

Methodist Health Services Corporation & UnityPoint Health Methodist Proctor  Laboratory 7000  ADMINISTRATION	Page # 1 of 2	Section: UPPIA LA: Personnel/HR	Policy #: 01.003 Formerly: A-03	
	Approved by: see signature block at end of document		Date: 1/16/16	
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	Reviewed: 1/16/16			
	Policy/Revision Submitted by:		Richard Borge	
	CAP Standard: NA			
<b>POLICY GUIDELINE ON: PRN EMPLOYEES</b>				

## I. POLICY:

All PRN employees in the Department of Pathology will be held responsible to the following guidelines.

## II. PURPOSE:

To define and standardize responsibilities of PRN staff working in the Department of Pathology.

## III. POLICY SCOPE:

This policy applies to all laboratory staff at both campuses.

## IV. GENERAL INFORMATION:

PRN staff working in either lab must adhere to all policies and procedures of UnityPoint Health. This policy defines specific responsibilities of PRN staff while working in the Department of Pathology. Failure to meet these responsibilities may result in termination.

## V. PROCEDURE:

- A. PRN staff must complete department specific safety education annually.
- B. PRN staff must maintain competencies and will be evaluated annually.
- C. PRN staff may be requested to work any shift. If staff is limited to working specific shifts, this should be agreed upon and documented at the time of hiring or change to PRN status.
- D. PRN staff should not be scheduled to work in an area alone. Because these employees work less frequently it is important that regularly scheduled employees be available to answer questions and maintain stability in department.
- E. PRN staff can accept or decline work assignments when requested to work. PRN staff is expected to work a minimum of three shifts each quarter to maintain their competency and positions. Documentation should be maintained by schedulers indicating the number of times and dates PRN staff is requested to work and an indication of acceptance or decline by the employee.
- F. PRN staff may be involuntarily terminated if they do not meet the needs of the department including but not limited to the following:
  1. Failure to work a minimum of three shifts during a quarter if requested to work during this period of time.
  2. Area designated for PRN staffing reorganizes and PRN staffing no longer is required or workload changes eliminate the need for PRN staff.
  3. Failure to maintain competencies.
  4. Failure to complete annual department specific safety education..
  5. Decreased workload dictates a reduction in hours.

## V. MAINTENANCE AND STORAGE:

- A. All policies and procedures are reviewed every two years by Laboratory Administration and or the Medical Director of the Laboratory or designee.
- B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
- C. All policies and procedures are reviewed every two years by staff or at the time new or revised ones are put in effect.
- D. All policies are retained 8 years after being discontinued or revised.
- E. All procedures are retained 2 years after being discontinued or revised.

REVISION HISTORY (began tracking 2013)			
Rev	Description of Change	Author	Effective Date
1	Added Policy Scope	R. Borge	6/2013

Reviewed by

Designee	Date	Laboratory Director	Date
		<i>Richard J. Borge</i>	1/16/16