BATES COUNTY MEMORIAL HOSPITAL
PERSONNEL POLICY & PROCEDURE MANUAL

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MISSION
Why We Exist
To continuously improve the health of the people of our community

VISION
What We Want To Be
The provider of choice for quality patient-centered care and health services in the community

VALUES
Who We Are
Compassion – Show sincere care and kindness for those we serve
Accountability – Take responsibility for our actions
Respect – Treat everyone with dignity
Excellence – Achieve excellence through innovation, team work, and doing our best
Smile – Always be friendly

Critical Success Factors
How We Succeed
People  ♥  Maintain high quality workforce
Service  ♥  Improve customer service
Quality  ♥  Improve prevention and health education services
          ♥  Improve health outcomes
Financial ♥  Produce financial resources required to support mission and values
Growth  ♥  Expand access to health services
INTRODUCTION

The Personnel Policies and Procedures Manual of the Bates County Memorial Hospital and Family Care Clinics effective January 1, 2016 outlines the policies, practices and benefits by which the employee is governed. The policies within this Manual are subject to change without notice by action of the Hospital Board of Directors and Chief Executive Officer. It is understood that changes in policies may supersede, revise or eliminate the policies. Bates County Memorial Hospital reserves the right to make changes in content or application of its policies as it deems appropriate, and these changes may be implemented even if they have not been communicated, reprinted, or substituted in this Manual. For purposes of this Manual and the policies contained therein, reference to “hospital" includes “Family Care Clinics.”

The provisions of this handbook are designed to serve as guidelines rather than absolute rules and do not constitute a contract or alter in any way the employment at will relationship between the Hospital and its employees. The employee is to conform to the Hospital’s rules and regulations. The employee’s employment and compensation can be terminated, with or without cause or notice, at any time, at the option of either Bates County Memorial Hospital or the employee.

The management of Bates County Memorial Hospital pledges to do all it can to further the interest of employees and to assure fair treatment and working conditions of all employees. The employees are to acknowledge the importance of continuity of staffing at BCMH and the need for flexibility as part of their employment. Employees may be occasionally required to be transferred or to work overtime.
POLICY: EMPLOYMENT POLICIES - ACCRUED YEARS OF SERVICE

Accrued years of service are those periods of continuous full-time and/or part-time employment.

- PRN employees do not receive credit for accrued years of service. If a PRN employee changes their status to either full-time or part-time, accrued years of service begins the date the change is effective.

- If a full-time or part-time employee is changed to a PRN status, this is considered a break in service and is treated as a termination with respect to accrual of years of service. Should a PRN employee later change back to a full-time or part-time status, their accrued years of service begins as if they were a new employee. Only exception may be accrual of retirement benefits.

- Full-time and part-time employees receive Paid Hours Off accrual based on years of continuous service as a full-time and/or part-time employee.
POLICY: EMPLOYMENT POLICIES - ATTENDANCE/UNSCHEDULED ABSENCE

A. **NO-CALL/NO SHOW** absences when scheduled to work: Absence of one scheduled work shift will result in 24-hour suspension; second occurrence will result in termination.

B. An **Unscheduled Absence** procedure has been established to identify the proper procedures for reporting absences and ensuring consistent treatment of absences and early departures throughout the Hospital.

1. All employees are expected to report to work when scheduled and to work all scheduled hours.

2. “Unscheduled Absence” is a non-scheduled absence from work covering a period of time not to exceed five (5) scheduled or unscheduled days. For example: An employee received their first Unscheduled Absence on a Wednesday. Five days include Wednesday, Thursday, Friday, Saturday and Sunday. If the employee does not report to work on Monday (if scheduled) or their next scheduled work shift, the employee will receive their second Unscheduled Absence.

3. Employees are required to notify their supervisor/department head each day they are going to be absent from work during the unscheduled absence.

4. An Unscheduled Absence that exceeds five days will require a medical release completed by the employee’s healthcare provider (if due to employee’s illness) to be released to return to work.

5. Employees are allowed five (5) unscheduled absences for the period beginning January 1st through December 31st, with the 6th unscheduled absence resulting in a written warning and subsequent discipline thereafter. Exceptions to the Unscheduled Absence Policy:
   a. Employees informed by their supervisor/department head that they do not need to report to work on their scheduled shift due to work load/low census;
   b. Bereavement Leave; and
   c. Family and Medical Leave of Absence

6. **REQUESTING TIME OFF:** To request time off from your scheduled work shift, the employee logs onto a computer terminal using their confidential employee/PIN number. By accessing
the hospital's timekeeping system on a designated computer, the employee selects the date they are requesting to use their accrued Paid Hours Off. The Department Head or Supervisor will access the hospital's timekeeping system and will approve/disapprove the employee’s request. The employee is responsible for checking the hospital's timekeeping system to find status of their request. Requests should be submitted a minimum of sixteen (16) hours prior to the requested day off, or more if required by a specific department.

7. Absences from regularly scheduled work shifts which have not been approved according to paragraph 6 above, will result in an “Unscheduled Absence.” Unscheduled Absence forms are submitted to the Human Resources Director after they have been signed by the employee and department head.

8. An Unscheduled Absence which occurs on shifts scheduled on a holiday designated below will result in NO PAY for the employee. Accrued Paid Hours Off will not be paid.

An Unscheduled Absence which occurs on the shift before and/or after a holiday designated below will result in NO PAY for the employee. Accrued Paid Hours Off will not be paid. However, if the employee works the holiday, the employee may use Paid Hours Off for the unscheduled absence before or after the holiday.

**Holidays are:**
- New Year’s Eve
- New Year’s Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

9. Failure of the department head/supervisor to properly document unscheduled absences of their employees will result in disciplinary action.

10. Employees leaving their work prior to the end of their scheduled shift and creating a hardship on the department may be classified as one unscheduled absence. This will be at the discretion of the department head.

11. The following disciplinary action will be taken for Unscheduled Absences in a twelve-month period (January 1st through December 31st.) Continued disciplinary action may be required at the discretion of the department head.

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12. Each department determines proper notification procedures when an employee will be tardy or absent from work. Failure to comply with proper notification procedures may result in disciplinary action.
Employees desiring to change their status or resign their position should follow the following procedure: (Example: full-time or part-time employee wanting to change to PRN status).

1. Submit your request in writing to your department head for consideration.

2. A minimum of two weeks’ notice of your request to change is required (four weeks for department heads).

3. The department head may or may not approve the request pending administrative concurrence. If the transfer/change is approved, the effective date will be determined by the department head.

In order to provide employees an opportunity of job change and/or advancement, position vacancies that become available within the Hospital are posted on the employee bulletin board for a minimum of four working days.

As vacancies become available, employees may wish to change to another job classification by following this procedure.

1. Employees may not transfer to another job position until they have been in their current position for a minimum of six months.

2. The employee will complete a Transfer Request Form and submit it to the Human Resources Director.

3. The Human Resources Director will submit the transfer request form to the appropriate department head.

4. The Department Head should give qualified internal applicants consideration for job opportunities. The department head shall select a qualified applicant or choose to interview an outside applicant, pending approval from Human Resources and/or Administration.

5. If an employee is selected for another position, the employee must give two weeks written notice (four weeks for supervisor or department head) to their current
department head, and will be permitted to transfer to the new position after the end of that notice period.

Each job classification has a pay rate which takes into consideration the rates of similar jobs existing in comparable organizations. Each job classification has a minimum and maximum salary range approved by the Board of Directors. The Chief Executive Officer is responsible for administering the wage and salary policy.

The job performance of employees is evaluated on an annual basis. All recommended pay increases must be approved by the Chief Executive Officer.

Employees transferring to a different job classification will receive a salary adjustment to at least the minimum of the new pay range.
POLICY: EMPLOYMENT POLICIES – EMPLOYEE RECORDS/STATUS

Employee records are maintained and kept confidential in the Human Resources Department. It is the employee’s responsibility to provide current and accurate information to Human Resources.

ANNIVERSARY DATE

All employees establish an anniversary date of their most recent date of continuous employment. This will be the basis from which the eligibility for employee benefits will be computed.

TAX DEDUCTIONS

Bates County Memorial Hospital is required by law to withhold Federal and State income taxes from the employees’ earnings. The required amount for each deduction is determined from information given to us by the employee on their signed withholding statement and is subtracted from the employee’s earnings to be submitted to the State and Federal Revenue Departments. The employee’s earnings statement will indicate the amount of these deductions. It is the employee’s responsibility to provide correct information to the Hospital.

In accordance with Federal regulations, the Hospital pays one-half of the cost of the employee’s Social Security benefit, and the other half is deducted from the employee’s paycheck.

CHANGE OF PERSONAL STATUS

Because correct tax deductions and insurance coverage depends on accurate employee information, changes in the following should be reported promptly to your Supervisor/Department Head or Human Resources Director. The supervisor or department head should forward the appropriate information to the Human Resources Director.

- Status changes (name, marriage, separation, divorce, etc.)
- Change in address and telephone number
- Dependency changes (exemptions on tax deductions; notification when dependent no longer eligible to be on employees health plan)
- Change of person to contact in case of emergency
POLICY: EMPLOYMENT POLICY – EMPLOYEE REQUIRED CERTIFICATIONS

To provide quality patient care, Bates County Memorial Hospital requires specific employees to maintain current certification(s) and/or recertification(s) in one or more of the following areas as delineated in their job description. Both on-site and off-site training is provided by the hospital and coordinated through the Education Department.

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Trauma Nurse Core Course (TNCC)

Employees who have been newly hired or transfer to a department which requires certifications as stated above, will be permitted a maximum of six months to complete required certifications to meet job specifications.

1. Employees must keep certification(s) and/or recertification(s) current per their job description.
2. Employees will receive pay for time spent in renewing and/or obtaining certification(s).
3. Employees who are unsuccessful in their attempt to obtain certification and/or recertification will be responsible for the expense of future testing. The hospital will not pay wages or expenses for future attempts to successfully pass certification(s) and/or recertification(s).
4. Employees who are required to have a current certification(s) per their job description will not be permitted to work with an expired certification.
5. Employees who allow a certification(s) to expire and/or do not successfully pass certification/recertification, do not meet the requirements of their job and will be placed on suspension without pay. The employee will not be permitted to use Paid Hours Off.
6. The suspension is for a period not to exceed thirty (30) days.
7. If an employee is unable to obtain certification or recertification by the end of the suspension period, the employee will be terminated.
8. Employees scheduled to participate in training and/or recertification must provide a minimum of 48 hours notification to the Education Coordinator to cancel the scheduled class. Failure to give proper cancellation notice may result in an Unscheduled Absence.
9. Employees who have submitted notice of resignation of employment will not be permitted to participate in any scheduled training and/or recertification after the notification of termination has been received.

All non-patient care employees are encouraged to obtain Basic Life Support training provided by the Hospital at no expense to the employee.
POLICY: EMPLOYMENT POLICIES – EMPLOYMENT OF RELATIVES

PURPOSE:

Recognizing the authority of executives/physicians/Board of Directors of the hospital, and the importance of cohesive relationships and impartiality in the workplace, it is in the best interest of the organization and its staff members to prohibit the employment of family relatives of executives / physicians / Board of Directors as defined below. (Executives include: Chief Executive Officer; VP Patient Care/Chief Nursing Officer; Chief Information Officer; Chief Financial Officer; Clinic Practice Manager; Director of Finance; Director of Human Resources.)

POLICY:

Applicants for employment at Bates County Memorial Hospital who are, as defined below, related to an executive/physicians/Board of Directors of the hospital, will not be eligible for employment.

PROCEDURE:

1. The following relatives of executives/physicians/Board of Directors of the hospital are not eligible for employment:
   - Spouse
   - Child
   - Step-child
   - Brother
   - Sister
   - Parent

2. Should an executive enter into a familial relationship, as defined in paragraph 1, with an employee, either the executive or employee will be required to resign employment at the hospital.

3. Department Heads may not directly supervise other family members as listed in paragraph 1 above.

4. Employees who are in familial relationships, as defined in paragraph 1 above (prior to the effective date of this policy) are considered to be exempt.
POLICY: EMPLOYMENT POLICIES - GENERAL EMPLOYMENT POLICY

Bates County Memorial Hospital is an Equal Opportunity Employer. We believe:

- That every employee is an individual and shall be treated as such.
- That every applicant for employment shall be afforded equal consideration without regard to ethnicity, race, national origin, age, religious considerations, sex, disability, or genetic information.
- That every employee should be afforded the right to discuss freely with management, matters concerning his or her welfare.
- That the safety of all of our customers is always a primary consideration; and
- That all employees and the Hospital have a mutual interest – the continued success of our Hospital. As the Hospital prospers, so shall all of us.
POLICY: EMPLOYMENT POLICIES - INITIAL PERIOD OF EMPLOYMENT

POLICY:

Newly hired or rehired employees serve a 90-day introductory period to assist them in learning the responsibilities of their new positions and in meeting the applicable standards of work performance and behavior. During this period, the employee is not eligible for benefits.

GUIDELINES:

1. Time Frame: The 90-day initial period of employment begins on the first day of employment and lasts 90 consecutive calendar days. The initial period can be extended up to an additional 90 calendar days at the discretion of the employee’s supervisor and/or department head if more time is needed to evaluate performance.

2. Orientation and Training: New employees will participate in a general orientation program. Employees should complete mandatory in-service requirements within four weeks of hire. The department head will be responsible for providing adequate training required by their specific department.

3. Termination During Initial Period of Employment: If, at any time during the initial period of employment, the employee’s performance, attendance, or conduct is unsatisfactory, the employee can be terminated without reference to the progressive discipline procedure.

4. Performance Review: Between 60 to 90 days of the employee’s hire date, supervisors and/or department heads are to conduct a performance evaluation with the new employee and decide whether to continue employment. Failure to complete the review within the time period will result in the employee’s removal from active service until the performance evaluation has been completed.

5. Employment At Will: Employment at Bates County Memorial Hospital is at will, meaning that either the employee or BCMH has the right to terminate employment at any time, for any reason, with or without cause and with or without notice. Completion of an initial period of employment will not change an employee’s status as an employee-at-will.
The Bates County Memorial Hospital intends to offer its employees stable employment. It should be recognized, however, that inpatient and outpatient load determines the hours to be worked and fluctuation in the required work force. Department heads, with administrative consultation, should reduce their staffing when necessary. The criteria to follow for lay-off of employees is located in the Administrative Manual located in the office of the Chief Executive Officer/Administrative Assistant.
POLICY: EMPLOYMENT POLICIES – LICENSURE/CERTIFICATION

Employees whose positions require licensure by the State of Missouri are responsible for keeping their license current. Those employees whose positions require membership in, or registration by, a professional organization are responsible for keeping their membership or registration current. Current copies must be submitted by the employee to their department head and the Human Resources Director.

Any employee who has allowed their license/certification to expire will be subject to the following:

- Their job classification and salary will be changed to a position available for which they are qualified and the hospital has a need, i.e., Registered Nurse to Certified Nursing Assistant.

OR

- If no position is available for which they are qualified or the hospital has no need, their employment status will be terminated.
POLICY: EMPLOYMENT POLICIES – LOW CENSUS

Reduced scheduling for all employees should be utilized when census/patient category falls below staffing pattern maintained at that time. Employees that due to job classification or special training may be needed to report to duty when patients need their specific training skills may be placed “on call”. They should be compensated for “call” time according to policy. Paid Hours Off are elective for low census days at the employee’s request.
Effective Date: November 1, 1995
Approved by: Edward Hannon, CEO
Revision Date: January 1, 1999; January 23, 2002; January 1, 2003; January 1, 2005
February 1, 2007; January 1, 2009; March 2010

POLICY: EMPLOYMENT POLICIES - MEAL PERIODS AND REST BREAKS

POLICY:
Employees are provided paid rest periods when these breaks will not disrupt the hospital’s operations. Non-exempt employees will receive unpaid meal periods according to their scheduled hours of work.

GUIDELINES:

1. Meal Periods
   a. A meal period is an unpaid time away from the work area. Employees are entitled to 30 minutes of unpaid time for their meal period.

   b. Non-exempt employees are expected to take their meal period during their work shift. Exception would be an emergency situation arises or special event designated by the hospital. If an employee is unable to take their meal break during their shift due to an emergency situation, the employee is to access the hospital’s timekeeping system on a computer terminal, select NOTES, and document the reason they were unable to take a lunch.

   c. When leaving their work area for a meal break, employees will inform their supervisor/department head when going on a meal break and where they can be located. If a supervisor/department head is not available, the employee must inform a co-worker they are taking their meal break and where they can be located.

   d. Employees must clock in and out on the time clock for their unpaid meal periods. Employees are prohibited from clocking in and out for other employees.

   e. Meals are available in the Hospital dining room for all employees at designated times on a cash basis only. Any drinks/trays leaving the dining room must be covered.

   f. Employees working more than four hours per day are allowed one-half hour (unpaid) for their meal break.
g. Employees may be required to remain on site for their meal period depending on patient care needs.

h. Employees may leave the building during their meal break with approval by the department head/supervisor.

i. Employees working 14 or more consecutive hours are entitled to two unpaid 30 minute meal periods.

2. **Rest Breaks**

   a. Should their work load permit and at the discretion of the supervisor/department head, employees working an eight-hour work shift may receive a maximum of two fifteen (15) paid minute breaks.

   b. Should their work load permit and at the discretion of the supervisor/department head, employees working a 12-hour shift or longer, may receive a maximum of three fifteen (15) paid minute breaks.

   c. When leaving their work area, employees will inform their supervisor/department head when going on rest breaks and where they will be located. If a supervisor/department head is not available, the employee must inform a co-worker they are taking a rest break and where they can be located.

   d. At any time a non-exempt employee leaves the hospital premises during work hours, they must time in and out on the time clock. This must be approved by their supervisor/department head.

   e. Rest Breaks may not be used to take a longer meal period, to leave work early, or to make up time for tardiness or absences.

   f. Rest Breaks are considered work time. Employees must comply with standards of professionalism required of all employees while on hospital premises.
POLICY: EMPLOYMENT POLICIES - MEETINGS

Employees designated by their supervisor and approved by the Chief Executive Officer may receive an allowance for necessary expenses to attend meetings outside of the hospital.

- Meals for non-overnight meetings are not reimbursed.
- An expense sheet must be completed by the employee and approved by the department head and Chief Executive Officer.
- Non-exempt (hourly paid) employees attending meetings outside of the Hospital on their regularly scheduled work day may be compensated for the meeting time and travel time to the meeting.
- If the employee attends a meeting on their regularly scheduled day off, the employee should make arrangements with their supervisor for a compensating day off within that pay period.
- Employees attending in-house hospital meetings shall be paid for the time spent in the meeting. Employees are to time in and out for meetings if they occur on a non-scheduled work day.
POLICY: EMPLOYMENT POLICIES - OVERTIME / ON-CALL / CALL-IN

In order to provide continued and uninterrupted services, it may be necessary on occasion for employees to work hours in excess of those normally scheduled on their regular shift. Overtime in general, however, is discouraged and must be authorized by your department head or supervisor prior to the performance of such work.

The Hospital follows the Federal Wage and Hour Law regulations regarding the 40-hour overtime compensation method. Overtime hours are those actually worked by an employee in excess of 40 hours per week and does not include Paid Hours Off.

**BCMH Work Week: 7 a.m. Wednesday to 7 a.m. Wednesday of next week**

Those overtime hours are paid at the rate of time and one-half of the employee’s hourly pay.

ON-CALL PERSONNEL usually are considered those in the Laboratory, Plant Operations, Nursing, Radiology, Respiratory Care, Ambulance or Surgery. A rate for on-call pay has been established for each position. If an employee is called back more than once during an hour, they will receive only one hour’s overtime pay.

All employees who are not on call but are called into the Hospital for emergencies will be paid a minimum of one hour at the rate of time and one-half and time and one-half thereafter. When called in on a CALL BACK, employees are to time in on a time clock and punch the callback key (with the exception of Ambulance staff).
POLICY: EMPLOYMENT POLICIES - PAY PERIODS / PAY DAY
DIRECT DEPOSIT
WORK HOURS

Employee paychecks represent total compensation, less deductions required by law and/or which have been authorized by the employee, for hours worked during the preceding pay period. Employees are paid on a bi-weekly basis (every two weeks) with the pay date every other Friday.

Direct Payroll Deposit is required of all hospital employees to offer safe, secure, and convenient deposit of payroll checks. To ensure accurate deposit of an employee’s paycheck, employees must notify Human Resources a minimum of two weeks prior to changing their direct deposit. Employees may enroll by contacting the Human Resources Director.

Employees usually receive their earnings statements by accessing the Stargarden timekeeping system.

Example pay period and pay day:

Pay period begins Wednesday, December 29, 2015 at 7 a.m.
Pay period ends shift beginning Tuesday, December 30, 2015
Pay day for that pay period is Friday, January 22, 2016

The employee’s regular hours of work are scheduled by their supervisor and may include weekend or holiday duty. The employee should not be changed from one shift to another or have their hours adjusted without first being notified. Should the employee’s services be needed, the employee’s supervisor should make every effort to advise the employee in advance.
Bates County Memorial Hospital  
and Family Care Clinics  
PERSONNEL POLICIES AND PROCEDURES

Effective Date: November 1, 1995  
Approved by: Edward Hannon, CEO
Revision Date: January 1, 2002; January 1, 2004; January 1, 2005; February 1, 2006  
February 1, 2007; January 1, 2009; March 1, 2010; January 1, 2014; January 1, 2015  
January 1, 2016

POLICY:  
EMPLOYMENT POLICIES -  
PERSONNEL CATEGORIES

Exempt/Non-Exempt Status:

Bates County Memorial Hospital follows the Fair Labor Standards Act with regard to exempt and non-exempt employment status.

**Non-Exempt** employees are defined as employees paid an hourly rate, including shift differential if applicable. Non-exempt employees receive overtime pay for hours worked over forty in a work week. Non-exempt employees are required to document all time they work by utilizing the time clock or otherwise documenting their time on the hospital’s timekeeping system, accessed through a computer terminal.

**Exempt** employees are paid a bi-weekly salary. They do not time in and out on the time clock. Exempt employees do not receive overtime pay nor comp time.

Full-Time/Part-Time/Temporary/PRN Status:

Employees are usually placed into one of four general categories at the time of employment and can only be reclassified by the department head. All personnel are required to adhere to all policies and procedures.

**FULL-TIME EMPLOYEES:** A full-time employee is defined as someone who is regularly scheduled to work a minimum of sixty-eight (68) hours each pay period. Employees hired in a full-time capacity are expected to work a specified number of hours each pay period as determined by their department head. This specified number of hours is subject to change at the direction of the hospital. Employees are not to take off work without pay unless for reasons of hospital-designated low census. This time off includes occasions when an employee who has completed their job responsibilities and leaves their shift early with the permission of the department head/supervisor. Employees are expected to use accrued Paid Hours Off for all hours taken below regularly scheduled hours worked.

A full-time employee must maintain full-time status to be eligible for full-time employee benefits (exception: health/dental insurance requires minimum 30 hours per week.) If a full-time employee fails to reach the 68 hours per pay period for three pay periods in a calendar year, his/her classification will be changed. (Exception: temporary low census/FMLA).
**Full-time Employee Benefits include:**

- Paid Hours Off
- Health/Dental Insurance
- Life Insurance
- Long-Term Disability Insurance
- Voluntary Life Insurance
- Voluntary Retirement
- Voluntary Credit Union
- Voluntary Short-Term Disability
- Voluntary Vision Care
- Employee Assistance Program
- Bereavement Leave
- Family and Medical Leave of Absence
- Prescriptions filled in Pharmacy
- Discounts on hospital/clinic bills at BCMH
- Education Reimbursement
- Holiday Pay
- Worker’s Compensation

**PART-TIME EMPLOYEES:** A part-time employee is one who averages no more than fifty-six (56) hours per pay period or is not scheduled to work more than fifty-six (56) hours per pay period. Part-time employees are expected to work a specified number of hours each pay period as determined by their department head. This specified number of hours is subject to change at the direction of the hospital. Employees are not to take off work without pay unless for reasons of hospital-designated low census. This time off includes occasions when an employee who has completed their job responsibilities and leaves their shift early with the permission of the department head/supervisor. Employees are expected to use accrued Paid Hours Off for all hours taken below regularly scheduled hours worked.

**Part-time Employee Benefits include:**

- Paid Hours Off
- Health/Dental Insurance (if regularly scheduled minimum 30 hours per week)
- Voluntary Retirement
- Voluntary Credit Union
- Bereavement Leave
- Prescriptions filled in Pharmacy
- Discounts on hospital/clinic bills at BCMH
- Holiday Pay
- Worker’s Compensation

**TEMPORARY EMPLOYEES:** A temporary employee is an employee with a termination date established at the time of hiring, such as summer help, students, etc. Temporary employees are paid on the basis of hours worked and do not receive any employee benefits.

**PRN EMPLOYEE:** An employee who is requested to work on an “as needed” basis with no guaranteed hours. PRN employees are not eligible for any employee benefits. PRN employees are entitled to Holiday Pay. PRN employees are required to work a minimum of twelve (12) shifts in a calendar year. A shift is defined as a minimum of eight (8) hours. Hours worked for training/inservice requirements will not be counted towards the 12-shift requirement. A PRN employee who does not work within a sixty (60) day period and/or does not work a minimum of (12) shifts in a calendar year will be removed from active status. Students who work only summers and holidays may be removed from active status if they have not been scheduled for
a consecutive six (6) month period. The department head determines if PRN employees are no longer needed and may take them off the work schedule at any time.

PRN employees will receive pay for only required certifications per their job description. If the certification is not required per their job description, the employee may attend the class at no charge if space permits but will not receive pay while attending the class.
POLICY: EMPLOYMENT POLICIES - SHIFT PAY DIFFERENTIAL

Employees working the evening and night shifts are usually paid a percentage of their hourly base pay for working those shifts. Employees must work six (6) hours or more into a different shift to receive shift pay differential.

EVENING SHIFT (usually 2:30 p.m. to 11 p.m.) receives 6% of base hourly pay.

NIGHT SHIFT (usually 10:30 p.m. to 7 a.m.) receives 15% of base hourly pay.

12-HOUR NIGHT SHIFT (usually 7 p.m. to 7 a.m. or 6 p.m. to 6 a.m.) receives 15% of base hourly pay.

12-HOUR DAY SHIFT (usually 7 a.m. to 7 p.m. or 6 a.m. to 6 p.m.) receives no shift pay differential.

12-HOUR EVENING SHIFT (usually 12 noon to 12 a.m.) receives 6% of base hourly pay.

12-HOUR SHIFT (usually 9 a.m. to 9 p.m. or 10 a.m. to 10 p.m.) receives 3% of base hourly pay.

24-HOUR SHIFT receives no shift pay differential.
POLICY: EMPLOYMENT POLICIES – TERMINATION

Bates County Memorial Hospital reserves the right at any time to terminate an employee.

VOLUNTARY RESIGNATION OR RETIREMENT

Notice of termination/retirement is not effective until a written notice has been submitted to the employee’s department head. For non-supervisory personnel, two weeks notice is required to be eligible to receive unused accrued Paid Hours Off up to two-hundred eighty (280) hours depending on verifying the employee has completed all documentation on patient records and the employee has returned hospital property. For department heads and supervisors, four weeks written notice is required. If an employee terminates prior to completion of their first ninety days of employment the employee forfeits any accrued Paid Hours Off benefits.

EXIT INTERVIEW/LAST PAY CHECK

All employees are asked to conduct an exit interview with the Human Resources Director. The employee’s reasons for leaving will be discussed so there will be a complete understanding of the status with the Hospital. Employee benefits for which the employee is eligible will be explained, and arrangements will be made for the return of hospital property. The department head is to ensure the employee has returned their name pin, security access card and hospital property. The Hospital has the right to withhold the employee’s payment of unused accrued paid hours off until the department head has verified the employee has completed all documentation on all patient records and the employee has returned hospital property.

BENEFITS

All employee benefits terminate upon the last day of employment. An employee’s termination date should be their last date worked. All employees, dependents, spouses who have health and/or dental coverage through the Hospital group plan are entitled to continue this coverage at the Hospital’s COBRA rate (according to COBRA guidelines) as long as the former employee continues to pay the Hospital the monthly COBRA premiums. Employees who have the Hospital’s group health insurance coverage must see the Human Resources Director concerning continuation of health and life insurance coverage.
Non-exempt employees are to time in and out for work on the computerized biometric timekeeping system. Employees are assigned a confidential employee number that is used as their time clock number and PIN number. Employees should not time in any sooner than five minutes prior to the beginning of their shift. Failure to time in and/or out may result in disciplinary action.

It is the employee’s responsibility to regularly check their time card status using the hospital’s timekeeping system. Any changes/corrections that are needed are to be indicated by the employee by documenting on the NOTES tab. Failure to accurately document hours worked may result in lost pay and/or disciplinary action.
POLICY: EMPLOYMENT POLICIES - TIME OFF FROM WORK

Employees will be paid their regular scheduled hourly pay (includes shift pay differential) when absent because of Paid Hours Off, Bereavement Leave, Jury Duty or Hospital Related legal obligations. Regular scheduled hourly pay is defined as the hourly pay of the shift that the employee spends the most time working.

JURY DUTY – To encourage full-time and part-time employees in their civic responsibility, the Hospital will pay the full-time/part-time employee for time spent in jury duty if it causes them to miss regularly scheduled work.

JURY DUTY GUIDELINES:

1. Notification of Jury Duty: To receive jury duty pay, employees must provide a copy of the subpoena, jury certificate or court order to their supervisor/department head as far in advance as possible of the required leave date. Failure to properly notify the hospital of the call to jury duty may result in forfeiture of paid leave.

2. Employees are expected to report to work whenever the court schedule permits. On any day, jury service ends with at least four hours left in their regular work day, employees are to report to work. Employees are to return to work on their next scheduled shift/work day following the end of jury duty.

3. Documentation for Pay: When jury duty is completed, the employee is to provide a copy of compensation provided by the court, together with the check endorsed to the Hospital, to the Human Resources office.
POLICY: EMPLOYMENT BENEFITS – 
BEREAVEMENT LEAVE

After 90 days of employment, Bereavement Leave benefits are available to full-time and part-time employees. We understand there may be the need for additional time off other than what is granted by bereavement leave. Employees may use approved Paid Hours Off in addition to the bereavement leave granted them.

1. Maximum of twenty-four (24) hours within seven days of the date of death of husband, wife, children, step-children, father, mother, brother or sister.

2. Maximum of eight (8) hours within seven days of the date of death of step-parents, mother-in-law or father-in-law, brother-in-law or sister-in-law, son-in-law or daughter-in-law, grandchildren, grandparents, and spouse’s grandparents.

3. Part-time employees are eligible for eight (8) hours within seven days of the date of death of those stated in paragraph 1.
POLICY: EMPLOYEE BENEFITS – CAFETERIA/MEALS

The Nutrition Services Department of Bates County Memorial Hospital offers all of its employees a wide variety of food choices during lunch and supper meals.

Meals for employees working the following days are free.

- New Year’s Eve/Day
- Easter
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Eve/Day
POLICY: EMPLOYEE BENEFITS – DISCRETIONARY BONUS

The Board of Directors of Bates County Memorial Hospital may from time to time deem it appropriate to grant eligible employees a discretionary bonus. At the discretion of the Board of Directors, this bonus may include, but may not be limited to, monetary compensation or some other form of bonus such as additional PHOS.

Eligibility Requirements:

- To be eligible to receive a discretionary bonus, the employee must be classified full-time and worked a minimum of 1000 hours in a full-time capacity in the calendar year. Part time and PRN staff may be eligible for a reduced bonus if worked a minimum of 1000 hours in the calendar year.

- The employee must be employed at the time the discretionary bonus is awarded. If the employee has submitted their notice of resignation, but is still employed at the time the discretionary bonus is awarded, the employee is not entitled to receive the bonus.
The Hospital values the importance of education and therefore has established an Education Reimbursement Program for the purpose of reimbursing full-time employees for their cost of tuition, fees and books in obtaining additional education and to assist in the recruitment of new graduates or licensed personnel to fill available positions. The Hospital offers two options for education reimbursement depending on the needs of the employee:

**EDUCATION REIMBURSEMENT AFTER COMPLETION OF CERTIFICATION/DEGREE:**

1. Current and new employees must be full-time, and actively working in a full-time position for which they are seeking education reimbursement.
2. New employees who have completed education within twelve months of full-time employment at Bates County Memorial Hospital are eligible to apply for education reimbursement.
3. Approval of reimbursement is dependent upon graduation and/or State of Missouri registration or licensure and providing the hospital appropriate verification of tuition, books, and fees expenses.
4. Employees approved for Education Reimbursement are usually reimbursed in December of each year.
5. The amount of reimbursement is based on the hours the employee has worked full-time in the position which he/she obtained education/training, equal to $1.00 per hour, not to exceed $2,000.00 per year until the out-of-pocket expense of tuition and books is reimbursed in full. Total reimbursement is capped at $20,000.
6. Reimbursement will include the cost of tuition, fees and books paid by the student during the entire educational training program, excluding grants or scholarships.
7. If an employee submits a notice of their termination of employment any time prior to being reimbursed for education, the employee becomes ineligible for reimbursement and will not be paid for the education.

**EDUCATION REIMBURSEMENT WHILE CURRENTLY OBTAINING EDUCATION:**

1. Employee must be currently employed full-time for a minimum period of one year.
2. Tuition requested for reimbursement must be from an accredited college or university.
3. Tuition requested for reimbursement must be related to the employee’s current job position or healthcare related.
4. Employees may request tuition reimbursement after completion of each class and receiving a minimum of a “B” grade.
5. Maximum reimbursement in a calendar year is One Thousand Dollars ($1,000.00.)
6. If an employee submits a notice of their termination of employment any time prior to being reimbursed for education, the employee becomes ineligible for reimbursement and will not be paid for the education.

Applications for Education Reimbursement may be obtained from the Human Resources Director. The employee must complete the application with appropriate documentation and submit to the Human Resources Director. The Human Resources Director will present the applications to the Chief Executive Officer for approval.
POLICY: EMPLOYEE BENEFITS - EMPLOYEE HOSPITAL/HOSPITAL-OWNED CLINIC ACCOUNT DISCOUNTS / PRESCRIPTION PAYMENTS

For dates of service after completion of the employee’s first sixty days of employment, full-time and part-time employees, their spouse and tax dependents are entitled to discounts as follows:

- A fifty percent (50%) discount on the balance of all hospital bills incurred at Bates County Memorial Hospital after the employee’s hire date and after all applicable insurance has been applied to the account. To receive the discount, the bill must be paid in full within thirty (30) days of the billing date. This discount does not include prescriptions. Threshold of discount will not be less than $25.00.

- A fifty percent (50%) discount on the balance of all bills incurred at hospital owned medical clinics after the employee’s hire date and after all applicable insurance has been applied to the account. To receive the discount, the bill must be paid in full within thirty (30) days of the billing date. This discount does not include prescriptions. Threshold of discount will not be less than $25.00.

- A ten percent (10%) discount will be given to employees who elect payroll deductions to pay their hospital bills incurred at BCMH or balance of bills incurred at hospital-owned medical clinics within thirty (30) days of the billing date. This discount does not include prescriptions.

- Discounts do NOT include co-pay.

- Employees who have terminated their employment are no longer eligible for discounts for any bills they receive from the hospital or Family Care Clinics after their termination date. This includes dates of service for claims incurred at BCMH or Family Care Clinics prior to the termination date, regardless of how long it takes insurance to process the claim.

PHO SELL-BACK: Employees may sell back accrued Paid Hours Off for the purpose of paying an account balance due the hospital or hospital-owned medical clinics for medical services; or prescriptions filled through the hospital’s Pharmacy Department. The PHO sell-back may occur any pay period during the year. During the pay period the sell-back will occur, the amount due will be deducted. The following applies for PHO Sell-Back:
• A PHO Sell-Back for account payments form must be completed. Employees are to contact the Patient Accounts Department to make the necessary arrangements.

• PHO Sell-Back is calculated on the employee’s base hourly pay (does not include shift differential).

• A minimum of $50.00 for each payroll deduction is required to use PHO sell-back.

• An additional amount of PHO’s may be sold back to cover a maximum of 20% tax liability.

• The final bill from the hospital is to be included with the PHO sell-back request noting applicable insurance has paid on the account.

PRESCRIPTIONS: Full-time and Part-time employees are eligible to purchase prescription medications through the hospital pharmacy. Methods of payment include: (1) cash/check; (2) Credit Card; (3) Payroll Deduction (PHO Sell-Back available for amounts of $50 or over calculated on employee’s base hourly pay – does not include shift differential. PRN employees are not eligible to fill prescriptions in the hospital pharmacy.

Employees of Bates County Memorial Hospital are expected to meet their financial obligation concerning bills due the Hospital for services rendered to the employee or a dependent. Failure to make appropriate payment shall result in disciplinary action and possible termination of employment.
POLICY: EMPLOYEE BENEFITS - EMPLOYEE HEALTH SCREENINGS EMPLOYEE WELLNESS PROGRAM

MANDATORY SCREENINGS for all employees:

- **Rubeola, Mumps, and Rubella Immunity** – is required of all new employees. Employees who do not have laboratory evidence of immunity will be vaccinated with the MMR vaccine provided there are no contraindications to receiving the vaccine. IgG Antibody testing may be repeated post-vaccination.

- **Varicella (Chickenpox) Immunity** – is required of all new employees. Employees who do not have laboratory evidence of immunity will be vaccinated with the varicella vaccine per policy provided there are no contraindications to the vaccine. Antibody testing may be repeated post-vaccination.

- **Tdap (Tetanus, Diphtheria, Acellular Pertussis)** – is required of all new employees. All new employees must provide evidence of one adult booster vaccination with Tdap vaccine or receive the vaccine upon hire if there are no contraindications to the vaccine.

- **Hepatitis B Surface Antibody Test** (if previously completed the vaccination series.) Employees with negative results may be offered a booster dose of Hepatitis B vaccine and re-tested.

- **TB (Tuberculosis) Testing** – A two-step TB skin test (TST) or TB blood test (e.g., IGRA) is completed on all new employees. Any future TB skin tests will be done per Infection Control recommendation.

VOLUNTARY SCREENINGS for all employees:

- **HEPATITIS B VACCINE** is offered to all Hospital employees. To protect all employees from Hepatitis B due to exposure from contaminated blood or blood products, the Hospital will provide Hepatitis B vaccine to those employees consenting to this benefit. **QUALITATIVE HEPATITIS B SURFACE ANTIBODY TEST** will be performed on all employees who have
completed the Hepatitis B series. Non-responders may be offered a Hepatitis B Surface Antigen Test to check for active disease.

- **MENINGOCOCCAL POLYSACCHARIDE VACCINE** will be offered to Laboratory employees who have risk of being exposed to Neisseria meningitidis by aerosolization or dealing directly with the isolation of organisms from cultures and specimens. The Laboratory Director will identify those in need of vaccination for Infection Control.

The Infection Control Nurse will monitor these vaccination series. Employees declining these vaccines are to sign a release refusing the vaccine.

Through its’ health insurance program, Bates County Memorial Hospital offers annual physical examinations at no cost.
POLICY: EMPLOYEE BENEFITS - FAMILY AND MEDICAL LEAVE OF ABSENCE

The Hospital will grant Family and Medical Leave of Absence to eligible employees who meet the criteria set forth by the Family and Medical Leave Act of 1993. This Act allows “eligible” employees to take paid and/or unpaid Leave for up to a total of twelve work weeks in any twelve months. In certain cases, this Leave may be taken on an intermittent basis rather than all at once.

CRITERIA FOR WHICH AN EMPLOYEE MAY REQUEST FMLA
- Birth or adoption (including Foster care) of a child;
- Care of the employee’s seriously ill child, parent or spouse; or
- The employee’s own serious health condition which, according to a physician, prevents them from performing their job duties. (Definition of “Serious Health Condition” see Sec. 825.114 of Federal Register).
- Caregiver Provision - To provide a spouse, son, daughter, parent or “next of kin” of a member of the U.S. military up to 26 weeks of leave to care for the service member “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.
- To permit an employee to use the standard 12 weeks of FMLA for “any qualifying exigency” (yet to be determined by the Department of Labor) arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

WHO IS ELIGIBLE FOR FMLA:
1. Employees who have been employed at BCMH for at least twelve months; and
2. Employees who have had at least 1,250 hours of service during the 12-month period immediately prior to the request for FMLA.

HOW AND WHEN TO APPLY FOR FMLA:
1. A “Certification of Health Care Provider” application must be completed by the physician and submitted to the Human Resources Director when an employee requests FMLA for the serious health condition of a child, parent or spouse, or the employee’s own serious health condition. Failure to provide the necessary medical certification may result in denial of FMLA benefits.
2. A “Request for FMLA” must be completed and submitted to the employee’s department head.
3. The Human Resources Director will review the request and respond to the employee whether FMLA is approved or disapproved.
4. An employee must give at least thirty days notice in writing if FMLA is requested for the
birth of a child, adoption, or foreseeable illness. If an employee fails to give thirty days
notice for foreseeable leave with no reasonable excuse for the delay, BCMH may delay
the taking of FMLA until at least thirty days after the date the employee provides notice
to the Human Resources Director.

5. When the need for FMLA is not foreseeable, the employee should give notice to the
Human Resources Director or Department Head within no more than one or two working
days of learning of the need for Leave.

6. In the case of a medical emergency requiring leave because of an employee’s own
serious health condition or to care for a child, parent or spouse with a serious health
condition, written advance notice will be waived. The employee must provide notice to
the Human Resources Director or Department Head either in person or by telephone.

**BENEFITS AVAILABLE WHILE ON FMLA**

The employee is entitled to all benefits they were receiving at the time FMLA began. If the
employee is not receiving a paycheck while on FMLA, they are responsible for payment of their
share of their health/life insurance premium for continuation of insurance coverage. Failure to
make timely payments will result in termination of benefits.

**PAID/UNPAID FMLA**

- Employees may request to use a maximum of two weeks of accrued Paid Hours Off for
  FMLA reasons. These two weeks will not be counted against the total 12-weeks available.
  If time off needed extends past two weeks for FMLA reasons, FMLA will be initiated.
- Employees must utilize accrued Paid Hours Off while away from work on Family and
  Medical Leave equal to regularly scheduled hours per pay period until all accrued Paid
  Hours Off have been used. Once all accrued Paid Hours Off are used, remaining FMLA
time will be without pay.

**LEAVE OF ABSENCE FOR INELIGIBLE EMPLOYEES**

Full-time and part-time employees who have worked a minimum of 432 hours during their first 12
months of employment, may request hospital approved leave of absence for any of the reasons
FMLA may be taken (see eligibility requirements above). Employees must utilize accrued Paid
Hours Off while away from work on hospital approved Leave of Absence equal to regularly
scheduled hours per pay period until all accrued Paid Hours Off have been used. A maximum
of six weeks leave of absence will be allowed these employees. If the employee is unable to
return to work after this time, their position may be filled. Employees off work without pay during
the hospital approved Leave of Absence will be required to pay the equivalent of the COBRA
premium to maintain their health insurance.

**TIME OFF DUE TO WORKER’S COMPENSATION WILL BE APPLIED AGAINST FAMILY AND
MEDICAL LEAVE OF ABSENCE.**

**HOW MUCH LEAVE MAY AN EMPLOYEE TAKE**

Bates County Memorial Hospital will follow the “ROLLING 12-MONTH PERIOD” method for
measuring FMLA. Employees are entitled to a maximum of 12 weeks FMLA during this 12-month
period. At the end of 12 weeks if the employee is unable to return to work that position may be
filled. Under this method, each time the employee takes FMLA leave, the remaining leave
entitlement would be any balance of the 12 weeks which has not been used during the
preceding 12 months. FOR EXAMPLE: If an employee has taken 8 weeks of leave during the past
12 months, an additional 4 weeks of leave could be taken. If an employee used 4 weeks
beginning March 1, 2010, four weeks beginning July 1, 2010 and 4 weeks beginning January 1,
2011, the employee would not be entitled to any additional leave until March 1, 2011. However,
beginning on March 1, 2011, the employee would be entitled to 4 weeks of leave, on July 1,
2011 the employee would be entitled to an additional 4 weeks, etc.
POLICY: EMPLOYEE BENEFITS -
HEALTH INSURANCE / DENTAL INSURANCE

HEALTH INSURANCE

1. Full-time employees are eligible to apply to our group health and dental insurance effective the first of the month following sixty days of employment. Employees are to contact the Human Resources Director to make application for this benefit within thirty days of full-time employment.

2. Employees have the option to elect dental coverage for themselves and dependents only. Enrollment in the hospital’s health plan is not required to have dental coverage.

3. Employees must make application with the Human Resources Director for health and dental insurance coverage at the time they are eligible. If they choose not to apply for coverage at that time, application for coverage or changes can only be made during open enrollment (December to be effective January) of each calendar year or for a qualifying event:
   - birth/adoption of child; (application must be made within thirty days of event);
   - change in marital status (application must be made within thirty days of event);
   - dependents become ineligible (notification must be made within thirty days of event);
   - spouse loses employment and health coverage (application must be made within sixty days of event with proof of loss of coverage);
   - other qualifying event.

4. It is the employee’s responsibility to notify the Human Resources Director when they have a dependent no longer eligible for health insurance coverage according to the Hospital’s health plan.

5. Health and dental insurance premiums are deducted before taxes and may increase or decrease each year. Employees who are without a paycheck or whose hours fall below the required 60 hours per pay period required for benefits are to make arrangements with the Human Resources Director for payment of the COBRA rate to continue health
insurance coverage. Coverage may be cancelled due to non-payment. EXCEPTIONS: If an employee’s hours are reduced due to FMLA or Low Census.

5. During open enrollment each year, employees will have the option to sell-back a maximum of 100 PHO hours for the purpose of reducing their bi-weekly health insurance premium under the Hospital’s group plan.

- The PHO hours will be pre-tax and have not been accrued and will not reduce the current PHO balance.
- The PHO hours will be calculated on the employee’s base hourly rate (does not include shift differential.)
- If the employee chooses to elect less than the 100 hours available, those hours must be taken or cashed-out by the end of the following year. For example: Employee elects to sell back 85 hours for the purpose of reducing their bi-weekly health insurance premium. The employee must use the remaining 15 PHOs during the following year, or those hours must be paid to the employee in cash or forfeited by the end of the calendar year.
- Employees who choose not to sell-back PHOs on a pre-tax basis to reduce health insurance premiums will be required to use 100 PHOs or sell back by December 31\textsuperscript{st} of the following year.
POLICY: EMPLOYEE BENEFITS – HOLIDAY PAY

If you are a non-exempt employee and are required by your supervisor to work on a holiday, you will receive an overtime rate of time and one-half for the hours worked on the holiday. Employees who work a holiday as defined below and worked enough hours that are already in over-time pay, will receive double-time pay.

Recognized holidays include:

- New Year’s Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Holiday overtime schedule:

- Shift 1 – day of holiday
- Shift 2 – evening of holiday
- Shift 3 – beginning the night before the holiday and ending the morning of the holiday; and beginning the night of the holiday and ending the morning after the holiday.
- 12-hour day/evening shift – the day of the holiday
- 12-hour night shift – beginning the night before the holiday and ending the morning of the holiday; and beginning the night of the holiday and ending the morning after the holiday.
- 24-hour shift – beginning at 12:01 a.m. the day of the holiday and ending the morning of the holiday; and beginning the morning of the holiday, and ending the morning of the day after the holiday.

The employee must work their scheduled day before and scheduled day after a holiday to receive overtime pay if they work the holiday.
POLICY: EMPLOYEE BENEFITS – LIFE INSURANCE
LONG-TERM DISABILITY
EMPLOYEE ASSISTANCE PROGRAM (EAP)

EMPLOYEE ASSISTANCE PROGRAM

Full-time employees, their spouse and dependents are eligible to participate in the EAP program offered by the hospital. Some services include confidential 24/7 telephone access to licensed professional, short-term counseling, legal and financial services, family resources services, and crisis management services. Some of the reasons an EAP may be utilized include stress, relationship issues, healthy lifestyle, parenting concerns, support during tough situations, problem solving, goal-setting, and personal growth. Contact Human Resources for more information.

LIFE INSURANCE

Full-time employees are eligible to apply to our group life insurance effective the first of the month following sixty days of employment. The Hospital will pay for life insurance equivalent to the employee’s annual salary, not to exceed benefit limitations.

The employee has the option of purchasing additional life insurance up, not to exceed benefit limitations. Evidence of insurability may be required. (See Voluntary Benefits) This premium is paid through payroll deduction. Employees who purchase voluntary life may have the option to purchase life insurance coverage for eligible spouse and/or dependents.

Employees are to contact the Human Resources Director to make application for life insurance benefits within thirty days of full-time employment. Requests to make additions to life insurance coverage are made available during the hospital’s designated open enrollment period. Upon termination, employees are to contact the Human Resources Director to make application for continuation of their life coverage.

LONG-TERM DISABILITY INSURANCE

Full-time employees become eligible for long-term disability benefits the first of month following 24 months of employment. This benefit is paid by the Hospital. Pre-existing conditions may apply.
POLICY: EMPLOYEE BENEFITS - PAID HOURS OFF

After 90 days of employment, full-time and part-time employees are eligible to request Paid Hours Off benefits. Paid Hours Off benefits begin to accrue on the first day of employment based on regular hours worked, including Paid Hours Off, jury duty, hospital-related subpoena, or bereavement leave (excluding hours over 80 per pay period). **THE MAXIMUM ACCRUAL FOR EMPLOYEES WILL BE 480 HOURS.**

**PAID HOURS OFF ACCRUAL FACTORS**

<table>
<thead>
<tr>
<th>FULL TIME &amp; PART TIME EMPLOYEES</th>
<th>ACCRUAL FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 Years of Service</td>
<td>.107692</td>
</tr>
<tr>
<td>10-19 Years of Service</td>
<td>.130769</td>
</tr>
<tr>
<td>20 and over</td>
<td>.153846</td>
</tr>
</tbody>
</table>

- Employees enrolled in the hospital's health plan will have the option to sell-back a maximum of 100 non-accrued PHO hours for the purpose of reducing their bi-weekly health insurance premiums. The balance of the 100 hours not used for this purpose must be reduced by taking off work, selling-back, or forfeit the balance.
- Employees are to access the hospital’s timekeeping system to request Paid Hours Off.
- Paid Hours Off must be approved by the employee’s department head/supervisor. Staffing needs may warrant that the PHO request be denied.
- Paid Hours Off used for time off from work will be calculated on the employee’s base hourly pay plus shift differential.
- Each department will determine the appropriate notice required to receive pay if an employee will be absent from work. The employee must notify their department head of the approximate length of anticipated absence.
- Full time and part-time employees are to use accrued Paid Hours Off for all hours less than regularly scheduled hours, with the exception of low census. Low Census includes occasions when an employee who has completed their job responsibilities and leaves their shift early with the permission of the department head/supervisor.
• Paid Hours Off are not to be used to increase pay above regularly scheduled hours. An exception would occur when an employee previously requested Paid Hours Off and agreed to work additional shifts during the pay period.

• Should an employee terminate their employment with appropriate written notice given, they are entitled to up to 280 hours accrued Paid Hours Off.

QUARTERLY PHO SELL-BACK

As a benefit to eligible non-exempt employees, employees have the option of selling back to the Hospital accrued Paid Hours Off two times a calendar year rather than using them for time off from work.

• The first sell-back shall occur the first pay period in May of each year;

• The second sell-back shall occur the first pay period in November of each year;

The dollar amount of Paid Hours Off shall not exceed One Thousand Five Hundred Dollars ($1,500.00) during each occurrence. This dollar amount is based on the employee’s regular hourly pay and does not include shift pay. When selling back PHO’s, the employee must leave a balance of 240 PHO’s on their accrual balance.

PHO SELL-BACK FOR MEDICAL SERVICES/PRESCRIPTIONS

Employees may sell-back accrued Paid Hours Off for the purpose of paying an account payment due the hospital for medical services and prescriptions. The sell-back may occur any pay period during the year and is calculated on the employee’s base hourly pay (does not include shift differential.) A minimum of $50.00 is required for each sell-back. During the pay period the sell-back will occur, the amount due will be deducted. There is no PHO balance required to sell-back PHO’s medical services and prescriptions.

PHO SELL-BACK TO REDUCE BI-WEEKLY HEALTH INSURANCE PREMIUMS

During open enrollment each year, employees will have the option to sell-back a maximum of 100 PHO hours for the purpose of reducing their bi-weekly health insurance premium under the Hospital’s group plan.

• The PHO hours will be pre-tax and have not been accrued and will not reduce the current PHO balance.

• The PHO hours are calculated on the employee’s base hourly pay (does not include shift differential.)

• If the employee chooses to elect less than the 100 hours available, those hours must be taken or cashed-out by the end of the following year. For example: Employee elects to sell back 85 hours for the purpose of reducing their bi-weekly health insurance premium. The employee must use the remaining 15 PHOs during the following year, or those hours must be paid to the employee in cash or forfeited by the end of the calendar year.

• Employees who choose not to sell-back PHOs on a pre-tax basis to reduce health insurance premiums will be required to use 100 PHOs or sell back by December 31st of the following year.
POLICY: EMPLOYEE BENEFITS – RETIREMENT PLAN

Bates County Memorial Hospital has an established Defined Contribution Profit-Sharing Plan for all qualifying employees.

- An employee is eligible to begin participating in the hospital-sponsored Retirement Plan and receive an employer contribution into his/her retirement account, the first of the month following completion of twelve months of service in which he/she has worked 1500 hours.
- The employee is 0% vested if the employee has less than five years of full-time service upon termination and/or did not work 1,500 hours per year of service.
- Eligible employees are to contact the Human Resources Director for enrollment.
- Employees may make changes to their voluntary contribution during open enrollment to be effective January of the following year.
- Employees may cancel their voluntary contribution at any time.

WHAT WILL THE HOSPITAL CONTRIBUTE?

Bates County Memorial Hospital has established a discretionary contribution.

- The Hospital will contribute dollar for dollar, up to a maximum of ten percent (10%) of the employee’s voluntary contribution into the 403(b) plan for eligible employees whose full-time status hire date is on or BEFORE January 1, 2016. All IRS limits will apply.
  - For example, if an employee has a full-time status hire date on or before January 1, 2016 and voluntarily contributes two percent of their annual earnings to their voluntary retirement plan, the hospital will contribute two percent of the employee’s annual earnings to their hospital-sponsored retirement plan; if an employee voluntarily contributes eleven percent of their annual earnings, the hospital will contribute the maximum of ten percent to their hospital-sponsored retirement plan.

- The hospital will contribute dollar for dollar, up to a maximum of five percent (5%) of the employee’s voluntary contribution into the 403(b) plan for eligible employees whose full-time status hire date is on or AFTER January 1, 2016. All IRS limits will apply.
  - For example, if an employee has a full-time status hire date on or after January 1, 2016 and voluntarily contributes eleven percent of their annual earnings to their
When am I eligible for my retirement benefits:

- The employee is 100% vested after five years of service in which he/she has worked a minimum of 1,500 hours each calendar year of service.

- The employee is eligible for an In-Service Distribution from the hospital-sponsored 401(a) plan upon attaining age 62. The employee may elect to withdraw and/or transfer retirement funds from those plans while maintaining their employment.

- The employee is eligible for an In-Service Distribution from the voluntary 403(b) plan upon attaining age 59 1/2. The employee may elect to withdraw and/or transfer retirement funds from those plans while maintaining their employment.

- The employee is eligible for an In-Service Distribution from their 457 plan upon attaining age 70 1/2. The employee may elect to withdraw and/or transfer retirement funds from that account while maintaining their employment. Voluntary contributions to the 457 plan are not eligible for the hospital’s dollar for dollar match.

- If the employee has not completed five years of service, the employee is considered to be vested for hospital matching contributions if one of the following conditions is met:
  - Age 55 plus 15 years of service
  - 62
  - Death

- Employees are encouraged to review the Special Tax Notice before withdrawing retirement funds from any accounts.
POLICY: EMPLOYEE BENEFITS – VOLUNTARY BENEFITS

The following voluntary benefits are paid for by the employee usually through payroll deduction. The employee is to contact Human Resources to discuss enrolling in one of these benefits.

VOLUNTARY RETIREMENT
The hospital offers several different companies for full-time and part-time employees to choose from to save for voluntary retirement through payroll deduction. Voluntary retirement benefits are available through 403(b) pre-tax contributions, 457 contributions and ROTH after-tax contributions.

CREDIT UNION
Bates County Memorial Hospital offers its full-time and part-time employees services provided by the River Region Credit Union. Some of the services provided through payroll deduction include savings account, checking account, Christmas Club, vacation club, credit card, and loans.

LIFE INSURANCE
Full-time employees are eligible to purchase voluntary life insurance not to exceed benefit limitations. Application is available upon employment, or during the hospital’s designated open enrollment period.

Employees with voluntary life insurance benefits have the option of purchasing life insurance benefits for eligible spouse and/or dependents.

SHORT-TERM DISABILITY
Short-term disability is available to full-time employees through payroll deduction for accident/illness. This benefit provides a percentage of the employee’s bi-weekly salary after employee is disabled for 14 days. Usually pays a maximum of eleven weeks, with usual maximum of four weeks for maternity. Contact Human Resources for enrollment.

VISION CARE
Vision Care benefits is available to full-time employees through payroll deduction. This benefit provides well vision exams, prescription glasses, contact lens care, and extra discounts and savings on glasses/sunglasses, contacts, laser vision correction through VSP providers.
POLICY: EMPLOYEE BENEFITS - WORKERS’ COMPENSATION

In accordance with the law of the State of Missouri, the Hospital provides benefits under the Worker’s Compensation Act for injuries or deaths occurring while engaged in the performance of Hospital duties. All work-related and/or illnesses, no matter how minor, must be reported immediately to your supervisor and/or department head. Event reports must be completed within 24 hours and submitted to the Human Resources Director. The Hospital reserves the right to require medical or psychiatric examination by a specified physician before issuance of the benefit. Event reports are the property of BCMH and will be considered confidential information. To qualify for Worker’s Compensation benefits, you may be required to submit to a reasonable medical examination. Your failure to submit to a medical examination by a physician recommended by the Hospital and/or insurance carrier may result in your disqualification for worker’s compensation benefits. Employees must obtain approval from Human Resources before seeking medical treatment, unless in an emergency situation. If approval is not obtained, expenses will not be paid by our worker’s compensation carrier.

For those periods of time when you received Worker’s Compensation benefits, you shall not receive or accrue Paid Hours Off benefits. If you have health insurance through the Hospital, you will be responsible for paying the employee’s share of the premium to continue health insurance coverage. The employee may be permitted to return to work after a leave if they obtained a release from their physician and a same or similar position is available.

TIME OFF DUE TO WORKER’S COMPENSATION WILL BE APPLIED AGAINST FAMILY AND MEDICAL LEAVE OF ABSENCE.

LIGHT DUTY – Employees off work due to worker’s compensation may be eligible for temporary light duty. This is determined on an individual basis and based on the need of the department and qualifications of the employee. Employee working in a light-duty capacity may be requested to work a different shift/schedule.
POLICY: EMPLOYEE CONDUCT - CELL PHONE USE/ CAMERA USE
PERSONAL TELEPHONE CALLS
TELEPHONE COURTESY

PURPOSE:

To limit use of cell phones and other personal portable electronic devices that may interfere with patient care and the performance of job duties, as well as reduce the risk of electromagnetic interference between cell phones and medical equipment.

POLICY:

Cell phones, including cell phones used for text messaging, are not permitted to be carried on the employee’s person during work hours except for employees whose job responsibilities require them to carry a cell phone. Cell phones may only be used by employees during their unpaid meal breaks and/or rest breaks and only in unrestricted areas. Violation will result in disciplinary action.

PROCEDURE:

1. Use of cell phones is prohibited in the following areas: Critical Care Unit (CCU), telemetry monitoring, Surgery, Radiology, Laboratory and Emergency Room. These are considered to be restricted areas.

2. Employees are not permitted to carry their cell phones on their person. Exception: Employees whose job responsibilities require them to carry a cell phone.

3. Employees may use cell phones only on break or unpaid meal periods and only in unrestricted areas. Cell phones must be turned off at all other times.

4. At no time should employees make/receive phone calls or have phones turned on while in patient or other restricted areas.

5. If an employee notes a visitor or patient using a cell phone in a restricted area, the employee should ask the person to turn the cell phone off or move to a non-restricted area. Notify the Nursing Supervisor if the person does not comply.
6. If a situation arises where the cell phone must be used around medical equipment (e.g. power or phone outage) then a distance of three to four feet must be maintained between the cell phone and medical equipment.

7. If a cell phone must be used less than three feet from medical equipment in an emergency situation and unexpected performance of the equipment is noticed (e.g. interference), report this to the Nursing Supervisor.
   a. The Nursing Supervisor should report this interference to the Department Head.
   b. Department Head should call the manufacturer of the equipment and notify them of the problem.
   c. Department Head should report problem to FDA. This may be reported online at http://www.fda.gov/med/watch/

CAMERA USE

1. Under no circumstances shall any personnel be permitted to use the camera function of a personal cellular telephone or digital video recorder while on duty.
2. Personnel are only permitted to use cameras or other picture taking or image generating devices authorized and issued by the hospital while on duty.
3. No images taken by an employee in the course and scope of their employment may be used, printed, copied, scanned, e-mailed, posted, shared or distributed in any manner without the express written approval of the hospital’s Privacy Officer. This prohibition includes posting photos on personal web sites, such as FaceBook, Myspace, or any other web sites or emailing images to friends, colleagues, etc.

PERSONAL TELEPHONE CALLS

Every effort should be made to limit personal phone calls, both in frequency and length of call. Abuse of this may lead to disciplinary action. No personal long-distance calls are to be charged to the Hospital.

TELEPHONE COURTESY

Good telephone habits are important. They should show friendliness, helpfulness and consideration. Let these principles be a guide for all employees:

- Answer promptly
- When answering calls, identify your department and state your name
- Transfer calls tactfully and correctly
- Give accurate and careful answers
- Be sure messages are accurately delivered
- Be sure the phone is hung up carefully and properly
POLICY: EMPLOYEE CONDUCT – COMPUTER NETWORK ACCEPTABLE USE SOCIAL MEDIA USE

POLICY:

It is the primary mission of Bates County Memorial Hospital to provide computer users with access to, and the necessary tools to research, communicate, develop and store electronic documents and to access other information necessary to perform their appointed duties. The use of Hospital computers must support these objectives. Use of Hospital computers for personal gain is not permitted. BCMH will take all necessary actions to insure the highest level of security for its computer network and confidential patient information.

1. EMPLOYEE MONITORING AND FILTERING
   a. All email and internet use will be filtered, monitored, and reported to Department Managers, Supervisors and Administration to be certain the Acceptable Use Policy is followed. Monitoring and filtering is necessary to provide network security, to insure users a constant connection without disruption of service, and to provide the highest level of patient information confidentiality. Quarterly review of Internet use reports will be performed by a security analysis committee comprised of the CEO, Human Resources Director and the IT Director.
   b. Users who are not assigned to use a specific, identifiable computer, will be required to use their personal WINDOWS COMPUTER LOGIN. These users will be prompted by the Internet filtering device or software to enter their personal login in order to gain access to the internet.
   c. Web sites are categorized by hardware and / or software subscription services, and are based on International Standards. Categories cannot be modified. Classification of a website into a particular category cannot be modified without submission to the applicable subscription service for review.
   d. Any category not determined to be used in the normal process of hospital business, will be classified as a Personal Use web site.
   e. Categories which consume excessive bandwidth, or are inappropriate for work place access will be blocked.

2. COPYRIGHT MATERIAL
   No copyrighted material, including but not limited to, Software, device drivers, or files may be reproduced or duplicated in any manner without permission by the author of the material, the Software Vendor or the Information Technology Department of BCMH.
3. **PROTECTION OF USER ID AND PASSWORDS**
   Users are not permitted to give their passwords to another user, including persons within their Department, the Hospital, or any person not employed by BCMH unless approval is granted by the Information Technology Department. Passwords and User ID should be treated as highly confidential information.

4. **SAFEGUARDING SYSTEMS AND DATA**
   a. Downloading or installation of any type of data is not permitted without the consent of the Information Technology Department.
   b. Electronic files, as defined in Terms and Definitions, may not be copied to removable media for transport outside the Hospital without the approval of the Information Technology Department.
   c. Email Attachments of a non-business nature are not permitted.
   d. Users shall abide by existing Federal and State laws in force regarding electronic communications. This includes accessing information without authorization, or causing a system to malfunction by use of malicious code.
   e. All users will make use of the BCMH security signature on all outgoing email messages.
   f. Email that contains patient information will not be sent to, or received from any Email address not ending with bcmhospital.com without being encrypted.
   g. Encryption is performed by typing the word **ZSECURE** in the subject line of the outgoing email message. Failure to properly encrypt email is a violation of this Acceptable Use Policy and HIPAA Security Policy.

5. **ACCEPTABLE PERSONAL USE OF EMAIL AND INTERNET**
   a. All electronic documents, including e-mail, that is transmitted by, received from or stored in the hospital’s e-mail system are hospital records and property of the hospital.
   b. Employees have no reasonable expectation of personal privacy with respect to any matter stored in, created, received or sent over hospital e-mail.
   c. The hospital may monitor employee e-mail for any reason, without permission of any employee. This includes possible monitoring of deleted files, metadata and other electronic information stored on the hospital’s central back-up system or otherwise available as part of its data management.
   d. The hospital’s equal employment opportunity policy and its policies against sexual or other harassment apply fully to the hospital’s e-mail system. Therefore no e-mail should be sent, received, printed or saved which contains material that is inconsistent with the hospital’s policies.
   e. Employees should write e-mails with no less care, judgment and responsibility than they would use for letters or internal memoranda on hospital letterhead.
   f. Email messages sent or received for purposes other than conducting normal hospital business should be limited to breaks and lunch periods. Excessive email for personal use or inappropriate use of email may be grounds for disciplinary action.
   g. Internet Access to News and Weather information, Search Engines, Shopping, Banking and any web site that is not required in the performance of normal job duties will be considered PERSONAL INTERNET USE. Internet web sites used for Continuing Education will be permitted as approved by the Education Coordinator, Information Technology Director or Chief Executive Officer.

6. **INAPPROPRIATE EMAIL, INTERNET WEBSITES AND USE OF COMPUTER NETWORK**
   Types of email and internet Content that are **NOT** appropriate will include, but is not limited to:
   a. Social Media sites unless authorized for hospital purposes.
b. Jokes or cartoons of a harassing nature, containing or referring to adult situations, have a sexual content, contain vulgar language or contain any illegal activity or information of an illegal activity (with the exception of information necessary to diagnose or document a medical situation.)

c. Humorous stories, jokes or images that are not related to the daily work flow of the user.

d. Hate mail, discriminatory remarks and other anti-social behaviors.

e. In addition to these listed types of unacceptable Web Sites and Email, the determination of what is an Unacceptable Web Site or Unacceptable Email will be left to the discretion of the Information Technology Department, Director of Human Resources, and Administration of Bates County Memorial Hospital.

f. Dating, match-maker, on-line message services used for internet dating or communications of a personal nature.

g. Internet Radio, video or music downloads, unless directly used as a source of healthcare information or education.

h. Use of a digital camera, or cell phone camera, to take pictures of BCMH employees or property, with the intent of posting to an on-line server, blog or for sending in email, is strictly forbidden without the prior consent of the Human Resources and Information Technology Departments.

i. Any attempt to circumvent monitoring or filtering software shall not be permitted.

j. Offensive Material, websites, email messages or any form of media that may be deemed harassing or offensive to co-workers is strictly forbidden.

k. Adult content web sites, adult content messages, and distribution in any form of adult content media are strictly forbidden.

I. All web sites classified in the following categories will be blocked:

   a. Chat
   b. Extremely Offensive
   c. Gambling
   d. Gambling Related
   e. Game / Cartoon Violence
   f. Game Playing & Game Media
   g. Hacking
   h. Illegal Software
   i. Instant Messaging
   j. Malicious Sites
   k. Media Sharing
   l. Messaging
   m. Personals & Dating
   n. Phishing & Fraud
   o. Pornography
   p. Profanity
   q. Social Networking
   r. Spam
   s. Spyware
   t. Streaming Radio/TV
   u. Suspicious Sites
   v. Web-based Telephony

II. Department Managers or Supervisors who need access to any web site classified in these categories must submit an online Service Request to the IT Department stating why they need to access the specific website. Approved use will be documented and the specific Manager or Supervisor will be placed in an ALLOW list, for the specific website.
III. Department Managers or Supervisors who determine their employee(s) require access to blocked websites shall use the above process to request access for their employee(s).

7. **ACCIDENTAL ACCESS OF INAPPROPRIATE EMAIL AND INTERNET SITES**

Occasionally a user may accidentally access an inappropriate website or receive inappropriate email. It is the RESPONSIBILITY of each user to report any such instances to the Information Technology Department using the IS REQUEST FORM. This form is available on the home page of the Hospital Intranet. Failure to report accidental access can lead to disciplinary action.

8. **EXTERNAL EMAIL AND ATTACHMENTS**

   a. External Email is defined as email messages that are received with an address NOT ending in `bcmhospital.com`. Attachments to an email message should not be opened unless the following conditions are met:
      1. The sender is a BUSINESS CONTACT the user has either previously communicated with.
      2. The sender is a BUSINESS CONTACT the user has solicited information from.
      3. The user is expecting an attachment from the sender.

   b. Any other email messages with attachments should be deleted at once, and the Deleted Folder (found in the left hand margin of the email screen) then emptied as well. The preview screen on all computers will allow a brief overview of the email and give the user enough information to make a decision of whether or not the email is business oriented. Under NO circumstances should an attachment be opened unless the user has requested specific information and is expecting the attachment sent by a known contact. Users should notify business contacts to insert as part of the subject line (clearly marked as Subject) the notation that an attachment is being sent.

   c. All External email is pre-filtered using a Cloud Based SPAM filtering service. It is the responsibility of each BCMH employee to notify the IT Department by submitting a Service Request, if an expected email message is not being received.

9. **INTERNAL (Inner Office) EMAIL AND ATTACHMENTS**

   a. Inner Office attachments, sent from an email address ending in `bcmhospital.com` should be opened only when the message is signed by a recognized sender from within the hospital.

   b. Internal Email, sent to an email address ending in `bcmhospital.com` does not need to be encrypted.

   c. If any recipient in the TO or CC or BCC fields has an email address ending in something other than `bcmhospital.com` the email MUST be encrypted.

10. **PERSONAL USE OF SOCIAL MEDIA**

    Social Media (for example: Facebook, Myspace, twitter, Pinterest, Blogs, blogging, etc.) used by hospital employees will be considered personal use and this policy should in no way be construed as permission or encouragement to speak about Bates County Memorial Hospital or Family Care Clinics via any social medium.
i. Employees are personally responsible for the content they publish on any form of social media. Be mindful that what is published will be public for a long time.

ii. Follow hospital confidentiality and HIPAA policies when considering what is published on social media.

iii. Refrain from use of ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in the hospital/clinic workplace.

iv. Do not contain or link to libelous, defamatory or harassing content, even by way of example or illustration.

v. Show proper consideration for privacy of others.

vi. If you identify yourself as an employee of Bates County Memorial Hospital or Family Care Clinics in any social media context, ensure your profile and related content is consistent with how you wish to present yourself to your co-workers, patients and other customers.

vii. As stated in the hospital’s Cell Phone/Camera Use policy, no images taken by an employee in the course and scope of their employment may be used, printed, copied, scanned, e-mailed, posted, shared or distributed in any manner without the express written approval of the hospital’s Privacy Officer. This prohibition includes posting photos on personal web sites, such as FaceBook, Myspace, or any other web sites or emailing images to friends, colleagues, etc.

Terms and Definitions

**EMAIL ATTACHMENT:** An attachment comes in the form of a visible paper clip icon somewhere in or on the messages. The paper clip icon will also show up beside the message in the top half of the email program screen.

**OPENING AN EMAIL ATTACHMENT:** When a paper clip is seen, a user should automatically verify that the sender AND the sender’s digital signature and email address match. If they match and if the message has been sent from within the Hospital having an address ending in bcmhospital.com, then the attachment can be opened by either double clicking the paper clip or clicking once on the paper clip, which then displays a drop down box, sometimes with multiple choices as to what the user wants to do with the attachment. Most often a user will want to choose to SAVE the attachment either to the DESKTOP or to a folder of the user’s choice. This is accomplished by clicking on the NAME of the attachment in the drop down window, then choosing where to save the attachment, as provided for in the next window that opens.

**EMAIL CONFIDENTIALITY:** Email messages can be intercepted by hackers or other persons resulting in confidential information that is stolen and often misused. It is the responsibility of each user to abide by the Acceptable Use Policy to minimize the risk of exposure to interception. As a Hospital, we have specific laws that govern Privacy and Confidentiality of Patient Information. Inappropriate use of email and visits to inappropriate web sites can open up the user’s computer, and thus the network, to interception of vital, confidential information.

**UNACCEPTABLE WEB SITES AND EMAIL, THE DAMAGE THEY CAN CAUSE:** Jokes, humorous stories, regularly received personal shopping information or announcements, sports tips, reports or updates, chain letters of any kind, and internet radio and video. These types of Email and Web sites use valuable network resources and can cause loss of confidential information, allow system hacker attacks, and cause an overall slow-down of connection and mail receipt. Most Web sites can trace their visitors back to the company and even the specific person that has accessed the web site, and thus it is a direct reflection upon the Hospital and its employees when individual user as well as the Hospital. Internet sites can contain Trojan horses – malicious codes in the form
of ActiveX controls, Java or VBS Script. Because such code is often embedded in the web page, users often don’t realize they are receiving a harmful program or virus.

**Blog:** A weblog (usually shortened to blog, but occasionally spelled web log) is a web-based publication consisting primarily of periodic articles (normally in reverse chronological order).

**Blogging:** Is the act of writing in one’s blog. To blog something is to write about something in one’s blog. This usually involves linking to something the author finds interesting. This could be things that happen at work or during daily activities.

- Blogging without proper authorization is prohibited. Blogging may include, but is not limited to:
  - Posting of confidential or proprietary business information or trade secrets
  - Content about other employees, clients, customers, or the company
  - Posting photographs, audio streams, etc. to an online diary or journal or on the Internet
  - Defamatory or libelous postings
  - Offensive, harassing or otherwise inappropriate postings

Such information may be highly sensitive and confidential, and such publication may be extremely detrimental to the Company, clients or customers, or other employees. Any employee who becomes aware of violations of this policy should immediately report the matter to Human Resources for investigation. Any violation of this policy may result in disciplinary action up to and including discharge. Consistent with the Company’s other policies, professionalism is expected at all times. Avoiding the appearance of impropriety and of conflicts of interest are important to the Company’s image and success.

**EMR Workstation:** Any computing device which is used for the primary purpose of accessing secure Electronic Patient Healthcare Information from an Electronic Medical Record software system.

**Email Encryption:** Encryption is performed by typing the word ZSECURE in the subject line of the outgoing email message. Failure to properly encrypt email is a violation of this Acceptable Use Policy and HIPAA Security Policy.
POLICY: EMPLOYEE CONDUCT - CONFIDENTIAL INFORMATION
HIPAA / HITECH

The contact between the patient and the Hospital is a highly privileged and confidential relationship. It is, therefore, the responsibility of every employee to hold in absolute confidence information concerning the condition, care, treatment, or other personal information of any patient. This responsibility is shared by EVERY person in ANY capacity in the Hospital. This means that there should be no unnecessary discussion among employees, patients, your family, friends or visitors, about any patient. Employees releasing names of patients because of their knowledge due to their employment is prohibited. Involved in this matter of confidence are not only elements of decency and courtesy, but possible legal liability. Administrative information, other than routine matters, should likewise be handled in a confidential manner by the employees having access to and working with such information.

The Health Insurance Portability and Accountability Act, or HIPAA, is a federal regulation that protects patients from the inappropriate use and disclosure of their protected health information (PHI) and electronic protected health information (ePHI).

The Health Information Technology for Economic and Clinical Health (HITECH Act) regulates that hospitals and their business associates notify patients in the event their patient information is breached.

All employees must comply with these regulations and assist in investigations of possible breaches of patient information. Failure to comply with this responsibility will be cause for immediate dismissal.
POLICY: EMPLOYEE CONDUCT – CONFLICT OF INTEREST

It is the policy of Bates County Memorial Hospital to set forth standards of conduct expected by all employees and requiring the Chief Executive Officer, administrative staff members, department heads to disclose all interests that could result in a conflict of interest.

A conflict of interest can be considered to exist in any instance where the actions or activities of an individual on behalf of the Hospital also involve the obtaining of an improper gain or advantage, or an adverse effect on the facilities' interests. Conflicts of interest can also arise in other instances, such as the following types of activities: outside interests, outside activities, gifts, gratuities and entertainment, and use of inside information.

Management staff and healthcare providers are required to complete and sign the Conflict of Interest Disclosure Form as set forth in the Conflict of Interest Declaration and Confidentiality Policy and submit to Human Resources.
POLICY: EMPLOYEE CONDUCT – CONSENSUAL RELATIONSHIPS POLICY

PURPOSE:

Recognizing the authority of supervisors/department heads/executives/physicians/ Board of Directors of the hospital, and the importance of impartiality and productivity in the workplace, it is in the best interest of the hospital to adopt a policy to limit consensual romantic relationships between supervisors/department heads/executives/ physicians/Board of Directors and staff members of the hospital.

Acknowledging that close personal relationships may exist or develop between employees who work for the hospital, including but not limited to consensual romantic relationships and/or immediate family relationships of non-exempt staff, limitations on employment or continued employment of an employee of such relationships are prudent.

POLICY:

Consensual relationships between a supervisor/department head/ executive/ physicians/ Board of Directors and an employee in a direct reporting relationship are prohibited.

PROCEDURE:

1. In the event a consensual relationship exists or develops between a supervisor/department head/executive/physician/Board of Directors and a subordinate in a direct reporting relationship, either the supervisor/ department head/executive/physician/Board of Directors or the subordinate will be required to resign employment/membership at the hospital. Should neither employee voluntarily resign, the hospital will determine which employee will be required to resign.

2. In the event a consensual relationship exists or develops between non-exempt employees, the hospital may determine this relationship to interfere with patient care and/or the performance of job duties, resulting in a change of the employee’s schedule or position.
Whenever and wherever people work together, persons must conform to standards of reasonable conduct to maintain an orderly, efficient atmosphere. Employees may be disciplined up to and including dismissal, in order to protect the rights of others and to encourage correct/professional conduct and cooperation.

IN SOME CASES IT MAY BE NECESSARY TO IMMEDIATELY SUSPEND OR DISCHARGE AN EMPLOYEE BECAUSE OF THE SERIOUSNESS OF AN OFFENSE.

It is always hoped that through the progressive disciplinary procedure, employee behavior will be corrected and the employee will become a satisfactory employee of the Hospital. There can be no complete set of rules for employee conduct, because no person can anticipate every particular thing, which may come up. It is simply expected that employees will conduct themselves in the professional manner consistent with rendering the highest quality of service to our patients and to those in the community whom we serve and who have placed their trust in this Hospital.

PROGRESSIVE DISCIPLINARY COUNSELING FORM –

The corrective form requires the employee’s signature and the signature of the supervisor and/or department head. The employee’s signature is to show that the employee has received counseling and is not an admission of guilt or agreement. All counseling forms should be sent to the Human Resources office for placement in the employee’s personnel file.

PROGRESSIVE DISCIPLINARY PROCEDURE:

Discipline is intended to be corrective. The following progressive steps MAY be followed by your supervisor. It is felt that this method is the fairest one available and protects the employee from suspension, probation or discharge.

EXCEPTIONS TO THE PROGRESSIVE SYSTEM OF DISCIPLINARY ACTION MAY TAKE PLACE WHEN THE EMPLOYEE’S ACTION IS OF SUCH A SERIOUS NATURE THAT MORE SERIOUS DISCIPLINE SHOULD BE IMPLEMENTED AND/OR CONTINUED EMPLOYMENT CANNOT BE TOLERATED.

All corrective forms are to be included in the employee’s personnel file.
**ORAL WARNING:**
Oral discussion with the employee and documentation by the supervisor for future reference that they have violated a hospital policy and/or displayed inappropriate behavior.

**WRITTEN WARNING:**
Oral discussion and written warning which may follow with a stated specific disciplinary action for the same or similar offense.

**SUSPENSION:**
A temporary release from work without pay for a specific period of time not to exceed forty-five (45) work days with a stated specific notice for the next same or similar offense.

**PROBATION:**
In certain instances, the employee may be placed on probation and/or suspension. The length of the probationary period shall be determined by the department head.

**TERMINATION:**
Discharge from employment at the Hospital.
POLICY:  EMPLOYEE CONDUCT – DRUG AND ALCOHOL SCREENING  REPORTING IMPAIRED PERFORMANCE

Bates County Memorial Hospital has an established “ZERO TOLERANCE” policy concerning the use of alcohol and/or illegal drugs on hospital time or on hospital property. Possession, use of, or being under the influence of alcohol and/or illegal drugs on Hospital time or premises will result in immediate dismissal.

Employees working under the influence of prescription medications that has impaired the employee’s job performance will not be tolerated and will be subject to disciplinary action, up to and including termination.

When circumstances warrant, the Hospital reserves the right to require an employee to have a blood and/or urine drug and/or alcohol screen to determine the presence of alcohol or drugs. This screening will be on Hospital paid time at hospital expense, and will be mandatory. It will usually be conducted in the hospital Laboratory or Emergency Room, depending upon the circumstances. Circumstances which would make such screening tests appropriate include, but are not limited to, exhibiting behavior normally associated with persons under the influence of drugs or alcohol; an involvement in an on-the-job accident or other work-related incident or medical emergency; or other Impaired Performance. A Reasonable Suspicion Checklist is to be completed by supervisory/management staff.

REFUSAL TO COOPERATE UNDER THIS POLICY WILL BE CONSIDERED INSUBORDINATION AND WILL CARRY APPROPRIATE DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

Any employee who voluntarily admits a problem and requests assistance with a drug/alcohol rehabilitation program prior to the Hospital’s investigation and/or identifying a drug/alcohol problem on the job will be granted a Leave of Absence to participate in such a program. Such leave of absence will be available to an employee only one time, not to exceed thirty days, and will be conditioned on the employee’s full compliance with the terms of the rehabilitation program. No disciplinary action will be taken in cases where the employee comes forward prior to the Hospital’s investigation and/or identifying a drug/alcohol problem on-the-job.

When an employee returns to work from a Leave for rehabilitation, the employee’s job performance will be monitored with follow-up conducted by the supervisor and/or department head.

REPORTING IMPAIRED PERFORMANCE
It is the responsibility of all Hospital employees to report observations of impaired performance of a fellow employee or other health care provider using the Hospital. For purposes of confidentiality, the employee should make a verbal report to that employee’s supervisor,
Human Resources or Administration. After the report is made, it should not be discussed with other hospital employees. Personal opinions or conclusions should be avoided. The employee’s department head should take the necessary steps in counseling and/or appropriate disciplinary action.

Some examples of impaired performance include bizarre or inappropriate behavior, neglect of duty or erratic performance, frequent accidents, repeated unexplained medication errors or drug diversion, errors in judgment in patient care situations, smelling of alcohol and/or using medication that could impair judgment or performance. A Reasonable Suspicion Checklist is provided below as guidance, and may not be all inclusive:

Reasonable suspicion testing selections must be based on specific, objective and articulable observations concerning the appearance, behavior, speech or body odors of an employee (including indications of the chronic or withdrawal effects of drugs). You should keep that guideline in mind as you determine whether or not reasonable suspicion exists. In addition, the observations set forth below, standing alone or in combination, may be indications of an employee’s normal or other condition(s), and not prohibited drug or alcohol use. You should be cautious if the circumstances do not present multiple indications of prohibited drug or alcohol use.

- Breath/clothes smell like alcohol
- Breath/hair/hands/clothes smell like marijuana
- Breath smells like mouthwash, mints, or gum
- Physical appearance disheveled/unkempt
- Eyes bloodshot
- Eyelids droopy or puffy
- Eyes glassy
- Eyes watery
- Pupils dilated
- Pinpoint pupils
- Involuntary eye movements
- Wearing sunglasses
- Face flushed
- Face pale
- Sniffles
- Sleepy/drowsy
- Unusual sweating
- Speech slurred
- Speech incoherent
- Speech rambling
- Will not stop talking
- Will not talk
- Voice unusually loud or soft
- Stumbles, staggers or falls when walking
- Sways, sags or leans on support when standing
- Movements jerky or uncoordinated
- Acts hyperactive
- Moves very slowly
- Trembles/shakes
- Nausea or vomiting
- Sweating
- Sudden, marked mood swings, particularly after breaks
- Sudden, marked changes in activity level
- Unusually argumentative, irritable or hostile
- Paranoid
- Erratic or violent actions
- Depressed
- Confused/disoriented
- Unusually anxious
POLICY: EMPLOYEE CONDUCT – HARASSMENT: WORKPLACE BULLYING

Bates County Memorial Hospital defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. BCMH will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant, and will not be given consideration when administering discipline. As in sexual harassment, it is the effect of the behavior upon the individual which is important. BCMH considers the following types of behavior examples of bullying:

- Verbal Bullying: slandering, ridiculing or maligning a person or his/her family, persistent name calling which is hurtful, insulting or humiliating; using a person as butt of jokes; abusive and offensive remarks.
- Physical Bullying: pushing; shoving; kicking; poking; tripping; assault or threat of physical assault; damage to a person’s work area or property.
- Gesture Bullying: non-verbal threatening gestures, glances which can convey threatening messages.
- Exclusion: socially or physically excluding or disregarding a person in work-related activities.

In addition, the following examples (but not limited to) may constitute or contribute to evidence of bullying in the workplace:

- Persistent singling out of one person
- Shouting, raising voice at an individual in public and/or in private
- Using verbal or obscene gestures
- Not allowing the person to speak or express him/herself (i.e., ignoring or interrupting)
- Personal insults and use of offensive nicknames
- Public humiliation in any form
• Constant criticism on matters unrelated or minimally related to the person’s job performance or description

• Ignoring/interrupting an individual at meetings

• Public reprimands

• Repeatedly accusing someone of errors which cannot be documented

• Deliberately interfering with mail and other communications

• Spreading rumors and gossip regarding individuals

• Encouraging others to disregard a supervisor’s instructions

• Manipulating the ability of someone to do their work (i.e., overloading, underloading, withholding information, setting meaningless tasks, setting deadlines that cannot be met, giving deliberately ambiguous instructions)

• Inflicting menial tasks not in keeping with the normal responsibilities of the job

• Taking credit for another person’s ideas

• Deliberately excluding an individual or isolating them from work-related activities (meetings, etc.)

• Unwanted physical contact, physical abuse or threats of abuse to an individual or an individual’s property (defacing or marking up property)
POLICY: EMPLOYEE CONDUCT – NONDISCRIMINATION/ANTI-HARASSMENT POLICY AND COMPLAINT PROCEDURE

Bates County Memorial Hospital (BCMH) is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. The hospital expects all relationships among employees will be professional, free of bias, prejudice and harassment.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Bates County Memorial Hospital to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, age, disability, marital status, citizenship, genetic information or any other characteristic protected by law. Bates County Memorial Hospital prohibits any such discrimination or harassment.

RETALIATION IS ALSO PROHIBITED

Bates County Memorial Hospital encourages reporting of all perceived incidents of discrimination or harassment. BCMH will promptly and thoroughly investigate such reports. BCMH prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

DEFINITION OF HARASSMENT

1. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purpose of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances,
these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual’s body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conducts of a sexual nature.

2. Harassment on the basis of any other protected characteristic also is strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship, genetic information or any other characteristic protected by law or that of his/her relatives, friends or associates, and that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual’s work performance; or (iii) otherwise adversely affects an individual’s employment opportunities.

Harassing conduct includes, but is not limited to slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on the hospital/clinics premises or circulated in the workplace, on hospital time or using hospital equipment by email, phone (including voice messages), text messages, social networking sites, etc.

**INDIVIDUALS AND CONDUCT COVERED**

These policies apply to all employees, whether related to conduct engaged in by fellow employees or by someone not directly connected to the hospital, i.e., outside vendor, consultant.

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

**REPORTING AN INCIDENT OF HARASSMENT, DISCRIMINATION OR RETALIATION**

Bates County Memorial Hospital encourages reporting of all perceived incidents of discrimination, harassment or retaliation, regardless of the offender’s identity or position. Individuals who believe that they have been the victim of such conduct should discuss their concerns with their immediate supervisor, department manager, or human resources director.

In addition, BCMH encourages individuals who believe they are being subjected to such conduct promptly to advise the offender that his/her behavior is unwelcome and request that it be discontinued. Often this action alone will resolve the problem. BCMH recognizes, however, that an individual may prefer to pursue the matter through complaint procedures.

**COMPLAINT PROCEDURES**

Individuals who believe they have been the victims of conduct prohibited by this policy or believe they have witnessed such conduct should discuss their concerns with their immediate supervisor, department manager or human resources director.

BCMH encourages the prompt reporting of complaints or concerns so that rapid and constructive action can be taken before relationships become irreparably strained. Therefore,
while no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving action or perceived incidents of harassment.

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved, and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action. Acts of retaliation should be reported immediately and will be promptly investigated and addressed.

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling, and/or disciplinary action such as warning, reprimand, reassignment, temporarily suspension without pay or termination, as BCMH believes appropriate under the circumstances.

If a party to a complaint does not agree with its resolution, that party may appeal to the Chief Executive Officer of BCMH.

False and malicious complaints of harassment, discrimination or retaliation (as opposed to complaints that, even if erroneous, are made in good faith) may be the subject of appropriate disciplinary action.
POLICY:

EMPLOYEE CONDUCT –
PERSONAL CONDUCT/BEHAVIOR

The hospital’s core values begin with a respect for people. The hospital values trust, loyalty, commitment, honesty and avoiding conflicts of interest. The hospital expects all employees to treat one another with courtesy, respect, and consideration which is demonstrated in the way employees speak and act while performing their jobs. To all of our customers, the employee is the Hospital. The employee’s conduct and behavior greatly affects the hospital’s working environment, co-workers, visitors, patients, and physicians.

The use of profane, foul, obscene, insulting, abusive or crude language, inappropriate jokes, racial slurs, sexual comments, or the making of verbal threats is considered disrespectful, demeaning and abusive behavior. This behavior may result in disciplinary action, up to and including termination. The hospital will not tolerate any employee’s language, whether intentional or unintentional, that results in harassment, discrimination or creation of an offensive work environment for anyone because of his or her sex, race, religion, creed, national origin, disability, genetic information, age, veteran’s status, or sexual orientation.

While the hospital does not prohibit employees from fraternizing or engaging in non-platonic relationships, it does expect employees to conduct themselves in a professional manner at all times. Any conduct of an inappropriate or compromising nature by employees in a non-platonic relationship on hospital premises will be grounds for discipline up to and including termination.

ANYTHING LESS THAN PROFESSIONAL BEHAVIOR BY AN EMPLOYEE IS INAPPROPRIATE AND MAY RESULT IN DISCIPLINARY ACTION.

If the employee has any concerns about the Hospital or fellow co-workers, the employee is to report it to his/her supervisor. The employee is expected to be loyal to the Hospital and to support its policies. Differences between employees must never be discussed where patients or visitors may see or hear.

The employee is expected to adhere to principles of charity by treating the patients and their families with sympathy, kindness and understanding, and to cooperate with all measures designated to make the Hospital a safe place for patients, employees and the public. Only through the personal effort of each employee can safe, quality care be given. Prompt and courteous attention to the health care needs of our patients must be our prime concern.

NOISE – Patients and employees appreciate being in an atmosphere of quiet, which indicates our consideration and understanding. When on the premises of the Hospital, the employee is expected to conduct themselves in a quiet and efficient manner with special regard to the patients and in consideration of all customers.
POLICY: EMPLOYEE CONDUCT – PROFESSIONAL APPEARANCE/DRESS CODE POLICY

PURPOSE:

To ensure Bates County Memorial Hospital employees present a professional appearance to hospital/clinic patients, visitors, co-workers, and others they may come in contact with throughout the scheduled work shift.

POLICY:

Bates County Memorial Hospital takes pride in its professional image. This professional image is maintained, in part, by the image that employees present to patients, visitors, co-workers and others. The hospital requires all employees to maintain a neat, clean and professional appearance at all times. All clothing must be clean, neat, wrinkle-free, and free from stains/debris. Clothing must not constitute a safety hazard. BCMH reserves the right to determine appropriate dress at all times and in all circumstances, and may send employees home without pay to change clothes should it be determined their dress is not appropriate.

In certain departments employees may be required to wear uniforms during work hours. The color and type of uniform are determined within policy established by the department. Specific department policy(s) may be more specific and stricter based on the needs of the department and may supersede these minimum requirements. Employees who are not required to wear uniforms are expected to wear clothing that is appropriate to their work.

It is the responsibility of the supervisor/department manager to enforce the personal appearance/dress code policy for their staff. Appropriate disciplinary action will be taken for those employees in violation of this policy.

PROCEDURE:

Personal Hygiene

Cleanliness and a professional image is required of all staff:

1. Employees should bathe or shower regularly and use an effective body deodorant and good dental hygiene to avoid body odor and bad breath.
2. Excessive use of perfume, cologne, aftershave or other fragrances may be offensive to patients (specifically respiratory, COPD, etc) and co-workers. Moderation is encouraged in all work areas and may be prohibited in certain patient care areas.
3. Hair must be clean, neat and kept in good taste. Mustaches, sideburns and beards must be neatly trimmed. Employees working in patient-care areas must have hair pulled away from face as to not interfere with patient-care duties.

4. Fingernails – Per CDC Recommendations and to prevent the spread of infection to patients, personnel in the following departments are required to follow the policies regarding artificial fingernails and natural nails in paragraphs (a) and (b) below: Anesthesia, Laboratory, Radiology, Rehab Services, Respiratory Care, Family Care Clinics patient care staff, Physicians, Housekeeping, Nutrition Services, Laundry, Pharmacy, Students, Ambulance/Emergency Room-Outpatient and all Nursing department staff, including Patient Services.

   a. Artificial fingernails – Acrylic or other substances that are applied to the nail, including nail jewelry (items glued to or piercing the nail) are prohibited, as well as overlays, tips, and silk wraps.

   b. Natural Nails for Patient Care Staff – are to be kept at a length no more than one-quarter inch extension beyond the fingertip. Fingernails may be trimmed shorter if they present a safety concern, or interfere with the performance of duty.

Name Badge

All employees are issued a hospital name badge upon employment and returned to Human Resources upon termination. Badges will be worn above the waist where the employee’s name is clearly visible. Should the name badge become defaced, the employee must contact Human Resources to obtain a new name badge.

Safety

Clothing must not constitute a safety hazard. Equipment available/assigned to employees to be utilized for safety purposes shall be worn or used at all times during necessary working conditions.

Tops/T-shirts/Sweatshirts

1. Tops that are form-fitting/tight are unprofessional and inappropriate attire.

2. Length of tops worn with form-fitting/tight pants must be at least finger-tip length at hem.

3. Tops must not be revealing and provocative. Tops/blouses that reveal cleavage is considered unprofessional attire. Camisoles are to be worn with thinner blouse materials. If job requires bending, stooping, etc., then appropriate undergarments should be worn if necessary should scrub top or other top droop, sag, or is otherwise revealing.

4. Tops should be long enough to cover back and lower body when bending, stooping or performing other job duties.

5. Sleeveless tops are not appropriate unless worn with a lab or business coat, or sweater/blouse.

6. Sweatshirts, tops with a hood, screen-printed clothing and clothing displaying logos other than small designer logos are not permitted.
**Pants/Jeans/Sweatpants**

1. Sweatpants/athletic pants, capris, cropped pants are not permitted.
2. Pants must not be shorter than two inches above ankle when standing.
3. Shorts of any kind or style are not permitted.
4. Denim jeans may only be worn by maintenance staff personnel. Denim pants/jeans/uniforms of any color are not acceptable.

**Dress/Skirts**

1. Length of dress/skirts should present a conservative business-like image.
2. Gaucho/Coulotte and other split-skirt styles must be no shorter than finger-tip length of hem.

**Jewelry**

1. No visible body piercing jewelry is permitted (includes tongue rings). Employees may wear no more than three pieces of jewelry per ear.
2. Tattoos considered to be offensive will be required to be covered at all times while at work.
3. Wearing or displaying gang or satanic paraphernalia is not permitted.

**Shoes/Hose/Socks**

1. Shoes should be clean, in good repair and appropriate for job duties. Shoes are to be worn at all times. Removing shoes within department where public can view is not permitted.
2. Flip-flops or beach-style shoes are inappropriate.
3. To prevent the spread of infection of patients, hosiery or socks are required to be worn at all times, covering the entire foot by personnel in the following departments: Anesthesia, Laboratory, Radiology, Rehab Services, Respiratory Care, Family Care Clinics patient care staff, Physicians, Housekeeping, Nutrition Services, Laundry, Plant Operations, Pharmacy, Students, Ambulance/Emergency Room-Outpatient and all Nursing department staff, including Patient Services.

**Hats/Caps/Head-dress**

1. Hats, caps, and other head dress are not to be worn inside the hospital or clinics unless approved by Administration.

**Buttons/Patches/Pins**

No promotional buttons, pins, lanyards, etc. of any kind may be worn during working hours. Profession-related pins may be worn.
Call Back Attire

Employees who are on call should wear appropriate departmental dress code attire when called back to the hospital on-call. Identification badges are to be worn.

Holiday Attire

1. Holiday attire must be tasteful at all times.
2. Christmas holiday attire is appropriate for the following period: Christmas - December 1st through December 31st.
3. Employees required to wear uniforms may wear tasteful holiday design uniforms throughout the year.
POLICY: EMPLOYEE CONDUCT - SMOKING/TOBACCO-FREE CAMPUS

PURPOSE:

To meet the requirements for hospital licensure by the Missouri Department of Health and Senior Services’ as set forth in Chapter 197, RSMo, 19 CSR 30-20.011, 021, and 19 CSR 20-20.080, prohibits the use of tobacco products on all hospital-operated facilities.

As the healthcare leader in the community, Bates County Memorial Hospital and Family Care Clinics are obligated to strongly assert the risks of tobacco use to employees, patients, and the public. Establishment of a tobacco-free environment clearly states our commitment to promote healthy lifestyles. The health hazards of tobacco are well recognized and the use of tobacco products by our employees, physicians, contracted staff, patients and visitors on our premises compromises our standards as a progressive, health-conscious healthcare organization. It is not the intent of BCMH to control any person’s choice to use tobacco products away from the physical environment of BCMH, but to create a healthier environment for everyone who works at BCMH, receives care, or is a visitor.

POLICY:

Bates County Memorial Hospital and Family Care Clinics are committed to maintaining an organization-wide tobacco-free environment. The use of tobacco products is prohibited on all BCMH operated facilities. This includes grounds, parking lots/ramps, sidewalks, hospital owned vehicles, and employee vehicles parked on BCMH or the Clinics operated property. Any patient or visitors observed using tobacco on BCMH owned or leased property will be asked to discontinue in a tactful, compassionate manner. Compliance with the policy will be the responsibility of all Bates County Memorial Hospital and Family Care Clinics personnel and contracted staff.

PROCEDURE:

A. EMPLOYEES/CONTRACTED STAFF/VOLUNTEERS

   a. At the time of interview and hire, potential employees are informed of the tobacco-free environment.
   b. New employee orientation discusses the tobacco-free policy and programs.
   c. Adherence to this policy is a condition of contract/employment and a condition of volunteer status.
d. To assist employees in eliminating tobacco consumption, the Tobacco-Cessation Employee Assistance Guideline is available to full-time and part-time employees.
e. Employees are not permitted to leave the property during their rest break periods as this is paid hospital time.
f. Employees, contracted staff, and volunteers are not to use tobacco products in their vehicles located on hospital operated property.
g. In consideration of being a good neighbor, employees, contracted staff, and volunteers while on duty are not to use tobacco products in front of or around homes and businesses adjoining BCMH property.
h. Non-compliance of this policy by employees will be dealt with according to the hospital’s Progressive Disciplinary Procedure Policy.
i. It is the responsibility of the Chief Executive Officer, together with department managers, to ensure enforcement of this policy.

B. VISITORS

Employees who observe visitors who are using tobacco products on Hospital operated property shall respond as follows:

a. With courtesy and diplomacy, advise the visitor of the hospital’s tobacco-free policy.
b. Request the visitor not to smoke or use tobacco.
c. Provide the individual(s) with an information card.
d. If the visitor refuses to abide by this policy, the employee will notify his/her supervisor, nursing supervisor, or Chief Executive Officer.
e. Visitors who persist or continue to violate this policy may be asked to leave hospital property.

C. PATIENTS

a. Signs informing the public and patients of the tobacco-free policy will be posted at all entrances and registration areas to Bates County Memorial Hospital and Family Care Clinics.
b. During registration or pre-registration, the patient and family members should be reminded of the hospital’s tobacco-free policy.
c. Hospital medical staff is encouraged to discuss this policy with their patients prior to scheduling.
d. During the admission assessment, nursing should identify patients who use tobacco products and patients at risk for nicotine withdrawal.
e. Employees or staff members who care for patients who are using tobacco are to:
   • With courtesy and diplomacy, inform the patient that he/she cannot smoke or use tobacco products while a patient at BCMH or Family Care Clinics.
   • When appropriate, and with the approval of the physician, offer the patient an alternative to using tobacco (i.e., chewing gum, use of hard candy, or nicotine replacement options.)
   • Under no circumstances are patients to leave the building with hospital equipment.
   • When there are repeat violations with the same patient, inform the physician and request assistance.
   • If the patient continues to refuse to stop the use of tobacco products, the nursing supervisor will contact the physician to determine if discharge against medical advice or transfer to another facility is appropriate.
POLICY:  EMPLOYEE SAFETY –
ACCIDENTS/INCIDENTS
CUSTOMER COMPLAINTS

Event reports are MANDATORY on any and all unusual occurrences on Hospital premises involving patients, employees, volunteers, visitors and property. It should include the supervisor’s signature, witnesses, and completed details of the incident. All event reports should be submitted to the Risk Manager or placed in the Event Report box located in the Emergency Department. There are to be no photocopies made of an Event Report. Failure to report an incident may be considered as negligence and disinterest in the employee’s job and cause for disciplinary action.

EMPLOYEE:
If an employee is injured while at work, report the accident IMMEDIATELY to the supervisor or department head. An Employee Event Report is mandatory and must be completed by the employee involved and the supervisor/department head as soon as possible during the work shift. Depending on the severity of the injury, the employee should immediately go to the hospital’s Emergency Department for treatment at no cost to the employee.

FURTHER MEDICAL TREATMENT MUST BE APPROVED BY ADMINISTRATION TO QUALIFY FOR WORKER’S COMPENSATION BENEFITS. THE HOSPITAL RESERVES THE RIGHT TO REFER EMPLOYEES TO SPECIFIC PHYSICIANS AS THE NEED REQUIRES.

PATIENT, VOLUNTEER OR VISITOR:
If a patient, volunteer or visitor is injured while on the premises or assigned to our care, the employee witnessing the accident/incident should assist the patient, volunteer or visitor and then report the incident to his/her immediate supervisor. It is MANDATORY for the employee and/or the supervisor to complete an Event Report, including names of all witnesses. Visitors should be given the opportunity to receive a screening examination and treatment in the Emergency Department.

CUSTOMER COMPLAINTS
Complaints or dissatisfaction made by any hospital customer should not be overlooked. Employees must assure all complaints, no matter how trivial they may seem, are taken seriously. Some patients perceive their care differently than what was intended. Impressions we leave with our customers are lasting and create negative or positive public opinion about the Hospital. Employees should be aware of the concerns expressed by our customers. Proper investigation should be taken immediately to resolve the problem if possible.
POLICY: EMPLOYEE SAFETY –
EMERGENCY OPERATION PLAN
FIRE AND SAFETY REGULATIONS

An Emergency Operation Plan has been established to enable the Hospital to care for an unusually large number of patients in a short period of time in case of an internal or external disaster. Manuals covering procedures for disaster, tornado, bomb threat, fire, and water loss are located in each department. It is essential for each employee to be familiar with these plans and to know what to do. Fire drills are held regularly. Disaster drills are usually held twice a year.

All personnel are to familiarize themselves with the fire and safety rules and regulations that are posted and in the department procedure manuals.

Employees are to know the location of fire equipment in their work area, how it works, and the types of fire on which it can be used. Employees are to know their responsibility if and when a fire occurs and the location of fire exits in their work area.

Failure to comply with the safety rules and regulations may lead to disciplinary action.

- Do not indulge in horseplay, running, practical jokes, throwing items, pushing people, etc.
- Do not threaten another in any manner, injure other people, equipment, tools, materials or supplies through carelessness or negligence.
- Do not remove safety devices or guards on machines or equipment without permission of the supervisor.
POLICY: EMPLOYEE SAFETY – INFECTION CONTROL PERSONAL PROTECTIVE EQUIPMENT

To prevent the spread of infection to patients and hospital staff, proper infection control policies and procedures must be followed. Departments may have additional infection control policies pertaining specifically to their area and the work they perform. BCMH follows CDC Guidelines for isolation precautions and manuals are available in appropriate areas. Standard Precautions are to be utilized by all employees at all times.

BASIC HAND HYGIENE –
When caring for sick people, the hands are almost always coming in contact with patients or articles and equipment used in the care of patients. It is vital for your safety and the safety of others you care for in the Hospital that you do all you can to limit spread of infection. The best way to limit the spread of infection is to follow proper hand hygiene techniques. See hospital Infection Control Manual for guidelines.

WEARING GLOVES –
Gloves are to be worn when direct contact with body substances from any patient is anticipated. Wearing gloves does not eliminate the need for proper handwashing.

BLOOD EXPOSURE –
All employees who receive a significant blood exposure must IMMEDIATELY report this to the Infection Control Nurse or their supervisor/department head who will initiate any further treatment or tests of the employee. An event report must be completed within 24 hours.

- Personal Protective Equipment (PPE) has been made available to all employees to ensure a safe and healthy work environment. PPE has been identified in the hospital’s Exposure Control Plan. Employees must follow departmental safety procedures and utilize protective equipment where needed. Neglect or refusal to comply with safety procedures shall result in disciplinary action.
POLICY: EMPLOYEE SAFETY – INFECTIOUS WASTE/HAZARDOUS WASTE

Bates County Memorial Hospital provides separate trash containers for both regular trash and infectious waste. Clean trash, consisting of paper, boxes, packages, containers and other related types of waste will be picked up by Housekeeping personnel, unless otherwise indicated.

Infectious waste consists of materials that have been exposed or are suspected of exposure to pathogens of sufficient virulence and quantity to be capable of producing an infectious disease. Employees are to follow proper procedures in disposing of infectious waste. “RED BAGS” are to be used for infectious waste only. The Hospital contracts with an outside contractor who regularly picks up our infectious waste for proper disposal.

Hazardous materials, chemicals and gases are monitored from the point of entrance into the Hospital. Departments receiving hazardous materials will have a Material Safety Data Sheet on file or with the shipment. The MSD Sheet provides information about the chemical so the employee is aware of its potential danger. The MSD sheets are posted in those areas of the Hospital where hazardous materials may be used.

It is all of the employees’ responsibilities to attend mandatory training and education sessions. Employees are to use proper safety equipment and report any hazardous condition to their supervisor.
POLICY: 
EMPLOYEE SAFETY – 
SAFETY POLICY 
VIOLENCE IN THE WORK PLACE

SAFETY POLICY

Bates County Memorial Hospital takes great pride in being a group of dedicated individuals working together to provide the finest quality services to our patients in an efficient and safe manner. ACCIDENTS IN OUR OPERATION ARE NOT ACCEPTABLE.

It is our sincere belief that injuries and property damage resulting from accidents are preventable through the proper management of our employees and equipment. To this end, all employees have the responsibility in eliminating accidents which cause injury and property damage by using proper safety equipment at all times in the performance of their job.

All employees are encouraged to follow safe work methods and practices and to have a concern for the safety of their fellow workers. Safety procedures have been established to assure compliance with all Federal, State and local safety and health regulations. The purpose of the safety program is to establish a working environment free from recognized hazards that could cause injury or death, and to provide inservice programs to increase safety awareness among all employees. The Safety Director will be glad to answer any questions regarding rules and regulations on safety and procedures.

VIOLENCE IN THE WORK PLACE

The policy of Bates County Memorial Hospital is to strive to maintain a work environment free from intimidation, threats or violent acts. This includes, but not limited to, intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, use of weapons, carrying weapons of any kind on company property, or any other act. Employees who feel they have been subjected to any of these behaviors are required to immediately report the incident to their immediate supervisor or to the Human Resources Director.
POLICY: EMPLOYEE SAFETY - SECURITY ACCESS POLICY

PURPOSE

To ensure the safety and protection of hospital patients, volunteers, physicians, visitors, and employees.

PROCEDURE

1. Security doors are installed in various locations with access given to appropriate employees.

2. Security Access Cards.
   a. All employees are issued a security access card permitting access to security doors as determined necessary by their job duties.
   b. All volunteers, contracted staff, and physicians will be issued security access cards permitting access to security doors as determined necessary according to their responsibility.
   c. It is prohibited to use another individual’s security access card to gain entrance to a secure area. Abuse of this will result to disciplinary action, up to termination of employment.
   d. Initial access cards will be issued at no cost.
   e. It is the responsibility of the individual to immediately report lost or stolen access cards to Human Resources.
   f. It is the responsibility of the individual to return access cards to their department head or Human Resources when no longer employed or requiring access to secure areas.

3. Human Resources will issue all security access cards and maintain current status by adding and/or deleting access as necessary.
Bates County Memorial Hospital
and Family Care Clinics
PERSONNEL POLICIES AND PROCEDURES

Effective Date: November 1, 1995
Approved by: Edward Hannon, CEO
Revision Date: January 1, 1999; January 1, 2009; January 1, 2015; January 1, 2016

POLICY: GENERAL INFORMATION – COMMUNICATIONS

Bates County Memorial Hospital utilizes different mechanisms to communicate information to its employees. Employees should accept responsibility in keeping informed of all information made available to them.

- Employees are provided hospital email addresses. Employees are expected to regularly check their hospital email to ensure they are receiving necessary communications. Employees are not permitted to personalize their hospital email with photos or other images.

- Bulletin boards have been placed in strategic locations throughout the Hospital to communicate important information to employees. Notices required by law are regularly posted on the employee bulletin boards. Employees must make a practice to review them frequently.

- The Hospital communicates with its employees through a monthly employee newsletter, bulletin boards, hospital email and hospital Intranet. Employees will be held responsible for the rules, regulations, policies and concepts of the organization as communicated.

- This Manual has been developed to acquaint employees with matters affecting their employment. It contains information about what employees may expect from the Hospital and what the Hospital expects from them. Employees are introduced to this handbook during orientation and are asked to sign a Letter of Acknowledgement indicating they have received the Manual and understand the policies. From that point, employees will be held responsible for the rules, regulations and concepts contained therein. This Manual and acknowledgement does not change the employee’s status as an employee at will which means that either the employee or the Hospital may terminate the employment relationship at any time with or without notice and with or without cause. The Human Resources Director or your department head is available to answer any questions about any personnel policy, procedure or benefit.

- Changes in policies and procedures affecting employees are usually communicated by means of memoranda which may be posted on bulletin boards, through email, hospital Intranet or distributed individually to employees.
POLICY: GENERAL INFORMATION – DEFICIT REDUCTION ACT ANTI-FRAUD POLICY

PURPOSE:

To be in compliance with the Deficit Reduction Act of 2005 (DRA) which requires detailed, written policies describing the provisions and requirements of certain federal antifraud statutes, state antifraud statutes, and qui tam or whistleblower provisions at the federal and state level.

It is the policy of the Hospital to obey the law and to work to stop and eliminate waste fraud and abuse with respect to payments to the Hospital from federal or state programs providing payment for patient care. This policy applies to all employees, management, contractors and agents of Bates County Memorial Hospital.

POLICY:

Tools that are available to the hospital, federal and state agencies and individuals use to fight fraud, waste and abuse in the administration of federal and state health programs at Bates County Memorial Hospital are stated as follows:

- The Federal False Claims Act

  The Federal False Claims Act (FCA) was first enacted during the Civil War to fight fraud in supplying goods to the Union Army. The law has undergone a number of changes since then and now applies to any federally funded contract or program, except tax fraud. The FCA was expanded to include Medicare and Medicaid programs in 1986.

  **Summary of Provisions:** The FCA prohibits knowingly making a false claim against the government. False claims can take the form of overcharging for a product or service, delivering less than the promised amount or type of service, delivering less than the promised amount or type of goods or services, underpaying money owed to the government and charging for one thing while providing another.

  **Penalties:** The FCA imposes civil penalties and is not a criminal statute. Therefore, no proof of specific intent as required for violation of a criminal statute is necessary.

  Persons (including organizations such as hospitals) may be fined a civil penalty of not less than $5,000 nor more than $10,000, plus three (3) times the amount of damages sustained by the government for each false claim. The amount of damages in health care terms is the amount paid for each false claim that is filed.
**Qui Tam (Whistleblower) Provisions**

Any person may bring an action under this law (called a *qui tam* realtor or whistleblower suit) in federal court. The case is initiated by causing a copy of the complaint and all available relevant evidence to be served on the federal government. The case will remain sealed for at least 60 days and will not be served on the defendant so the government can investigate the complaint. The government may obtain additional time for good cause. The government on its own initiative may also initiate a case under the FCA.

After the 60 day period, or any extensions, has expired, the government may pursue the matter in its own name, or decline to proceed. If the government declines to proceed, the person bringing the action has the right to conduct the action on their own in federal court.

If the government proceeds with the case, the *qui tam* relator bringing the action will receive between 15 and 25 percent of any proceeds, depending upon the contributions of the individual to the success of the case. If the government declines to pursue the case, the *qui tam* relator will be entitled to between 25 and 30 percent of the proceeds of the case, plus reasonable expenses and attorneys fees and costs awarded against the defendant.

Any case must be brought within six years of the filing of the false claim.

**Antidiscrimination:** Anyone initiating a *qui tam* case may not be discriminated or retaliated against in any manner by their employer. The employee is authorized under the FCA to initiate court proceedings to make themselves whole for any job related losses resulted from any such discrimination or retaliation.

- **Program Fraud Civil Remedies Act**

  The Program Fraud Civil Remedies Act creates administrative remedies for making false claims separate from and in addition to, the judicial or court remedy for false claims provided by the Civil False Claims Act.

  The Act is quite similar to the Civil False Claims Act in many respects, but is somewhat broader and more detailed, with differing penalties. The Act deals with submission of improper “claims” or “written statements” to a federal agency.

  - Specifically, a person violates this act if they know or have reason to know they are submitting a claim that is
    - False, fictitious or fraudulent; or,
    - Includes or is supported by written statements that are false, fictitious or fraudulent; or,
    - Includes or is supported by a written statement that omits a material fact; the statement is false, fictitious or fraudulent as a result of the omission; and the person submitting the statement has a duty to include the omitted facts; or
    - For payment for property or services not provided as claimed.
A violation of this prohibition carries a $5,000 civil penalty for each such wrongfully filed claim. In addition, an assessment of two times the amount of the claim may be made, unless the claim has not actually been paid.

- A person also violates this act if they submit a written statement which they know or should know:
  - Asserts a material fact which is false, fictitious or fraudulent; or,
  - Omits a material fact and is false, fictitious or fraudulent as a result of the omission. In this situation, there must be a duty to include the fact and the statement submitted contains a certification of the accuracy or truthfulness of the statement.

A violation of the prohibition for submitting and improper statement carries a civil penalty of up to $5,000.

- **Missouri Anti-Fraud Laws Related to Health Care**

**Health Care Payment Fraud and Abuse (§§191.900 – 191.910 RSMo)**

The Missouri General Assembly has enacted statutes directed at prosecuting Medicaid fraud. The statutes carry both civil and criminal penalties. Because violation of the statutes can be criminal in nature, the element of intent is required. This is a higher standard than found in the two federal statutes discussed, above, which require only that a person knew or should have known they were committing a violation. There are no whistleblower protections contained in this particular set of statutes. However, whistleblower protections contained in other Missouri statutes would apply to reporting of violations of this statute. These protections are described elsewhere in this policy.

The acts proscribed by state statute fall into two categories: direct fraudulent conduct and conduct related to improper remuneration in exchange for referrals or purchasing of “health care.” “Health care” is defined very broadly to include all health care services and products. The statute addresses two types of conduct – direct fraud and kickbacks.

- **Direct Fraud** — §191.905.1 RSMo prohibits:
  - Knowingly presenting a claim for payment that falsely states the health care provided was medically necessary.
  - Knowingly concealing an event affecting initial or continued payments by a medical assistance program for providing care.
  - Knowingly concealing or failing to disclose any information in order to obtain a payment from a medical assistance program to which the health care provider is not entitled or improperly increasing the amount of any such payment to which the health care provider is entitled.
  - Knowingly making a claim for payment for health care that was provided that has a lesser value than the amount of the claim.

- **Anti-referral (antikickback)** — §191.905.2 RSMo parallels the federal Medicare antikickback statute. The state statute prohibits knowingly offering or paying, or soliciting or receiving in any manner whatsoever, remuneration (anything of value) in exchange for referring another person for health care services or for purchasing or
furnishing of health care. The statute provides for an exception for discounts that are properly disclosed and accounted for in cost reports and for remuneration paid to employees. The statute also incorporates the safe harbors provided for in federal regulations as additional exceptions.

- **Whistleblower Protections**

“Whistleblowers” are generally employees who observe activities or behavior that may violate the law in some manner. These individuals report their observations either to management or to governmental agencies. Laws have been enacted to protect these individuals. Protections afforded to *qui tam* relaters are discussed, above, under the section describing the federal Civil False Claims Act.

Missouri law requires hospitals to have policies, filed with the Department of Health and Senior Services, that:

- Prohibit any supervisor with power to hire and fire an employee from preventing an employee from making reports described below;

- Prohibit any supervisor with power to hire or fire from using their authority from discriminating against, retaliating against, dismissing or in any manner penalizing any employee making reports described below; and

- Establishes a program to identify a compliance officer responsible for administering the reporting and investigation process making reports described below. An alternative person to do this must be identified if the primary individual is implicated in any report.

The foregoing protections apply to any employee who in good faith reports

- alleged facility mismanagement or fraudulent activity;

- alleged violations of federal or state laws or administrative rules regarding patient care, patient safety; or,

- The ability of employees to successfully perform their assigned duties.

Employees wishing to make a report to a governmental agency other than the Missouri Department of Health and Senior Services, which is responsible for hospital licensure, must first make the report to the person designated by the hospital to administer this process. In addition, provision must be made to allow the employee to remain anonymous, as well as safeguarding not only the confidentiality of the employee, but also of patients, the integrity of data and medical record information. An employee making a report must be notified within 48 hours of receipt of a report by the hospital that the report has been received and is being reviewed.

Missouri hospital licensure regulations administered by the Missouri Department of Health and Senior Services (DHSS) also protect employees of licensed hospitals who report mismanagement or violations of applicable laws and rules. Each licensed hospital must have a policy that, at a minimum, provides:

- that no supervisor or person with hiring or firing authority shall prohibit employees from discussing hospital operations with DHSS representatives; and,
that no supervisor or person with hiring or firing authority shall prohibit an employee from disclosing information which the employee reasonably believes violates state or federal law.

However, these requirements shall are not meant to:

- permit an employee to leave their assigned work area during normal working hours without following applicable policies and procedures;
- authorize an employee to represent their views as those of their employer; or
- preclude an employer from taking appropriate disciplinary actions against an employee.

• The role of such laws in preventing and detecting fraud, waste, and abuse in federal and state health care programs

The laws described in this policy create a comprehensive scheme for controlling waste, fraud and abuse in federal and state health care programs by giving appropriate governmental agencies the authority to seek out, investigate and prosecute violations. Enforcement activities are pursued in three available forums: criminal, civil and administrative. This provides a broad spectrum of remedies to battle this problem.

Moreover, whistleblower statutes and protections for individuals reporting waste fraud and abuse in good faith encourage reporting of waste fraud and abuse, creating broader opportunities to prosecute violators. Whistleblower statutes, such as the federal Civil False Claims Act and found in Missouri law, create reasonable incentives for this purpose. Employment protections create a level of security employees need to help in prosecuting these cases.

• Bates County Memorial Hospital's existing policies and procedures for detecting and preventing fraud

Bates County Memorial Hospital has a written Performance Compliance Manual the purpose of which is to document the fundamental guiding principles for the conduct of all employees within Bates County Memorial Hospital. The Performance Compliance Manual can be accessed through the hospital intranet home page by clicking on “Policies & Guidelines/Policies/Performance Compliance.

It is the policy of Bates County Memorial Hospital to conduct all of its affairs in accordance with the following general principles:

1. Strive to ensure all activities conducted by or on behalf of Bates County Memorial Hospital are in compliance with all applicable laws;
2. In furtherance of Bates County Memorial Hospital’s commitment to business ethics and integrity, represent Bates County Memorial Hospital accurately and honestly and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services;
3. Strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards;
4. Transact all business with vendors, contractors, and other third parties free from offers or solicitations of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction; and
5. Strive to preserve and protect the assets of Bates County Memorial Hospital by making prudent and effective use of resources and properly and accurately reporting its financial condition.

The Performance Compliance Manual of Bates County Memorial Hospital contains a policy designed to ensure that all employees comply with all federal, state, local and administrative laws relating to fraud and abuse which are applicable to the business activities of Bates County Memorial Hospital.

The Performance Compliance Manual of Bates County Memorial Hospital contains a policy that outlines the administrative structure for reporting of suspected or actual violations. The Risk Manager for Bates County Memorial Hospital is responsible for ensuring that the following is implemented and publicized in writing to all employees:

1. Employees may consult with their managers or the Risk Manager about any questions regarding performance compliance. The supervisor will respond to any inquiry and/or refer the question to the appropriate personnel within Bates County Memorial Hospital.

2. Employees must report to their manager any performance compliance violation or suspected violation. Supervisors who receive such reports from employees shall immediately report the information to the Risk Manager. Employees will not be subject to any reprisal for a good faith report, which is based on objective information, of a suspected performance compliance violation.

3. All management personnel shall have an “open door policy” that permits an employee to present any suspected performance compliance violation.

4. The Risk Manager and the Bates County Memorial Hospital Compliance Officer have the responsibility to review all reports received of suspected violations of performance compliance, the Standards of Performance, or related policies. The Performance Compliance Officer or such other designated individuals shall maintain, as appropriate, the confidentiality of the identity of employees who submit reports of performance compliance violations or suspected performance compliance violations.

5. The Bates County Memorial Hospital compliance hotline is available to any employee who wishes to report a suspected violation of the standards for performance or any related policies. The compliance hotline telephone numbers are: Direct Outside Line is 660-200-7124; Internal extension is 7144.
POLICY: GENERAL INFORMATION – EMPLOYEE INSERVICE

To meet State licensing regulations, specified mandatory hospital films, online training, and/or inservice programs (internal and external) are required of employees each year. Disciplinary action may be taken against those employees who do not comply. Notice of inservice training is posted on the employee bulletin board, Intranet, and routed to departments. It is the employee’s responsibility to attend mandatory inservice training programs and/or view mandatory training films.

The Hospital recognizes its concern for healthy and safe working conditions for its employees. The cooperation of each employee is of vital importance. To establish a working environment free from recognized hazard, employee inservice training is provided to increase safety awareness among all employees.

Individual departments may provide inservice education to their employees pertaining to their specific work area.
POLICY: GENERAL INFORMATION – EMPLOYEE OF THE MONTH

POLICY:

To recognize outstanding employees who have demonstrated EXCELLENCE in customer service and their job performance, exemplified through their professional, caring and compassionate behavior.

PROCEDURE:

EMPLOYEE OF THE MONTH

1. Employees will nominate employees they feel are deserving of the Employee of the Month recognition each month.
2. Eligibility – the employee must have completed one year of service.
3. Nomination forms will be submitted to Human Resources.
4. The Department Heads will vote by secret ballot for the Employee of the Month from nominations submitted during the month.
5. The Employee of the Month shall receive:
   - Designated parking space for the month
   - $50 cash award
   - Is a candidate for Employee of the Year

EMPLOYEE OF THE YEAR

1. Each employee of the month will be eligible for nomination for Employee of the Year.
2. All employees will vote by secret ballot for the employee they feel is deserving of the Employee of the Year award.
3. The Employee of the Year will be announced at the hospital’s annual employee recognition banquet.
4. The Employee of the Year will receive:
   - Designated Parking Space for the Year
   - $300 cash award (less required taxes)
   - Engraved Plaque
POLICY: GENERAL INFORMATION – GRIEVANCE RESOLUTION POLICY

Bates County Memorial Hospital recognizes that it is possible for an employee to feel that something happened which resulted in a feeling of being treated unfairly. For this reason, the following policy and procedure has been established to ensure that every employee has a chance to follow an orderly procedure for complaint review.

It is most important to management that all employees feel they have been treated fairly and given every opportunity to discuss their problems that occur in their job. It is the policy of the Hospital to provide employees with a formal method by which they can voice their dissatisfaction when they feel they have been treated unfairly. No employee should be subject to reprimand or harassment by anyone as a result of initiating a formal complaint or providing testimony.

The following steps are to be followed with no variance unless the problem relates to harassment. In that event, the procedures set forth in the harassment policy should be followed. Any time during this process should an employee choose to file a legal complaint with any State or Federal regulatory agency, the employee forfeits their right to the grievance process or continuation thereof.

STEP 1:

A. EMPLOYEE
An employee who has a formal complaint is required to discuss the problem orally with his/her immediate supervisor or department head.

B. SUPERVISOR/DEPARTMENT HEAD
It is the responsibility of the supervisor/department head to schedule a meeting with the employee to discuss the problem within three (3) working days from receipt of the complaint. The supervisor/department head must respond to the employee orally and in writing within three (3) working days from their meeting.

STEP 2:

A. EMPLOYEE
If within three (3) working days after Step 1 is completed the complaint is not resolved to the employee’s satisfaction, it is the employee’s responsibility to reduce the complaint to writing and present the original copy to his/her department head. Copies of the complaint should be sent to the Chief Executive Officer. This should be done by delivering a copy to the Human Resources Director.
B. **DEPARTMENT HEAD**
   It is the responsibility of the department head to act on the problem after reviewing the written problem and respond to the employee within three (3) working days from the receipt of the written complaint. Copies of the department head’s response will also be sent to the Chief Executive Officer.

**STEP 3:**

A. **EMPLOYEE**
   If within three (3) working days after Step 2 is completed the complaint is not resolved to the employee’s satisfaction, it is the employee’s responsibility to present the written complaint to the Chief Executive Officer.

B. **CHIEF EXECUTIVE OFFICER**
   It is the responsibility of the Chief Executive Officer to schedule a meeting with the employee to discuss the problem within three (3) working days from receipt of the complaint. The Chief Executive Officer must respond to the employee orally and in writing within three (3) working days from their meeting. A copy of the Chief Executive Officer’s written response will be sent to the members of the Hospital Board of Directors.

**STEP 4:**

A. **EMPLOYEE**
   If within three (3) working days after Step 3 is taken, the complaint in not resolved to the employee’s satisfaction, it is the employee’s responsibility to request the Chief Executive Officer to arrange for the Board of Directors to hear the Complaint. Copies of this written request will be sent to the members of the Board of Directors.

B. **BOARD OF DIRECTORS**
   The Board of Directors will meet in Executive Session usually at their next scheduled Board meeting. The Chief Executive Officer will be responsible for contacting all members of the Board of Directors. The Human Resources Director may serve as recording secretary. The employee bringing the complaint and his/her department head may be present during the initial discussion of the complaint. No legal counsel will be permitted to be present.

   The decision of the Board of Directors for resolution of the complaint will be final and binding.
POLICY: GENERAL INFORMATION – EMPLOYEE PARKING VISITING/SOCIALIZING

PURPOSE:

To ensure patients/visitors have convenient and adequate parking to receive services at the hospital and clinics, and to limit visiting/socializing that could disrupt performance of job duties.

EMPLOYEE PARKING

Hospital staff is required to park in the designated areas during day shift hours. (See attached map)

- Hospital staff will park in the west employee parking lot. If the west lot is full, staff may park in the lot on the north side of the building on the west row.
- Clinic staff will park in designated parking areas located by each clinic.
- On-call personnel who have reported to the hospital are permitted to park south of the emergency room/ambulance garage.
- Employees are not to park in the visitor’s parking lot.

VISITING/SOCIALIZING

Employees should limit their social visits to patients during their meal and rest breaks, or on their own time and in accordance with Hospital visiting guidelines.

Family members/friends are not permitted to visit employees in patient areas. Loitering of family members/friends in the Hospital is not permitted.

Please do not spend time, either on or off duty, visiting in your department or with employees in other departments.
POLICY: GENERAL INFORMATION – SOLICITATION AND DISTRIBUTION

POLICY:

BCMH strives to maintain an environment that will enhance the physical and emotional health of patients, prevent interference in the ability to provide patient care, and protect employees from undue interference in their work.

GUIDELINES:

Employees may not solicit or distribute items or literature on behalf of any organization, fund, activity, cause or personal gain during their working hours or on the working hours of those being solicited, except for activities related to BCMH approved programs, in patient care areas; patient transportation areas, areas adjacent to patient care areas including hallways, stairs, waiting rooms, elevators, and visitor and patient lounges; or in any areas of the hospital where such activity would interfere with patient care or impede access to patient care areas.

Non-employees are prohibited from soliciting or distributing items or literature to employees on BCMH premises at any time for any purpose, except for BCMH approved programs.

Off Duty employees may not come onto hospital premises to solicit or distribute items or literature on behalf of any organization, fund, activity, or cause except for BCMH approved programs.

Bulletin Boards - Posting of the following items are permitted on the employee bulletin board located in the laundry hall:

- For sale items (personal items, not business or organization related)
- Wanted items
- Thank you cards
- Birth announcements
- Wedding announcements
- Graduation announcements

Posting of material other than stated above is prohibited.
POLICY: GENERAL INFORMATION – SUGGESTION PROGRAM

We have heard the adage that “TWO HEADS ARE BETTER THAN ONE”, and we believe it is true with respect to the sharing of ideas to make all of our jobs a little easier or more challenging. Employees are encouraged to suggest methods for improving their jobs, minimizing waste or expense, and maximizing services. Suggestion boxes are located near the employee bulletin boards, nurse’s station and dining room for the employee’s convenience. The suggestions are reviewed and determined by Administration whether they should be considered, rejected, or referred to the specific department which would be most directly involved with its implementation.
POLICY: GENERAL INFORMATION – VALUABLES
INSPECTIONS
TELEPHONE RECORDINGS

VALUABLES

The Hospital will not assume the responsibility for loss or theft of any employee’s valuables. It is recommended that you leave your valuables at home.

INSPECTIONS

Any packages brought into or taken out of the Hospital by an employee are subject to inspection by his/her department head, the Chief Executive Officer, or other authorized personnel. The employee should be present during inspection. Administration reserves the right to inspect the employee’s locker or work area, as it is the property of the Hospital and is furnished for their convenience.

TELEPHONE RECORDINGS

The Hospital reserves the right to record any or all telephone lines or conversations made into or out of the hospital and its medical clinics. These calls may be business and/or personal related. The purpose of recording telephone calls is to ensure quality control, i.e., physician orders, verification of information, and overall quality assurance. Inappropriate calls may result in disciplinary action.
POLICY: GENERAL INFORMATION – VOLUNTEERS

AUXILIARY

The Hospital provides a volunteer Auxiliary program. The Auxiliaries operate an information desk in the front lobby, as well as providing messenger services and other assistance throughout the Hospital. The Auxiliary staff manages and operates the Gift Shop located in the front lobby. Full-time and part-time employees may pay for purchases through payroll deduction.

CHAPLAIN STAFF

The Hospital has a volunteer Chaplain Staff for its Spiritual Care Services. These volunteers minister to the spiritual needs or hospital patients. They are also available for emergencies.