



Human Resources Policies Manual  
July 2020 – June 2022  
**DRAFT**

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**PURPOSE OF THE  
HUMAN RESOURCES POLICIES MANUAL**

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This Human Resources Policies Manual spells out the goals, standards, values, and benefits of Center for Hospice Care ("CHC") and the Foundation for Center for Hospice Care. The standards of conduct govern all employees and are intended to help us all get along in a professional and productive atmosphere. At the same time, this manual serves only as a general guide to what we can reasonably expect from each other in the conduct of our business.

Neither this manual nor any of its provisions constitute an employment agreement or contract of any kind or a guarantee to continued employment. Employees may be terminated at will by CHC, with or without cause or prior notice, or they may resign at any time. Only the President/CEO has the authority to enter into any agreement for employment.

Please be aware of possible changes in procedure and policy as a result of our agency's growth and change. Updates in the Human Resources Policies Manual content, as well as procedural changes, will be disseminated through electronic and written communication; however, under certain circumstances, policies may change without prior notice.

*Revised 06/10; Reviewed 05/20*

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**TERMINATION AND CHANGE OF STATUS**

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Employment with CHC is at will and is based on mutual consent. Therefore, either the employee or the employer may terminate the employment, at any time, for any reason, with or without cause notice. CHC does not tolerate discriminatory or other unlawful conduct, and all employment decisions will uphold this policy. Employees are required to provide written notice to their supervisor or designee of their resignation and to work their regularly scheduled hours during the following notice period:

**Management – 4 weeks  
Non-Management – 2 weeks**

**Benefit days are not included as part of the notice period and any unscheduled absence during that time will be unpaid time off.**

Employees who resign with less than required notice will forfeit any accrued vacation time and may be ineligible for rehire. Without divulging specific information, eligibility for rehire status will be acknowledged as part of the employment verification process.

Employees are encouraged to schedule an exit interview with the Director of Human Resources upon giving notice. All CHC property is to be returned to the supervisor or designee on the last day of employment.

Employees interested in changing their employment status to PRN must obtain approval from their supervisor and provide the same notice as a terminating employee.

*Revised 03/14; Reviewed 05/20*

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## MEDICARE COMPLIANCE

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The Board of Directors of Center for Hospice Care has adopted separate Medicare compliance plans for both hospice and home health in accordance with all applicable Medicare laws and regulations. It is the expectation that all employees will abide by that compliance plan. Failure to do so will result in progressive discipline as defined in the Progressive Discipline policy.

The Board of Directors has mandated the administration of CHC to ensure, to the best of its ability, full compliance with the rules and regulations for participation in Medicare and other federal and state health care programs. Intentional violators may be immediately terminated.

*Revised 11/04, Reviewed 05/20*

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### **STEPS TO FOLLOW WHEN GOVERNMENT AND STATE AGENCIES, MEDICARE/MEDICAID CONTRACTORS, AND OTHERS MAKE A REQUEST FOR INFORMATION**

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#### **Telephone Requests**

Any Staff who receives a Request for Information by telephone from any person who claims to represent a Government Agency, State Agency, Medicare / Medicaid Contractor (hereafter "Government Agency") should take the caller's full name and contact information, write it down and advise them that their call will be promptly returned. The caller's information should be delivered to the Compliance Officer promptly so that the Compliance Officer, or in the Compliance Officer's absence, such other person(s) designated below, can arrange for prompt follow up, as appropriate. No staff should schedule an appointment or otherwise furnish information to the caller without the Compliance Officer's prior express approval.

If the Compliance Officer is unavailable, present the information to the following staff in the following order of availability: VP/COO, VP/CFO, President/CEO or any other member of the Administrative Team (hereafter simply referred to as "Compliance Officer.")

#### **In Person Requests**

Any staff who receives a Request for Information from a person who physically presents in the office and claims to represent a Government Agency should take the person's full name and their business card (if available) and any written materials that they wish to present in support of their Request and ask the person to have a seat in the waiting room. Staff shall immediately contact the Compliance Officer. Staff shall deliver the person's information and any written materials to the Compliance Officer immediately (by email, scan, or FAX as necessary) so that the Compliance Officer can review same and meet with the person. NOTE: Any Request that appears to be a subpoena or search warrant requires the immediate attention not only of the Compliance Officer but also of designated legal counsel who will be contacted by the Compliance Officer. As before, no staff should furnish any information to the person without the Compliance Officer's prior express approval.

#### **Out-Of-Office Requests**

It is possible that staff may be approached by a person who claims to represent a Government Agency outside the business office after normal business hours, either at their home, shopping mall or other location within the community. Although staff are permitted to speak with the person, please note that they have the legal right to choose not to speak to the person at that time and to have their own attorney present before the interview is conducted at a later time. As before, any such Request should be reported to the Compliance Officer immediately so that the Compliance Officer can arrange for prompt follow up, as appropriate.

#### **Compliance Officer Response to Requests**

Upon receipt of any Request for Information, the Compliance Officer shall obtain additional information regarding the nature of the Request, as

appropriate, and confer with the President/CEO or his/her designee, before disclosing any information in response to the Request. Because certain Requests may require immediate attention, as in the case of search warrants, grand jury subpoenas and other lawful processes, the Compliance Officer should contact designated legal counsel immediately.

### **Absolutely No Obstruction of Justice or Interference with Investigations**

Center for Hospice Care has a firm policy against obstructing or interfering with any audit, investigation or enforcement action that may be the subject of a Request for Information. Therefore, no staff shall, under any circumstances:

- Destroy or alter any records, documents, emails, or other information in anticipation of a request for the document or record by a Government Agency;
- Lie or make false or misleading statements to any person who claims to represent a Government Agency; or,
- Attempt to persuade any other person to provide false or misleading information in response to a Request or to otherwise refuse to cooperate with an investigation conducted by a Government Agency.

2012; Reviewed 05/20

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### **SUBPOENAS**

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Any CHC employee that receives a subpoena on any subject involving CHC or a current or past CHC patient or family member, should immediately contact their supervisor and the Executive Office Manager, or in his/her absence the President/CEO. Do not communicate with any attorneys on the matter. A copy of the subpoena should be sent to the Executive Office Manager who will then contact the agency attorney for direction. The Executive Office Manager will keep the employee, their supervisor, and the President/CEO informed of the response from the

agency attorney. A copy of the subpoena will be kept in the employee's personnel file.

Reviewed 05/20

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### **CODE OF CONDUCT**

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CHC and its employees are committed to consistently providing quality health care in accordance with practices, which ensure that its patients and families receive services in strict adherence to regulations and guidelines set forth by the Office of Inspector General.

You may report suspicion of any unethical practices to any member of the Administrative Team, members of the Compliance Committee, or leave your concerns anonymously in the compliance box located in each office. The compliance box is not to be used for personal or human resource issues.

Revised 03/16, Reviewed 05/20

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### **STANDARDS OF CONDUCT**

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Our compliance program provides guidance to all colleagues and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, physicians, third-party payers, contractors, vendors, consultants, and one another. The compliance program has been developed to ensure we meet our ethical standards and comply with applicable laws and regulations.

We have developed a set of policies and procedures to serve as guidance for those directly involved in a particular area. The policies in the compliance program are mandatory and must be followed.

The compliance committee must ensure their colleagues have sufficient information to comply with laws, regulations, and policies. The committee must help create an environment, which promotes the highest standards of compliance and ethics. Everyone must be encouraged to share concerns as they arise. We must never sacrifice compliant behavior in the pursuit of business objectives.

We treat all patients with respect and dignity and provide care that is necessary and appropriate. We make no distinction in care, referrals, or admissions based on age, gender, disability, race, ethnicity, religion, or sexual orientation. Clinical care is based on identified healthcare needs, not on health care economics.

Each patient is provided with a written statement of the Patient Bill of Rights. This statement includes information that the patient is able to make decisions regarding medical care and conforms to all applicable state and federal laws.

Patients are informed of the right to make advance directives. Every effort will be made to honor advance directives.

Each patient and/or representative will be allowed to voice confidential concerns and receive an opportunity for resolution of complaints.

We collect information about the patient's medical condition, history, medication, family, and illness to provide quality care. We are committed to maintaining confidentiality. We do not release or discuss patient specific information unless it is necessary to serve the patient or as required by law.

Any business arrangement with a physician must be structured to ensure compliance with legal requirements.

We do not pay for referrals. We accept patient referrals and admissions based on the patient's clinical needs and our ability to provide the services. Violations of the policy may have consequences for the organization and individuals involved, including civil and criminal

penalties, and possible exclusion from participation in federally funded healthcare programs.

We do not accept payment for referrals we make. No employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When making patient referrals to another healthcare

provider, we do not take into account the volume or value of the referrals that the provider has made (or may make) to us.

We take great care to assure all billings to government payers, commercial insurance payers, and patients are true and accurate and conform to all pertinent federal and state laws and regulations. We prohibit any employee from knowingly presenting or causing to be presented claims for payment or approval, which are false, fictitious, or fraudulent.

We operate oversight systems designed to verify claims are submitted only for services actually provided and services are billed as provided. As part of our documentation effort, we will maintain current and accurate medical records.

We are required to submit certain reports of our cost of operation. We comply with all applicable federal and state laws relating to all cost reports. These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of service provided to program beneficiaries. Given the complexity, all issues related to the completion and settlement of cost reports must be communicated through the President/CEO and the Vice-President/CFO.

We will be forthright in dealing with any billing inquiries. Requests for information will be answered with complete, factual, and accurate information. We will cooperate with and be courteous to all inspectors and surveyors and provide them with the information to which they are entitled during a survey or inspection.

During a survey or inspection we will never conceal, destroy, or alter any documents; lie; or make misleading statements. There will not be any attempts to cause another colleague to fail to provide accurate information or obstruct, mislead, or delay the communication of information of records relating to a possible violation of law.

We will provide our employees with the information and education needed to comply fully with all applicable laws, regulations, and conditions of participation that are relevant to the job description. Medical and business documents are retained in accordance with the law and our record retention policy. Medical and business documents include paper documents, computer based information, disk or tape, and any other medium that contains information. We will retain and destroy documents according to our policy.

To obtain guidance on a compliance or ethics issue, employees may choose from several options as outlined in the compliance policy, which is reviewed at the initial orientation. There will be no retribution or adverse disciplinary action taken against individuals who report a violation in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee will be subject to disciplinary action.

We are committed to investigating all reported concerns promptly and confidentially. The compliance committee will coordinate any findings from the investigation and will recommend corrective action or changes. We expect all employees to cooperate with investigation efforts. When an internal investigation substantiates a reported violation, it is the policy to initiate corrective action.

All violators of the compliance plan will be subject to disciplinary action. The discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the following disciplinary actions: oral warning, written warning, probation, termination, and restitution.

*Revised 06/10; Reviewed 05/20*

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## **RECRUITING AND NON-DISCRIMINATION**

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CHC is an equal opportunity employer and complies with the rules and regulations of all applicable state and federal laws.

Employment at Center for Hospice Care is made on a non-discriminatory basis and without regard to age, gender, religion, race, ethnicity, national origin, disability, sexual orientation, veteran status, or marital status.

The President/CEO has final determination on hiring and termination.

Anyone that believes they may have been discriminated against should report the suspected violation to the CHC President/CEO immediately.

*Revised 06/10; Reviewed 05/20*

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## **HARASSMENT**

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It is the policy of CHC that all employees have a right to work in an environment free of discrimination, which includes freedom from harassment--whether that harassment is based on sex, age, race, ethnicity, national origin, religion, sexual orientation, marital status, veteran status, or membership in other protected groups. CHC prohibits harassment of its employees in any form--by supervisors, co-workers, volunteers, customers, or suppliers in the workplace or at any CHC related function. Such conduct may result in disciplinary action up to and including dismissal of an employee who harasses others. With respect to non-employees, offending customers and suppliers will be asked to leave and not to return.

Specifically, no supervisor shall threaten or insinuate either explicitly or implicitly that any employee's submission to or rejection of sexual advances will in any way influence any personnel decisions regarding

that employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.



Other harassing conduct in the workplace, whether physical or verbal, committed by supervisors or others is also prohibited. This includes, but is not limited to: slurs, jokes or degrading comments concerning sex, age, race, ethnicity, national origin, religion, sexual orientation, marital status, veteran status, or membership in other protected groups; repeated sexual flirtation, advances, or propositions; continual or repeated abuse of a sexual nature; graphic verbal comments about an individual's body; and the display in the workplace of sexually suggestive objects or pictures. Employee behavior which creates a hostile environment for staff or volunteers will not be tolerated. This includes the distribution of hurtful and destructive gossip.

Employees who have complaints of harassment should report such conduct to their supervisor or Human Resources. Employees who observe harassment should also report such conduct to their supervisor or Human Resources. CHC will investigate the matter. Where investigations confirm the allegations, appropriate corrective action will be taken. All employees are expected to cooperate with the investigation. Failure to do so may lead to progressive discipline up to and including termination. Information provided by individual employees in the course of an investigation will be treated as confidential and only be provided to those who have a need for investigating the complaint. CHC prohibits unlawful retaliation made against any employee who brings forth a complaint of discrimination or who participates in any related investigation. CHC also prohibits deliberately making false and/or malicious allegations of discrimination, as well as deliberately providing false information during an investigation. Doing so could result in progressive discipline up to and including discharge.

Any employee who believes he/she may be the victim of the above should report the facts immediately to his/her supervisor or Director of Human Resources. All complaints will be investigated and appropriate corrective action will be taken against harassers. A record of all complaints, investigations, and actions taken will be maintained by the Director of Human Resources.

*Revised 06/10; Reviewed 05/20*

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## **REPORTING ILLEGAL ACTIVITIES ("Whistleblower" Policy)**

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Employees are encouraged to talk promptly to supervisors, managers, or other appropriate personnel about observed illegal activities, including violations of law, rules, or regulations, and otherwise when in doubt about the best course of action in a particular situation. The supervisor, manager, or other appropriate personnel to whom such matters are reported should not be involved in the observed illegal activities. Any supervisor or manager who receives a report of violation or potential violation must report it immediately to the President/CEO. It is the policy of the organization not to allow retaliation for reports of misconduct by others made in good faith by employees. Employees are expected to cooperate in internal investigations of misconduct. Any person involved in an investigation of possible misconduct in any capacity must not discuss or disclose any information to anyone outside of the investigation, unless required by law or when seeking his/her own legal advice.

Any use of these reporting procedures in bad faith or in a false or frivolous manner will be considered a serious violation of this organization's commitment to ethical behavior in the workplace and may be cause for disciplinary action. We must all work together to ensure prompt and consistent action against illegal activities; however, we cannot anticipate every situation that will arise. It is important that we have a way to approach a new question or problem. These are some steps to keep in mind:

- Make sure you have all the facts. In order to reach the right solutions, we must be as fully informed as possible.
- Ask yourself: What specifically am I being asked to do? Does it seem improper or illegal? This will enable you to focus on the specific question you are faced with, and any alternate options you may have. Use your judgment and common sense; if something seems improper or illegal, it probably is.

- Clarify your own responsibility and role. In most situations, there is shared responsibility. Are your colleagues informed? It may help to get others involved and discuss the problem. Mistakes and gaps in processes happen without any intent to violate laws, rules, or regulations. CHC welcomes opportunities to correct and improve.
- Discuss the problem with your supervisor. This is the basic, first-step guidance for all situations. In many cases, your supervisor will be more knowledgeable about the question, and will appreciate being brought into the decision-making process. Remember that it is your supervisor's responsibility to help solve problems.
- Seek help. In the rare case where it may not be appropriate to discuss an issue with your supervisor or where you do not feel comfortable approaching your supervisor with your question, discuss it with the Director of Human Resources, any member of the Administrative Team, or directly with the President/CEO.
- Your report of illegal activities may be made in confidence and without fear of retaliation. If your situation requires that your identity be kept secret, your anonymity will be protected. This organization does not permit retaliation against employees for good faith reports of illegal activities.
- Always ask first, act later: If you are unsure of what to do in any situation, always seek guidance before you act.

*Effective 07/10; Reviewed 05/20*

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## **DIVERSITY IN THE WORK PLACE**

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It is the policy of CHC to promote a safe and secure working environment, which encourages diversity.

For the purposes of this policy, "safe and secure" are defined as promoting a work place environment where employees feel they may, although they are not required to, acknowledge their age, color, race, ethnicity, gender, sexual orientation, marital and family status, religion, national origin, veteran status, citizenship, pregnancy, or disability freely, and are respected without bias, hostility, or intimidation.

CHC is committed to diversity throughout the organization. CHC does not and will not tolerate discrimination against any person or group on the basis of age, color, race, ethnicity, gender, sexual orientation, marital status, religion, national origin, veteran status, or disability.

*Revised 06/10' Reviewed 05/20*

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## **BUILDING AND GROUNDS**

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### **BUILDING ACCESS**

- Normal business hours are defined as 8:00 a.m. to 5:00 p.m. Monday through Friday exclusive of Holidays.
  - South Bend – unlocked 6:30 a.m. – 7:00 p.m.
  - Elkhart – unlocked 7:00 a.m. – 7:00 p.m.
  - Mishawaka – unlocked 7:30 a.m. – 5:00 p.m.
  - Plymouth – unlocked 8:00 a.m. – 5:00 p.m.
  - LaPorte – unlocked 8:00 a.m. – 5:00 p.m.
- Facility doors will be locked and the security alarm set, unless meetings or events are still in progress.
- Locked doors are not to be propped open.
- Access to other agency locations will be as designated by an Administrator.

## **USE OF CHC OWNED BUILDINGS BY OUTSIDE GROUPS AND ORGANIZATIONS**

CHC does not seek outside organizations to use our facilities. CHC will occasionally grant permission to outside organizations to hold meetings or events at one of our owned facilities. Organizations requesting this approval must have a connection to CHC, which may include associations like a similar mission, a partnership with CHC in the community, a like-minded educational interest, or being a supporter of CHC/HF in some manner. CHC staff may request approval for use on behalf of outside organizations, and if approved, may be required to take on responsibility and accountability for the meeting and the facility use, including being personally present before, during and after the meeting/event.

All requests for use by outside groups and organizations require approval by a member of the CHC Administrative Team. It is the general intent that outside groups would only hold meetings or events during CHC's regular weekday business hours of 8 AM to 5 PM. Requests outside of these times are generally denied and require prior approval by the CHC President/CEO, and CHC staff must be present on a volunteer basis in numbers necessary to ensure the security of the CHC properties. CHC facilities are not available for rent or for use for personal functions and events by outside individuals or groups.

The CHC offices in Plymouth and La Porte are not owned by CHC and are not available for any meetings of any kind by any outside individuals or groups.

## **USE OF CHC OWNED FACILITIES FOR STAFF PERSONAL EVENTS**

CHC will occasionally grant permission for staff to hold events for co-workers only such as baby showers, retirement parties, etc., at one of our facilities. All requests require approval by a member of the CHC Administrative Team. If approved, staff must be present on a volunteer basis and may be required to take on responsibility and accountability for

the event and the facility use, including being personally present before, during and after the event, clean up, and ensure the security of the facility. It is the general intent that such events would only be held outside CHC's regular weekday business hours of 8 AM to 5 PM. No alcohol will be permitted at these events.

## **PARKING**

- Staff parking is available for your private, licensed, passenger vehicle. Parking is not permitted for recreational vehicles, boats, trailers, etc.
- Parking in front of the entrance to the Inpatient Unit canopy is prohibited at all times.
- Overnight parking is prohibited without prior supervisory approval.
- The speed limit in the parking lots is 5 MPH. All posted traffic signs are to be obeyed.
- Any additional rules imposed by the landlords of rented facilities are also applicable.

## **GENERAL EXTERIOR RULES**

- Decorating of the exterior of the building and/or grounds is prohibited. No additional plants, bushes, or grasses are permitted.
- No animal habitats are permitted (e.g., bird houses/baths, squirrel twirlers, etc.). Please do not feed the ducks, squirrels, etc.
- When weather permits, staff is welcome to use the outdoor spaces in owned facilities. The deck will have hours posted when it is available to patients and families.
- Any additional rules imposed by the landlords of rented facilities are also applicable.

## **GENERAL INTERIOR RULES**

- All applicable Fire and Life Safety codes will be adhered to.
- **Tacking, taping, gluing, or using a sticky material on surfaces that are painted/stained or covered with wall fabric, or publically visible glass or windows, is not permitted.**

- Appropriateness of all personal decorations is subject to administrative approval.
- Thermostatic controls are not to be adjusted by staff. Requests for temperature adjustments should be made to the maintenance staff.
- The thermostatic controls in Inpatient Unit patient rooms may be adjusted by staff only at the request of patients and/or family members.
- Space heaters are not permitted.
- Lit candles are not permitted inside any CHC rented or owned facility at any time.
- Never touch a sprinkler head. Never adjust a smoke alarm. Never adjust a glass-break monitor. Report any concerns with the alarm systems to the maintenance staff.
- Non-administrative and non-maintenance staff are never permitted on the roofs.
- The bathrooms and all restrooms/shower facilities in the Inpatient Unit are for the exclusive use of Inpatient Unit patients, their families or caregivers.
- Any additional rules imposed by the landlords of rented facilities are also applicable.

### **SPIRITUAL REFLECTION ROOMS**

- Do not rearrange the room or place anything in the fountain and deter visitors from doing so.
- Remove religious literature which may have been left behind by visitors.
- At the South Bend facility, operate the Shoji screen with great care, as it is a fragile, artistic window covering and not intended to be operated like tracked closet doors.

### **STAFF BREAK ROOMS**

- The staff refrigerator and microwave are located in the staff break rooms. Be respectful of space in the refrigerator and limit what you bring in.

- The staff break rooms are intended for use by all employees. Please be sensitive to others by cleaning up after yourself, wiping up any spills and splatters on counters, sinks, floor, microwave, and refrigerator. Please avoid leaving food in the refrigerator for extended periods of time, as they will eventually generate bacteria and foul odors.
- Do not post items on the refrigerator or any other appliances. In Elkhart, use the tack board provided.
- In Elkhart, put your own dirty dishes in the dishwasher, not in the sink. If the dishwasher is full of clean dishes, please empty the dishwasher prior to placing dirty dishes inside.

### **INPATIENT UNITS**

- Only those on staff or volunteers in the Inpatient Unit, those who are making specific scheduled visits with Inpatient Unit patients or those staff with specific business should be inside the Inpatient Unit.

### **INPATIENT UNIT KITCHEN**

- The Inpatient Unit kitchen is intended for the storage and preparation of food for Inpatient Unit only.

### **INPATIENT UNIT FAMILY LOUNGE / KITCHEN**

- The patient/family kitchen area located in the Inpatient Unit, which includes the microwave, refrigerator, and cupboards, are for the exclusive use of patient families and the staff of the Inpatient Unit on all shifts, with the knowledge that patient and family needs are met first.
- The ice machine in the Inpatient Unit is for the exclusive use of Inpatient Unit patients and should be operated by Inpatient Unit staff for patient needs only.

### **RESERVING CONFERENCE AND MEETING ROOMS**

- The training and conference rooms may be scheduled using the employee website and should be reserved in advance whenever

possible.

- The training and conference rooms may be used for impromptu meetings provided they have not already been reserved for use by another staff member.
- After you sign out a conference room and then discover you will not need it for a meeting, please release the reservation as soon as you know it's not going to be used to allow others to use the space.

### **PERSONAL WORK AREAS**

In keeping with the spirit of collaborative environments, strive to keep your work area open, clean, functional, and personalized:

- Work areas should be kept as absolutely neat as possible.
- Display of awards and personal photographs are acceptable, and encouraged, provided they are tastefully framed and coordinated to match your personal workspace.
- Only CHC provided artwork may be displayed on walls without prior approval.
- Personal heaters are not allowed.
- Post-its and other notes are not allowed to be posted on computers or monitors.
- The number of papers and folders on your work surface should be limited to those on which you are working at the time. Papers and files on which you are not presently working should be stored in your in-box, drawer, or filing cabinet.
- Desks should be cleared of papers and files and put away at the end of the business day.

#### **Privacy Panels**

- Nothing should extend above panel height.
- Items tacked to panels need to be limited to work related and only at "belt line" panel height (one panel above work surface) or on tack boards.

#### **Overheads/File Cabinets**

- Nothing is allowed on the fronts or tops of overheads.
- Keep overheads/file cabinets neatly arranged and closed at all times

when not accessing.

- Binders and folders must be stored in overheads, upright on shelves, or in file cabinets. These should not extend above panel height.
- Intermediate and long-term storage should be in the storage areas (Elkhart – second floor; South Bend – records room).

#### **Wire Management**

- All wires on the floor need to be hidden from view.
- Computer wires need to be hidden from view where possible.

#### **Floor**

- Do not store boxes on the floor of your workstation. Dispose of empty boxes immediately.
- Place laptop bags, etc., in a drawer or in an inconspicuous area in your workstation.

### **MISCELLANEOUS**

- Nothing should lean against the walls of the workstations or pedestals, etc.
- Only approved calendars are acceptable.

### **TRAINING AND CONFERENCE ROOMS**

- Care should be taken for the protection of surfaces.
- Blinds should be reopened at the conclusion of meetings.
- The space should be cleaned after serving food and returned to original set up. Each person should dispose of his/her own trash when attending a meeting.
- Be sure to remove any extra handouts and other papers before you leave.
- Put away all equipment as soon as the meeting is over. Do not leave equipment sitting on the table.
- Return chairs to the correct position before leaving.
- All flip charts are to be stored in the proper place when the meeting is over.

## COPY AND MAIL ROOM AREA

- These areas should be kept neat at all times. By the end of the day, all printing, faxes, and all mail should be picked up.
- Keep cabinet doors closed.
- No papers should be placed on top of the copier, fax, or workstation. These should remain in the printer/fax bin or distributed in the mailboxes or inbox.
- When sending a fax, wait for the confirmation that the fax has been successfully transmitted. This will take less time than finding out later that your fax did not go through. If it is not possible, then remember to collect your confirmation as quickly as possible.
- Do not place boxes next to the trash can in the copy area. Please dispose of any empty boxes in designated areas.

## COMMUNICATION

Obviously, we don't want to avoid communication, but a few simple considerations will really help out:

### Consider your neighbors

- Avoid interrupting someone who is using the telephone. Refrain from using sign language to attract the attention of someone who is on the phone. The more polite approach is to wait until the call is finished before approaching.
- A quick call to ask if "now might be an okay time to walk over to have a quick chat" is a great way to show consideration to others.
- Keep your phone ringer low, as well as your voice.
- When you're on the phone, remember to face into your work area so you are not projecting across the entire area.
- Avoid conversations in the aisles and main walkways near occupied workstations.
- Avoid the speakerphone unless in a private office or in a conference room. Use conference room for conference calls.

## SECURITY

- The protection of the organization's assets and information is everyone's business. The last person to leave in the evening should turn off the lights and lock the door after setting the alarm and ensure that all other doors are also locked.
- It is a good practice to lock down your computer when you leave your area for any length of time—use a screensaver with password or a network logoff.
- Please do not leave your workstation unprotected with active logins to information systems.
- If you see someone you do not know walking through unaccompanied, say "hello" and ask if you can help him/her. We need to be gracious hosts to our guests and vigilant about recognizing people who have no official business here.
- By following a few simple guidelines, CHC will maintain the high standards it has set for its services and staff.

*Revised 05/18; Reviewed 05/20*

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## FITNESS AREA (Mishawaka Campus)

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- The Fitness Area at the Mishawaka Campus is comprised of the fitness room, bicycle room, locker rooms and showers. The Fitness Area is for the exclusive use of CHC employees only.
- The Fitness Area and Bike Room are available daily from 6:00 a.m. – 10:00 p.m.
- Before use, staff must sign the **Fitness Area Usage Agreement** Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. Once completed, it should be forwarded to the IT Director. The IT Director will then issue the employee a proximity key card, which will enable the staff member to gain access to the

Fitness Area. The IT Director will then forward the Agreement to the Maintenance Technician at the Mishawaka Campus to keep on file.

- The Fitness Area is provided as an employee benefit. Its use is optional and, as such, employees will not be reimbursed time and mileage.
- **Do not wear non-athletic shoes in the fitness area. All shoes must be clean and dry. Snow, rain, dirt, or salt can damage the fitness room floor.**

#### **Bicycle Loan Program**

- Bicycles are for the exclusive use of CHC employees only.
- When checking out a bike, the employees must complete the Activity Log located in the Bike Room, listing the bicycle's number, employee's name, date, and checkout time. Return the bicycle to the Bike Room and note the check in time on the Activity Log. Bicycles are not intended for immediate use and are not to be transported in a vehicle to be ridden in another location nor kept overnight. Report any damage to the Mishawaka Maintenance Technician immediately.
- Employees must wear a helmet at all times the bicycle is in motion, and use a lock to secure the bicycle if it will be parked during the time it is checked out. Always fill the bicycle's tires to 60 psi before leaving the Bike Room using the pump located just inside the door.

*Revised 05/20*

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### **CLASSIFICATION OF EMPLOYEES**

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CHC makes no promises with regard to the number of hours available for work on any particular day, day of the week, week, month, or year. Employees are categorized as follows based on their regularly scheduled hours and/or their exempt or non-exempt status.

#### **EXEMPT EMPLOYEE**

Exempt employees are executive, administrative and professional employees as defined under the Fair Labor Standards Act (FLSA). These employees are paid for the job they perform rather than the hours worked.

#### **NON-EXEMPT EMPLOYEE**

Non-Exempt employees, as defined under FLSA, are paid at an hourly rate and will receive overtime pay of time-and-a-half for all hours worked over 40 each week, unless state regulations dictate otherwise.

#### **FULL-TIME EMPLOYEE**

An employee who is regularly scheduled to work thirty (30) hours per week. Group health insurance, long-term disability, and life insurance are available to employees who work "power weekends" or a minimum of thirty (30) hours per week.

#### **PART-TIME EMPLOYEE**

An employee who is regularly scheduled to work less than thirty (30) hours per week.

#### **POWER WEEKEND EMPLOYEE**

Designated employees regularly scheduled to work twelve (12) hour shifts on two consecutive days.

#### **PRN EMPLOYEE**

Employees who work on an "as needed" basis. PRN employees do not have regularly scheduled hours (see PRN Employees).

*Revised 05/18; Reviewed 05/20*

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## **PRN EMPLOYEES**

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PRN employees are required to work a minimum of 48 hours every three months as long as hours are available and offered. Some departments may require participation in On Call and holiday rotation to maintain PRN status. Employees who have been offered and refuse to work the minimum number of hours may be terminated.

PRN employees who work a minimum of 250 hours annually may be eligible for a pay increase at the time of their annual review, unless they have reached the top of their salary range. Employees working less than this number of hours will be eligible for a pay increase only when applicable salary ranges are adjusted.

*Revised 03/16; Reviewed 05/20*

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## **JOB DESCRIPTION**

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CHC believes job descriptions are important tools for documenting the requirements of and skills needed to successfully perform on the job. Accordingly, reasonable efforts shall be undertaken to develop and maintain job descriptions for all job classifications in accordance with the following provisions:

1. Job descriptions shall be developed for new positions by the Director of Human Resources in collaboration with the supervisor and the Administrative Team member ultimately responsible for the position. Job descriptions for new positions must have the final approval of the President/CEO prior to initiating the recruiting process.
2. Following a material change in the essential functions of a current position and/or at the filling of a vacant position.

The Director of Human Resources shall be responsible for developing and maintaining operating standards that promote compliance with the terms of this policy.

Due to the nature of our work and the sheer number of activities performed, no CHC job description should be considered 100% finite and absolute.

*Revised 03/16; Reviewed 05/20*

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## **INITIAL PROBATIONARY PERIOD**

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The first 90 days of employment are considered an initial probationary period. During this time, the supervisor will review work performance assessing how well the employee is meeting performance expectations.

At the end of the initial probationary period, the supervisor will complete a performance evaluation either releasing the employee from probation or extending it to provide additional time for training and assessment. Successful completion of the probationary period does not guarantee continued employment with CHC or change the at-will status of employment.

*Revised 08/09; Reviewed 05/20*

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## **PERFORMANCE REVIEW**

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Following the 90-day review, employees will receive an annual performance evaluation during the month of their anniversary hire date. Home health aide evaluations must be done between the first of the month and on or before the anniversary date of their original hire date.

Employees who change positions within the organization and now function under different job descriptions will be subject to a new initial probationary period. Annual reviews will still coincide with the original hire date.

Employees who work in more than one position will receive only one annual performance review. The supervisor for the position where the



majority of hours were worked in the previous 12 months will be responsible for coordinating the review between the supervisors.

The review will be based on supervisor observation and interaction, documented feedback from other staff (if applicable), documented feedback from outside sources including, but not limited to, client satisfaction surveys (if applicable).

*Revised 11/16; Reviewed 05/20*

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### **PERFORMANCE PAY INCREASE**

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All non-PRN employees may be eligible for a yearly performance-based pay increase effective the first pay period of the month following their anniversary month. The cumulative score received on the annual performance evaluation will determine the amount of the increase.

Should a non-PRN employee reach the top of his/her salary range due to employment longevity or continuous, outstanding performance evaluations, he/she will be eligible for a one-time performance award determined by the cumulative score received on the annual performance evaluation. Employees may be eligible for this award any year they are at the top of their salary range.

*Revised 06/10; Reviewed 05/20*

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### **PERSONNEL FILE**

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A personnel file is maintained by CHC for each employee. Inform Human Resources in writing, of any changes in your name, address, home telephone number, or who to notify in case of emergency. Your personnel file contains, but is not limited to, the following information:

- Inservice Records
  - Signed Job Description for each position worked
  - Evaluations/Other performance documentation
  - Application for Employment, Resume

- Completed Reference Checks
- Skills Checklist (if applicable)
- Completed Orientation Schedule
- Professional License/Certification/Diploma (if applicable)
- Federal and State Withholding forms
- Benefit Enrollment Forms (if applicable)
- Human Resources Policies Manual acknowledgment form
- Confidentiality Agreement
- Compliance/Code of Conduct Agreement
- Miscellaneous Correspondence, Workshop Attendance
- Motor Vehicle Report (if applicable)
- Copy of Driver's license
- Proof of auto insurance coverage (if applicable)

While you are an active employee of CHC, your personnel file is open and available to you for inspection by appointment by contacting Human Resources.

All CHC personnel should direct incoming inquiries regarding credit reference or employment verification on present or former employees to Human Resources.

*Revised 08/09; Reviewed 05/20*

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### **PRE-EMPLOYMENT DRUG SCREEN**

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As part of the pre-employment process, all prospective employees must complete a urine drug screen. Eligibility for hire is dependent upon having a confirmed negative screening for illegal drugs. The definition of an illegal drug for the purpose of this policy includes:

- use of substance that is not legally obtainable
- use of a prescribed drug for purposes other than that prescribed or in amounts exceeding that prescribed
- use of someone else's prescribed medication.

Substances tested in the drug screening process include amphetamines, cocaine, THC, opiates, and PCP. Drug screening specimens will be collected in accordance with the National Institute of Drug Abuse (NIDA) by an agency authorized testing facility. Physicians from these facilities are qualified to act as Medical Review Officers (MROs) and will be responsible for follow-up with prospective employees who have had “laboratory positive” drug screen results.

All drug screen test results will be held in confidence and will not be released to anyone other than the Director of Human Resources and the President/CEO.

*Reviewed 05/20*

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## EMPLOYEE SCREENING PROCEDURES

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**Motor Vehicle Check** - Verifies validity of driver’s license and driving record of individual for last seven years.

**Professional License Verification** - All professional licenses, i.e., nursing, social work, counseling, are verified through the Indiana State Department of Health.

**Education Verification** - Degrees are verified as part of the professional license verification.

**Nurse Aide Registry** - The Indiana Nurse Aide Registry is checked prior to employment of any home health aide. The registry provides verification of certification and that the home health aide is “in good standing.”

**IRCA Verification (I-9 form)** - New employees are required to provide proof of their identity and work authorization.

**Previous Employment** - A minimum of two references are checked for employment candidates.

**Social Security Number Verification** - This is done indirectly by using the social security number to perform the driver’s license and professional license search.

**Medicare Sanction Check** - Verifying employee has not been sanctioned by the federal Medicare program.

**Criminal History Check** – A State and/or National Criminal History Check will be done via finger printing within three days of initial employment on all employees.

CHC/HF/CADS prohibits the hiring (or contracting with) a person convicted of crimes including, but not limited to, a sex crime (IC 35-42-4); exploitation of an endangered adult (IC 35-46-1-12); abuse or neglect of a child (IC 35-42-2-1); failure to report battery, neglect, or exploitation of an endangered adult or dependent (IC 35-46-1-13); theft (IC 35-43-4 {except as provided in IC 16-27-2-5(a)(5)}); murder (IC 35-42-1-1); voluntary manslaughter (IC 35-42-1-3); involuntary manslaughter (IC 35-42-1-4); battery (IC 35-42-2).

**Pre-Home Placement Physical** – According to Indiana State Department of Health guidelines, prior to beginning work with CHC/HF/CADS, all direct patient care employees must submit documentation showing their status regarding infectious and communicable disease.

*Revised 05/18; Reviewed 05/20*

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## ATTENDANCE

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Regular attendance and punctuality are considered an essential part of an employee’s work responsibility, as well as a factor in determining overall job performance. Employees who cannot report for work as scheduled must notify their supervisor/designee as far in advance of their start time as possible. Inpatient Unit employees must notify the nurse on duty at least two hours prior to their scheduled start time. Individual supervisors may designate the manner in which notification is provided. Employees must provide a doctor’s note indicating their ability to return to work if absent due to illness/injury for three (3) or more consecutive work days.

An absence is classified as one of the following:

- **Scheduled absence** - approved employee time off which is scheduled in advance to allow for appropriate staffing coverage.
- **Unscheduled absence** - unapproved, unscheduled employee time off (applicable to any shift an employee has been scheduled to work), i.e., employee or dependent illness, car problems, etc.

An excessive number of unscheduled absences by an employee can create problems in the workplace impacting co-workers and interfering with the efficiency of operations. To minimize this negative impact and to ensure all employees are dealt with fairly and consistently, the following guidelines will be used in determining how many unscheduled absences are considered excessive absenteeism.

*Note: Each unscheduled absence is defined as one or more consecutively scheduled work days. Exceptions to this would include bereavement days, jury duty, and emergency LOAs.*

#### **Scheduled Days Per Week**

- Five days – more than five unscheduled absences in a rolling 12-month period.
- Four days – more than four unscheduled absences in a rolling 12-month period.
- Three days – more than three unscheduled absences in a rolling 12-month period.
- Two days – more than two unscheduled absences in a rolling 12-month period.

Based on these criteria, employees who have excessive absenteeism will be subject to progressive disciplinary action.

One extra Personal Day, in addition to those they are already eligible for, will be awarded to those full-time employees who have had zero unscheduled absences in each of the two preceding consecutive calendar years. The added Personal Day is subject to the *Personal Days policy*.

An extra one-half Personal Day, in addition to those they are already eligible for, will be awarded to those half-time employees who have had

zero unscheduled absences in each of the two preceding consecutive calendar years. The added Personal Day is subject to the *Personal Days policy*.

*Revised 05/18; Reviewed 05/20*

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### **ATTENDANCE AT WORK RELATED ACTIVITIES**

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Only CHC staff should attend department, staff, or other work related meetings or activities. Bringing non-CHC staff will not be permitted, unless they are relevant to the meeting or activity. Staff may receive non-work related outside visitors; however, such visits should be infrequent, short in duration, and not disruptive to fellow CHC staff.

*Reviewed 05/20*

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### **OVERTIME, WORK SCHEDULES**

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CHC provides services 24 hours per day, 7 days per week, 365 days per year. All work schedules are established by the supervisor and may be changed at the discretion of management to meet workload demands.

Non-exempt employees that work more than 40 hours per week (Sunday through Saturday) will receive overtime compensation at a rate that is time and a half their average hourly rate.

CHC does not offer compensatory time off.

*Revised 03/16; Reviewed 05/20*

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### **TIMESHEETS**

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Clinical non-management staff and all non-exempt employees are required to submit timesheets each week showing actual hours worked and any benefit days used. Time sheets must be approved by the supervisor and forwarded to Human Resources by noon each Monday.

Timesheets that are submitted late by the employee (after 12:00 p.m. Monday of a payroll processing week) will not be paid until the following pay date.

*Revised 03/16; Reviewed 05/20*

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### **PAY DAYS**

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Employees are paid every other Friday, 26 times per calendar year. Direct deposit is available to all staff, but not mandatory. Pay advances on earned or unearned wages is not an option. Issues with pay checks should be directed to Human Resources.

*Revised 05/08; Reviewed 05/20*

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### **DRESS CODE**

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Our organization's image is reflected by our employees. We ask that all employees take pride in their professional appearance, and that everyone is clean, well groomed, and appropriately dressed for their position.

Employees who come in contact with patients and families should be aware as professionals that attention to details in appearance will help instill confidence in patients and families. Projecting a professional appearance projects professional care.

CHC has established the following guidelines, which include, but are not limited to:

1. Agency photo identification must be worn at all times by patient care staff.
2. Fingernails should be clean, well-trimmed, and not interfere with duties. Based on CDC and OSHA guidelines to reduce the risk of healthcare acquired infection, artificial nails (including acrylics, gels, wraps, overlays, etc.) are not to be worn by anyone with patient

contact or patient food preparation. Nail polish may be worn on natural nails by patient care staff, but it should not be chipped.

3. Perfume/cologne should not be worn by patient care staff.
4. Hair should be clean and neatly fashioned. Patient care staff must keep long hair tied back when performing patient care. Inpatient Unit staff must do so at all times.
5. Jewelry can be worn sparingly, for example, rings, watches, short necklaces, and small earrings. Jewelry may not be worn on visible pierced body parts (excluding ears).
6. Clothing should not be form fitting (leggings, spandex, Lycra) or reveal lines/color of undergarments.
7. Clothing cannot display questionable graphics or any wording. This includes, but is not limited to, alcohol or tobacco logos.
8. Non-canvas athletic shoes may be worn by direct patient care staff, if they are appropriate to dress. They must also be solid in color. Nurses and Aides providing patient care must wear closed toe shoes.
9. Bib overalls, sweat pants, shorts, and denim pants are not permitted.
10. Business Capri pants must be of a length to cover the calf portion of the leg. Individual supervisors will be responsible for ensuring that staff who wear Capri pants meet agency expectations for professional appearance.
11. Skirts or dresses should not be more than two inches above the knee.
12. Patient care staff is required to wear Agency issued career wear when making patient visits. All Nurses and Aides are required to wear Agency issued scrubs when providing patient care. Additional Agency issued career wear and scrubs will be available for purchases on the CHC website.

Individual supervisors are responsible for ensuring that the appearance of their employee is appropriate, and may, at his/her discretion, in consultation with the Director of Human Resources, implement and define appearance standards which are more restrictive than those listed above, but never less restrictive. Employees who appear for work inappropriately dressed may be sent home and directed to return to work in proper attire. Under such circumstances, non-exempt employees will not be compensated for the time away from work. Dress Code policy violations will be handled in accordance with the Progressive Discipline policy.

*Revised 05/20*

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### **PROGRESSIVE DISCIPLINE**

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CHC uses a system of progressive discipline when dealing with behavior that is not in conformity with CHC policies. This includes a first written warning, second written warning, probation, and discharge. However, some behavior is so serious it may warrant immediate termination of employment. Such behavior includes, but is not limited to, the following:

- Insubordination
- Falsification of any CHC records, documentation, reports, time sheets, or employment application
- Theft, destruction or misuse of property belonging to CHC, patients or employees
- Substance abuse on the job
- Provoking or engaging in violence of any type
- Carrying a dangerous weapon on CHC premises or in the patient's home
- Soliciting gratuities or gifts from patients or their caregivers
- Accepting cash gifts, gift cards, or gifts of any kind (except as allowed by the Consultation/Presentation to Outside Organizations policy)
- Divulging confidential information

- Removing original CHC records from the premises
- Acting in a dishonest or deceitful manner
- Commission of a crime
- Committing fraud or abuse activities related to the federal Medicare, state, or other health care programs
- Behavior listed as prohibitive in this manual
- Sexual harassment
- Gross neglect of duties and/or gross misconduct
- Two consecutive work days of no show, no call
- Violation of smoking policy
- Violation of HIPAA Policies

Specific penalties in each case may depend upon the seriousness of the rule or policy violated, the frequency of the rule or policy violated, and the employee's overall record. Employees who are under a progressive disciplinary action may not be eligible for internal transfer depending upon the recency and nature of the performance issue, or have received a less than satisfactory rating on their most recent performance review.

*Revised 05/20 03/14; Reviewed 05/18*

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### **SOLICITATION FOR NON-CHC FUNDRAISING ACTIVITIES**

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Solicitation for any non-CHC, HF, GPIC, or Milton ADS fundraising activities such as, but not limited to, schools, churches, or sports fundraisers is prohibited. Staff may not sell or attempt to sell anything to patients, caregivers, employees, or volunteers. Failure to abide by this policy may result in progressive discipline up to and including termination.

*10/18; Reviewed 05/20*

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## PROBLEM SOLVING PROCESS

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Employees must follow the chain of command starting with their supervisor when dealing with disagreements or problems in the work place. Employees are not required to directly confront anyone who is the source of their problem.

CHC recognizes that there may be situations that require a more formal process in achieving problem resolution. An employee can request a grievance reporting form from the Director of Human Resources, however, this must be done within five (5) business days of the occurrence of the problem. The Director of Human Resources will conduct an investigation in conjunction with the President/CEO. The employee will then be provided a final decision in writing within five (5) business days.

CHC prohibits unlawful retaliation made against any employee who makes a good faith complaint of wrongdoing or utilizes the problem solving process or who participates in any related investigation.

*Revised 08/09; Reviewed 05/20*

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## SUBSTANCE ABUSE

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CHC defines substance abuse as consumption of drugs or alcohol leading to impairment of an employee's job performance or participation in any agency-related activity. CHC reserves the right to test employees for substance abuse if cause exists to indicate that their health or ability to perform work might be impaired. Factors that could establish cause include, but are not limited to:

- Appearance of impairment
- Sudden changes in work performance
- Repeated failure to follow instructions or operating procedures

- Violation of company safety policies
- Involvement in a work-related accident in which the employee seeks medical treatment through workers compensation
- Discovery or presence of illegal or suspicious substances or materials in an employee's possession or near the employee's workplace

Employees that choose not to consent to appropriate testing when requested by management or who are tested and have a positive result for substance abuse, will be subject to disciplinary action up to and including termination of employment.

CHC prohibits and does not tolerate being under the influence of, or possession or use of illegal drugs while working or participating in any Agency-related activity.

*Revised 08/09; Reviewed 05/20*

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## ON CALL

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The On Call policy is subject to change in order to accommodate patient care 24 hours per day, 7 days per week. The On Call schedule is given to participating staff. Once the schedule is posted, it becomes the employee's responsibility to find a replacement if necessary – subject to supervisory approval.

Home Care nurses in the Call rotation are required to provide coverage outside their regular Call schedule for the unscheduled absence or position vacancy of a triage, emergency visit, or On Call nurse.

### **Compensation for non-exempt staff:**

- **On Call** – employees will receive \$2.00/hour beeper pay and will be paid their base rate for actual hours worked or the overtime rate when applicable.

- **Backup On Call** – employees will receive \$1.00/hour beeper pay and will be paid their base rate for actual hours worked or the overtime rate when applicable.
- **Emergency On Call** – employees will receive \$5.00/hour beeper pay and will be paid their base rate for actual hours worked or the overtime rate when applicable.
- **Emergency Backup On Call** – employees will receive \$3.00/hour beeper pay and will be paid their base rate for actual hours worked or the overtime rate when applicable.

**Compensation for Exempt staff:**

- **On Call** – Employees will receive \$2.00/hour beeper pay with visits compensated at a per visit rate.
- **Backup On Call** - Employees will receive \$1.00/hour beeper pay with visits compensated at a per visit rate.
- **Emergency On Call** – Employees will receive \$5.00/hour beeper pay with visits compensated at a per visit rate.
- **Emergency Backup On Call** – Employees will receive \$3.00/hour beeper with visits compensated at a per visit rate.

**INPATIENT UNIT:**

On call is rotated by nursing staff, and is available 24 hours a day, 7 days a week.

The on call nurse will be responsible for coming in to cover any hours that may be vacant during his/her call time. Call offs are to be phoned in to the nurse staffing the Inpatient Unit. The nurse staffing the Inpatient Unit shall make every attempt to contact and obtain staffing. If unsuccessful, the on call nurse is to be notified. He/she is then responsible for staffing those uncovered hours. Situations involving security concerns, clinical issues, staff/patient/family issues, and

questions regarding patient admissions may also need to be addressed by the on call nurse.

*Revised 05/18; Reviewed 05/20*

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**PAY DIFFERENTIALS**

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**Weekend Differential**

Non-exempt employees scheduled to work designated Saturday and Sunday shifts will be paid a weekend differential of \$0.50/hour in addition to their regular hourly rate.

Exempt employees scheduled to work designated Saturday and Sunday shifts will receive a weekend premium.

**Shift Differential**

Inpatient Unit non-exempt employees who work evening and/or night shifts will be paid a shift differential of \$1.00/hour, in addition to their regular hourly rate.

Other non-exempt employees, whose regular work hours fall outside of 8:00 a.m. to 5:00 p.m. will be paid shift differential as follows:

- Shift differential will be paid for all hours worked when more than 50% of the hours are after 5:00 p.m.
- Shift differential will be paid for hours worked after 5:00 p.m. when 50% or less of the hours are after 5:00 p.m.

**Power Weekend Differential**

Non-exempt employees who regularly work a “power weekend” schedule, defined as working 12-hour shifts every Saturday and Sunday, will be paid for the following differential in addition to their regular hourly rate:

- RN - \$5.00/hour
- HHA - \$3.00/hour

- Social Work - \$5.00/hour
- Chaplain - \$5.00/hour

Hours worked by “power weekend” employees outside of their normal weekend schedule will be paid at their regular hourly rate and will include shift differential if applicable.

*Revised 05/18; Reviewed 05/20*

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### USE OF BENEFIT DAYS

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Employees are required to use existing benefit days when requesting scheduled time off. If benefit days have been exhausted or have not yet been earned due to length of employment, scheduled time off will not be approved. Employees must request and receive approval from their supervisor prior to taking scheduled time off.

For the purpose of this policy, a day is defined as follows:

**Exempt** – Any business day (or any portion thereof) the CHC administrative offices are open. Generally this is Monday through Friday, with the exception of Holidays. Exempt employees must use benefit days in whole day increments.

**Non-Exempt** – A day reflects the number of hours an employee is regularly scheduled to work on a particular day. For example, if an employee is scheduled to work 12 hours, then their day is 12 hours. If they are scheduled to work 4 hours, then their day is 4 hours. Non-exempt employees must use benefit days in half-day or whole day increments.

*Revised 03/16; Reviewed 05/20*

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### EMPLOYEE BENEFITS

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Contact Human Resources for specific enrollment and coverage details regarding the benefits listed below. Open enrollment is held December 1<sup>st</sup> through December 15<sup>th</sup> each year. Elections made at that time are effective January 1<sup>st</sup>. Deductions for benefits are taken for 24 pay periods. This is the only time that changes can be made to benefits outside of a COBRA qualifying event as defined by the summary plan description.

**Life Insurance** – Effective the first day of employment, CHC automatically provides life insurance equal to 1x the employee’s annual salary or a minimum of \$20,000 for power weekend employees and all staff with weekly scheduled hours of 32 or more.

**Accidental Death and Dismemberment Insurance** – CHC provides 1x annual earnings in AD&D insurance for staff with weekly scheduled hours of 32 or more as well as power weekend employees. This is also effective the first day of employment.

**Long Term Disability Insurance** – CHC provides a long term disability insurance benefit equivalent to 60% of the employee’s base salary at time of disability and begins 90 days following the date of disability. It will continue until the employee reaches the age of 65 or is no longer disabled. Power weekend employees and staff with scheduled hours of 32 or more receive this benefit automatically upon hire.

**Group Health Insurance and Health Savings Account** – Group health insurance is available to staff with weekly scheduled hours of 32 or more as well as power weekend employees. Coverage is effective the first day of the month following employment or January 1<sup>st</sup> if elected during CHC’s open enrollment period. CHC will establish a Health Savings Account (HSA) and provide an annual contribution for all employees that elect its group health insurance. New employees will receive a pro-rated contribution following completion of their 90 day probationary period.



**Dental Insurance** – Dental insurance is available the first day of the month following employment to staff with weekly scheduled hours of 32 or more as well as power weekend employees.

**Flex Spending** – Following completion of the 90-day probationary period non-prn staff **are** eligible to deduct up to \$2,000 of their salary each calendar year for reimbursement of **IRS allowable** non-insured medical, dental or vision expenses or substantiated childcare costs. ~~In accordance with government regulations, any withholdings not claimed for reimbursement by the CHC specified date will be forfeited.~~

Employees are eligible to receive the maximum amount of reimbursement (the amount elected for contribution for the year) at any time during the calendar year regardless of the amount contributed to date. The maximum amount eligible for reimbursement is the total amount elected for contribution to the Flex Spending plan for the year. Any withholdings not claimed for reimbursement within one month of the calendar year end will be forfeited.

Terminated employees are eligible to receive the maximum amount of reimbursement (the amount elected for contribution for the year). The maximum amount eligible for reimbursement is the total amount elected for contribution to the Flex Spending plan for the year. Only IRS allowable expenses incurred on or before an employee's termination date are eligible for reimbursement. Expenses incurred after an employee's termination date are not eligible for reimbursement. Any withholdings not claimed for reimbursement within one month of an employee's termination date will be forfeited.

**403B/Roth 403B** – Non-PRN employees regularly scheduled to work 20 hours or more per week are eligible to participate in CHC's retirement plan following completion of their 90 day probationary period. Vesting is 100% upon enrollment. CHC will match at 25% the first \$16,000 of the employee's contribution.

**AFLAC** – Short-term disability insurance, supplemental life insurance, personal recovery insurance and cancer insurance are available through

AFLAC to non-PRN employees upon completion of their 90 day probationary period.

**Employee Assistance Program (EAP)** – CHC provides an Employee Assistance Program to help non-prn employees, their spouses and eligible children in coping with personal problems and stress. CHC will pay the cost of four counseling sessions per employee and eligible family members each calendar year. This is effective immediately upon employment. Employees may contact the EAP provider directly to schedule confidential appointments. The number of employees participating is the only information shared with CHC.

**Continuing Education** – Non-prn employees are eligible to attend seminars/conferences on job-related topics with the approval of their supervisor. Employees interested in obtaining a job-related certification, may be eligible for some financial assistance as part of their continuing education.

**Professional Membership Dues** – CHC will pay for/reimburse staff for some professional memberships/dues with prior Administrator approval. The expense must be relevant to the employee's position and should provide benefit to both CHC and the employee.

## **FUNERAL LEAVE**

**Immediate Family Member** - When a death occurs in an employee's immediate family, full-time employees may take up to three days off with pay to attend the funeral or make funeral arrangements. Time off is prorated for part-time employees. Immediate family member is defined as an employee's spouse or domestic partner, children, stepchildren, parent/stepparent, brother/stepbrother, sister/stepsister, **mother-in-law/father-in-law**, grandparent, or grandchild.

**Non-Immediate Family Member** - Employees may take up to one day off with pay to attend the funeral of a close friend or non-immediate family member. This time off will be considered by the employee's

supervisor on a case-by-case basis. CHC may require verification of the need for the leave time.

**Additional Time Off** - CHC recognizes the impact that death can have on an individual or a family. Employees may request to use their accrued vacation or personal days to extend their funeral leave time. This is subject to supervisory approval.

## HOLIDAYS

CHC recognizes the following as paid holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Substitutes for these days can be arranged by contacting Human Resources. Full-time employees are paid eight hours for each holiday. Half-time and power weekend employees are paid four hours and part-time employees are paid for two hours. When the holiday falls on a regularly scheduled day of work for an employee, he/she will be compensated for the number of hours normally worked. When a holiday falls on a Saturday, the observed holiday will be Friday and when it falls on Sunday, the observed holiday will be Monday. For Inpatient Unit staff, the holiday will be considered the actual calendar date beginning at 7:00 a.m. and ending at 7:00 a.m.

## VACATION

**Accrued Vacation Time** – Vacation time is accrued each pay period and can be used by staff after completion of six months of employment and with approval from their supervisor. Caps are established limiting the number of days that can be accrued. The cap is equivalent to twice the number of vacation days an employee would accrue based on the table below. When employees hit their cap, they will stop accruing vacation days until they once again fall below it. Accrual rates and cap numbers will be adjusted due to a status change or an increase in vacation time based on years of service.

Employees who have completed six months of service will be paid for any accrued vacation time upon termination of their employment as long as appropriate notice is given.

Hourly employees can request vacation time in half or whole day increments. Exempt employees can take only whole days.

Employees who have changed employment status may not qualify immediately for the increased accrual associated with specific years of service. A certain number of years of consecutive service at a particular status level may be necessary first. This will be reviewed on a case-by-case basis.

Employees will accrue vacation days based on their years of service and the number of days they are regularly scheduled to work each week.

Vacation days will be accumulated according to the following table:

Scheduled Days Per Week	Yrs 1-2	Yrs 3-6	Yrs 7-9	Yrs 10+
5	10	15	20	25
4	8	12	16	20
3	6	9	12	12
2	4	6	8	8
Power Weekend	5	7.5	10	10

**Vacation Exchange** – Employees have the option of receiving the cash value for a portion of this benefit instead of taking paid time off. **To be eligible, an employee must have a minimum of six days (or the hourly equivalent) of available vacation time and the buyout cannot drop an employee below three days (or the hourly equivalent) of available vacation time. The buyout of vacation time will be paid at 90% of the employee's regular rate of pay at the time of the buyout.** Employees electing to use this option must submit an email request to Human Resources. The request will be processed as part of the normal payroll cycle ~~and the employee will receive the cash equivalent of the vacation hours on their paycheck.~~ **Any unused vacation paid out at termination of employment will be paid at 100%.**

## PERSONAL DAYS

Employees receive the following paid personal days each January 1<sup>st</sup> to be used during that specific calendar year. Compensation is based on the number of hours staff is regularly scheduled to work. Only non-exempt employees have the option of requesting personal days in half or whole day increments. Personal days are not considered an earned benefit and as such, employees will not be paid for any unused personal days upon termination of employment.

Scheduled Days Per Week	Yearly Personal Days
5	4
4	3
3	2
2	1
Power Weekend	2

New Employees hired between the following dates will receive the designated number of personal days to be used during their first calendar year of employment and **after completion of their 90 day probationary period:**

Scheduled Days Per Week	01/01 – 02/28	03/01 – 04/30	05/01 – 07/31	08/01 – 08/31	09/01 – 12/31
5	4	3	2	1	0
4	3	3	2	1	0
3	2	2	1	1	0
2	1	1	1	0	0
Power Weekend	2	2	1	0	0

## SICK DAYS

Upon completion of their 90 day probationary period, new employees hired between the following dates will receive the designated number of sick days to use for their own personal injury/illness.

Scheduled Days Per Week	01/01 – 04/30	05/01 – 08/31	09/01 – 12/31
5	5	3	0
4	4	2	0
3	3	2	0
2	2	1	0
Power Weekend	2	1	0

Each January 1<sup>st</sup>, additional sick days will be added to the number remaining from the previous year. Only non-exempt employees can use sick time in either half or whole day increments. Since sick days are not considered an earned benefit, employees will not be paid for any unused sick time upon termination of employment.

A change in employment status from half-time to full-time will not affect the number of sick days available to an employee during the calendar year, unless the employee has worked full-time for six consecutive months. Employees who change from half-time to full-time status after June 30<sup>th</sup> will not receive any additional sick days until the next calendar year. Employees changing from full-time to half-time status will retain any unused sick days still remaining.

Employees must provide a doctor's note indicating their ability to return to work if absent due to illness/injury for three (3) or more consecutive work days.

Employees will receive the following designated sick days each January 1<sup>st</sup> based on their regularly scheduled days each week. The maximum number of days which can be accrued is also listed.

Scheduled Days Per Week	Sick Days	Maximum Day Accrual
5	5	90
4	4	60
3	3	30
2	2	30
Power Weekend	2	30

Revised 05/18, Reviewed 50/20

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### COMPENSATION FOR WORKED HOLIDAYS

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The following guidelines will be used to determine compensation for employees scheduled to work or who provide “on call” coverage for the actual holiday or CHC observed holiday. Differentials will not be included in holiday compensation.

#### Exempt Home Care Nurses:

- Nurses **scheduled to work** for specific periods of time will be paid a holiday premium based on the number of hours scheduled.
- Nurses providing On Call or Backup On Call coverage will receive holiday beeper pay for hours covered plus one-and-one-half times the designated visit rate for each visit made.

#### Non-Exempt Home Care Nurses:

- Nurses **scheduled to work** for specified periods of time will be paid time-and-one-half their base rate for a minimum of the number of hours they are scheduled to work.
- Nurses providing On Call or Backup On Call coverage will receive holiday beeper pay for hours covered plus one-and-one-half times their base rate for actual hours worked.

#### Exempt Support Services Staff:

- Staff providing On Call coverage will receive holiday beeper pay for hours covered plus one-and-one-half times the designated visit rate for each visit made.

#### Non-Exempt Support Services Staff:

- Staff providing On Call coverage will receive holiday beeper pay for hours covered plus one-and-one-half times their base rate for actual hours worked.

#### Inpatient Unit staff compensation for holidays:

- **On Call Nurse** – will be paid \$5.00/ hour beeper pay plus time-and-one-half times their base rate for actual hours worked on the holiday.
- **Power Weekend staff that work on a holiday that falls on Saturday or Sunday** will be paid at time-and-one-half their base rate for actual hours worked. Additionally, they will receive eight hours of holiday pay at their base rate.
- **Power Weekend staff that work** a holiday that does not fall on Saturday or Sunday will be paid at time-and-one-half their base rate for actual hours worked. Additionally, they will receive four hours of holiday pay at their base rate.
- **Full-time staff that works on a holiday that falls on Saturday or Sunday** will be paid at time-and-one-half their base rate for actual hours worked, plus eight hours of holiday pay at their base rate. Additionally, they will be given an eight hour paid day off to be used within six months of the worked holiday. Requested time off must be approved by the employee’s supervisor.

Revised 05/18; Reviewed 05/20

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## LOCAL STAFF TRAVEL

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All staff must exercise personal responsibility by determining and traveling the shortest reimbursable mileage distances between destinations. All mileage and travel time reimbursement is subject to approval by each staff person's supervisor. Staff mileage is reimbursed at a rate established by CHC. Policies regarding education and longer distance travel reimbursement may be found under "Education and Long Distance Travel and Reimbursement."

### **Care Related:**

In all cases, commuting mileage (for example) from employee residence to office or office to employee residence cannot be reimbursed.

CHC will reimburse all care staff for travel time and mileage between the CHC office and the patient's home, and, between patient homes. For the first and/or the last visit of the day, CHC will reimburse the time and lesser of the mileage between the patient's home and CHC office, or patient's home and employee's residence.

Staffs who are required to make a visit(s) while on call will be reimbursed travel mileage from their home to the patients' home (round trip) and between patients' homes if more than one visit is made while away from their personal residence and covering on call.

All requests for mileage reimbursement must take place within 45 days of incurring the expense or the requests will not be processed.

### **Non-Care Related:**

In all cases, commuting mileage (for example) from employee residence to office or office to employee residence cannot be reimbursed.

CHC will reimburse non-care staff for travel time and mileage between the CHC office and the business destination, and between business

destinations. For the first and/or last business destination of the day, CHC will reimburse the time and lesser of the mileage between the

business destination and the CHC office, or business destination and employee's residence.

All requests for mileage reimbursement must take place within 45 days of incurring the expense or the requests will not be processed.

*Revised 09/11; Reviewed 05/20*

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## EDUCATION TRAVEL PROCEDURE AND GENERAL EXPENSE REIMBURSEMENT

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This policy is intended to ensure that employee education travel is consistent with the objectives of CHC. It also defines procedures for authorized business travel and guidelines for general expense reimbursement.

CHC encourages employees to continue their education and advance their skills by attaining certain certifications, attending conferences, seminars, and workshops outside of the inservices and training sessions provided in-house. Registration fees for education and other events, and the employee travel expenses associated with it, will be authorized only in circumstances which are clearly consistent with the mission of CHC.

### **Supervisor and Director Responsibilities:**

1. Supervisors and Directors must know CHC's current travel policy and inform their departmental staff of company policy and procedures when questions arise.
2. Determine if registration and travel is actually necessary to achieve a particular goal.
3. Approve expenses in accordance with this policy.

CHC will pay or reimburse certain charges related to registration and round-trip travel. Prior approval must be obtained from your supervisor. Education travel must also be approved in advance of attending. Budget considerations, staffing requirements, appropriateness of the educational experience, and other factors will be taken into consideration before approval is granted. CHC strongly encourages using any available “early bird” discounts for registration. Requests for registration after discount deadlines have passed may influence the approval.

For travel by personal car, employees will be reimbursed for mileage at a rate established by CHC. Tolls and parking at the site will be reimbursed. Reimbursable mileage is always based on miles to and from the CHC office. The exception to this is when you must leave or return from your home and your residence is closer to your destination than the CHC office. Always use the lesser amount for calculating mileage. Mileage claimed must be substantiated using *MapQuest* (or similar program) showing starting point, ending point, and calculated mileage; a printout must be attached to the prescribed expense report form. CHC never reimburses commuting mileage or miles not actually traveled.

For travel that requires air transportation, CHC will pay round-trip airfare for the lowest published Third Class or Coach rate as researched by the designated CHC internal travel planner. The designated travel planner may not choose a more expensive flight on an alternate airline to gain personal super-saver miles or any other airline/credit card perks. Employees may retain all benefits from frequent flyer club memberships. All dues for such clubs must be paid by the employee. All air travel arrangements must be made with prior approval of your supervisor and by the designated CHC internal travel planner. The CHC designated travel planner will attempt to ensure whenever possible that no more than six company employees, four Coordinators or Directors, and three Administrators are booked on the same flight.

Employees choosing to use alternate modes of travel between cities serviced by regularly scheduled airlines must request the travel planner to research the cost of the lowest flight at the time of travel approval. CHC will only reimburse the lesser of the previously researched airfare costs

or the actual expenses of the alternate mode of travel. Documentation of this research must be submitted with the prescribed expense report form.

CHC will pay for charges for overnight accommodations related to a room on-site at a conference. When on-site accommodations are sold out, CHC may pay for a close by hotel facility or major chain, as available.

CHC will reimburse an employee for reasonable charges for meals while attending an educational experience, with the approval of your supervisor. Meals eligible for reimbursement on days of travel are as follows:

**Day of Departure:**

- Before 6:30 a.m. – all meals eligible for reimbursement
- After 6:30 a.m. – before 11:00 a.m. – lunch and dinner eligible for reimbursement
- After 11:00 a.m. – before 5:30 p.m. – dinner eligible for reimbursement

**Day of Return:**

- After 6:30 a.m. – before 1:30 p.m.– breakfast eligible for reimbursement
- After 1:30 p.m. – before 7:30 p.m. – breakfast and lunch eligible for reimbursement
- After 7:30 p.m. – all meals eligible for reimbursement

For conferences or educational meetings in other cities where air travel is required, CHC will pay for ground transportation to and from the airport of destination and the conference site. CHC will reimburse employees for the lesser of ground transportation to and from the airport of origination, or the cost of long term parking at the airport of origination. CHC will pay for the use of a rental car when necessary and with prior approval. Automobiles should be rented only when the cost advantages are clearly justified (i.e., the cost of the rental car would be less than using taxis, etc.) and prior approval is required. Employees can request either compact or intermediate size cars. Rentals for other types of cars are not permitted except with manager approval for large groups of

employees traveling to the same destination. Luxury, premium, and specialty car rentals will be reimbursed only at the intermediate car rate. Whenever possible, employees must refill gasoline prior to returning the rental car for drop off. Gas charges at the rental location average 50% more than independent filling stations.

If less than full-time employees voluntarily attend an education experience on a day they are not normally scheduled to work, they will not be paid wages. If the supervisor has determined their attendance necessary on a day the employee does not normally work, they will receive their normal hourly wage up to their normal working hours. Full-time employees are not paid wages for attending an educational experience outside of their normal working hours.

When day of departure travel takes place in the last half of a regular workday, CHC staff is expected to work some portion of the travel day. For example, CHC would not expect a staff person to not report at all on a regular business day when their departure time can be estimated during the afternoon.

With advance notice of at least three weeks, cash advances for travel expenses may be available on an as needed basis prior to departure. Contact your supervisor for further information. Receipts are still required upon return and any unused funds, or incurred expenses without proof of receipt, must be returned to CHC.

In the event of an accident while traveling, you must notify Human Resources immediately.

The following are not reimbursed as business expenses by CHC:

- Commuting mileage costs to and from the airport of origination, unless the airport is located outside the CHC service area, and the cost is more economical to drive than other available transportation.
- Any and all incidental charges.
- While on overnight travel, incidental charges beyond the cost of the hotel room and applicable taxes.
- Personal long distance telephone calls and hotel telephone surcharges.

- Personal use and/or mileage of rental cars or personal cars, shuttles, taxis, and all ground transportation, unless included in the registration fee for the conference.
- Personal entertainment or recreational expenses and expenses for "optional" special events that may be offered to conference attendees for an additional fee.
- Unapproved conference or seminar educational purchases.
- Any portion of any expenses that are a direct result of any person traveling or attending a meeting or event with you.
- Childcare expenses for a traveling employee.
- Substitute food expenses for meals that are already covered within a registration fee paid for by CHC.
- First class travel, and upgrades to air travel, car rentals, or hotel rooms.
- Purchase of clothing, luggage, toiletries, and other miscellaneous personal items.
- Supplemental travel or car rental insurance.
- Fines, penalties, or legal fees.

While CHC will not reimburse you for the expenses listed above, you may qualify for a tax deduction on some of the expenses listed. Please consult a professional tax preparer for more information.

In all cases, for all expense reimbursement to be considered, employees must provide bona fide receipts, attached to the prescribed expenses report form, to their supervisor for approval of payment by CHC. Employees will not be reimbursed for expenses without proof of receipt. In order for reimbursement to take place, all receipts and requests for reimbursement, including mileage reimbursement, must take place within 45 days of incurring the expense.

CHC generally does not reimburse dues unless there are subscriptions or other educational materials and/or educational benefits (for example, reduced fees [not to exceed the cost of the dues] for conference attendance) that accompany dues structure, with supervisor approval. This occurs on a case-by-case basis.

CHC generally does not reimburse individual CME or CEU expenses which are required to maintain certification or licensures.

*Revised 05/18; Reviewed 05/20*

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## FAMILY AND MEDICAL LEAVE

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All CHC employees who have been employed for at least 12 months and worked at least 1,250 hours in the previous 12 months are eligible to take up to 12 weeks of Family and Medical Leave of Absence (hereafter referred to as FMLA) in a rolling 12 month period due to their own serious health issue, to care for an immediate family member as defined by federal law with a serious health condition, or for the birth or adoption of a child (defined as spouse, parents, and children under the age of 18).

The following conditions apply:

- Any FMLA will be counted against the employee's annual Family and Medical Leave entitlement.
- In all cases involving illness or medical necessity of the employee or qualifying family member, it is required of the employee to furnish to CHC prior to the FMLA, a medical certification signed by a physician detailing the serious health condition which would qualify for an FMLA. Failure by the employee to provide said medical certification shall cause denial of the FMLA. CHC reserves the right to request periodic medical certifications signed by a physician on a reasonable basis during the course of the FMLA. For CHC employees, a personal serious illness or serious health condition is defined as one: (a) requiring inpatient care; (b) that creates an absence of greater than three days for treatment or recovery; (c) that includes absences for treatment of the condition which if left untreated **would likely** result in an absence of greater than three days; or, (d) that requires continued treatment from a health care provider amounting to two or more visits or treatments or one visit which leads to a regimen of continuing treatment.

- Employees must use all applicable accrued benefit days during their FMLA. If sufficient benefit days are not available to cover the duration of the FMLA, the remaining time off will be unpaid. CHC observed holidays which may fall during an employee's FMLA, will not be paid out. Employees may use earned benefit days in lieu of taking the day without pay. Vacation accrual will be suspended while employees are on a FMLA, and reinstated upon their return.
- It is the employee's financial responsibility to continue payments for participation in payroll deduction for insurance and the Medical/Dependent Savings Plan if applicable. Failure to do so could result in the immediate cancellation of these benefits.

In the event that the employee fails to return to work from the FMLA, CHC will collect all health insurance premiums from the employee that were paid by CHC on his/her behalf during the FMLA and do so to the fullest extent allowed by law. However, if a "serious health condition" or "other circumstances beyond the control of the employee" prevents the employee from returning to work, CHC will take no recourse to collect insurance premiums that were paid on the employee's behalf during the FMLA.

- Employees who have taken an FMLA for a personal serious illness are required to present a fitness-for-duty medical certificate signed by a physician upon returning from their FMLA.
- Upon returning from an FMLA within the maximum 12-week period, CHC will restore the employee to the same or equivalent job, wage or salary in all cases with the exception of the potential consequences for "key employees." Generally, "key employees" are the Administrative Team positions at CHC, but federal law will determine specifically who is a "key employee" based upon CHC's salary structure at any given time.



- If an FMLA is foreseeable based on an expected birth or adoption placement, or planned medical treatment, the employee must provide no less than 30 day notice before the date the FMLA is to begin or as much notice as is practical.
- **FMLA** for the birth or placement of a child **cannot** be taken intermittently or on a reduced work schedule basis. **However**, if the FMLA is for the employee’s own illness or for the care of an ill spouse, child, or parent, it may be taken intermittently or on a reduced work day or work week scheduled if it is medically necessary to do so.
- In the event that a qualifying husband and wife are both employed by CHC, they are entitled to 12 workweeks FMLA between them in the aggregate if the FMLA is for the birth or placement of a child, or to care for a sick parent. If the week the FMLA for their own illness or to care for an ill child or spouse, each of them is entitled to 12 workweeks.
- Employees who are considered “key employees” as defined by federal law, may be granted FMLA, but may be denied restoration of position and salary guarantees under the following circumstances:
  - If it is necessary to prevent substantial and grievous economic injury to the operation of CHC,
  - CHC notifies the individual of its intent to deny return on such basis, and
  - If the FMLA has commenced and the employee elects not to return to employment after receiving the notice.

**Military Family Leave** - An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

*Revised 03/14; Reviewed 05/20*

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## MEDICAL LEAVE OF ABSENCE

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Any available benefits under the Family and Medical Leave Act must be exhausted first, prior to invoking the Medical Leave of Absence.

Employees requiring time off in excess of three working days for their own non-work related illness or injury are required to apply for a Medical Leave of Absence (MLA). A physician’s statement is required initially to support the request for leave. A statement from the physician is also required upon the employee’s return verifying the return to work date and the employee’s ability to fully perform the essential functions of the job.

When an approved MLA is not expected to exceed six weeks, every effort will be made to keep the employee’s position open. In the case of a MLA that is longer than six weeks, efforts will be made to place the employee in the same job classification upon his/her return; however, there is no guarantee.

Employees must use all of their available benefit days during the leave period. When benefit days are exhausted, the remainder of the MLA will be unpaid time off. Vacation accrual will be suspended during the LOA and reinstated upon the employee’s return. CHC observed holidays are not paid out if they occur during the leave period.

Employees are encouraged to provide as much notice as possible when requesting a MLA.

*Revised 11/06; Reviewed 05/20*

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## PERSONAL LEAVE OF ABSENCE

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Employees may request time off work for personal reasons by applying for a Personal Leave of Absence (PLA). Approval of a PLA is at the discretion of the employee’s administrator, with approval by the President/CEO. Consideration will be given to the effect the employee’s absence will have on the workload of others in the department.

Employees requesting a PLA will not be guaranteed that their position will be available upon their return.

Employees must use all of their applicable benefit days during the leave period. When benefit days are exhausted, the remainder of the PLA will be unpaid time off. Vacation accrual will be suspended during the PLA and reinstated upon the employee's return. CHC observed holidays are not paid out if they occur during the leave period.

*Revised 11/06; Reviewed 05/120*

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### **MILITARY LEAVE**

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An employee who shall have entered or been called into active military duty with the Armed Forces of the United States or their state of residence shall be placed on military leave without pay.

CHC abides by the Uniformed Services Employment and Re-employment Rights Act (USERRA) of 1994, which prohibits discrimination against any employee or prospective employee with regard to hiring, retention, promotion, or benefits of employment due to past, present, or future application for, or membership in, a uniformed service.

*Revised 10/01; Reviewed 05/20*

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### **SMOKING**

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All CHC facilities and grounds are considered smoke-free environments. Smoking, including the use of e-cigarettes, is strictly prohibited on any of its properties. Failure to adhere to this policy will result in progressive disciplinary action.

*Revised 03/16; Reviewed 05/20*

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### **WORKERS COMPENSATION**

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CHC employees are covered by Workers Compensation Insurance in accordance with the statutes of the State of Indiana.

Injuries incurred by employees while performing job duties must be reported to their supervisor immediately. An Incident Report form needs to be completed by the employee or the supervisor if the employee is unable to do so, and submitted to Human Resources within 24 hours.

During normal business hours, Human Resources should be contacted immediately if medical treatment is necessary or if the injury affects the employee's ability to continue performing his/her duties. In the case of an extreme emergency, employees should go to the closest hospital emergency department.

If a work related injury requiring immediate treatment occurs outside of normal business hours, employees should go to the closest hospital emergency department or urgent care center.

*Revised 11/06; Reviewed 05/20*

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### **JURY DUTY**

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Employees called for jury duty or subpoenaed as a witness must notify their supervisor immediately to ensure appropriate staffing is maintained. A copy of the jury summons or subpoena should be forwarded to Human Resources along with a statement from the court clerk indicating days served.

Employees called for jury duty or subpoenaed as a witness will continue to receive their regular wages minus their jury duty compensation.

*Revised 05/08; Reviewed 05/20*

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## CONFIDENTIAL INFORMATION

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Contact between the patient and CHC is a highly privileged, confidential relationship. Information about patients or observations made about them by employees on or off duty must not be discussed outside the CHC Team. Employees are ethically and legally obligated to maintain the confidentiality of patients/ families. Patient information will not be released without prior patient/ caregiver consent. In all cases, requests for information regarding deceased patients, past or present employees, must be directed to the President/CEO or designee.

Professional boundaries must be observed by staff at all times. Personal problems or concerns, information or opinions about the CHC workplace and/or staff members are **not** to be shared or discussed with patients/ caregivers and/or volunteers through any manner of communication including social media (i.e., Facebook, Twitter, etc.). A professional relationship with those served and with our volunteers must be maintained at all times.

All of CHC's trade secrets, confidential and proprietary information and all other information and data that is not generally known to third persons, including, but not limited to, client lists, client requirements and needs, client medical records or reports, proprietary financial information, internal financial documents, budgets, forecasts, business methods and processes, marketing data, pricing data, strategic business plans, and information about prospective clients or prospective products and services, is considered confidential information. Any breach of confidential information may lead to disciplinary action up to and including termination of employment.

All employees, volunteers, students, and agency contracted employees are required to sign a Confidentiality Agreement upon hire and annually thereafter as evidence of CHC's communication of its confidentiality policy.

*Revised 09/14; Reviewed 05/20*

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## ELECTRONIC MEDICAL INFORMATION: CONFIDENTIALITY

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In light of the broad access to patient information possible with electronic medical record keeping, the Agency takes specific steps to guard patient information from unauthorized viewing, as well as from dissemination. Employees of the Agency will acquire medical information from electronic sources only as necessary for the evaluation of eligibility for services or for the provision of care through this agency.

Any other use of electronic medical information systems is a violation of that patient's privacy as guaranteed under HIPAA and may be grounds for immediate termination of employment.

Examples of specifically forbidden use of electronic medical information systems includes, but are not limited to:

- Looking up medical information on celebrities who may be hospitalized in local hospitals.
- Looking up medical information on immediate family, relatives, yourself, etc.
- Looking up medical information on neighbors, friends, fellow parishioners, etc.
- Looking up medical information on co-workers.

Previously stated protections regarding the release of patient information apply equally to information obtained from electronic medical information sources.

The Agency will include instructions regarding this area of confidentiality as part of its annual confidentiality training.

Where possible, the Agency will obtain and review reports of staff member access to electronic patient information to verify necessity for each record accessed.

Staff members who use electronic medical information systems for unauthorized purposes will be subject to disciplinary action up to and including termination of employment.

*Reviewed 05/20*

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### **CONDUCT IN PATIENT'S HOME**

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While in any patient's home, CHC employees are required to refrain from smoking. Employees are also to refrain from using the patient's phone unless it is absolutely necessary for official CHC business. Solicitation for any fund raising, gifts, gratuities and/or tips from patients or their families is absolutely prohibited. Staff is prohibited from accepting gifts ~~without prior approval of their supervisor~~. Cash gifts, ~~and~~ gift cards, ~~or~~ gifts of any kind are prohibited under all circumstances.

Staff may not sell or attempt to sell anything to patients, families, or caregivers. Failure to abide by this policy may result in progressive discipline up to and including termination.

*Revised 05/20~~12/18~~; Reviewed 05/18*

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### **FRATERNIZATION**

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The socialization of care providers with CHC patients and their family members is a natural and healthy part of a good clinical environment, so long as those relationships are tempered with good business sense. Due to the nature of the relationship, care providers should interact on only the most professional level with CHC patients and the members of patients' families. Any personal fraternization between care providers and patients, or between care providers and patient family members, that involves any other behavior that is not on a professional work level is strictly prohibited. Violators of this policy are subject to potential disciplinary action up to, and including, the termination of employment

*Effective 10/01; Reviewed 05/20*

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### **WITNESSING OF DOCUMENTS**

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Employees are forbidden to witness any legal document such as, but not limited to, wills, living wills, or advance directives. This policy is for the sake of the patient and/or family members. This is important in order to avoid any possibility of conflict of interest or "undue influence" allegations that may arise when the will is probated or when directives are being implemented. Failure to abide by this policy may result in disciplinary action.

*Revised 11/00; Reviewed 05/20*

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### **CARE OF RELATIVES**

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Staff is prohibited from functioning in their CHC employment role for any family member that becomes a patient of this agency.

*Effective 06/10; Reviewed 05/20*

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### **CARE OF STAFF AND VOLUNTEERS**

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Clinical staff is prohibited from providing clinical care, counseling, or presenting clinical opinions or advisement to fellow staff and volunteers, unless they are or have been an admitted patient or primary caregiver, or specifically and formally sought out CHC bereavement services.

*Revised 06/14; Reviewed 05/20*

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### **WORKPLACE VIOLENCE**

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CHC is committed to working with its employees to maintain a work environment free from violence. Violence may be described as verbal or physical threats, intimidation, and/or aggressive physical contact. Prohibited contact includes, but is not limited to, the following:

- Intimidation, harassment, assault, battery, stalking, or conduct that causes a person to believe that he or she is under a threat of death or bodily injury.
- Inflicting or threatening injury or damage to another person's life, health, well-being, family or property.
- Possessing a firearm, explosive, hazardous devices or substances, or other dangerous weapon, or using an object as a weapon on Agency property or during any Agency-related activity.
- Abusing or damaging employee property.
- Using obscene or abusive language or gestures in a threatening manner.
- Raising voices in a threatening manner.

All reports of incidents of this nature, including oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm, will be investigated and dealt with appropriately.

Employees who observe or experience such behavior by anyone on CHC premises or while performing CHC business, should immediately report it to their supervisor or the Director of Human Resources.

Employees found to have committed such acts will be subject to disciplinary action up to and including termination.

*Revised 08/09; Reviewed 05/20*

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### WEATHER DAY

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CHC intends to remain operational during snowstorms or emergencies of any nature. A Weather Day is a highly unusual event. As a professional healthcare provider routinely dealing with emergency matters of life and death, employees should assume the agency is remaining operational during snowstorms or other natural events, unless they are otherwise notified.

The President/CEO or designee will make the final decision as to whether the office will observe a Weather Day. He/she will notify the Administrative Team, who will in turn notify all employees. The President/CEO or designee shall inform all local radio and television stations. On designated Weather Days, non-care staff will not report.

Because of the nature of care, the type of care, and the type of patient and family we serve, the nursing staff on duty on a Weather Day will have to decide in conjunction with the nursing management whether attempts must or need to be made to visit a particular patient. If conditions during major snowfall or emergencies of any nature warrant, your supervisor may direct you to contact [Civil Defense Emergency Management Agency](#) to enable emergency care of our patients. [Civil Defense Emergency Management Agency](#) may also be contacted to transport CHC employees to the Inpatient Unit. Telephone contacts should be attempted to patients scheduled to be seen.

If it is impossible for you to report to work on any day due to a declared weather emergency or other disaster when CHC is open, your absence will be charged to any personal or vacation day allowance; however, this will not be counted as an unscheduled absence. If, however, you are notified that CHC is closed, you will receive regular pay for time off if you are scheduled to work on those days.

*Revised 05/20; Reviewed 04/14*

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### LOW CENSUS DAY

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In the event that patient census temporarily decreases to the point that we have excessive staffing, the supervisor may require staff to take time off. The option will be given to staff on a volunteer basis, and then followed by a rotating basis, at the discretion of the supervisor. On these days, PRN staff will not be utilized. An ongoing list of staff rotation will be kept by your immediate supervisor.

Non-Exempt staff may choose to take unused Vacation or Personal Days to facilitate getting a paid Low Census Day. Exempt staff is required to use applicable benefit days.

*Revised 03/16; Reviewed 05/20*

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### **EMPLOYMENT OF RELATIVES**

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No employee may supervise or be supervised by a relative.

For purposes of this policy, “relative” includes: spouse, sibling, parent, grandparents, children, grandchildren, niece, nephew, aunt, uncle, in-laws, or persons living in the same household substantially comparable to any of the above.

An employee may seek special permission for waiver of this policy by submitting a request in writing to the President/CEO.

*Revised 08/09; Reviewed 05/20*

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### **TELEPHONE USAGE**

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Occasional personal phone calls are acceptable. However, supervisors have the discretion to limit their employees' personal phone calls if they are interfering with job performance, deemed excessive, or cause disruption in the department.

CHC land line phones are intended for the transaction of CHC business. Personal long distance phone calls and/or faxes are not permitted. CHC cell phones are to be used solely for CHC business. Personal use of these phones is prohibited. Company and personal cell phones should be set on silent mode or turned off during all CHC meetings.

*Revised 05/08; Reviewed 05/20*

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### **WIRELESS PHONE USE**

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Employees whose job responsibilities include regular or occasional driving are expected to refrain from using a cell phone or other wireless devices while driving.

If acceptance or placement of a call is unavoidable, employees should pull off to the side of the road and safely stop the vehicle before using the phone.

Employees who are charged with traffic violations or accidents resulting from the use of any cell phone or other wireless communication devices while driving for CHC business, will be solely responsible for all liabilities that result from their actions. Violators of this policy will be subject to disciplinary action in accordance with company policy.

*Revised 11/06; Reviewed 05/20*

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### **PERSONAL BELONGINGS**

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CHC assumes no responsibility for the loss, theft, or damage of any type of personal property, regardless of its location. **This includes the pickup or delivery of personal packages to a CHC office.** Personal belongings should always be kept in an inconspicuous place as a precautionary measure. Employees should take it upon themselves to see that all offices are locked and secured during office hours. Employees must submit an employee incident report if a theft occurs.

*Revised 10/18; Reviewed 05/20*

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## **LOSS, DAMAGE AND DESTRUCTION OF PROPERTY**

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All CHC employees have the responsibility for insuring the safekeeping of CHC property while on or away from the office premises.

A CHC employee may be charged for repair or replacement of lost, damaged or destroyed CHC property resulting from careless, negligent or unintended use by said employee.

A CHC employee may be charged for replacement costs of property that is lost or damaged during a period of time when said employee is responsible for its safekeeping (examples could include, but are not limited to: beepers, cellular phones, computers and their accessories, etc.). When the appropriate authorities are notified of theft within 24 hours, CHC employees will not be responsible for replacing CHC property that has been stolen.

When lost, damaged or destroyed property is covered under an insurance policy purchased by CHC, the employee responsible for the careless and/or negligent loss, damage or destruction of insured CHC property will be charged the insurance deductible amount necessary for CHC to obtain repair(s) or replacement(s).

This policy shall also be construed to include loss, damage and destruction resulting from careless, negligent, or unintended use of property belonging to patients/families by CHC employees while performing duties as a representative of CHC.

*Revised 11/00; Reviewed 05/20*

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## **CONSULTATIONS / PRESENTATIONS TO OUTSIDE ORGANIZATIONS**

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CHC staff is often asked to make presentations by organizations. The Director of Marketing and Access or designee must be notified of all requests and a presentation form should be completed.

### Presentations

CHC will not charge for such presentations, nor is staff to be compensated by the sponsoring organization. If the sponsoring organization desires to compensate, CHC is to be the recipient of such funds.

### Consultations

Hourly rates may be charged for staff consultations. This may include travel, lodging and food reimbursement. CHC is the recipient of these funds. All qualifying staff expenses for travel, lodging and food will be directly reimbursed by CHC.

Under no circumstances shall any employee of CHC share, release, mail, or answer questions verbally or in writing regarding the policies, procedures, or protocols of CHC to another organization without the prior permission of a member of the administrative team.

When in doubt concerning whether to involve yourself or CHC in such projects, consult your administrator. Any contact regarding information made by any organization outside of CHC should be reported to the President/CEO or designee.

*Revised 03/16; Reviewed 05/20*

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## **COMPUTER**

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Our proprietary software contains extensive patient information and must be treated with the same degree of respect and confidentiality as any other patient information, and other agency related confidential information, i.e., finances, fundraising, etc. The users need to be aware of the following and agree to confidentiality requirements of CHC.

1. Only the authorized users are expected to enter or view information on any patient. All CHC confidential data will reside only on CHC owned computers. This includes all information.
2. No individual other than the authorized users shall have knowledge of access and passwords to the CHC computer systems.
3. The authorized users will not allow the equipment provided by CHC to be used for any other purpose than CHC authorized software applications.
4. No applications other than those authorized by CHC shall be loaded onto the equipment. This includes, but is not limited to, accessing bulletin boards, Internet services, games, etc. If such use of CHC computers is discovered by CHC, it may result in immediate dismissal of the employee.
5. No individual, other than the President/CEO, Vice-President/CFO, or Information Technology personnel will be allowed to disassemble or modify the setups of the equipment.
6. Violation of any of the above may lead to immediate termination of employment. CHC may seek further legal assistance and may pursue other legal options against the parties involved.
7. Use of computer equipment, software, and Internet access are intended for the purpose of conducting CHC business. Use of the Internet and email will be monitored by CHC.

Upon termination of service with CHC, employees may not retain any computer related programs, files, or materials for personal possession. All computer-related materials are the property of CHC.

All software, and all copyright, patent and trade secrets and other intellectual proprietary rights are the valuable property of their individual owners. The trade secret information used to develop these products, and future products, are not generally known to the public or available elsewhere in the same or similar form. This includes the software design, functionality, screen layouts, reports, etc. CHC agrees to hold this information of the software confidential and requires its employees to act in accordance to the following guidelines:

1. Licensed Software products will be used only by CHC employees.
2. All employees and subcontractors of CHC agree to the terms of conditions of the appropriate vendor license agreement.
3. In the event any information is shared with someone other than an agent of CHC, CHC will contact the appropriate vendor and disclose the potential risk of exposure.
4. If any other individuals or entities desire to view or use the software product, you shall provide the name/organization to the Director of Finance, who will contact the appropriate vendor.

### **Care of Physical Equipment**

The equipment purchased by CHC is expensive to purchase and maintain. An appropriate care and maintenance schedule is required to maximize the longevity of our investment.

1. The equipment will be fully inventoried and product numbers registered by the IT Director.
2. All equipment files will note the individual and checkout date of each item.



3. The equipment files will have a listing of software authorized for use on each computer.
4. A maintenance routine will be established on each item.
5. Individuals will be instructed on the care and safety of all equipment. The following rules apply to all CHC employees who use the computer software and hardware:
  - Always keep equipment out of the hot sun.
  - Allow equipment to reach normal temperature before using.
  - Always lock equipment up when left unattended.
  - Do not place the equipment near sinks, bathtubs, toilets, etc.
  - Clean and dry hands before touching the keyboard.
  - Do not eat or drink over the equipment.
  - Never set the laptop computer on an uneven surface (i.e., your car); use the shoulder strap at all times when transporting the laptop; place the laptop on the floor of your car when driving, not on the seat; place the laptop in the trunk when leaving it unattended in your car; do not leave laptop in your car overnight or for extended periods of time. Do not expose to temperature extremes.
  - Report all software/hardware problems to the applicable member of the computer committee the next business day if problems occur outside of business hours.

The Loss/Theft/Damage to Property policy should be periodically reviewed by all staff.

### **E-Mail**

E-mail transmissions are considered CHC property, therefore, employees should have no expectation of privacy. CHC reserves the right to monitor all e-mail messages, and may override any individual password(s) in order to ensure compliance with CHC policies. CHC e-mail is intended for the transaction of CHC business. Soliciting or advertising matters unrelated to CHC business (including, but not limited to personal business ventures, social gatherings, political, religious, or

charitable causes) is prohibited without the expressed permission of an administrator.

Misuse of e-mail can result in disciplinary action, up to and including termination. Examples of misuse include, but are not limited to:

- Transmission of profane, obscene, or offensive material
- Sending messages, jokes, etc., that violate CHC's harassment policies or otherwise create a hostile work environment
- Forwarding of confidential information to unauthorized parties
- Non-secured PHI.
- Expressing of political and/or other personal views in CHC's name

The sending or receiving of proprietary information, trade secrets, or any other confidential information via e-mail (or any other means) is prohibited.

E-mails should be treated as formal documents. E-mails should be written with the awareness that they are a permanent record. "Deleted" messages may still exist electronically; therefore, all e-mails must be treated as if they could be read in the future by a third party.

### **HIPAA Security**

Individuals will be instructed on the HIPAA Electronic Security Rule regarding Electronic Protected Health Information (ephi). Failure to

comply with the HIPAA policies may result in the application of the progressive discipline policy.

If a HIPAA security violation is suspected, the Information Systems Coordinator and the applicable Administrator will conduct an investigation to determine the nature and severity of the violation.

The applicable Administrator will initiate the progressive disciplinary process (if applicable) based upon the type and severity of the violation.

*Revised 05/18; Reviewed 05/20*

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## SOCIAL MEDIA

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The purpose of this policy is to define appropriate usage of online social networking tools for Center for Hospice employees authorized to post on behalf of CHC.

CHC employees who use online social networking tools (e.g., Facebook, Twitter, LinkedIn, blogs, podcasts) personally or professionally must not share confidential information on social networking websites and must comply with all CHC privacy policies.

CHC will use social media as a means to communicate relevant information to the public and will have authorized personnel managing CHC's social media accounts. The Marketing and Access Department will notify personnel who are authorized to update CHC social media accounts. A file of authorized personnel will be maintained in Human Resources.

### PROCEDURE FOR EMPLOYEES:

1. Employees' Internet postings should not disclose any information that is confidential or proprietary such as financial information, volume information such as the daily census, etc.
2. Employees must maintain patient privacy on social networking websites and adhere to all CHC HIPAA policies.
3. Employees are not permitted to use online social networking websites on work time unless they are authorized personnel.
4. Employees should write in first person and make it clear that they are speaking for themselves and not on behalf of CHC.
5. When employees comment on anything related to CHC, they should clearly identify themselves and their roles.

6. Employees with a blog should include a disclaimer stating that the views are their own and not those of CHC. Employees may use this example: The views expressed on this [blog; website] are my own and do not reflect the views of my employer.
7. When employees find a comment they make on a social networking website pertaining to CHC to be incorrect, they should acknowledge and correct it in a timely fashion.
8. Employees are advised to use common sense (e.g., be respectful, use appropriate language, etc.) with online social networking. Employees should be aware that the public can view their social networking websites and it is important to adhere to all of CHC privacy policies when posting on these websites.
9. Any violators of this policy will be subject to disciplinary action according to CHC policy.

### PROCEDURE FOR AUTHORIZED PERSONNEL:

1. Only authorized personnel may post on behalf of CHC.
2. Internet postings by authorized personnel should not disclose any information that is confidential or proprietary, such as financial information, volume information such as the daily census, etc.
3. Authorized personnel must maintain patient privacy on social networking sites and adhere to all CHC HIPAA policies.
4. Authorized personnel may use online social networking websites on work time as long as it pertains to CHC.
5. Authorized personnel should not post personal information on any of CHC's social networking websites.
6. When authorized personnel find a comment they make on any of CHC's social networking websites to be incorrect, they should

acknowledge and correct it in a timely fashion.

7. Any violations of this policy will be subject to disciplinary action according to CHC policy.

**Social media** are Internet based tools used for sharing and discussing information.

**Online social networking** is the act of using Internet based tools to share and discuss information.

**Common social media websites:**

- Blogs
- Facebook
- LinkedIn
- Twitter
- YouTube

**Social Media Questions and Answers**

**Q: How do I protect my privacy on Social Media?**

**A:** Most social networking websites offer a variety of privacy settings so you can control who sees the information on your account. You can personalize your settings by going to the setting control on your social networking website and adjusting your settings to your personal comfort level.

**Q: How do I determine how to set my privacy settings?**

**A:** Some people may be comfortable having all of their information available for the entire online world to see, while others may only be comfortable sharing information with close family and friends. It is up to you to decide how private you would like to be when using these websites. Please make sure to check your privacy settings on your social networking websites to make sure they are set in a manner in which you feel is appropriate for your personal level of comfort.

*Please note:* No matter how you set your privacy settings, it is always inappropriate to share confidential or proprietary information on social networking websites and you must always abide by Center for Hospice Care Social Media Engagement Policy.

**Q: What do I do if a patient or patient's family member contacts me on Facebook?**

**A:** You should redirect anyone that contacts you through a social networking site regarding professional issues to Center for Hospice Care.

**Q: Is it okay to share an important lesson that I learned from a patient on my blog?**

**A:** You may share lessons you have learned on your blog as long as they do not violate HIPAA. You should never mention a patient by name, share detailed information about a case, or share pictures or videos of patients.

**Q: Is it possible for others to break into my social media accounts? Am I at risk?**

**A:** Yes, *phishing* is when someone posing as a trustworthy source steals sensitive information such as user names, passwords, and credit card information. Anyone who has a social networking website is at risk of being phished. To avoid getting phished you should not reply to e-mails requesting personal or financial information, be cautious when clicking on links or downloading files from e-mails, and use anti-virus software.

**Q: Who do I contact if I have questions about social media?**

**A:** Although many social media websites are for personal use, the information on them can often overlap into your professional life. Contact the Director of Marketing and Access if you find yourself in an uncomfortable situation related to your job on a social networking website.

**Additional Resources:**

[www.facebook.com/safety](http://www.facebook.com/safety)  
[http://www.myspace.com/index.cfm?fuseaction=cms.viewpage&placement=safety\\_pagehome](http://www.myspace.com/index.cfm?fuseaction=cms.viewpage&placement=safety_pagehome)  
<http://help.twitter.com/forums/26257/entries>  
[www.youtube.com/t/community\\_guidelines](http://www.youtube.com/t/community_guidelines)  
[www.onguardonline.gov](http://www.onguardonline.gov)  
<http://www.ftc.gov/bep/edu/pubs/consumer/alerts/alt127.shtm>

*Revised 03/16; Reviewed 05/20*

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**MEDIA**

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Refer all media inquiries to the Director of Marketing and Access or in his/her absence, the President/CEO.

Under no circumstances are employees of CHC permitted to represent themselves as employees of CHC or represent the operations of CHC by talking, discussing, writing to, granting interviews with, requesting publicity on behalf of CHC, or in any way communicating with reporters or staff members of newspapers, magazines, radio and television stations, and other media outlets without prior approval of the President/CEO of CHC.

There are no exceptions to this policy.

Employees of CHC who do not abide by this policy may face immediate termination.

*Revised 05/12; Reviewed 05/20*

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**PRIVACY**

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Employees of CHC should not have any expectation of privacy when it comes to the workplace. This includes, but is not limited to, use of computers, Internet, e-mail, voice mail, telephones, workspace, and property brought into the workplace or onto company grounds.

*Effective 10/01; Reviewed 05/20*

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**PRIVATE EMPLOYMENT OF CHC STAFF**

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All staff employed directly by CHC providing services on behalf of CHC for any active patient on agency census at any time, may not be employed privately by those patients or their families/caregivers, or by third-party or other business entities providing the same or similar private pay services.

This policy remains in effect for as long as the staff is considered an employee with CHC, or within thirty (30) days following the death/discharge of the patient from the active census of CHC.

Failure to comply with this policy may cause the immediate termination of the employee. The application of this policy shall not adversely alter the level of care of any CHC patient.

*Revised 02/14; Reviewed 5/20*

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**REDUCTION IN FORCE**

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Economic or business circumstances may dictate a permanent reduction in the size of our workforce. When an actual termination of employment is necessary, a reduction-in-force may be implemented. Under these circumstances, there is no opportunity for recall. There are no promises of advance notice with regard to a reduction-in-force.

The President/CEO shall decide when a reduction-in-force is necessary. They shall also determine and identify those offices, departments, teams, and/or job classifications where workload will not support current staff and the number of employees who will be affected. The following procedures apply:

1. Part-time employees will be considered for reduction first, regardless of years of service. Factors in determining which part-time employees are affected will include ability and skills and the adequacy of individual performance records.
2. Half-time employees will be considered for reduction next, regardless of years of service. Factors in determining which half-time employees are affected will include ability and skills and the adequacy of individual performance records.
3. Full-time employees will be considered for reduction next, with length of continuous service as a full-time employee an important factor in determining which employees will be affected. Of equal importance in making this determination will be the ability and skills of the employees affected, as well as the adequacy of their performance record.
4. Management and supervisory position employees will be considered next and these reductions shall be heavily influenced by the number of reductions within a given manager or supervisor's office, department, team, and/or job classification. A determination will be made regarding whether the manager or supervisory position within the company is still relevant. Which managers and supervisors are included in a reduction shall be determined both to an equal extent by factors of ability and skills, along with the adequacy of the performance record.

When economic or business conditions change sufficiently to allow the company to hire additional staff, no promises are made or inferred within this policy to indicate that employees previously affected by a reduction-in-force will receive preferential treatment.

Unemployment compensation information will be provided to a requesting employee through the assistance of the Indiana Department of Employment and Training Services and Health Plan Benefits, where applicable, and will be available in accordance with the law.

If an employee affected by a Reduction-In-Force is recalled for the same position within one year, all benefits and/or benefit days available to that employee at the time of their termination will again be made available; with the exception of paid Vacation Days. Vacation will begin accruing (at previous level) from date of recall.

If an employee affected by a Reduction-In-Force is later rehired for a position other than the one they held prior to the Reduction-In-Force, or a year or more following a Reduction-In-Force, they will begin as a new employee in every respect and policy.

*Revised 11/00; Reviewed 05/20*

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### **WE BELIEVE PROGRAM**

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~~The We Believe (WB) Program is an employee driven and maintained fund to benefit the needs of current Agency patients when no other source of reimbursement or acquisition is available. The committee will consist of Agency employees who donate to the WB Program. The WB Committee oversees the operation of the funds and makes decisions regarding the approval and disbursement of those funds.~~

- ~~1. Annually during Open Enrollment a presentation will be made on the purpose of the WB Program and to solicit employee donations to maintain the fund. Donations to the WB Program can be made by cash, check, or payroll deduction. Employees can only sign up to make donations to the WB Program during Open Enrollment.~~
- ~~2. Requests for funds must be for current Agency patients, directly benefit the patient, all other options for payment or acquisition have~~

~~been exhausted, and the employee submitting the request has researched the item or service for best possible pricing.~~

- ~~3. All requests for disbursement of WB funds must be submitted using the e-form on the staff website. The request goes to the committee to review. Any employee can submit a WB request. A majority vote of the committee is needed for approval with a goal to respond with 24 hours.~~
- ~~4. Once a majority vote is obtained, the employee making the request will be contacted by a designated member of the committee to relay the decision. If the request was approved, the employee and committee will determine the best way to obtain and pay for the item/service.~~
- ~~5. Reimbursement is by check only from the WB checking account. A designated member of the committee will have the authority to sign checks. The Executive Officer Manager and CFO will also have authority to sign checks as backup.~~
- ~~6. The requesting employee may pay for the item/service in advance with approval from the WB committee, and be reimbursed by the WB fund after submitting a receipt. A WB check can also be made out to the place of purchase for the exact amount. Checks will not be written to a patient or patient's family member. Payment can also be made from invoices such as Meals On Wheels, Guardian, etc. Depending upon the situation, any pre-approved request for an item or service that the patient has been informed was approved and scheduled to be done will still be fulfilled even if the patient has died.~~
- ~~7. A We Believe Amazon account has also been established to expedite the purchase and delivery of items. Such items can be shipped directly to the patient. Contact the WB Committee for the Amazon Account information.~~
- ~~8. Generally requests will only be processed during regular business hours, M-F, 8-5. Some committee members have agreed to be~~

~~contacted after business hours on their personal phones for urgent requests requiring a quick response.~~

- ~~9. If the WB fund is paying for a rental service such as Meals On Wheels, Guardian, or DME from Aliicks, the social worker must follow up monthly with the patient to determine whether the service is still needed. The committee must be notified immediately when a patient dies or is discharged so the service can be discontinued.~~
- ~~10. Employees will be kept informed of WB activities in the Weekly Announcements at least quarterly.~~
- ~~11. Interesting WB stories can be shared with the Director of Marketing & Access with the permission of the patient/family to be used in Choices or on the Agency's social media. A CHC Promotion Agreement and Publicity Release form will need to be signed by the patient or patient representative if a story is selected for publication.~~

#### **~~Committee Members~~**

~~Committee members must be active employee donors to the WB program. Any employee donor to the WB program can request to be a member of the committee by contacting any existing committee member. The existing committee members will vote on the request every December. The committee shall consist of no fewer than five (5) and no more than seven (7) members to ensure a majority vote and a quick response to WB requests within 24 hours. If the committee is full, the employee's name may be put on a waiting list for the next vacancy.~~

~~Members will serve for two consecutive years from January to December with the option to renew for an additional two consecutive years. Members will serve for no more than two consecutive terms. If a committee member leaves Agency employment during their term, an attempt will be made to replace the member with an employee from the same discipline, department or office. No more than one representative from a particular department, discipline, or office will serve on the committee at any time to ensure there is diversity on the committee.~~

~~05/18~~

# SAFETY PROCEDURES

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## **WORKPLACE EMERGENCY PROCEDURES**

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### **Immediate Emergency Situation**

Call 911 and report as many details as possible to the emergency operator.

If the situation allows, stay on the phone and take direction from the emergency operator.

If personal safety is at risk, leave the area notifying as many others as possible. If leaving is not a possibility, hide and protect yourself.

Do not try to negotiate with an assailant armed with a weapon. Follow instructions given by the perpetrator.

### **Non-emergency Situation**

Separate the people involved in the potentially violent situation by verbal interaction or command—**DO NOT** engage them physically.

Notify an administrator about the situation immediately.

If the people involved do not separate and the situation escalates, call 911 and follow the steps previously described as immediate emergency situation.

Complete an *Incident Report* form within 24 hours.

*Reviewed 05/20*

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## PERSONAL SAFETY GUIDELINES FOR HOME CARE STAFF

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### Cars

- Lock your car doors at all times. Keep valuables out of sight.
- Keep car in good working order. Have enough gas to carry you through the day. Carry emergency supplies in your trunk.
- When walking to your car, carry keys between knuckles (to use as a weapon, if necessary). Have the door key ready so you can enter your car quickly.
- Before entering your car, check the back seat. When approaching your car, be sure to look under and around the car.
- Park as close to your destination as possible. Park in such a way that you can easily pull out after the visit and in the direction you will be traveling. Park in an area visible to others, in a well-lighted location, away from trees and shrubs.
- When stopping for traffic lights, allow sufficient room to quickly maneuver your car away, if necessary.
- If you suspect you are being followed while driving, drive to the nearest police, fire, or gas station.

### Walking

- Always be alert and aware.
- Avoid walking down alleys or taking short cuts across deserted lots or private property.
- Walk in the center of the sidewalk, away from buildings. Observe windows and doorways for loiterers.
- Never walk through a crowd. If a group of people is blocking the sidewalk, walk around them or cross the street.
- If a car is following you while you are walking, turn and walk in the opposite direction.

### Making the Home Visit

- Note presence of any safety precautions in the clinical record before visiting the patient.
- If in doubt about your safety at all, call the family prior to visiting and ask them to meet and escort you. The police may also be

contacted to escort you.

- Leave the patient's home if you feel unsafe (i.e., heated family argument in process). Inform the patient of return visit plans. Discuss your safety expectations before a return visit is made. Report the situation to your supervisor.
- Do not attempt to break up a domestic argument.
- If pets are in the home and are a nuisance, politely, but firmly, ask the family to put them in another room for all visits.
- If firearms are present and apparent in the home, ask the family to put them in another room for all visits.

*Revised 03/16; Reviewed 05/20*

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## DOG BITE PREVENTION

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### Why Might a Dog Bite?

- **Stress/Anxiety:** A dog can bite in any stressful situation...
  - **Fear:** People, places, objects and situations all can elicit a fear response. Anxiety in a human also can provoke fear in a dog.
  - **Protection:** Often, dogs are trying to protect something/someone when they bite. Dogs can be very protective of their home and family.
  - **Resource Guarding:** Highly valued personal items, such as food, bones and toys often are worth fighting for.
  - **Illness/injury:** Pain and discomfort can make dogs more irritable. Petting them in the wrong spot can elicit a reaction to pain.
  - **Restraint/Confinement:** Dogs in crates or on leashes often are more stressed, and therefore more prone to bite.
  - **Accidentally:** During play, excitement or interaction with another dog.



**Signs That a Dog May Bite - A dog may exhibit one or more of the following:**

- Barking
- Lip curling
- Growling
- Rigid posture
- Staring
- Hair raised
- Ears flattened
- Dominance
- Not listening to owner
- Acts sick or injured
- Yawning
- Tail wagging (yes, in some cases)

**What to Do**

- **Assume that the dog is stressed**
- **Assess the situation**
  - Look for the warning signs
  - Check out the dog's environment
- **Always ask permission**
  - Offer the back of your hand and allow the dog to approach you
- **Take a deep breath, remain calm and carry mints in your pocket**
  - Popping an altoid or other such mint in your mouth will help to camouflage the scent of fear/anxiety

**How to Avoid Being Bitten**

- Never approach a strange dog, particularly one who meets the aforementioned criteria.
- Always assume that you are being perceived as a threat.
  - Do not make an overt motion toward the dog's owner/human with the dog nearby.
- Never assume that a dog won't bite.
- Avoid rapid movement and loud noises.

- Stand still and speak softly
- Do not smile

- Do not challenge a dog, or appear weak or subservient
  - Avoid direct eye contact
  - Do not reach over the dog's head
  - Do not stoop down to a dog's level
- Let sleeping dogs lie
  - Do not surprise a dog from behind or when eating or sleeping.
- Do not turn your back on a dog and walk or run away
- Shield yourself
  - Place a blanket, pillow, purse, briefcase, clipboard, jacket, etc., between you and the dog
- If you fall or are knocked down, curl into a ball with your face to the ground and hands over your ears to protect your head and neck. STAY STILL and call for help.

*Effective 05/12; Reviewed 05/20*

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**SEVERE WEATHER EVENTS**

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Severe weather events include any warnings, such as tornado, thunderstorm, or snow.

Weather alert monitors are located at the nurse's station in the Inpatient Unit. The monitors are left on at all times and will emit a warning tone followed by a National Weather Bureau announcement.

When a Tornado Warning is issued during regular business hours (8:00 a.m.-5:00 p.m., Monday through Friday), the receptionist will announce, "tornado warning" over the intercom system. After hours, Inpatient Unit staff will notify anyone left in the building.

Staff and visitors will take cover in designated interior spaces until “all clear” has been announced.

When the Tornado Warning expires, “all clear” will be announced.

Patients, visitors, and staff will be assessed for injuries and first aid will be initiated. If needed, emergency transportation will be arranged for area hospitals.

Structural damage will be assessed for safe occupancy. If needed, the Evacuation Procedure will be initiated. If no structural damage or injuries occurred, normal activities will be resumed.

### **INPATIENT UNIT**

If time permits, unplug beds and move all non-ambulatory patients in beds against an interior wall and protect them with blankets and pillows. Ambulatory patients and visitors should be directed to take cover in the designated interior spaces. After giving instructions and initiating movement of patients and visitors, Inpatient Unit staff will take cover in designated interior spaces.

### **OTHER AGENCY LOCATIONS**

When a Tornado Warning goes into effect, staff should seek cover in the designated safe area for their location.

### **FIELD STAFF**

If you are in a **patient’s residence** and a tornado threatens, go to the lowest level possible—preferably a basement. Once on the lowest level, go to the middle of the room away from windows, into a bathroom or hallway or room closet if possible. The safest place to be in is a basement. If this is not an option, seek shelter in an interior room on the lowest level. Putting as many walls as you can between you and the outside will provide additional protection. If possible, get under something sturdy to provide protection against falling objects. Protect

your head and neck from falling or flying objects, since these areas are more easily injured than other parts of the body.

If you are **in a car or in a mobile home**, seek shelter in a nearby sturdy building. If this is not possible, lie flat in a low-lying area where wind and debris will blow above you.

### **TORNADO DRILLS**

The above plan will be reviewed periodically and rehearsed with staff on each shift, with special emphasis placed on carrying out the procedures necessary to protect patients and others. Documentation will be kept in the maintenance department.

#### **Tornado Danger Signs**

- **Dark, often greenish sky.** Sometimes one or more clouds turns greenish (a phenomenon caused by hail) indicating a tornado may develop.
- **Wall Cloud.** This is an isolated lowering of the base of a thunderstorm. The wall cloud is particularly suspect if it is rotating.
- **Large Hail.** Tornadoes are spawned from powerful thunderstorms and the most powerful thunderstorms produce large hail. Tornadoes frequently emerge from near the hail-producing portion of the storm.
- **Cloud of Debris.** An approaching cloud of debris can mark the location of a tornado even if a funnel is not visible.
- **Funnel Cloud.** A visible rotating extension of the cloud base is a sign that a tornado may develop.
- **Roaring Noise.** The high winds of a tornado can cause a roar that is often compared with the sound of a freight train.
- **Tornadoes may occur near the trailing edge of a thunderstorm and be quite visible.** It is not uncommon to see clear, sunlit skies behind a tornado. They may also be embedded in rain and not visible at all.

*Revised 05/18; Reviewed 05/20*

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## SEVERE WEATHER STAFFING PROCEDURE

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1. The scheduled incoming employee is responsible for notifying the Inpatient Unit staff currently on duty of anticipated safe arrival time.
2. The Inpatient Unit staff currently on duty will proceed in providing staffing for patient care until scheduled staff or other relief staff arrives.
3. The St. Joseph County Emergency Management (235-9234) and Elkhart County Emergency Management (535-6590) will place the Inpatient Unit on a list for staff pick-up and take-home only if there is a severe blizzard or declared disaster. The response will depend on placement on the assistance list and available 4x4 vehicles. Marshall County – contact the city or county police department.

*Revised 05/18; Reviewed 03/20*

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## FIRE PLAN PROCEDURE

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### IN CASE OF FIRE:

- Rescue - any client or person in immediate danger.
- Alarm - page location of fire and pull nearest alarm.
- Confine - the spread of smoke and fire.
- Extinguish - the fire if possible.

### FIRE EXTINGUISHERS

Fire extinguishers are located throughout the buildings that are owned and/or leased by CHC. The locations of the devices can vary depending on the building and its usage. It is important for staff be aware of the device locations for the buildings where they frequent. Locations include but are not limited to: hallways, patient rooms, kitchens, and maintenance areas.

### To Operate Extinguishers

- Pull the pin
- Aim hose at base of flame
- Squeeze the trigger
- Sweep from side to side

### DISCOVERY OF FIRE IN THE INPATIENT UNIT

- Sound alert verbally to other staff, "Fire"
- Remove patients/visitors from IMMEDIATE danger. DO NOT move bed into the corridor.
- Pull fire alarm or instruct other staff member to do so
- Confine fire and smoke by closing doors and windows
- Attempt to extinguish fire. Stand in the doorway of the room where fire is located. Discharge extinguisher. Close the door to the room and set the extinguisher in front of the room door.
- Report to nurse's station.
- Non-Inpatient Unit staff should report to the designated area outside of the building (South Bend – west area of parking lot. Elkhart – staff parking lot.)

### DISCOVERY OF FIRE IN CHC OFFICE AREA

- Pull fire alarm
- Assist anyone injured to a safe area
- Close all doors and windows
- Attempt to extinguish fire
- Exit the building and report to the designated area

### DISCOVERY OF FIRE IN CHC SATELLITE OFFICE

- Verbally alert anyone in the office of fire and location
- Call 911 and provide necessary information
- Assist anyone injured to a safe area
- Close all doors and windows
- Attempt to extinguish the fire
- All personnel will exit the building by the closest safe exit door and go to the designated safe area to await instructions

NOTE: “All Clear” will be announced when conditions are safe or fire drill is concluded. Quarterly fire drills will be conducted on different shifts in the Inpatient Unit with documentation maintained by the Maintenance Coordinator.

*Revised 05/18; Reviewed 05/20*

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### **SPRINKLER AND FIRE ALARM FAILURES**

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Appropriate agencies and persons will be notified when either the sprinkler or fire alarm systems become non-operational for a period of more than four consecutive hours. Also, a Fire Watch shall be implemented in the Inpatient Unit.

Maintenance, or whomever does the notifications, shall document the time, date, and name of persons they notified.

For the duration of time beyond four consecutive hours that either the sprinkler or fire alarm systems are non-operational, Inpatient Unit staff shall conduct a walkthrough of all areas in the Inpatient Unit **every 15 minutes** to observe for smoke or fire. Each time rounds are made, the time, date, and signature of the person performing the rounds shall be recorded on the Fire Watch log sheet.

*Revised 05/18; Reviewed 05/20*

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### **CARBON MONOXIDE DETECTOR**

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Maintenance personnel will perform a semi-annual inspection of the carbon monoxide detector.

1. Remove detector from electrical socket.
2. Replace battery in the back of the detector.
3. Depress the test button on the front of the detector for proper function.

4. Reinstall the unit in the wall socket and depress the test button again to test for proper function.

*Reviewed 05/20*

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### **INPATIENT UNIT EVACUATION PROCEDURE**

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When fire, smoke or an internal or external disaster requires facility evacuation, implement the following:

1. The evacuation will be accomplished according to the specific instructions issued by Fire Department personnel or designated staff member. During 8:00 a.m.-5:00 p.m., Monday-Friday, the designated staff member will be an Administrator or designee. After 5:00 p.m. and on weekends, it will be the Inpatient Unit R.N. until the arrival of the Fire Department or Administrator.
2. All available staff will help evacuate bed bound patients in accordance with transfer techniques learned during orientation and annual in-servicing. Evacuation of patients, staff, and families will be: South Bend – west parking lot area; Elkhart – staff parking lot. A head count of Inpatient Unit patients, families, and staff and will be done by the Inpatient Unit R.N. All other staff will be counted by an Administrator or designee.
3. Patient records will be removed next if safe conditions permit.
4. If needed, area ECF’s will be notified for possible admissions. Appropriate transportation will be arranged. Patients will be reassured and kept comfortable during the evacuation process.
5. Physicians and primary caregivers will be notified of patient transfer.
6. Refer to the emergency evacuation exit floor plans posted throughout the building.

*Revised 05/18; Reviewed 05/20*

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## AUTOMOBILE SAFETY

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All Indiana traffic laws are to be obeyed and you are asked to utilize defensive driving tactics at all times. Failure to do so may be cause for immediate termination.

In case of an accident arising out of and in the scope of their employment with CHC, employees shall contact the police, make a police report, obtain necessary car insurance information from those involved, and provide that information to CHC. If injury prevents this at the scene, file an accident report with the police and provide CHC with a copy. This is for information we will have to provide for the CHC liability policy and for Worker's Compensation.

CHC employees are required to have a valid driver's license, and proof of automobile insurance equal to or greater than what is mandated by the state of Indiana, if using an automobile while transacting CHC business.

Failure to comply with these safety policies can result in disciplinary action/dismissal of an employee.

CHC is not responsible for acts of vandalism or theft.

### AUTO SAFETY TIPS

*Following are suggestions from the Department of Transportation on how to handle emergency driving situations:*

#### **What to do if your brakes fail**

- Work your vehicle into the right lane and then toward the shoulder or, if possible, toward an exit.
- When you reach the right lane, turn on your emergency hazard lights.
- Let the car slow down gradually by taking your foot off the gas pedal. Just steer as your vehicle slows and shift the car into a lower gear to let the engine help slow the car.
- Once off the traveled roadway, shift into neutral and gradually apply the hand brake until the vehicle stops. If that brake also fails, direct

the car onto a soft shoulder or rub the wheel against a curb to slow the car down.

- When the car is stopped, leave the emergency flashers going and seek assistance. Do not be tempted to drive the vehicle, no matter how slowly, without brakes. Have the vehicle towed.

#### **What to do if you have a blowout on a high-speed highway**

- Do not slam on the brakes—let the car slow down gradually by taking your foot off the gas pedal.
- Work your vehicle toward the shoulder or if possible, toward an exit.
- Steer as your vehicle slows down. It is better to roll the car off the roadway (when you have slowed to 30 miles per hour) and into a safe place than it is to stop in traffic and risk a collision. Put your emergency hazard lights on.
- It is important to have the car well off the pavement and away from traffic before stopping, even if proceeding to a place of safety means rolling along slowly with the bad tire flapping. You can drive on a flat if you take it easy and avoid sudden moves. Don't worry about damaging the tire. It is probably ruined anyway.
- If you are not able to change the tire yourself, raise your hood and tie something to the antenna, if possible, so police officers will know you need help.

#### **Winter Driving Tips**

Following is a suggested list of items to keep in your car during winter driving:

- Flashlights with extra batteries
- First aid kit with pocket knife, scissors
- Necessary medications
- Several blankets or a sleeping bag
- Plastic bags (for sanitation)
- Matches in waterproof container
- Extra set of mittens, socks, cap
- Sack of sand for generating traction under wheels
- Shovel, small tools, booster cables, windshield scraper
- Flares or reflective triangle
- Dried fruit, nuts, high-energy bars, hard candy, bottled water

**If trapped in a car during a blizzard:**

**Stay in the car.** Do not leave the car to search for assistance unless help is visible within 100 yards. You may become disoriented and lost in blowing and drifting snow.

**Display a trouble sign.** Hang a brightly colored cloth on the radio antenna and raise the hood.

**Occasionally run engine** to keep warm. Turn on the car's engine for about 10 minutes each hour. Run the heater when the car is running. Also, turn on the car's dome light when the car is running.

**Beware of carbon monoxide poisoning.** Keep the exhaust pipe clear of snow, and open a downwind window slightly for ventilation.

**Watch for signs** of frostbite and hypothermia. Do minor exercises to keep up circulation. Clap hands and move arms and legs occasionally. Try not to stay in one position for too long. If more than one person is in the car, take turns sleeping. For warmth, huddle together. Use newspapers, maps, and even the removable car mats for added insulation.

**Avoid overexertion.** Cold weather puts an added strain on the heart. Unaccustomed exercise such as shoveling snow or pushing a car can bring on a heart attack or make other medical conditions worse. Be aware of symptoms of dehydration.

**Frostbite and Hypothermia:** Frostbite is a severe reaction to cold exposure that can permanently damage its victims. A loss of feeling and a white or pale appearance in fingers, toes, or nose and ear lobes are symptoms of frostbite. Hypothermia is a condition brought on when the body temperature drops to less than 90 degrees Fahrenheit. Symptoms of hypothermia include uncontrollable shivering, slow speech, memory lapses, frequent stumbling, drowsiness, and exhaustion.

If frostbite or hypothermia is suspected, begin warming the person slowly and seek immediate medical assistance. Warm the person's trunk first. Use your own body heat to help. Arms and legs should be warmed last because stimulation of the limbs can drive blood toward the heart and lead to heart failure. Put person in dry clothing and wrap their entire body in a blanket.

Never give a frostbite or hypothermia victim something with caffeine in it (like coffee or tea) or alcohol. Caffeine, a stimulant, can cause the heart to beat faster and hasten the effects the cold has on the body. Alcohol, a depressant, can slow the heart and also hasten the ill effects of cold body temperatures.

*Reviewed 05/20*