Employee Handbook
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PREFACE

All information, i.e. Objectives, Philosophy, Goals, Policies and Procedures, outlined herein represent that which is believed to be the proper method of maintaining the Employer-Employee Relationship.

It is the intention of the DCH Health System that this manual be used to maintain this relationship realizing that there are and will be circumstances which will present themselves which may/will require interpretations different from normal intent.

The information contained herein is subject to modification, change, addition or deletion as circumstances warrant. This Manual is not a contract of employment or any other contract nor does it grant property rights to any employee nor does it guarantee that policies or procedures outlined herein will be followed in every instance and is not to be construed as doing so. DCH must demonstrate flexibility in the administration of policies and procedures and reserves the right to change or revise policies and procedures without notice when such action is deemed necessary by DCH.

DCH Health System Board
This Handbook is effective October 1, 2011. Future additions or amendments will be dated individually.

INTRODUCTION

Welcome to DCH Health System, which includes DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center.

Over the years, the DCH family has gained a wide reputation for providing excellent service to our patients and to the community. This reputation has been earned through the enthusiasm, understanding and cooperative effort of each member of the DCH team. Regardless of your job or your department, each of you is a member of a team that shares one goal: To be the best health system in the nation for patients to receive care, employees and volunteers to work and physicians to practice medicine. This quality and commitment can be found in everything we do and are highlighted in our Mission Statement on the following page.

As with most endeavors, communication is an important part of the recipe for success. That is why DCH has prepared this Handbook to give each employee a better understanding of our Human Resource policies and procedures.

DCH also promotes communication between employees and management through the Speak Openly System, or SOS. This system gives each employee the opportunity to take questions or problems to management. (See Section 6 of this Handbook for a complete description.)

Again, we are happy to have you with us and hope that you will enjoy being a member of the DCH Health System family.

Bryan Kindred, President/CEO DCH Health System
Mission
DCH Health System provides high quality, community-based health care services to West Alabama through our employees, physicians, and volunteers. We are committed to providing compassionate, cost-effective services to meet the needs of our patients, improve the health of the communities we serve and maintain our financial viability.

Vision
DCH Health System will be the best health system in the nation for patients to receive care, employees and volunteers to work, and physicians to practice medicine.

Values - Basic Beliefs
- Customer needs are critical.
- Anything can be improved.
- Quality is everyone's job.
- The person doing the job knows it best.
- People deserve respect.
- Teamwork works.
- There is value in differences.
- Involvement builds commitment. Support builds success.
- You make the difference.

Five Keys to Excellence
- Patients
- Employee/Volunteers
- Physicians
- Clinical Excellence
- Operational Excellence
A History of DCH

Under local ownership and leadership for more almost 90 years, DCH Health System has continually evolved to offer advanced caring to West Alabama. As the community grew and as medicine developed new procedures, a small hospital expanded its services to become a regional medical center. Today, the DCH Health System operates DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center. In 2002, DCH Health System entered a management agreement with Pickens County Medical Center.

DCH Regional Medical Center, the cornerstone of the DCH Health System, opened in 1923 as a nonprofit organization called the Druid City Hospital Corporation. Although the hospital grew from 50 to 75 beds, the community outgrew the hospital, and in 1946, the Druid City Hospital Corporation was dissolved and the City and County of Tuscaloosa became the owners of the hospital. It was hoped that the city and county governments could find the resources to maintain a hospital that could keep pace with the growing community.

In 1947, DCH moved to a temporary site in a converted Army Hospital where University Mall is now located while construction began on the present hospital building. When the hospital opened in December, 1952, the building had a capacity of 240 beds and was the most modern hospital in the South in both construction and equipment. The hospital continued to grow in size and scope over the years, eventually reaching its present capacity of 658 beds. The small community hospital had grown into a major regional referral center and the state’s third largest hospital.

In 1982 the DCH Board of Directors, recognizing the need to evolve to better serve West Alabama’s health care needs, was restructured as the DCH Healthcare Authority. The DCH Healthcare Authority, which does business as the DCH Health System, is a community-owned system of facilities and services. In 1985 the name of Druid City Hospital Regional Medical Center was changed to DCH Regional Medical Center to reflect the institution’s new role as the centerpiece of this new health-care system.

The Regional Medical Center has the size, the staff and the scope of services physicians need to serve patients from throughout the region who require acute and specialized care. The Regional Medical Center operates specialty units for pediatrics, orthopaedics, cancer and cardiology, as well as the region’s most advanced trauma center and intensive care units. Physicians representing every medical specialty and most subspecialties use many of the latest surgical techniques that require less recovery time, including microsurgery, laser surgery and laparoscopic surgery.

From the introduction of open-heart surgery in West Alabama in 1978 to today’s development of procedures that can dissolve blood clots without surgery, physicians at DCH Regional Medical Center offer patients many of the latest advances in cardiovascular care.

At the DCH Cancer Center, physician specialists in hematology, medical oncology and radiation oncology lead a team of nurses and technicians who provide advanced treatment and emotional support. In 2011, the DCH Cancer Center formed a regional affiliation with MD Anderson Physicians Network®, which is a supporting organization of The University of Texas MD Anderson Cancer Center in Houston. MD Anderson has ranked No. 1 or No. 2 in cancer.

The Phelps Outpatient Center offers the region’s most comprehensive range of services in a private and personalized setting designed for patient convenience. Other services available at DCH Regional Medical Center include DCH Home Health Agency, Bloodless Medicine and Surgery program and SpineCare, one of the most comprehensive facilities for back pain in the Southeast.

Northport Medical Center has served the community since 1976, and became a part of the DCH Health System in 1992. Northport Medical Center offers the full range of inpatient and outpatient services found at a community hospital, plus some special centers of excellence, including the DCH Rehabilitation Pavilion and North Harbor Pavilion. The Rehabilitation Pavilion uses the latest advances in rehabilitative care to help patients with spinal cord injuries, head injuries, strokes or other neurological or orthopaedic disorders return to independence. North Harbor offers a inpatient and outpatient psychiatric services for adult and geriatric patients.

DCH Health System is proud to offer West Alabama two excellent facilities that offer both family-oriented childbirth and intensive care for critically ill newborns -- the Women’s Center at DCH Regional Medical Center and the Women’s Pavilion at Northport Medical Center.

Both facilities offer an environment that encourages comfort, family unity and privacy. Mothers may choose to keep their baby in their room, and mothers and families at both hospitals have the comfort of knowing that a Neonatal Intensive Care Unit staffed by experienced physicians and nurses is just steps away if needed. The Women’s Pavilion and the Women’s Center are committed to education. Both offer a range of classes to prepare families for the birth of their child.

Fayette Medical Center, through a lease agreement with DCH Health System, offers the residents of Fayette County sophisticated diagnostic equipment, surgical techniques and specialty clinics. A 122-bed nursing home on site is fully accredited and licensed for intermediate and skilled nursing care.

Pickens County Medical Center is a 56-bed county owned hospital located in Carrollton. The facility provides inpatient and outpatient services, including surgical services, an intensive care unit, therapy services and imaging services. The Pickens County Hospital Association, a public board, owns the hospital. With more than 300 employees, Pickens County Medical Center is one of the largest employers in the county.

Almost 90 years ago, the people of West Alabama made a commitment to care for its health care needs with a hospital owned by the people. The DCH Health System is proud to continue that tradition of community-owned, advanced caring.
SECTION 1
General Employment Information

1.1 CONDITIONS OF EMPLOYMENT
Employment with DCH is “at-will”. As such, your employment with DCH is voluntarily entered into and you are free to resign your employment at any time with or without cause. Similarly, DCH will not guarantee or promise employment on any fixed term, specific duration, or permanent or lifetime basis. Rather, all employment is for an indefinite duration on an at-will basis, and DCH may terminate employment for any reason at any time with or without prior notice. Neither this Employee Handbook, nor any of the benefits, policies and procedures described herein or set forth elsewhere, can change the at-will nature of your employment with DCH. Further, no representative of DCH, other than the President and CEO, has the authority to enter into an agreement of employment for any specified period of time or to make an agreement contrary to the foregoing. Any such agreement must be in writing and signed by the President and CEO.

1.2 EQUAL OPPORTUNITY POLICY STATEMENT
DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law. Additionally, it will continue to be DCH’s policy to provide promotion and advancement opportunities in a non-discriminatory fashion. Therefore, all matters related to recruiting, hiring, placement, training, compensation, benefits, promotions, transfers, layoffs, leaves of absence, DCH sponsored educational, social and recreational programs, and all treatment on the job shall be free of discriminatory practices.

It will continue to be the policy of DCH that its employees and their work environment shall be free from all forms of unlawful harassment, including sexual, racial, religious, age-related, genetic or any other type of harassment or intimidation. Verbal or physical conduct of a sexual nature by anyone is strictly prohibited. Please see DCH’s position on harassment.

In the event you have an Equal Employment Opportunity (EEO) related question, problem or complaint, first discuss it with your immediate supervisor. If you are uncomfortable discussing the matter with your supervisor, or if the situation involves your immediate supervisor, you may contact the Human Resources Department, your facility Administrator, any senior member of Administration, or the Employee Liaison (EAP).

1.3 DCH’S POSITION ON HARASSMENT
DCH is committed to maintaining a work environment that is free from unlawful discrimination and harassment where employees at all levels are able to devote their full attention and best efforts to the job. Unlawful harassment, either intentional or unintentional, has no place in the work environment. Accordingly, it is and shall continue to be the policy of DCH that its employees and their work environment shall be free from all forms of unlawful harassment and intimidation. DCH prohibits unlawful discriminatory practices and harassment on the basis of sex, age, race, color, national origin, religion, genetic information disability or any other factor protected by law, whether the harassment is caused by another employee, a supervisor, a manager or other person. Unlawful harassment can include, but is not limited to:

Verbal—repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, propositions, threats or suggestive or insulting comments or sounds;
Visual/Non-Verbal—derogatory or suggestive posters, cartoons, or drawings, suggestive objects or pictures, graphic commentaries, leering or obscene gestures;

Physical—unwanted physical contact including touching, interference with an individual’s normal work movement or assault; and

Other—making or threatening reprisals as a result of negative response to harassment.

Sexual harassment includes harassment of women by men, of men by women, and same-sex, gender-based harassment. Some examples of conduct that could be considered sexual harassment include:

unwanted sexual advances
offering employment benefits in exchange for sexual favors
making or threatening reprisals after a negative response to sexual advances
visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters;
verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee’s body or dress;
verbal sexual advances or propositions;
verbal abuse of a sexual nature, graphic verbal commentary about an individual’s body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations;
physical conduct: touching, assault, impeding or blocking movements;

The purpose of this policy is not to regulate our employees’ personal morality. It is to assure that in the workplace, each employee is able to accomplish his or her job without being subjected to unlawful harassment.

How to Report Instances of Harassment
DCH cannot resolve matters that are not brought to its attention. Therefore, everyone will be held accountable for accomplishing our goal of a harassment free workplace. Any employee who believes he or she is being subjected to unlawful harassment or discrimination by a co-worker, manager, supervisor, physician or other individual (whether employed by DCH or not), or believes that his or her employment is being adversely affected by such conduct, or observes such conduct by or toward a DCH employee, should report such incidents to such employee’s Department Director/Manager. If an employee is uncomfortable bringing a complaint to the attention of his or her Department Director/Manager or if the complaint or observation involves someone in the employee’s direct line of command, or if the employee is uncomfortable discussing the matter with his or her direct supervisor, the employee may report the conduct to the Human Resources Department, Employee Liaison or any senior member of Administration.

Additionally, any employee, supervisor, or manager who becomes aware of any possible unlawful harassment is directed to advise his or her superior, the Human Resources Department, or any senior member of Administration. All complaints will be forwarded to the Vice President of Human Resources.

How DCH Will Investigate Complaints
DCH will conduct a prompt and thorough investigation of the complaint or observation, through the Vice President of Human Resources, of all possible unlawful harassment or discrimination. The Vice President of Human Resources or his/her designee will meet with the complaining employee to discuss the results of the investigation and, where appropriate, review the proposed resolution.
of the matter. Because allegations of harassment or discrimination are serious matters for all concerned, discretion will be utilized in investigating and, where appropriate, remediating improper conduct. Information will be kept as confidential as possible and will be released only on a "need to know" basis. If you believe you have been treated unfairly because you raised a complaint of unlawful discrimination or harassment, you should immediately bring the matter to the attention of the Human Resources Department to discuss the situation.

In addition, DCH will not tolerate any retaliation against an employee for making a good faith harassment complaint or for cooperating in a harassment investigation. Violations of this policy will not be permitted and will result in discipline up to and including discharge.

**Our Commitment To An Effective Harassment Policy**

Finally, if you feel that DCH has not met its obligations under the policy, you should contact the President/CEO or Corporate Director of Compliance. An effective harassment policy depends on all of us, working together, to address this very important subject.

**1.4 POLICY OF REASONABLE ACCOMMODATION**

It is the policy of DCH to insure that all individuals are provided with equal employment opportunities without regard to disability. A qualified individual with a disability will be afforded the same opportunity to compete in the workplace based upon the same performance standards and requirements expected of persons who are not disabled.

When an individual with a disability needs accommodation to perform his or her job, DCH will consider under appropriate circumstances whether a reasonable accommodation exists that will enable the individual to perform the essential functions of the job. Determining whether a reasonable accommodation is appropriate is an individualized process; decisions will be made on a case-by-case basis, depending upon the individual involved and essential functions of the job in question. No specific form of accommodation is guaranteed.

The responsibility for seeking a reasonable accommodation begins with the employee or applicant. If you believe that a disability is preventing you from enjoying equal employment opportunities, it is your responsibility to inform your direct supervisor or a Human Resources Representative and to request a reasonable accommodation. Upon notification that a disability may exist, DCH will work with you to determine whether an accommodation is appropriate.

Determining whether an accommodation should be granted requires participation by the employee or applicant. The individual should confer with his/her supervisor and the Human Resources Department to discuss the individual's job-related limitations and how the individual could perform the essential job functions with or without a reasonable accommodation. DCH may request that the individual contact his/her health care provider to obtain clarification on the individual's limitations and what accommodations might be needed.

This is an interactive process that requires participation by DCH and the employee or applicant. DCH will consider the suggested accommodations and determine whether they are reasonable or whether they would pose an undue hardship. DCH cannot guarantee that it will provide the accommodation that is most desired by the employee, but instead will select and implement the accommodation, if any, that it believes is reasonable and that is most appropriate for DCH and the individual. DCH will do its part to ensure that individuals with disabilities have an equal opportunity to compete in the workplace with those who are not disabled.
1.5 AGE REQUIREMENTS

Candidates for employment must have reached their eighteenth birthday. This is the only limitation related to age and employment utilized by DCH.

1.6 EMPLOYMENT OF RELATIVES

DCH wants to ensure that System practices do not create situations that may result in conflicts of interest, favoritism, or perceived favoritism. Situations in which an employee has authority over a relative can lead to charges of favoritism, animosity among employees or complaints of unlawful employment discrimination. These decision-making influences include, but are not limited to: hiring, retaining, transferring, promoting, disciplining, and/or determining wages, schedules, leave requests, and performance evaluations.

DCH will not employ, promote, or transfer individuals into positions whereby a Close Relative would have direct or indirect decision making authority [or audit authority] over another employee. A Close Relative is defined as father, mother, spouse, brother, sister, child, father-in-law, mother-in-law, grandparents, grandchildren or legal guardian of the employee. At DCH’s discretion, brothers- and sisters-in-law and step relationships similar to those listed above also may be considered close relatives.

You will be responsible to notify HR and your Supervisor of a close relative who may be working in a department you are interested in applying for a transfer or a post-employment marriage. Additional information may be found in the policy located in Section 7.

1.7 INITIAL EMPLOYMENT PERIOD

The first six (6) months of employment is referred to as the Initial Employment Period. During the initial employment period, your performance, competencies, behavior and suitability to continue employment will be observed. A performance evaluation will normally be performed after you complete ninety (90) days of employment and again after one hundred fifty (150) days of employment. Before a performance evaluation can be scored, all competencies must be passed. During and after the Initial Employment Period, your status will remain as an at-will employee.

1.8 EMPLOYEE CLASSIFICATIONS

DCH maintains five classifications of employees:

Regular Full-Time Employee - An employee who is so classified by DCH and who is scheduled to work a minimum of forty (40) hours per week on a regularly scheduled basis. Regular full-time employees are eligible for the numerous benefits provided by DCH subject to the minimum eligibility requirements applicable to each benefit.

Regular Part-Time Employee - An employee who is so classified by DCH and who is scheduled to work a minimum of twenty (20) hours per week on a regularly scheduled basis. Regular part-time employees are eligible for the numerous benefits provided by DCH subject to the minimum eligibility requirements applicable to each benefit.
Flexistaff Employee – A Flexistaff employee is one who is available to work based on patient care and unit needs. A flexistaff employee is eligible to elect health insurance at 100% of the total monthly premium. (Available at RMC and NMC only).

Per Diem Employee - An employee who is so classified by DCH and who works as needed by DCH. Per Diem employees are not entitled to benefits.

Temporary Employee - An employee who is so classified by DCH and who works (full-time, part-time or as needed) at a job or on a project expected to be of short duration (generally not to exceed ninety (90) days). Temporary employees are not entitled to benefits.

All employees are classified as either exempt or nonexempt under the Fair Labor Standards Act. DCH Health System complies with the U.S. Department of Labor salary basis policy as follows:

The Fair Labor Standards Act (FLSA) is a federal law which requires that most employees in the United States be paid at least the federal minimum wage for all hours worked and overtime pay at time and one-half the regular rate of pay for all hours worked over 40 hours in a workweek. However, Section 13(a)(1) of the FLSA provides an exemption from both minimum wage and overtime pay for employees employed as bona fide executive, administrative, professional and outside sales employees. Section 13(a)(1) and Section 13(a)(17) also exempt certain computer employees. To qualify for exemption, employees generally must meet certain tests regarding their job duties and be paid on a salary basis at not less than $455 per week. Job titles do not determine exempt status. In order for an exemption to apply, an employee’s specific job duties and salary must meet all the requirements of the Department’s regulations.

Salary Basis Requirement
To qualify for exemption, employees generally must be paid at not less than $455 per week on a salary basis. These salary requirements do not apply to outside sales employees, teachers, and employees practicing law or medicine. Exempt computer employees may be paid at least $455 on a salary basis or on an hourly basis at a rate not less than $27.63 an hour. Being paid on a “salary basis” means an employee regularly receives a predetermined amount of compensation each pay period on a weekly, or less frequent, basis. The predetermined amount cannot be reduced because of variations in the quality or quantity of the employee’s work. Subject to exceptions listed below, an exempt employee must receive the full salary for any workweek in which the employee performs any work, regardless of the number of days or hours worked. Exempt employees do not need to be paid for any workweek in which they perform no work. If the employer makes deductions from an employee’s predetermined salary, i.e., because of the operating requirements of the business, that employee is not paid on a “salary basis.” If the employee is ready, willing and able to work, deductions may not be made for time when work is not available.

Circumstances in Which the Employer May Make Deductions from Pay
Deductions from pay are permissible when an exempt employee: is absent from work for one or more full days for personal reasons other than sickness or disability; for absences of one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness; to offset amounts employees receive as jury or witness fees, or for military pay; or for unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions (see Company Policy on penalties for workplace conduct rule infractions). Also, an employer is not required to pay the full salary in the initial or terminal week of employment; for penalties imposed in good faith for infractions of safety rules of major significance, or for weeks in which an exempt employee takes unpaid leave under the Family and Medical Leave Act. In these circumstances, either partial day or full day deductions may be made.
**Company Policy**
It is our policy to comply with the salary basis requirements of the FLSA. Therefore, we prohibit all company managers from making any improper deductions from the salaries of exempt employees. We want employees to be aware of this policy and that the company does not allow deductions that violate the FLSA.

**What To Do If An Improper Deduction Occurs**
If you believe that an improper deduction has been made to your salary, you should immediately report this information to your direct supervisor. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, you will be promptly reimbursed for any improper deduction made.

For more information:

http://www.dol.gov/whd/overtime/regulations_final.htm

**1.9 LICENSURE/CERTIFICATIONS AND REGISTRATIONS**
Employees who work in positions or areas that require licensure or registration must provide proof of licensure or registration before they begin performing their duties at DCH. Employees are responsible for keeping the license or registration current and for presenting the original, current license to your Department Director/Manager to be copied for your Human Resources file. Employees who fail to maintain current licensure or registration will not be allowed to work in that position until the license is made current. Failure to maintain required current licensure or registration may subject an employee to discipline up to and including termination.

**1.10 PERSONNEL RECORDS**
Personnel records for DCH employees contain important information about an individual employee’s employment. The file is kept in the Human Resources office and is the sole property of DCH. The information in the personnel record is considered personal and confidential. If you wish to see the personnel record related to your employment, you should notify your supervisor or contact Human Resources. Your supervisor or Human Resources will make the necessary arrangements for you to see your file.

**1.11 EMPLOYEE RECORDS AND CHANGES**
In order to keep personnel records accurate and up-to-date, immediate notice of any change in residence or telephone number should be given to your Supervisor, Department Director/Manager and the Human Resources Department. Other changes (such as changes in marital status or dependents) that affect insurance, beneficiaries, social security, federal and state withholding taxes or identification badges should be reported to the Human Resources Department within one week of the change.
1.12 IMMIGRATION REFORM ACT

DCH will not knowingly employ, recruit or refer any alien who is not authorized to work in the United States. Upon employment, you will be required to present verification of U.S. citizenship or lawful admittance to work in the United States as provided under the Immigration Reform and Control Act of 1986.
SECTION 2
Wage and Salary Information

2.1 WAGE AND SALARY

It is the policy of DCH to pay competitive wages compared to similar facilities in the area. All wages and salaries are determined within the ranges approved for the department and job classification. All increases depend upon your continued good job performance and DCH's overall economic situation. Wage adjustments must be approved by your supervisor and your Administrator.

2.2 PAYDAYS AND PAYCHECKS

Employees are paid on a biweekly basis. Paydays are on Fridays following the end of a pay period. Although no pay is held back, payroll processing takes about one (1) week. By participating in Direct Deposit, funds may be available at your financial institution earlier than the Friday payday which may vary by financial institution.

Direct Deposit is the electronic deposit of funds directly into a bank account or accounts as a form of payment. Direct deposit assures that an employee’s net pay is deposited in his or her financial institution on pay day even if they are sick, on PTO or on leave. Electronic deposit of funds can be made to most financial institutions in the United States.

All employees are required to participate in payroll direct deposit.

1. To arrange for direct deposit, you should complete and sign a Direct Deposit Authorization Form and attach a voided check(s) for the appropriate account(s). The required form is available in Human Resources, Payroll or may be printed through the DCH Intranet and DCH website. The form should be returned to Human Resources.

2. If you do not have an account with a financial institution, you will need to establish a non-member account through the DCH Credit Union (RMC and NMC) or the Alabama Credit Union (FMC) for the purpose of direct deposit. The non-member account is free and available to all DCH employees.

3. To be paid on time, you will need to go to the Credit Union before or on your employment start date and establish an account. The information about the new account should be forwarded to Human Resources or Payroll so that the funds can be directed to the account.

4. Employees whose funds are deposited as a non-member account at the DCH Credit Union or Alabama Credit Union will be able to withdraw all their funds on pay day in-person through the Credit Union with proper identification.

All special checks, correction checks, and PTO cashouts may be picked up at the Facility Payroll Department unless other arrangements are made.

Check stubs are available through the DCH Intranet or Internet. It is your responsibility to review your check stubs for accuracy of personal and payment information. You must notify the Payroll Department or Human Resources immediately if there has been an overpayment or underpayment of wages in accordance with the Overpayment/Underpayment Policy.
2.3 OVERPAYMENT OR UNDERPAYMENT DUE TO PAYROLL DATA ERRORS

DCH wants to ensure that all employees receive the correct amount of pay on their paychecks. There will be an ongoing effort to verify that correct data are used in the computation of each employee's pay.

If DCH discovers an error in your pay that has resulted in either overpayment or underpayment, you will be notified of the error, and appropriate corrective action will be taken. If you discover an error in your paycheck that has resulted in either overpayment or underpayment, you are expected to immediately notify the Payroll Department of the error so that corrective action can be taken. If you are due additional pay, DCH will provide the proper additional compensation. In turn, if the error has resulted in overpayment to you, DCH will require complete reimbursement. The method of reimbursement will be lump sum, unless written approval of another method of reimbursement is obtained from the Director of Finance or the Vice President/CFO.

2.4 PAYROLL DEDUCTIONS

Only deductions required by law or authorized in writing by you will be withheld from pay. Normal deductions required by law include federal income tax, state income tax and your portion of the Social Security payment. You may also authorize deductions for certain DCH-authorized purposes, such as credit union payments, hospital bills (arranged through the Business Office), employee fund contributions, benefit plans (medical insurance, life insurance, tax annuities, etc.), and gift shop or cafeteria deductions. Payroll deductions are shown on the paycheck stub.

If you believe that an improper deduction has been made to your salary, you should immediately report this information to your direct supervisor, or to the Human Resources Department.

Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, you will be promptly reimbursed for any improper deduction made.

2.5 ANNUAL MERIT/PERFORMANCE EVALUATIONS

Every employee should be interested in performing his or her job to the best of his or her ability. DCH evaluates employees on how well they are doing in their jobs and compensates them on the basis of merit.

To accomplish this objective, DCH has designed a system to evaluate each employee’s job performance, behavior and competency. Before a performance evaluation can be scored, all competencies must be passed. Evaluation forms are tailored to match the duties of each position. During your Initial Employment Period, you will be evaluated after ninety (90) and one hundred fifty (150) days of employment (on Competency and Behavioral Standards). Thereafter, you will be evaluated annually.
Employees are eligible for merit reviews annually. Regular full-time and regular part-time employees are eligible for a merit increase to their base rate. Regular full-time and regular part-time employees who reach the top of the salary grade for their job classification may be eligible for a lump-sum payment. Effective February 14, 2010, per diem and flexi employees may qualify for a lump sum.

Eligibility for a merit review does not guarantee a pay increase or lump sum. Merit increases must be approved by the DCH Board each year. This decision depends on DCH's ability to pay and the current economic market. Based on the receipt of the completed evaluation form in the Human Resources Department, all merit increases for eligible employees (when approved) will be processed annually effective the first full pay period following February 1st.

Eligibility for a merit increase is based on the employee’s current status, job classification, base salary, FTE and performance evaluation score as of February 1st. You are eligible for a merit increase only if your merit review reveals that your overall evaluation score is Satisfactory, Commendable, Outstanding or Excellent.

New employees hired between 2/1 – 11/30 of any given year will receive a prorated merit increase the following February when the annual distribution of merits is given, if applicable. The prorated merit will be based on the number of days the employee has been employed with DCH. The merit increase will be based on the score of the most recent evaluation. New employees hired between 12/1 – 1/31 of any given year will not be eligible for a prorated increase the following February.

Copies of your performance evaluations will be maintained in your personnel record and/or electronically. For more information about DCH’s evaluation system, ask your supervisor.

As a staff member, you have an equal opportunity to advance to other positions, and DCH encourages you to set both personal and business goals for yourself. Advancement or promotion decisions are based on your ability to perform the job as evidenced by your past and present performance, behavior and the needs of DCH.

2.6 OVERTIME FOR NONEXEMPT EMPLOYEES

Nonexempt (hourly) employees, as defined in Section 1.8, are paid one and one-half times their regular rates for all hours actually worked in excess of forty (40) hours per workweek. Under certain circumstances, time off from regularly scheduled working hours may be given in return for overtime hours worked. PTO, PIB or sick hours (FMC), bereavement, military and jury duty pay does not qualify as time worked in computing overtime pay. Employees are expected to work assigned overtime, unless excused. Your supervisor must authorize all overtime in advance. All overtime, whether authorized or not, will be paid. However, employees who work overtime without prior authorization are subject to discipline, up to and including termination.

2.7 SHIFT DIFFERENTIAL

Shift differential will be paid to DCH employees who meet the following criteria:

1. The employee must be assigned to a department with more than one (1) shift.
2. The employee must be assigned to a shift that includes at least four (4) hours between 2:30 p.m. and 10:30 p.m. or 10:30 p.m. and 7:15 a.m.
3. Shift differential for second and third shift will be paid to employees who meet the above criteria only for the hours worked.

4. Exempt employees will be paid shift differential for second or third shift if regularly assigned a 3-11 or 11-7 shift.

### 2.8 PAY FOR “ON-CALL” SITUATIONS

Certain employees are required to be “on call” in the event that their services may be required on short notice. Such employees are paid on-call pay for on-call duty. Your supervisor will explain your on-call status and eligibility for on-call pay. Refer to the Call Pay-Call Back Policy in Section 7.

### 2.9 SCHEDULES AND HOURS OF WORK

Because DCH is always open and its employees perform a variety of jobs, working hours and assignment schedules differ within each department. As a result, working hours, time-off provisions and staffing requirements are strictly enforced to provide continuous patient care. Sometimes employees must work relief shifts, nights, weekends and holidays. Hours and schedules will be determined as far in advance as practical. You will be informed of your schedule by your supervisor. You are expected to follow your work schedule and to work the hours assigned.

### 2.10 TIME AND ATTENDANCE

DCH’s primary method for recording time and attendance is through an automated time and attendance system which is accessed by the employee’s ID badge. The time and attendance system records all productive and non-productive hours for that pay period. Each employee should verify these hours to assure they are correct. The Human Resources Department is to be notified of any discrepancy.

ID badges for all employees are furnished by the Human Resources Department. If your badge is lost or damaged, there may be a replacement fee.

### 2.11 RECORDING TIME

DCH is required by law to maintain proper records of the hours worked by nonexempt (hourly) employees. Each employee is required to clock in immediately prior to starting work (normally, seven minutes) and clock out at the end of each shift immediately after finishing work (normally seven minutes). If an error is made on your timesheet, your supervisor is the only person authorized to correct your timesheet and request an adjustment. Be sure to notify your supervisor immediately.

Each department has an assigned time clock(s) for their employees’ use. Your supervisor should communicate your assigned time clock areas. If you use a non-assigned clock without your supervisor’s approval, the incident will be treated as a tardy and you may be subject to discipline (Refer to the Attendance and Positive Discipline Policy). The definition of a tardy is one click of the clock after the start of your shift.

If you fail to clock in or out, you should notify your supervisor immediately of the reason, time and date of the missed clocking. The missed clocking will require a manual clocking and note
entry into the time and attendance system. The reason for the missed or changed clocking must be noted. If you fail to record your time with your ID badge, the missed clocking will be considered an incident of tardiness and you may be subject to discipline (Refer to the Attendance and Positive Discipline Policy).

Under no circumstances are you permitted to clock in or clock out for another employee, to allow another employee to clock in or clock out for you or to tamper in any way with time recorded. When leaving the building, you must clock out and clock in on return, unless you are on official DCH business. Working “off-the-clock” is strictly prohibited.

2.12 ATTENDANCE

The important role each employee plays in serving the needs of DCH’s patients requires regular attendance by each employee. Unnecessary or frequent absences and late arrivals put a burden on fellow employees. If you are unable to report for work as assigned, you must notify your immediate supervisor as far in advance as possible. You may not leave messages with receptionists, secretaries or fellow employees. If you are absent because of illness, you should give your immediate supervisor a daily update of your status and when you expect to return to work.

2.13 ABSENCE DURING WORK HOURS

During regular working hours, you are not to leave your assigned work area or the premises for personal reasons, without prior authorization from your supervisor.

2.14 MEALTIMES

DCH attempts to provide an uninterrupted mealtime, normally 30 minutes, for any non-exempt employee, as defined in Section 1.8, who is scheduled to work more than six (6) hours per day. In such circumstances, DCH’s timekeeping system is programmed to automatically deduct this mealtime from an employee’s paid time. However, due to patient care issues, DCH recognizes that there are times when an uninterrupted mealtime is not possible. If you are unable to take your mealtime or if your mealtime is interrupted, due to work requirements, you should notify your supervisor in writing so that an appropriate exception report is completed so you can be paid for the mealtime.

2.15 BREAK TIMES

DCH attempts to provide two breaks of fifteen (15) minutes each to all employees during each eight-hour (8) shift. These breaks are paid time and are to be taken when possible. One (1) break should be taken during the first half of the shift and one during the second half of the shift. Break times cannot be taken together or in conjunction with meal times or at the beginning or end of a shift. Meal times are normally 30 minutes of uninterrupted time and are unpaid.

2.16 LACTATION BREAK TIMES

DCH provides lactation breaks to employees who are nursing mothers. Nursing mothers can take “reasonable break times” during the workday to express milk beginning from the date of
the nursing child's birth up to one year. These breaks are for expressing milk, not breast feeding. Nursing mothers may use the two paid break times per day for lactation purposes. Break times used for lactation purposes beyond DCH provided break times are unpaid. You should clock out for unpaid breaks and clock in when you resume work. For more information about break periods, see Section 2.15 Break Times.

Break times cannot be taken together or in conjunction with meal times or at the beginning or end of a shift. DCH will provide a private place for the nursing mother. Contact your supervisor for your department's location. Lactation rooms located in the Women's Center and Women's Pavilion at RMC and NMC may also be used for breaks. DCH will not provide lactation equipment or refrigeration. You should notify your supervisor if you will be utilizing lactation breaks. You must always request and gain approval from your supervisor prior to leaving your work area.

2.17 GARNISHMENTS

Garnishments are received in the Payroll Department and are processed through standard deduction procedures. DCH is required by law to withhold a part of wages to satisfy the garnishment.
SECTION 3
Benefits

The following is only a descriptive summary of the benefits provided by DCH. The specific application and administration of the benefits referred to in this Handbook shall be governed solely by the terms stated in the plans for each specific policy and benefit. If you have questions about the details of the benefits, please contact the Human Resources Department.

3.1 PAID TIME OFF (PTO) - REGIONAL MEDICAL CENTER & NORTHPORT MEDICAL CENTER

Paid Time Off (PTO) is designed to provide maximum flexibility in scheduling time off while ensuring adequate staffing. PTO is a single pool of accrued hours used for all absences including vacation, holidays, personal absences, sick days, workers compensation and leaves of absence. Employees must use available PTO for all absences from work except for jury duty, military duty, bereavement leave, and excused absences for work-related programs.

DEFINITION
Unscheduled absence: Any absence that does not have advance, prior approval by departmental protocol

Incident of absence: An occurrence when an employee does any of the following:
- Has an unscheduled absence of more than half of the scheduled workday, or
- Has an unscheduled absence of up to four (4) consecutive scheduled workdays.

Incident of tardiness: An occurrence when an employee does any of the following:
- Reports to work after the scheduled time
- Returns from a meal period after the scheduled time
- Clocks at an unassigned time clock
- Misses clocking in or out
- Misses any portion of the scheduled workday for reasons other than low census
- Leaves the assigned work area before or after the scheduled time without prior approval

ELIGIBILITY
Benefit-eligible employees become eligible for PTO the first full pay period following successful completion of his/her initial six (6) month employment period.

A benefit-eligible employee must have at least 40 eligible paid hours in a pay period to earn an accrual.

Regular full-time employees will accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>Years Service</th>
<th>Paid Hour Accrual per Pay Period</th>
<th>Maximum Accrual per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2</td>
<td>.08850</td>
<td>7.08 hrs</td>
</tr>
<tr>
<td>3</td>
<td>.09225</td>
<td>7.38 hrs</td>
</tr>
<tr>
<td>4</td>
<td>.09625</td>
<td>7.70 hrs</td>
</tr>
<tr>
<td>5</td>
<td>.10000</td>
<td>8.00 hrs</td>
</tr>
<tr>
<td>6</td>
<td>.10388</td>
<td>8.31 hrs</td>
</tr>
<tr>
<td>7 - 9</td>
<td>.10775</td>
<td>8.62 hrs</td>
</tr>
</tbody>
</table>
The maximum accrual balance for full-time employees is 750 hours. Accruals increase at the beginning of the service year and will not continue beyond the maximum 750 hours until the PTO balance drops below the maximum.

Benefit-eligible employees who are classified as 0.5 to 0.9 FTE accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>FTE</th>
<th>Paid Hour Accrual per Pay Period</th>
<th>Maximum Accrual per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5</td>
<td>.0615</td>
<td>4.92 hrs</td>
</tr>
<tr>
<td>.6</td>
<td>.0665</td>
<td>5.32 hrs</td>
</tr>
<tr>
<td>.7</td>
<td>.0707</td>
<td>5.66 hrs</td>
</tr>
<tr>
<td>.8</td>
<td>.0733</td>
<td>5.86 hrs</td>
</tr>
<tr>
<td>.9</td>
<td>.0758</td>
<td>6.06 hrs</td>
</tr>
</tbody>
</table>

The maximum PTO accrual balance for these employees is 400 hours. Accruals will not continue beyond the maximum 400 hours until the PTO balance drops below the maximum.

Effective March 9, 2014, an employee who is classified as an ET16 (0.9 FTE and works 12 hour shifts or greater) accrues PTO at the following rates.

<table>
<thead>
<tr>
<th>Years Service</th>
<th>Paid Hour Accrual per Pay Period</th>
<th>Maximum Accrual per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 2</td>
<td>0.08850</td>
<td>6.37 hrs</td>
</tr>
<tr>
<td>3</td>
<td>0.09225</td>
<td>6.64 hrs</td>
</tr>
<tr>
<td>4</td>
<td>0.09625</td>
<td>6.93 hrs</td>
</tr>
<tr>
<td>5</td>
<td>0.10000</td>
<td>7.20 hrs</td>
</tr>
<tr>
<td>6</td>
<td>0.10388</td>
<td>7.48 hrs</td>
</tr>
<tr>
<td>7 - 9</td>
<td>0.10775</td>
<td>7.76 hrs</td>
</tr>
<tr>
<td>10 +</td>
<td>0.12700</td>
<td>9.14 hrs</td>
</tr>
</tbody>
</table>

The maximum PTO accrual balance for ET16 employees is 675 hours. Accruals will not continue beyond the maximum 675 hours until the PTO balance drops below the maximum.

USING TIME OFF
PTO must be earned before it can be used. Employees are required to use all available PTO hours before unpaid hours may be approved.

Requesting PTO
PTO requests are considered in a fair and equitable manner on the basis of staffing requirements within the employee's department. An employee should submit PTO requests to the supervisor as far in advance as possible to allow ample time for the supervisor to obtain coverage and maintain a smooth, efficient operation. Sufficient time for notice will be defined by departmental policy.

Low Census
In accordance with Low Census Policy, if a non-exempt employee is mandated by management to take time off because of reduced staffing needs or other economic factors, the employee may take the time as PTO or as a low census absence without pay. Low census absences used for
reduced staffing will not count as an incident of absence but will count as eligible paid hours for accrual purposes.

**Unscheduled Absence**
An employee who will have an unscheduled absence from work is responsible for personally notifying the supervisor or designee no less than two (2) hours prior to the scheduled start time, unless the departmental policy is more stringent.

An unscheduled absence of more than half of the scheduled workday or for up to four (4) consecutive scheduled workdays will count as an incident of absence in accordance with the Attendance and Punctuality Policy.

A non-exempt employee who reports to work for the scheduled workday and requests approval to leave prior to completing the scheduled workday will be paid actual hours worked plus the remainder in available PTO. The PTO will be coded appropriately and will count as an incident of tardiness in accordance with the Attendance and Punctuality Policy.

An exempt employee who reports to work and requests approval to leave prior to completing the normal workday will be paid wages for that normal workday.

**Health Related Absence**
In accordance with Leave of Absence Procedure, each manager must notify Employee Health on the fourth day of absence, if the employee has not made a request for family medical leave, as this may qualify under Family and Medical Leave Act as protected time.

Each manager is responsible for ensuring that employees are referred to Employee Health after an extended illness of greater than three (3) consecutive days, as this may qualify under Family and Medical Leave Act as protected time.

Employees requesting Family Medical Leave should contact Employee Health. FMLA Sick Leave will not be counted as an incident of absence. For intermittent Family Medical Leave call-in procedure, please see Family Medical Leave Procedure.

Approval by Employee Health is also required when an employee is released to return to work with restrictions.

**Administrative Closing**
When a department closes on a day, for reasons other than low census, that it would normally operate, it is considered to be an administrative closing. Administrative closings may include DCH or department recognized holidays (and other identified days, e.g., the day after Thanksgiving). Department recognized holidays require administrative approval.

If an exempt employee is directed to be off on an administrative closing, the employee will use available PTO for payment. If the employee has exhausted available PTO, the employee must then borrow PTO for payment and the hours will be deducted from the future available balance once accrued. An administrative closing will not count as an incident of absence but will count for PTO accrual purposes.

If a non-exempt employee is directed to be off on an administrative closing, the employee will use available PTO for payment. If the employee has exhausted available PTO, the absence will be coded for an unpaid Administrative Closing (AC) day. An administrative closing will not
count as an incident of absence but will count for PTO accrual purposes.

If an employee (exempt and non-exempt) who is within the initial six (6) month employment period is directed to be off on a DCH recognized holiday, the employee may borrow PTO for payment and the hours will be deducted from the accumulated PTO at the end of the initial employment period. If the non-exempt employee does not complete the initial employment period and has borrowed PTO, payment for this pay advance will be deducted from the last check.

PTO Administration
For administration purposes PTO may be classified as any of the following:

<table>
<thead>
<tr>
<th>Pay Code</th>
<th>Description</th>
<th>When Used</th>
<th>Incident per Attendance Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTO</td>
<td>PTO</td>
<td>Employee has advance, prior approval by departmental protocol to be away from work on scheduled workday</td>
<td>No</td>
</tr>
<tr>
<td>PTO</td>
<td>PTO Low Census</td>
<td>Non-exempt employee is directed by management to take time off due to reduced staffing needs or other economic factors and elects to be paid with PTO for scheduled workday</td>
<td>No</td>
</tr>
<tr>
<td>PTO</td>
<td>PTO Military</td>
<td>Employee on approved military leave depletes the allowed 168 hours military leave hours during the calendar year and elects to be paid with PTO for scheduled workdays</td>
<td>No</td>
</tr>
<tr>
<td>WCPTO</td>
<td>Workers Compensation PTO</td>
<td>Scheduled workdays during the three (3) day waiting period for workers’ compensation due to a reported work injury</td>
<td>No</td>
</tr>
<tr>
<td>FMLA</td>
<td>Family and Medical Leave</td>
<td>Employee on approved Family and Medical Leave; system automatically uses available PTO then unpaid time to meet the requirement of 40 hours prior to use of available PIB.</td>
<td>No</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>Sick Leave</td>
<td>Unscheduled absence that is related to illness or injury of self, spouse, dependent children and parent; system automatically uses available PTO then unpaid time to meet the requirement of 40 hours prior to use of available PIB.</td>
<td>Yes</td>
</tr>
<tr>
<td>PTO</td>
<td>PTO Unscheduled Absence</td>
<td>Unscheduled absence not related to illness or injury</td>
<td>Yes</td>
</tr>
<tr>
<td>PTO/W</td>
<td>PTO Weather</td>
<td>Employee is unable to report to work due to severe weather</td>
<td>Yes</td>
</tr>
</tbody>
</table>
All PTO subtracts from the employee’s available PTO balance and will count as eligible paid hours for accrual purposes.

OPTIONS FOR PTO
If an eligible employee has PTO remaining at the annual adjusted hire date, the employee has two options:

1. Employee can automatically carry forward the unused PTO to the next year. The maximum PTO carry forward for each employee classification is as follows:

<table>
<thead>
<tr>
<th>Employee Classification</th>
<th>Maximum PTO Carry Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Full-Time</td>
<td>750</td>
</tr>
<tr>
<td>Regular Part-Time</td>
<td>400</td>
</tr>
<tr>
<td>ET16 (0.9, 12-hr shifts)*</td>
<td>675</td>
</tr>
</tbody>
</table>

2. Employee can cash out PTO, if the employee has taken off the minimum PTO and has the minimum remaining PTO balance at the time of PTO cash out. The minimum PTO taken, maximum PTO cashout, and minimum remaining PTO balances are based on years of service as follows:

<table>
<thead>
<tr>
<th>Employee Classification</th>
<th>Max PTO Cashout by Years of Service</th>
<th>Min Remaining PTO Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min PTO Taken</td>
<td>2-5</td>
</tr>
<tr>
<td>Regular Full-Time</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Regular Part-Time</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>ET16 (0.9, 12-hr shifts)*</td>
<td>72</td>
<td>40</td>
</tr>
</tbody>
</table>

*Accruals for ET16 employees changed effective March 9, 2014.

CHANGES IN PTO ELIGIBILITY

End of Eligibility
If an employee is involuntarily terminated from employment or resigns without proper notice, any remaining PTO balance will be withheld at termination. Otherwise, an employee will receive payment for unused PTO at the time of termination or when the employee changes to a status which is not eligible to accrue PTO. The payment will be based on the following percentages:

<table>
<thead>
<tr>
<th>YRS SERVICE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months - less than 6 full years</td>
<td>50%</td>
</tr>
<tr>
<td>6 years or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

Employees approved for FMLA will be required to use all available PTO during the twelve (12) week (or 26 week period to care for an injured or ill service member) or intermittent leave period.
Reduced Eligibility
If an employee changes status from regular full-time to regular part-time, he will be paid for all available PTO in excess of the maximum four hundred (400) hours based on the same years of service and percentage.

PERSONAL ILLNESS BANK (PIB)
Effective December 18, 2011, full-time and regular part-time employees hired before November 30, 1999 who have an accumulated PIB hours balance will have the PIB hours combined with Banked Sick hours, if any, to create one balance of sick hours called PIB.

PIB hours may be used in the event of illness/injury of the employee, spouse, dependent children or parents. PIB use will count as an incident of absence according to the Attendance Policy. Approval for PIB hours may require a physician’s certificate. PIB hours may be accessed only when the employee has used 40 consecutive PTO hours per sick incident. An employee who does not have 40 PTO hours available must use unpaid Absent/Sick hours until 40 hours per sick incident has been met.

PIB hours will not accrue. The maximum amount for PIB hours will be based on the employee’s PIB and Banked Sick balances as of December 17, 2011. Once PIB hours are used, the hours will not replenish. PIB hours will be forfeited at the time of transfer from a benefit-eligible to non-benefit-eligible position.

PIB will not be paid out at the time of termination. However, PIB hours will be paid as a death benefit (100%) to the beneficiary(s) designated. In addition, if an employee retires under the provisions of the DCH Healthcare Authority Pension Plan, 50% of available PIB hours will be paid to the retiree and a credit equivalent to 50% will be posted in the Business Office. This credit will be used to offset any hospitalization balance after all insurance monies have been received. It cannot be used to make payments to third parties. Once the credited dollar account has been depleted, the retired employee will be responsible for all future monies owed DCH.

PIB Administration
For administration purposes PIB may be classified as any of the following:

<table>
<thead>
<tr>
<th>Pay Code</th>
<th>Description</th>
<th>When Used</th>
<th>Incident per Attendance Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMLA Sick</td>
<td>Family and Medical Leave</td>
<td>Employee on approved Family and Medical Leave; system automatically uses available PTO then unpaid time to meet the requirement of 40 hours prior to use of available PIB</td>
<td>No</td>
</tr>
<tr>
<td>Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick Leave</td>
<td>Sick Leave</td>
<td>Unscheduled absence that is related to illness or injury of self, spouse, dependent children and parent; system automatically uses available PTO then unpaid time to meet the requirement of 40 hours prior to use of available PIB</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All PIB subtracts from the employee's available PIB balance and will count as eligible paid hours for accrual purposes.

**BANKED SICK PAY**
Effective December 18, 2011, banked sick hours will be combined with PIB hours to create one balance. (See criteria for PIB above).

### 3.2 PAID TIME OFF (PTO) - FAYETTE MEDICAL CENTER (FMC)

Paid Time Off (PTO) is designed to provide maximum flexibility in scheduling time off while ensuring adequate staffing. PTO is an account of accrued hours to be used for absences such as vacation, holidays or personal absences. PTO is a single pool of accrued hours used for all absences including vacation, holidays, personal absences, sick days, workers compensation and leaves of absence. Employees must use available PTO for all absences from work except for jury duty, military duty, bereavement leave, and excused absences for work-related programs.

**DEFINITION**

- Unscheduled absence: Any absence that does not have advance, prior approval by departmental protocol
- Incident of absence: An occurrence when an employee does any of the following:
  - Has an unscheduled absence of more than half of the scheduled workday, or
  - Has an unscheduled absence of up to four (4) consecutive scheduled workdays.
- Incident of tardiness: An occurrence when an employee does any of the following:
  - Reports to work after the scheduled time
  - Returns from a meal period after the scheduled time
  - Clocks at an unassigned time clock
  - Misses clocking in or out
  - Misses any portion of the scheduled workday for reasons other than low census
  - Leaves the assigned work area before or after the scheduled time without prior approval

**ELIGIBILITY**

Benefit-eligible employees become eligible for PTO the first full pay period following successful completion of his/her initial six (6) month employment period.

A benefit-eligible employee will continue to accrue PTO as he is using it. PTO will not accrue for a pay period when the employee has no paid hours reported.

Regular full-time employees at FMC will accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>Years Service</th>
<th>Accrual Per Pay Period</th>
<th>Annual Accrual</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6</td>
<td>5.23 hrs</td>
<td>136 hrs</td>
<td>17</td>
</tr>
<tr>
<td>7 – 14</td>
<td>6.77 hrs</td>
<td>176 hrs</td>
<td>22</td>
</tr>
<tr>
<td>15+</td>
<td>8.31 hrs</td>
<td>216 hrs</td>
<td>27</td>
</tr>
</tbody>
</table>
The maximum accrual balance for full-time employees is 256 hours. Accruals increase at the beginning of the service year and will not continue beyond the maximum 256 hours until the PTO balance drops below the maximum.

Benefit-eligible employees whose FTE equals 0.7 to 0.9 accrue PTO hours based on a prorated amount of the assigned FTE.

<table>
<thead>
<tr>
<th>FTE</th>
<th>Years Service</th>
<th>Accrual Per Pay Period</th>
<th>Annual Accrual</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.7</td>
<td>0-6</td>
<td>3.66 hrs</td>
<td>95 hrs</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>7-14</td>
<td>4.73 hrs</td>
<td>123 hrs</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>15+</td>
<td>5.81 hrs</td>
<td>151 hrs</td>
<td>19</td>
</tr>
<tr>
<td>0.8</td>
<td>0-6</td>
<td>4.18 hrs</td>
<td>109 hrs</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>7-14</td>
<td>5.41 hrs</td>
<td>141 hrs</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>15+</td>
<td>6.64 hrs</td>
<td>173 hrs</td>
<td>22</td>
</tr>
<tr>
<td>0.9</td>
<td>0-6</td>
<td>4.70 hrs</td>
<td>122 hrs</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>7-14</td>
<td>6.09 hrs</td>
<td>158 hrs</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>15+</td>
<td>7.47 hrs</td>
<td>194 hrs</td>
<td>24</td>
</tr>
</tbody>
</table>

The maximum accrual balance for these employees is 256 hours. Accruals increase at the beginning of the service year and will not continue beyond the maximum 256 hours until the PTO balance drops below the maximum.

**USING TIME OFF**

PTO must be earned before it can be used. Employees are required to use all available PTO balance for unpaid hours may be approved.

**Requesting PTO**

PTO requests are considered in a fair and equitable manner on the basis of staffing requirements within the employee’s department. An employee should submit PTO requests to the supervisor as far in advance as possible to allow ample time for the supervisor to obtain coverage and maintain a smooth, efficient operation. Sufficient time for notice will be defined by departmental policy.

**Low Census**

In accordance with *Low Census Policy*, if a non-exempt employee is mandated by management to take time off because of reduced staffing needs or other economic factors, the employee may take the time as PTO or as a low census absence without pay. Low census absences used for reduced staffing will not count as an incident of absence.

**Unscheduled Absence**

An employee who will have an unscheduled absence from work is responsible for personally notifying the supervisor or designee no less than two (2) hours prior to the scheduled start time, unless the departmental policy is more stringent.

An unscheduled absence of more than half of the scheduled workday or for up to four (4) consecutive scheduled workdays will count as an incident of absence in accordance with the *Attendance and Punctuality Policy*. 

- 8 -
A non-exempt employee who reports to work for the scheduled workday and requests approval to leave prior to completing the scheduled workday will be paid actual hours worked plus the remainder in available PTO. The PTO will be coded appropriately and will count as an incident of tardiness in accordance with the *Attendance and Punctuality Policy*.

An exempt employee who reports to work and requests approval to leave prior to completing his normal workday will be paid wages for that normal workday.

**Health Related Absence**

In accordance with *Leave of Absence Procedure*, each manager must notify Employee Health on the fourth day of absence, if the employee has not made a request for family medical leave, as this may qualify under Family and Medical Leave Act as protected time.

Each manager is responsible for ensuring that employees are referred to Employee Health after an extended illness of greater than three (3) consecutive days, as this may qualify under Family and Medical Leave Act as protected time.

Employees requesting Family Medical Leave should contact Employee Health. FMLA Sick Leave will not be counted as an incident of absence. For intermittent Family Medical Leave call-in procedure, please see *Family Medical Leave Procedure*.

Approval by Employee Health is also required when an employee is released to return to work with restrictions.

**Administrative Closing**

When a department closes, for reasons other than low census, on a day that it would normally operate, it is considered to be an administrative closing. Administrative closings may include DCH or department recognized holidays (and other identified days, e.g., the day after Thanksgiving). Department recognized holidays require administrative approval.

If an exempt employee is directed to be off on an administrative closing, the employee will use available PTO for payment. If the employee has exhausted his available PTO, the employee must then borrow PTO for payment and the hours will be deducted from the future available balance once accrued. An administrative closing will not count as an incident of absence but will count for PTO accrual purposes.

If a non-exempt employee is directed to be off on an administrative closing, the employee will use available PTO for payment. If the employee has exhausted available PTO, the absence will be coded for an unpaid Administrative Closing (AC) day. An administrative closing will not count as an incident of absence but will count for PTO accrual purposes.

If an employee (exempt and non-exempt) who is within the initial six (6) month employment period is directed to be off on a DCH recognized holiday, the employee may borrow PTO for payment and the hours will be deducted from the accumulated PTO at the end of the initial employment period. If the non-exempt employee does not complete the initial employment period and has borrowed PTO, payment for this pay advance will be deducted from the last check.
**PTO Administration**
For administration purposes PTO may be classified as any of the following:

<table>
<thead>
<tr>
<th>Pay Code</th>
<th>Description</th>
<th>When Used</th>
<th>Incident per Attendance Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTO</td>
<td>PTO</td>
<td>Employee has advance, prior approval by departmental protocol to be away from work on scheduled workday</td>
<td>No</td>
</tr>
<tr>
<td>PTO</td>
<td>PTO Low Census</td>
<td>Non-exempt employee is directed by management to take time off due to reduced staffing needs or other economic factors and elects to be paid with PTO for scheduled workday</td>
<td>No</td>
</tr>
<tr>
<td>PTO</td>
<td>PTO Military</td>
<td>Employee on approved military leave depletes the allowed 168 hours military leave hours during the calendar year and elects to be paid with PTO for scheduled workdays</td>
<td>No</td>
</tr>
<tr>
<td>WCPTO</td>
<td>Workers Compensation PTO</td>
<td>Scheduled workdays during the three (3) day waiting period for workers' compensation due to a reported work injury</td>
<td>No</td>
</tr>
<tr>
<td>FAY</td>
<td>FMLA Self</td>
<td>Family and Medical Leave for Self</td>
<td>No</td>
</tr>
<tr>
<td>FAY</td>
<td>FMLA Other</td>
<td>Family and Medical Leave for Others</td>
<td>No</td>
</tr>
<tr>
<td>FAY</td>
<td>Sick Self</td>
<td>Unscheduled absence that is related to illness or injury for self; system automatically uses available PTO then unpaid time to meet the requirement of 16 hours prior to use of available Sick Pay.</td>
<td>Yes</td>
</tr>
<tr>
<td>FAY</td>
<td>Sick Other</td>
<td>Unscheduled absence that is related to illness or injury for others; system automatically uses available PTO then unpaid time.</td>
<td>Yes</td>
</tr>
<tr>
<td>PTO</td>
<td>(Absent)</td>
<td>Unscheduled absence not related to illness or injury</td>
<td>Yes</td>
</tr>
<tr>
<td>PTO/W</td>
<td>PTO Weather</td>
<td>Employee is unable to report to work due to severe weather</td>
<td>Yes</td>
</tr>
</tbody>
</table>
All PTO subtracts from the employee’s available PTO balance and will count as eligible paid hours for accrual purposes.

OPTIONS FOR PTO
If an eligible employee has PTO remaining at the annual adjusted hire date, the employee has two options:

1. Employee can automatically carry forward the unused PTO to the next year. The maximum PTO carry forward for each employee classification is as follows:

<table>
<thead>
<tr>
<th>Employee Classification</th>
<th>Maximum PTO Carry Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Full-Time</td>
<td>256</td>
</tr>
<tr>
<td>Regular Part-Time</td>
<td>256</td>
</tr>
</tbody>
</table>

2. Employee can cash out PTO, if the employee has taken off the minimum PTO and has the minimum remaining PTO balance at the time of PTO cash out. The minimum PTO taken, maximum PTO cashout, and minimum remaining PTO balances are based on years of service as follows:

<table>
<thead>
<tr>
<th>Employee Classification</th>
<th>Min PTO Taken</th>
<th>2-5</th>
<th>6-9</th>
<th>10-14</th>
<th>+15</th>
<th>Min Remaining PTO Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Full-Time</td>
<td>80</td>
<td>40</td>
<td>80</td>
<td>100</td>
<td>120</td>
<td>80</td>
</tr>
<tr>
<td>Regular Part-Time</td>
<td>40</td>
<td>20</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

Transfer of PTO
An employee may donate eight (8) or more PTO hours to another employee in the event of an undue hardship, if:
- Donating employee has completed the initial six (6) month employment period
- Donating employee has obtained administrative approval
- Receiving employee has completed the initial six (6) month employment period
- Receiving employee is eligible for PTO
- Receiving employee has exhausted his available PTO hours

The receiving employee may receive up to one hundred sixty (160) hours.

CHANGES IN PTO ELIGIBILITY

End of Eligibility
If an employee is involuntarily terminated from employment or resigns without proper notice, any remaining PTO balance will be withheld at termination. Otherwise, an employee will receive payment for unused PTO at time of termination or when an employee changes to a status which is not eligible to accrue PTO.
Employees approved for FML will be required to use all available PTO during the twelve (12) week (or 26 week period to care for an injured or ill service member) or intermittent period.

**SICK PAY**

Regular full-time employees and benefit-eligible employees whose FTE equals 0.7 to 0.9 and who successfully complete their initial six month (6) employment period will accrue sick pay. Sick pay is available the first full pay period following the initial six (6) month employment period.

Sick pay accrues as follows:
- Full-time employees will accrue 7.38 hours each pay period.
- Regular part-time employees (0.7 - 0.9 FTE) will accrue at 3.69 hours each pay period.

An employee will continue to accrue Sick pay as he uses it. Sick pay will not accrue for a pay period when the employee has no paid hours reported. **The maximum sick time accrual is 720 hours.**

Sick pay must only be used for illness of the employee and will not be used in cases of illness or death of members of the family. Sick pay will be paid for scheduled work days only. No sick pay will be paid for scheduled days off. Approval for sick pay may require a physician’s certificate. Sick pay may be accessed only when the employee (exempt or non-exempt) has used 16 consecutive PTO hours per sick incident and will be coded as PTO/S. An employee who does not have 16 PTO hours available must use any remaining balance of PTO then unpaid Absent/Sick hours until 16 hours per sick incident has been met.

Approved sick pay will be compensated on the following basis:
Beginning with the seventeenth (17th) hour of absence, accumulated sick pay will be paid at full base salary for up to 720 hours.

The institution reserves the right to require a physician’s certification before an employee may return to work or receive sick pay.

Accrued unused sick time will not be paid at the time of termination. Upon retirement (age 62 or older at retirement), under the terms of FMC’s Retirement/Pension Program, an employee can receive one-half of all accumulated sick leave up to a maximum of 360 hours.

**3.3   HOLIDAYS**

DCH recognizes the following holidays:

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

In the event the holiday falls on Saturday, DCH will recognize the holiday the preceding Friday; if the holiday falls on Sunday, the holiday will be recognized on Monday.
An employee who would like to take time off on a DCH recognized holiday must submit the request to his supervisor. The employee will use available paid time off (PTO) for payment.

**ADMINISTRATIVE CLOSING**

When a department closes on a day, for reasons other than low census, that it would normally operate, it is considered to be an administrative closing. Administrative closings may include DCH or department recognized holidays (and other identified days, e.g., the day after Thanksgiving). Department recognized holidays require administrative approval. For PTO guidance during administrative closing, please refer to the *PTO Policy*.

### 3.4 HOSPITAL EMERGENCY LEAVE POLICY (H.E.L.P.)

The Hospital Emergency Leave Policy (H.E.L.P.) was developed to assist eligible Regional Medical Center (RMC) and Northport Medical Center (NMC) employees during times of need due to a medical condition of the employee or the employee’s immediate family member. H.E.L.P. is a resource for those individuals who have exhausted all PTO and/or PIB hours due to a medical condition.

Fayette Medical Center employees may donate hours to a specific employee according to the guidelines listed under “Transfer of PTO hours” in the Paid Time Off – Fayette Medical Center Policy,

RMC and NMC employees may donate PTO hours to a specific employee. The guidelines for the Direct Donation H.E.L.P. fund are outlined below.

#### Direct H.E.L.P. Donation to Specific Employee:

The employee needing help is responsible for applying for this benefit by contacting Human Resources to complete a H.E.L.P. assistance form.

In order for the employee to be eligible to receive assistance, they must:
1. Be eligible to take PTO.
2. Have exhausted all earned PTO and/or PIB hours.
3. Must be an active employee or an employee on an approved leave. Employees whose status is not “active” or “leave” will not be eligible to receive H.E.L.P. dollars.
4. Have absence from work substantiated by a physician’s certification of the medical condition that prevents the employee from working.
5. Must have hours donated by another employee.
6. Employees absent for their own illness will not be eligible to receive H.E.L.P. if they are eligible for STD and/or LTD. Employees may not receive payment for both.

The benefit payment will be made in the form of a payroll check. Payroll checks for H.E.L.P. will be reviewed and requested by Human Resources each pay period. All applicable federal and state taxes will be deducted as well as applicable benefit deductions, if appropriate. The H.E.L.P. check is not direct deposited. You must pick up the check or request that the check be mailed through the payroll department. H.E.L.P. checks are available on Friday afternoon after 1:00 p.m. on the week of payroll.

Employees may not solicit or distribute lists soliciting PTO donations. You should notify your supervisor of your need for H.E.L.P. The supervisor will make the other employees
aware of the need. If the supervisor believes that a broader spectrum of employees beyond the department needs to be reached for H.E.L.P., the supervisor must get permission from the Facility Administrator before any requests are made.

Employees wishing to donate PTO hours to employees must do so on a strictly volunteer basis.

Employees wishing to contribute to a specific eligible employee may complete an election form in Human Resources. The minimum contribution is 1 hour. The dollar contribution amount is the contributing employee’s base hourly rate of pay times the number of PTO hours contributed. Shift differential and premium pay are not included in the contribution calculation. The dollar value of the contributed PTO will be converted to a dollar value of PTO hours for the eligible employee by dividing the dollar value by the eligible employee’s base rate. The dollar value of the PTO hours will then be placed in the H.E.L.P. fund in the eligible employee’s name and will be available until the dollar amount is exhausted or when the employee returns to work.

There is no maximum allowed from a contributing employee; however, the contributing employee must have 80 hours or more in their available PTO balance for full-time employees and 40 hours or more for part-time employees after contribution. Contributing hours to an employee will not count as PTO taken for purposes of selling PTO and will not count as paid hours for PTO accrual purposes for the recipient. Contributions are not tax deductible for the contributing employee.

If the number of PTO hours donated to an eligible employee exceeds the number of hours the employee is out of work, or the employee is approved for Hospital Medical Leave and therefore may be eligible for LTD, the excess balance will be returned to the contributing employee.

If the employee for whom the contribution is designated does not qualify for H.E.L.P. assistance the hours that have been contributed will be returned to the contributing employee.

PTO hours will be the only form of contribution because Finance already budgets this expense each pay period. PIB hours will not be eligible for contribution.

Employees receiving donated hours will not extend their leave period. The Hospital Leave policy concerning Family Medical Leave (FMLA) and Hospital Medical HML will apply to their absence.

It is not the intent of DCH for any employee to profit from H.E.L.P. from others. Therefore, these guidelines may be reviewed for each situation and may be changed based on the individual situation.

3.5 FAMILY AND MEDICAL LEAVE ACT (FMLA) POLICY

An eligible employee’s employment, benefits, and privileges of employment are protected during extended periods of approved leave from work for a qualifying reason falling under the Family and Medical Leave Act (FMLA).
To be eligible to take Family Medical Leave (FML), you must have completed at least 12 months of service with DCH and worked at least 1,250 hours during the 12 month period immediately preceding the commencement of the leave. While the 12 months of employment need not be consecutive, employment periods prior to a break in service of 7 years or more need not be counted unless the break is because of your fulfillment of Armed Forces, National Guard or Reserve military obligations.

Eligible employees may take up to 12 weeks (or 26 weeks to care for an injured or ill service member) in a 12-month period for one of the reasons listed below. If you request an unpaid leave and become eligible for FML during such unpaid leave, FML will begin on the first eligible day and will be counted towards your FML leave allotment.

An eligible employee may request leave under the FMLA for one of the following reasons:
1. To care for a newborn child, a newly adopted child, or a newly placed foster care child (time may be taken before birth if the mother is unable to work, or within 12 months after the date of birth or placement of the child).
2. To care for a spouse, child, or parent who has a serious health condition.
3. To provide time to attend to the employee’s own serious health condition, including pregnancy that leaves the employee unable to perform the functions of her job.
4. Military Exigency Leave: To deal with any qualifying exigency arising because the employee’s spouse, child, or parent is on covered active duty, or received notification of an impending call to covered active duty status, in the Armed Forces, National Guard, or Reserves.
5. Military Caregiver Leave: To care for an eligible employee’s qualifying family member (next of kin is not limited to spouse, child, or parent) who has been injured or disabled while in active duty.

Types of FML

Continuous Leave
An eligible employee may request that leave be taken on a continuous basis for up to 12 weeks of work, or up to 26 weeks for Military Caregiver Leave.

Intermittent Leave or Reduced Work Schedule Leave
An eligible employee may take FML on an intermittent or reduced work schedule basis under certain conditions.
- Intermittent Leave: An eligible employee may take approved FML in 15 minute increments of time (time not to exceed three consecutive days).
- Reduced Work Schedule: An eligible employee may request a reduced work schedule when leave for the employee or employee’s qualifying family member is foreseeable and for planned medical treatment, including recovery from a serious health condition.
- DCH may temporarily transfer or assign an employee taking intermittent leave to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced work schedule in instances when leave for the employee or employee’s qualifying family member is foreseeable.

Communication During FML
DCH requires that an eligible employee on FML remain in communication with Leave Management and his supervisor, and follow the DCH normal call-in procedure as set forth
in the Attendance Policy.

**Using Paid Time for Unpaid FML**

DCH requires that an employee on FML apply any available paid time (PTO, PIB, or sick pay at FMC) to the FML. Paid leave will run concurrently with FML. If PTO, PIB or sick pay at FMC is exhausted, FML becomes unpaid time off work.

**Employee Status and Benefits During FML**

While an employee is on FML, DCH will continue the employee’s health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

- PTO and sick pay at FMC accrue according to Paid Time Off Policy during an employee’s FML.

**Relation to Workers’ Compensation FML**

FML will run concurrently with workers’ compensation time off work for an employee who is eligible for FML, and has a work-related illness or injury that is determined to be compensable.

**Exhaustion of FML**

When an eligible employee’s FML has been exhausted and the employee is unable to return to work, the following options will be considered:

- Hospital Medical Leave (HML) – eligible employees may request HML for up to an additional 12 weeks of unpaid leave. Please refer to the Leaves of Absence Policy (Non-FMLA leave).
- Reasonable Accommodation – an employee may request that unpaid leave be extended for a reasonable amount of time to enable the employee to return to work. This is known as a reasonable accommodation under the Americans with Disabilities Act (ADA). The determination of whether to hold an employee’s position open will be made on a case by case basis based on business rationale.

For more information on employee rights and responsibilities under the Family and Medical Leave Act, click here. For more information on DCH leaves of absence, click here.

3.6 LEAVES of ABSENCE POLICY (NON-FAMILY AND MEDICAL LEAVE ACT)

Benefits-eligible employees of DCH, who have completed the initial six month employment period, may be eligible for an approved leave from work for a qualifying reason not falling under the Family and Medical Leave Act (FMLA).

**Conditions of Leave of Absence**

Any person on Leave of Absence, who receives remuneration for work performed while on Leave without prior written approval of the DCH, shall cease to be an employee (on leave status) and shall forfeit all accrued benefits. This condition does not apply to a military leave, nor does it prohibit a person who is undertaking advanced educational or specialty training from work in the area of their educational or specialty areas as long as it is directly connected with such training.

When an employee fails to return from an approved leave of absence for a period of three (3)
consecutive days without proper notification, DCH will have the right to process a termination of that employee. The termination date will be effective the date the employee was scheduled to return from the leave of absence and any such termination is considered a voluntary quit (making the employee ineligible for rehire).

Types of Leave

Hospital Medical Leave (HML)
DCH Health System may provide up to 12 weeks of unpaid, unprotected medical leave during a 12 month period for the following:
- Serious health condition of the employee (whether caused on or off the job),
- Serious health condition of a qualifying family member, or
- Pregnancy of the employee.

An eligible employee who does not meet the Family and Medical Leave Act (FMLA) eligibility requirements for personal or family care medical leave and who must be absent from work for a full pay period or greater may apply for HML.

If your FML has been exhausted and you are unable to return to work due to your own serious health condition or a qualifying family member’s serious health condition, you may apply for HML. The combination of FML and HML should not exceed a total of 24 weeks (12 weeks FMLA and 12 weeks HML).

DCH will consider additional unpaid leave as a reasonable accommodation under the Americans with Disabilities Act (ADA). A DCH employee with a Workers’ Compensation injury or illness may be granted additional time.

An employee on an approved HML is not guaranteed job protection. The determination of whether to hold an employee’s position open will be made on a case by case basis based on a business rationale.

Military Leave (ML) USERRA
DCH Health System offers military leave of absence in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) for employees who are ordered into active service or reserve duty with U.S. Armed Forces.

When the employee is ready to return to work from ML, he will be restored to the job status, seniority rights and benefits he would have attained if he had not been absent due to ML in accordance with USERRA.

Upon readiness to return from ML, the employee is guaranteed his former position or one of similar status if the employee:
- was not a temporary employee prior to enlistment;
- received an honorable discharge from duty or returned to inactive reserve status;
- applies for reinstatement within the guidelines established by USERRA regulations (is qualified to perform the duties of the same, comparable, or a less responsible position at DCH Health System).

If the employee is disabled during service, reasonable accommodations may be made to assist the employee in performing the essential functions of the same or comparable job.
DCH will allow up to 168 military leave hours each calendar year to be paid for scheduled work days when the employee must be absent from work to attend weekend drill, annual field training, or additional duty training.

For more information on your rights under USERRA, click here. For more information on DCH leaves of absence, click here.

Military Caregiver Leave: A covered employer must grant an eligible employee who is a spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness up to a total of 26 workweeks of unpaid leave during a “single 12-month period” to care for the service member. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. A serious injury or illness is one that was incurred by a service member in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank, or rating. The “single 12-month period” for leave to care for a covered service member with a serious injury or illness begins on the first day the employee takes leave for this reason and ends 12 months later, regardless of the 12 month period established by the employer for other types of FMLA leave.

An eligible employee is limited to a combined total of 26 workweeks of leave for any FMLA- qualifying reason during the “single 12-month period.” (Only 12 of the 26 weeks total may be for FMLA qualifying reason other than to care for a covered service member).

Qualifying Exigency Leave: A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave during the normal 12-month period established by the employer for FMLA leave for qualifying exigencies arising out of the fact that the employee’s spouse, son, daughter, or parent is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. Under the terms of the statute, qualifying exigency leave is available to a family member of a military member in the National Guard or Reserves; it does not extend to family members of military members in the Regular Armed Forces.

Qualifying exigencies include:

Issues arising from a covered military member’s short notice deployment (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification;

Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member;

Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances
arising from the active duty or call to active duty of the covered military member; Making or updating financial and legal arrangements to address a covered military member’s absence; Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which arises from the active duty or call to active duty status of the covered military member; Taking up to five days of leave to spend time with a covered military member who is on short term temporary, rest and recuperation leave during deployment; Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member’s active duty status, and addressing issues arising from the death of a covered military member; Any other event that the employee and employer agree is a qualifying exigency.

Effective October 28, 2009, President Obama signed into law the National Defense Authorization Act for Fiscal Year 2010 on, which includes provisions expanding military family leave entitlements. Specifically, the Act permits family of active duty members to take up to 12 weeks of job-protected leave in a 12-month period for a “qualifying exigency” arising out of the active duty or call to active duty status of a spouse, son, daughter or parent. A broad range of events and activities are considered qualifying exigencies, including short-notice deployment, child care and school activities, financial and legal arrangements, rest and recuperation, post- deployment activities, counseling, and military events and related activities. Prior to this Act, exigency leave was limited to family of Reserve and National Guard members only.

The Act also enables military caregivers to take up to six months (26 workweeks) of leave in a 12-month period to care for a covered service member or veteran with a serious service-related injury or illness. The Act now covers care for veterans up to five years after the service member leaves the military. This leave is not calculated using the calendar-year method. Rather, the caregiver may take this leave in a single 12-month period, which begins on the first day the employee takes leave and ends 12 months later.

More information is available on this leave from Human Resources or the Employee Health representative.

3.7 BEREAVEMENT LEAVE PAY

Bereavement leave is offered to provide paid time off for the loss of an immediate family member. Employees who are eligible to earn Paid Time Off (PTO) are eligible for paid bereavement leave. You may be granted up to a maximum of three scheduled work days as needed within 14 days of the loss of your immediate family member to attend to associated needs.

For the purpose of bereavement leave, immediate family is defined as father, mother, spouse, brother, sister, child, father-in-law, mother-in-law, grandparents, grandchildren, legal guardian of the employee, step children, step parents and step siblings.

Bereavement leave will only be granted for days you were normally scheduled to work based on the hours of your scheduled shift. Bereavement leave is not paid during an unpaid
leave or scheduled off day. Bereavement pay may not be substituted for PTO, Sick Pay and PTO or PIB FMLA.

You should notify your supervisor immediately when there will be a need for bereavement leave, and submit a time off request for the bereavement leave days. If you need additional time off you may submit a request for PTO, if available, to your supervisor.

3.8 BEREA VEMENT FOR REMEMBRANCE/MEMORIALS

To ensure that DCH and DCH Foundation recognize the death of an employee, volunteer, retiree, board member or physician with an appropriate expression of sympathy, the deceased will be mentioned/remembered at the Annual Remembrance Service. If you become aware of a death of a co-worker, volunteer, retiree, board member or physician you should notify the Vice President of Human Resources.

3.9 JURY DUTY

Time off for jury duty is granted to all employees in accordance with applicable federal, state, and local law. DCH encourages employees to serve on jury duty when called.

You must notify their supervisor of the need for time off for jury duty or as a witness as soon as a notice or summons from the court is received requesting appearance in court as a witness. A copy of the court order or subpoena must be supplied to your supervisor at the time the leave request is made. You may be requested to provide written verification from the court clerk of performance of jury service or appearance as a witness.

Regular full-time and regular part-time employees at RMC and NMC and regular full-time employees at FMC called to court as juror or witnesses are entitled to regular pay for time when they are required to be physically present in the court as a juror or witness pursuant to a court order or subpoena. Jury pay is not provided for jury duty on regularly scheduled off days.

You are expected to report to work when released from jury service by the court during normally scheduled work hours and call immediate supervisors for report-to-work instructions unless earlier arrangements were approved.

Employees subpoenaed to appear in court as a representative of DCH will be paid for the time involved. Employees subpoenaed to testify as a witness in a case not involving DCH such as a civil or criminal litigation will generally be granted time off from work to appear in court, however, they will not be paid by DCH unless they use available PTO.

3.10 BENEFITS ELIGIBLE DEPENDENTS

Eligible dependents for DCH benefits are:
- Your legal or common-law spouse (of the opposite sex)
- A child* under age 26, regardless of marital or student status
- An unmarried incapacitated child, if the incapacity occurred before age 26

*The child may be a natural child, stepchild, legally adopted child, child placed for adoption or
any other child for whom you have permanent legal custody or that you or your spouse are court-ordered to cover. The child does not have to qualify as your dependent for purposes of Section 105 and 106 of the Internal Revenue Code.

A grandchild is only eligible if he or she meets all of the following guidelines: You or your spouse have legal guardianship; He or she is under 26 years of age; He or she must qualify as your dependent for purposes of Section 105 and 106 of the Internal Revenue Code.

3.11 BENEFITS ENROLLMENT OPPORTUNITIES

You are eligible to enroll yourself and your eligible dependents, with required documentation, in any of the benefits offered by DCH within 30 days of your benefits eligibility date and be guaranteed coverage. Your benefits eligibility date may be your hire date or the date you changed to a benefited position. Some benefits will be effective on your benefits eligibility date (if you enroll within 30 days). Others, such as vision, dental and cancer insurance, will be effective the first day of the month following your benefits eligibility date. If you wait longer than 30 days, there will be restrictions as to when you can enroll and you may be required to submit to medical underwriting for some benefits. You will need Social Security numbers and dates of birth to enroll your eligible dependents.

For additional benefits-related information, refer to the DCH Intranet and/or the Benefits Highlights Brochure.

3.12 MAKING BENEFITS CHANGES DURING THE YEAR

According to IRS regulations, you can only change or drop your benefits elections during the year when your family status changes due to one of the following reasons:
- You get married
- You legally separate or divorce
- You or child is born or you adopt a child
- Your spouse or dependent dies
- Your or your spouse’s employment status changes
- One or more of your dependents become ineligible for health, dental, vision or life insurance coverage

To make a benefits change you must notify Human Resources within 30 days of the change except when your child is born or you adopt a child. In those cases, you have 60 days to add the newborn or newly adopted child. You will be required to provide documentation of the change.

3.13 ANNUAL BENEFITS OPEN ENROLLMENT

Each fall, employees have the opportunity to update benefits selections during the annual open enrollment period. The choices made during annual open enrollment will remain in effect through Dec. 31 of the following year.
3.14 HEALTH EXAMINATIONS

DCH provides an initial employment physical and biennial (every other year) physical, thereafter. These examinations are provided at no cost to you.

3.15 HEALTH INSURANCE

DCH offers group health insurance to all benefits-eligible regular full-time employees and regular part-time employees and their eligible dependents. Bi-weekly premiums are determined by the number of eligible dependents covered as well as tobacco or non-tobacco usage. To qualify for the non-tobacco bi-weekly contribution amount, you must complete a Non-Tobacco Use Declaration, available from Human Resources or on the DCH intranet.

3.16 CONTINUATION OF HEALTH INSURANCE BENEFITS

The Consolidated Omnibus Budget Reconciliation Act (“COBRA”) contains provisions for all employees, except those who have been terminated for gross misconduct, are eligible for continued medical care, under the DCH health, dental, vision insurance and medical spending account at the employee’s own cost, following employment termination pursuant to the Consolidated Omnibus Budget Reconciliation Act (“COBRA”). COBRA continued benefits also are available in other circumstances such as during military leave and certain leave situations. For more detailed information, please contact the Human Resources Department.

3.17 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

If you decline coverage under the DCH Medical Plan for yourself or your dependents because you have medical coverage elsewhere, DCH will provide you with a description of your special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Briefly, these rights allow you to enroll yourself or your dependents in this plan in the future, provided that you request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself, your spouse and/or your new dependent child, provided that you request enrollment and required documentation of dependent eligibility is provided within thirty (30) days after the marriage, birth, adoption or placement for adoption. No other late enrollments will be accepted.

In addition, the Children’s Health Insurance Reauthorization Act that grants a 60-day period for benefit changes under two circumstances: (1) if you lose Medicaid coverage or your child loses coverage under a State Children’s Health Insurance Program or (2) if you become eligible for a premium subsidy from the State to help pay for your benefits. If either of these two situations applies to you, you will have 60 days from the date you receive notice from the State, regarding your loss of state-provided coverage or subsidy eligibility, to make changes to your benefits.
3.18 PAYING FOR BENEFITS COVERAGE

Health, dental, vision and cancer insurance, as well as dependent care and medical spending accounts are paid with pre-tax contributions. If you purchase optional term life insurance, optional long-term disability insurance or short-term disability insurance, payment will be with after-tax dollars. See the DCH Benefits Highlights Brochure for additional information related to pre-tax dollars.

3.19 INPATIENT AND OUTPATIENT DISCOUNTS

DCH offers inpatient and outpatient discounts for you and your immediate family members. These discounts do not apply to professional (physician) fees that are billed separately. Discounts are applied to the total bill after the insurance carrier (both basic and major medical coverage) has paid its portion of the bill. No discount or refunds will be provided on payments made by any insurance carrier. Discounts will apply to you and/or your immediate family members (spouse and dependents) admitted to a DCH Health System facility. Employees are eligible for a private room (if available) at no extra charge. The private room discount does not apply to family members.

3.20 WORKERS’ COMPENSATION

DCH is committed to maintaining a safe work environment. If you are injured or become ill while on the job, you may be covered by Workers’ Compensation Insurance. You must immediately report any injury or illness you receive while on duty to your supervisor. An Employee Injury Report Form should be completed within twenty-four (24) hours. The supervisor will investigate the facts of the injury and will refer you to Employee Health. Employee Health will schedule an appointment with the Occupational Medicine Center if needed. If Employee Health is closed, you and the completed Work Injury Form should go to the Emergency Department (ED) if you require immediate medical attention. Failure to report work-related injuries or illnesses in a timely manner may jeopardize Workers’ Compensation benefits. Benefits eligibility shall be determined in accordance with criteria specified in the Alabama Workers’ Compensation Act, Code of Alabama, 1975, Title 21-5.

3.21 CANCER INSURANCE

The Personal Cancer Indemnity Plan provides cash reimbursement directly to you in the event you or your covered family members are diagnosed with cancer. Because the payment is made directly to you, you can choose how you spend the money. Level of payment is determined by the option you select.

3.22 EMPLOYEE LIFE INSURANCE

DCH provides each benefits-eligible employee with basic term life insurance with a double indemnity feature. The amount of this coverage is based on your job at DCH. DCH also gives regular full-time and regular part-time employees the option to purchase up to four (4) times the basic coverage provided by DCH.
3.23 DEPENDENT TERM LIFE INSURANCE

Benefits-eligible employees may elect life insurance for their eligible dependents in the following amounts:

- Fifteen thousand dollars ($15,000.00) for spouse;
- Five thousand dollars ($5,000.00) for dependent children up to twenty-six (26) years old.

Employees of DCH may not be covered under the employee life insurance and dependent life insurance at the same time. If both parents are employees of DCH, they may not both cover the same dependent child.

3.24 DENTAL INSURANCE

DCH offers dental insurance to all benefits-eligible employees and their eligible dependents.

3.25 VISION CARE INSURANCE

Benefits-eligible employees may choose vision care insurance for yourself and your eligible dependents.

3.26 LONG-TERM DISABILITY

DCH provides basic long-term disability insurance to all benefits-eligible employees with 40% base salary replacement (maximum monthly benefit is $7,000). The option to purchase an additional 20% is also available (maximum monthly benefit is $10,500).

3.27 SHORT-TERM DISABILITY

Benefits-eligible employees can elect short-term disability insurance with a 60% base salary replacement ($2,000 weekly maximum benefit).

3.28 SPENDING ACCOUNTS

A Dependent Care Spending Account and a Medical Spending Account are available to all benefits-eligible employees. These accounts allow you to be reimbursed for eligible expenses on a tax-free basis.

3.29 PENSION PLAN

The pension plans are designed to reflect DCH’s sincere desire to help provide economic security for eligible employees and their families. Full cost of the plans is paid by DCH.

3.30 SOCIAL SECURITY

DCH employees receive automatic coverage under the Social Security Act. Social Security insurance coverage is shared by DCH and the employee. The total payment is based on your earnings and requirements of federal regulations.
3.31  TSA SUPPLEMENTAL RETIREMENT PLAN

DCH is able to offer employees who desire to supplement either the DCH Healthcare Authority Pension Plan or FMC Pension Plan and their personal savings, an opportunity to invest monies for retirement through a variety of mutual funds. These mutual funds are offered to employees at any time during the year. Contributions are made through payroll deduction. When employees satisfy the eligibility requirements of the Plan, they may be eligible for the discretionary employer matching contribution if a matching contribution is made for that plan year.

3.32  EDUCATION

In addition to regular training programs associated with all DCH jobs, special educational activities are presented from time-to-time to meet special needs. Educational programs are publicized for employees who wish to participate. You should make appropriate arrangements with your supervisor. Moreover, DCH may provide reimbursement for certain outside educational programs or school courses. For more information, contact your supervisor or the Department of Organizational Development and Education. DCH is pleased to be able to contribute to the advancement of the knowledge and skill of its staff.

3.33  EMPLOYEE SERVICE AWARDS

In recognition of faithful service to DCH, employees are awarded service pins upon the completion of each five and ten years of service. The Choice Program offers DCH employees freedom to choose a recognition gift from the program catalog or an award service pin. The Choice Program is offered to employees with 15 or greater years of service, retirees and employees receiving the Excellence Award.

3.34  EXCELLENCE AWARDS

DCH recognizes that its reputation and continued success depend on the outstanding attitude and performance of its employees. Therefore, DCH recognizes on a regular basis those employees who exemplify the highest standards of excellence in the following areas:

1. Behavior
2. Job Performance
3. Dependability
4. Appearance
5. Contributions to DCH beyond the call of duty

Nominations may be made by any employee, by physicians, patients or visitors. Nomination forms are located on the intranet, at the Employee Information Center (RMC), Human Resources (NMC) or Human Resource Lobby (FMC) and should be turned in to the Human Resources Department.
3.35 NOTARY SERVICE

Notary service is available for employees who need documents notarized. Contact the Human Resources Department for information.

3.36 EMPLOYEE FUND

The Employee Fund is a charitable fund operated by DCH employees at the RMC and NMC. The fund contributes to local charities and provides financial aid to members who suffer property losses as a result of fire or natural disaster. The fund also purchases flowers for the funeral, or makes a contribution to a charitable organization of the member’s choice, upon death of DCH Employee Fund members and their immediate families. Employees at the RMC and NMC are encouraged to become members of the DCH Employee Fund. The deduction for the Employee Fund is three-tenths of one percent of gross pay (thirty (30) cents for every one hundred dollars ($100.00) of gross earnings).

3.37 EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) offers employees and their dependents free assessment, short-term counseling and referral services. EAP can assist with problems including marital/relationship issues, parent-child problems, behavior problems in children, job-related issues, emotional problems, substance abuse, and financial issues. Most EAP clients are self referred but, in some cases, an employee may be referred to the EAP for support and counseling. Information regarding you and your counseling sessions is not a part of your personnel file. Your right to privacy is protected within state and federal guidelines.

There is no out of pocket cost or insurance deductible for services provided by the EAP to employees and their covered dependents. All sessions are by appointment and can be scheduled by calling the EAP office at 759-7890 or 1-866-840-0750. Information about the EAP is also available on the DCH Intranet home page as well as the World Wide Web.

Employee Liaison

DCH also offers a service for employees who have a job-related concern. The service is called the Employee Liaison, and it is for any DCH employee who wants help as they explore options to resolve a work-related issue. If you have a concern about working conditions, a conflict with a supervisor, disciplinary action or are considering using the SOS process, you can use the Employee Liaison service for information and assistance. The Employee Liaison is a professional employee of the EAP who has skills in problem-solving and conflict resolution. The Employee Liaison can offer advice on how to use existing channels for resolving the problem, including the SOS procedure.

How to Use the Employee Liaison

As always, the first step to resolve an issue is to work within your department. If this has not been successful, the Employee Liaison can help you explore other options.

The Employee Liaison will review with you what the perceived issue is, as well as options that you may use to resolve the problem. The Employee Liaison can help you look at ways to deal with the issues in a manner that would be compatible with DCH's mission and your needs. If the issue were not resolved, the Employee Liaison would be available to meet with you and your supervisor to review the alternatives. The purpose of the meeting would be
to give you and your supervisor the chance to present concerns and suggest ways to solve the problem.

As with all EAP services, information shared with the Employee Liaison is confidential, unless the employee gives written consent otherwise. This confidentiality is to be limited to federal and state guidelines and would not be absolute, such as in case of threats to harm oneself or another or of intent to commit a criminal act.

The Employee Liaison's Role in the SOS Process
If you decide to use the SOS process, the Employee Liaison is available to provide information about the process and help file the request for review. The Employee Liaison is also available to attend the meetings with you, if requested, as a support for you. The liaison will not present your concerns during the process. The Employee Liaison serves as a resource for you or the Manager who reviews the situation.

Advantages of Using the Employee Liaison
The Employee Liaison provides:
- Prompt and easy access to someone to hear your concerns.
- Early intervention in the process to try to resolve the issue.
- Options for resolving the problem are examined in a non-threatening environment.
- Informal procedures can be used to encourage solving the problem in a way that satisfies you and the supervisor.

3.38 CAFETERIA

To accommodate employees, DCH provides a cafeteria. Meals are available to you at a discount and payroll deduction. In order to receive the discount or to payroll deduct, you must have your identification badge. Family members and guests are invited, but they must pay the regular price.

3.39 COMPLEMENTARY MEALS

Benefits-eligible employees at the RMC and NMC are eligible for five (5) complementary meals for perfect attendance provided you have not used any PTO/S, PTO/FMLA, PIB, PIB/FMLA, Absent Day or were not AWOL any days the previous year (refer to Attendance Policy in Section 7). Human Resources will issue your meals electronically to be accessed with your ID badge. Your supervisor will be responsible for notifying you that your meals are available. Complementary meals for perfect attendance will have a value up to $5.00 and will normally not be valid for more than 120 days. You should let the cashier know that you wish to use your free meal and present your ID badge. You will only be able to use your badge once during each meal period.

3.40 CREDIT UNION

The DCH Credit Union is operated independently of DCH. The Credit Union provides saving, loan, checking programs and direct deposit plus a variety of other valuable services. Through an agreement with the Credit Union, contributions to savings, checking and loan repayment can be made biweekly through payroll deduction. For further information, contact
the Credit Union.
### 3.41 Benefits Eligibility

**Benefit Eligibility by Employee Type**

**Regional Medical Center & Northport Medical Center**

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<td>Long-Term Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>PTO</td>
<td>0.7-0.9</td>
<td>Factor hours or PTO</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sick</td>
<td>0.7-0.9</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Christmas Club</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
SECTION 4
Environment of Care

4.1 ENVIRONMENT OF CARE

The Environment of Care (EOC) refers to the physical environment. It involves buildings, people, and equipment. The Environment of Care program ensures that DCH provides a safe and secure environment for patients, employees, Medical staff, and other people coming to our facility.

Management plans and supporting policies and procedures exist for each of the seven (7) plans of the Environment of Care. These are:

1. Safety, including Worker Safety
2. Security
3. Hazardous Materials and Waste
4. Emergency Management
5. Life Safety or Fire safety
6. Medical Equipment
7. Utilities

Each of the management plans is evaluated on an annual basis for its effectiveness. The development, implementation and evaluation of the management plans are performed by many people and are coordinated by the Safety Officer and the Environment of Care Committee.

4.2 SAFETY

Providing a safe physical environment for all our employees, Medical staff, patients, visitors and others is one of DCH’s chief concerns and responsibilities. All employees are expected to be safety conscious and to assist in identifying conditions which might cause an accident. Employees and others are to report any unsafe conditions and all work-related injuries, minor or otherwise, to their Supervisors. If your supervisor is unavailable, report any unsafe conditions to the Risk Management Department or Security Department.

During the orientation period, each employee is instructed to do his or her job in the safest way possible. DCH’s work and safety rules will provide a safe environment only if each employee:

- Is alert on the job.
- Thinks before taking action.
- Consciously takes care to avoid unnecessary rush.
- Reports unsafe practices.
- Observes equipment before use and reports faulty equipment.
- Develops a safety-conscious attitude.
- Actively participates in drills, training and safety education activities.
- Maintains clean and safe work areas.
4.3 SECURITY

Of necessity, DCH is open at all times. Employees must be alert for the unauthorized entry of persons either into the facility or unauthorized areas or departments. An employee should offer assistance to persons who have entered an unauthorized area in error or who otherwise appear to need directions to their destination. The security office should be notified of persons who appear suspicious.

The cooperation of all employees is vital if theft is to be prevented. Supplies and equipment should be stored in approved areas so that maximum security measures may be observed. Do not bring large sums of money or valuables to work with you because DCH cannot be responsible for losses of personal items. Unoccupied offices, lockers, storage areas and treatment areas should be kept locked.

Employees must wear their DCH-issued photo identification badge at all times while working. Employees should not use their ID badges to allow unauthorized individuals into secured areas.

Security is provided by a contract organization 24 hours a day/7days a week. Additional security is provided by off-duty police officers (RMC).

Security Events should be reported to the Security. As appropriate, Security will report events to the Risk Management Department and/or your supervisor.

4.4 HAZARDOUS MATERIALS AND WASTE

All employees have the right to know of any hazardous materials or chemicals which you might come into contact during the course of your daily work activities. You are informed of this during your initial orientation and/or when your job function changes or if new products or services are introduced in your work area. You should take every precaution when handling hazardous chemicals and disposing of hazardous wastes in accordance with hospital and departmental procedures. A hazardous chemical spill should be reported immediately to your supervisor and spill cleanup should occur in accordance with MSDS criteria. Hazardous waste must always be disposed in the proper container. Evidence of hazardous waste that has been disposed of improperly should be immediately reported to your supervisor who will contact designated hospital personnel for instructions regarding corrective action.

4.5 FIRE AND DISASTER

A fire plan and emergency preparedness program has been established by DCH. All employees are required to know their roles in the event of fire or disaster. You will receive general training during new employee orientation. You will receive specific training in your department or unit. You can direct any questions to your supervisor. They will instruct you in departmental procedures to be followed in the event of fire or other disasters. Fire drills and disaster exercises are performed to test employee knowledge and preparedness.
4.6 SAFETY EDUCATION

New employees receive Environment of Care (EOC) training during new employee orientation. Annual EOC training is provided to all employees through computer-based training. Each employee is required to complete this annual training. From time to time, other safety classes may be provided by individual departments of DCH. Education also takes place through employee news publications such as the Monitor. On a monthly basis, employee EOC knowledge is randomly measured through employee assessment activities.

4.7 EQUIPMENT/UTILITIES

Hospital equipment is costly, but even more importantly, it may be essential to save a life. Employees should care for equipment as they would their own property. Employees are asked to report the malfunction or disrepair of equipment to your supervisor or the Engineering Department. Staff should always check the dates on the sticker on patient care equipment to ensure the equipment's preventive maintenance check is current.

Due to the scope of services provided, DCH has multiple back-up resources in the event of a utility failure. It is important that critical medical and other equipment be plugged into emergency receptacles ("Red" outlets) to ensure continuous operation in the event of a power disruption.

4.8 WORKPLACE VIOLENCE

DCH strictly prohibits any form of workplace violence. This policy applies to all managers, employees, volunteers, physicians, patients and visitors of the DCH Health System. Violation of this policy will be cause for disciplinary and/or legal action as deemed appropriate by DCH based on the findings of the investigation.

Prohibited Conduct
DCH prohibits conduct that may be considered threatening or violent under this policy, including but not limited to:

- Threat of or actual physical force intended to inflict pain, injury, destruction or punishment toward oneself, another individual, or the family, friends or coworkers of an individual.
- Threat of or actual destruction of property belonging to oneself, DCH, or another individual
- Threat issued by telephone, letter, memorandum, note, voicemail, email, text message or any other means of communication.
- Stalking or unauthorized surveillance of an individual, his family, friends, or property
- Use of weapons in or on DCH property
- Possession of a weapon inside a DCH facility
**Reporting Concerns**

Everyone is encouraged to promptly report any concern with workplace violence to the attention of management. Any patient or visitor to DCH who believes that he has witnessed or been subjected to violence at DCH is encouraged to report the incident(s) to DCH management or Security. Any employee, volunteer, or physician who believes that he has witnessed or been subjected to workplace violence should report the incident(s) to DCH management, Security, or Human Resources.

DCH takes reports of workplace violence very seriously and will promptly investigate all reports of workplace violence. DCH will ensure that no retaliation is taken against anyone who reports a workplace violence concern. Any person suspected of engaging in workplace violence may be removed from DCH property pending the outcome of an investigation. Upon conclusion of the investigation, DCH will take appropriate actions, based on the findings of the investigation.

### 4.9 TOBACCO-FREE

As a healthcare provider, DCH Health System believes a tobacco-free environment is an essential component to promoting health and safety for our patients, visitors, and staff. The use of tobacco products within a DCH facility or on the grounds of a DCH facility campus is in direct conflict with our commitment to a healthy environment and promotion of a healthy lifestyle.

The sale or use of tobacco by any person is prohibited in or on all DCH Health System owned or leased buildings, grounds, parking lots, decks, ramps, plazas, owned or leased vehicles and sidewalks adjacent to DCH properties. It is the responsibility of every employee of DCH Health System to support and fully comply with the tobacco-free policy. Compliance with this policy is expected, and employees who violate this policy will be subject to current disciplinary procedures under the Positive Discipline Policy. Medical Staff members who violate this policy will be subject to the disciplinary process under the Medical Staff By-laws and Rules and Regulations. Policy variance may be allowed for residents in the Fayette Long Term Care Facility.
4.10 ACCIDENTS TO VISITORS

Occurrence reports should be prepared on all accidents involving visitors. If you witness or discover that a visitor has had an accident on DCH property, assist in every way possible. Take a friendly and helpful interest in the visitor. If the visitor is well enough to be moved, escort the visitor to the Emergency Department and review the accident with the nurse in charge.

Listen carefully to the visitor’s report of the accident, but avoid any conversation or statements to the visitor concerning the cause, fault or liability. The Supervisor in the area where the accident occurred will be notified of the Occurrence report, which will be submitted to Risk Management.

4.11 ACCIDENTS TO PATIENTS

All accidents involving patients are to be appropriately documented as required by policy, procedure or practice. Accidents involving patients should be reported to the appropriate manager or supervisor and to Risk Management.

CAUTION: Do not attempt to move the injured person yourself: Get assistance. Be alert to the conditions that caused the accident and to any unusual circumstances that might affect the patient’s condition.

4.12 ACCIDENTS TO EMPLOYEES

If you are injured on the job, you must report the injury to your Supervisor immediately and complete an Employee Work Injury Form within twenty-four (24) hours of the accident. The Supervisor will investigate the facts of the injury and will refer you to Employee Health. Employee Health will schedule an appointment with the Occupational Medicine Center if needed. If Employee Health is closed, the employee and the completed Work Injury Form should be taken to the Emergency Department (ED) if the employee requires immediate medical attention.

4.13 WEAPONS

DCH Health System does not permit any individual to bring weapons into a DCH facility. If an employee, physician, or contract personnel becomes aware that a patient, visitor,
employee, or other individual inside a DCH facility is in possession of a weapon, the individual should be asked to remove the device from the facility. Security and management should be contacted.

Uniformed and plain clothes law enforcement officers, who are clearly identified as such by some type of visible law enforcement identification, are permitted to retain their weapons while inside a DCH facility. Weapons include, but are not limited to, firearms, knives, stun guns, tasers, pepper spray, etc.

4.14 REMOVAL OF HOSPITAL PROPERTY

Hospital property shall not be removed from DCH premises for personal use.

You should request permission from your supervisor or appropriate Vice President or, in their absence, their specifically designated representative for any hospital property, regardless of value, being taken from the hospital for work-related use. The employee will be responsible for the property which is in their possession until it is returned to the facility.

Employees who purchase surplus used property or used building materials from the hospital should present the sales receipt at the security monitoring room prior to removing the property from the hospital premises.

Property rules may vary with other DCH facilities. The rules that apply to you will be discussed with you when you are hired.

4.15 INSPECTION POLICY

Increasing problems in recent years with thefts and pilferage of DCH and employee personal property from DCH premises warrant the following additional security measures. DCH as a matter of policy expressly reserves the right to inspect, at random, parcels, packages, handbags, briefcases and other similar items and their contents while being brought into, while at, or while being removed from the premises of DCH by any employee. DCH further reserves the right to remove there from and retain any property belonging to DCH or any other property not lawfully in the possession of the employee. This policy is a condition of employment with DCH. (Refer to Corporate Compliance Program Section 8).
SECTION 5
General Work Rules

5.1 THE EMPLOYEE’S ROLE IN PUBLIC RELATIONS

The good will of DCH in the community is reflected in your attitude toward the patients and visitors with whom you come in contact. Each employee is part of DCH’s public relations team! Personal conduct should be in keeping with DCH’s high standards and ideals. It is important to remember that good manners, appropriate dress and willing, cooperative attitudes are an important part of your job.

Employees are asked to:
- Avoid loud talking or laughing.
- Avoid unprofessional and disruptive behavior.
- Avoid group conversation or discussion in all public and patient areas.
- Avoid using vulgar, profane or inappropriate language.

5.2 BEHAVIORAL STANDARDS

DCH Behavioral Standards define how employees conduct themselves in the workplace in order to support the DCH Mission, Vision and Values to achieve the strategic goals. The Behavioral Standards apply to all levels of employees.

All employees will be evaluated on the Behavioral Standards as part of their normal evaluation. The Behavioral Standards have a weight of 30% of your evaluation. The weights may be adjusted in future years.

Standard 1: Be Considerate and Courteous to Everyone

- Actively listen and respond with empathy (handle inquiries with attentiveness and sensitivity).
- Participate in solving problems and resolving conflicts (raise issues/questions with the appropriate person).
- Demonstrate courtesy to others with whom you come in contact (deliver proper greeting, identify yourself, call others by their names, be polite, smile when appropriate).
- Maintain and protect confidentiality of organization information at all times and honor confidentiality of others when appropriate.
- Welcome every patient/family member immediately by making eye contact, smiling, greeting in a friendly manner and introducing yourself with your name, title, and/or department.
- Explain any and all delays in service. If a customer needs to wait, update them every 15 minutes on status.
- Respond quickly and anticipate the patient's needs. Provide directions and/or assistance as needed. Offer to walk the patient/family member to their destination, if possible.
Standard 2: Treat others like you want to be treated

Anticipate the needs of others and respond promptly and appropriately.
Be positive with words and actions when interacting with others.
Honor time commitments (honor agreed upon time frames).
Display positive, caring behavior toward everyone.
Have a sense of humor that promotes a positive work environment.
Display interpersonal behavior and appearance, which reflects well on the organization and the individual.
Treat all customers and staff the same regardless of race, religion, ethnic background or socioeconomic level.
Call patients by proper name, Mr./Mrs./Miss/Ms., unless directed by the customer to do otherwise; treat each person as if he or she is the most important person in our facility.
Maintain our patient's privacy at all times; if there is a closed door, knock. When closing their door or pulling the curtain around their bed, let them know it is to provide their privacy.
Ask patients: "Is there anything else I can do?"; thank our patients/family members for choosing DCH Health System.
Tell patients what you are doing to them, and tell them what happens next.

Standard 3: Be Supportive and Cooperative with each other

Communicate openly, directly and honestly in all dealings (build an atmosphere of trust and honesty.)
Offer encouragement and support others.
Recognize and respect others - value differences.
Demonstrate good judgment through consistent application of standards and be flexible and open to new ideas and approaches.
Avoid giving "excuses and justifications" such as blaming other areas or shifts.
Take responsibility for fixing a customer's problem. It is our job. We are the DCH Health System. If a patient has a problem, we have a problem.

Standard 4: Display Pride in your job and the institution

Take initiative and be proactive (take action when needed and strive for continuous improvement)
Identify problems and solutions (find the best solutions, share job knowledge and experience with others)
Report to work when scheduled; follow through on assignments
Be knowledgeable, responsible, accountable and involved (promote and demonstrate teamwork)
Practice cost containment (treat all organizational property and resources with respect and care)
Support the strategic plan, mission, vision and values of the DCH Health System
Understand and follow policies and procedures and expected practices that apply to all staff
Never say: "We are under-staffed".
Serve your community, your fellow employees, and your customers with pride and respect.
Our dress will be professional, tasteful, tidy and discreet.
**Standard 5: Demonstrate Positive Leadership Qualities**

Support equal, consistent, fair treatment and opportunity for all.
Offer positive reinforcement and give recognition (coach, counsel and mentor staff to promote confidence).
Set and communicate clear, realistic and measurable goals/expectations for the organization, department, and one another.
Be accessible and visible.
Provide a learning environment, which encourages education and development for continuous improvement.
Serve as a resource by sharing job knowledge with others.
Serve as positive role model (lead by example).
Do not discuss confidential information where it might be overheard, such as in an elevator, hallway or outside a patient room.

5.3 SERVICE HEART PRINCIPLES

Outstanding customer service is rare yet consistently sought after. When you receive it you know it! When you are in the presence of an excellent service provider it appears easy and effortless. Because of our multidisciplinary approach to service, focused effort from each and every employee of DCH is required. Outstanding service is the one thing that can single handedly set us apart from other healthcare facilities. The DCH Behavioral Standards represent the foundation. The Service Heart principles are the core of the foundation that support the Mission, Vision, Strategic Goals, each staff member and ultimately every service interaction within DCH.

Each Service Heart section is supported by one of the DCH Behavioral Standards. The ten Service Heart principals are:

- **Attitude**
  We believe that we are here to serve our customers by meeting their needs with utmost care and courtesy. This commitment must be reflected in our behavior. (Behavioral Standard: 2)

- **Appearance**
  We consider our customers’ expectations in how we present ourselves and our facility. This commitment must be reflected in our manner, expression and concern. (Behavioral Standard: 2)

- **Communication**
  We are committed to understanding our customers in order to fully understand their needs fully. This commitment must be reflected in our sincerity and prompt response. (Behavioral Standard: 1)

- **Responsiveness**
  We are responsible for answering customer calls/emergency lights with an extra bit of urgency. This commitment must be reflected in our sincerity and prompt response. (Behavioral Standard: 2)

- **Co-workers**
  We are linked to one another by common purpose: servicing our patients and our community. This commitment must be reflected in our willingness to help one another and our respect for each other. (Behavioral Standard: 3)
Customer Waiting
We recognize that time is valuable. This commitment must be reflected in our prompt service, communication and compassion. (Behavioral Standard: 2)

Transportation Etiquette
We contribute to a positive experience for our customers traveling throughout our organization. This commitment must be reflected in our good manners and smoother transportation. (Behavioral Standard: 1)

Privacy
We ensure our customers’ right to privacy and modesty. This commitment must be reflected by maintaining a secure and trusting environment. (Behavioral Standard: 1)

Safety Awareness
We all share in the responsibility of maintaining a safe environment. This commitment must be reflected by our actions and attitude. (Behavioral Standard: 4)

Sense of Ownership
We take pride in what we do, feeling responsible for the outcomes of our efforts. This commitment must be reflected by the recognition that our work is a reflection of ourselves and we all must be a positive role model. (Behavioral Standard: 5)

5.4 DRESS AND APPEARANCE

The dress and personal appearance of all who are associated with DCH are vitally important in relations with patients and visitors. By the nature of DCH’s operation, most employees are expected to wear uniforms. Clothing, whether a uniform or street wear, must conform to safety requirements and be appropriate for the professional work and the image that DCH desires to project to its patients and visitors.

Many of our visitors, co-workers, volunteers, and physicians have allergies and other health concerns that may be aggravated by strong odors or fragrances. For this reason, fragrances are not allowed such as smoke odor, tobacco residue, aftershave, cologne, perfume, scented lotions or scented makeup. It is not our intent to discourage use of deodorant, hair care or other personal hygiene products.

Your supervisor can provide more information regarding your department dress and personal appearance standards. (See Section 7 for DCH Health System Policy).

5.5 PROGRESSIVE DISCIPLINE POLICY

The purpose of the Progressive Discipline Policy is to establish expectations for performance and behavior applicable to all employees in furtherance of DCH mission, vision and values, and to establish procedural guidelines for addressing employees at all levels who violate these expectations or who otherwise engage in misconduct.

POLICY
DCH has established expectations of conduct for employees in order to promote operational efficiency and safety, to ensure quality services and patient satisfaction, and to comply with the letter and spirit of applicable laws and regulations. Employee performance or behavior that interferes with operations discredits the organization or is offensive to patients, physicians, fellow
employees or other customers will not be tolerated and will be remedied through appropriate measures, which includes disciplinary actions.

Progressive discipline is an approach to solving discipline problems with an underlying theory that it is the manager’s job to coach not punish. Therefore, progressive discipline is administered with the purpose in mind of teaching and instructing in an effort to prevent the recurrence of the undesirable behavior.

Generally, a disciplinary action will begin at the lowest step possible in the progressive discipline process. Further progressive discipline will not be taken, if the employee’s conduct improves. If the disciplinary action does not result in improvement, it will result in further disciplinary action. Depending on the nature and severity of the problem, a first offense may warrant advancing to any step in the progressive discipline process up to and including termination.

It is important that Human Resources be involved in the progressive discipline process to ensure fairness and consistency with policies and practices. While it is not feasible to identify every possible problem that may require disciplinary action, the examples provided in this policy are not all-inclusive and should serve as guidelines for understanding what action may be taken for problem areas not listed.

When disciplinary action is necessary, a supervisor must ensure that:
- The method chosen fits the individual situation.
- The action taken is timely, reasonable, and understood by the employee.
- Written notice given to the employee is specific as to the reason(s) for the action.
- Action taken is consistent with policies and practices.

Unsatisfactory work performance, misconduct, or excessive absenteeism within the first six (6) months of employment may be cause for immediate discharge. However, the employee should be counseled prior to discharge, if such action is appropriate and consistent with policy.

Implementation of this policy does not establish any contract of employment nor modify “employment at-will” under Alabama Law.

**Progressive Discipline Process**
The table below summarizes the four (4) steps in the progressive discipline process, including a description of the action and its expiration.

<table>
<thead>
<tr>
<th>Progressive Discipline Step</th>
<th>Description</th>
<th>Sent to HR for Employee Record</th>
<th>Requires HR Involvement</th>
<th>Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Point of Discussion (POD)</td>
<td>Manager provides employee with a documented verbal counseling</td>
<td>Yes</td>
<td>No</td>
<td>12 months</td>
</tr>
<tr>
<td>Step 2: Personnel Action Record (PAR)</td>
<td>Manager provides employee with a formal written warning</td>
<td>Yes</td>
<td>No</td>
<td>12 months</td>
</tr>
<tr>
<td>Step 3: Final Warning</td>
<td>Manager provides employee with a final warning</td>
<td>Yes</td>
<td>Yes</td>
<td>12 months</td>
</tr>
<tr>
<td>Step 4: Termination</td>
<td>Manager recommends termination</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

All progressive discipline must be documented on the progressive discipline form and signed and dated by the manager and the employee. The manager must send the progressive discipline form
to Human Resources to be included in the employee record. If any further disciplinary action occurs before a disciplinary action expires, it will result in the next step in the progressive discipline process at a minimum.

To ensure consistency and fairness of application, all progressive disciplinary action beyond a Personnel Action Record must be reviewed by Human Resources in advance of being issued.

**Applying Progressive Discipline**

Examples of problems that may be remedied through the progressive discipline process include, but are not limited to, the following:

1. Distracting other employees or causing general confusion.
2. Behavior which adversely affects the morale and work of other employees.
3. Other problems involving misconduct or work performance warranting a point of discussion under the circumstances.
4. Discourteous treatment of patients, visitors or fellow employees.
5. Loud, boisterous or inappropriate behavior which is not in keeping with a proper hospital atmosphere.
6. Poor judgment resulting in poor patient care/performance and/or job results.
7. Deficient work performance.
8. Failure to follow instructions of supervisor.
9. Creating or contributing to unsanitary conditions.
10. Performing outside work that interferes with the duties of the employee’s employment.
11. Unsafe or improper use of equipment after being instructed in the proper care and use of same equipment.
12. Waste of DCH's supplies or property.
13. Failure to follow hospital's dress code and personal appearance policy.
14. Failure to follow departmental policies and procedures.
15. Failure to wear identification badge while on duty.
16. Personal phone calls that interfere with duties of the employee’s employment.
17. Posting notices or signs of any kind on DCH's property without permission.
18. Unauthorized solicitation, sending or collecting contributions for any purpose.
19. Misuse of DCH property, supplies, etc.
20. Gambling while on duty.
21. Serious violations of DCH policy.
22. Failure to report to work or call in/absent without leave.
23. Violation of the *Attendance Policy*.
24. Failure to clock in and out.
25. Loitering or loafing during working hours.
26. Leaving the department or job site without permission during working hours.
27. Failure to be at work station on time.
28. Failing to maintain required license, registration and/or certification.
29. Failing to complete system mandatories and/or competency assessments.
30. The sale or use of tobacco products within a DCH facility or on the grounds of a DCH facility.
31. Working without authorization (i.e. working off the clock, accessing DCH systems without approval)
32. Other misconduct or performance problems warranting a Personnel Action Record under the circumstances.

Disciplinary action will be issued when an employee commits certain privacy and/or security violations, with consideration given to the nature and extent of the incident as well as any previous discipline.

A final warning should be issued as the next step in progressive discipline process or when an employee commits an offense that is viewed by DCH as so significant that a final warning is warranted.
Please refer to the Privacy Investigations Standard Operating Procedure for discipline guidelines.

**Termination**
Termination is the step taken when:
- An employee receives any discipline during the twelve (12) month period following a Final Warning.
- An employee commits an offense that is viewed by DCH as so significant that immediate termination may be appropriate regardless of whether the employee has received previous disciplinary action.

Examples of problems that may warrant termination are:
1. Possession of any type weapon while on duty.
2. Threatening other individuals while on DCH property.
3. Deliberately restricting work performance.
5. Witnessed sleeping while on duty.
6. Fighting while on DCH property.
7. Theft of employee, patient or DCH property.
8. Possession or consumption of alcohol or any other drug (i.e., other than those prescribed by a physician) while on property, in violation of the drug and alcohol policy.
9. Reporting to work under the influence of alcohol or drugs in violation of the drug and alcohol policy.
10. Molesting public, patients or staff.
11. Falsification of personnel or other DCH records.
12. Providing false information concerning any eligible spouse or dependents covered on DCH Health System medical plans, for example, non-tobacco declaration and/or dependent eligibility information.
13. Knowingly falsifying one's own or another employee's time record.
14. Insubordination (in the form of direct opposition to the instructions of a superior).
15. Conviction of a felony or offense which reflects in a negative manner upon the suitability for continued employment.
16. Abuse, destruction or waste of DCH or employee property.
17. Release of confidential information of patients, fellow employees or DCH business.
19. Failure to report to work for three (3) successive scheduled days without notifying supervisor.
20. Accessing or disclosing protected health information (PHI) without proper authorization, with consideration given to the nature and extent of the incident as well as any previous discipline.
21. Third offense in the sale or use of tobacco products within a DCH facility or on the grounds of a DCH facility or first offense of smoking tobacco products in a combustible area.
22. Other conduct that indicates continued employment would be inappropriate.

**Suspensions**
Disciplinary suspensions are not a regular part of the positive discipline process. In certain circumstances which are deemed appropriate by DCH, an employee may be suspended pending an investigation. It is important that HR is included in employee suspensions. This time may be necessary to review facts and make a decision regarding the appropriate level of discipline or discharge.

Suspensions may be considered paid time for the employee, assuming the shift was previously scheduled. The supervisor should code “EXAB3” in LaborWorkx to cover time during the employee's regularly scheduled hours falling within the investigation period.

**Speak Openly System (SOS)**
An employee may use the SOS Program to voice concerns related to his discipline. For more
5.6 ETHICS

Everyone who works at DCH shares the responsibility for observing the code of ethics that regulates the activities of both physicians and employees. In general, the following applies to all DCH employees:

1. Physicians alone have the professional and legal right to diagnose and treat illness and injury.
2. If you ever feel that a patient is in danger, you have the responsibility to notify your supervisor immediately.
3. All patient information is held in strict confidence and must not be discussed with anyone not authorized to receive such information.
4. Employees should not burden patients or other employees with their personal problems.

We have a Medical Ethics Committee where any patient, family member, staff or physician can bring a patient care dilemma (Advance Directives, end of life decisions, etc). This committee serves as a forum for discussion of ethical issues. If staff members have ethical concerns they may contact a member of their hospital’s medical ethics committee.

Medical Ethics Committee contacts at the Regional Medical Center are the Vice President Patient Care Services or General Counsel, Northport Medical Center, the Assistant Administrator of Patient Care or Medical Staff Director and Fayette Medical Center, the Assistant Administrator of Patient Care or the Administrator.

5.7 STAFF RIGHTS

If a specific aspect of patient care or treatment puts you in conflict because of a cultural or religious belief, you can notify your supervisor in writing in advance. If a resolution to the conflict is not reached, the issue will be referred to the Division Vice President/Assistant Administrator or the Administrator. In all cases, we must insure the care of the patient (Refer to the Policy in Section 7).

5.8 PATIENT ABUSE

It is the policy of DCH Health System that all patients are to be treated with respect and dignity at all times and under all circumstances. Mistreatment or abuse of patients will not be tolerated. “Abuse” is any discourteous treatment or mistreatment of a patient, whether physical or verbal, and includes disregard for patient safety or patient care practices that might cause injury or illness. Behavior may be abusive whether or not it results in physical or mental injury. Because DCH, the patients and the patients’ families have entrusted us to safeguard the well being of the patient, “abuse” also includes any behavior which takes advantage of the care giver’s position of trust.

It is the responsibility of every employee, medical staff, volunteer and other individuals who provide care, treatment and services of DCH to report immediately any instances or suspected instances of patient abuse, safety or quality of care concerns to their immediate supervisor, Vice-President/Assistant Administrator of Patient Care Services, Facility Administrator or may be reported to The Joint Commission (1-800-994-6610 or e-mail complaint@jointcommission.org).

A prompt investigation will be made on any such report. DCH will take no disciplinary or punitive action against employees, physicians, or other individuals who provide care, treatment,
and services when they report safety or quality of care concerns.

During an investigation, the individual may be placed on unpaid administrative leave. After investigation, any employee suspected of abusing a patient is subject to immediate discharge. Any employee that fails to report an incident or suspected incident of abuse may be subject to discipline up to and including immediate discharge. Local authorities and licensing agencies will be notified as appropriate and criminal charges may be filed against any person suspected of abuse.

5.9 PATIENT CONCERNS

Some of the most important people in the Health System are the patients. Patient concerns brought by or on behalf of a patient regarding the care of the patient or the patient's property should be directed to the following individuals in the following order. The concern should start with Step One and taken to the next level when a satisfactory resolution cannot be achieved.

Step One: Direct caregiver
Step Two: Direct caregiver's manager or supervisor
Step Three: Department or Divisional Director
Step Four: Vice President
Step Five: Administrator

Patient Representatives are available at any step during the process to assist with patient concern resolution. In instances of a sentinel event, staff may be referred to the EAP for support and counseling.

If a patient is unable to resolve any concerns about patient care or safety through the above process, he/she or his/her representative may contact The Joint Commission (JC). The JC Office of Quality Monitoring may be contacted by either calling 1-800-994-6610 or e-mailing complaint@jointcommission.org.

If at any step it becomes apparent that the concern will be escalated to the next step and if at all possible, the individual referring the concern to the next step should inform the individual to whom the concern is being referred.

For specific contact information at each facility refer to the Policy in Section 7.

5.10 CULTURAL SENSITIVITY AND DIVERSITY

Cultural Sensitivity, understanding the needs and emotions of your own culture and the culture of others and Diversity mean something different to each and every person. The changing demographics and economics of our growing multicultural world and the longstanding differences in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, Native Americans/Alaskan Natives, and Pacific Islanders. In addition to racial classification and national origin, there are many other faces of cultural diversity. Religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status and geographical location are but a few of the faces of diversity.
Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group.

At DCH, we expect all employees to be sensitive to our diverse population in providing their healthcare needs.

5.11 CONFIDENTIAL INFORMATION

DCH employees are a vital part of a profession having a high and greatly respected code of ethics. Patients trust employees to keep information about their health and other personal information in the strictest confidence. Personal information concerning a patient’s condition may never be discussed either inside or outside DCH and may never be released without proper authorization. Even admitting a specific individual is a patient is a violation of this policy. Release of confidential information is not only a serious breach of ethics; it may also involve you in legal proceedings or disciplinary action.

Routine and random audits related to patient access will be conducted to ensure confidentiality of protected health information. If access is identified as inappropriate, discipline may apply which could lead to termination. (Refer to Privacy Access Investigation Policy in Section 7)

All questions regarding a patient by newspapers, radio stations, etc. should be referred to the DCH Communications Department. (See Confidentiality Acknowledgement & Agreement Form Section 7).

5.12 TIPS AND GIFTS

The acceptance of money or gifts by employees from patients, visitors or persons with whom DCH does business is not permitted. Anyone wishing to make a donation or gift to DCH should be referred to Administration. More information regarding potential conflicts of interest may be obtained from your supervisor or the Human Resources Department.

5.13 TELEPHONE COURTESY

Telephone courtesy establishes good public relations. Good telephone manners give callers the feeling that you are interested in serving them. A pleasant, business-like tone of voice, along with an efficient and cooperative attitude, is complimentary to you and to DCH. When answering the telephone, always identify your department and yourself. Be prompt and courteous, transfer calls promptly and record messages accurately. If necessary, make a return call to provide the requested information. Thank the caller when ending the conversation.

5.14 PERSONAL PHONE CALLS/CELL PHONE

While at work you are expected to avoid excessive personal calls during the work day on land lines or cell phones. Personal cell phones or other portable electronic devices should be turned off or silenced and not seen, including Bluetooth devices on the ear, during working hours. Cells phones should not be carried in direct patient care areas. You should limit your personal telephone usage, text messaging and e-mails during working hours to emergency situations only. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. You should ensure your friends and family members are aware of DCH’s policy. Flexibility will be provided in circumstances demanding immediate attention. DCH will not be
liable for the loss of personal cellular phones or other portable electronic devices brought into the workplace.

Cameras, including cameras in cell phones, are prohibited in the workplace. Refer to the Cellular Phone and Other Portable Electronic Device Policy in Section 7.

5.15 ONLINE E-MAIL, INTERNET AND SOCIAL MEDIA POLICY

DCH provides internal and external electronic mail (e-mail and internet) access to employees for business purposes to promote the efficient and effective development and dissemination of information to appropriate parties. Therefore, DCH is responsible for ensuring that its network and computer systems are used only for business purposes and for securing its systems in a reasonable and economical manner against unauthorized access and/or abuse, while at the same time making them accessible to authorized and legitimate users.

Each employee must keep in mind that when he is using electronic media, he is creating DCH documents using a company asset. Therefore, even if personal, these documents are not private and may be accessed by DCH or outside DCH, under the appropriate circumstances.

DCH reserves the right to access an employee’s e-mail, computer and/or voice mail system at any time with or without an employee’s advance notice or consent. Employees should not have an expectation of privacy with respect to any of their activities using DCH’s information technology systems. The information technology systems belong to DCH. Users expressly waive any right of privacy in anything they create, store, send, or receive on the DCH information technology systems.

You are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when utilizing or participating in internet, electronic mail, social media and/or related activities.

All DCH policies apply to each of these activities. The policies, rules, standards and guidelines are intended to supplement DCH policies.

DCH reserves the right to supervise the use of internal and external electronic mail. Abuse of the system may result in disciplinary action, up to and including termination.

Internet Usage
The following rules regulate access to and use of the Internet while at work, on DCH time or over a DCH provided connection.

1. Internet access is provided by DCH for work-related purposes.

2. Users may not use the Internet for personal gain or illegal activities. Examples may include, but are not limited to, personal business ventures, personal websites, gambling, or stock trading.
3. DCH has the right and the ability to monitor and record all Internet usage. Monitoring Internet access ensures that no serious breaches of policy are taking place and helps avoid the risk of criminal or civil actions against DCH as a result of the actions of its employees.

4. Users may not use the Internet to send, receive, view, or access content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments, pornography, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

5. Users may not download or install any material from the Internet that is not directly related to their job role at DCH, including pirated or unlicensed software.

6. No user may modify any Internet settings for the purpose of bypassing, avoiding, or defeating any filtering, monitoring, or other security measures DCH may have in place.

7. Alternate Internet Service Provider connections (AOL, Compuserve, etc.) to DCH's internal network are not permitted unless approved by Information Services.

8. The internet and computer systems may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other personal matters unrelated to the employee's position with DCH.

9. While accessing the Internet via a DCH-owned connection, the user is representing DCH. Therefore, DCH holds the employee responsible for the employee's actions while accessing the Internet via a DCH-owned connection.

Electronic Mail
The following rules regulate access to and use of DCH-provided e-mail accounts.

1. Electronic mail access is provided to users upon the approval of his/her manager, supervisor or director through the Information Services security request process. Remote access to e-mail must be approved by Human Resources to ensure compliance with wage and hour regulations.

2. All e-mail communications (including content of e-mail messages) are the property of DCH. Users should have no expectation of privacy concerning any aspect of e-mail usage.

3. E-mail containing Protected Health Information must be encrypted when sent to non-DCH e-mail addresses. E-mail encryption is requested from and approved by the Privacy Officer.

4. E-Mail will not be used for non-hospital business (school, personal transactions, advertisements, etc.).
5. E-mail may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other personal matters unrelated to the employee’s position with DCH.

6. Users will not use others’ passwords to access other users’ files. DCH policy on password security and confidentiality will be enforced.

7. E-Mail is subject to inspection by DCH at any time.

8. Users are responsible for checking messages and/or mail daily per job duty requirements as well as maintaining and deleting unnecessary files and/or mail.

9. Any omission or use of e-mail, voice mail or computer system communications containing sexually explicit images, messages, cartoons, ethnic slurs, racial epithets, or anything that may be construed as harassment or offensive to others based on actual or perceived race, color, national origin, sex, age, disability, religious or political beliefs is strictly prohibited and may constitute grounds for termination.

10. Internal and external e-mail messages are considered business records and may be subject to discovery in the event of litigation. Be aware of this possibility when sending e-mail within and outside DCH.

Social Media
The following rules regulate access to and use of DCH-provided social media access:

1. DCH-provided access to social media should only be used for approved work-related purposes.

2. Departmental or product line social media presence may not be created without the appropriate approval through DCH Marketing/Communications.

3. All DCH policies apply to social media activity. These policies include, but are not limited to: DCH’s Behavioral Standards, Solicitation, Equal Opportunity, Harassment, Positive Disciplinary Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, and Patient Information Release Policy.

4. Users must comply with all applicable local state and federal laws. These include privacy, trademark, copyright, and fraud statutes. Do not use DCH logo or images of facilities without approval from the Marketing/Communications Department.

5. Any transmission or use of e-mail, voice mail or computer system communications containing sexually explicit images, messages, cartoons, ethnic slurs, racial epithets, or anything that may be construed as harassment or offensive to others based on actual or perceived race, color, national origin, sex, age, disability, religious or political beliefs is strictly prohibited and may constitute grounds for termination.

6. Users must not include any Protected Health Information (PHI) on any social media post. Even acknowledging the care of a patient is an unacceptable disclosure of PHI. Disclosing PHI in an inappropriate manner such as this is a federal offense. The penalties include significant fines and/or arrest. Users may also be subject to civil liability.
7. Users may not use their DCH email address to participate in “chat rooms,” blogging, or otherwise to post opinions or commentary on the Internet except to the extent such use is expressly authorized by the DCH. Such communications pose the risk that someone could falsely view a personal opinion as the opinion of DCH.

8. Users must protect confidential and proprietary information.

9. Write in first person. Users should identify themselves by name and role when discussing DCH or DCH related matters and should not speak on behalf of DCH unless authorized to do so.

10. Nothing in this policy is intended to prohibit, nor should it be interpreted as prohibiting, employees from engaging in protected, concerted activities or making protected statements and reports to the proper internal and external authorities.

5.16 SOCIAL MEDIA GUIDELINES

DCH employees are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when participating in social media activities. The following guidelines are provided to assist you in complying with existing policies when participating in social media activities.

Nothing in the guidelines or policy is intended to prohibit, nor should it be interpreted as prohibiting, employees from engaging in protected concerted activities or making protected statements and reports to the proper internal and external authorities.

It is important to keep in mind that as employees, we are DCH ambassadors to the community and should represent DCH in a positive manner to our community. When using online media, be sure to think about how you want others to perceive you and our organization.

Questions concerning the use of social media should be directed to your supervisor.

Social Media includes text, images, audio and video communicated via such tools as:
- Blogs and micro-blogs such as Twitter
- Social networks, such as Facebook
- Professional networks, such as Linkedin
- Video sharing such as You Tube and vlogs (video weblogs)
- Audio sharing, such as podcasts
- Photo sharing such as Flickr and Photobucket
- Social bookmarking such as Digg and Redditt
- Public comment sections on webpages (such as those for online news sites)
- User created web pages such as Wikis and Wikipedia
- Any other internet-based application making use of the creation and exchange of user-generated content

1. Know and follow all DCH policies related to using the Internet, privacy and sharing information. These policies include, but are not limited to: DCH’s Behavioral Standards, Positive Disciplinary Policy, E-mail Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, Internet/Intranet Use Policy and Patient Information Release Policy. Be sure to follow
HIPAA regulations and all applicable state and federal regulations and copyright laws. Do not engage in any form of harassment, including derogatory or inflammatory remarks about an individual’s race, age, disability, relation, national origin, physical attributes, sexual preference, health condition or any other characteristic protected by law.

2. **Respect and follow all laws and regulations governing our patient's privacy.** You may not include any Protected Health Information (PHI) as defined under applicable law, about anyone other than yourself, including family members, in any comment or post. If you choose to include your own PHI online, know that others may comment on your PHI in their own comment or post. Disclosing confidential patient PHI in an inappropriate manner is a federal offense. Federal penalties include significant fines and/or arrest. Even acknowledging the care of a patient is an unacceptable disclosure of PHI.

You should not write about a patient, post or otherwise share photos of patients unless you have written approval from DCH’s Risk Management Legal Counsel and the patient. As a reminder, you cannot take a picture of or video a patient without his permission for any reason other than care or, in some cases, education. Never take a photo from your cell phone and remember that you can’t take pictures just because the case is interesting, even if you are working on a project for school. You must have a clear, predefined reason for taking the photo or video.

Remember, sharing PHI outside of DCH is not allowed and doing so without patient permission may cause you to be liable under state and federal statutes and laws. Under revised HIPAA guidelines, you may be sued in civil court for unauthorized disclosures.

3. **Use good judgment when using online social networks and other online resources.** You are responsible for the content that you publish on blogs, social media sites and any other form of media. The Internet is public and content that you publish may be available to a wide audience, including your coworkers, manager and members of leadership. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. A good guideline is to not publish anything that you would not want on the front page of the newspaper or would not say in person. In addition, be sure to get your coworkers’ permission if you want to post pictures of them online.

4. **Protect confidential and proprietary information.** Don’t disclose confidential or sensitive information externally unless you have permission to do so. Remember that online tools hosted outside the DCH intranet should not be used for internal communications between you and your coworkers.

5. **If you are not authorized to speak on behalf of DCH, make it clear that you are speaking for yourself and not on DCH's behalf.** If you see DCH misrepresented by the media or others, it’s ok to comment on that. Just be sure to identify yourself as a DCH employee, be respectful, share accurate information and avoid conflict. If you come across positive or negative remarks about DCH that you believe are important, consider sharing them by forwarding them to the Marketing/Communication Department.

6. **Make sure that your online activities do not interfere with your work or our commitment to our patients.** DCH computers and your work time are to be used for DCH business.
7. Recognize that DCH may address as a **disciplinary issue** any language that you post in a blog or a social media site that reflects negatively on your work ethic or your level of commitment to and compassion for our customers. Violations of this policy can result in discipline up to and including termination from employment.

8. **Follow standard communication guidelines as you would for any business communication such as e-mail or phone.** Remember that you represent our organization and edit your work for grammar, clarity and content. DCH employs the best and brightest, and we should always try to present ourselves in the best possible way and with pride in our organization.

9. **Friend wisely.** Users are encouraged to not “friend” individuals on Facebook if the only relationship with the individual is patient and caregiver. Managers are encouraged to not engage in social media interaction with their subordinates (such as becoming “friends” on Facebook), even if a subordinate initiates the contact.

### 5.17 PARKING

Employee parking is allowed in any area that is designated as employee parking. In any such area, white lines designate parking spaces.

Employee parking is not allowed in any areas that are:
- Adjacent to a yellow curb or similar markings
- Designated for specific purposes other than employee parking
- Marked with signage as prohibited
- Designated as handicapped, unless employee has a handicapped parking permit

Unattended vehicles are not allowed to park in fire lanes. An attended vehicle is one in which there is an individual capable of immediately moving the vehicle as necessary.

Parking is provided for on-call employees. Such employees should only use these accommodations when called out to work.

DCH Health System has a **Tobacco-Free Policy**. The sale or use of tobacco products is not allowed in or on all DCH Health System owned or leased buildings, grounds, parking lots, decks, ramps, plazas, owned or leased vehicles and sidewalks adjacent to DCH properties. This includes the sale or use of tobacco products while in vehicles parked on any DCH property. Employees who violate this policy will be subject to disciplinary action under the **Positive Discipline Policy**.

**Prepaid Parking**

DCH Health System has a prepaid parking program which allows a certain number of employees to park in decks on the Regional Medical Center campus. The program is administered based on parking availability on each shift, and fees are paid by payroll deduction.

Employees are required to pay when parking in decks on the Regional Medical Center campus, either daily or as part of the Prepaid Parking Program. Employees not enrolled in prepaid parking may not park in RMC parking decks, except on evening, nights and weekend shifts. Unless authorized, employees may not use access codes to exit parking decks. For more information on the prepaid parking program, contact Human Resources Service Center at 333-4772 (HRSC).
**Enforcement**

Security is charged with enforcing the parking policy in coordination with Human Resources. Only Security has the authority to authorize exceptions to this policy.

Employees found to be in violation of this policy may be issued a parking citation and disciplinary action. This citation will be reported to the employee’s manager and will become part of the employee’s personnel record. The police department will issue citations for fire lane and handicapped parking violations.

**5.18 IDENTIFICATION BADGES**

Identification badges help employees identify one another and help patients identify the employees who assist them. You are required to wear an identification badge at all times while on duty. Your badge is used to record clockings for time and attendance, entry to secured areas, approved pre-paid parking areas (RMC only), payroll deduction in the Cafeteria and Gift Shop and entitles you to a discount for items purchased in the Cafeteria. DCH furnishes the first badge. If a badge is lost or damaged, the employee is required to purchase the replacement. Replacement badges can be ordered through the Human Resources Department.

Identification badges are to be worn at or above the mid chest with the picture and name displayed properly. I.D. Badges should be displayed with the clip and/or holders provided by DCH only.

You are encouraged every five (5) years during your anniversary month or at the time of a change of status, to request a new I.D. badge and picture in Human Resources at no cost to you. Employees with a name change must present their new social security card to Human Resources in order to have their name changed on their I.D. Badge. Refer to the ID Badge Policy in Section 7.

**5.19 SOLICITATION AND DISTRIBUTION**

To prevent disruption of DCH operations, interference with patient care and inconvenience to our patients and visitors, the following rules apply to solicitation and the distribution of literature.

You may not solicit during working time for any purpose. In addition, employees of DCH may not solicit at any time for any purpose in immediate patient care areas, such as patient rooms, operating rooms and places where patients receive treatment. Such areas also include X-ray and therapy areas or any other area that would cause disruption of operations or disturbance of patients. Solicitation also is prohibited in such areas as corridors in patient treatment areas and rooms used by patients for consultations with physicians or meetings with family or friends.

You may not distribute literature during working time for any purpose. Also, you may not distribute literature at any time for any purpose in working areas. Working areas are all areas in DCH, except the cafeteria, employee lounges, lobbies and parking areas.

Working time does not include break periods and meal times, or other periods during the workday when employees are not properly engaged or supposed to be properly engaged in performing their work tasks. Working time includes the working time of both the employee doing the soliciting or distributing and the employee to whom the soliciting and distributing is directed.

Persons not employed by DCH may not solicit or distribute literature on DCH’s property at any time, for any purpose.
5.20 FILLING JOB OPENINGS

It is the policy of DCH to fill job openings from within, consistent with DCH’s objective to fill openings with the most qualified personnel available. DCH will fill job openings based on qualifications, skills, dependability, competency, demonstrated performance, behavior, customer service skills and length of service. Recognizing DCH’s need to fill job openings quickly to minimize disruption to operations, DCH has adopted a policy concerning “Change of Shift/Area Within Department” and “Promotion/Transfer Posting Guideline.” New employees must complete their initial six (6) month employment period plus an additional six (6) months of employment in his or her position in order to be eligible for a promotion or transfer outside of his or her department. All other employees must have completed six (6) months of employment in their current position in order to be eligible for a promotion or transfer outside of their department.

Change of Shift/Area Within Department

The Change of Shift/Area policy applies to employees who seek to change shifts, areas, job classifications within their departments. Employees seeking to move within their department are not required to have completed six (6) months of employment; however, all changes will be at the discretion of the Department Director/Manager.

An employee who is seeking a shift change, area or job classification should complete an online request. Employees meeting the prerequisites established for an opening and who have submitted a Request to Transfer form for the specific opening will be considered when and if the specific position becomes available.

All Request to Transfer Form within the department will be kept on active file for twelve (12) months from date of receipt by the Department Director/Manager.

Promotion/Transfer Posting Guidelines

Normally, job openings, which are not filled through the Change of Shift/Area policy outlined above, will be posted on the DCH website for five (5) days. Each posting will include a brief description of the duties and qualifications. Employees interested in applying for a posted position should complete an on-line employment application. The form may be obtained on the DCH website.

For an interview to be successfully arranged, all of the following conditions must be met:

1. The position must be posted.
2. The applicant must meet all the prerequisites established for the position.
3. The applicant must have completed his or her initial six (6) month initial employment period with DCH and six (6) months of employment in his or her current position.
4. The applicant must be in good standing in their current position, i.e., no current disciplinary actions (no disciplinary actions for previous six (6) months). Also, the employee should have scored at least “satisfactory” on his/her last performance evaluation.
5. The Human Resources Department must arrange an interview with the Department Director/Manager. The Department Director/Manager will consider the applicant along with the other applicants.

The Department Director/Manager is expected to release the employee for the new position in a reasonable time frame. Reasonable time frame is considered to be thirty (30) days or less, preferably to coincide with the beginning of a new pay period. An employee may not be held longer than thirty (30) days unless determined by the Administrative Positions committee to be a situation of critical staff shortage.
No transfers will be allowed during the critical holiday period unless the transfer is agreeable between both departments. The critical holiday period will be defined as December 15 - January 15 each year.

5.21 VOLUNTARY/INVOLUNTARY TERMINATIONS

Because employment at DCH is based on mutual consent and is not for a specific period, you or DCH can terminate employment at any time, with or without cause. Following the proper procedures in terminating employment is important in maintaining a good employment record. All employees should provide a written notice, including the reason for leaving and the effective date. You may choose to complete the Resignation Form provided by DCH for the purpose of submitting written notice.

If you provide less notice than requested, your supervisor may deem you to be ineligible for rehire depending upon the circumstances regarding the notice given. Once the notice is given, you will not be allowed to rescind a resignation, written or verbal, without approval from your supervisor and Human Resources.

Any questions regarding eligibility for rehire must be discussed with and decided by Human Resources.

Voluntary Terminations
(1) Resignation - An employee who finds it necessary to resign from DCH should give adequate notice to your supervisor. This will give DCH an opportunity to arrange for a replacement. Employees who resign with proper notice may be eligible for rehire.

Management, exempt personnel, and other professional employees should plan to give four (4) weeks' working notice. A two (2) week working notice will be required for all other employees, who wish to leave in good standing. Since a working notice is required, if you are unable to work during your notice due to your own illness or injury, a family member's illness or for personal reasons, any PTO, PIB or sick (FMC) hours pay may be denied.

(2) Quit without notice - An employee who walks off on a shift or who leaves without giving appropriate notice is considered to have quit. This is equivalent to job abandonment. Employees who quit are not eligible for rehire.

(3) Retirement - Employees who wish to retire should contact the Human Resources Department and your supervisor at least one month before their planned retirement date.

Involuntary Terminations
(1) Discharge - An involuntary termination that is initiated by DCH is a discharge. Discharged employees are not eligible for rehire.

(2) Job Abandonment - Employees who fail to report to work for three consecutive days without properly communicating to your supervisor the reasons for their absence will be viewed as abandoning their job and will be removed from payroll. Employees who abandon their job will not be eligible for rehire.
Out-processing Procedures
After completion of six (6) months continuous employment, employees who resign, quit or are discharged will receive payment for available PTO hours based on the PTO Policy.

Eligibility of pension benefits, if any, will be forwarded to you in writing by Human Resources. Notification will also be sent to your last known mailing address from DCH within 30 days of the last date worked.

You are required to turn in DCH keys, identification badge and any other DCH issued equipment, property, computers, data, phones, materials or uniforms on the last day of employment. The DCH policy on confidentiality of DCH property applies to all terminations and resignations.

Health, vision and dental insurance for a separating employee will terminate the last day of the month in which the termination becomes effective, unless otherwise noted in a written separation agreement. Short and long term disability insurance and life insurance will terminate on the day in which the employee terminates. The Human Resources Department is responsible for terminating all insurance and notifying the employee of his/her conversion rights (COBRA).

Requests for Job References
In response to written requests for employment references from an employee’s prospective employer, it is DCH’s policy only to provide confirmation of a former employee’s job title and dates of service. If a resigning employee waives all claims against DCH concerning provision of employment references and signs the Release Allowing DCH to Provide Additional Information to Prospective Employers, DCH will then provide job performance information as recorded in the former employee’s personnel file to the prospective employer. Employees are entitled to review their personnel files at reasonable times and places. Any job references must come from the Human Resources Department, not from the employee’s individual Department Manager.

Exit Interviews
Employees who resign or quit are encouraged to call an Employment Representative in Human Resources to schedule an Exit Interview, prior to their last day of employment. Information obtained in Exit Interviews is used in a Quarterly Summary Report which does not reveal the identity of the employees involved.

5.22 LOST AND FOUND
All articles found in or on DCH premises should be taken to the Patient Representative Department (RMC) or Environmental Services Department (NMC and FMC). Any articles found in a patient’s room, after the patient has been discharged, should be taken immediately to the nurse’s station. A label listing the date, time and where the article was found will be attached to the item. DCH cannot assume responsibility for lost personal articles.
5.23 EMPLOYEE ARREST NOTIFICATION

The purpose of this policy is to clarify the responsibility of DCH Health System employees who are arrested and charged with a criminal offense.

POLICY
It is the policy of DCH Health System that any employee who is arrested and charged with a criminal offense, other than minor traffic violations, will inform the Vice President of Human Resources or HR Director of Operations within two (2) business days of the charge. This policy applies to all managers, employees, contracted staff and volunteers of the DCH Health System.

PROCEDURE
Employee Notification
If an employee is arrested and charged with a criminal offense, other than a minor traffic violation, the employee must notify the Vice President of Human Resources or HR Director of Operations within two (2) business days of the charge.

If an employee drives a DCH vehicle and is arrested and charged with a criminal offense (including driving under the influence), the employee must notify the Vice President of Human Resources or HR Director of Operations within two (2) business days of the charge.

If a director or above, is arrested and charged with a criminal offense (including driving under the influence), the director or above must notify the appropriate leader and the Vice President of Human Resources within two (2) business days of the charge.

The employee who has been charged must also submit a copy of the criminal charge paperwork to Human Resources within seven (7) calendar days of the charge.

Failure to notify the Vice President of Human Resources or HR Director of Operations within two (2) business days of the charge will result in the employee being subject to disciplinary action.

Review Process
Human Resources will review the charge and determine whether the facts and circumstances of the individual’s conviction have a substantial relationship to the duties and responsibilities of the job and/or DCH Health System.

If the individual is allowed to remain employed, and is later convicted, the Vice President of Human Resources or the HR Director of Operations will determine if the severity of the criminal offenses merit further attention up to and including termination of employment.

The results of reviews and the final determination will be strictly confidential and will be released only on a need to know basis upon the express authority of the Vice President of Human Resources or the HR Director of Operations.
SECTION 6
Communication

6.1 SPEAK OPENLY SYSTEM (SOS)
PROBLEM RESOLUTION PROGRAM

Communication is essential in working together. Problems, misunderstandings and frustrations may arise in the workplace. It is the intent of DCH to be responsive to employees and their concerns. Therefore, an employee who is confronted with a problem may use the procedure described below to resolve or clarify concerns and to present suggestions in an open environment without any fear of adverse consequences.

For purposes of this procedure a reasonable amount of time is considered to be seven (7) calendar days between each step.

PROCEDURE
The steps of the Speak Openly System (SOS) are as follows:
1. Step One: The employee should formally discuss the problem or suggestion with the immediate supervisor within a reasonable amount of time. The employee will coordinate the process in step one.

2. Step Two: If a mutually acceptable resolution of the problem is not reached within a reasonable time after discussion with the immediate supervisor, the employee may discuss the problem or suggestion with the Department Head (if different from immediate supervisor). If the employee’s immediate supervisor is a Department Head, the employee should go to step three. The employee will coordinate the process in step two.

3. Step Three: If a mutually acceptable resolution of the problem is not reached within a reasonable time after discussion with the Department Head, the employee should document concerns in writing using an SOS Request-for-Review Form, including any and all supporting documentation or statements and request a meeting with the Human Resources Operations Director. Human Resources will coordinate the process in step three upon the employee’s request.

4. Step Four: If a mutually acceptable resolution is not reached within a reasonable time after discussion with the Human Resources Operations Director, the employee may request a meeting with the appropriate department Vice President. If the employee discussed the problem with the Vice President in an earlier step, the employee may request an appointment with the President/CEO of the DCH Health System. The decision of the President/CEO or Administrative contact is final. Human Resources will coordinate the process in step four upon the employee’s request.

If an employee is uncomfortable bringing a complaint to the attention of the immediate supervisor or Department Head, the employee should contact Human Resources for assistance.
SECTION 7
Additional Policies

7.1 ATTENDANCE AND PUNCTUALITY POLICY

The purpose of the Attendance and Punctuality Policy is to establish expectations for attendance and punctuality and to establish compliance guidelines.

DEFINITION

Unscheduled absence: Any absence that does not have advance, prior approval by departmental protocol

Incident of absence: An occurrence when an employee does any of the following:
- Has an unscheduled absence of more than half of the scheduled workday, or
- Has an unscheduled absence of up to four (4) consecutive scheduled workdays.

Incident of tardiness: An occurrence when an employee does any of the following:
- Reports to work after the scheduled time
- Returns from a meal period after the scheduled time
- Clocks at an unassigned time clock
- Misses clocking in or out
- Misses any portion of the scheduled workday for reasons other than low census
- Leaves the assigned work area before or after the scheduled time without prior approval

Punctuality: Reporting to assigned work area ready to work and working the scheduled time

Rolling twelve (12) month period: Twelve months prior to any given date; not based on calendar year, employment date, or evaluation period.

POLICY

DCH employees are expected to maintain satisfactory attendance, including reporting to work when scheduled, arriving on time for work, returning from break periods on time, and working as scheduled. Unscheduled absences, late arrivals and early departures must be kept to a minimum.

An unscheduled absence of more than half of the scheduled workday or for up to four (4) consecutive scheduled workdays will count as an incident of absence. Any subsequent, unscheduled absence of the same will count as an additional incident of absence.

DCH employees are expected to be punctual. Punctuality not only includes reporting to assigned work area and being ready to work at the scheduled time, but it also includes returning from meals and breaks in a timely manner, clocking in and out at assigned time clock, and leaving the assigned work area at the appropriate time. Although employees are not required to clock out and back in from meals and breaks, they are still responsible for returning on time. When an employee is not punctual, it will count as an incident of tardiness.

Each non-exempt employee is required to clock out, when leaving DCH property, unless the employee is on DCH business. All employees must use available PTO when absent from work in accordance with the PTO Policy.
Discipline Guidelines
An employee will be considered as having excessive absences and/or tardies if he has either of the following in a rolling twelve (12) month period:

- More than six (6) incidents of absence
- More than eight (8) incidents of tardiness

Employees who have excessive absences and/or tardies will be subject to disciplinary action up to and including termination of employment. Progressive discipline will normally start at the Point of Discussion. Thereafter, any subsequent incidents of absence and/or tardiness during an active discipline will result in the next step in the progressive discipline process in accordance with the Progressive Discipline Policy. Excessive absences and excessive tardies will be addressed separately and not in combination.

Examples in Application
If an employee has less than six (6) absences and greater than eight (8) tardies in a rolling twelve (12) month period, he will be considered as having excessive tardies, resulting in disciplinary action. Any additional tardies in a rolling twelve (12) month period would result in the next step in the progressive discipline process.

If an employee has greater than six (6) absences and less than eight (8) tardies in a rolling twelve (12) month period, he will be considered as having excessive absences, resulting in disciplinary action. Any additional absences in a rolling twelve (12) month period would result in the next step in the progressive discipline process.

If an employee has greater than six (6) absences and greater than eight (8) tardies in a rolling twelve (12) month period, he will be considered as having both excessive absences and tardies, resulting in disciplinary action at the time that each attendance issue occurs. Any additional absences and/or tardies in a rolling twelve (12) month period would result in the next step in the progressive discipline process.

Exceptions
Exceptions to administering discipline would include the following:

- Absences covered by law (see Leave of Absence FMLA Policy, Leave of Absence Non-FMLA Policy, Work’s Compensation Policy and Jury Duty Policy)
- Approved bereavement leave (see Bereavement Leave Policy)
- Low census days (see Low Census Policy)
- Administrative closings (see PTO Policy)

Employee’s Responsibilities
Each employee who will have an unscheduled absence from work is responsible for personally notifying the supervisor or designee no less than two hours prior to the scheduled start time, unless the departmental policy is more stringent.

Each non-exempt employee is required to clock out, when leaving DCH property, unless the employee is on DCH business.

Employees requesting Family Medical Leave should contact Employee Health. FMLA Sick Leave will not be counted as an incident of absence. For intermittent Family Medical Leave call-in procedure, please see Family Medical Leave Procedure.
Manager’s Responsibilities
Each manager is responsible for strictly enforcing this policy to ensure consistency of administering this policy.

In accordance with Leave of Absence Procedure, each manager must notify Employee Health on the fourth day of absence, if the employee has not made a request for family medical leave, as this may qualify under Family and Medical Leave Act as protected time.

Each manager is responsible for ensuring that employees are referred to Employee Health after an extended illness of greater than three (3) consecutive days, as this may qualify under Family and Medical Leave Act as protected time.

Approval by Employee Health is also required when an employee is released to return to work with restrictions.

7.2 CALL PAY- CALL BACK POLICY

This policy is designed to cover all aspects of payment of call pay and call back pay for the Regional Medical Center and Northport Medical Center employees. This policy is to be strictly adhered to, is not to be modified, changed, or exceptions made, without the written approval of the Administrator, or his designated representative.

1. Departments and positions eligible for call pay and call back pay are determined based on the needs of patient care, related support services and the approval of the Administrative Staff. All qualified employees who are assigned to and work in areas approved for call pay and call back pay, must be available for call on a regular scheduled rotational basis.

2. Call pay is defined as that pay an employee receives for being available to be called back to work at hours other than regularly scheduled working hours. Call pay is to be paid only to the employee scheduled to be on call for the number of hours on call. Should it be necessary to swap call between employees, call pay will then be paid to the employee actually taking the call. The swapping of call must be approved by the Department Director/Manager in advance, in writing.
   A. Call pay for employees in approved areas is at the current designated rates. Employees taking call for more than one (1) area during the same period of time will be paid only one (1) call pay rate for each hour on call.
B. Employees on call are to have freedom of movement and will have the option of using a DCH beeper, or leaving a phone number with the hospital's operator where they can be reached. If the employee elects to use the beeper, it is the "on call" employee's responsibility to return the beeper to their respective department by 8:00 a.m. on the day their call status ends.

3. Call back pay is that pay an employee receives when an employee has left the facility and is called back to work. The employee that is called back to work is to be compensated at his/her hourly rate times two (2) hours pay for each call out during a shift, up to the number of hours in the shift being covered or the number of hours actually worked, whichever is greater. All call back hours earned are to be counted as hours worked. The two (2) hours pay is a minimum amount.

4. Special conditions governing on call, call out pay, and recording of call back.
   A. Call out normally results from a medical emergency which cannot wait or be postponed until the start of a regularly scheduled workday.
   B. Since all employees called in are required to report to their normal work area, call back work time begins when they arrive in that area, and ends when they complete the call back work and leave that area.
   C. Employees on call are generally required, if called in for an emergency, to be able to arrive at the facility within thirty (30) minutes after being notified of a call or according to department policy.
   D. An employee subject to a call back and who is called back and arrives at the facility one (1) hour or less than the start of a regularly scheduled work day shall be paid from arrival time at the facility to the start of their regularly scheduled work day. If arrival time is in excess of one (1) hour, they will be paid a minimum of two (2) hours.
   E. Employees on call who arrive two (2) or less hours prior to the start of a regularly scheduled work day are to be prepared to stay at work and complete their normally scheduled workday unless allowed to leave prior to the end of their regularly scheduled workday.
   F. On call employees should take into consideration that being on call subjects them to a call back, and make prior arrangements to see that their home responsibilities will be adequately cared for should they be called in and that they can arrive at the facility within the time required.
   G. Employees scheduled to take call on the weekend will not be eligible for weekend premium pay or shift differential unless the actual hours worked meet or exceed the four (4) hour standard outlined in the applicable policy.

7.3 CELLULAR PHONE AND OTHER PORTABLE ELECTRONIC DEVICE POLICY

This policy outlines the use of personal cell phones and other portable electronic devices at work, including special issues related to camera phones, the personal use of business cell phones and the safe use of cell phones by employees while driving.

Personal Cellular Phones
While at work employees are expected to exercise the same discretion in using personal cellular phones as is expected for the use of DCH phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to
others. Personal cell phones or other portable electronic devices should be turned off or silenced and not seen, including Bluetooth devices on the ear, during working hours. Employees should limit their personal telephone usage, text messaging and e-mails during working hours to emergency situations only. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Employees are to ensure that friends and family members are aware of DCH’s policy. Flexibility will be provided in circumstances demanding immediate attention. DCH will not be liable for the loss of personal cellular phones or other portable electronic devices brought into the workplace.

Many DCH employees are required to utilize their own (or DCH issued) cellular phones or other wireless devices for business related activities. Use of these instruments for business purposes is allowed, so long as such use is: 1) necessary for business purposes; 2) not disruptive to patient care; and 3) respectful of the user’s surroundings and circumstances.

**Camera Phones and Other Portable Electronic Devices**

Certain aspects of DCH’s business operations require that employees have access or exposure to highly confidential information including, but not limited to, confidential patient records and information; confidential personnel records and information; confidential business information and other proprietary business information; and the privacy of other employees. To prevent the unauthorized dissemination of such information, employees are prohibited from using cameras in the workplace. This prohibition extends to cameras built into portable electronic devices such as cell phones, two-way pagers, and other portable electronic devices capable of storing and transmitting images.

Cameras, video cameras and other portable electronic devices may only be used by medical or clinical professionals for valid medical reasons such as pictures for surgical purposes, patient identifiers, etc.

Management may authorize the use of cameras, video cameras and other portable electronic devices for work related events and department specific activities. Examples may include: pictures at hospital sponsored events such as BBQ and Blue Jeans, Open House celebrations, Employee Picnic, Christmas Feast, or department specific activities such as buddy pictures, employee of the month, etc.

Under no circumstances shall a camera, video camera or other portable electronic device be used to harass or intrude upon the privacy of a patient or employee.

**Personal Use of Company-Provided Cellular Phones**

Where job or business needs demand immediate access to an employee, DCH may issue a business-owned cell phone to an employee for work-related communications. Such phones are to be used for business reasons only and in general on the facility premises only. Phone logs will be audited regularly to ensure no unauthorized use has occurred (See Authority Issued Cell Telephone Policy; DCH P&P; Section II; Leadership).

Employees in possession of DCH equipment such as cellular phones are expected to protect the equipment from loss, damage or theft, and employees must follow DCH guidelines regarding cell phone, camera and portable electronic device usage set out above.
Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges will be considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

**Safety Issues for Cellular Phone and Other Portable Electronic Device Usage**

Employees whose job responsibilities include regular or occasional driving and who are issued a cell phone or portable electronic device for business use are expected to refrain from using their phone while driving. Text messaging or e-mailing while driving on company business, either a company or personal phone is prohibited. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to let a caller know that you are operating a vehicle and should talk later, or safely attempt to pull off to the side of the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is unavoidable and pulling over is not an option, employees are expected to keep the call short, use hands-free options if available, refrain from discussion of complicated or emotional discussions and keep their eyes on the road. Special care should be taken in situations where there is traffic, inclement weather or the employee is driving in an unfamiliar area.

Employees whose job responsibilities do not specifically include driving as an essential function, but who are issued a cell phone or other portable electronic device for business use, are also expected to abide by the provisions above and by the Authority Issued Cellular Telephone Policy.

**Under no circumstances are employees allowed to place themselves at risk to fulfill business needs.**

Employees who are charged with traffic violations resulting from the use of their cell phone or other portable electronic device while driving will be solely responsible for all liabilities that result from such actions.

Employees who travel and utilize DCH provided or personal cell phones or other portable electronic devices must comply with any local or state laws regarding cell phone and portable electronic device usage and driving. It is the employee’s responsibility to identify and comply with any such policies in other localities.

**Discipline**

Violations of this policy will be subject to discipline, up to and including termination.

**Special Responsibilities for Managerial Staff**

As with any policy, management employees are expected to serve as role models for proper compliance with the provisions above and are encouraged to regularly remind employees of their responsibilities in complying with this policy.

**7.4 CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM**

This acknowledgement is about your access to and use of any patient or business information that the DCH Health System has given or might give you access to. This includes but is not limited to information that is printed, electronic, on computer, oral, and recorded information.
You may also be assigned a username and password so that you can access one or more of DCH's computer systems. These systems contain confidential information which includes Protected Health Information (PHI) and business information. You will only be given permission to access confidential information when it is needed for DCH's operations related to patient treatment, payment/billing, or healthcare and when you need the information to do your job. The requested access should only be the minimum necessary access for these purposes.

As an associate, physician, healthcare provider, contractor, associated by contract, employee, or temporary employee of DCH Health System (DCH), you may have access to confidential information including patient, financial, or business information obtained through their association with DCH. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of DCH which has not been previously released to the public at large by a duly authorized representative of DCH.

The purpose of this agreement is for you to understand your personal and professional responsibilities regarding confidential information and receive an acknowledgement of understanding. By receiving and using your access code/password, and signing this agreement, you agree to the following:

You should only access information that you need to do your job; and you should only access the smallest amount of information that is necessary to do your job.

1. I will only access confidential information when it is necessary to do my job. These purposes must be for treatment, payment/billing, or healthcare operations.
2. I will only access the smallest amount of confidential information that is necessary for doing my job.
3. I will not access confidential information about any person for which this information is not needed for treatment, payment/billing, or healthcare operations and that is not necessary for me to do my job. I will not access information on myself, family, relatives, or friends unless the information is necessary to do my job.
4. I will not share or otherwise disclose confidential information with any person or entity unless such is allowed under DCH policy. Disclosures of any type are governed by DCH policy. This includes verbal, written or electronic disclosures, including those made by email or on social networking sites such as Facebook, Twitter or YouTube. I will only access social networking sites through the DCH network after receiving proper approval and I will always conform to DCH behavioral standards whenever participating in social media activities.

Printing and Destruction of Confidential Information
1. I will only print confidential information from any hospital information system only when it is necessary to do my job. I understand that confidential information may only be kept in authorized locations and may not be removed from DCH property without permission.
2. All confidential information must either be shredded or disposed of in a safe and confidential manner. I understand that I am responsible for printed data that I generate until it is destroyed.

**Information may be preliminary.** I understand that patient information available from any hospital information system or source may not be final or complete, and, therefore, may not have been reviewed for accuracy. If I use or distribute preliminary information, consistent with DCH policies and procedures, I understand the possible preliminary nature of the information.

**Users are responsible for the information they access.** I acknowledge that DCH provides/releases to me confidential information so that I can do my job. I understand that I am responsible to use this information consistent with all applicable rules, laws, regulations, and standards.

**Information is not for personal use.** I will not use confidential information for my personal benefit or permit others to benefit.

**Password should not be shared under any circumstances.**
1. I will keep my assigned passwords to myself. I am responsible for anything that is done with my password.

2. I will not use another person's password.

**Obligations continue following employment.** I understand that my responsibilities related to confidential information continue even after my employment or relationship with DCH ends.

**Consequences of not following privacy/confidentially policies may be severe.**
1. If I do not comply with the privacy/confidentiality rules, I may be disciplined or terminated by DCH and/or its affiliates.

2. Improper release or discussion of confidential information about a person may result in legal action being taken against me.

### 7.5 CONTINUATION OF HEALTH INSURANCE BENEFITS (COBRA)

**A. Consolidated Omnibus Budget Reconciliation Act**
On April 7, 1986, President Reagan signed into law the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). Generally, COBRA requires that DCH offer continued health, dental, vision and medical spending account coverage to persons who would otherwise lose coverage under a plan as a result of specific events. The following sets forth some significant issues with regard to COBRA coverage. The following discussion is not meant to and does not provide all of the requirements relating to COBRA coverage.

**To Whom Must Coverage Be Offered?**
COBRA requires that continuation of coverage under certain group health plans be offered to "qualified beneficiaries" when certain "qualifying events" occur. Qualified beneficiaries include covered employees, their spouses and dependent children.
What Are The Qualifying Events?
A covered employee has the right to choose continuation of coverage if he or she otherwise
would lose coverage under the group health plan because of:
1. A reduction in his or her working hours,
2. The termination of employment (for reasons other than gross misconduct),
3. (With respect to a retired employee), an insolvency proceeding with regard to DCH.

The spouse of an employee covered by a group health plan has the right to elect continuation of
coverage for himself or herself if he or she would lose coverage under the group health plan for
any of the following reasons:
1. The death of his or her spouse,
2. The termination of the spouse's employment (for reasons other than gross misconduct),
3. The reduction in the spouse's working hours,
4. Divorce or legal separation from the spouse, or
5. The spouse is entitled to Medicare benefits.

A covered dependent child can elect continuation of coverage if coverage under the group
health plan is lost for any of the following reasons:
1. The death of an employee parent,
2. Termination of an employee parent's employment (for reasons other than gross
   misconduct),
3. Reduction in an employee parent's working hours,
4. Parents' divorce or legal separation,
5. An employee parent is entitled to Medicare benefits, or
6. A dependent is no longer considered a dependent under the terms of the group health
   plan.

How Long Will Coverage Be Continued?
Coverage will be offered to an employee and his or her covered dependents for up to eighteen
(18) months from the date of one of the following:
1. The employee terminates employment (for reasons other than gross misconduct), or
2. The employee's working hours are reduced.

If a covered employee or any other qualified beneficiary is or becomes disabled at any time
within sixty (60) days of COBRA coverage, the disabled individual(s) will be eligible to continue
the group insurance for an additional eleven (11) months--for a total of twenty-nine (29) months
of coverage. In order to qualify for twenty-nine (29) months, Notice of Determination of Disability
from the Social Security Administration must be provided to the plan administrator before the
expiration of the initial eighteen (18) months coverage and within sixty (60) days of the
determination. In addition, a qualified beneficiary also must notify the plan administrator within
thirty (30) days of any final determination that he or she is no longer disabled.

Coverage will be offered to a covered spouse or dependent children for up to thirty-six (36)
months from the date of one of the following:
1. The death of an employee,
2. An employee's divorce or legal separation,
3. A dependent child ceases to be a dependent under the terms of the group health plan,
4. An employee becomes entitled to Medicare benefits,
5. (With respect to a retired employee) an insolvency proceeding with regard to DCH.
If a spouse or dependent already has continuation of coverage under COBRA and another one of the above events occurs, coverage can be continued for up to thirty-six (36) months from the date of the first event.

**What Types of Benefits Are Offered?**
Basically, DCH will offer the same levels of benefits to qualified beneficiaries as it offers to “similarly situated” active employees.

**How Much Does The Coverage Cost?**
It is important to note that while DCH is required to provide continuation of coverage, the employee or his or her qualified beneficiaries will have to pay up to 102% of the premium for continued coverage. The premium may be paid in monthly installments and a grace period of at least thirty (30) days must be permitted. In addition, additional time to pay premiums will be allowed if allowed for active employees to pay their share of benefits or allowed for DCH to pay its premium, if any.

**What Would Terminate The Period of Continued Coverage?**
Continuation of coverage will be cut short before the expiration of the eighteen (18), twenty-nine (29) or thirty-six (36) month period if:
1. DCH no longer provides any group health plan coverage to any of its employees,
2. The qualified beneficiary fails to pay premiums when due,
3. The qualified beneficiary becomes covered under certain other kinds of group health plans, or
4. The qualified beneficiary becomes entitled to Medicare benefits.

**Who Must Provide Notice When A Specified Event Occurs?**
DCH must notify its plan administrator within thirty (30) days after the occurrence of any of the following:
1. An employee dies,
2. An employee terminates employment, retires, is laid off or is fired,
3. An employee’s work hours are reduced,
4. An employee becomes entitled to Medicare benefits, or
5. (With respect to a retired employee) an insolvency proceeding with regard to DCH.

Employees or dependents must notify the plan administrator within sixty (60) days after the occurrence of any of the following:
1. An employee is granted a divorce or legal separation,
2. A dependent child loses dependent status under the plan.

The plan administrator will notify the qualifying beneficiaries within fourteen (14) days after the plan administrator learns of the qualifying event either from DCH or the employee or his or her spouse. Under the law, the employee will then have sixty (60) days from the later of the date he or she would otherwise lose coverage or the date of notification to inform the plan administrator and its insurance carrier that he or she wants to continue coverage. If he or she does not choose continuation of coverage, the group coverage will end.

**B. Family and Medical Leave Act**
The federal Family and Medical Leave Act (“FMLA”) gives an eligible employee the choice whether to continue health benefit coverage during a leave under FMLA. Employees with questions about the law can contact the Human Resources Department.
C. Health Insurance Portability And Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is found at Sections 9801 through 9806 of the Internal Revenue Code of 1986, as amended, and Sections 701 through 707 and 731 through 734 of ERISA. HIPAA and the regulations thereunder impose certain limitations on eligibility restrictions in group health plans and require group health plans to provide participants with evidence of creditable coverage on the occurrence of certain events.

7.6 DRESS AND PERSONAL APPEARANCE POLICY

The dress and personal appearance of DCH employees and volunteers and all other representatives associated with DCH is vitally important in our relationships with patients and visitors. By the nature of our industry, most employees are expected to wear uniforms. Clothing, whether a uniform or street-wear, must conform to safety and infection control requirements and be appropriate for the professional work and the image that DCH desires to project to its patients and visitors. Hair styles, clothing and jewelry should conform to the best standards of business and professional modesty.

Department Guidelines

Each manager is expected to develop dress and personal appearance guidelines for employees in the department. Guidelines should have administrative approval prior to implementation. No changes to dress and appearance guidelines can be made without prior administrative approval and reasonable notification to employees. Each manager is responsible for orienting employees to departmental dress and personal appearance guidelines and for enforcing the guidelines consistently. Failure to adhere to this policy will result in disciplinary action in accordance with policy.

Departmental guidelines for dress and personal appearance should also address whether or not a uniform is required and the uniform specifications, including type, color, etc. Areas may designate distinctly colored non-hospital issued scrub wear and warm up jackets as an acceptable uniform with administrative approval. All department colors, patterns and complementary colors must be approved by administration.

Exceptions to dress code may be allowed for special holidays or sports occasions. These exceptions will be determined and communicated by administration.

Minimum Standards

The following minimum guidelines must be used in all departmental Dress and Personal Appearance Policies. Departmental guidelines may require stricter standards but may not require more liberal standards.

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<thead>
<tr>
<th>Guideline</th>
<th>Allowed</th>
<th>Not Allowed</th>
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<tbody>
<tr>
<td>Beards and mustaches</td>
<td>▪ Beards and mustaches that are neat, clean, well groomed</td>
<td>▪ Beards and mustaches are discouraged in areas where masks are routinely worn</td>
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<td></td>
<td>▪ Beards and mustached are discouraged in patient care areas requiring N-95 mask fit testing</td>
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<td>Shoes and socks</td>
<td>Shoes</td>
<td>Socks</td>
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<td></td>
<td>In compliance with safety and infection prevention standards</td>
<td>Worn with pants only</td>
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<td></td>
<td>Providing safe footing</td>
<td>Color appropriate to the uniform or attire being worn</td>
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<td>Offer protection against hazards</td>
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<td></td>
<td>Quiet for the comfort of the patients</td>
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<tr>
<td></td>
<td>Clogs must be worn with socks or hosiery</td>
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<tr>
<td>Socks</td>
<td>Worn with pants only</td>
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<td>Clogs must be worn with socks or hosiery</td>
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<tr>
<td>Fragrances</td>
<td>Deodorant</td>
<td>Smoke odors or tobacco residue</td>
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<td></td>
<td>Hair Care</td>
<td>Aftershave, cologne, perfume and scented lotions</td>
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<td></td>
<td>Personal hygiene products</td>
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<tr>
<td>Hair and head covers</td>
<td>Hair that is neat, clean and well groomed</td>
<td>Excessive hair ornaments</td>
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<td></td>
<td>Long hair that is secured so as not to interfere with patient care</td>
<td>Head covers worn outside the work area</td>
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<td></td>
<td>Caps (only when approved) worn bill forward</td>
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<tr>
<td>Ornamental jewelry</td>
<td>Small necklaces of short length worn under the uniform</td>
<td>Bracelets, dangling earrings and large rings worn in patient areas</td>
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<td></td>
<td>Earring studs or rings no larger than one-half inch in diameter</td>
<td>Jewelry that interferes or distracts the work being performed</td>
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<td></td>
<td>Up to two earrings per ear</td>
<td>Jewelry in the eyebrow, nose, tongue or visible piercing other than the ear</td>
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<tr>
<td>Tattoos</td>
<td>Tattoos must be covered and not visible</td>
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<tr>
<td>Fingernails</td>
<td>Fingernails that are clean and at the active length or shorter</td>
<td>Nail polish colors that interfere with the performance of job duties</td>
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<tr>
<td></td>
<td>Artificial nails (only where permitted in departmental guidelines)</td>
<td>Chipped nail polish</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Artificial nails in direct patient care areas</td>
</tr>
<tr>
<td>Undergarments</td>
<td></td>
<td>Visible through street clothes or uniforms</td>
</tr>
<tr>
<td>Food and drink</td>
<td>Eating, drinking, and smoking in designated areas only</td>
<td>Gum chewing while performing work</td>
</tr>
<tr>
<td>Uniforms</td>
<td>Colored scrubs and warm up jackets as designated by departmental guidelines</td>
<td></td>
</tr>
</tbody>
</table>
Attire
- Clothes that are clean, pressed, and in good condition
- Sized appropriately
- Appropriate to the job being performed
- Dress length no more two inches above the knee
- Split skirts at or below the knee
- Denim skirts, dresses and jackets (only where permitted in departmental guidelines)
- Logo shirts and knit shirts (only where permitted in departmental guidelines)
- Shirts should be tucked in with a belt when worn with slacks
- Blue jeans or denim pants
- Leggings, stirrups and t-shirt pantsuits
- Casual wear, such as shorts or crop pants (unless permitted in departmental guidelines)
- Tight-fitting clothing
- Revealing clothing, such as plunging necklines, high skirt splits, crop tops, etc.
- T-shirts, including printed promotional t-shirts (unless approved by administration for game or team day designated weekends)
- Tank tops

Employee Badges
- Employee badge worn at all times as a part of the uniform, horizontally in the upper chest area
- DCH-sanctioned badge holder, lanyard or pull pin with the picture and name displayed prominently
- DCH service award pins, badges or patches and professional school and certification pins
- Political, religious or message buttons, stickers or pins not issued by DCH

Employees, including on-call employees, should adhere to the dress and personal appearance policy and departmental guidelines and not report to work in inappropriate attire. Employees who report to work in violation may be sent home and subject to discipline according to the positive discipline policy.

Managers, Physicians and Others
Managers are expected to exemplify the highest standards of professional dress and appearance. If the position does not require a uniform, wearing a lab coat is recommended in patient areas where appropriate.

Physicians and physician-employed surgical assistants, nurse practitioners, and physician assistants will be provided blue scrubs from the hospital. Capstone residents may use blue scrubs provided by the hospital. Medical students and student observers will be allowed to use blue scrubs.

7.7 DCH HEALTHCARE SYSTEM DRUG & ALCOHOL POLICY

DCH Health System (DCH) has a vital interest in maintaining a safe, healthy, and efficient working environment for its employees, a work environment as free from the use of illegal and non-prescription drugs and alcohol and unauthorized use of prescription drugs as reasonably possible. Being impaired or under the influence of drugs or alcohol on the job poses serious safety and health risks, not only to the user, but also to all who come in contact with the user, like patients, family members, and visitors.

Prohibitions
1. The sale, purchase, use, possession and/or reporting to work under the influence of alcohol, intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non prescribed controlled substances while on DCH property or during working hours is
absolutely prohibited.

2. The sale, purchase, manufacture, dispensation, or possession of illegal drugs, non-prescribed narcotics, hallucinogenic drugs, synthetic drugs, marijuana or other non-prescribed controlled substances while on DCH property or during working or non-working hours is absolutely prohibited.

3. The sale, purchase, use and possession of drug paraphernalia, equipment, products and/or materials which are used, intended for use or designed for use with illegal or non-prescribed controlled substances while on DCH property or during working or non-working hours is absolutely prohibited.

4. Reporting to, and being at, work in an impaired state, or with a measurable quantity of alcohol, intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances in the employee’s system (whether blood, hair, breath or urine) is absolutely prohibited.

5. Reporting to, and being at, work in an impaired state, or with a measurable quantity of alcohol, prescribed or over-the-counter narcotics or drugs in the blood or urine is prohibited, to the extent, and in the opinion of DCH, such quantity of alcohol, narcotics or drugs impairs or prevents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, patients, visitors, other employees or property, whether the substances are consumed at work or away from work.

Employees are expected and required to report to work in an unimpaired state and should inform their supervisor of any prescribed medicine that the employee is taking which could impair the employee’s ability or judgment.

Tests
An employee may be requested to undergo a blood test, urinalysis, breath analyzer test, hair analysis or any other approved and recognized diagnostic method of testing whenever there is reasonable suspicion that this policy has been violated or when the employee appears impaired (Please refer to the Drug and Alcohol Policy Guidelines). “Reasonable suspicion” under this Policy can include, but is not limited to, the following circumstances:

1. Pre-employment.

2. When there is reason to believe, in the opinion of DCH that an employee is under the influence of or impaired by alcohol, intoxicants, drugs or narcotics or that an employee has a measurable quantity of alcohol, intoxicants, drugs or narcotics in the employee’s system (whether blood, hair, breath or urine) while on DCH property or during working hours.

3. As part of DCH’s investigation into possible misappropriation, diversion, or theft of controlled substances.

4. When an employee returns from any approved leave lasting 30 days or longer. Testing and test results will be handled confidentially with disclosures of results provided only to those personnel with a need-to-know status. Upon request, employees who are tested will be provided a copy of test results by Employee Health.

5. As part of DCH’s investigation related to an arrest of an employee for an alcohol or drug related incident or the result of an anonymous call concerning the consumption, sale or arrest of an employee for alcohol or any other drug related incident.

Any attempts to dilute or adulterate a test sample, or to delay the giving of a sample, will constitute misconduct and result in the employee’s immediate termination.
Searches
Should DCH have reason to believe that an employee is impaired or under the influence of alcohol, intoxicants, drugs or narcotics; is in possession of any alcohol, intoxicants, drugs or narcotics; or is in possession of paraphernalia, equipment, products or materials which are used, intended for use or designed for use with non-prescribed controlled substances, DCH may request that the employee submit to a search by DCH representatives. The search may consist of a physical search of the employee’s person and/or property including but not limited to lockers, purses, and vehicles brought on to DCH premises.

Human Resources Director/Manager or designee (HR) will be notified by Employee Health of any incident involving a for cause screen. Employee Health will complete the screen and determine whether or not the employee is safe to drive or would require transportation. HR will determine if a search is indicated. HR will determine who will conduct the search (at least 2 people) and where the search will take place. Individuals responsible for conducting the search will complete the Search Protocol Form and return the completed form to HR. Individuals responsible for conducting the search will also arrange for transportation when EH has determined the need.

Discipline
An employee’s refusal to submit immediately upon request to a search of his/her person or property; or to a blood test, urinalysis, breath analyzer test, hair analysis or any other approved recognized diagnostic test(s); or a positive result on such test(s) indicating the presence of or use of alcohol, intoxicants or non-prescribed controlled substances shall result in disciplinary action up to, and including, discharge.

It is also DCH policy to terminate any staff members involved in the purchase, sale, use, manufacture, transfer, or possession of illegal drugs, narcotics, contraband or other related paraphernalia on DCH property or in DCH owned property or for off duty conduct related to drug trafficking or sale.

Any attempts to dilute or adulterate a test sample, or to delay the giving of a sample, will constitute misconduct and result in the employee’s immediate termination.

Definitions
DCH property covered by this policy includes any property owned, controlled or used by DCH, including parking lots, offices, desks, lockers and vehicles.

Voluntary Submission
This policy in no way alters DCH’s provisions for an employee’s voluntary submission to drug or alcohol rehabilitation programs, and it remains DCH’s desire and intent to encourage any employee with a drug or alcohol dependency to seek this type of professional assistance before such dependency leads to an incident requiring disciplinary action. Where a violation of this policy has occurred (such as a positive drug or alcohol screen), an employee’s request to submit to a drug or alcohol rehabilitation program shall not serve to waive the application of disciplinary action deemed appropriate for the policy violation.

Reporting
If theft of a controlled substance is suspected or known, the Pharmacy is required to notify the United States Drug Enforcement Administration (DEA) and notify upon discovery, immediately and without delay (generally considered one business day). The initial notification of the DEA
can be by facsimile (preferred), telephone call, or by a brief written message explaining the circumstances. Once the actual circumstances of the theft have been determined conclusively, the Pharmacy shall also complete a Report of Theft or Loss of Controlled Substances (DEA Form-106). The Pharmacy shall send the original and one copy to the DEA Diversion Field Office and keep one copy for its records. If the investigation reveals that no theft has occurred, then filing of a DEA Form-106 is not required. In this case, the DEA should be notified in writing as to why a DEA Form-106 is no longer needed.

The Pharmacy is also required to report theft of controlled substances to the Alabama State Board of Pharmacy. If the theft is reported to the DEA and to the Board of Pharmacy, there is no additional requirement in the State of Alabama that the theft also be reported to the local police.

The Director of Pharmacy will submit a report of abuses and losses of controlled substances to the Health System President/CEO at least annually.

For licensed professionals, the Vice President/Assistant Administrator or employee’s Director or Nurse Manager having knowledge of drug use or misappropriation of controlled substances will notify the Professional Licensure board of any misconduct or potential violation of the Nurse Practices Act. Such reports, as well as follow up reports, must be copied to Employee Health and Human Resources.

Refer to Facility Procedure on Narcotic and Controlled Substances regarding resolution of Narcotic Discrepancies.

**Training**
Supervisors and Managers will participate in periodic education and training on recognizing and reacting to drug and alcohol abuse in the workplace. The training will be coordinated annually through the department of Employee Health at each facility.

### 7.8 ELECTRONIC DATA PROCESSING SECURITY POLICY

DCH relies heavily on its electronic data processing systems and computers to meet its operational, financial, and informational requirements. It is essential that these systems and machines be protected from misuse and/or unauthorized access and that the data they store and process be operated and maintained in a secure environment and in a responsible manner.

DCH communication systems and the equipment used to operate the communications system are owned and provided by DCH to assist in conducting the business of the Health System. Communications systems are not to be used to solicit or proselytize for commercial ventures, religious or political causes, outside organizations or other non-job-related solicitations.

The actions listed below constitute violation of DCH policy:

1. Unauthorized access or use of DCH's computers, computer facilities, networks, systems, programs or data or the unauthorized copying or manipulating of DCH's computer systems, programs, or data;
2. Unauthorized use of DCH facilities or equipment to access non-DCH owned computers;
3. Unauthorized use of passwords and/or codes or unauthorized distribution of such passwords/codes to other individuals.
4. Activity which causes DCH computers, computer facilities, systems, programs or data to be access or used without authorization;

5. Activity (conducted in the course of one's employment with DCH) which causes non-DCH owned computers, computer facilities, systems, programs, or data to be accessed or used in an unauthorized manner.

6. Unauthorized installation and/or removal of any DCH computer equipment, systems, programs, or intentional acts or acts of misconduct or horseplay which damage or destroy any DCH computer, computer system, computer facility, computer network, program, or data or such acts which cause damage or destruction to occur to DCH computer property by another.

Violation of DCH's policy may initiate disciplinary action up to and including discharge or may trigger violations of state or federal law as well.

7.9 EMPLOYMENT OF RELATIVES POLICY

DCH Health System wants to ensure that System practices do not create situations that may result in conflicts of interest, favoritism, or perceived favoritism. DCH strongly believes that an environment where employees maintain clear boundaries between employee, personal and business interactions is most effective for ensuring quality care and services.

Situations in which an employee has authority over a relative can lead to charges of favoritism, animosity among employees or complaints of unlawful employment discrimination. These decision-making influences include, but are not limited to: hiring, retaining, transferring, promoting, disciplining, and/or determining wages, schedules, leave requests, and performance evaluations.

Effective November 1, 2010, DCH will not employ, promote, or transfer individuals into positions whereby a Close Relative would have direct or indirect decision making authority [or audit authority] over another employee. A Close Relative is defined as father, mother, spouse, brother, sister, child, father-in-law, mother-in-law, grandparents, grandchildren or legal guardian of the employee. At DCH’s discretion, brothers- and sisters-in law and step relationships similar to those listed above also may be considered Close Relatives.

Covered Employment Classifications and Employment Decisions
This policy applies to hiring and employment decisions affecting all job classifications, including regular, temporary, part-time, contract, and seasonal positions. These restrictions also are applicable when assigning, transferring, or promoting an employee.

Procedure for Employment of Relatives
It is the responsibility of the applicant to complete the employment application in its entirety, to include specification of all known relatives currently employed by DCH. This information, along with the guidelines of this policy, will be considered during the application and pre-employment process. Before a job offer is made of the applicant is deferred for later consideration, options may be discussed with the individuals involved.

Procedure for Transfer/Promotion of Relatives
It is the responsibility of the employee requesting a transfer to notify HR and the Director/Manager/Supervisor of a direct or indirect reporting relationship to a Close Relative who works in the department to which he is requesting a transfer.
If a conflict is identified, HR will discuss other transfer options with the employee. These options may include applying for other available positions for which he/she is qualified and/or withdrawing transfer request.

If he/she wishes to pursue the transfer process, the employees involved will have ten business days to work with HR to decide who will remain in his/her current position and who will accept another position. Unless the two employees decide otherwise, preference will be given to the employee currently working in the department. Refusal of reasonable alternative positions, if available, at the discretion of DCH, will be deemed a voluntary resignation. If no alternate position is available, the individuals will have 30 additional calendar days to decide who will remain with DCH. If this decision is not made in the time allowed, DCH will make the decision and the departing employee's employment may terminate no later than 30 days after the decision, at DCH's discretion.

Post-Employment Marriage
If two employees marry and such marriage results in a situation whereby a Close Relative would have direct or indirect decision making authority [or audit authority] over another employee, both employees have an obligation to notify HR and the Director/Manager/Supervisor of the department. If a conflict is identified, the Procedure for Transfer/Promotion of Relatives will be followed.

Discipline
Employee who allow personal relationships with coworkers including, but not limited to, Close Relatives, to affect the working environment will be subject to appropriate disciplinary action. Failure to notify the appropriate manager and/or HR of a reporting [or audit] relationship that is covered by this policy or could be a potential conflict of interest is a violation of this policy. Violation of this policy may cause a transfer offer or promotion to be rescinded and will result in discipline up to and including termination.

DCH reserves the right to apply this policy to situation where there is a conflict or the potential for conflict because of the relationship between employees, even if there is no direct reporting relationship or authority, or direct or indirect decision making authority [or audit authority] involved. DCH reserves the right to make exceptions to this policy.

7.10 IDENTIFICATION BADGE POLICY
The Purpose of this policy is to enable positive identification of all DCH employees, volunteers, physicians and contract employees working on a DCH campus as well as to restrict access in certain areas. A photo identification I.D badge will be initially issued by Human Resources, after completion of payroll documents, at no cost to the employee.

Employees will be required to wear their HR issued I.D. badge at all times while on duty. Failure to do so will initiate the disciplinary process. Employees will be issued an initial I.D. badge. If the employee is working more than one job within the system with a different job classification, they may be issued an additional badge for the other area they may work.

Information included on the I.D. badge will be first name, last name, title and division. To promote the DCH Health System goal to emphasize environmental and physical safety and security, as well as, physical and mental well being, an exception to the last name requirement may be granted. Employees who desire to display first name only on the I.D. badge, would
make this exception request to Human Resources at the time the ID Badge is being made. No educational designations will be approved, i.e., BS, Ph.D., AD, etc. One special certification or credential may be listed on the badge with the approval of the Department Director/Manager. The Human Resources Department may consult with the Department Directors/Managers to help maintain consistency within departments and facilities as it relates to certification and/or credentials. The final interpretation and applications of the policy lies with the System Vice President of Human Resources. Ultimate approval for any I.D. badge policy changes will come from the CEO and the facility Administrators.

Identification badges are to be worn at or above the mid chest with the picture and name displayed properly. I.D. Badges should be displayed with the clip and/or holders provided by DCH only. No tapes, stickers or markings are allowed to be displayed on the I.D. badge. System approved pins are allowed to be placed on the I.D. badge holder or clip but no pin marks should be made on the I.D. badge. Examples of system approved pins are: Service Pins, Certification and School Pins. If you have a question as to whether or not a pin is system approved or a question about a pin being reviewed for approval, contact your facility Human Resources Director/Manager. All requests for approval will be forwarded to the CEO and the facility Administrators to ensure consistency. DCH sanctioned Lanyard badge holders will be provided initially with the new I.D. badge and on replacement I.D. badges. DCH sanctioned Lanyard pull pins will be available for purchase in the DCH Gift Shops. The DCH sanctioned Lanyard badge holders and pull pins are the only DCH System I.D. badge holders approved to be worn.

If an I.D. badge is lost or stolen, it is the responsibility of the employee to report this to Human Resources as soon as possible to have another I.D. badge reissued. A fee of $10.00 will be charged for replacement badges. This fee is waived in cases of theft or when the damage was not due to negligence or theft with approval of the Human Resources Director/Manager of the facility.

Employees must present their I.D. badge in order to receive cafeteria discounts or gift shop payroll deduction.

Employees must have their I.D. badge when picking up their own payroll check. Employees who request others to pick up their checks must provide the person picking up their check with (a) the I.D. badge and (b) a note authorizing such. No checks will be issued without the badge and note.

Employees are encouraged every five (5) years during the employee’s anniversary month or at the time of a change of employee status, to request a new I.D. badge and picture in Human Resources at no cost to the employee. Employees with a name change must present their new social security card to Human Resources in order to have their name changed on their I.D. Badge.

Employees, who terminate their employment, are to return their HR issued I.D. badge to their Department Director/Manager/Supervisor on their last day at work. Failure to do so may delay the issuance of the final check.
7.11 INVESTIGATION POLICY

DCH reserves the right to insist that employees cooperate in investigations of alleged employee misconduct, as well as other investigations deemed necessary by DCH.

Such cooperation is to include, but is not limited to, the use of a polygraph test, breathalyzer test, hair analysis or examination of blood and/or urine samples, permission to conduct searches of personal belongings and property.

Refusal of an employee to fully cooperate in any investigation of alleged employee misconduct or any other necessary investigation(s) will be reasonable grounds for disciplinary action, including termination of employment.

7.12 LOW CENSUS/VOLUME POLICY

DCH will monitor census/volumes on a continuing basis. When it is determined that staffing needs to be decreased due to fluctuating census/volumes, management will exercise the right to do one or all of the following:

- Temporarily assign the employee(s) to work in another area and/or shift.
- Direct the employee(s) to leave work early.
- Execute a mandatory transfer of the employees (s) to another area and/or shift.
- Direct the employee(s) not to report to work.

Please note:
1. Area is defined as unit, department, division or facility.
2. Only available PTO hours may be used for low census/volumes. Any banked time is excluded from this policy.
3. Employees who are offered work in another area for which they are qualified and refuse will automatically be coded AA hours.
4. If an employee is directed by management to take time off because of reduced staffing needs or other economic factors, the employee will be coded approved absence (AA hours), without pay or may request and be granted PTO to be paid in lieu of an approved absent hour (AA). AA as well as PTO hours used for reduced staffing hours will not count as an incidence of absence.

This policy does not supersede the reassignment policy for normal staff reallocation and the corresponding disciplinary actions of same.

Each department will monitor workload and staffing using an approved indicator, on a shift by shift or more frequent basis when applicable. Each department will attempt to adjust worked hours based on patient care and unit needs and manage paid hours to within targets. When, based on patient care/unit need targets, paid hour targets would be exceeded if PTO were granted, staffing would be decreased by the following actions.

Step 1: Follow reassignment guidelines between like functional areas of expertise based on patient care or unit needs (includes like areas between facilities).
Step 2: Staff members with overtime will be canceled on a rotational basis.
Step 3: Employees previously denied paid time off or scheduled absence will be
Step 4: Staff members with worked hours greater than their authorized FTE will be canceled.
Step 5: As necessary, staff regular hours will be canceled on a rotational basis as equally as possible.

These steps should be followed EXCEPT for the holidays recognized by DCH (New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day). On those days, names will be drawn from staff members assigned to work and low census AA granted.

7.13 PATIENT CONCERN ECSALATION POLICY

Purpose
To define the course that a patient concern should follow should a satisfactory resolution cannot be achieved.

Applicability
This policy applies to all concerns brought by or on behalf of a patient relative to the care of the patient or the patient’s property.

Policy
Patient concerns should be directed to the following individuals in the following order. The concern should start with Step One and taken to the next level when a satisfactory resolution cannot be achieved.

Step One: Direct caregiver
Step Two: Direct caregiver’s manager or supervisor
Step Three: Department or Divisional Director
Step Four: Vice President
Step Five: Administrator

Patient Representatives are available at any step during the process to assist with patient concern resolution. In instances of a sentinel event, staff may be referred to the EAP for support and counseling.

If a patient is unable to resolve any concerns about patient care or safety through the above process, he/she or his/her representative may contact The Joint Commission (JC). JC’s Office of Quality Monitoring may be contacted by either calling 1/800-994-6610 or e-mailing complaint@jcaho.org.
If at any step it becomes apparent that the concern will be escalated to the next step and if at all possible, the individual referring the concern to the next step should inform the individual to whom the concern is being referred.

Communication
This policy shall be communicated to patients through variety of means, including patient information materials and on the Health System web site.

Regional Medical Center (RMC)
Patient Concerns or Questions
Patients, family members or their representatives with concerns or questions should contact the Patient Representative at (205) 750-5082. After hours, contact the Nursing Supervisor through the hospital operator at (205) 759-7111.

If a patient is unable to resolve any concerns about patient care or safety through the above process, he/she or his/her representative may contact The Joint Commission. JC’s Office of Quality Monitoring may be contacted by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org.

Northport Medical Center (NMC)
Patient Concerns or Questions
Patients, family members or their representatives with concerns or questions should contact the Patient Representative at (205) 333-4992. After hours, contact the Nursing Supervisor through the hospital operator at (205) 333-4500.

If a patient is unable to resolve any concerns about patient care or safety through the above process, he/she or his/her representative may contact The Joint Commission. JC’s Office of Quality Monitoring may be contacted by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org.

Fayette Medical Center (FMC)
Patient Hotline
For concerns, complaints or suggestions about patient care, call (205) 932-1192 or (205) 932-1154 Monday through Friday from 8 a.m. to 5 p.m. After hours, contact the Nursing Supervisor through the hospital operator at (205) 932-5966.

If a patient is unable to resolve any concerns about patient care or safety through the above process, he/she or his/her representative may contact The Joint Commission. JC’s Office of Quality Monitoring may be contacted by either calling 1-800-994-6610 or e-mailing complaint@jcaho.org.

7.14 PRIVACY ACCESS AND INVESTIGATION POLICY

OBJECTIVE
DCH Health System is committed to safeguarding its patients’ protected health information (PHI). PHI is information that can be used to identify a patient, including but not limited to information about health care treatment, the patient’s name, age, address, and social security number. PHI is confidential and protected from access, use, or disclosure except to authorized individuals requiring access for treatment, payment, and health care operations. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination. This
document provides a framework for the investigation of reports regarding use and disclosure of PHI and associated discipline for violations.

SCOPE
It is the policy of DCH Health System to investigate all reports regarding the use and/or disclosure of protected health information, denial of access to protected health information, denial of request for amendment to protected health information and any other issues pertaining to the Health Insurance Portability and Accountability Act of 1996. These reports may be made from within the DCH Health System or from outside the organization. It is the policy of DCH Health System that there will be no retaliation against any individual (patient or employee) who initiates or generates a report. Workforce members have a responsibility to be vigilant in enforcing and adhering to HIPAA standards and to report known or potential HIPAA violations.

Every DCH employee is responsible for reporting HIPAA and privacy concerns to the Corporate Director of Internal Audit & Compliance if received by any other workforce member. Reports provided to the Corporate Director will, to the greatest extent possible, remain confidential unless circumstances prevent confidentiality. All reasonable efforts will be made to protect the confidentiality of the sources, except where required by law or the specific circumstances of the report.

DEFINITIONS
Breach: The unauthorized acquisition, access, use, or disclosure of PHI, which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised.

Covered Entities: Health care providers, health plans, and health care clearing houses. Employers are not Covered Entities unless they are also one of the above entities. HIPAA applies to Covered Entities.

HIPAA (short for The Health Insurance Portability and Accountability Act of 1996): HIPAA provides national standards to protect the privacy of personal health information and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. HIPAA provides for fines and penalties for breaches of PHI in certain cases. DCH must report all breaches annually to the Office for Civil Rights.

Privacy Rules: The Privacy Rules are the regulations regarding Privacy of Individually Identifiable Health Information under HIPAA. The Privacy Rule establishes federal protections for the privacy of PHI. Covered Entities are required to develop and implement standards to protect and guard against the misuse of PHI.

Protected Health Information (PHI): Protected Health Information is any information that can identify a patient and includes but is not limited to the following examples:
- Admission or procedure
- Diagnosis
- Prognosis
- Treatment plan or treatment options
Discharge
Name
Address

Workforce: Employees for the purposes of this policy are defined as employees, volunteers, students, contractual employees, temporary employees, physicians, and all business relationships for the purposes of providing care of the patient and/or business functions relating to payment, analysis, regulatory reporting, etc.

PROCEDURE
A. Investigations
The Corporate Director will, upon receipt of a report and/or complaint, initiate an investigation. This investigation may include interviews with the employee, the employee’s supervisor, and/or patients and others involved in the report. The Corporate Director will be responsible for documenting the risk assessment required by the HIPAA Omnibus Final Rule. The HIPAA Omnibus Final Rule states the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule is a breach unless DCH can demonstrate a low probability that the protected health information (PHI) has been compromised. The Omnibus Rule outlines a risk assessment process that DCH must follow which includes at least the following factors:

- The nature and extent of the PHI involved;
- The unauthorized person who used the PHI or to whom the disclosure was made;
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

Once the investigation is complete and the risk assessment has been documented, the Corporate Director will consult with a panel that includes Human Resources, Legal Counsel or designee and the appropriate department manager. The panel will review the results of the investigation and risk assessment to determine the appropriate course of action based on the nature and severity of the violation. Disciplinary action will depend on the nature and severity of the incident. The process, including the outcome of the investigation, will be maintained for a period of seven (7) years within the Compliance Department.

B. Disciplinary Actions
Depending on the nature and severity of the violation, DCH will take action to discipline the employee in accordance with the Progressive Discipline Policy. Human Resources will maintain documentation on disciplinary action in accordance with policy.

C. Application of Disciplinary Actions
Any breach of protected health information is considered a serious infraction and subject to disciplinary action. Well-intentioned or "innocent" acquisition and/or release of information is still a violation of DCH policy. The level of HIPAA violation will be determined based on the nature and severity of the violation. The disciplinary actions listed in this policy are provided for guidance on DCH Health System’s HIPAA enforcement. This list is not all-inclusive and subject to modification. Listed below are the types of HIPAA violations that require disciplinary action to be applied. The Guide below assumes the employee has had no other discipline on file. Prior discipline history may escalate the discipline beyond what is stated below. DCH reserves the right to combine or skip disciplinary procedures depending upon facts of each situation and the nature of the offense.
**DCH Health System Privacy and Security Violation Discipline Guide**

<table>
<thead>
<tr>
<th>Policy Infraction</th>
<th>Breach/Report to Office of Inspector General?</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Offense</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Offense</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Offense</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing PHI of another person without authorization.</td>
<td>TBD*</td>
<td>Final Warning</td>
<td>Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disclosing PHI to another person without authorization.</td>
<td>Yes</td>
<td>Term+</td>
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<tr>
<td>Using the PHI of another person with malicious intent or for personal gain.</td>
<td>Yes</td>
<td>Term+</td>
<td></td>
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<tr>
<td>Accessing one’s own PHI without a legitimate business need and/or failing to follow established Release of Information (ROI) policies.</td>
<td>TBD*</td>
<td>PAR</td>
<td>Term</td>
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<tr>
<td>Providing a person a user ID or password that is assigned to another person.</td>
<td>PAR</td>
<td>Term</td>
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<tr>
<td>Inadvertently sending PHI data to the wrong recipient (faxed to wrong number, clicked on wrong e-mail address, sent in wrong envelope, etc.).</td>
<td>TBD*</td>
<td>POD</td>
<td>PAR</td>
<td>Final Term</td>
<td>Term</td>
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<tr>
<td>Using a user ID or password that belongs to another person.</td>
<td>PAR</td>
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<td>Deleting or altering information to prevent detection of a policy violation or unlawful event or act.</td>
<td>Term+</td>
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<tr>
<td>Taking pictures, video or audio recordings of patients and/or visitors with a camera, camcorder, or smart phone without proper authorization by the appropriate hospital personnel.</td>
<td>Yes</td>
<td>Term+</td>
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<td>Failing to protect user identification or password from unauthorized use (e.g., having user identification or password taped to computer screen, under keyboard, taped to employee badge, etc.).</td>
<td>PAR</td>
<td>Final Warning</td>
<td>Term</td>
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<tr>
<td>Removing confidential data from DCH by any electronic means and without authorization (sending confidential data to a personal e-mail address, using memory sticks, etc.).</td>
<td>Yes</td>
<td>Term</td>
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### Minor violations of DCH computer usage policies such as excessive e-mail and/or internet usage.

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### Major violations of DCH computer usage policies such as viewing pornographic material, sending threatening communications, and participating in illegal activities using DCH computers.

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### Failing to properly dispose of paper PHI (tossing PHI in regular trash instead of utilizing shredder bins).

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### Policy Infraction

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<tr>
<td>Defeating or attempting to defeat DCH installed malware protections or workstation, server or network security features or devices.</td>
<td>Term+</td>
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<tr>
<td>Installing unauthorized software or hardware on a DCH computer that does not result in disruption of service, damage to systems or breach of data.</td>
<td>PAR</td>
<td>Final Warning</td>
<td>Term</td>
<td></td>
</tr>
<tr>
<td>Installing unauthorized software or hardware on a DCH computer that does result in disruption of service, damage to systems or breach of data.</td>
<td>Yes</td>
<td>Term+</td>
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**The Corporate Director will determine whether any breach is sufficiently serious or material that law enforcement or the Department of Health and Human Services or any other Covered Entity should be contacted.**

### 7.15 SEVERE WEATHER POLICY

It is the responsibility of each employee to adequately prepare himself or herself to be able to get to work during time of severe weather. Severe weather is defined as follows: Snow and/or ice, floods or tornado damage which significantly impedes the normal flow of traffic. Heavy rains unaccompanied by flooding or low temperatures unaccompanied by snow and/or ice do not constitute severe weather.

The pay practices of the Severe Weather policy will be automatically implemented any time the National Weather Service issues a Winter Weather Advisory, or higher category winter weather notification, or a Tropical Storm Watch, Hurricane Watch, or higher category of such type of weather notification, effective anywhere in the counties of Tuscaloosa, Pickens, Greene,
Sumter, Lamar, Marion, Fayette, Bibb, Hale, Perry, Marengo, Jefferson, Walker. Other aspects of the severe weather policy such as transportation decisions, cancellation of services and child care provisions will be implemented specifically as determined by the Administrator on Call (AOC) or Incident Commander (IC). In the case of flood or tornado damage which impedes the normal flow of traffic, the policy will be implemented by the AOC. Additionally, the AOC may implement the policy at his/her discretion.

Cancellation of Services
Under no circumstances will any service provided by DCH to its patients be closed or suspended without prior consultation and agreement between the Facility Vice President/Assistant Administrator, Incident Commander or Administrator on Call and Medical Staff Chief of that service and the approval of the Facility Administrator, or in case of his absence, the President/CEO.

Role of Administrative Duty Officer
The Administrator on Call will be responsible for the operation of the policy during both normal work hours, nights and weekends.

1. The AOC is to report to the respective DCH facility as soon as severe weather conditions warrant and may require his/her presence.
2. Duties during this time are to include but not limited to:
   a. Serves as the authority to hold employees over. This is done in consultation with Vice Presidents and/or Department Directors/Managers;
   c. Insures that Department Directors/Managers are notified as to the weather conditions; decide if their presence is needed at DCH, and that the Department Directors/Managers remain informed as to the operational status of their respective departments;
   d. Maintains contact with the various Law Enforcement Agencies and Civil Defense as to road conditions, etc;
   e. Be the DCH spokesperson with the news media.

Pay Practices
1. Employees on one shift who work over on a relief shift.
   Employees at work during the times of severe weather are expected to remain at work until their relief arrives and he/she can be properly relieved. Such employees are to be paid for such work hours.

2. Non-exempt employees scheduled to work and who arrive late.
   Non-exempt employees scheduled to work and who, because of severe weather, arrive late are to be paid for the actual hours worked. The employee may use A(W) or PTO(W), when available, for any remaining hours of his/her scheduled shift. If the employee works less than half his/her scheduled shift, the day will count as an incidence of absence.

3. Employees scheduled to work and who are unable to get to work.
   Employees scheduled to work and who, because of severe weather, are unable to get to work will be coded A(W) or PTO (W) when available. Any A(W) or PTO(W) day used during inclement weather will be counted as an incidence of absence.

4. Non-exempt employees who are scheduled to work and are not needed or if service is closed, may be paid PTO (PTO/W) if available. Employees who do not have available PTO
hours or who may be in an initial 6 month employment period, may be coded A(W). Department Directors/Managers will be responsible for determining, in conjunction with their respective Vice Presidents/Assistant Administrators, if services should remain open and the appropriate staffing levels for their area. Employees who are scheduled to work and are late arriving, or do not report to work, should be paid as stated above. Exempt employees will be expected to report to work and assist in needed areas based on his/her qualifications.

5. Employees who requested and were approved for PTO prior to activation of the policy may be paid PTO.

6. Employees who have been approved for intermittent FMLA and request to use an FMLA day after the policy has been implemented will be coded A(W). Employees who have been approved for FMLA and are absent prior to the implementation of the severe weather policy may continue to use available benefit hours.

7. Employees who are on call and are called in to work will be paid according to the call back policy.

**Phone System**

Note that it is important to keep the DCH phone system free of personal calls so that phone lines will be available for DCH purposes. If necessary, the Operators can restrict both incoming and outgoing calls. This will allow the system to continue to function for DCH purposes.

**Child Care**

When inclement weather occurs during the week and schools/day care facilities are closed or will be closing, the decision to offer temporary child care during severe weather will be determined by the Administrator on Call or Incident Commander. Employees will be allowed to leave work for up to an hour during the day and evening shift to pick up children and return to work. In most severe weather incidents, childcare may not be provided so employees should always prepare and consider childcare needs.

**Overnight Sleeping Arrangements**

When the Severe Weather Policy is in effect, the Out Patient desk (RMC) will not accept any reservations for guest rooms requested by employees. All requests for overnight sleeping accommodations will be referred to the facility Nursing Staffing Office, or the employee’s Department Director/Manager.

**7.16 STAFF RIGHTS POLICY**

**Purpose**

To establish a mechanism for accepting and reviewing any request of an individual staff member not to participate in an aspect of care to be delivered to a patient because of religious or cultural beliefs.

**Policy**

If a staff member, because of cultural or religious beliefs, has a perceived conflict with specific aspects of patient care or treatment, he/she would:

1. Notify in writing in advance when possible, his/her Department Director/Manager.
2. If a resolution to the conflict is not reached, the issue should be referred to the Division VP/Director and the Administrator.
3. A decision will be made to either grant the request per the criteria, or may be referred to the President/CEO of DCH Health System for review and final decision.

Criteria for granting requests are as follows:

1. Conflicts with religious beliefs:
   a. For blood transfusions, a change in patient assignment can be made for the initiation of blood transfusion; however, the employee is expected to monitor the patient during the administration of the transfusion.
   
   b. For abortions, reassignments can be made for the actual procedure; the employee is expected to care for the patient post procedure.

2. Conflicts with cultural values:
   a. Conflicts will be handled as above with reassignments made as possible or may be referred to the DCH President/CEO for review and final decision.

The Department Director/Manager will assign another staff member to the patient to ensure delivery of quality patient care. If alternative coverage for relief is unavailable, the employee will be expected to continue with the care of the patient.

This policy does not apply to cases where the reason for the request to not participate is based on the fear of contracting an infectious disease. Personnel are expected to care for the patients with infectious diseases/processes utilizing established guidelines for isolation and Universal Precautions. These procedures help assure the delivery of quality care while protecting the health care worker and preclude the need for reassignment.

The examples included in this policy are not all inclusive; however, each request will be considered as outlined above. This policy is not a replacement for the DCH Equal Employment Opportunity Policy.
SECTION 8
Corporate Compliance

8.1 CORPORATE COMPLIANCE PROGRAM
DCH intends for the Compliance Program to be a part of the fabric of the organization. Patients, medical staff, volunteers, payors, providers and employees of the DCH Health System (DCH) have a right to expect that they will be treated honestly, fairly, and with integrity. At the same time, DCH competes vigorously in a highly competitive and rapidly changing field. As such, a variety of situations and questions are encountered which are both ethical and legal in nature. These situations and questions must be dealt with in a manner consistent with the highest standards of ethical conduct.

Many activities of employees of DCH are already governed by specific policies and directives. The Compliance Program does not replace those specific policies and directives, but is meant to provide an overview of conduct that is expected of DCH employees. Where a specific policy or directive is in place, that policy sets forth the rules employees must follow. This Program material provides further guidance for resolving questions or situations that employees may encounter.

The Department of Health and Human Services and its Office of Inspector General now strongly encourage all health-care providers to implement effective compliance programs. We believe a compliance program permits us to serve as role models for good corporate citizenship in health care. All affiliates and subsidiaries of DCH and their employees must follow Corporate Compliance Program policies.

DCH Hotline
DCH Health System is dedicated to adhering to the highest ethical standards and, accordingly recognizes the importance of compliance with all applicable state and federal laws. Remaining silent and failing to report any violation or potential violation that a person knows or should have known of may subject a person to disciplinary action up to and including termination. One avenue for employees to communicate compliance issues/concerns, fraud and abuse, privacy concerns, and suspected violations or questionable conduct is the DCH hotline. The benefits of the DCH hotline include the following:

Outsourced to an independent vendor;
The caller is not recorded, traced or identified, and the caller is not required to furnish her/her name;
The number (1-877-847-4324) is answered 24 hours per day, 365 days per year;
Upon receiving information from the vendor, the Corporate Director of Internal Audit & Compliance will communicate compliance complaints to appropriate Administrative personnel for investigation;
The caller is given a unique case number so that he/she can call the vendor back and hear a response to his/her concern; and,
The hotline calls will be reported to the Audit & Corporate Compliance Committee of the DCH Board of Directors.

As a DCH employee, you are encouraged to speak to your direct supervisor and/or manager for human resource concerns. If you are uncomfortable doing so, you may escalate your issue to your supervisor’s Vice President, the Vice President of Human Resources or the facility Administrator without fear of retaliation.

Commitment
DCH is committed to compliance with all laws and regulations of the United States and all State and local government subdivisions that apply to our business. Leadership is committed to establishing effective programs to ensure compliance and will report any wrongdoing to the appropriate authorities as required by law. In addition, Leadership will ensure that appropriate disciplinary action, up to and including termination of employment will be taken concerning any such wrongdoing.

The success of DCH’s Compliance Program depends entirely on us and our collective vision and efforts. All employees have the duty to understand and comply with laws and regulations which relate to their jobs and supervisors have the responsibility of ensuring that all employees who report to them are given information to be aware of and comply with such legal requirements.

All employees will be held accountable for their actions and violations of the law or of any policy dealing with compliance will not be tolerated or excused for any reason. DCH will conduct confidential investigations of any suspected violation of the law, and if the conclusion is that a violation has occurred, will take appropriate steps to correct the problem and to prevent its occurrence in the future. DCH will cooperate with any government investigation into alleged violations. All employees are required to read, understand and refer to:
1. Standards for Business Conduct (see Section 8.5)
2. DCH Conflict of Interest Policy (see Section 8.7)
3. Travel and Seminar Expense Policy (see Section 8.10)
4. DCH Employee Handbook

The Corporate Director of Internal Audit & Compliance will determine which groups or departments of employees will be required to read, understand and refer to:
1. Ethical Marketing Practices Policy (see Section 8.11)
2. Ethical Billing Practices Policy (see Section 8.13)
3. Any other system-wide, institution specific or departmental specific policy dealing with DCH’s responsibility to obey and adhere to law. (Examples – Institutional Review Policy, Standards for Business Relationships with Physicians, and Materials Management Policy on Vendor Relations/Sales & Service Representatives.

Authority
The Board of Directors of DCH has the ultimate responsibility for corporate compliance and has assigned responsibility for oversight of the Corporate Compliance Program to the Audit & Corporate Compliance Committee of the Board. In addition, the Board has appointed a Corporate Director of Internal Audit & Compliance to manage and lead day-to-day activities of the Corporate Compliance Program. This individual reports to the Chief Executive Officer for corporate compliance matters, but has the authority to report directly to the Chairman of the Audit & Corporate Compliance Committee of the Board or the Board in appropriate circumstances. No less than quarterly, the Corporate Director of Internal Audit & Compliance shall make a report to the Board. Each facility may designate a person as being responsible for corporate compliance at that facility, but that person shall be under the authority of the Corporate Director of Internal Audit & Compliance for corporate compliance matters. The Corporate Director of Internal Audit & Compliance has access to external and internal legal counsel. The DCH Board fully endorses the DCH Corporate Compliance Program.
Purpose
The purpose of the Compliance Program is to develop a culture of compliance where all employees do the right thing for all the right reasons. DCH intends for compliance to be engrained in the culture of our organization. In fulfilling this mission, DCH is dedicated to adhering to the highest ethical standards and, accordingly, recognizes the importance of compliance with all applicable state and federal laws. The success of the Program is dependent upon the following recognized elements:

- DCH’s Commitment to Lawful and Ethical Behavior,
- Standards for Business Conduct and and Compliance Policies
- Compliance Program Oversight
- Effective Communication of Standards and Procedures
- Monitoring and Auditing Systems
- Internal Reporting and Responding to a Suspected Violation
- Investigations
- Corrective Action
- Enforcement and Disciplinary Action

All employees should feel free to consult with the Corporate Director of Internal Audit & Compliance. Each employee has the responsibility to recognize potential problems as they arise and to consult the Corporate Director of Internal Audit & Compliance before acting or use the DCH Hotline.

Resources
The Compliance Department shall have available appropriate reasonable resources to carry out the requirements of the Corporate Compliance Program. The Internal Audit and Compliance Department has the authority to review all documents and other information which may be relevant to compliance activities, including, but not limited to: patient records, billing records, records of all contracting activities (including physicians, vendors, suppliers, professionals, employees, consultants, lessors/lessees, agents and independent contractors) and records concerning the marketing efforts of the health system. In addition, Compliance Committees and Facility Liaisons may be used to effectively resource the compliance function.

Foundational Behavior Expectations
The document entitled “Standards for Business Conduct” is the foundational document setting out the principles inherent to the corporate compliance issues, and the behaviors expected of all individuals affiliated with DCH Health System. The Standards of Business Conduct (see Section 8.5) are neither exclusive nor complete, and they are just a part of DCH’s overall Corporate Compliance Program. Employees are required to comply with all applicable laws, government health program requirements, and DCH policies, whether or not specifically addressed in the Standards of Business Conduct.

Employment Matters
The people who work for DCH are its most valuable assets. Motivated, professional and committed employees are vital to the fulfillment of DCH’s goals and the Corporate Compliance Program. All DCH employees are expected to comply with applicable employment laws and related DCH policies. These include DCH’s equal employment opportunity policy, harassment policy, and other compliance-based policies. While all DCH employees have a shared responsibility to ensure compliance in these areas, the Human Resources Division is primarily responsible for compliance with equal employment, harassment, wage and hour requirements and other employment laws and policies. Any DCH employee who has questions or concerns with regard to equal employment opportunity, harassment or other employment issues may obtain information from or report concerns to Human Resources. Consistent with DCH policies
and the Corporate Compliance Program, Human Resources will conduct or coordinate investigations of potential violations of these policies.

Communication
The existence and activities of the Corporate Compliance Program is communicated to all employees in various methods. Education is ongoing and includes sessions at new employee orientation, required computer-based training, and information on the DCH Intranet as well as presentations in staff meetings. Immediate clarification on any compliance issue can be obtained by contacting the Compliance Department at 750-5328.

Detecting and Preventing Fraud and Abuse
The DCH Health System (DCH) is dedicated to compliance with all laws, rules and regulations that apply to its operation and to principles of legal, ethical and moral business practices. To that end, DCH has adopted numerous policies, practices and programs that are designed to detect and prevent fraud, waste and abuse.

Employees have a responsibility to report concerns, including potential fraud, waste and abuse, as provided in this policy. Additionally, internal audits are performed randomly and in accordance with a scheduled audit plan. Audits are also performed by external agencies. Departments are responsible for monitoring their internal activities. The Human Resources Department performs investigations as necessary. The Compliance function also audits access to protected health information in accordance with HIPAA. These audits are performed randomly and for cause and, depending upon results of the audits, disciplinary action may be necessary in accordance with policy. Refer to Section 7.14 of this document for the disciplinary guidelines when protected health information has been inappropriately accessed.

Reporting Violations/Answering Questions
The Corporate Director of Internal Audit & Compliance and the Privacy Officer are available resources to field questions about the Corporate Compliance Program. Any member of the management team is also available for these purposes. All of these individuals are bound by the same strict standards of confidentiality.

Any employee, medical staff, volunteer and other individuals who provide care, treatment and services with DCH who becomes aware of any illegal conduct or behavior in violation of any policy concerning compliance, or any State or Federal law or regulation, should report it immediately, fully and objectively to the Corporate Director of Internal Audit & Compliance, The Joint Commission (1-800-994-6610 or e-mail complaint@jointcommission.org), Human Resources, Facility Administrator or the CEO. All questions of whether to report should be resolved in favor of reporting. Every effort will be made to protect confidentiality and there will be no reprimand or retaliation for a truthful report. All members of the management team are required to bring these issues to the attention of the Compliance Department. There are a variety of methods for making reports, including the use of the DCH Hotline (1-877-847-4324), employee drop boxes located at each campus, inter-office mail addressed to the Compliance Department or direct mail addressed to:

DCH Health System
Attn: Compliance Department
809 University Blvd. East
Tuscaloosa, Alabama 35401

Investigation
Authority – The Board has delegated authority for conducting investigations necessary under the Corporate Compliance Program to the Corporate Director of Internal Audit & Compliance, who will delegate and/or coordinate the investigation as set out below.

Initial Investigation – All reports, from whatever source to whomever reported will be appropriately investigated. If the initial investigation suggests the existence of a material violation of compliance policies or applicable laws or regulations, a full scale investigation will begin. If feasible, the reporting source will be informed that an investigation has begun, and will be informed when an investigation is complete.

Coordination of Investigation – The Corporate Director of Internal Audit & Compliance retains final authority over all compliance related investigations, and these investigations shall be conducted in conjunction with General Counsel when necessary. All reports received, whether by a managerial employee of a business unit of DCH or directly through the legal department, shall be forwarded to the Corporate Director of Internal Audit & Compliance. Primary responsibility for investigating violations of Human Resources related compliance issues such as the Harassment Policy shall rest with the Human Resources Department. Investigation of any matters related to Environmental Impact compliance issues rests primarily with the Safety and Security Manager in conjunction with the Compliance Department. Primary responsibility for the investigation of compliance issues concerning pharmaceuticals rests with the Director of the facility’s pharmacy in conjunction with the Compliance Department. In all other matters, primary responsibility for conducting an investigation will rest with the Corporate Director of Internal Audit & Compliance, and may be delegated within the Compliance Department as appropriate. In undertaking the investigation, the investigator may solicit the support of general counsel, internal auditors, external counsel and auditors, and internal and external persons with knowledge of the applicable laws and regulations and required policies, procedures or standards that relate to the specific problem in question. If unbudgeted resources are needed to conduct an investigation, the investigator shall discuss the resources needed with the Corporate Director of Internal Audit & Compliance, who may seek authorization for these expenditures from the Chief Executive Officer of DCH. The Corporate Director of Internal Audit & Compliance shall be kept informed of the progress and results of all investigations.

Confidentiality of Investigations – All investigations, including results thereof, undertaken as part of the Corporate Compliance Program will, to the fullest extent possible, be kept strictly confidential. The Corporate Director of Internal Audit & Compliance shall be notified before any investigation result is revealed to any third party or DCH employee or agent. The Corporate Director of Internal Audit & Compliance shall determine in her sole discretion whether to release the information. No information shall be released without the consent of the Corporate Director of Internal Audit & Compliance.

Reports of Results – A report of significant findings uncovered during investigations will be made to the Board through the Audit & Corporate Compliance Committee.

Response to Investigation
In the event an investigation conducted under this Corporate Compliance Program concludes that a violation has occurred, the following actions will take place:
1. Leadership personnel within the facility, department, unit or area affected will begin immediately to correct the wrongdoing, and take the necessary actions to insure that the wrongdoing will cease. A report of these actions shall be sent to the Corporate Director of Internal Audit & Compliance, and other individuals as shall be appropriate.
2. The individual or individuals employed by DCH, responsible for the wrongdoing shall be subject to appropriate disciplinary action as outlined in the Positive Discipline Policy.
Education
The Corporate Director of Internal Audit & Compliance and the Privacy Officer will educate employees using various methods and during various events throughout the year. Education for some employees will be job specific. Records of education sessions will be maintained by the Compliance Department along with the related training materials.

Selection of Employees
DCH always strives to employ and retain individuals of high integrity and competence in their field. All candidates must successfully pass a criminal background examination, and education verification. All candidates must have an acceptable work history as evidenced by work and personal references. Motor vehicle license history is also checked for candidates whose job requires driving or otherwise operating a motor vehicle. Further information is found in the Human Resources Policy and Procedure Manual. In attempting to ascertain whether a manager, provider with an individual provider number, or billing office supervisor is eligible for employment, DCH shall review the following sources:
1. DHHS/OIG cumulative sanction report. The cumulative Sanction Report may be accessed on the World Wide Web at http://www.oig.hhs.gov, the web site of the Office of Inspector General. Questions may be directed to: HHS,OIG,OI Exclusions Staff, 7175 Security Boulevard, Suite 210, Baltimore, MD 21244 or (410) 281-3060. The DHHS/OIG Cumulative Sanction Report will be screened quarterly to determine if any medical staff member of the Authority is included in the report.
3. Source for state or local background check: (i.e., State Bureau of Criminal Apprehension, Bureau of Investigation, local Sheriff’s Department, etc.).

Positive Discipline
Violations of DCH policies related to Corporate Compliance, including fraud, waste and abuse are addressed through the DCH Positive Discipline Policy and may result in action up to and including termination.

Auditing and Monitoring
The Internal Audit & Compliance Department will, with the assistance of Human Resources, Risk Management, Legal, or other appropriate departments, conduct periodic audits of activities which have a corporate compliance component.

DCH will devote such resources as are reasonably necessary to ensure that the audits are (1) adequately staffed; (2) by persons with appropriate knowledge and experience to conduct the audits; (3) utilizing internal audit tools and protocol.

Responding to Governmental Audits and Investigations
DCH periodically receives inquiries from government agencies and departments relating to billing, drug and device usage, antitrust and other areas of the law. These inquiries may take the form of letter, telephone calls or personal visits. It is the policy of DCH to comply with all applicable laws and to cooperate with any reasonable requests for information from the Federal, State and local governments. However, in doing so, the legal rights of DCH and its employees must be preserved and protected.
There are existing guidelines and procedures for handling many types of government inquiries and requests for information, such as routine medical records requests, routine employment requests, and routine subpoenas. When a request for information is received from any government branch, agency or department which is not covered by existing guidelines and procedures, the Corporate Director of Internal Audit & Compliance and the Vice President of Legal Services should be notified promptly, before making any response or acknowledgment. For example, inquiries from the Department of Justice, the Environmental Protection Agency, the Food and Drug Administration, the FBI or the Federal Trade Commission should be referred to the Corporate Director of Internal Audit & Compliance and the Vice President of Legal Services. In such circumstances, an employee may answer questions of government representatives if the employee chooses to do so but the employee is not required to do so. Employees are encouraged to immediately contact the corporate compliance staff upon the initial approach by any government agent or third party. The same considerations apply to communications from attorneys representing private clients. Through these procedures, the third party or the government agency can obtain the information it is entitled to receive, and at the same time DCH’s rights and those of its employees can be protected.

Summary
The Board of DCH is committed to enforcing this Corporate Compliance Program, and expects all employees to abide by its tenets in all circumstances.

8.2 FEDERAL FALSE CLAIMS ACT

The Act
In summary, the False Claims Act (FCA) establishes liability when any person or entity improperly receives from or avoids payment to the Federal government, except for tax fraud.

Specifically, the Act prohibits:
1. Knowingly presenting, or causing to be presented to the Government a false claim for payment;
2. Knowingly making, using, or causing to be made or used, a false record or statement to get a false claim paid or approved by the government;
3. Conspiring to defraud the Government by getting a false claim allowed or paid;
4. Falsely certifying the type or amount of property to be used by the Government;
5. Certifying receipt of property on a document without completely knowing that the information is true;
6. Knowingly buying Government property from an unauthorized officer of the Government, and;
7. Knowingly making, using, or causing to be made or used a false record to avoid, or decrease an obligation to pay or transmit property to the Government.

Note that under the FCA, no specific intent to defraud is necessary; refer to the definitions shown below.

The most commonly used of these provisions are the first and second, prohibiting the presentation of false claims to the government and making false records to get a false claim paid. By far the most frequent cases involve situations in which a defendant—usually a corporation but on occasion an individual—overcharges the federal government for goods or services.
Key Terms
Knowingly –
1- has actual knowledge of a claim containing false information
2- Purposefully ignores such information, or
3- Recklessly disregards such information

Claim –
Any request for money made to the government or any of its agents or contractors or action taken to avoid payment to the government or its agents or contractors of any money that would otherwise be due

Some examples that would apply to healthcare include but are not limited to:

Unbundling - Using multiple billing codes instead of one billing code for a drug panel test in order to increase payment.

Bundling -- Billing more for a panel of tests when a single test was asked for.

Double billing - Charging more than once for the same goods or service.

Upcoding - Inflating bills by using diagnosis-billing codes that suggest a more expensive illness or treatment.

Billing for brand -- Billing for brand-named drugs when generic drugs are actually provided.

Automatically running a lab test whenever the results of some other test falls within a certain range, even though the second test was not specifically requested.

Prescribing a medicine or recommending a type of treatment or diagnosis regimen in order to win kickbacks from hospitals, labs, or pharmaceutical companies.

Civil Liability under the False Claims Act
The penalties for violating the Act are substantial. Monetary penalties ranging from $5,500 to $11,000 for each false claim submitted may be levied. As a further penalty, a defendant may be required to pay the government three times the amount of the false claim. In addition, the Office of the Inspector General may attempt to have the defendant excluded from participation in federal healthcare funding programs such as Medicare and Medicaid. The Patient Protection and Affordable Care Act (PPACA), enacted March 23, 2010, states that FCA liability will arise if an actor does not repay any identified overpayment within sixty days.

Whistleblower Provisions
The False Claims Act contains provisions for anyone with knowledge of false claims activity to file a lawsuit on behalf of the government. The lawsuit will remain under seal unless or until the government decides how they wish to proceed. If certain requirements are fulfilled, the whistleblower may be entitled to receive a percentage of the amount recouped by the government. Finally, the False Claims Act provides protection for whistleblowers against any action taken against him/her as retaliation for reporting false claims activity.
Applicable State Laws
Alabama law provides for criminal monetary penalties and jail time for any person who intentionally provides false information to the Medicaid agency in a claim or request for payment. Alabama law also provides for civil penalties for anyone on behalf of certain assisted living facilities to provide false information to the State Board of Health about any matter of legal or regulatory compliance, quality of care or compliance with fire or life safety codes.

8.3 ANTI-KICKBACK STATUTE AND PHYSICIAN SELF REFERRAL PROHIBITION

The Medicare and Medicaid Statute prohibits specific categories of referral payments, including kickbacks, bribes, or rebates. Specifically, 42 U.S.C §1320a-7b(b) forbids any knowing and willful conduct involving the solicitation, receipt, offer, or payment of any kind of remuneration in return for referring an individual or recommending or arranging the purchase, lease, or ordering of an item or service that may be wholly or partially paid for under a federal health care program.

The Patient Protection and Affordable Care Act (PPACA) amended a number of provisions under the Anti-Kickback Statute. One such amendment provides that an Anti-Kickback violation may be established without showing that an individual knew of the statute's proscriptions or acted with specific intent to violate the Anti-Kickback Statute. The new standard could significantly expand criminal and civil fraud exposure for transactions and arrangements where there is no intent to violate the Anti-Kickback Statute. PPACA further amended the Anti-Kickback Statute to explicitly provide that a violation of the statute constitutes a false or fraudulent claim under the False Claims Act.

The Stark Law generally prohibits a physician from referring Medicare patients for certain designated health services (DHS) when those services are furnished by a DHS entity with which the physician has a financial relationship, extending the general prohibition on referrals for remuneration in the Anti-Kickback Statute to self-referrals. While the Anti-Kickback Statute carries civil as well as criminal penalties, the Stark Law is strictly a civil statute. However, the Stark Law can result in substantial financial damages and penalties.

8.4 HIPAA/HITECH

DCH Health System has always had privacy and patient confidentiality standards in place to ensure appropriate access or disclosure of protected health information (PHI). The federal law called the Health Insurance Portability and Accountability Act (HIPAA) provides additional safeguards for ensuring that your health information is adequately protected. PHI should be discussed with or disclosed to DCH personnel on a limited “minimum necessary” basis. PHI should only be disclosed to others in response to a permitted or authorized request. At no time should protected health information be discussed with or disclosed to non-DCH personnel, including family, social acquaintances or others. PHI should not be discussed in public areas such as elevators, the cafeteria, hallways, etc. Consult with the DCH Privacy Officer (750-5328) for any questions regarding patient confidentiality. Title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA), otherwise known as the Health Information Technology for Economic and Clinical Health Act (HITECH Act), increases the fines and the scope of remedies for violations of HIPAA and breaches of the security of electronic health records. The HITECH Act also requires disclosures for such breaches to the news media, the affected individuals, and Health and Human Services in the event security of protected health information is breached as described in the Act. Criminal penalties are enforceable against persons who obtain or disclose protected health information without authorization. In addition, a State’s Attorney General has
the power to bring civil actions against a person on behalf of residents adversely affected by violations of either HIPAA or the HITECH Act.

8.5 STANDARDS FOR BUSINESS CONDUCT

Employees and Officers of the DCH Health System including its affiliated subsidiary organizations are committed to the fundamental belief that our patients, our medical staff, our volunteers, and our fellow employees have a right to expect that they are treated honestly and with integrity. It is difficult to define honesty and integrity on paper, but these standards for business conduct attempt to clarify what we believe as a Health System.

Foundational Values
DCH Health System and its affiliated subsidiary organizations believe in core values. These core values are consistent with our stated mission, vision and basic beliefs and serve as the foundation for the program. At DCH Health System, we
- are considerate and courteous to everyone,
- treat others like we want to be treated
- are supportive and cooperative with each other by acting openly, directly, and honestly in all dealings.
- display pride in our job and the institution by acknowledging our role in our communities while seeking to understand and service their needs, and
- demonstrate positive leadership qualities by treating all employees fairly.

Guiding Principals For Business Conduct

Treat all employees with fairness. Employees deserve a work environment that supports equal, consistent, and fair treatment and opportunity. We want to provide a learning environment that encourages education and employee development. We believe that a positive work environment cannot exist in the presence of harassment, abuse, or discrimination on the basis of race, creed, gender, age, disability status, national origin, or any other illegal basis. In the event that an employee perceives that any unfair treatment is occurring, they should use the Speak Openly System Problem Resolution Program described in this manual.

Display good judgment and high ethical standards in your business decision making. Conduct business with a commitment to positive ethics, integrity, fairness, and honesty. DCH Health System employees and officers will demonstrate these qualities through truthfulness, the absence of fraud or deception, and respectful compliance of the law.

Ensure that bills are accurate and honest at all times. Federal, State, and private payers are entitled to an accurate bill. DCH Health System bills only for services actually rendered. Medical documentation is necessary to substantiate the service actually rendered. In the absence of medical documentation, act as if the service was not rendered. Strive to accurately code and ensure correct billing. For more information, see the ETHICAL BILLING PRACTICES POLICY.

Prepare and maintain all patient and company records accurately. Patient and company records should be accurate and complete. Employees and Officers must ensure that all patient and business records are accurate and complete by conforming to accepted standards of record maintenance. Patient and company records can not contain false or misleading information. Correct mistakes on records according to established DCH Health System Policy. Financial records and transactions should be prepared and recorded with generally accepted accounting practices and DCH Health System Policy.

Protect confidential and proprietary information including patient information. Patients trust employees and officers of DCH Health System and its affiliated organizations
to keep their health information confidential. Never disclose confidential patient information. Information that is obtained or developed by DCH Health System about our patients or business is confidential. Only disclose information to those who have a legitimate need to know and according to DCH Health System Policy.

**Represent the DCH Health System and its affiliate subsidiary organizations honestly.**
The West Alabama community deserves an accurate representation of DCH Health System’s services and products. When advertising, opinion and factual data will be distinguished. Additionally, we will not disparage, demean, or satirize competitors. We will not exploit patient fear as a motivational factor in choosing the DCH Health System Services. For more information, see the ETHICAL MARKETING PRACTICES POLICY.

**Avoid conflicts of interests and the appearance of conflicts of interests.** A conflict of interest occurs if an outside interest or activity influences or appears to influence your ability to exercise objectivity or meet job responsibilities for DCH Health System. DCH Health System employees or their immediate family can not offer or solicit gifts, favors, or other improper inducements in exchange for assistance or influence. For more information, see the CONFLICT OF INTERESTS POLICY.

**DCH Health System Assets may not be used for improper or illegal activities.** DCH Health System funds and assets will not be used for payments that are or appear to be kickbacks, bribes, or inducements.

**Provide a reasonably safe environment where health and safety regulations are observed.** DCH Health System and its affiliate subsidiaries will comply with applicable federal and state safety laws and regulations. Employees are expected to follow DCH Health System and its affiliate subsidiary organization’s policy. For more information, see THE ENVIRONMENT OF CARE MANUAL.

**Program Authority**
The Board of Directors of the DCH Healthcare Authority delegate corporate compliance management and oversight responsibility to the Board of Directors Audit/Compliance Committee. The Board of Directors Audit/Compliance Committee delegates corporate compliance management and program coordination to the Corporate Director of Internal Audit & Compliance.

## 8.6 STANDARDS FOR BUSINESS RELATIONSHIPS WITH PHYSICIANS

Employees and officers of the DCH Health System including its affiliated subsidiary organizations are committed to the fundamental belief that our patients, our medical staff, our volunteers, and our fellow employees have a right to expect honesty, integrity, and legal compliance in business relationships with physicians. Employees and officers of the DCH Health System including its affiliated subsidiary organizations follow the guiding principals outlined below in our conduct with physicians.

**Guiding Principals For Business Conduct**

**Contract with physicians in a manner that complies with law.**
DCH Health System conducts physician contracting consistent with the physician self-referral ban in STARK, Federal Fraud and Abuse Law and Regulation, and Internal Revenue Regulation. The Board of Directors or their designee initiates, guides, and approves the physician contracting process. The process ensures that physicians or their immediate family members with a financial interest in DCH Health System or its affiliated subsidiary organizations do not refer patients for the provision of health care goods or services inconsistent with law or regulation. The process further ensures that no business relationship is established or maintained with a physician who has been excluded from participating in a Federal program. Physicians will be investigated in
accordance with the procedure outlined in the Corporate Compliance Program and the Medical Staff bylaws, as appropriate. 

**Recruit physicians consistent with community needs.** DCH Health System conducts physician recruitment transactions to benefit our surrounding community and remain consistent with our operation as a tax-exempt organization. All physicians are recruited based on a demonstrated community need. The recruitment process is initiated, guided, and approved by the Board of Directors or their designee to ensure that it furthers the System’s public charitable purpose without providing inurements to individual physicians. The General Counsel will review all recruitment guidelines and contracts to ensure that they comply with STARK, Federal Fraud and Abuse Law and Regulation and Internal Revenue Rules.

**Provide employed physicians reasonable compensation.** DCH Health System arranges physician employment packages consistent with STARK, Federal Fraud and Abuse Law and Regulation and Internal Revenue Rules. The Executive Committee of the Board or their designee approves physician service contracts to ensure that the compensation is reasonable and tied to fair market value of the identified services rendered and not related to the volume or value of referrals. The General Counsel and/or outside counsel will review all physician employment contracts to ensure that they comply with STARK, Federal Fraud and Abuse Law and Regulation and Internal Revenue Rules.

**Arrange professional service agreements with physicians.** DCH Health System contracts with physicians to provide medical direction for clinical departments. The Board of Directors or their designee approves physician professional service agreements to ensure that the compensation is reasonable and tied to fair market value of the identified services rendered and not related to the volume or value of referrals. The General Counsel and/or outside counsel will review all physician professional service agreements to ensure that they comply with STARK, Federal Fraud and Abuse Law and Regulation and Internal Revenue Rules.

**Leasing space and equipment to physicians and immediate family.** DCH Health System leases space and equipment to physicians. The Board of Directors or their designee approves leases of space to physicians to ensure that the lease subject is reasonable and necessary to a legitimate business purpose, the rental fee is set in advance comporting to fair market value and does not vary with the volume or value of referrals, the lease is commercially reasonable, and the physician has exclusive use of the leased space or equipment. The General Counsel and/or outside counsel will review all lease agreements to ensure that they comply with STARK, Federal Fraud and Abuse Law and Regulation, and Internal Revenue Rules.

**Credential physicians in a manner consistent with Law, regulation and policy.** DCH Health system will credential medical staff consistent with the Health Care Quality Improvement Act, The Joint Commission, Centers for Medicare & Medicaid Services (CMS), and Medical Staff bylaws. The review process operates following criteria established by the Medical Staff. The review process includes primary source verification of past affiliations and training as well as providing due process to the applicant. The person responsible for coordinating the medical staff at each DCH Health System entity and/or the Medical Director will monitor the process to ensure its consistency.

### 8.7 CONFLICT OF INTEREST POLICY

The following Conflict of Interest Policy is hereby adopted for all employees of the DCH Health System and their immediate families, including employees of all affiliated and subsidiary organizations.
A conflict of interest occurs when an outside interest or activity influences or appears to influence an employee’s ability to exercise objectivity related to his or her job or meet his or her job responsibilities. Participation in activities that conflict with employment responsibilities is not acceptable to the DCH Health System.

A potential conflict of interest exists any time one’s actions cause an objective observer to question whether or not his or her actions are motivated solely by his or her responsibilities to the DCH Health System. Activities that cause a conflict or potential conflict of interest must be reported in writing as outlined below. Listed below are possible types of activities which may cause conflicts of interests or potential conflicts of interest:

**Outside Interest**

1. To hold directly or indirectly a position of material financial interest in an outside interest or organization with whom DCH does business or may want to do business. The term “material financial interest” is determined by the percentage of the employee’s ownership as ratio to the fair market value, and is intended to mean any financial interest which is more than nominal.
2. To compete, directly or indirectly, with the DCH Health System in the purchase or sale of property, or property rights, interests or services.
3. To render directive, managerial or consultative services to any outside interests that does business with, or competes with, the DCH Health System.
4. It is not a violation of this policy to be a faculty member or to speak at other entities or educational sessions, and to receive payment for these activities, provided that the preparation for and actual teaching and/or speaking is done on one’s own personal time and not on the job, and prior written approval from the division Vice President has been obtained. All honorariums received for teaching/speaking (including preparation time) while on DCH time shall be turned over to the DCH Foundation.

**Gifts, GRATUITIES AND ENTERTAINMENT**

DCH Health System employees, and employees of any affiliated and/or subsidiary organization, and their immediate families, are prohibited from soliciting or receiving gifts, loans, travel, entertainment, or any other consideration of value from a business or vendor that does business with or may want to do business with the DCH Health System. Specific prohibitions and exceptions include, but are not limited to the following:

1. **Gifts:** Material items or money (generally, material gifts are defined as being worth more than twenty dollars). Gifts received are to be reported to the President/CEO of the DCH Health System and the Corporate Director of Internal Audit & Compliance, and are to be returned to the sender. Gifts, such as office supplies and novelties which are less than twenty dollars in value and are generally used by employees to do their functions, may be accepted. Food stuffs which are shared in the work setting may be accepted. Cash or checks, whether in the form of a gift or a loan, are not acceptable. Cash and/or checks may be directed to or donated to the DCH Foundation, as outlined below.
2. **Entertainment:** Includes, but is not limited to, meals, drinks, sleeping accommodations, and travel. Attending a hospitality suite or other similar event during a local, state or national convention which is approved by the convention sponsor and which is open to all convention participants is acceptable. It is not a violation to accept a meal from a vendor/potential vendor, provided business-related matters are to be discussed at the meal.
3. **Travel:** Travel and accommodations provided by a vendor/potential vendor may be accepted, provided the travel/accommodation is solely for the purpose of evaluating a product or to attend an educational function which benefits the DCH Health System.
This type of travel and accommodation must be approved by the President/CEO, Administrator and Corporate Director of Internal Audit & Compliance. In these cases, the vendor/potential vendor will be notified in writing that acceptance of this travel/accommodation does not constitute a promise of contract to purchase or acquire.

4. **Educational Sessions:** It is acceptable for the DCH Health System to host educational sessions in which the event and catering for the event is paid for by a vendor or potential vendor. In such cases the following criteria must be met:
   a. There must be clear designations, signs, disclosures, etc. of the sponsor for the educational session. An outline of the educational syllabus should be submitted.
   b. The educational session must be open to any DCH employee/affiliate qualified to attend.
   c. The food must be catered by a licensed entity.
   d. There must be no exception of any linkage between providing the educational event and any future purchases to be made by DCH Health System. Each separate event must be approved in writing by the Corporate Director of Internal Audit & Compliance and the Administrator of the facility hosting the event, or their authorized designee.

5. **Other Favors:** This includes, but is not limited to, using at no cost or reduced cost, vacation accommodations owned or provided by an individual or corporation that supplies goods or services to the DCH Health System or a prospective supplier of goods or services. Accepting such a favor is prohibited.

6. **Physician Gifts:** Cash, checks, and other gifts to individual employees by physicians are discouraged. Any physician wishing to honor or acknowledge the services of an individual employee may do so by making a contribution in that employees honor to the DCH Foundation. It is acceptable for a physician to provide entertainment or food for an entire department or unit. It is also acceptable for a physician to purchase a gift which may be used by the personnel of an entire department or unit.

**Inside Information**

DCH employees or their immediate families are prohibited from disclosing or using information about the DCH Health System’s business or activities for their personal profit or advantage. The employee or family member should disclose any potential circumstance of this type to his or her Department Manager and the Corporate Director of Internal Audit & Compliance, in writing, so that they can determine if there is a conflict. Disclosure is also required if a close relationship with a supplier or a competitor might present a potential or apparent conflict of interest. Such a relationship could include friend, former classmate or civic/social club member.

**Penalties**

Violation of this policy may result in disciplinary action, up to and including termination of employment.

**Guidelines for Handling Conflict of Interest Reports/Disclosure**

When a DCH Health System employee (or his or her immediate family) engages in any activity or interest that may be in violation of this DCH Health System policy, the employee must disclose that activity, or contemplated activity, by completing a Conflict of Interest Reporting and Disclosure Form. Blank forms are available in the Human Resources Department and in the Corporate Director of Internal Audit & Compliance’s office. The completed form shall be given to the employee’s Department Manager for processing. All Conflict of Interest Reporting and Disclosure Forms will be reviewed and investigated by the appropriate Director/Manager and Vice President, and their recommendations will be recorded on the form. All Conflict of Interest Forms will then be forwarded to the Administrator and the Corporate Director of Internal Audit & Compliance for final review and approval.
The completed form will be returned to the appropriate Vice President, who will be responsible for notifying the employee of the findings. A copy of the form will be given to the employee, and the original forwarded to Human Resources for inclusion in the employee’s file.

**DCH Foundation**
Nothing in this policy precludes organizations or individuals from making donations, memorials and honorariums to the DCH Health System, DCH Foundation or any of its affiliated organizations, provided such donations, memorials and honorariums are made to the DCH Health System or the DCH Foundation rather than to an individual employee. An individual employee must turn over honorariums or gifts which have been given to him or her to the DCH Foundation.

Further, this policy does not prohibit or restrict the DCH Foundation from soliciting funds or other donations for the support of the DCH Health System or its affiliated organization.

**8.8 FRAUD DETECTION & INVESTIGATION POLICY**

It is the policy of DCH that all reports of larceny, fraud, fiscal irregularities, or other illegal/improper activities involving DCH its property, or personnel will be investigated. If the allegation suggests the possibility of criminal activity, the investigation shall be coordinated with appropriate law enforcement agencies. DCH will cooperate fully with appropriate law enforcement authorities in their investigation and prosecution of any criminal activity involving or affecting DCH employees.

The Board of Trustees and Administration are committed to preventing larcenous, fraudulent, irregular or other illegal/improper activities at DCH. Moreover, they are committed to establishing controls to help insure detection of any such activities that may arise.

The DCH Internal Audit and Compliance Department generally will have responsibility for internal investigations of fraud, fiscal irregularities, larceny of funds, and other illegal/improper activities. The Security Department generally will have responsibility for investigating larceny of property, or assist in any investigation where deviation from these general guidelines is warranted. The President/CEO will coordinate all investigations except any that may potentially involve the President/CEO or Administrator in which case such investigations will be coordinated by the Chairman of the Audit & Corporate Compliance Committee.

**Definitions**

1. **Larceny** or theft has the same definitions as exist under the laws of the State of Alabama.
2. **Fraud** is defined as “an intentional misrepresentation of truth for the purpose of inducing another in reliance upon it to part with some valuable thing belonging to him/her or to surrender a legal right.” As such, fraud shall encompass both fraud which would be actionable under the criminal and civil laws of the State of Alabama and that which would be actionable under federal laws.
3. **Irregularity** is defined as “a violation of administrative or accounting controls in the handling of receipts or expenditures, the violation of administrative or accounting controls in the maintenance of assets, or the intentional distortion of financial statements or documents.”

**Purpose**

1. To maintain DCH as a financially viable institution.
2. To increase the awareness of management and employees of the possibilities for fraud and other illegal or improper activities.
3. To help safeguard the assets of DCH.
4. To establish an impartial mechanism for investigating suspected illegal or improper activities.
5. To ensure the nondiscriminatory application of policies.
6. To provide protection against any retaliation for employees who in good faith provide information regarding possible illegal/improper activities.

Special Instructions
1. Employees who are aware of any activities which they consider to be illegal or improper should report these activities to Internal Audit, Security, Human Resources, the Administrator or the President/CEO. The existence of these reporting channels will be adequately communicated throughout DCH’s facilities and referenced in the Employee Handbook. The DCH Hotline may also be used for this purpose.
2. Employees who in good faith provide information regarding potential fraud, suspected larceny, irregularities, or other illegal/improper activities will be protected against retaliation. Reasonable efforts will be made to protect the employee’s identity.
3. Any reports of improper/illegal activities will be coordinated by the President/CEO with Internal Audit, Security or other appropriate department. The Chairman of the Audit & Corporate Compliance Committee will coordinate any investigation potentially involving the President/CEO or Administrator. The purpose of this coordination is to insure that the proper investigation will be promptly conducted. Law enforcement agencies may be contacted.
4. During the course of any investigating team is authorized to search DCH property in order to obtain information.
5. If managers suspect improper/illega1 activity in their areas, they should not confront the suspected employee or discuss the case. Instead, management should gather all relevant factors and information concerning the suspected improper/illega1 activity and contact Internal Audit, Security, Human Resources, or the President/CEO or Administrator to discuss their concerns. The President/CEO will be immediately notified of any such reports except where such reports should be directed to the Chairman of the Audit & Corporate Compliance Committee.

8.9 INSPECTION POLICY

Increasing problems in recent years with thefts and pilferage of DCH and employee personal property from DCH premises warrant the following additional security measures. DCH as a matter of policy expressly reserves the right to inspect, at random, parcels, packages, handbags, briefcases and other similar items and their contents while being brought into, while at, or while being removed from the premises of DCH by any employee. DCH further reserves the right to remove there from and retain any property belonging to DCH or any other property not lawfully in the possession of the employee. This policy is a condition of employment with DCH.

8.10 TRAVEL AND SEMINAR EXPENSE POLICY

DCH Health System (DCH) will pay all reasonable, necessary and properly approved travel and/or seminar expenses incurred by personnel while conducting business on behalf of the System or attending an educational program outside the System. Payment will be made in accordance with the general conditions, guidelines, and procedures established by the policy. Management reserves the right to disallow any expense deemed unnecessary, inappropriate, excessive, or lacking required supporting documentation.
General Conditions

General conditions of the policy provide that it is generally neither possible nor practical to list every possible expenditure that may be incurred while traveling. Reasonableness must be used in determining whether expenditure is necessary to accomplish the purpose of the travel for DCH. When presented with unusual circumstances in traveling and when the need for interpretation exists, it is expected that personnel will select the method that is least costly to the System. The expenses should be consistent with the employee's job responsibility and the organization's needs and resources. It is DCH's policy that an employee should not suffer a financial loss nor a financial gain as a result of business travel. Employees must comply with the DCH policies set forth relating to travel and seminar expenses.

DCH reserves the right to send employees to educational programs held outside the System. The following criteria will be used to determine eligibility for travel to these programs. DCH reserves the right to approve or reject travel requests for any reason.

1. a. DCH has the need to obtain additional information and develop skills for services the System currently provides or plans to provide.
   b. The course, though not necessarily leading to a degree, will result in the individual's professional growth in one's present or future area of responsibility.
   c. There is a need for one to have the preparation to provide a service for the System.
2. The employee recommended to attend the program has demonstrated the ability to acquire the information needed and communicate this information to other employees.
3. The requested educational program expense can be accommodated within budgeted limits.
4. Educational programs offered in the Southeastern United States - preferably within Alabama - have been chosen when possible. Meetings outside the Southeast may be allowed if approved by the Department Director/Manager, Vice President and Administrator.
5. The educational program is approved for continuing education by the appropriate group.
6. No more than two (2) hospital employees from the same department may be sent to the same course if an overnight stay will be necessary.

Other travel necessary in order to conduct business on behalf of DCH must be submitted on a travel request form for appropriate Department Director/Manager and Administrative approval prior to the employee's departure.

Original receipts should be submitted for all expenditures, regardless of amounts, including expenditures for meals, auto rental, taxi fares, gasoline purchases, parking fees, and hotel/motel charges. If original documentation is not available, a written explanation and other supporting documentation must be provided. Credit card receipts are not considered original receipts.

The traveler(s) must sign and date his/her expense report. No one else can sign for the traveler(s).

The expense report must be approved by both the appropriate Department Director/Manager and Vice President/Administrative employee prior to submission to Accounting. The Department Director/Manager and Vice President/Administrative employee must sign his/her own name and provide the date of each signature. No one below the level of Department Director/Manager can approve an expense report and no one is to sign for the Department Director/Manager, Vice President/Administrative employee or Administrator. The Vice President's and the
Administrator's expense reports must be reviewed and approved by the appropriate next highest Management level.

Travel advances may be provided to personnel to cover certain expenses expected to be incurred while on a trip. All prior advances issued to an individual must be cleared before any additional advances are granted. Refer to point #17 for specific policy related to travel advances.

**Guidelines**

The following guidelines of the policy have been established for the reimbursement of travel expenses incurred while attending an educational program or while in the conduct of business on behalf of the Health System.

1. **Air Travel** - DCH will reimburse for Coach fares, with advance purchase Coach fares preferred. Therefore, the approved seminar request form should be delivered to the appropriate Administrative Secretary at least thirty (30) days prior to the seminar. The Administrative Secretary will contact the System’s contracted travel agency and obtain quotes for the locations and dates requested. The Administrative Secretary will purchase the least expensive ticket, with exceptions made only when flight times are not to DCH's benefit and have been approved by the President/Administrator or Vice President. The airline ticket stub indicating cost of the ticket and/or the invoice from the travel agency are required to be submitted with the expense reports even if the air fare was paid directly to the travel agency by DCH. If an employee's length of stay at the travel location exceeds the length of the seminar, the savings to DCH should be documented. For example, if a seminar will conclude on a Thursday evening, but significant cost savings can occur if a weekend return flight is booked, the savings should be documented. The quote from the travel agency along with the hotel rate should be shown in documenting the savings to DCH.

2. **Auto Mileage** - Personal Car - An employee will be reimbursed at the current approved mileage rate. The mileage will be calculated from the employee's place of employment to the destination. A second car will be approved only when the total number of persons attending the seminar, etc. exceeds the capacity of one car. If any employee requests to drive a personal car to a meeting or seminar that would ordinarily be reached by plane, the employee will be reimbursed mileage or coach air fare, whichever is less. If an employee is driven to and from the airport in their personal automobile by another individual (two roundtrips are made instead of leaving a car at the airport parking garage), the employee will be reimbursed mileage. The mileage expense, however, should not exceed parking fees that would have been incurred by leaving a car at the airport.

3. **Auto Rental/Taxi Fares** - Rental cars are to be used only when economically advantageous. Rentals must be approved in advance and arranged by the Administrative Secretary. It is expected that standard models will be used. All employees should reject the liability insurance but accept the collision insurance provided by the car rental agency. Any other questions on insurance coverage should be directed to the Vice President of Finance. Original receipts for auto rental are required to be submitted with the expense report. Taxi service or shuttle bus service is advised for short and infrequent trips and will be reimbursed on a reasonable basis. Taxi receipts must be turned in for all fare. Original receipts for taxi or shuttle bus service are required for reimbursement. Included with the receipts should be the location and function traveled to and from. Excessive taxi charges for travel to and from meals will not be allowed. Taxi/bus fare for personal use such as going to a shopping mall, a movie, or theme park will not be allowed for reimbursement. Private limousine service will not be reimbursed unless approved by the Administrator or President and supported by an original receipt.
4. **Parking** - Airport parking expense will be reimbursed. Original receipts are required. Business parking expense will be reimbursed and receipts should be obtained, if available.

5. **Traffic Fines** - Under no circumstances will traffic violation fines or other fines be reimbursed.

6. **Lodging** - Convenience of hotel/motel must be considered in selection; however, facilities with competitive rates should be utilized when possible. Original detailed hotel/motel receipts are required to be submitted with the expense report, even if the hotel/motel charges were prepaid. Credit card receipts are not sufficient. Direct, after-the-fact, payments for lodging will not be made to hotels/motels. Overnight lodging will not be allowed for any seminars, meeting, etc. held within ninety (90) miles of the traveler's DCH facility. Exceptions to allow overnight lodging in these locations must be approved in writing by the President or Vice President.

7. **Phone Calls** - Business calls will be reimbursed. One long distance call per day to the employee's home is allowed if limited to approximately fifteen (15) minutes. Other personal phone calls will not be allowed.

8. **Laundry** - Laundry service is allowable only on a trip of more than five (5) nights or under special circumstances. Original receipts are required.

9. **Registration Fees/Tuition** - These must be approved in advance. A properly completed and approved check request form, along with registration forms/documentation, must be provided to Accounting for direct payment of fees by DCH. For a registration fee to be reimbursed to an employee, an expense report must be filed; and an original receipt or copy of both sides of the employee's canceled check is required for reimbursement.

10. **Entertainment** - Reasonable entertainment expense is allowed when it is directly related to business. Entertaining fellow employees is not considered business and is to be disallowed unless complete justification is provided along with approval by the President. The following information is required by either IRS regulations or DCH and must be provided for payment of entertainment expenses:
    - Date and time of entertainment
    - Name of place and type of entertainment
    - Name, title, and occupation of each person entertained
    - Business relationship of each person entertained
    - Number of persons in attendance
    - Business reason or purpose. It is expected that DCH will receive direct benefit as a result of making these entertainment expenditures.
    - Original receipts are required and expenditures must be reasonable.

11. **Meals** - Reimbursement will be for actual costs of normal and reasonable meals. It is the DCH policy not to pay for alcoholic beverages. When an employee's meal is included in the seminar registration fee, no additional expenses for that meal are allowable. DCH will pay for up to three meals per day, excluding snacks and groceries, when an employee is traveling overnight. If room service is ordered, the employee must provide an explanation for ordering room service on the Travel Expense Report and obtain a detailed receipt - the total cost of the meal on the hotel invoice is insufficient. Reasonable expenses for meals will be reimbursed upon completion and approval of the Travel Expense Report. A detailed restaurant receipt must be provided for all meals. Credit card receipts/statements are not acceptable (The employee should communicate documentation needs to the server prior to placing an order). DCH recognizes that some restaurants are unable to itemize prior to placing an order. DCH recognizes that some restaurants are unable to itemize receipts. When a restaurant does not provide an itemized receipt, the employee may himself/herself provide the itemization on the receipt. The reason for a business meal should be stated on the Travel Expense Report and/or restaurant receipt. If a DCH employee pays for a meal for a non-DCH employee because of business reasons, the relationship to DCH of the person for whom the meal was purchased should be identified on the expense form and/or
the restaurant receipt. Meals on one-day travel will not be reimbursed unless the person is unable to return prior to the normal dinner hour (7:00PM). (Exceptions to this policy may be approved by the President/CEO or Administrator.) In these cases, one meal of reasonable expense will be reimbursed. One-day travel is defined as that in which an employee is able to reasonably commute round-trip daily to the seminar, meeting, etc. from Tuscaloosa (within 90 miles), Northport, or Fayette (depending on the facility). Exceptions to this policy include a business meal for which legitimate business on behalf of the System was conducted by the employee. The purpose of business meal should be documented on the Travel Expense Report and/or restaurant receipt. If a restaurant receipt includes more than one meal, the names of employees/individuals who were present should be listed on the receipt as well as an explanation.

12. **Tips** - Reasonable tips on meals (average meal tip is 15%), baggage handling, porters, valet parking, etc. are allowable.

13. **Credit Cards** - Original receipts are required. If personal credit cards are used by the employee, DCH will reimburse the employee and will not pay directly to the credit card company.

14. **Travel Insurance and Travelers Check Fees** - DCH will not reimburse the employee for the cost of travel insurance or for fees to obtain travelers checks.

15. **Travel Advances** - An advance may be provided to an employee to cover the estimated expenses for lodging, meals, and travel only. Travel advances must be requested by using a properly completed and approved check request form. The expense advance must not be requested more than 21 days prior to the meeting. Registration requests for advance payment of registration fees should be submitted to Accounting at least seven (7) days before required. If the request is not received by Accounting at least 7 days before required, the employee shall be responsible for payment of fees and should complete the Travel Expense Report for reimbursement. Any employee not meeting this requirement will not be provided a travel advance. A prior travel advance must be cleared before another travel advance will be issued to an individual. The employee accepting a travel advance should remit payment for any unused portion within ten (10) working days following the employee's return from the trip. Failure to remit payment due the System within 10 working days will result in disciplinary action by the employee's supervisor. The employee is responsible for travel advances obtained from Accounting. A lost or stolen advance is the employee's responsibility. The System will not reimburse the employee for expenses that would have been covered by the lost or stolen travel advance.

16. **Other Non-Reimbursable Expenses** - Although it is impossible to list all non-reimbursable expenses, examples not previously mentioned include:
   a) Books, tapes, and other educational materials not included in registration fees and not specifically approved in advance,
   b) Pay movies,
   c) Tobacco products and between meal snacks/drink,
   d) Dry cleaning, except as stipulated in #10.

Any expense incurred due to the employee not using due care or good judgment will not be reimbursed.

17. **Spouses** - If a spouse will be traveling with the DCH employee and the spouse will not be serving a business purpose on behalf of DCH, the DCH employee should obtain a statement from the hotel stating that the room rate charged is the same for double or single occupancy. This statement should be attached to the expense report. Expenses related to the spouse's travel will not be reimbursed by DCH. The employee is responsible for procurement of the spouse's airline tickets. Airline tickets are not to be purchased through the DCH travel account. The System is only responsible for employee ticketing arrangements and subsequent payment of the bill received from the travel agency.
18. **Approvals** - A Travel Expense Report must be completed by the employee, reviewed and approved by the appropriate Department Director/Manager and Vice President/Administrative employee and submitted to Accounting within ten (10) working days following the employee’s return from the trip. The employee has five (5) working days to present the completed expense report and supporting receipts to the Department Director/Manager, who along with the Vice President/Administrative employee has a total of five (5) additional working days to review, approve, and submit the report to Accounting. Vice President's and Administrator's expense reports are to be reviewed and approved by the appropriate next highest Management level. The ten (10) working day requirement also applies to these expense reports. Any balance due to the System must be refunded when the expense report is submitted to Accounting. Refund is to be made by the employee to the facility cashier located in the business office. An employee not meeting the requirements will not be permitted to attend future meetings. Department Directors/Managers and Vice President/Administrative employees not processing expense reports on a timely basis will also be held accountable. Each employee must sign his/her own name. No employee is to "sign for" another employee, Department Director/Manager, or Vice President/Administrative employee. If an approval cannot be obtained within the time requirement due to sickness, vacation, or other lengthy absence, the applicable next highest level of approval will be permitted in order to allow the report to be submitted to Accounting within the time requirement. The Administrator will be notified of those employees in divisions who do not adhere to this policy. Refer to point 19 below for the exception to the approval procedure.

19. **Exception to Approval** - When reimbursement is for mileage and parking only, regardless of the destination, the travel may be approved by the appropriate Department Director/Manager. The completed form must be submitted to Accounting for reimbursement of the mileage expense.

**Procedures**

A. **Request to Attend Outside Education** - Department Directors/Managers should ensure that sufficient previously budgeted funds are available, complete a "Request" form for the program(s) to which they desire to send an employee, and forward the request, along with a brochure or other documentation of the educational program to their Vice President for approval. Once approved, the request will be returned to the Department Director/Manager. The Department Director/Manager will then be responsible for:

1. Registering employees to attend the program.
2. Requesting, through the use of a check request form approved by the Department Director/Manager, that Accounting pay the registration fees directly to the organization presenting the program. Attached to the check request form must be a copy of the travel request form approved by their Vice President.
3. Making hotel reservations for the employee(s). (See "Guidelines.")
4. Requesting travel expense money in advance from Accounting for the employee. (See "Guidelines.") A properly completed and approved check request form must be used for this. See #2 above for further explanation.
5. Arranging for transportation to and from the program.
   a. Airline Travel - (See "Guidelines.") The Administrative Secretary should be notified thirty (30) days before the expected travel date with the destination and persons traveling. A copy of the appropriate "Request" should be provided to the Secretary. Unused airline tickets are to be returned to the Administrative Secretary immediately upon the employee’s knowledge that the ticket will not be used. Failure to do so will result in the employee not being allowed to attend future meetings/seminars.
   b. Rental Cars - (See "Guidelines.")
c. Personal Car - (See "Guidelines.") An employee’s car may be used for transportation to a program within reasonable driving distance. The employee will be reimbursed mileage at the current approved mileage rate.

6. Determining along with the appropriate Vice President whether a payback work obligation is necessary. A payback work obligation may be necessary if the program continues for more than one week or the cost of the program equals or exceeds $1,500. If so, the Organizational Development and Education Department should be notified so an "Agreement of Understanding" can be completed.

B. **Travel Other Than to Educational Programs** - For employees traveling to conduct business on behalf of the System, a "Request for Travel" form should be completed and properly approved by the Department Director/Manager and the appropriate Vice President. Steps 3, 4 and 5 shown in A. above also apply to travel other than to educational programs.

C. **Travel Expense Reports** - All employees who travel to educational programs or to conduct business for the System are required to complete a Travel Expense Report and refund to the System any amount due, within ten (10) working days following the employee’s return from a trip. (See "Guidelines.")

The report is to be completed as follows:

- **Name** - Name(s) of employee(s) filing the report. Department - Name and number of each employee’s work department.
- **Name of Meeting** - Name of meeting, conference, etc. attended and location of the meeting (city, state, hospital, etc.).
- **Purpose of Trip/Meeting** - An adequate description of the purpose of the trip/meeting is to be provided.
- **Program Registration Fee** - Registration fees paid directly by DCH are to be shown in the space provided and also included in the "Advance Payment" section at the bottom of the report. Supporting documentation must be attached to the expense report. Registration fees paid by the employee and approved for reimbursement are to be designated and shown only in the space provided here, not in the "Advance Payments" section. An original receipt or copy of both sides of the employee’s canceled check is required for reimbursement.
- **Lodging** - The hotel/motel name, city name, and amount(s) should be shown. An original detailed hotel/motel receipt is required for reimbursement. If no lodging was required, mark "No Lodging." If any part of the lodging was prepaid, include that amount as well as the portion paid by the employee in the amount column and include only the prepaid amount in the "Advance Payments" section at the bottom of the report. Do not show the net amount of the hotel receipt in the amount column. Non-allowable expenses such as movies, alcoholic beverages, inappropriate telephone charges, etc. shown on the hotel receipt should not be included on the expense report. Only room charges and applicable taxes should be shown under the lodging amount column. Meal charges, parking fees, allowable telephone expenses, etc., should be shown in the appropriate spaces provided on the expense report. The "TOTAL" line is for the accumulation of all lodging amounts.
- **Food** - Meal costs (including tips) for breakfast, lunch, and dinner are to be shown separately for each day of travel. The month and date should be shown above each day on the report. Each day’s meal cost for the trip should be totaled. The accumulated meal cost (including tips) for the trip should be shown in the "TOTAL" space. See "Guidelines" for meal receipt requirements and limitations. If the meal costs are not
broken down as requested on the expense report, the report will be rejected by Accounting.

Transportation

a.  **For airline tickets**, the origination city and destination city should be shown. The total air fare should be indicated in the space provided and notation should be made as to whether the fare is one way or round-trip. If the air fare is paid directly by DCH, the amount should be shown in the space provided, included in the "TOTAL" transportation amount, and included in the "Advance Payments" section at the bottom of the expense report. The original ticket receipt which is part of the ticket packet must be attached to the expense report.

b.  **For personal car usage**, the total number of miles traveled should be shown and the appropriate reimbursement rate per mile should be indicated. The origination point for calculation of mileage reimbursement is the employee's employer (facility). The destination(s) for the auto mileage should be indicated in the spaces provided. If more space is needed, a separate sheet showing dates, destinations, individual mileage amounts, and purpose(s) of trip(s) should be attached to the expense report. The total amount computed for mileage reimbursement should be shown in the space provided.

c.  **Auto Rental** - Total allowable auto rental expenses should be shown in the space provided. Original receipt(s) are required for reimbursement.

d.  **Parking** - The total parking expenses are to be indicated in the space provided. See "Guidelines" for receipt requirements.

e.  **Taxi Service** - Each expenditure (including tip) for a taxi, shuttle bus, or limousine is to be listed separately in the spaces provided. Original receipts are required. See "Guidelines" for other restrictions. The total of all taxi, bus, and limousine fares should be shown in the "amount" space.

f.  "TOTAL" - This space is for the total transportation expense incurred during the trip and should be the accumulation of the "amount" spaces under the "Transportation" section.

g.  **Miscellaneous** - Allowable telephone expenses are to be shown in the space provided. See "Guidelines" for telephone expense restrictions. Tips for porters, baggage handlers, and valet parking are to be included as miscellaneous expense but are to be specifically documented on the report. Any other allowable expense not specifically broken out previously on the expense report is to be explained and included in the "Miscellaneous" section. Also, any expense approved by the Administrator as an exception to policy is to be fully explained, supported by an original receipt, and included as miscellaneous expense. The accumulated miscellaneous expenses are to be shown in the "TOTAL" space under that section.

h.  The "GRAND TOTAL" is the sum of the "TOTAL" Registration Fee, "TOTAL" Lodging, "TOTAL" Food, and "TOTAL" Transportation and "TOTAL" Miscellaneous expenses.

i.  All registration fees paid directly by DCH, lodging deposits, air fares paid directly by DCH, employee travel advances, and any other expenses paid in advance by the Medical Center are to be shown in the appropriate spaces provided in the "Advance Payments" section. Each "Advance Payments" amount should be supported by original receipts, check stubs, and other proof(s) of payment. The accumulated amounts in this section are to be shown on the "TOTAL" Advance Payments line.

j.  "BALANCE DUE: (HOSPITAL) EMPLOYEE" is the difference between "GRAND TOTAL" and "TOTAL ADVANCE PAYMENTS." Circle either "HOSPITAL" or "EMPLOYEE" to designate whichever is due the balance on the report.
The Travel Expense Report is to be signed and dated by the employee(s) filing the report. See "Guidelines" for required approvals. The date of each approval signature must be shown on the report. Accounting is to stamp each report with a "Date Received" stamp to indicate the date that the report was received in Accounting. When the balance due the System is refunded by the employee or when a check for the balance due to an employee is prepared by Accounting, the expense report is to be stamped "PAID" by Accounting. Refunds due to the System are to be made to the Cashier in the Business Office within ten (10) working days following the employee's return from the trip. The receipt is to be attached to the properly completed and approved expense report before the report is submitted to Accounting.

8.11 MARKETING/PLANNING ETHICS

In its promotional activities, the DCH Health System follows ethical principles adapted from the Principles of American Business. Promotional activities include advertising, new releases, brochures and sales collateral material. The principles also apply to educational/promotional presentations to civic groups and sales presentations to potential purchasers of DCH's services. The Principles of American Business were adopted by the Board of Directors of the American Advertising Federation in 1984. The Principles read as follows:

Truth
Promotional material and representatives shall tell the truth and shall reveal significant facts, the omission of which would mislead the public.

Substantiation
Claims made in promotional material or by representatives shall be substantiated by evidence in possession of DCH and/or its advertising agency prior to making such claims.

Comparisons
Promotional material and representatives shall refrain from making false, misleading or unsubstantiated statements or claims about a competitor or his products or services.

Guarantees
Promotion of guarantees shall be explicit, with sufficient information to apprise consumers of their principal terms and limitations or, when space or time restrictions preclude such disclosures, the promotion should clearly reveal where the full text of the guarantee or warranty can be examined before purchase.

Price Claims
Promotional material shall avoid price claims which are false or misleading or saving claims which do not offer provable savings.

Testimonials
Promotional material containing testimonials shall be limited to those of competent witnesses who are reflecting a real and honest opinion or experience.

Taste and Decency
Promotional materials shall be free of statements, illustrations or implications which are offensive to good taste or public decency.
Research
In its marketing research activities, DCH Health System follows ethical principles adapted from the marketing research code of ethics of the American Marketing Association. Patients and health care consumers are the source of much marketing information. Seeking the cooperation of the patients/consumers in the development of information, DCH must know its obligation to protect the patient or consumer from misrepresentation and exploitation under the guise of research. If a patient or consumer has been led to believe, directly or indirectly, that he/she is participating in a research survey and that his/her anonymity will be protected, his/her name shall not be made known to anyone outside the research organization and research department, or used for other than research purposes. DCH has an obligation to adhere to basic and commonly accepted standards of scientific investigation as they apply to the domain of marketing research. DCH will not attempt to sell its services under the guise of marketing research.

DCH has an obligation to adhere to basic and commonly accepted standards of scientific investigation as they apply to the domain of marketing research.

Physician Referral
All physician and service referrals follow the Principles of American Business and comply with Safe Harbor Regulations. Physician referrals are made on a rotating basis to physicians who meet the referral criteria and who match the caller's needs. Referral operators in no way try to diagnose caller conditions or give opinions as the quality of care provided by individual physicians.

The ethics policy is adopted from the Principles of American Business, approved by the Board of Directors of the American Advertising Federation in 1984. The address of the AAF is 1101 Vermont Ave. NW, Suite 500 Washington, DC, 20005.

8.12 INVESTIGATIONAL/EXPERIMENTAL/CLINICAL TRIALS DRUG POLICY

A. Purpose
Investigational drugs shall be controlled, monitored, and administered to the patient with approved protocols to promote patient safety and confidentiality. Clinical trials/studies not involving investigational drugs shall also be conducted according to established policies and procedures, to promote patient safety and confidentiality.

B. Policy
It is the policy of DCH that approval of protocols concerned with clinical trials/administration of investigational drugs is the responsibility of the Institutional Review Committee (IRC).

C. Task Classification/Precautions
1. Category: III
2. Justification: No potential for exposure to blood/body fluids with visible blood
3. Protective Wear: None

D. Procedure
1. New or unapproved drugs under clinical investigation are classified as investigational drugs. These drugs have not been released by the Federal Food and Drug Administration or have not been released for the indication being studied. Hospitals and their medical staffs have an obligation to their patients to see that proper procedures for their use are established. The use of an investigational drug or participation in a clinical trial at DCH will be conducted using the following procedures:
a. Investigational drugs will be used under the direct supervision of the principal investigator who is a member of the medical staff of this hospital or,

b. If the patient is already receiving an investigational drug when they are admitted to the hospital (Inpatient, Outpatient, or ED), the patient may continue to receive the drug upon written order from their physician. The drug will be identified by a DCH Pharmacist or the physician prior to administration. The investigational drug will appear on the Medication Administration Record (MAR). IRC emergency consent form will be signed. The appropriate patient care services personnel will be required to complete the required education and self assessment form and return to the appropriate Department Director/Manager prior to administration of the drug.

2. The physician(s) will obtain an IRC application for review form and complete all required information. The completed form will be submitted to the Institutional Review Committee (IRC).

3. After review and approval by the Institutional Review Committee (IRC), information will be forwarded to the Pharmacy and other appropriate departments. The Pharmacy Department will keep essential investigational drug information on file, provide proper storage and labeling, and documentation of doses dispensed if the patient does not bring their own investigational medication with them.

4. Registered nurses, or appropriate patient care services personnel, may administer investigational drugs after they have been given information regarding the drug and demonstrated an understanding of basic pharmacologic information about the drug. This will be in the form of a self assessment including indications for the drug, pharmacologic properties of the drug, side effects, precautionary and toxicity information, proper dosing and procedure for obtaining additional information if needed.

5. The Nurse Managers/appropriate Department Directors/Manager will maintain the documented self assessments in the employees file on the nursing unit or appropriate department.

6. Patients who will receive investigational drugs while a patient at DCH will have to sign a consent form for use of an investigational drug or participation in a clinical trial.

7. Patient medical records or information pertaining to the patient will not be accessible to clinical trial investigators until proper IRC approval has been obtained and education of the appropriate staff has been conducted. If hospital personnel have any questions, they are instructed to contact their appropriate Department Director/Manager or Supervisor.

8.13 ETHICAL BILLING PRACTICES

A. Purpose
To ensure that the patient accounts billing department files claims in compliance with the ethical billing practices.

B. Policy
DCH billing department utilizes ethical billing practices for every patient of DCH regardless of national origin, sex, race, religion, age, disability, method of payment or ability to pay.

C. Procedure
DCH’s billing department prepares appropriate billing forms in a complete and accurate manner. The department compares summary of charges with UB92 and 1500 forms for
accuracy. A clean, itemized bill that includes dates of service is produced. This bill then passes all internal edits specific to the patient’s insurance requirements to expedite turnaround time for payment. The billing department applies accurate discounts for all program agreements and contracts. Portions of charges to be billed to the patient and insurance companies or other third parties are identified. Charges are explained to the patient and insurance company in a clear, concise and professional manner. The billing department modifies information in the computer when a patient status changes from time of admission. Billing files and records are accurately prepared and maintained by the billing department. Also, the billing department enters comments on patient accounts, explaining any alteration or action. All changes to a patient’s diagnosis after final billing must be done by the listed physicians, prior to billing altering a claim. The billing department always reviews patient account files on the day received. Billers investigate and resolve any patient charge or other account discrepancies within seventy-two (72) hours of receiving. The billing department responsibly completes all procedures during the scheduled shift without sacrificing the quality of work.

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