



- E. Employees switching of shifts and days off must be prearranged at least one day in advance. Consideration is taken into account for last minute switches. Approval is needed by the Director, Shift Supervisor or designee.
- F. All personnel will report to the supervisor or charge therapist prior to job assignment, as well as during the shift, for questions, concerns, consultation and to report off duty at the end of their assigned shift.

### III. Daily Shift Working Assignments:

- A. All aspects of respiratory care will be carried out in accordance with the supervisor or charge therapist work assignments, which are made according to job classification. The assignment is subject to change according to operational needs and subsequent staffing requirements.
- B. Only the Director, Supervisor or Charge Therapist can authorize changes in daily shift assignments for that day.
- C. Any assignments, which are unfulfilled by the responsible practitioner, must be reported and justified to the Charge Therapist, Supervisor or Director. This reporting should take place with advance notice when possible to facilitate other arrangements for completion.

### IV. Paid Time Off:

- A. Any employee who is ill for their regularly scheduled shift, will contact the Supervisor or Charge Therapist two hours in advance of the shift starting time.
- B. Requests for scheduled time off will be done so in the form of an email or a dated, written request to the Supervisor. This request must be made prior to the schedule being posted. Requests will be granted according to operational needs.

### V. Inability to Report to Work as Scheduled

When the employee is unable to report for work as scheduled, notification needs to be made in the following manner:

- A. If the employee is sick and has available sick time or is calling off under FMLA absence only, they must call either the Supervisor or Charge Therapist two hours in advance of the shift starting time. The employee must clearly state if they are using sick time or an FMLA. If the employee currently has multiple FMLAs, they must state which one. There must be a current FMLA to state that the call off is for "FMLA". If the employee is calling off related to a pending FMLA, employee must state "pending FMLA" at the time of the call.
- B. For FMLA, the employee must also report the time to FMLA Source via phone (1-833-955-3388), app, or website (<https://www.fmlasource.com/FMLAWeb/login/login.xhtml>) within 24 hours.

- C. If no reason (sick or FMLA) is stated; r unauthorized reason is provided, it is considered unauthorized time and is subject to progressive discipline up to and including termination.
- D. If the employee is out of sick time and is ill (non-FMLA related) or is requesting any other type of time off such as pre-approved vacation time, compensatory time, personal time, or authorized unpaid time, the supervisor must be contacted for prior approval. If the time off is not approved by a supervisor, it is considered unauthorized time off and is subject to progressive discipline up to and including termination.
- E. All calls must be made at least two hours before scheduled starting time. (Exception: are outlined in the union contract.) An employee, who does not follow the inability to report to work as scheduled policy for appropriate notification, will be marked absent without notice and progressive disciplinary action will be taken, up to and including termination.

## VI. Initiation of Respiratory Care

- A. Prior to the initiation of therapy, the practitioner shall verify the order in the EMR (Electronic Medical Record) or chart, and verify the patient according to policy 3364-136-01-11. After that, the practitioner will assess the patient's condition to verify the appropriateness of the prescribed therapy. Any discrepancy in appropriateness should be addressed with the ordering physician or the patient's nurse. The practitioner should identify himself/herself to the patient, verify patient identification and explain the procedure/treatment to the patient to make them feel as comfortable and informed as possible. The practitioner shall then complete all of the appropriate sections of the EMR. All therapy will be documented in the EMR, except in those places that are not interfaced with the hospital EMR, or if the EMR is experiencing down time.
- B. All new-start orders must be logged on the appropriate time schedule sheet or treatment card.
- C. STAT calls: the RC practitioner will respond immediately to the request for a respiratory clinical evaluation and possible subsequent treatment and care delivery. The practitioner may take up to 20 minutes to physically respond. If it will be longer than that, the practitioner must contact the Supervisor or Charge Therapist, so he/she can make other arrangements for delivery of services.
- D. Practitioners will respond to Trauma Alerts, Rapid Response and Code Blues according to the Trauma Alert System (Hospital Policy #3364-100-50-26), Code Blue Policy and Procedure (Hospital Policy #3364-100-45-06) and Rapid Response Team Policy and Procedure (Hospital Policy #3364-100-45-05).

## VII. Charting of Respiratory Care Procedures

- A. Charting must be performed in the EMR, including, but not limited to the following procedures:

Aerosol	Peak Flow	Oxygen,
Code Blue	Inc. Spirometer	Mech. Ventilation
SBD/Acapella	Pulse Oximetry	CPAP/BIPAP
EZ-PAP Therapy	MetaNeb Therapy	Cough Assist

Patient Education	Patient Evaluation	End-tidal CO2
Sputum Inducements	Helium/O2 therapy	Home oxygen /aerosol set-up
Nitric Oxide therapy	all equipment changes	Blood Gas Punctures

- B. Charting must be completed during the shift in which the procedures were performed.
- C. Documentation of oxygen delivery device (oxygen rounds) and mechanical ventilator system checks will be done, at a minimum, q4 hours in the ICUs. Oxygen rounds will be done BID on the floors. Mechanical Ventilators will be checked q4 hours in the step-down units.
- D. Any “paper” charting must be placed in the patient’s chart. The yellow copy must be brought to the Respiratory Care Department by the responsible practitioner.
- E. The responsible practitioner must be sure to sign off the performed procedures in the department on the appropriate time schedule sheet or treatment card.

VIII. Daily Department Activity Report:

- A. The staff member assuming the leadership role for each shift must fill out the appropriate section of the Daily Department Activity report at the end of each shift. This report provides continuing recorded data for each day for future reference.
- B. All occurrence reports should be entered into the SafetyNet system at the time of the occurrence, or as soon as practical.
- C. Patient Hand-Off: All staff members will provide in-depth report information to the members of the on-coming shift in either verbal or written communication. Use of the Patient Care Organizer is expected during shift report. Patient Hand offs will also occur prior to breaks, transports and any other time a patient is given to another therapist for care.
- D. All staff may bring concerns of the daily respiratory care services to either the Supervisor, Charge Therapist, or to the Director.

<b>Approved by:</b>		<b>Review/Revision Date:</b>
<u>/s/</u>	<u>8/9/2021</u>	10/04/1999
Michael J. Taylor	Date	02/14/2002
Director, Respiratory Care		02/08/2005
		12/28/2006
		12/29/2009
		01/19/2011
		11/15/2013
<u>/s/</u>	<u>8/9/2021</u>	02/08/2016
Russell Smith	Date	11/01/2019
Chief Pharmacy, Quality and Safety Officer		08/01/2021
<i>Review/Revision Completed By:</i> <i>Director, Respiratory Care</i>		<b>Next Review Date:</b> August 2024
<b>Policies Superseded by This Policy:</b>		