healthcare provider's opinion conflicts with the original medical certification, the Company, at its expense, may require a third, mutually agreeable, healthcare provider to conduct an examination and provide a final and binding opinion. The Company may require subsequent medical re-certification.

REPORTING WHILE ON LEAVE

If you take leave because of your own serious health condition or to care for a covered relation, you must contact the Company regularly (at least once a week or as often as requested by your supervisor) regarding the status of the condition and your intention to return to work. In addition, you must give notice as soon as practicable (within 2 business days if feasible) if the dates of leave change or are extended or initially were unknown.

USE OF PAID AND UNPAID LEAVE

Family/medical leave is unpaid leave after applicable PTO, or other applicable paid time off have been exhausted. Employees may be eligible for short-term or long-term disability benefits and/or workers' compensation benefits under the provisions of those plans. This leave time will also be included in the 12-week period of FMLA. Questions regarding eligibility for these plans should be directed to the Human Resources Department. The Company requires you to substitute accrued paid vacation for any unpaid family/medical leave. The substitution of paid leave for unpaid leave does not extend the 12-week leave period.

MEDICAL AND OTHER BENEFITS

During an approved family/medical leave, the Company will maintain your health (if elected), dental, disability and life insurance (if elected) coverage as if you continued to be actively employed. During periods of paid FMLA leave, the Company will deduct your portion of applicable contributions as a regular payroll deduction. If your leave is unpaid, you must pay

your portion of the contributions either in person or by mail within 15 days of the leave. If the payment is more than 30 days late, we will send you a letter to this effect. If we do not receive your payment within 15 days of this letter, your coverage will terminate at the end of the 30-day grace period. Short and long-term disability coverage is not provided if the leave is due to reasons other than your own medical condition. Any paid time off accrual will cease while on unpaid family/medical leave. If health, dental, or life insurance coverage terminated for you or your dependents because you did not make the applicable contribution(s), coverage will be reinstated upon your return to active work.

INTERMITTENT AND REDUCED SCHEDULE LEAVE

Leave because of a serious health condition affecting you or a covered relation may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced work schedule (reducing the usual number of hours you work per week or workday) if medically necessary, provided such intermittent or reduced leave does not represent an undue hardship to the operations and work schedule of the Company. You must attempt to schedule intermittent leave or leave on a reduced schedule so as not to disrupt the operations of the Company's applicable unit. Intermittent leave and/or reduced scheduling are subject to prior Company approval. If leave is unpaid, the Company will reduce your salary based on the amount of time actually worked. In addition, while you are on an intermittent or reduced schedule leave, the Company may temporarily transfer you to an available alternative position which better accommodates your recurring leave and which has equivalent pay and benefits.

RELEASE TO RETURN TO WORK

If you take leave because of your own serious health condition, (except if you are taking intermittent leave) you are required to provide medical certification that you are fit to resume work before you return to work. You may obtain this form from the Human Resources Department. Employees failing to provide this certification will not be permitted to resume work until it is provided.

STATE AND LOCAL FAMILY AND MEDICAL LEAVE LAWS

Where state or local family and medical leave laws offer more protection or benefits to employees, the protection or benefits provided by such laws will apply.

DEFINITIONS

For the purposes of this policy, the following definitions apply:

“Spouse” is defined in accordance with applicable state law where the employee resides.

“Parent” includes biological parents and individuals who acted as your parents, but does not include parents-in-law.

“Son” or **“daughter”** includes biological, adopted, foster children, stepchildren, legal wards, and other persons for whom you act in the capacity of a parent and who is under 18 years of age or over 18 years of age but incapable of caring for themselves because of a physical or mental disability.

“Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves either inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, including any period of incapacity (i.e., inability to work, attend

school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; **or** continuing treatment by a healthcare provider, which includes (1) a period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that **also** includes treatment two or more times by or under the supervision of a healthcare provider (i.e., in-person visits, the first within seven days and both within 30 days of the first day of incapacity); **or** one treatment by a healthcare provider (i.e., an in-person visit within seven days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); **or** (2) any period of incapacity related to pregnancy or for prenatal care. A visit to the healthcare provider is not necessary for each absence; **or** (3) any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (at least twice a year) to a healthcare provider, and may involve occasional episodes of incapacity. A visit to a healthcare provider is not necessary for each absence; **or** (4) a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a healthcare provider is required, rather than active treatment; **or** (5) any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated.

“Continuing treatment” means (1) two or more treatments by a healthcare provider; (2) two or more treatments by a provider of healthcare services: e.g., a physical therapist on referral by or under orders of a healthcare provider; (3) at least one treatment by a healthcare provider which results in a regimen of continuing treatment under the supervision of the healthcare provider e.g., a program of medication or therapy; or (4) under the supervision of, although not actively treated by, a healthcare provider for a serious long-term or chronic condition or disability which cannot be cured, e.g., Alzheimer’s or severe stroke.

“Healthcare provider” means: (1) an MD or OD licensed by the State (or country) in which he/she practices; (2) podiatrists, dentists, clinical psychologists, optometrists, chiropractors (limited treatment consisting of manual manipulation of the spine to correct a sublimation as demonstrated by x-ray to exist) authorized to practice under the State law; (3) nurse practitioners and nurse-midwives authorized under State law; (4) Christian Science practitioners (may be required to submit to second or third certification through examination-not treatment of a healthcare provider); (5) certified social workers; (6) a healthcare provider also includes a healthcare provider who practices in a foreign country in accordance with the laws of that country, and (7) any other healthcare provider from whom the employer or the employee’s group health plan benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

“Needed to care for” a family member encompasses (1) physical and psychological care of a child, spouse or parent with a serious health condition; and (2) where the employee is needed to fill in for others providing care or to arrange for third party care of a child, spouse or parent who is receiving inpatient or home care.

The phrase **“unable to perform the functions of his/her job”** means an employee is (1) unable to work at all; or (2) unable to perform any of the essential functions of his/her position. Whether a function is essential is determined by Americans with Disabilities Act (ADA) standards to mean “the fundamental job duties of the employment position” but does not include the marginal functions of the position.

JOB BENEFIT PROTECTION

For the duration of FMLA leave your health insurance coverage under the Company's group health insurance plan will remain in effect. Other accumulated fringe benefits such as paid time off, and the like, shall be preserved at the level accrued as of commencement of the leave, but shall not accrue further during any such leave period.

Upon your return to work you will be restored to your original or equivalent position with equivalent pay, benefits and other employment terms.

For additional questions about FMLA leave, kindly contact our Human Resources Department. You may also obtain additional information about FMLA leave by contacting the U.S. Department of Labor, Wage and Hour Division.

Policy #209: Military Leave

The Company proudly supports the United States uniformed services. The Company does not discriminate or retaliate against any employee who is a past or present member of, or applicant to, the uniformed services, or anyone who exercises, or assists others in exercising, rights under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) or similar federal, state and local laws.

A Military Leave of Absence will be granted to an employee who is a member of the United States uniformed services for a cumulative period of up to five years (the five-year limitation does not include certain involuntary extensions of service). This leave may be for training or any related obligation in accordance with applicable law. The leave is unpaid, but employees may substitute accrued paid leave time for unpaid leave, if available.

Employees are required to provide the Human Resources Department and Project Manager advance written or verbal notice for all military duty unless giving notice is impossible, unreasonable or precluded by military necessity. Information regarding the leave, benefits and returning from a military leave will be discussed at that time.

CONTINUATION OF HEALTH BENEFITS DURING SERVICE

During a military leave of less than 31 days, an employee may elect to continue group health plan coverage under the same conditions as if the employee had continued to work. For military leaves of 31 days or more, an employee may elect to continue his/her health coverage for up to 24 months of uniformed service, but will be required to pay all or part of the premium for the continuation coverage.

RETURN FROM MILITARY LEAVE

An employee who performs service in the uniformed service and returns has the right to be reemployed by the Company if the employee:

- Gives the Company advance written notice of service;
- Has five (5) years or less of cumulative service in the uniformed services while with the Company;
- Returns to work or applies for reemployment in a timely manner after conclusion of service; and
- Has not been separated from service with a disqualifying discharge or under other than honorable conditions

An employee who is eligible for reemployment must be restored to the job and benefits he/she would have attained if he/she had not been absent due to military service, or in some cases, a comparable job. When an employee is reemployed by the Company, he/she has the right to be reinstated in the Company's health plan generally without any waiting periods or exclusions, except for service-connected illnesses or injuries.

SECTION 300: TIME AND ATTENDANCE

Policy #301: Work Schedules and Attendance

To maintain a productive work environment, the Company expects employees to be reliable and punctual in reporting for scheduled work. Employees are required to be at their respective work stations at the scheduled time at the beginning of each work day. An employee who is not at his/her work station on time must make arrangements to make up the time, or be charged with PTO (if available) or leave without pay.

Absenteeism and tardiness place a burden on other employees and on the Company. When an employee knows he or she will be absent or late due to illness, accident, or personal reasons, the employee is responsible for informing his or her Project Manager and supervisor as soon as possible. Employees are to personally report absences to their Project Manager and supervisor as soon as the anticipated absence or tardiness time is known; otherwise, as soon as practicable. Failure of the employee to do so will result in disciplinary action.

Poor attendance and excessive tardiness have a disruptive effect on business operations by causing delayed or unfinished work, poor customer service, changes in work assignments, and extra work demands upon other employees. Poor attendance and/or excessive tardiness may lead to disciplinary action, up to and including termination of employment.

An absence of three or more consecutive days without notifying a Project Manager or supervisor will be considered a voluntary resignation and the employee will be terminated.

Policy #302: Time Accounting

Accurately recording time worked is the responsibility of every employee. Federal and state laws require the Company to keep an accurate record of time worked in order to calculate employee pay and benefits. Tampering, altering, or falsifying time records or recording time on another employee's time record may result in disciplinary action.

All employees will complete a timesheet accounting for all time worked and leave taken during each pay period worked as required by the Fair Labor Standards Act. Paid Time Off or holidays will not be considered hours worked for purposes of performing overtime calculations.

The purpose of this policy is to define the standard set of procedures by which timesheets must be completed by employees, to facilitate payroll processing for non-exempt employees, and to comply with applicable federal and state regulations. It is also used to account for direct labor charged by all employees to comply with applicable government contract billing and cost accounting requirements.

APPLICABILITY

A) It is the responsibility of every employee to ensure that his/her timesheet is accurate and complete. Each employee must know and comply with timesheet procedures. The charging of time to any contract not incurred in the performance of that contract is prohibited.

B) Any employee who receives a request to engage in an activity believed to be prohibited by this policy, or who acquires information that another employee is engaged in such conduct, must promptly report such information to their Project Manager. Any Project Manager receiving such a report will promptly investigate the matter and take timely remedial and disciplinary action.

PROCEDURE

The Timesheet is a legal document; no other document shall be submitted as a substitute.

- **Timesheet:** Do not share your timesheet with your coworkers. If you submit a timesheet that is not yours, it will not be processed. All employees are required to submit a timesheet at the end of each pay period in order to be paid on payday.
- **Recording Time:** Entries must be made on a daily basis or immediately after returning to work following absences, and furnished upon a supervisor's request for review. Timesheets must be completed at the end of each work day. Each employee is responsible to complete his/her own timesheet. An employee cannot have someone else complete his/her time sheet.
- **Workweek:** The workweek is normally defined as Sunday through Saturday; however, individual site requirements may require the redefinition of the workweek.
- **Making Corrections:** Corrections to time sheets will be made by drawing a single line through the incorrect entry, initialing the correction, and entering the correct information directly above the incorrect entry. No write-over, erasure, or "white-out" of errors will be accepted. If a correction is made, a written explanation of why the correction was made must appear as a remark on the bottom of the time sheet. This remark must be initialed by the employee and supervisor.
- **Overtime:** You are working on a government or commercial contract that may or may not allow overtime. **ALL** overtime worked **MUST** be for patient care **AND** must be authorized

by a government official in advance **AND** your Project Manager as well as be clearly notated on your timesheet. If you work unauthorized overtime, it can result in disciplinary action up to and including termination.

- Holidays: Holiday hours are not to be recorded on any day other than those designated by the Company. All eligible employees will record eight (8) hours on the appropriate line for one of these days.

TIMESHEETS REPORTING AND PAY PRACTICES

All Company employees are required to submit their timesheets promptly. Timesheets are due into payroll on the day following the end of a pay period. It is the responsibility of the employee, through his or her management chain, to ensure that the timesheet arrives by the deadline in the payroll department.

InGenesis processes payroll on a biweekly schedule for pay date on Mondays. It is the responsibility of each employee to obtain the supervisor's signature and to turn in his or her timesheet on time. The Company payroll department **MUST** receive the completed and signed timesheet no later than 11:59 p.m., Saturday (in payroll weeks) in order to process payroll. The employee will not be notified by the Company if a timesheet is not received. It is the employee's responsibility to contact the payroll department.

- The company does not process payroll checks that are outside the normal payroll cycle. If a timesheet is not received in time for payroll processing, it will be processed with the subsequent pay cycle.
- Any timesheets received between Sunday and Monday at 9 a.m. will be charged the \$25 late fee in order to be processed. Anything received after 9 a.m. on Monday will not be processed until the following pay cycle. **NO EXCEPTIONS.**
- Re-issue: If you choose to waive the Direct Deposit option and request a re-issue of your paycheck, there will be a charge of \$30 to place a "Stop Payment" on the original paycheck.

Altering, falsifying, failing to record time worked, tampering with time records or recording time on another employee's record may result in disciplinary action up to and including termination.

Policy #303: Pay Practices

The Company pays employees on a biweekly (26 times per year) basis. In the event that a payday falls on a holiday or weekend, then the Company payroll will be processed the subsequent workday.

All Company employees have the option to be paid via direct deposit to the financial institution of the employee's choice. Normal processing time for a new direct deposit request is four (4) to six (6) weeks. The Company will mail an Earnings Statement containing paycheck detail by the regularly scheduled pay date. Postal delivery schedule to your area will determine the number of days it takes to receive the earning statement. Problems regarding direct deposits should first be addressed to the financial institution and then to the Company's payroll office. To avoid delays experienced with postal delivery of live checks, the Company strongly encourages the use of Direct Deposit. Please note that Company employees who have chosen to receive live checks will need to wait five full business days before contacting us should their live check not arrive.

Paychecks are mailed out on Friday morning. Actual delivery of your paycheck is dependent on the U.S. Postal Service and your state, county or province. NOTE: Holidays may delay payroll processing by one day.

Direct Deposit is available and highly recommended. InGenesis, Inc. has the ability to deposit your paycheck directly into your savings or checking account. To request Direct Deposit, simply complete the "Authorization Agreement for Automatic Deposit" included in your employee packet or by calling the payroll department.

Policy #304: Holidays

The Company observes 10 holidays each year. All regular full-time employees are eligible to receive these days off with pay based on their normal schedule.

The holidays are:

HOLIDAY	DATE OBSERVED
New Year's Day	January 1
MLK's Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	1 st Monday in September
Columbus Day	2 nd Monday in October
Veteran's Day	November 11
Thanksgiving Day	4 th Thursday in November
Christmas Day	December 25

If the MTF creates additional holidays, employees at that facility will generally be required to use Paid Time Off or Leave Without Pay for that day. Our contract with the Government determines how additional holidays throughout the year are paid.

Holidays that fall on Sunday will be observed the following Monday. Holidays that fall on Saturday will be observed on the preceding Friday.

In order to maintain adequate staffing and production levels, management reserves the right to require an employee to work a holiday. Full-time employees working on a holiday will receive their regular day's pay plus holiday pay for the day worked.

Holiday pay will be in accordance with the following:

All regular full-time employees (scheduled to work on a holiday) are paid on the basis of their regular compensation. Holiday pay received when working on a holiday is not considered when calculating overtime.

All paid holidays will be for eight (8) hours, regardless of the length of the shift normally scheduled for each employee.

In accordance with the Service Contract Act (SCA) provisions, employees must either work or be on PTO at least one day during the workweek in order to be paid for the holiday. If the employee does not work or use PTO during the workweek in which the holiday falls, he or she will not be paid for the holiday.

Policy #305: Paid Time Off (PTO)

Paid time off (PTO) provides regular full-time employees with paid time away from work that can be used for vacation, personal time, personal illness or time off to care for dependents. PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. The PTO policy takes the place of sick leave, absence, personal time and vacation time off from work.

Standard PTO accrual varies depending on the government contract each employee works on. The exact accrual rate is discussed with each employee at the time of hire and is included in his/her Offer Letter. A regular full-time employee who is paid for fewer than the minimum number of hours in a pay period will proportionally accrue less PTO.

To comply with SCA PTO requirements, incumbent employees who performed work at federal facilities may accrue PTO time based on tenure at the federal facility. Incumbent employees must have consistently worked in a similar capacity, and have continuously worked for the same federal facility, in order to be considered for Seniority PTO accrual.

In order for Seniority PTO to be applied, the employee needs to notify the Human Resources Department and submit documentation from his/her previous employer(s) or documentation from the Contracting Officer Representative (COR) at the federal facility in which they work, showing their start date and that they have been continuously employed in the same capacity at the same work location.

Temporary, part-time and PRN employees do not accrue PTO. Unless otherwise required by law, employees on a Leave of Absence, paid or unpaid, will not accrue PTO.

You may use PTO after it has been accrued. Your leave must be scheduled and approved in advance by your Site Supervisor. If your leave request is for more than three days, approval from your Project Manager is also required. Requests for leave should be submitted as far in advance as possible but preferably at least four weeks in advance. Approval for leave requests will be honored whenever possible, consistent with business necessity and staffing requirements, and may be denied or rescheduled accordingly.

If a holiday falls within your authorized annual leave period, you may use holiday time for that day. You will not receive any additional PTO for illness or disability occurring while you are on leave.

Carryover of an existing PTO balance from one year to the next is restricted as follows:

- For Corporate staff, a maximum of 40 hours can be carried over on the employee's anniversary date each calendar year. PTO balances in excess of this limitation will be lost.
- For staff on certain Government contracts, PTO is on a "use or lose" basis, and thus no carryover from one contract year to the next is allowed. This is **normally** on October 1 of each year but may vary by contract.
- For staff on other Government contracts, carryover of a maximum 40 hours may be allowed. This is **normally** on October 1 of each year but may vary by contract.

If you are unsure if the project you are working on is a "Use or Lose" situation, please refer to your Offer Letter or contact your Project Manager for specific information relevant to your position.

Policy #306: Leave Without Pay (LWOP)

Except for leave without pay that is covered by other Company policies (i.e., FMLA), it is the Company's policy to provide leave without pay only when approved in advance by the employees' Project Manager or Department Head. The Company depends on its employees to perform their work functions on a regular, daily basis and provides employees with Paid Time Off (PTO) as set forth in other policies.

Employees must use PTO prior to using non-paid leave. Any failure to return to work upon the expiration of any such approved leave without pay is subject to disciplinary action up to and including termination of employment.

During approved leave without pay, PTO benefits do not accrue. Employees on leave without pay are responsible for paying the employee's share of other benefit premiums which would ordinarily be paid through payroll deductions. If premiums are not received in accordance with the Deduction of Insurance Premiums form for employees on leave (with or without pay) benefits will be terminated. Employees on leave without pay should check with the Human Resources Department for details.

Policy #307: Bereavement Leave

In the case of death of an immediate family member, regular full-time employees may take up to three (3) *consecutive days* of paid, excused absence from work to handle the necessary family details and attend the funeral. Employees who require additional time may also be approved for paid time off or leave without pay, as needed.

Immediate family members are defined as the employee's:

- Spouse
- Child or stepchild
- Parent (including in-laws, step-parents)
- Siblings or step-siblings,
- Grandparent (including in-laws)
- Grandchildren
- Son(s)-in-law or daughter(s)-in-law

Compensation for bereavement leave will be calculated at the employee's regular rate of pay. It does not include overtime or any special forms of compensation such as incentives, commissions, shift differentials, or bonuses.

A request for leave due to the death of a non-immediate family member may, at management's discretion, be approved. Compensation in this instance should be charged to PTO or leave without pay.

Bereavement Leave cannot be deferred or split-up. The Company reserves the right to request proof of death and/or proof of kinship before bereavement leave is paid.

Policy #308: Jury and Witness Duty

JURY DUTY

The Company encourages employees to fulfill their civic responsibilities by performing jury duty when required. Employees called for Jury Duty may use accrued PTO or LWOP for time missed from work.

The Company will continue to provide health insurance benefits for a maximum period of 30 calendar days after the unpaid jury duty leave begins. At that time, insurance coverage will terminate and the employee will become eligible for COBRA. When the employee returns from jury duty to an eligible status, they will again be eligible for benefits.

Unless required by state law, benefit accruals such as paid time off or holiday benefits will be suspended during jury duty leave and will resume upon return to active employment.

If local statutes require a different allowance to compensate employees called for jury duty than those described above, then the employee is responsible for informing the Company of the variances and the Company will comply with the local statute.

WITNESS DUTY

Employees will not be compensated while pursuing their own lawsuit or for responding to a summons to testify as a witness in any case, unless personal PTO is requested and available.

SECTION 400: SAFETY AND SECURITY INFORMATION

Policy #401: Safety in the Workplace

The Company is committed to providing a safe and secure working environment for all employees. The Company will comply with all applicable federal and state regulations, including those of the Occupational Safety and Health Administration (OSHA).

It is the responsibility of each employee that all tasks be conducted in a safe and efficient manner complying with all local, state and federal safety and health regulations, workplace standards, and with any special safety concerns identified by the Company and government site for use in a particular area or with a client.

ON-THE-JOB INJURIES / ILLNESSES:

Any job-related injury or illness, regardless of severity, must be reported immediately to your site supervisor or project manager for prompt and trained evaluation and medical attention as necessary. Your site supervisor or project manager will complete an initial safety incident report and forward it to Human Resources or your site supervisor.

GENERAL SAFETY RULES:

Our employees perform a wide range of functions in various locations. Although some safety rules apply only to specific positions, all employees are expected to comply with the rules in this procedure:

- Use common sense in performing your duties.
- Report any work injury/illness to your supervisor.
- Report unsafe conditions to your supervisor or safety committee member.
- Do not use any equipment, vehicles or materials when overly tired, nauseated, feverish or under the influence of any substance that may affect your judgment.
- Keep your work area neat and tidy.
- Use mechanical devices or request assistance in lifting heavy loads.
- Wear seat belts when operating any company or rented vehicle or driving your own personal vehicle while on company business.
- Be sure that aisles or exits are kept clear; do not let cords interfere with walkways.
- Keep paper clips, tacks, pins and other objects off the floors.
- Store all sharp objects properly when not in use.
- Open and close doors cautiously and use extra caution at blind hallway intersections.
- Open only one file cabinet drawer at a time to avoid tip-over. Cabinets should also be loaded from bottom to top and emptied in the reverse order.

- Report or clean up all spills immediately.
- Use stepstools, platforms or ladders for climbing. Never use chairs.
- Report or replace frayed electrical cords.
- Abide by client site MTF universal precaution guidelines.
- Abide by quality control policies and plans, immunization policies, occupational exposure control plans and government quality assessment and improvement plan requirements pertaining to safety, including guidelines on Exposure to Blood-borne Pathogens, Guidelines for the Recognition Evaluation and Control of Occupational Exposure to Waste Anesthetic Gases, and regulations regarding the storage and disposal of toxic and hazardous substances, as applicable to your contract.
- Comply with all safety and infection control procedures and practices associated with the worksite and OSHA.

Policy #402: Workplace Violence

The Company provides a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence policy.

PROHIBITED CONDUCT

We do not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities.

This list of behaviors, while not inclusive, provides examples of conduct that is prohibited.

- Causing physical injury to another person;
- Making threatening remarks;
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress;
- Intentionally damaging employer property or property of another employee;
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

In addition, the Company prohibits the possession or use of perilous weapons on Company property or a MTF. A license to carry the weapon on Company property or a MTF site does not supersede this policy.

"Dangerous weapons" include, but are not limited to, firearms, explosives, knives, and other weapons that might be considered dangerous or that could cause harm. Employees are responsible for making sure that any item possessed by the employee is not prohibited by this policy.

The Company reserves the right at any time and at its discretion to search all company-owned or leased vehicles and all vehicles, packages, containers, briefcases, purses, lockers, desks, enclosures and persons entering its property, for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy.

REPORTING PROCEDURES

Any potentially dangerous situations must be reported immediately to a supervisor or the Human Resources Department. Reports can be made anonymously and all reported incidents will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis. All parties involved in a situation will be counseled and the results of investigations will be discussed with them. The Company will actively intervene at any indication of a possibly hostile or violent situation.

ENFORCEMENT

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. Non-employees engaged in violent acts on the employer's premises will be reported to the proper authorities and fully prosecuted.

The Company Failure to submit to or cooperate in such a search will result in disciplinary action, up to and including termination.

Policy #403: Security

The Company is committed to providing a safe and secure working environment for all employees. Every employee is responsible for helping to ensure a secure work environment. Upon leaving work employees should lock all desks and doors protecting valuable or sensitive material in any work area. Employees are required to report any lost or stolen keys, passes or similar devices to the Human Resources Department or appropriate government personnel at a MTF immediately. In cases of security incidents, including property damage, the following reporting and investigation procedures will be used:

CORPORATE OFFICE / COMPANY FACILITIES: All security incidents at Company-operated facilities must be reported immediately to the Human Resources Department. The Human Resources Department will then conduct the requisite investigation and take whatever corrective action is necessary. This may include reporting the incident to authorities, if appropriate.

MEDICAL TREATMENT FACILITIES: Employees working at client-site facilities are to report security incidents as outlined in that facility's published guidelines and in accordance with applicable federal and military laws and regulations will follow the client's procedures accordingly. In cases where Company employees are in any way directly involved in such cases, the employee is required to inform their Project Manager immediately as well. The Project Manager will follow the investigation to its conclusion and will provide any assistance requested by the client.

In either case above, employees are required to cooperate fully with any investigation of a security incident. Failure to do so may result in disciplinary action as deemed appropriate by the VP of Project Operations and the Human Resources Department.

Policy #404: Workers' Compensation

The Company endeavors to minimize occasions for work-related injuries and facilitate the rehabilitation and return to work of employees who are injured on the job. Workers' compensation insurance is provided by the Company to all employees pursuant to applicable law.

Workers' compensation is a system that provides cash and other benefits to employees who are injured on the job or who become disabled due to an on-the-job injury or illness. The Company provides Workers' compensation to all employees according to the laws of the applicable jurisdiction in which they work.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. The manager/supervisor should then

- Respond to the injured employee
- Give first aid or make sure employee receives medical attention
- Submit a completed, state-mandated Employer's First Report of Accident form to the Human Resources Department within 24 hours of the incident. **Failure to submit this form within 24 hours may result in a loss of workers' compensation eligibility for the employee.**

Work-related injuries or illnesses, no matter how minor they may appear, must be reported immediately to the supervisor and the Human Resources Department. The supervisor will notify the Human Resources Department before the close of business on the day of the incident and a First Report of Accident must be filed within 24 hours of the incident to ensure benefits eligibility. The supervisor is responsible for completing the First Notice of Injury or Illness and faxing it to the Human Resources Department.

Employees who witness injuries of others may be asked to provide a written description of the events and circumstances surrounding the injury.

Policy #405: National Patient Safety Goals

The Company makes every effort to comply with the National Patient Safety Goals as established annually by The Joint Commission. All Company employees are expected to understand and comply with these standards at all times, as applicable.

The current National Patient Safety Goals are as follows:

Ambulatory Care Program

- Goal 1 Improve the accuracy of patient identification.
 - 1A Use at least two patient identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
 - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
 - 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
 - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
 - 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
 - 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
 - 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
 - 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. [Note: This Requirement is not applicable to practices accredited under the OBS program. Effective September 14, 2007, Requirement 3E was rescinded for OBS organizations. However, it is applicable to other ambulatory facilities accredited under the Ambulatory Healthcare program.]
- Goal 7 Reduce the risk of healthcare-associated infections.

- 7A Comply with current **World Health Organization (WHO) Hand Hygiene Guidelines** or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Use the process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
- 8B A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 11 Reduce the risk of surgical fires.
- 11A Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.
- Goal 13 Encourage patients’ active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Assisted Living Program

- Goal 1 Improve the accuracy of resident identification.
- 1A Use at least two resident identifiers when providing care, treatment or services.
- 1B Prior to the start of any surgical or invasive procedure, conduct a final verification process (such as a “time out”) to confirm the correct resident, procedure and site, using active—not passive—communication techniques.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.

- 2E Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
- Goal 7 Reduce the risk of healthcare-associated infections.
 - 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
 - 8A Use the process for comparing the resident’s current medications with those ordered for the resident while under the care of the organization.
 - 8B A A complete list of the resident’s medications is communicated to the next provider of service when a resident is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the resident on discharge from the facility.
- Goal 9 Reduce the risk of resident harm resulting from falls.
 - 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 10 Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
 - 10A Develop and implement a protocol for administration and documentation of the flu vaccine.
 - 10B Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
 - 10C Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
- Goal 13 Encourage residents’ active involvement in their own care as a resident safety strategy.
 - 13A Define and communicate the means for residents and their families to report concerns about safety and encourage them to do so.

Behavioral Healthcare Program

- Goal 1 Improve the accuracy of client identification.
 - 1A Use at least two client identifiers when providing care, treatment or services.

- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- Goal 7 Reduce the risk of healthcare-associated infections.
- 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population or administering physical care.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Use the process for comparing the client's current medications with those ordered for the client while under the care of the organization.
- 8B A complete list of the client's medications is communicated to the next provider of service when a client is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the client on discharge from the facility.
- Goal 13 Encourage clients' active involvement in their own care as a client safety strategy.
- 13A Define and communicate the means for clients and their families to report concerns about safety and encourage them to do so.
- Goal 15 The organization identifies safety risks inherent in its client population.
- 15A The organization identifies clients at risk for suicide.

Critical Access Hospital Program

- Goal 1 Improve the accuracy of patient identification.
 - 1A Use at least two patient identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
 - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
 - 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
 - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
 - 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
 - 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
 - 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
 - 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Goal 7 Reduce the risk of healthcare-associated infections.
 - 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
 - 8A Use the process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
 - 8B A Complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- Goal 16 Improve recognition and response to changes in a patient's condition.
- 16A The organization selects a suitable method that enables healthcare staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

Disease-Specific Care Program

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and read back the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 7 Reduce the risk of healthcare-associated infections.
- 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Use the process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 10 Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
- 10A Develop and implement a protocol for administration and documentation of the flu vaccine.
- 10B Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
- 10C Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Home Care Program

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.
- 1B Prior to the start of any surgical or invasive procedure, conduct a final verification process (such as a "time out") to confirm the correct patient, procedure and site, using active—not passive—communication techniques.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.

- 2E Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Goal 7 Reduce the risk of healthcare-associated infections.
- 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Use the process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
- 8B A A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 13 Encourage patients’ active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- Goal 15 The organization identifies safety risks inherent in its patient population.
- 15B The organization identifies risks associated with long-term oxygen therapy such as home fires.

Hospital Program

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.

- Goal 2 Improve the effectiveness of communication among caregivers.
 - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and read back the complete order or test result.
 - 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
 - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
 - 2E Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
 - 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
 - 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
 - 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Goal 7 Reduce the risk of healthcare-associated infections.
 - 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
 - 8A Use the process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
 - 8B A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 9 Reduce the risk of patient harm resulting from falls.
 - 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 13 Encourage patients’ active involvement in their own care as a patient safety strategy.

- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- Goal 15 The organization identifies safety risks inherent in its patient population.
- 15A The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals—NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]
- Goal 16 Improve recognition and response to changes in a patient's condition.
- 16A The organization selects a suitable method that enables healthcare staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]

Laboratory Services Program

- Goal 1 Improve the accuracy of patient identification.
 - 1A Use at least two patient identifiers when providing care, treatment or services.
 - 1B Prior to the start of any invasive procedure, conduct a final verification process (such as a "time out") to confirm the correct patient, procedure and site, using active—not passive—communication techniques.
- Goal 2 Improve the effectiveness of communication among caregivers.
 - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
 - 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
 - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
 - 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 7 Reduce the risk of healthcare-associated infections.
 - 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.

- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Long-Term Care Program

- Goal 1 Improve the accuracy of resident identification.
- 1A Use at least two resident identifiers when providing care, treatment or services.
- 1B Prior to the start of any surgical or invasive procedure, conduct a final verification process (such as a "time out") to confirm the correct resident, procedure and site, using active—not passive—communication techniques.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and read back the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Goal 7 Reduce the risk of healthcare-associated infections.
- 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.

- 8A Use the process for comparing the resident's current medications with those ordered for the resident while under the care of the organization.
- 8B A Complete list of the resident's medications is communicated to the next provider of service when a resident is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the resident on discharge from the facility
- Goal 9 Reduce the risk of resident harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 10 Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
- 10A Develop and implement a protocol for administration and documentation of the flu vaccine.
- 10B Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
- 10C Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
- Goal 13 Encourage residents' active involvement in their own care as a resident safety strategy.
- 13A Define and communicate the means for residents and their families to report concerns about safety and encourage them to do so.
- Goal 14 Prevent healthcare-associated pressure ulcers (decubitus ulcers).
- 14A Assess and periodically reassess each resident's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

Networks Program

- Goal 12 Implement applicable National Patient Safety Goals and Requirements at the component and practitioner site levels.
- 12A Inform and encourage components and practitioner sites to implement applicable National Patient Safety Goals and Requirements.

Office-Based Surgery Program

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.

- Goal 2 Improve the effectiveness of communication among caregivers.
 - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
 - 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
 - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
 - 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
 - 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
 - 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- Goal 7 Reduce the risk of healthcare-associated infections.
 - 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
 - 8A Use the process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
 - 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 11 Reduce the risk of surgical fires.
 - 11A Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.

- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.