

# MACON CITIZENS HABILITIES, INC. EMPLOYEE HANDBOOK

This Handbook supersedes all previous dates.

*Revised July, 2014*

## **WELCOME TO MACON CITIZENS HABILITIES, INC.!**

We hope that you will enjoy and benefit from your employment with us as well as make a contribution to serving persons with developmental disabilities and/or other disabilities. In entering into the employment relationship, it is important to understand the nature of the commitment MCH makes to you and you to MCH.

MCH is an **AT- WILL** employer; this means you are free to leave our employment at any time you wish, with or without notice, and for any reason that you deem appropriate. If you have questions about the nature of your employment or the meaning of our at-will policy, please contact the executive director. No one other than the executive director (with Board approval) is authorized to modify or add to our policies.

The executive director is directly responsible to the MCH Board. The rest of the personnel while employed by MCH are supervised by the executive director.

My best wishes to you and thank you for taking this first step in knowing your organization.

*Jeannie Garrett*

Jeannie Garrett, Executive Director

## MISSION STATEMENT

*Macon Citizens Habilities, Inc. advocates for and protects the rights of individuals with intellectual and developmental disabilities. MCH provides comprehensive residential and community-based services.*

## DISCLAIMER

The contents of this handbook are presented as information only. The policies and procedures described herein are not a contract of employment. MCH reserves the right to modify, revoke, suspend, terminate, or change any or all policies and procedures in whole or in part at any time with or without notice. You are employed at will and nothing in this handbook or in any verbal statement should be construed to constitute a contract between the employer and any one of its employees.

## Introduction

MCH is committed to fair, clearly stated and supportive relationships between the organization and its employees. MCH personnel policies provide a guide to our personnel practices and to ensure consistency of personnel decisions. It is the intention of MCH to administer the personnel programs in a manner which complies with the letter and spirit of all applicable federal, state, and local regulations. Notwithstanding the provisions of the personnel policies, all employees are *at will employees* which means that they may be terminated at any time with or without cause without subjecting MCH to a claim for breach of an employment contract. MCH policies, practices, and benefits are continuously reviewed and updated and are edited periodically. Therefore, staff should always ensure they have the most current policies. MCH benefit plans are defined in legal documents such as insurance contracts, official plan texts, and trust agreements. Plan documents are available for employee inspection in the administrative office, or the employee may be provided with personal copies of benefit plans by the sponsoring company.

## DELEGATION OF RESPONSIBILITIES

MCH is a private, non-profit corporation [501(c) 3] with a board of directors; thus, each employee is employed by Macon Citizens Habilities, Inc. (MCH). The executive director is directly responsible to the MCH Board and is charged with the supervision or delegation of supervision of the rest of personnel. MCH strives to assure that its board members and employees are leaders in the community and are qualified to carry out their assigned duties responsibly. The MCH Board authorizes the executive director to modify or add to MCH policies. The executive director is assisted in carrying out the overall responsibilities and management with an upper management team comprised of the assistant director, program director, HR manager, registered nurse, office manager, MCE manager, DDA manager, and qualified professionals.

[See EH Attachment 1 -- Organizational Chart](#)

## OPEN DOOR POLICY

Employees are encouraged to share their concerns, seek information, provide input, and resolve problems/issues through their immediate supervisors, and as appropriate, consult with any member of management toward those ends. Managers and supervisors are expected to listen to employee concerns, to encourage their input, and to seek resolution to their problems/issues.

MCH is an AT-WILL employer. At-will means employees are free to leave MCH employment at any time, with or without notice, and for any reason. Employees who have questions about the nature of their employment or the meaning of at-will policy should contact the executive director, program director, or human resource manager.

## **EQUAL EMPLOYMENT OPPORTUNITY**

MCH maintains a strong policy of equal employment opportunity for all employees and applicants for employment. We hire, train, promote, and compensate employees on the basis of personal competence and potential for advancement without regard for race, color, religion, sex, national origin, age over 40, marital status, disability or citizenship, as well as other classifications protected by applicable state or local laws.

Equal employment opportunity applies to all aspects of employment with MCH including recruiting, hiring, training, transfer, promotion, job benefits, pay, dismissal, educational assistance, and social and recreational activities.

## **EMPLOYEE CLASSIFICATIONS**

MCH has several job classifications which are based on position and are consistent with the Fair Labor Standards Act and applicable state laws. In addition, employees are determined exempt or nonexempt. The job classifications are full time, part time, temporary, and part time, no benefits.

### **EXEMPT AND NON-EXEMPT EMPLOYEES**

Exempt employees hold executive, administrative, professional, management, or other FLSA exempt positions. Exempt employees are salaried and are not eligible for overtime pay. All other employees are nonexempt.

Nonexempt employees are eligible for overtime pay and are paid overtime for all hours in excess of 40 hours *worked* per week. Exempt or nonexempt status is specified in the employee's job description.

Status is indicated on each job description.

### **TEMPORARY EMPLOYEES**

While not anticipated, it may be necessary for MCH to hire a temporary worker to meet staffing or production needs. In any event, a temporary worker will not be employed for more than 6 months (180 calendar days). Temporary workers are not eligible for any benefits other than mandated by law.

### **PART-TIME, NO BENEFITS EMPLOYEES (PRN)**

MCH may also employ non-exempt, part-time employees at a higher rate of pay and with no benefits who are cross-trained to work in several facilities and fill in for vacations, sick leave, personal time off, or other times when there is insufficient regular staffing. These employees essentially serve as our in-house relief to regular employees. These employees work less than 1000 hours per calendar year and may determine when they are available for work. They will have no regular schedule. No benefits means they will not be provided with paid time off, health or dental insurance, extra holiday pay, or retirement benefits. Overtime is earned for hours worked in excess of 40 per work week. If a PRN employee is contacted and does not work at least 8 hours within a 90-day period, he or she will be removed from the PRN list. PRN employees must complete essential training, including but not limited to, rights, confidentiality, BBP, and specific goal training. Annual refresher training is required. PRN employees do not work third shift unless there is another employee present who is not a PRN employee. Some PRN employees may be trained to complete specific training notes and provide backup for community based services. PRN

## **ADMINISTRATIVE FUNCTIONS**

### **Policy**

MCH employs an executive director, assistant director, program director, human resource manager, office manager, and administrative assistant to fulfill administrative responsibilities and obligations. It is the responsibility of the executive director and other administrative staff to ensure compliance with all state and federal policies and regulations. Accounting is practiced according to approved accounting standards and sound business procedure.

### **JOB DESCRIPTION AND ESSENTIAL FUNCTIONS**

Every employee of MCH has a job description which states the essential functions and primary responsibilities of the position. The essential functions or elements of any position are those functions which are indispensable to the position and are the primary purpose of the position. There is evidence of whether a particular function is essential includes, but is not limited to:

the employer's judgment as to which job functions are essential. A written job descriptions prepared before advertising or interviewing applicants for the job which takes into consideration the amount of time spent on the job performing the function, the work experience of past incumbents, the current work experience of incumbents in similar jobs.

### **JOB STANDARDS AND SPECIFICATIONS**

All employees must continue to meet the qualifications and minimum requirements for the position held or desired including education, skills, work experience, licenses, certifications, physical and mental abilities, health and safety, judgment, interpersonal skills, or other job-related requirements. All employees must be able to perform all functions of the position, essential and non-essential. With functions other than essential functions, only an employee with a disability that hinders performance of the function in question is excused from performing that function.

### **QUALIFIED INDIVIDUAL WITH A DISABILITY**

MCH will attempt to provide reasonable accommodation to any qualified individual with a disability who cannot perform an essential function because of the disabling condition. The reasonable accommodation must not pose an undue hardship on MCH, and the employee must not pose a direct threat to the health and safety of the individual or others.

A qualified individual with disability is an applicant or employee who satisfies the requisite skill, experience, education and other job-related requirements of the position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of the position.

An employee, who, as a result of an injury or illness, becomes disabled, must remain a qualified individual with a disability to continue employment. A temporary condition or limitation resulting from an illness or accident, whether job related or non-job related, where full or near-full recovery is expected with no diagnosis of a permanent disabling condition does not constitute a disability as defined by the ADA.

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### **RETURNING TO WORK WITH DISABILITIES AND TEMPORARY IMPAIRMENTS**

Employee returning from any leave must be qualified to continue their duties for the position they currently hold. Employees returning from illness or injury may be required to submit documentation from their healthcare provider that they are fit for full duty or limited duty with restrictions. If the employee returns to work disabled, or otherwise becomes disabled as defined by the ADA, he/she must be a "qualified individual with a disability" in that he/she can perform all essential functions of the job with or without reasonable accommodation and meet all the requisite skill, experience, and education, associated with the position. (see Request for Accommodation below). It is not the policy of MCH to create "light duty" positions. It is not the policy of MCH to transfer any essential function or waive the requirement to perform an essential function because of a permanent or temporary impairment.

If it is deemed that employee cannot meet the essential functions of the position after reasonable accommodations have been examined, the employee will be considered for filling any other regular position, if available and if the employee qualifies. If the employee does not qualify for a vacant or temporary position or there are no such vacancies, he/she will continue on leave or will be released from employment.

### **REQUEST FOR ACCOMMODATION**

Employees who become disabled while employed by MCH may request accommodation to continue their employment. The employee or applicant must make the request known to his/her immediate supervisor and/or the HR Manager.

## **JOB POSTING**

Available positions are posted on a bulletin board in the administrative office and on the MCH website at [maconcitizens.org](http://maconcitizens.org) and are provided to the residential facilities and day program. If qualified for the position, *current employees may apply for any job posted by completing page 1 of the MCH application.*

## **ADVANCEMENT/PROMOTION/POSITION CHANGE**

Employees may apply for internal changes when openings occur; however, each change will be reviewed on a case-by-case basis by the HR manager and other management. Every effort will be made to accommodate current staff in good standing when new positions open up; however, final decisions will always be made in the best interests of the clients affected.

Current employees may apply for management or professional positions when they are posted. On occasion, MCH upper management may seek out employees who have shown initiative and outstanding performance and offer new positions. In order to be considered for advancement or promotion when openings occur, the employee should meet the qualifications of the job in order to be considered. Job descriptions can be obtained from the HR manager.

Because there are limited numbers of professional and management jobs with MCH, there are no automatic promotions or advancements.

## ETHICAL STANDARDS

### Purpose

MCH has an excellent reputation for conducting its business activities with integrity, fairness, and in accordance with the highest ethical standards. Employees enjoy the benefits of that reputation and are obligated to uphold it in every activity. If ever in doubt whether an activity meets our ethical standards or compromises MCH's reputation, employees should discuss it with a supervisor or the executive director.

### CODE OF ETHICS

#### Policy

MCH employees have an obligation to do more than meet legal standards and regulations: all MCH staff are expected to exercise moral standards of conduct as well. Political parties and special interest groups are not endorsed by this organization. MCH actively encourages every employee to recognize and report any concern about possible illegal or unethical behavior. Such reports may be made in good faith and will be explored responsibly and without retaliation. Every effort will be made to preserve anonymity.

1. MCH employees represent the interests of all people served by this organization and do not favor special interests inside or outside of this nonprofit.
2. MCH employees keep confidential information confidential including personal health information (PHI).
3. MCH employees do not violate the trust of persons served and/or their families/guardians.
4. MCH employees do not violate the trust of the community.
5. MCH employees focus efforts on the MCH's mission and not on personal goals.
6. MCH employees do not enter into business transactions with clients or use client funds for personal gain.
7. MCH employees use funds judiciously and for the purpose intended by the funding source(s).
8. MCH employees do not engage in other employment, business relationships, or services that pose a conflict of interest with MCH or the services offered to the clients of MCH.
9. MCH ensures that all marketing materials are accurate and correctly reflect the organization's mission and are not in conflict with any local, state or federal regulations.
10. Care is taken to ensure that donors receive informed, accurate and ethical information about the value and tax implications of any contributions and that contributions are used in accordance with donors' intentions.
11. MCH human resource management is competent in carrying out professional responsibilities and provides services in an honest and diligent manner within the scope of all labor laws. When services are provided outside the employee's competence, expert assistance is sought so as not to compromise professional responsibility.
12. MCH human resource management adheres to all statutory acts, regulations or by-laws which relate to the field of Human Resources Management, as well as all civil and criminal laws, regulations and statutes that apply in their jurisdiction. HR management does not knowingly or otherwise engage in or condone any activity or attempt to circumvent the clear intention of the law.
13. MCH professional staff do not, in job application, resume, or in the ordinary conduct of affairs, claim or imply a degree of competency he/she does not possess.
14. MCH provides full and accurate information for use in internal and external reports, and all records are verifiably accurate.
15. MCH clearly communicates ethical expectations to its employees, stakeholders, and board members and provides multiple channels for feedback, questions, concerns, and seeks resolution to ethical issues.
16. MCH employees do not accept personal gratuities.
17. MCH employees do not engage in personal fund-raising in any manner *without express and written authorization of the executive director or board of directors.*

18. Employees who are legal guardians may not work in the same facility as their ward with the exception of certain Innovations services
19. Spouses, domestic partners, nor relatives may not work in the same facilities with the exception of certain NC Innovations services.
20. All employees shall be treated with dignity and respect.
21. No employee should witness a signature unless the person actually sees the person sign the legal document in his/her presence.
22. Care is taken to ensure that any information posted on social networks is of a positive nature and does not violate any ethical or confidential standards.

### **Procedures**

1. Any employee who deliberately or knowingly violates the MCH Code of Ethics is subject to review by the executive director and/or the board of directors and may be subject to termination.
2. Any allegations of ethical misconduct are investigated by the executive director and/or the president of the board, and results are recorded in a confidential file which is maintained by the HR manager.
3. Any allegation of ethical misconduct is investigated immediately. Investigation should begin as quickly as possible, by the next working day after the allegation.
4. Substantiations of ethical misconduct are treated according to the seriousness of the infraction and may result in reprimand, suspension, or termination. This includes improper or unlawful conduct with other personnel and/or clients,
5. Cases severe enough to warrant suspension or termination will be reviewed by the board of directors.
6. Documentation of the results as well as the investigation will be maintained in the personnel file.
7. Employees should not fear retaliation nor recrimination for reporting ethical misconduct.
8. MCH reviews its Code of Ethics with each employee at time of hire and at least annually.
9. Review of allegations of misconduct by the executive director will be conducted by the board of directors.

### **CONFLICT OF INTEREST**

MCH is committed to sound, fair, and legal management practices. Conflict of interest occurs when someone has competing professional or personal obligations or personal or financial interests that would make it difficult to fulfill duties fairly or whose personal interests might benefit from his or her official actions or influence.

### **Policy**

No client, staff, MCH Board member, nor the immediate family of a client, staff, or board member shall benefit unfairly or unlawfully from any activity conducted by MCH or from any funds received or purchases made by MCH.

### **Procedures**

1. Any real, apparent, or alleged conflict of interest shall be made known in writing to the executive director who will in turn make the MCH Board of Directors aware as soon as possible or at least by the next regularly scheduled board meeting.
2. Waivers or exceptions may be granted by the board of directors.
3. Any actions or exceptions will be recorded in the board minutes and reported to appropriate parties or agencies as necessary.
4. If the alleged conflict of interest involves the executive director, the person making the allegation should report directly to the president of the board of directors.

## **CORPORATE RESPONSIBILITY**

### **Introduction**

While the FCA applies to any false claim submitted to the United States government, the FCA has been actively used as a tool for combating Medicare and Medicaid billing fraud. In order to further combat health care fraud and abuse, Congress enacted the Deficit Reduction Act of 2005 (DRA). The DRA contains provisions to slow mandatory spending in Medicare and Medicaid and includes a provision that requires health care entities to address fraud and false claims within the Medicaid system. Section 6032, entitled "Employee Education About False Claims Recovery" requires entities receiving or making payments of more than \$5 million annually in Medicaid reimbursement to establish policies and disseminate information to employees about the False Claims Act and anti-fraud compliance.

### **Purpose**

While MCH does not receive \$5 million dollars in Medicaid revenues, it does respect that Medicaid fraud and misuse and/or waste of Medicaid and other revenues is very serious and believes that its employees need to be educated and held responsible for appropriate use of revenues. Corporate responsibility refers to the way we carry out the values and principles that govern how we operate as an organization and behave as individuals. Corporate responsibility is how we ensure safe work operations, create a positive impact on our clients and personnel, impact the communities we work in, and build the trust and respect of our clients and stakeholders. Corporate responsibility is how we respect the environment and the statement we make as an organization about conservation and safeguarding the environment. Corporate responsibility eliminates waste, provides liability protection, reduces civil and criminal exposure, ensures advocacy to the persons we serve, enhances quality operation by identifying vague or biased practices, procedures or processes, and strengthens our reputation as a quality service provider with commitment to model ethical and corporately responsible practices.

### **Policy**

Corporate responsibility is a process which focuses on and fosters an attitude of total compliance to regulations, standards, and the highest ethical codes of conduct, as well as sound fiscal management and conservation of the environment. MCH is committed to carrying out with dignity its mission statement, providing advocacy to the persons served in a fiscally responsible manner, and employing a methodology which is above reproach to ensure this commitment to excellence. MCH has a coordinated, organized approach to manage the complex laws and regulations which govern its services, as well as conditions of participation for state and Medicaid programs and independent accrediting bodies. MCH staff are committed to preventing and detecting any violations of these laws and regulations, while ensuring a high standard of individual and organizational legal and ethical business practices.

All MCH employees share a responsibility for ensuring that the relationships we have with our clients, families, colleagues, shareholders, contracts or associates are conducted with high standards of honesty, integrity, openness and professionalism. Our responsible conduct and public service to the developmentally disabled over the past 25 years have provided a strong foundation for MCH's success. Being socially responsible goes beyond fulfilling legal obligations, however. It is a reflection of how we do business by demonstrating a commitment to the health and safety of our clients and the environment in which we operate. Our approach to corporate responsibility is, therefore, to remember our history and ensure that whatever program we work in, our standards and values do not waiver. Thus, based on our history and commitment, MCH ensures that residential clients live in clean, well-maintained homes and have the benefit of trained, nurturing staff who provide active treatment at all times. These same principles apply to the day program where clients receive a quality training experience from capable staff in a clean, safe environment. Families and guardians entrust MCH staff with their most precious possessions, and MCH staff reciprocate by being trustworthy and conducting themselves with utmost integrity at all times.

Because MCH is a relatively small, private, not-for-profit organization, all employees are accountable for corporate responsibility. While each employee serves as a representative of the organization, the executive director is authorized by the board of directors to ensure corporate responsibility. The executive director may delegate some of these responsibilities to professional staff and require quarterly reporting of status. The executive director is responsible for at least quarterly reporting to the board of directors.

Corporate responsibility is enforced by the monitoring of the following policies and operations:

1. Policies:
  - (a) Corporate Compliance
  - (b) Code of Ethics
  - (c) Conflict of Interest
  - (d) Human Rights
  - (e) Abuse, Neglect, Corporal Punishment
  - (f) Business Associates
  - (g) Credentialing
  - (h) Personnel
  - (i) Information Management
  - (j) General Documentation
  - (k) Service Records
  - (l) Confidentiality
  - (m) Admissions and Discharge
  - (n) Document Retention
  - (o) Cash Management
  - (p) Purchasing
  - (q) Staff Training and Core Competencies
  - (r) Risk Management
  - (s) Conservation
  - (t) Research
  - (u) Client Grievance
  - (v) Security
  - (w) Medication
  - (x) Quality Assurance
  - (y) Conservation
2. Internal controls
3. Communication and reporting
4. Investigation
5. Disciplinary actions
6. Self-review

### **Procedures**

1. Because the foundation of effective corporate responsibility is a network of communication, oversight, and reporting, existing managerial functions are integral to the overall plan, and current policies and procedures support and make up the plan. In other words, management is responsible for overseeing and enforcing the existing policies referenced above.
2. MCH has a solid written Code of Ethics policy based on its core values. These standards of conduct emphasize a high standard of individual and organizational ethical and legal business practices, consistent with the mission of the organization. This Code of Ethics is basic to corporate responsibility. The Code of Ethics is board approved, and each employee must acknowledge his/her commitment to this Code of Ethics at time of hire and at least annually thereafter. Documentation is in the employee record. The Code of Ethics is reviewed annually by the upper management team to determine if any changes are appropriate or necessary.
3. Effective training is also integral to corporate responsibility, and emphasis is given to ensuring that

MCH employees clearly understand the Code of Ethics as well as the internal processes for reporting and investigating potential areas of concern.

4. MCH complies with federal, state and local laws and regulations. By focusing on education about and compliance with laws and regulations that impact MCH in risk-sensitive areas, MCH demonstrates corporate responsibility, as well as appropriate due diligence and a good faith effort to comply with these laws and regulations.
5. Contract affiliates are informed of requirements of corporate responsibility through the contracting process.
6. Both annual reviews of corporate compliance and risks contribute to being corporately responsible.
7. Current auditing policies, including an independent outside financial audit and quarterly audits by the compliance officer, provide a solid basis for assessment and monitoring. Review of changing laws and regulations are reflected in changes to organizational policies and procedures. The executive director and upper management team have the authority to develop and monitor policies to support any and all elements of compliance. High priority areas are assessed, and from those, it is determined whether existing policies, procedures or practices should be amended to ensure better compliance in the identified risk areas. Policy changes are noted by date in the Policies, Procedures, and Operations Manual.
8. All results of assessment, monitoring, and audit activity associated with corporate responsibility are reported directly to the board of directors.
9. In order to respond appropriately to and correct potential compliance problems, an investigation of any report or questionable practice will be conducted immediately and initiated at least by the next business day after the report. In conducting an investigation, judgment will be exercised and appropriate consideration consistent with the nature of the concern.
10. State-initiated, unannounced annual survey results provide feedback for corporate responsibility and provide measurement for compliance to regulations.
11. The executive director oversees the prompt and thorough investigation of any report of misconduct, non-compliance to standards, or illegal action. The executive director may delegate certain investigative tasks. Legal consultation may be obtained if necessary. It is the responsibility of the executive director to submit appropriate plans of correction or make other arrangements to bring programs into compliance. The executive director may delegate some of these responsibilities to other staff.
12. In the event that allegation is made about the executive director, the president of the board of directors will direct the investigation.
13. Each investigation includes the gathering and preservation of relevant documents and identification and interviewing of employees, former employees, and others who may be able to provide pertinent information.
14. Each investigation is carefully documented in a systematic manner. Such documentation shall include a report describing the disclosure, the investigation process, the conclusions reached, and the recommended corrective action, where such action is necessary.
15. When a potential violation of law is identified, legal counsel may be notified if not already involved in the investigation and assist with determining if MCH or any employee or other party involved committed a violation and help determine terms of any repayment, voluntary disclosure, or other appropriate corrective action. If a violation is determined, resolution of specific problems identified is refund of inappropriately paid claims or other actions as directed by regulatory agencies or payers. MCH will report corrective actions to the government on a voluntary disclosure basis.
16. There will be modification to practices and procedures as necessary and consistent enforcement to prevent recurrences.
17. Any disciplinary actions will be appropriately determined as required by disciplinary policies; however, deliberate acts of fraud will result in termination.
18. MCH develops and conducts an annual self-review to identify areas of improvement. This self-review is coordinated by the upper management team and includes risk management, corporate compliance, review of conservation efforts, review of Code of Ethics, and review of Conflict of Interest.
19. Annual report of corporate responsibility will be made to the board of directors and summary will be included in the Annual Report.

[See EH Attachment 2 -- Record of Code of Ethics and Corporate Responsibility Training](#)

## CONSERVATION

### Purpose

Western North Carolina enjoys great natural beauty. MCH shares with the rest of Macon and Jackson Counties, North Carolina, and America a general responsibility to safeguard this beautiful environment for present and future generations to enjoy. To fulfill this responsibility and be corporately responsible, MCH must adopt conservation standards within the organization. For many years, our residential clients have participated in recycling and separated their paper, glass, plastic, and aluminum recyclables. All facilities recycle. The day program saves and sells aluminum cans for recycling. Not only does this create jobs, it provides additional funds to purchase training materials for the day program. In addition, used paper is recycled into cards and stationery and marketed which has created new jobs for clients. There are many other simple ways MCH employees and clients can join with other Americans to be more conservative and better stewards of our earth. Conservation is corporate responsibility.

### Policy

Energy efficiency and conservation help preserve our planet's rich natural resources and promote a healthy environment. Recycling and energy efficiency are 2 of the simplest ways to have a positive impact on the world in which we live. Recycling helps to reduce pollution caused by waste, reduces the need for raw materials, requires much less energy, and therefore helps to preserve natural resources. MCH staff and clients can observe these simple measures to preserve our very beautiful natural resources in western North Carolina. MCH staff are required to conserve our resources by following simple procedures.

### Procedures

1. Do not overheat rooms. In the winter, set the thermostat to no higher than 70 degrees in daytime and 60 degrees at night.
2. Do not overcool rooms in the summer. Set the thermostat to 72 or higher.
3. Pull shades or curtains at night to keep heat in and cold out on cold evenings.
4. Do not waste water. Turn off the tap while brushing teeth and shaving.
5. Separate recyclables and take them to the recycling centers.
6. Separate aluminum cans for MCE clients to recycle.
7. Save all used paper for MCE clients to recycle into cards, envelopes, etc.
8. Use washable napkins rather than paper napkins.
9. Don't use 2 paper towels when 1 is sufficient.
10. Clean or replace air filters as recommended.
11. Recycle printer cartridges.
12. If possible, replace light bulbs with compact fluorescent light bulbs which last 13 times longer than regular incandescent bulbs.
13. Use less paper and, if possible, combine information on 1 sheet by using front/back.
14. When possible and when approved, use *green* chemicals for maintenance and cleaning.
15. Use reusable bags for shopping rather than taking the store's plastic bags.
16. Compost when possible.

## **NEW EMPLOYEE**

### **APPLICATIONS FOR EMPLOYMENT**

All applicants must meet and all employees must continue to meet the qualifications and minimum requirements for the position held or desired including education, skills, work experience, licenses, certifications, physical and mental abilities, health and safety, judgment, interpersonal skills, or other job-related requirements.

All applicants/employees must be able to perform all functions of the position, essential and non-essential. With functions other than essential functions, only those employees with a disability that hinders performance of the function in question are excused from performing that function. Applicants who are disabled as defined by the ADA may request reasonable accommodations in order to be hired.

Applicants must meet the minimum qualifications for the job for which they are applying. Applicants should provide a high school diploma, equivalency, or college degree or license if required by the position. Professional positions require transcripts or licenses. Applicants should complete an MCH application and submit it to the HR manager. A resume may not substitute for an application. All employees of MCH are subject to a background and criminal record check if employed after July, 1992. Employees hired after March, 1998 are subject to a test for controlled substances. Any applicant who provides transportation is also subject to a MVR background check. All direct care staff will have Healthcare Personnel Registry checks. References are checked and documented.

#### **[See EH Attachment 3 – Application for Employment](#)**

After a 90 days, applicants must reapply if interested in a position. MCH intends to recruit, hire, and place applicants on the basis of the applicant's relative knowledge, skills, and abilities. The decision to employ an applicant is based on the person's qualifications for the particular position along with other requisite job skills. Minimum qualifications are specified in the job description. A resume will not be accepted in lieu of an application.

### **SECONDARY EMPLOYMENT**

Secondary employment cannot conflict with job performance or create a conflict of interest. Other employment must have *prior* approval of the HR manager and must be approved in writing. Before accepting employment with MCH, a prospective employee must assure that a secondary job will not interfere with employment and attendance at mandatory staff meetings.

## **NEW EMPLOYEE ORIENTATION/TRAINING REQUIREMENTS**

### **Policy**

MCH provides each new staff member with a comprehensive orientation and training period during the first several days of employment. Training complies with or exceeds state requirements, and staff are monitored by supervisors, managers, and professional staff for compliance. Training is outcome-based and includes measurable learning objectives and measurable methods to assess competency as well as observation. Formal refresher training is provided in those areas required by state and federal regulations and is documented in the employee file.

## **EMPLOYEE APPEALS AND GRIEVANCE**

### **Policy**

MCH provides an employee appeal procedure as a means for employees to resolve their work place concerns with management. All regular and temporary employees of MCH may file a grievance under this section. In order to qualify for processing under this section, an appeal must be filed no later than 30 calendar days after the date on which the aggrieved condition commenced.

A grievance is an alleged misapplication of MCH personnel policies. This procedure represents intent to offer a dispute resolution mechanism to MCH employees. Any failure by MCH to follow exactly this procedure shall not subject MCH to a breach of contract claim. MCH is an AT WILL employer. The MCH Board may revise, modify, or suspend the grievance policy at any time.

### **Procedures**

1. An employee may present an appeal to his/her immediate supervisor for discussion. The supervisor has 5 regular working days to respond.
2. If the supervisor fails to respond within 5 working days or if the employee finds the response unsatisfactory, the appeal may be put in writing, clearly specifying the policy allegedly misapplied, and the relief requested. The appeal should be submitted to the HR manager within 5 regular working days from the time the first step answer was due or was given.
3. The HR manager should respond in writing within 5 working days of receipt, and if the HR manager fails to respond within this time, or if the employee finds the response unsatisfactory, or in cases where the HR manager is the immediate supervisor, the employee may submit an appeal to the executive director.
4. Upon receipt of a written appeal, the executive director will inform the board chair of the appeal.
5. The employee shall receive an answer from the executive director no later than 15 working days from receipt of the written grievance or be advised as to the conditions which prevent an answer within 15 working days and informed as to when an answer may be expected.
6. If the discussion between the executive director and the employee is not satisfactory to the employee, the employee may request in writing that the MCH Board consider the matter. The request to the Board must be within 2 working days of the answer from the executive director.
7. The executive director shall provide the board with all pertinent information.
8. The MCH Board will review the facts with the executive director and seek any other sources of information or consultations necessary. At this step, arrangements will be made for the employee to review his/her case with the MCH Board if the employee so desires.
9. The employee must present to the board the grievance personally and without assistance of representation other than a currently employed co-worker. Grievances shall be heard only in executive session at the next regularly scheduled meeting.
10. The president will notify the employee of the decision and prepare a memorandum explaining the board's action for the personnel file.

## **PAYROLL**

### **PAY PERIOD**

MCH pays on a standard semi-monthly basis. Pay periods end on the 15<sup>th</sup> day and the last day of the month. Checks are direct deposited on the 20<sup>th</sup> and the 5<sup>th</sup>. When the 5<sup>th</sup> or the 20<sup>th</sup> fall on a weekend or holiday, payday is the first working day following the weekend or holiday.

Only the employee or someone authorized by the employee in writing may pick up a paper paycheck/stub. Written authorization should be presented by the employee prior to the payday; authorization will be maintained in the personnel file. A check will not be released without written authorization.

### **TIME CLOCK/TIME SHEETS**

If the facility has a time clock, non-exempt employees are responsible for clocking in and out at the beginning and end of the shift. Repeated failure to clock in or out will result in a written reprimand from the immediate supervisor, and the employee will receive written supervision if he/she fails to clock in or out more than 2 times in a month. If an employee fails to clock in or out, he/she must complete a Time Clock Error Correction Form within 48 hours and submit it to the immediate supervisor. In the event of a power outage, employees should record time on paper time sheet and submit to the immediate supervisor.

[See EH Attachment 4 — Time Clock Error Correction Form](#)

If the position requires a paper timesheet, it should be turned in as instructed by the supervisor. Time sheets must be completed on a daily basis as hours are worked. Failure to complete a time sheet on a daily basis may result in a written reprimand from the supervisor.

[See EH Attachment 5 — Time Sheet\(s\)](#)

### **WORK SCHEDULE**

Generally, the standard work week is 40 hours for full-time non-exempt employees. The immediate supervisor will provide a schedule.

The work week for exempt employees is as needed to perform the duties of the position. Exempt employees are salaried and are expected to complete the responsibilities of the job.

The work week begins at 12:00 midnight on Sunday and ends at 11:59 PM on Saturday.

### **PAYROLL DEDUCTIONS/EARNINGS**

Earnings and payroll deductions are recorded on a voucher with the paycheck. Deductions required or requested are as follows:

#### **Required by Federal & State**

Federal Income Tax  
State Income Tax  
Social Security Tax  
State Disability Insurance  
Garnishments/Wage Attachments

#### **Authorized by Employee**

Medical Insurance  
Ancillary Insurance  
401(k)

Any questions about a paycheck should be directed to the finance director. In the event that a bonus or raise is given, while there is no policy or expectation which dictates that these will occur at specific time, no employee who is working a notice toward termination will receive either.

## IMPROPER OR UNLAWFUL DEDUCTIONS FROM PAY

Every effort is made to ensure that compensation and pay checks are properly computed and calculated. It is against our policy for any employee's wages to have improper or unlawful deductions. If an employee believes that pay is incorrect or that an improper or unlawful deduction was made to his/her wages or salary, he/she should contact the finance director immediately. He will investigate the matter, make corrections as appropriate, and make prompt reimbursement as required.

### Procedures

1. The salaries of employees exempt under the Fair Labor Standards Act, 29 CFR Part 541, may be reduced or be subject to deduction for the following conditions only:
  - (a) 1 or more full days of absence for personal reasons other than sickness or disability and the employee has no leave to cover the absence.
  - (b) for sickness or disability (including work place injury) if the employee has not qualified for PTO, has not earned sufficient PTO to cover the absence, or has exhausted all PTO and has no earned leave remaining to cover the absence. If the employee has exhausted all PTO to cover an FMLA absence, the employee's salary may be reduced in hourly increments while on FMLA leave.
  - (c) deductions for penalties imposed for violations of safety rules of major significance, including those relating to the prevention of *serious* danger in our workplace or to other employees.
  - (d) deductions resulting from suspensions without pay for serious violations of our workplace misconduct rules.
  - (e) in the initial or final work week of employment, deductions may be made for the days of the workweek not worked. For example, in the first or last workweek of employment, if the employee only works 2 of the 5 days, the employee will receive 2/5 (two fifths) of the weekly salary. In the final workweek the employee may use applicable accrued leave to cover the portion of the week not worked but only as provided elsewhere in these policies.
2. Deductions from salaries of employees exempt under the Fair Labor Standards Act, 29 CFR Part 541, are NOT permitted by the regulation for the following conditions:
  - a. on an hourly basis except for unpaid FMLA leave and as provided in the special rules above.
  - b. when the office or facility is officially closed for all employees by the executive director due to inclement weather such as snow or ice.
  - c. for penalties or rules violations such as performance issues, attendance issues, minor safety rules, cash shortages, losses, rules of evidence violations or damages to equipment or property, including insurance deductibles when damage has occurred.
3. Employees can report improper or unlawful deductions from their wages without fear of discrimination or reprisal. Upon receiving notification of an improper or unlawful deduction from pay, the finance director will investigate the matter and issue a finding before the next pay period entry date. If the investigation confirms the deduction was improper or unlawful, the employee shall be reimbursed the amount of the deduction on the next pay check. Incidents should be reported to the finance director within 1 week of the pay date.

### OVERTIME

Our intent is to compensate overtime in accordance with Federal and State law. An attempt will be made to plan overtime with consideration for employees. Only non-exempt employees are eligible for overtime pay. Non-exempt employees must be authorized by their supervisor or manager to work overtime. Nonexempt employees are compensated for all authorized work in excess of 40 hours per week. Overtime is paid according to federal law.

## **EMPLOYEE CONDUCT AND EXPECTATIONS**

### **WORKPLACE EXPECTATIONS**

Every organization has certain guidelines which are developed to reflect good business practices. In establishing any rules of conduct, MCH has no intention of restricting the personal rights of any individual. Rather, we wish to define the guidelines that protect the rights of all employees and to ensure maximum understanding and cooperation. Therefore, employees are expected to be:

- on-time for work
- without the influence of drugs or alcohol
- alert when scheduled for work
- careful and conscientious in performance of duties
- thoughtful and considerate of other people
- courteous and helpful, both when dealing with clients and with other employees
- appropriately dressed

### **UNACCEPTABLE WORKPLACE CONDUCT**

The following are considered unacceptable workplace conduct:

- (1) unlawful harassment
- (2) violent behavior or threats of violent behavior
- (3) confrontational behavior
- (4) violations of client rights
- (5) failure to show up for work
- (6) reporting to work while impaired
- (7) carrying arms
- (8) theft
- (9) possession of stolen property
- (10) falsifying documents including time records
- (11) illicit affairs while at work
- (12) insubordination
- (13) use of profanity
- (14) interfering with the work of other employees or otherwise creating an unpleasant work environment
- (15) malicious gossip and/or the spreading of rumors including malicious comments on social network works
- (16) use of personal cell phones
- (17) driving a company vehicle while intoxicated or under the influence of drugs
- (18) sleeping on the job

### **EMPLOYEE ATTITUDE**

Failure to interact courteously and tactfully with managers, co-workers, customers, vendors, or associates to the point that that productivity or morale suffers, is grounds for termination.

### **SUSPENSION/TERMINATION FOR MISCONDUCT**

An employee may be terminated without notice for unacceptable misconduct or suspended without pay for 1 or more days for unacceptable conduct. Such suspension is referred to as disciplinary suspension. Exempt, salaried employees can be docked for 1 or more whole days of pay or suspended without pay for violations of workplace conduct rules such as unlawful harassment, violence, violation of client rights, etc. Such suspension is referred to as disciplinary suspension.

## DRESS CODE/APPEARANCE AND PERSONAL HYGIENE

MCH expects all employees to present a positive professional image as representatives of the organization. Exceptions may be made to permit casual attire when suitable to occasion or type work being performed. All employees are expected to maintain good personal hygiene, wear clean clothes, and be free from body odor at work.

- (a) Clothing, nails, and jewelry must not constitute a safety hazard. Those who work directly with clients must adhere to training received in NCI.
- (b) All employees should use good taste and be neat in their attire.
- (c) Provocative clothing such as short shorts, short skirts, tank tops, or see-through blouses is prohibited. (Shorts should be loose fitting and just above the knee.)
- (d) Torn, tattered, or dirty clothing is prohibited.
- (e) T-shirts with offensive graphics or text are prohibited.
- (f) Visible tattoos are prohibited and must be covered, *if possible*.
- (g) Employees may not wear nose, tongue rings, or other visible body piercing other than ears at work.
- (h) Ball caps, toboggans, do-rags, etc., may not be worn indoors.
- (i) Jeans are not appropriate for the administrative office unless approved by the executive director on special occasions.
- (j) For fingernail length refer to the facility policies and procedures under Nutritional Services. Long nails constitute a safety hazard to clients and should be kept short.
- (k) Open toed shoes are prohibited in the day program and residential facilities.

Employees attending a function or meeting representing the organization should dress appropriately.

Casual *office* attire is acceptable for the administrative office.

Casual dress is appropriate for direct care staff; however, good judgment is expected. Staff are expected to be role models.

## USE OF TOBACCO PRODUCTS

1. Each MCH facility is a tobacco-free environment. The use of all tobacco products is restricted to outside any building in designated areas and only during breaks and lunch. The use of tobacco products is prohibited in all MCH vehicles. **Smoke breaks are not given.**
  - (a) Staff may not use tobacco products in the presence of clients *at any time*.
  - (b) Designated smoking areas are not located near main entrances of buildings.
  - (c) No smoking is permitted on third shift in any facility even when 2 staff are present.
2. Tobacco products consumed in designated areas shall be disposed of in fire-proof containers provided for that purpose. Tobacco products are not to be thrown on the grounds. Receptacles must be kept clean.
3. Staff who abuse the MCH tobacco policy may be subject to termination or written supervision.

## SUBSTANCE ABUSE

### Policy

It is the purpose of MCH to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we have established the following policy for MCH employees. MCH's policy is intended to comply with all state laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

MCH uses an approved laboratory to perform procedures on a sample to detect, identify or measure controlled substances. Samples from an applicant or employee can include the examinee's urine, blood, hair or oral fluids obtained in a minimally invasive manner and determined to meet the reliability and accuracy criteria accepted by laboratories for the performance of drug testing. If MCH has reason to believe an employee or applicant sample has been adulterated (diluted or contaminated), MCH may refuse that sample for testing and require the examinee be retested using a similar or different sample source.

#### **Definitions:**

- Approved laboratory means a clinical chemistry laboratory which performs controlled substances testing and which has demonstrated satisfactory performance in the forensic urine drug testing programs of the United States Department of Health and Human Services or the College of American Pathologists for the type of tests and controlled substances being evaluated.
- Controlled Substance - Any substance listed in Schedules I-V of Section 202 of the Controlled Substance Act (21 U.S.C. S 812), as amended. Copies are maintained for employee review by the HR Manager.
- Drug - A drug is any chemical substance that produces physical, mental, emotional or behavioral change in the user.
- Drug paraphernalia - Equipment, a product or material that is used or intended for use in concealing an illegal drug or for use in injecting, ingesting, inhaling, or otherwise introducing into the human body an illegal drug or controlled substance.
- Fitness for duty - To work in a manner suitable for the job. To determine "fitness," a medical evaluation may include drug and/or alcohol testing.
- MRO – medical review officer
- Illegal drug - An illegal drug is any drug or derivative thereof which the use, possession, sale, transfer, attempted sale or transfer, manufacture or storage of is illegal or regulated under any federal, state, or local law or regulation and any other drug, including (but not limited to) a prescription drug, used for any reason other than a legitimate medical reason and inhalants used illegally. Included is marijuana or cannabis in all forms.
- Premises - All MCH property including facilities, vehicles, and parking lots.
- Property - All MCH owned or leased property used by employees such as vehicles, lockers, desks, closets, etc.
- Reasonable cause/reasonable suspicion - Supported by evidence strong enough to establish that a policy violation has occurred.
- Screening means initial controlled substance examination performed for the purpose of determining use of controlled substances by an examinee. (1991, c. 687; 1993, c. 213, s. 1.)

MCH explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on MCH premises or while performing any job-related responsibilities off site.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the MCH premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk MCH's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from MCH, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk MCH's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on MCH premises, or while on MCH business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

MCH will conduct drug testing under any of the following circumstances:

- as part of pre-employment screening
- immediately after any accident during work time on MCH premises or in MCH vehicles
- based on reasonable suspicion or cause
- on a random, “no-notice” basis and may occur per pay period or more often if deemed necessary

The sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. The company will report information concerning possession, distribution, or use of any illegal drugs to law enforcement officials and will turn over to the custody of law enforcement officials any such substances found during a search of an individual or property. Searches will only be conducted of individuals based on reasonable cause and only of their vehicles, lockers, desks, or closets when based on reasonable suspicion. MCH will cooperate fully in the prosecution and/or conviction of any violation of the law.

MCH will not tolerate any use of illegal, non-prescribed drugs or alcohol during work hours. If an employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be terminated.

MCH will pay the cost of any drug tests required or requested by the agency. Any additional tests that are requested by the employee will be at the employee’s expense.

MCH will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to them. The employee will be asked for consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Also, results will be sent to federal agencies as required by federal law. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

If the employee receives notice that the test results were confirmed positive, the employee will be given the opportunity to explain the result during the 48 hour period following the receipt of the test result. In addition, the employee may have the same sample retested at a laboratory of choice.

### **Procedures**

1. The employee/applicant signs a NC Controlled Substance Examination Regulation Act Initial Notice to Employees/Applicants form.
2. The employee/applicant is sent to the examiner for drug testing.
3. When test results are received, the HR manager notifies the employee/applicant of the results by telephone.
4. If the results are positive, the employee/applicant will already have been notified by the examiner. The HR manager will provide the employee/applicant with N.C. Controlled Substance Examination Regulation Act Post-Test Notice to Employees/Applicants form.
5. If an applicant has a positive test, the applicant will be removed from consideration for the job.
6. If an employee tests positive, the employee has 48 hours to explain the results and have the same sample retested at a laboratory of choice. The employee will be suspended until those results are available. If positive a second time, the employee will be terminated. If the second test is negative, the employee will be reinstated with pay.
7. A negative/dilute or any other questionable result will be considered unsatisfactory for all pre-employment screenings and will necessitate a retest. The result of the second test shall become the test of record, and the employer will determine whether the applicant is eligible for employment.

[See EH Attachment 6 -- NC Controlled Substance Examination Regulation Act Initial Notice to Employees/Applicants](#)

[See EH Attachment 7 -- N.C. Controlled Substance Examination Regulation Act Post-Test Notice to Employees/Applicants](#)

## **SCENT- FREE ENVIRONMENT**

MCH is a scent-free environment. Employees may not wear fragrances or scents to work. This includes aftershaves, perfumes, or heavily scented lotions, bath oils, and fabric softeners. Repeated abuse of this policy may result in suspension or termination.

## **CONFIDENTIALITY**

Employees of MCH have access to confidential information about clients of the organization. Records are maintained to serve the client, staff, and components of the organization in accordance with legal requirements. Clients have the right to have information relating to them treated as confidential. All employees are reminded of the privileged nature of such information.

All employees are asked to agree to keep client information secure by signing an Assurance of Confidentiality agreement at the beginning of employment. This agreement is updated at least annually.

## UNLAWFUL HARASSMENT

It is illegal to harass others on the basis of their sex, age over 40, race, color, national origin, religion, marital status, citizenship, and disability. Harassment includes making derogatory remarks about such characteristics, making jokes about ethnic or other groups, and other verbal, physical, and visual behavior.

Sexual harassment is the unsolicited and unwelcome sexual overtures or misconduct, verbal or physical, that undermines the integrity of the employment relationship and is prohibited. Sexual harassment is conduct that is personally offensive, debilitates morale, interferes with work. Sexual harassment includes requests for favors and other verbal or physical conduct of a sexual nature when submission to such conduct is either an explicit or implicit condition of employment or submission or rejection of the conduct is the basis for a decision affecting employment of the individual. Sexual harassment is also the conduct that interferes with work performance or creates an intimidating, hostile, or offensive work environment.

Propositions, repeated requests for dates, dirty jokes, sexually provocative pictures and other verbal, physical, and visual harassment are prohibited. The harassment of another employee by an employee will lead to disciplinary action, up to and including immediate termination, in cases of gross misconduct.

To prohibit potential sexual harassment claims, supervisors and managers are prohibited from dating subordinate employees.

MCH will make every effort to investigate objectively and resolve complaints of harassment. The employee should speak first with his or her immediate supervisor, or if the supervisor is not appropriate, to the next level in supervision, or the executive director in an attempt to reach resolution. It is the supervisor's duty to listen to such complaints and to refer them to the appropriate authority.

All employees are required to report any behavior including behavior directed at other employees which may potentially be sexual harassment or other unlawful behavior or harassment. The incident must be reported to the executive director or HR manager.

## WORKPLACE BULLYING

MCH 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. Such behavior violates MCH Code of Ethics which clearly states that all employees be treated with dignity and respect.

This policy serves to communicate to all employees, including supervisors, managers, and executives, that MCH will not tolerate bullying behavior. Employees found in violation of this policy will be subject to disciplinary action 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 applying disciplinary action. As in sexual harassment, it is the effect of the behavior on the individual that will be considered.

The following are types of behavior which will be considered bullying:

- **Verbal bullying:** slandering, ridiculing or maligning a person or his/her family, persistent name calling that is hurtful, insulting or humiliating, using a person's name as the 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
- **General bullying:** Non-verbal threatening gestures or glances that convey threatening messages.
- **Exclusion:** Socially or physically excluding or disregarding a person in work-related activities.

## **WORKPLACE VIOLENCE PREVENTION (WPVP)**

### **Purpose**

MCH is concerned and committed to our employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program (WPVP).

All managers and supervisors are responsible for implementing and maintaining our WPVP policy. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

Our program ensures that all employees adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace.

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

Management is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Managers are expected to enforce the rules fairly and uniformly.

MCH policy is reviewed and updated annually or as needed.

### **Definitions**

1. The term "violence in the workplace" means any behavior that threatens the safety of the employee, co-workers, or any other individual involved with MCH business. Workplace violence can be, but is not limited to, homicide, physical attacks, emotional abuse, verbal abuse, harassment, sexual assaults, property damage, sabotage or theft.
2. The term "weapons" means any firearm or object that has been designed with the intent the intent to harm another person or property or any object which has been designated through misuse to inflict harm to another person or property.
3. Assault means the intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.
4. Criminal mischief means intentional or reckless damaging of the property of another person without permission.
5. Disorderly conduct refers to intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent numinous or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.
6. Harassment means intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

7. Larceny means wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.
8. Menacing means intentionally places or attempts to place another person in fear of imminent serious physical injury.
9. Reckless endangerment means subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.
10. Robbery means forcible stealing of another's property by use of threat of immediate physical force. (Victim is present and aware of theft).
11. Sex offense refers to public lewdness or exposure of sexual organs to others, sexual abuse or subjecting another to sexual contact without consent, sodomy or a deviant sexual act committed as in rape, and rape or sexual intercourse without consent.

### **Policy**

This policy applies to all MCH employees while on the job and to situations where an employee's off-the-job or off-premises conduct impacts work performance, undermines the public confidence in, or threatens the safety of that employee, other employees, or clients. Our concern is to assure that employees can perform their work duties in a safe environment.

MCH will not tolerate (zero tolerance) or condone violence, including homicide, physical attacks, emotional abuse, verbal abuse, harassment, sexual assaults, property damage, sabotage, or theft by employees. It is MCH policy to maintain a workplace free of violence. Employees who engage in violence in the workplace will be subject to disciplinary action up to and including termination. MCH expects the full support of this policy by all employees and all persons doing business with the company.

MCH will not tolerate employees being in the possession of any weapons, including weapons transported in employee vehicles, both inside the workplace and in the parking area. In addition, when performing work either outside MCH's premises or away from premises, employees are prohibited from carrying or transporting weapons. No carrying of concealed weapons, with or without a valid permit to carry a concealed weapon, is permitted on MCH property or while performing work as a MCH employee, unless specifically authorized by MCH. Weapons include guns, knives, explosives and other potential weapons. Appropriate disciplinary action, up to and including termination, will be taken against any employee who is in violation of this policy.

MCH conducts employee training programs in violence prevention and planning for response to acts of violence. The safety committee reviews any incidents of violence, analyzes and reviews so as to identify any patterns and to identify necessary changes to correct these hazards. These records include but are not limited to, OSHA 300 logs, staff incident reports, workers compensation records, police reports, accident investigations, training records, grievances, minutes of staff meetings, etc.

Additionally, the committee inspects the workplace and looks for hazards, conditions, operations and other situations with might place our workers at risk of occupational assault incidents. Any patterns or identified areas of concern are brought to the attention of the executive and assistant directors.

The safety committee also monitors and assesses for conditions which might put workers at risk of occupational assault incidents such as:

- working alone or in small numbers
- working late at night or early in the morning hours
- being responsible for valuable property or possessions
- staffing patterns
- security, locked doors, etc.

At least annually, upper management should review any reports from the safety committee about WPVP and conduct an internal security review.

Staff are polled at quarterly staff meetings to determine if they have identified concerns or conditions which might present a potentially unsafe occupational situation. Staff will also be surveyed at staff meetings for suggestions on methods of remediation or correction. MCH has an open door policy, and staff may make recommendations for remediation at any time or voice concerns at any time to any person in management.

All MCH employees receive annual training which includes:

- review and definition of workplace violence
- full explanation of our policy
- instructions on reporting all incidents including threats and verbal abuse
- methods of recognizing and responding to workplace security hazards
- training on how to identify potential workplace security hazards (such as no lights in parking lot while leaving late at night, unknown person loitering outside the building, etc.)
- review of measures that have been instituted in this organization to prevent workplace violence including:
  - use of security equipment and procedures
  - how to attempt to diffuse hostile or threatening situations
  - how to summon assistance in case of an emergency or hostage situation
  - post-incident procedures, including medical follow-up and recommended counseling

### **Procedures**

1. MCH will provide increased awareness through training, education and communication on the subject of workplace violence. Training will occur at least annually and with all new employees. As a responsible employer and member of the community, MCH will increase employee awareness regarding the prevalence of violence in the workplace and will train employees on recognizing warning signs and red flags for occupational violence. Input from staff is expected and appreciated.
2. MCH recognizes that there may be employees who are under tremendous stress and/or stress related problems and stand willing to assist in the resolution of these problems. While MCH does not have an employee assistance program, it does encourage employees to seek help from a qualified professional.
3. Management must document behavior and/or performance changes in employees (who, what, when, where, why?) and communicate with the HR director if they detect these changes.
4. Management must address any rumors of threats or behavior changes.
5. Violation of this policy may result in severe disciplinary action, including termination, at the sole discretion of MCH.
6. MCH will promptly terminate any employee who is a repeat offender of this policy.
7. MCH will promptly terminate any employee who possesses any weapon in the workplace.
8. To assist employees in understanding and avoiding the risk of workplace violence, MCH will provide a workplace violence program for employees. MCH will use this program in an ongoing educational effort to prevent and eliminate violence in the workplace. The violence in the workplace awareness program will inform employees about:
  - (a) the prevalence of violence in the workplace
  - (b) MCH violence in the workplace policy
  - (c) Consequences for violations of MCH violence in the workplace policy
  - (d) Warning signs of occupational violence
  - (e) Identification of environmental hazards and remediation of security hazards
9. The safety committee will inspect and assess all facilities at least quarterly for any warning signs or conditions which might lead to occupational violence. The committee will review in meetings any records which might present useful information about workplace violence such as OSHA 300 logs, staff incident reports, facility staff meeting minutes, etc. Any concerns will be shared with the executive and assistant directors and methods to remediate the concern will be employed.

10. At the conclusion of each fiscal year, upper management will conduct a self-inspection and review policy and measures to maintain a safe working environment.

### **Reporting**

1. The employee should *immediately* report the incident to his/her supervisor. The supervisor should call the HR Manager as soon as possible. The HR manager of HRD, along with the supervisor, conducts an investigation of the alleged threat, including interviewing any witnesses and completing an employee incident report.
2. Based on the finding of the investigation, appropriate action, disciplinary or otherwise, is taken. Each situation is different and should be addressed case-by-case. Depending on the severity, the appropriate amount of discipline will be determined, following the current practice of progressive discipline.

### **Imminent Danger**

1. Any person observing an incident should call 911 if possible and then, notify management. If possible, implement the crisis plan for the facility.
2. Local management should attempt to ensure the safety of other employees and clients.
3. Management or employees should not intervene unless, in their best judgment, (a) the situation is too critical to wait for law enforcement officials and, (b) they believe intervention would be successful.
4. After the incident, the HR manager takes the lead in conducting an independent investigation into the incident and, in conjunction with other management, takes appropriate action, disciplinary or otherwise. Each situation is different and should be addressed case-by-case. Depending on the severity, the appropriate amount of discipline will be determined, following the current practice of progressive discipline.

### **Crisis Safety Plan**

1. Outside doors should be locked at all times.
2. Staff should never open the door to strangers and must monitor clients at all times so that they do not open doors to strangers.
3. Unless for persons on official business for inspection or maintenance, only clients should have visitors.
4. Off-duty staff and former staff may visit if not prohibited by administration and are there to visit with the clients.
5. If an unknown person comes to the door, assess the situation and get identification if possible but do not allow entrance into the facility.
6. If the unknown individual asks to use a telephone, offer to make the call but do not allow to come inside.
7. If it is dark, turn on the outside light.
8. If there is reason to believe the person might be armed or dangerous or if the individual is threatening, call 911 immediately and move the clients to another part of the building.
9. If you cannot get to the phone to call 911, pull the fire alarm at the nearest pull station.
10. Do not try to evacuate the clients unless it is safe to do so. If you are able to evacuate, alert administrative staff and wait for instructions or follow the instructions of emergency personnel.

### **Preventive Actions**

1. Keep doors locked at all times.
2. Pull all blinds when it is dark.
3. Do not open the door to anyone after dark unless they have called and alerted you they are coming to the facility or it is staff coming to work.
4. When staff go off shift after dark, another staff should monitor until the one leaving is safely inside the vehicle and has started the vehicle.
5. Provide a flashlight for staff to use to walk to vehicles when dark.

6. Staff should use the flashlight to look around and in the vehicle before getting in.
7. Third shift staff may park near the entrance.
8. Outside lights should always be in working order and must be reported to maintenance immediately when burned out.
9. Management should monitor street lights and report to the power company when out.
10. Post emergency numbers by all phones and tape to the portable phone.
11. Practice this policy by conducting mock drills at least 2 times a year.

## ATTENDANCE/ABSENTEEISM

Employees are expected to be at work on time and to work their entire shift as scheduled; however, we understand that employees need time off. For that purpose, there is a Paid Time Off (PTO) plan. Therefore, non-FMLA absences which are not covered by *approved* PTO or *approved* unpaid leave are unacceptable.

Employees who are absent from work for 3 consecutive days without approval from the immediate supervisor will be considered to have terminated without due benefits because of lack of notice. At that time the HR manager will send a letter advising the employee of the action by certified mail to the employee's last known address.

## PUNCTUALITY

Employees are expected to be in their facilities on time. Employees should notify the immediate supervisor if late for work. Being on time makes it easier on everyone because tardiness hinders teamwork among employees. Being tardy for work or leaving work before quitting time may be considered a cause for corrective action. Repeated occurrences may result in verbal or written warnings, suspension, or even termination.

## NOTIFICATION OF ABSENCE OR TARDY

In the event an employee is unable to come to work or will be late, **he/she must call the immediate supervisor or the person on call for approval.** Calling and leaving a message with a coworker is unacceptable and will not be excused. Leaving a message with a co-worker does not constitute the approval of the supervisor. *The employee must make the call to the supervisor to obtain approval unless there is an extenuating circumstance which prevents the employee from calling.*

Please call as much in advance as possible so that there is adequate coverage for the shift. The supervisor may require documentation of reasons for absence such as jury duty, excuse from a medical doctor, etc.

**Failure to show up for work without approval may result in termination. It is essential that employees make contact with their immediate supervisor if the employee cannot be at work for any reason. Daily contact for approval is expected if there is extended absence. This does not apply to an FMLA event or approved PTO. Unpaid leave is only extended to new employees in the first 6 months or other employees in extenuating circumstances with approval of the manager and HR manager.**

**Managers/QP's must notify the HR manager if there are absences which involve unpaid leave, potential FMLA qualifying events, or other medical leave. Failure to notify the HR manager may result in disciplinary action. *There is no need to contact the HR manager about unpaid leave in the first 6 months of employment unless it's leave for medical reasons other than a common cold or virus, etc.***

## INCLEMENT WEATHER

MCH facilities must continue to operate during periods of bad weather. Thus, the need for employees to be on the job during such emergencies is of paramount importance. Employees are expected to make every effort to report to work. If the employee does not report for work when scheduled during a bad weather emergency, unless arrangements are made with the supervisor, the employee will be considered absent.

### **STAFF MEETING ATTENDANCE**

Failure to attend required training or staff meetings without prior approval of the executive director, HR manager, or program director will be treated as an unexcused absence. Two unexcused absences within 1 calendar year may result in termination.

### **CRIMINAL BACKGROUND CHECK**

Effective April, 2008, MCH will begin to conduct a criminal background check on current employees who have been employed for 5 years or more and work directly with clients. MCH has elected to recheck criminal background every 3 years for the continued protection of clients and for the protection of employees in the event that charges, either real or false, are brought against the employee.

## **SUPERVISION AND PROGRESSIVE DISCIPLINE**

### **Purpose**

MCH's position on administering fair and consistent discipline for unsatisfactory conduct in the workplace is contained in this policy. The best disciplinary measure is one that does not have to be enforced and comes from good leadership and fair supervision at all levels of employment. It is in the best interest of MCH to ensure that all employees are treated fairly and that disciplinary actions are prompt, uniform, and impartial. The purpose of disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

### **Policy**

Progressive discipline is designed to give employees an opportunity to correct employment problems that may arise rather than to punish employees. Progressive discipline establishes rules of conduct, performance, and responsibilities so that all personnel can conduct themselves according to certain rules of good behavior and good conduct. These rules are not developed to restrict the rights of anyone but rather to help people work together harmoniously according to standards that are established for efficient and courteous service to our clients.

Reasonable rules concerning personal conduct of employees are necessary if MCH facilities are to function safely and effectively.

MCH believes that employees want to, and will, do a good job if they know what is required to perform the job properly. The supervisor is responsible for ensuring that employees know what is expected of them in their jobs. It is MCH policy that employees have ample opportunity to improve in their job performance.

Degrees of discipline are generally progressive and are used to ensure that the employee has the opportunity to correct his or her performance. There is no set standard of how many oral warnings must be given prior to a written warning or how many written warnings must precede termination. Factors considered are how many different offenses are involved, the seriousness of the offense, the time interval and employee response to prior disciplinary actions, and previous work history of the employee.

Although employment with MCH is based on mutual consent, and both MCH and the employee have the right to terminate employment at will, with or without cause or advance notice, MCH may use progressive discipline at its discretion. This may include verbal or written warning, suspension, or termination. MCH also reserves the right to bypass the disciplinary steps and base its disciplinary action on the severity, frequency or combination of infractions when circumstances warrant immediate action.

Disciplinary actions or supervision are documented on the Record of Employee Supervision/Warning form.

### **Procedures**

1. It is the responsibility of the supervisor to provide appropriate leadership for all employees under his/her supervision.
2. Each supervisor is responsible for meeting with the employee and documenting any significant actions on the Record of Employee Supervision/Warning form.
3. If it is determined that an employee requires supervision or progressive discipline, the supervisor should arrange to meet privately with the employee and should not discipline the employee in public or in front of other employees. There should be another management or professional employee present during any disciplinary meeting.
4. If the employee refuses to attend the meeting, it could be considered insubordination and may result in termination.

5. The supervisor(s) should prepare for the meeting by reviewing notes and files both about the specific incident or problem and any past discipline taken, either verbal or written.
6. During the meeting, the supervisor(s) should tell the employee the purpose of the meeting and state the specific problem in terms of actual performance and desired performance.
7. The supervisor(s) should review the progressive discipline policy with the employee and review any steps already taken.
8. The employee should be allowed to respond and explain or defend his/her actions.
9. The supervisor(s) should acknowledge the employee's story and include in any notes or documentation of progressive discipline.
10. The supervisor(s) must explain to the employee what is expected and what behavior must change and must give specific examples and suggestions.
11. The supervisor(s) should indicate confidence in the employee's ability and willingness to change undesired behavior.
12. The supervisor(s) should ask the employee to repeat back and otherwise confirm that he/she understands the problem and is clear on the desired changes.
13. The employee should be reassured that his/her work is valued and that supervision wants to work with the employee to ensure that he/she can continue to work at MCH.
14. If a written warning is issued, the employee must be given a copy.
15. Any notes from the session or documentation that summarizes the meeting should be maintained in a separate file in the HR manager's office.
16. The immediate supervisor should monitor the employee's behavior and performance to make sure that the problem has been corrected.

[See EH Attachment 8 – Record of Employee Supervision/Warning](#)

## **EMPLOYEE PERFORMANCE EVALUATIONS**

Employees may receive performance appraisals anytime the supervisor(s) deem it necessary to improve performance, with a more formal evaluation at the end of 1 year. All employees receive a performance appraisal at least annually.

### **Procedures**

1. Performance appraisal is the responsibility of the immediate supervisor and should be done with the employee. Performance evaluations must contain measurable goals which are assessed at the next performance evaluation. Supervisors must monitor progress on these goals.
2. The supervisor may confer with professional staff who have contact with the employee to assess performance.
3. Performance evaluations may be completed more often than annually if the employee is having performance difficulties, and an evaluation is needed to document the employee's status.
4. In addition to a performance evaluation, supervisors may write letters of commendation to employees. Copies should be maintained in the employee record along with any other commendations the employee receives.

[See EH Attachment 9 – MCH Formal Employee Performance Evaluation](#)

## **MISCONDUCT INVESTIGATIONS**

If an allegation of misconduct of any type is made against an employee, MCH will conduct an internal investigation. The investigation process may require interviewing and gathering information from other MCH personnel and will be conducted by any 2 or more of the following: the HR manager, executive director, program director, appropriate QP and/or manager, or outside source as appropriate. While efforts may be made to protect confidentiality, it must be understood that in certain cases, such protection may be inappropriate or not possible for legal or other reasons.

## INVESTIGATIVE SUSPENSION

An investigative suspension is a period, not to exceed 3 working days, during which time an employee is relieved of his/her job responsibilities because of alleged serious misconduct. An employee may be placed on investigative suspension when it is necessary to conduct a full investigation to determine the facts of the case. If the situation is substantiated, the suspension will be without pay and will be considered disciplinary suspension. If the incident is not substantiated, the suspension will be with pay. In the event the investigation cannot be concluded in 3 working days, the same procedures will apply. If substantiated, the suspension will be without pay and if not substantiated, the suspension will be with pay.

## MCH GENERAL RULES AND REGULATIONS

**These rules should be posted in a conspicuous place in all facilities:**

1. Follow safe practices at all time.
2. Smoke only in designated areas away from entrances to all facilities.
3. Do not smoke in the presence of clients.
4. Do not smoke on third shift.
5. Dispose of cigarette butts in appropriate receptacles.
6. Empty butt cans daily.
7. Do not engage in horseplay in the work place.
8. Do not eat foods in the presence of clients unless you are participating in a family-style dining with clients and eating the same foods served them.
9. Do not bring firearms, alcoholic beverages, illegal drugs, or prescription drugs other than your own to work.
10. Wear personal protective equipment as trained and follow universal precautions at all times. This includes wearing your fanny pack at all times when working with clients.
11. Do not operate MCH vehicles unless you have been authorized to drive and issued a driver identification card. Carry this card and have a valid driver's license with you anytime you operate an MCH vehicle.
12. Ensure that equipment and vehicles are in safe operating condition before using.
13. Wear seat belts in all MCH vehicles.
14. Obey all traffic and safety rules when driving an MCH vehicle.
15. Do not use a cell phone while operating an MCH vehicle.
16. Maintain vehicles in a clean manner inside and out.
17. Do not consume any food or drinks in MCH vehicles.
18. Report any recognized potentially unsafe condition or act to your supervisor immediately.
19. Turn off cell phones in the workplace unless you are issued an MCH cell phone.
20. Hazardous materials such as paint, paint thinner, petroleum oil, gasoline, candles, etc. cannot be stored in a facility.
21. Monitor your supply of reserve batteries, flashlights, and emergency food supplies regularly.
22. Keep SDS sheets and OSHA policy current.
23. Report accidents immediately to the appropriate person.
24. Use proper lifting techniques at all times.
25. Be familiar with the facility evacuation plan.
26. Do not block exits.
27. Close and lock all exterior doors.
28. Do not stand or climb other than on an approved ladder or step stool.
29. Turn off outside lights in the daytime.
30. Clean up spills immediately.
31. Do not walk on wet floors.
32. Keep facilities free from clutter and maintain in a clean manner.
33. Follow training protocol and procedures at all times and report infractions.
34. Put away mops, buckets, etc. and never leave outside.
35. No live Christmas trees are permitted in facilities.
36. Wear your name tags at all times while working for MCH.

## **EMPLOYEE RECORDS**

### **Policy**

MCH maintains up-to-date personnel files on all employees. It is important for employees to keep records timely because this information is used for reasons such as benefit administration, continued insurance notices under COBRA, and notification in case of emergency. Personnel files are the property of MCH. Employee records are maintained according to all federal and state requirements and are kept confidential.

### **Procedures**

1. It is the employee's responsibility to inform MCH of any changes in status. Failure to do so may result in disciplinary action. Contact the supervisor or the human resources manager if there are any changes in:
    - (a) home address
    - (b) telephone number
    - (c) emergency contact
    - (d) marital status
    - (e) number of dependents
    - (f) military status
    - (g) NC driver's license
    - (h) name
  - a. Employees may review their personnel files once every 12 months by contacting the HR manager and arranging a time to do so.
  - b. The executive director is the custodian of all personnel records and is charged with the responsibility of safekeeping of said records. The executive director in turn delegates responsibility to the HR manager who shall be authorized access to these records in the performance of said duties.
  - c. All information contained in an employee's personnel file other than the information which is a matter of public record is confidential. Information considered non-confidential information:
    - (a) name
    - (b) age
    - (c) date of original employment
    - (d) current position and/or title
    - (e) separation
2. Medical information is maintained in a separate file according to federal law.

### **RELEASE OF PERSONNEL INFORMATION**

Except for records and information that we are legally required to provide to government agencies, no information will be released unless there is a request in writing from the employee on file. Personnel records are the exclusive property of MCH. Photo copies of records are provided only as required by law.

## TERMINATION/SEPARATION or RESIGNATION

### Policy

MCH hopes to retain good employees. However, employment at MCH is at will and is for no specified time, regardless of length of service. Just as an employee is free to leave for any reason, MCH reserves the same right to end the relationship with an employee at any time, with or without notice, for any reason not prohibited by law.

When an employee wishes to resign because of illness or for personal reasons, the possibility of a leave of absence may be explored if the employee has a good work record and has sufficient length of service. The employee should consider FMLA (Family and Medical Leave Act) if he or she is eligible.

### NOTICE OF TERMINATION/RESIGNATION

#### Policy

Employees who want to resign employment voluntarily and in good standing must give appropriate notice. Employees who are FLSA exempt should give 1 month's (30 calendar days) notice. Other employees must give 2 weeks (14 calendar days).

#### Procedures

1. Any employee who voluntarily resigns with appropriate notice *or* is laid off for lack of work will be paid for all accrued PTO hours at his/her current rate of pay **if** these requirements are met:
  - (a) written notice at least 14 days prior to termination for non-exempt employees
  - (b) written notice of at least 30-days for exempt employees
  - (c) the employee *works* the scheduled shifts during the *entire* notice period (14 or 30 days) unless released from this obligation by the executive, program director or HR manager
  - (d) the employee has been employed longer than 180 days
2. If an employee tells the immediate supervisor that he/she *plans* to quit, the supervisor should notify the HR manager *immediately*.
3. The supervisor should require the employee to schedule a meeting with the HR manager.
4. The employee should complete a voluntary resignation form or submit in writing that he/she is voluntarily resigning.

#### [See Personnel Attachment 33 – Voluntary Resignation](#)

5. If the employee refuses to put his/her resignation in writing, the HR manager should call in a witness and state that the employee has just stated that he/she is voluntarily resigning and verify the statement in front of the witness.
6. The employee may be asked to participate in an exit interview with the HR manager.
7. If the employee refuses to participate in an exit interview, refusal will be noted in the employee file as refusal to comply with policy.
8. *The HR manager and executive director may elect to waive the employee's notice time and ask the employee to leave immediately.* All due remuneration will be paid with appropriate notice per policy.

## **INVOLUNTARY TERMINATION Termination for Cause or Termination Not for Cause**

### **Policy**

While MCH wants to retain good employees, unfortunately some employees must be terminated for cause for reasons such as inappropriate behavior or unsatisfactory performance. Inappropriate behavior is defined as, but not limited to, misbehavior on the job, refusal to do work reasonably expected, wrongful use of or taking of agency property, conviction of felony, violation of any MCH policies or practices. Unsatisfactory performance means failure to meet performance standards, to complete tasks in a timely, competent way, or to maintain an adequate attendance record. Uncooperative behavior or negative attitudes that affect the work or morale of others may result in termination. At the discretion of the executive director, any employee facing termination for unsatisfactory performance *may* be given the option to resign as described in the previous section.

**Termination not for cause** refers to such events as a reduction in force or layoff due to lack of need for a position or loss of funds. While involuntary, the employee may still leave in good standing and would be paid any PTO accrued.

### **Procedures**

1. When a supervisor determines that an employee's job performance warrants termination, the supervisor should notify the executive director and the HR manager.
2. The executive director and HR manager will review the individual's employment history and facts, confer about the matter, and initiate an investigation into the circumstances.
3. During the investigation period, the executive director and the HR manager will determine if suspension is appropriate until the investigation is complete.
4. The HR manager may confer with a consultant or an attorney at any time.
5. The executive director and the HR manager review the employee's history and facts to determine if the employee:
  - (a) was aware of the expectations
  - (b) was warned, if appropriate
  - (c) demonstrated conduct and rules violations that warrant termination
6. The employee will be requested to report in for a conference with the HR manager and one other member of the management team as appropriate, with a minimum of two besides the employee present for the interview.
7. During the meeting, the employee is advised of the termination decision and *may* be given the option to resign provided the employee puts the resignation in writing.
8. The HR manager will document the termination interview in the employee file.
9. The HR manager should write a reference at that time which will be made part of the termination file and used any time a reference is requested for this employee.

[See EH Attachment 11 – Employee Reference](#)

### **LAYOFFS**

MCH attempts to hire highly qualified employees with broad capabilities. There may be occasions, however, due to program changes, funding changes, or changes in clients when it may be necessary to initiate layoffs. In such cases, it is MCH's intent to avoid abrupt, arbitrary, or unfair practices.

## REINSTATEMENT AFTER TERMINATION

Employees who terminate for *any* reason and are reinstated or rehired will be treated as new employees and will start over with length of service and leave accrual. Reinstatement of retirement benefits will be compliance with federal and state law. Reinstatement of wages will be at the discretion of the executive director and HR manager.

## POST-EMPLOYMENT REFERENCES

In order to protect the employee from being wrongly portrayed by MCH to a subsequent or prospective employer, MCH makes a practice of *not* providing letters of reference or termination letters to former employees. Instead, upon the employee's termination from MCH, whether voluntary or involuntary, MCH will provide the employee with a letter stating that the employee was employed by MCH and what type of job the employee held upon the employee's request. Work references are given only by the HR manager or executive director.

## PAID TIME OFF (PTO)

### Purpose

MCH intends to help employees accrue leave time without causing undue financial hardship to the organization. MCH must still ensure coverage to clients in facilities at all times while providing employees with paid time off.

**PAID TIME OFF (PTO)** is an accrual system from which an employee can use accrued hours for paid absence from work for recreation, religious observances, rest, illness and disability, emergencies, family care, bereavement, and other personal business.

## ELIGIBILITY FOR PTO

1. All full-time (30 hours regularly scheduled per week or more) employees are eligible for this benefit *after* 30 days of employment has been satisfied, and accrual is based on the date of employment. Once eligibility is established, full-time employees accrue PTO hours.
2. While PTO begins accrual after 30 days of employment, the employee must have been employed 180 days (6 months) before using PTO. Any employee who terminates for any reason during the first 180 days of employment forfeits all accrued leave.

## ACCRUAL

1. PTO accrues in hourly increments on a monthly basis.
2. PTO accrues under the following conditions:
  - (a) per pay period (unless there is notice of termination)
  - (b) during *approved* PTO
  - (c) jury duty
  - (d) military leave
3. PTO does not accrue for:
  - (a) unpaid leave
  - (b) for the final pay period after notice of termination
  - (c) FMLA after PTO is exhausted
  - (d) PTO is not paid if there is termination for cause or involuntary separation
4. PTO and FMLA are concurrent for qualifying events. All leave must be exhausted before electing unpaid leave while on FMLA.
5. The standard hourly accrual for PTO :

<u>Completed Years of Service</u>	<u>Hours Earned Per Month</u>	<u>Hours Earned Per Year</u>
	<u>PTO</u>	<u>PTO</u>
Less than 2 years	6.75	81
2 years to 5 years	9	108
5 years to 10 years	12	144
10 years to 15 years	16	192
More than 15 years	18	216
More than 25 years	20	240

### TAKING PTO

1. PTO must be taken in increments of 30 minutes or more. *It cannot be taken in 15 minute increments.*
2. PTO cannot be used in lieu of regularly scheduled off hours or used to exceed regularly scheduled hours. The employee must be scheduled to work in order to take PTO.
3. PTO hours plus worked hours *must equal* an exempt employee's normally scheduled work hours.
4. PTO accumulates and may be carried over from one year to the next; however a maximum of 320 hours per year may be carried over to the next fiscal year. All hours exceeding 320 will be deducted on June 30.
5. Employees **MUST** notify their supervisors as much in advance of their shifts as possible when requesting PTO.
6. Employees must submit requests to their supervisors for time off in excess of 2 days at least 2 weeks in advance in accordance with policies. Such requests may be granted to the extent that the staffing needs can be met during that period. Supervisors must equitably determine who shall be granted time off when more than 1 employee requests time off for the same date or week. Staffing ratio requirements may limit how many leave requests can be approved.

### [See EH Attachment 12 – Leave Request Form](#)

7. If an employee reports to work and then becomes ill, the employee should notify the appropriate supervisor at once.
8. Management reserves the right to require verification of illness to the extent it deems necessary.
9. Any employee who terminates employment and is rehired is treated as a new employee and will accrue PTO in accordance with this policy.

### PTO AFTER NOTICE OF VOLUNTARY RESIGNATION

1. Any employee who voluntarily resigns with appropriate notice *or* is laid off for lack of work will be paid for all accrued PTO hours at his/her current rate of pay if the following requirements are met:
  - a. *written notice at least 14 days prior to termination for all non-exempt employees*
  - b. *written notice of at least 30 days for exempt employees*
  - c. *the employee works the scheduled shifts during the entire notice period and does not take personal days or use PTO during the notice period unless approved by the executive or program director*
  - d. *the employee has been employed longer than 180 days*
2. Any employee who is involuntarily discharged forfeits any payment of accrued PTO.
3. Separated employees who are due payment for PTO hours will be paid the next payday following termination after paperwork is received and processed.

### DONATING PTO

Because MCH employees sometimes experience hardships or difficult circumstances, MCH allows other employees to donate accumulated PTO under specific conditions:

- the employee who receives the donated PTO must have a qualified FMLA event which involves terminal illness and financial hardship and must have exhausted his/her own PTO
- donors must have at least 50 hours of banked PTO
- donors may donate up to 2 days or 16 hours of leave

Use of donated PTO is limited to the time of the FMLA event. Up to 24 hours following the end of the event may be used if necessary for bereavement. Any remaining donated PTO will be closed out at that time.

Donated PTO cannot be returned to donors if unused by the donee. Any donated PTO is deducted from the donor's account and is a permanent withdrawal.

Donating PTO is entirely up to the employee's discretion and the donor must meet the qualifying criteria: minimum of 50 hours banked PTO.

### **CASHING OUT PTO**

Anyone who has more than 160 PTO hours banked, he/she may cash out dollar for dollar any amount of PTO up to 80 hours. The employee must leave at least 80 hours or 2 weeks in the PTO bank to cover vacations, illnesses, etc. before cashing out. Employees who are eligible may cash out 1 time per fiscal year. Use the space provided on the Leave Request to request a cash out and present to the finance director. Anyone who cashes out PTO and then uses the remainder of their hours will not be able to take unpaid leave except for illness with MD approval or death in the family. Your cash out will be tied to the pay period. To receive a cash out payment on the 5<sup>th</sup>, you will need the request in by the last working day of the month. To receive a cash out payment on the 20<sup>th</sup>, you will need the request in by the 15<sup>th</sup>. PTO cannot be cashed out while one is working a notice or fails to give notice of termination. PTO cannot be cashed out if an employee is terminated.

### **PAID HOLIDAYS**

MCH observes the following 10 holidays:

New Year's Day	Thanksgiving Day	Christmas Day	Martin Luther King Day
Good Friday	Day after Thanksgiving	Independence Day	
Memorial Day	Christmas Eve	Labor Day	

### **Policy**

The administrative office and MCE are closed on the above holidays for observance of the holiday. If the holiday falls on a weekend, the director will announce the dates the administrative office and MCE will close. While administration and MCE may close on days other than the actual holiday, the paid holiday for non-exempt employees in residential programs will apply to the actual holiday.

1. All MCH employees earn up to 8 hours paid holiday time. Paid holiday for part time employees is prorated up to 8 hours.
2. Exempt employees must take the holiday and cannot elect additional pay in lieu of being off.
3. Non-exempt employees who must work on the holiday will be paid up to 8 hours double time in lieu of time off; additional hours are not to be treated as hours worked in the computation of overtime.
4. Employees whose regularly scheduled day off falls on the holiday will be paid for an additional 8 hours holiday pay at the usual hourly rate.
5. PTO is not required to be used for paid holidays.
6. Employees on unpaid FMLA or unpaid leave will not earn paid holidays nor will employees working a notice unless they actually work on the holiday.

## PERSONAL LEAVE

Each MCH employee who qualifies for benefits will be advanced 32 hours to be used for personal leave. Personal day hours are prorated for employees who work less than 30 hours.

1. This leave must be used between July 1 and June 30 and may not be carried over to the next fiscal year.
2. New hires qualify for personal days on the first July 1 after employment.
3. You must use the 32 hours or prorated hours of personal leave in increments which relate to the shift you work. For example, you may use 15 hours for a fifteen hour shift. You can supplement with PTO if you do not have enough personal leave to complete a shift.
4. The employee must request personal leave in advance on the Leave Request Form.
5. Personal leave hours must be taken as a whole shift. Personal leave cannot be used by the hour unless left over; it must be used by the shift.
6. Employees cannot elect to work personal day hours and be paid in lieu of time off.

## CIVIL LEAVE

When an employee serves on a jury, he/she is entitled to leave with pay for the period of absence required not to exceed 40 hours. He/she is entitled to his/her regular compensation plus fees received for jury duty. When an employee attends court in connection with his/her official duties, no leave is required. Employees who do not report back to work immediately after being released from jury duty forfeit this benefit.

## UNPAID LEAVE

Part-time employees who do not earn leave or employees who have not worked at least 6 months *may* request unpaid leave. Unpaid leave will be granted only if there is adequate staffing.

*Employees who have worked more than 6 months cannot request unpaid leave in lieu of PTO. Full-time employees may request unpaid leave if they do not have PTO; however, each request will be dealt with on a case-by-case basis. Employees who have been with MCH longer than 6 months and earn PTO are not expected to use unpaid leave other than for emergencies or extenuating circumstances.*

*The immediate supervisor may approve unpaid leave. A request does not guarantee approval.*

## GROUP MEDICAL AND ANCILLARY INSURANCE

All employees working at least 30 hours per week are eligible for group medical and ancillary insurance. Part-time and relief employees who work less than 30 hours per week are not eligible on MCH's plan. (Regularly scheduled hours must be 30 or more.) Benefits begin on the first day of the month following a 60-day waiting period.

This medical plan was selected to ensure the employees are not burdened with extreme medical costs, and MCH does everything possible to provide good coverage at a reasonable rate to the employee. While MCH pays the major portion of the premium for the eligible employee, there is a small cost to the employee which is payroll deducted each pay period. Employees who elect dependent coverage must pay the entire additional premium. An employee has the right to decline insurance coverage. This very comprehensive policy was developed for the benefit of all employees who work at least 30 hours per week as their regular schedule.

The specific coverage is provided by the insurance carrier.

## **RETIREMENT INSURANCE BENEFIT**

Retirement insurance benefits are available to employees who meet certain qualifications or an 80 point formula: 20 years of service + age = 80.

- Two tiered approach:
  - Pre-65 retirees would continue to be participants on the MCH group health plan until 65 years old or enrolled in Medicare, whichever occurs first (the plan would be reviewed every 5 years) and retirees would pay the same rate as other employees.
  - Medicare enrollees would receive a Medicare Supplemental plan and Part D prescription drug plan for which they would pay some portion of the cost
- MCH would have a 5-year commitment to the employee to be reviewed annually

Examples: If you begin work at age 22 and work 29 years, you would qualify at age 51.

If you begin work at age 41 and work 20 years, you would qualify at age 61.

If you begin work at age 36, and you work 22 years you qualify at age 58.

If you begin work at age 44, and you work 20 years, you would qualify at age 64.

An employee who is older than age 40 must work a minimum of 20 years. No employee who starts work at age 45 or older will qualify for the retirement benefit.

An early (pre-age 65) retiree who qualifies may continue to participate on the MCH group health plan until age 65 or enrolled in Medicare, whichever occurs first. Such an early retiree will pay the same rate as active employees for the group health plan.

An active employee retiring at age 65 or older or an early retiree who meets the above requirements for years of service and age and becomes eligible for Medicare will receive assistance in enrolling in a Medicare Supplemental Insurance plan and a Part D prescription drug plan. The cost of these plans will be paid for or reimbursed by MCH.

MCH is not permitted under federal law to pay for Medicare Supplemental insurance plans or Part D prescription drug plans for active employees. An active employee may voluntarily choose to purchase Medicare Supplemental insurance and Part D prescription drug plans instead of remaining on our group health plan. MCH will not assist an active employee with this cost. However, once such an eligible employee age 65 or older retires and is no longer an active employee, MCH will pay for the cost of a Medicare Supplemental insurance and Part D prescription drug plan. MCH reserves the right to assist or request an eligible retiree to obtain a competitively priced plan.

While it is the intention of MCH to provide this retirement health insurance benefit indefinitely, MCH will honor this commitment for a minimum of 5 years to an eligible retiree.

## **LIFE INSURANCE**

A group life Insurance plan has been provided to give basic protection to all employees who work at least 30 hours per week and is provided by the employer at no cost to the employee. Part-time and relief employees working less than 30 hours per week are not eligible for this plan. The employee must be regularly scheduled for 30 hours per week or more. This group policy is in force on the first day of the month following a 60-day waiting period. This includes accidental death and dismemberment.

The specific coverage is provided by the insurance carrier.

## **WORKERS COMPENSATION**

All injuries incurred on the job must be reported to the supervisor IMMEDIATELY. The employee should complete a staff incident form and submit to the administrative office within 24 hours.

[See EH Attachment 13 – Staff Incident Form](#)

## RETIREMENT

Employees become eligible for a 401(k) retirement plan when they complete 1 year of continuous employment, are at least 21 years of age, and have worked at least 1000 hours. Employees may participate in the plan the month after meeting eligibility criteria. The HR Manager will contact the employee when eligible. A Roth 401(k) is also offered as of July 1, 2014.

MCH matches dollar for dollar up to the first 5% of employee contribution. Employees either receive personal benefit statements from Guardian or may check them online at expertplan.com. Contributions are made semi-monthly. Employees may make changes to his/her contribution percentage by contacting the HR manager and completing the Section 401(k) Thrift Plan Contribution Form. Changes to investment choices must be made directly with Guardian. MCH employees may not make recommendations per IRS rules.

[See EH Attachment 14 – Section 401\(k\) Thrift Plan Contribution Election Coverage](#)

## PRE-TAX BENEFITS

Employees of MCH may choose to participate in a Premium Only Plan which provides eligible employees with a means of obtaining pre-tax treatment of certain payroll deducted insurance premiums. An eligible employee is one who is scheduled to work at least 30 hours per week. Eligible pre-tax premiums are as follows:

- (a) group medical insurance
- (b) any qualifying group ancillary coverages

## FAMILY, MEDICAL, AND FAMILY MILITARY LEAVE

### Policy

It is the policy of MCH not to discriminate or retaliate against an employee for using FMLA leave or interfere with an employee's exercise of any right under the FMLA.

In accordance with the Federal Family and Medical Leave Act of 1993 and as amended also by the National Defense Authorizations Act of 2008, NDAA, MCH provides unpaid leave (an authorized absence) from work for the circumstances listed below as specified and further defined in the FMLA and 29 CFR Part 825. The FMLA also provides certain benefit protections and job restoration for eligible employees on FMLA leave. The FMLA leave and protections are granted provided the eligible employee meets the notification and certification requirements in the FMLA regulations and the notice and reporting requirements of MCH.

**Circumstances / Eligibility:** Eligible employees may qualify for FMLA leave for the following circumstances:

1. For birth of a child and to care for the newborn child.
2. For placement with the employee of a child for adoption or foster care.
3. To care for the employee's son or daughter (under age 18), spouse, or parent or covered service member with a "serious health condition."
4. When the employee is unable to perform any one of the essential functions of the job due to a "serious health condition."
5. Because of a qualifying military exigency when the spouse, son, daughter, (includes adult children) or parent or covered service member is a covered military member of the National Guard or

Reserves on covered active duty (or has been notified of an impending call or order to covered active duty) in support of a contingency operation.

6. To care for the employee's spouse, son, daughter, (includes adult children), parent or covered service member, or next of kin, who are a covered servicemember, including members of the National Guard and Reserves with a serious injury or illness sustained *in the line of duty while on covered active duty*.

### **FMLA Leave Entitlement**

Eligible employees may qualify for up to 12-weeks of unpaid leave (authorized absence from work) in a 12-month period for circumstances 1 through 5 above. The 12-month period is a rolling 12 month period looking back from the date the FMLA leave is to begin. The available leave will be reduced by any FMLA leave used during the 12 months immediately preceding the new FMLA leave.

Leave for birth of a child, adoption or foster care placement must be taken within 12 months of the birth or placement.

With military caregiver leave, circumstance 6 above eligible employees may qualify for up to 26 weeks of leave in any single 12-month period. The "single 12-month period" begins at the point leave begins and is not a rolling 12 months. The maximum leave for all types of FMLA leave cannot exceed 26 weeks in the 12-month period.

### **Eligible Employees**

An eligible employee is one who has been employed by MCH for at least 12 months, without a break of 7 years or more, and has worked at least 1,250 hours (hours worked - not counting paid or unpaid leave hours) during the 12-month period immediately preceding the start of qualifying FMLA leave. The 12 months of employment need not be consecutive. Employment prior to a break in service of 7 years or more does not count. An employee who is not working, not "active," not on paid leave, for example, on lay off, is not an eligible employee. (See exception for employees returning from military service subject to USERRA.) While the FMLA provides job protection, it does not protect the employee from a "lay off." If a lay off occurs, and the employee absent on FMLA leave is included in the layoff, the FMLA leave and protections terminate upon the layoff.

### **FMLA Leave Is a Legal Requirement**

Unlike other types of "leave" provided by MCH, FMLA leave and its benefit and job protections, are a requirement of the law. Employees do not have the right to refuse FMLA leave or decline the FMLA leave designation for absences lawfully obtained for a qualifying FMLA purpose. Generally, any leave taken under the policies of MCH, including workers' compensation leave for a work related injury which also qualifies as FMLA leave will be counted toward the employee's FMLA entitlement. MCH may retroactively designate as FMLA leave toward the employee's 12-week entitlement any leave taken within the last 12 months that qualified for FMLA if MCH learns after the fact that such leave qualified as FMLA leave.

### **Definitions**

- A. Child is defined as a biological, adopted, or foster child, a stepchild, a legal ward or child for whom the employee is "in loco parentis," who is under 18 years of age, or if 18 years of age or older is incapable of self-care because of mental or physical disability. Son or daughter as provided for in the military exigency leave, circumstance 5, and military caregiver leave, circumstance 6, includes adult children over 18. The definition of "son or daughter" under the FMLA includes not only a biological or adopted child, but also a "foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis."

- B. Parent is defined as the biological parent of an employee, or an individual who stood "in loco parentis" to an employee when the employee was a son or daughter. The term does not include parents "in law."
- C. Spouse is defined as husband or wife as defined by the state, including common law marriage if recognized by the state.
- D. Serious health condition means an illness, injury, impairment, or physical or mental condition, including those resulting from a workplace illness or injury subject to workers' compensation, which involves:
- Inpatient care (an overnight stay in a hospital, hospice, or residential medical care facility) including any period of incapacity or subsequent treatment in connection with such inpatient care. Does not include outpatient status.
  - Continuing treatment by a health care provider due to incapacity of **more than 3** consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that:
    - Requires in-person treatment by a health care provider at least once within 7 days of the first day of incapacity; and,
    - Requires either:
      - a. a regimen of continuing treatment initiated by the health care provider during the first treatment
      - b. (or) a second in-person visit to the health care provider for treatment within 30 days of the first day of incapacity.
    - Any period of incapacity due to pregnancy, or prenatal care; or
    - Any period of incapacity or treatment for such incapacity due to a chronic serious health condition that requires visits for treatment by a health care provider at least twice a year.
    - A period of incapacity which is permanent or long due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of a health care provider but need not be receiving active treatment by a health care provider.
    - A "period of incapacity" includes any leave of absence or time when an employee cannot perform an essential function of the job and includes non-work days.
    - (a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and in the case of (b) a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period described in paragraph (15)(B), means a qualifying (as defined by the Secretary of Labor) injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.
- E. Health care provider is a doctor of medicine or osteopathy who is authorized and licensed to practice medicine or surgery by the state. This also includes clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse-midwives, clinical social workers, physician assistants (who are authorized and practicing within state law), and Christian Science Practitioners.
- F. Qualifying exigency leave is a non-medical leave (an authorized absence) that is available to an employee directly related to the covered family member, who is a member of the National Guard or Reserves, who either has been notified of an impending call or order to active military duty or who is already on covered active duty for reasons related to or affected by the family member's call-up or service in support of a contingency operation. A "qualifying exigency" is defined in Title 10 of the United States Code and is generally noted in the service member's orders. An employee whose family member is on covered active duty or call to covered active duty status as a member of the Regular Armed Forces is not eligible for this leave.

- G. Covered active duty mean (a) in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and (b) in the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to covered active duty referred to in section 101(a)(13)(B) of title 10, United States Code.
- H. Covered service member is (a) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or (b) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy
- I. VETERAN has the meaning given the term in section 101 of title 38, United States Code.
- J. OUTPATIENT STATUS.— *with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to (a) a military medical treatment facility as an outpatient; or (b) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.*
- K. NEXT OF KIN used with respect to an individual, means the nearest blood relative of that individual.

Qualifying exigency leave, not to exceed 12 weeks in a 12-month period, is available for covered active duty military service members:

1. Short-notice deployment where the notice is seven days or less prior to the date of deployment. The employee is eligible for immediate leave up to the date of deployment (maximum seven days).
2. Military events and related activities. The employee may take leave to attend any related official ceremonies, programs, informational sessions, briefings sponsored or provided by the military, military services organizations or Red Cross related to the event.
3. Childcare and School Activities. The employee can take leave to arrange for childcare or attend to other needs with the child's school enrollment due to the qualifying event.
4. Financial and legal arrangements. Leave can be taken to take care of financial, banking, or other legal arrangements, including powers of attorney, making of or updating wills, etc. or other related legal matters arising out of the qualifying event. For a period of 90 days following the termination of the covered service member's covered active duty status, leave can also be taken to represent the covered member for the purpose of obtaining, arranging, or appealing service connected benefits.
5. Counseling. Leave is available to attend counseling provided by someone other than a health care provider for the employee, child, or covered family member as defined below, including a child over 18 who is incapable of self-care because of a mental or physical disability, provided that the need arises from the covered active duty or call to covered active duty.
6. Rest and recuperation. Up to five days of leave is available to the employee for each incidence of "R & R" granted the covered service member.
7. Post-deployment activities. Leave can be taken to attend arrival ceremonies, briefings, events, other official ceremonies or programs sponsored by the military for a period of 90 days following termination of covered active duty status. Leave is also available to address issues that arise from the death of the covered military member while on covered active duty status.

Qualifying exigency leave is subject to the 12-week FMLA maximum in the rolling 12 month period including leave used by the employee for circumstances 1 through 4. For example, if the employee has used leave for another qualifying FMLA purpose, such as for child birth, a serious health condition, etc., in the previous 12 months, the remaining entitlement available for a qualifying exigency is reduced by the FMLA leave previously used.

8. Covered family member means the employee's spouse, son, daughter or parent. Son or daughter means the biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis, who is on covered active duty or call to covered active duty and who is of any

age. "Next-of-kin" is defined as the closest blood relative of the injured or recovering service member when no other family member is available to care for the service member.

9. A covered service member with a serious injury or illness is a current member of the armed forces, including the National Guard or Reserves, who has a serious injury or illness incurred *in the line of duty* on covered active duty for which he or she is undergoing medical treatment, recuperation, or therapy, or in outpatient status, or on the temporary disability-retired list. A serious injury or illness is one that renders the covered service member medically unfit to perform the duties of his or her office, grade rank or rating. The FMLA "serious health condition" definition does not apply to this leave category.
10. Parent of a covered service member is a covered service member's biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered service member but does not include parents "in law."
11. The "single 12-month period begins on the first day the eligible employee takes leave to care for a covered service member and ends 12 months after that date. If the employee does not use all 26-weeks of leave, the remaining leave is forfeited for that qualifying event. Such leave is available on a per-covered-servicemember, per-injury basis such that the employee may be entitled to more than one period of 26 workweeks of leave. If such leave overlaps with other caregiver leave or other FMLA leave, the employee is limited to no more than 26 workweeks of leave in each "single 12-month period." The "single 12-month period" for military caregiver leave is independent of the rolling 12-months of leave that determines entitlement for FMLA leave under circumstances 1 through 5. The maximum FMLA leave for all qualifying purposes cannot exceed 26 weeks in the single 12-month period.

### **Recording and Accounting of FMLA Leave**

FMLA leave will be accounted for and recorded in the same increments as other leave provided by MCH, provided the increments are no more than one hour.

### **Employee Right to Reinstatement**

On return from FMLA leave, provided the employee has not exceeded the FMLA entitlement, the employee will be returned to the same position the employee held at the commencement of leave or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment. If the employee is no longer qualified for the position because he or she was unable to attend training or meet certain qualifications due to the FMLA leave, the employee will be given a reasonable opportunity to fulfill these conditions or attend training upon returning to work. Benefits will be provided in the same manner and level, without a waiting or qualification period, as provided at the commencement of leave and subject to any changes in benefit levels that took place during the leave affecting the entire work force or benefit group. Employees returning from FMLA will not be required to "re qualify" for benefits they received at the commencement of the FMLA. Vacation, sick leave or similar leave and benefits, including retirement contributions, do not accrue during unpaid FMLA leave.

If the employee is able to return to work before the scheduled date for return as documented in the leave request and certification, the employee must notify MCH as soon as practical, preferably one week in advance, but no less than two business days (Saturday and Sunday are not business days), to request reinstatement. MCH will attempt to accommodate requests for early reinstatement.

If the employee does not return to work following FMLA leave for a reason not related to the circumstance qualifying the employee for FMLA, the employee must reimburse MCH for the cost of benefits furnished by MCH during the FMLA leave.

An employee on or returning from FMLA leave has no greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave.

A “key employee” may be denied job reinstatement, if such denial is necessary to prevent substantial and grievous economic injury to the operations of MCH. A “key employee” is a salaried FMLA-eligible employee among the highest paid 10 percent of all employees determined by the total year-to-date earnings, including incentives and all bonuses, premium pay, and weeks of paid leave divided by the weeks in the year-to-date. The employee will be notified of their “key employee” status upon notice of the need for FMLA leave.

### **Return to Work Fitness for Duty Certification**

An employee who is on FMLA leave due to their own serious health condition that made the employee unable to perform the employee’s job, must provide a fitness-for-duty certification from their health care provider that they are able to safely perform, without undue risk of injury to themselves or others, all the essential functions of their position before they will be reinstated. The cost of the certification is borne by the employee. Job restoration will be delayed until the employee provides a complete and sufficient certification that the employee can safely perform the essential duties. MCH will provide the employee with a copy of their job description or list of the essential duties for the health care provider to consider in their evaluation. A simple statement such as “may return to work,” “may return to duties,” “cleared for work,” or similar nonspecific statement is not sufficient. The return to work certification must state at a minimum the employee “can safely perform all the essential duties of their position.”

### **Military Leave Under USERRA**

Employees may also qualify for military leave under the Uniformed Services Employment and Reemployment Rights Act, USERRA, as explained elsewhere in MCH’s policies. (See also the USERRA poster.) Such leave does not count as FMLA leave. The USERRA requires that qualified service members concluding their tours of duty and are re-employed by MCH receive all benefits of employment that they would have obtained if they had remained employed except benefits of short-term compensation, such as accrued paid vacation and similar benefits. Thus, in determining eligibility for FMLA leave for an employee who has returned from military service and who qualifies for the USERRA protections, the time served performing the military service counts as employment for the FMLA 12-month employment eligibility requirement. Also, in determining if the employee has worked 1250 hours in the last twelve months, an employee returning from his or her National Guard or Reserve military obligation will be credited with the hours of service that would have been performed if the employee had remained at work using the employee’s pre-service work schedule.

### **Intermittent Leave or Reduced Schedule FMLA Leave**

Generally, FMLA leave is taken in blocks of time, for duration of the need in whole workweeks. Leave for a serious health condition may be taken intermittently or on a reduced leave schedule when that type of scheduling is medically necessary for the employee’s own serious medical condition or to care for the employee’s spouse, child or parent due to a serious health condition. The health care provider must confirm with sufficient objective medical information that there is a medical necessity for intermittent or reduced schedule leave.

Intermittent and reduced schedule leave is also available for qualifying exigencies, circumstance 5, and to care for an injured or ill covered service member, circumstance 6.

If an employee requests intermittent leave or leave on a reduced schedule, MCH may require that the employee transfer to a temporary alternative position for which the employee is qualified and that better accommodates the intermittent or reduced schedule. The temporary position will have pay and benefits equivalent to the employee’s regular position.

Intermittent or reduced schedule leave for the birth of child or placement of a child for adoption or foster care, circumstances 1 and 2, is not a benefit under the FMLA and granted solely at the option of MCH.

### **If Husband and Wife Both Work for MCH**

If the employee and spouse both work for MCH, the total leave entitlement for birth of a child, placement of a child for adoption or foster care, or to care for a parent with a serious health condition is 12 total weeks combined. For example, for the birth of a child, one employee may take eight weeks and the spouse takes four weeks, but the total for both the husband and wife cannot exceed 12 weeks. All such leave counts toward the maximum 12-week entitlement for all FMLA leave. Also, with military caregiver leave, circumstance 6, the employee and spouse are limited to a combined total of 26 weeks of leave in a single 12 month period.

### **An FMLA Leave Week**

An FMLA leave week is the regular work week as scheduled and worked by the employee. For example, if an eligible employee is scheduled for and works 32 hours a week, an FMLA week is the employee's 32 hour week. Likewise, an employee who regularly works 50 hours per week, the FMLA week is a 50-hour week. For example, if a full time employee, (40 hour employee) is taking reduced schedule leave and working "half-time," 20 hours per week, the employee has 24 weeks of FMLA entitlement. If a paid or unpaid holiday occurs during a week the employee is on FMLA leave for the entire week, the time off continues to count as one FMLA week and the employee is not entitled to additional leave or holiday pay.

### **Unpaid Leave**

Generally, FMLA leave is unpaid leave. The employee must first use any unused accrued sick leave, accrued vacation leave, personal time off leave, for qualifying FMLA leave. If and when the paid accrued leave is exhausted, the remainder of FMLA leave will be without pay. If the employee is absent due to a workplace injury and is on workers' compensation leave, FMLA leave will run concurrently. The granting and use of any accrued paid benefit leave simultaneously with workers' compensation leave will be according to MCH's current policies and practices. If the employee is using paid leave for FMLA leave, deductions for benefits will continue. If the FMLA leave is without pay, the employee will be responsible for reimbursing MCH monthly for the individual's portion of the benefit on the same basis as when employed.

### **Employee Notice Requirements**

When the need for FMLA leave is foreseeable, the employee must provide at least 30 days notice. When the employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must notify as soon as practicable their supervisor or other appropriate management member as established elsewhere in these policies. As soon as practicable means the same or next business day. When the need for FMLA leave is not foreseeable, the employee must comply with MCH'S notice and procedures for requesting leave.

For foreseeable leave, the employee must provide sufficient information for MCH to be aware that the circumstance may qualify as FMLA leave, and the anticipated timing and duration of the leave. For unforeseeable leave, the employee must provide sufficient information for MCH to reasonably determine whether the FMLA will apply to the leave request. When seeking leave for the first time for a FMLA-qualifying reason, the employee need not expressly assert or reference his/her rights under the FMLA but must provide specific details of the circumstance. Employees seeking leave due to a qualifying reason for which MCH has previously granted FMLA leave to the employee must specifically reference either the qualifying reason for leave or the need for FMLA.

Calling in sick without providing more information will not be considered sufficient notice to comply with MCH's absence policies nor will it meet the requirements to qualify for FMLA leave. Calling in leaving a message with another employee, or otherwise not following the call in procedures established by policy will result in disciplinary action including denying leave resulting in unauthorized absences.

### **Supervisor Responsibility**

When employees inform their supervisors of the need to be absent from work, the supervisor must inquire as to the reason for the absence in order to determine if the absence may qualify for FMLA. The HIPAA,

ADA and other privacy rules do not apply to direct communication between the MCH and the employee about the employee's condition or need for FMLA leave. However, the supervisor must not discuss or disclose such information to others except to report the absence to the human resource manager. If the employee is requesting the need to be absent due to a health reason, the supervisor must question the employee and obtain enough information to determine if the condition may be a "serious health condition." The supervisor must then immediately, same day, report to the Human Resource Department the potential FMLA event. Supervisors who fail to immediately report potential FMLA events will be subject to disciplinary action.

### **MCH Notice Requirements and Procedures**

The "Notice to Employees of Rights Under FMLA" (WH Publication 1420) is incorporated as part of this policy by express reference and is posted in conspicuous places on MCH designated bulletin boards with other required work place rights and protection posters. In addition, a copy of this policy and WH Publication 1420 will be given to all employees upon employment.

If the supervisor first learns of a potential FMLA need/absence, the supervisor will immediately report the matter to the Human Resource Department.

**Eligibility Notice (WH-381):** When an employee requests FMLA leave or when MCH learns that leave qualifies as FMLA leave, human resource department will, within 5 business days, provide the employee with notice WH-381 notifying the employee of their eligibility status. If the employee is eligible, Part B of WH-381 will be completed indicating the employee's responsibilities regarding certification, benefits, reporting and other related matters. If certification is requested, the employee has 15 days to return the form with complete and sufficient information. The HR Department will include the appropriate certification form for the leave type requested as explained below.

**Certification of Health Care Provider (WH-380E) and Certification of Health Care Provider (WH-380F):** If certification is required, MCH will include with the Eligibility Notice, form WH-380E if the leave is due to the employee's own serious health condition or form WH-380F if the leave is needed to care for a family member as identified in these policies with a serious health condition. The employee must return the certification within the time limit specified complete, sufficient and legible. The certification is considered incomplete if one or more of the applicable entries have not been completed. The certification is considered insufficient if the information provided is vague, ambiguous, non-responsive or illegible. MCH will notify the employee of the deficiencies and the employee will have seven days to provide a complete and sufficient certification. If the employee fails to provide a complete and sufficient certification, FMLA leave will be denied and the employee will be subject to disciplinary action for failure to follow instructions and policy.

The MCH HR manager may contact the health care provider, provide a copy of the certification and request verification of the information. If the health care provider fails to respond, FMLA leave may be denied. The HR manager may also contact the health care provider to obtain clarification or explanation of information on the certification. The employee may need to provide a medical information release to the provider so that the provider can discuss the certification, condition, and limitations with the MCH. While the employee is not required to provide a medical release, the failure of the provider to verify and/or clarify information on the certification may result in denial of the FMLA leave and the designation of the leave as unauthorized resulting in disciplinary action.

**Certification of Qualifying Exigency for Military Family Leave (WH-384):** The Human Resource Department will include this form with form WH-381 when the employee requests or MCH learns the leave or absence may qualify as leave for a qualifying exigency, circumstance #5. The form must be returned within 15 days, complete and sufficient.

**Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave (WH-385):** The Human Resource Department will include this form with form WH-381 when the employee

requests or MCH learns the leave or absence may qualify as leave to care for a covered service member, circumstance 6. The form must be returned within 15 days, complete and sufficient.

**Designation Notice to Employee of FMLA Leave (Form WH-382):** Within five business days of receiving sufficient information to make a determination regarding the leave, such as the receiving one of the certification forms, the Human Resource Department will notify the employee of the leave designation and the additional requirements of the employee with form WH-382.

[See EH Attachment 15 – Notice of Eligibility and Rights Under FMLA](#)

[See EH Attachment 16 -- Certification of Health Care Provider \(Employee\)](#)

[See EH Attachment 17 -- Certification of Health Care Provider \(Family Member\)](#)

[See EH Attachment 18 -- Designation Notice to Employee of FMLA Leave](#)

[See EH Attachment 19 -- Certification of Qualifying Exigency for Military Family Leave](#)

[See EH Attachment 20 -- Certification for Serious Injury or Illness of Covered Service member for Military Family Leave](#)

[See EH Attachment 21 – Certification for Serious Injury or Illness of a Veteran](#)

[See EH Attachment 22 – Employee Rights and Responsibilities Under FMLA](#)

### **Further Information and Complaints**

Employees who need additional information about the availability of FMLA leave should contact the Human Resource Department. Employees who believe they have been denied the opportunity to use FMLA leave or otherwise wish to file a complaint regarding their rights under the FMLA should report immediately the matter to the Human Resource Department.

### **PARENTAL LEAVE**

In accordance with North Carolina G.S. 95-28.3, MCH offers 4 hours per year leave to any employee who is a parent, guardian, or person standing in loco parentis of a school-aged child so that the employee may attend or otherwise be involved at that child's school. MCH requires the employee to provide the supervisor with a written request for the leave and the employee furnish written verification from the child's school that the employee attended or was otherwise involved at that school during the time of the leave. For the purpose of this section, "school" means any (i) public school, (ii) private church school, church of religious charter, or nonpublic school described in Parts 1 and 2 of Article 39 of Chapter 115C of the General Statutes that regularly provides a course of grade school instruction, (iii) preschool, and (iv) child care facility as defined in G.S. 110-86(3). MCH shall not discharge, demote, or otherwise take an adverse employment action against an employee who requests or takes leave under this section.

## MISCELLANEOUS PERSONNEL POLICIES

### TELEPHONE, ELECTRONIC COMMUNICATION DEVICES, AND USE

All employees of MCH must provide telephone numbers where they can be reached.

Telephones are a vital part of our organization since much of our business is conducted on the phone. **Personal use of MCH's telephones should be limited to emergencies and unusual circumstances.** Personal calls should be brief. Instruct family and friends not to call at work unless it is absolutely necessary. Personal long distance calls may not be made without maintaining accurate records and reimbursing MCH for the cost of the call. **Such calls should be made only in the case of an emergency.**

**Employees should refrain from using their personal cell phones while working and must either turn them off or leave them in their handbags, vehicles, or storage areas. Failure to comply may result in supervision or termination.**

**Personal use of cell phones for conversations, texting, posting on social networks, or use of device applications is forbidden in the workplace. MCH expects and demands full attention to clients and work tasks from all staff at all times during work hours. This includes all electronic communication devices.**

**Employees may not use cell phones while driving MCH vehicles.**

### PERSONAL COMPUTERS

Use of personal computers is forbidden at work.

### E-MAIL AND INTERNET USE

E-mail correspondence should be treated with the same care and formality as written, non-electronic correspondence. Although e-mail files have been deleted, they are susceptible to being retrieved. Do not put anything in an e-mail message that you would not want attributed to you in public. Confidential MCH information may not be transmitted electronically without the prior approval of the executive director.

Internet use is provided to help employees find information that may be useful in their work. While searches will be part of the process of finding useful information, the employee may not use the Internet connection provided by MCH to seek information that would be considered inappropriate or in poor taste. MCH deems all pornographic material inappropriate. Anyone using MCH's Internet connection to search for, download, view or transmit pornographic material will be terminated.

Any communication, including e-mail is subject to review and/or interception by MCH management. There is no implied right of privacy with written or electronic communication by telephone or computer at MCH. At all times that an employee is using MCH's Internet connection, an employee is representing MCH. Use the same good judgment in all Internet transmissions that would use in written correspondence.

Before any MCH employee can load software or programs on a company computer, he/she should provide proof of ownership and get permission from the executive director or finance director. Employees may not load programs which share or send personal information about the user. Loading or use of

stealthware or any program that conceals the use of the computer is prohibited, and any user of stealthware on an MCH computer may be terminated.

### **PRIVACY AND RIGHT OF INSPECTION**

The employee's work output, whether it be paperwork, computer files, or products belongs to MCH. As such, that work output is always subject to review by MCH, whether it is stored electronically, on paper or in any other form. In addition, business equipment, including computers, desks and lockers belong to MCH and are subject to search or investigation.

MCH also reserves the right to inspect personal property, and there is no implied right of privacy including vehicles on MCH property. Management may at any time inspect personal property on MCH property including but not limited to handbags, backpacks, fanny packs, lunch boxes or pails, etc. Refusal to cooperate with an inspection may result in termination.

Employees should store their personal belongings in a secure place where clients cannot access handbags, lunch pails, or pockets. The management of the respective facilities can help provide a suitable storage area.

Employees should not be in any facility when other staff or clients are not present without the express approval of management or the executive director unless it is the regularly scheduled shift.

### **POLITICAL CONTRIBUTIONS**

MCH respects and encourages employee participation in political activities but not on behalf of or as a representative of the organization or while at work.

### **PROTECTION OF COMPANY AND EMPLOYEE PROPERTY**

Respect and protection of company property and employee personal property is everyone's concern. If an employee finds property missing or damaged, he/she should report it to the supervisor immediately.

### **WORK PRODUCTS AND FILES**

All supplies, materials, and work products of an employee if purchased by MCH shall remain the property of MCH after resignation, discharge, or layoff of that employee. The employee may retain any personal files, but work files and other papers shall remain with the ORGANIZATION.

### **TRAVEL AND MEAL REIMBURSEMENT**

MCH reimburses employees at the current IRS rate per mile when a personal vehicle is used for *approved* travel on official business. This reimbursement is not allowed for persons under contract. A Mileage and Expense Report Form must be submitted to the executive director for approval in order to be reimbursed. Approved travel does not include travel to other MCH facilities within the same area/town as the administrative office if the position requires contact with those facilities.

Employees should complete Mileage and Expense Report forms on a monthly basis and submit before the 5<sup>th</sup> of the following month. The form must be approved by the executive director. Travel reimbursement will be paid by the 15<sup>th</sup> of the following month.

Claims for meals when eating three meals a day at MCH's expense will be reimbursed at the rate of \$20.00 per day or \$5.00 for breakfast, \$7.00 for lunch, and \$8.00 for dinner.

## **LEGAL ACTIONS**

### **Policy**

If an employee receives notification of subpoena, search warrant, investigation or other legal action which is related to employment at MCH, it is the employee's responsibility to notify the director and human resources manager immediately. MCH will seek appropriate legal counsel and provide representation as advised and required by the situation or circumstances.

### **Procedures**

1. If an MCH employee is served with a subpoena, search warrant, or is being investigated for a legal matter which involves MCH, the employee should let the HR manager or executive director know immediately.
2. If the subpoena is served on MCH premises, the employee should alert the HR manager or executive director immediately.
3. If a search warrant is served on MCH premises, while there is an obligation to allow the search to proceed since it is a court order, you should ask permission to call the HR manager or executive director immediately and should ensure the security and safety of clients.
4. Other court orders such as garnishments and informing staff are handled on a case by case basis and treated according to law.
5. If an employee is subpoenaed or investigated for a legal matter, MCH will investigate and secure appropriate counsel on a case by case basis as advised by our legal counsel.

## **EXPOSURE CONTROL**

### **Required Work Practices**

1. Employees shall wash their hands immediately after removal of gloves or other personal protective equipment.
2. Supervisors shall ensure all employees wash immediately following contact of body areas with blood or potentially infectious material, using an appropriate disinfectant soap.
3. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. Contaminated needles and sharps shall not be bent, recapped, sheared, broken or removed.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a possibility of exposure.
6. Food and drink shall not be consumed or stored in areas where blood or other potentially infectious materials are present.
7. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes splashing, spraying, or generation of droplets.
8. If conditions are such that hand-washing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.
9. All exposure incidents should be recorded on a staff incident report.

### **Personal Protective Equipment**

MCH provides, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, face shields or masks, eye protection, sharps containers where applicable, hand sanitizer, and bleach.

1. MCH shall provide personal protective equipment to their affected employees.
2. The personal protective equipment will be adequate only if it does not permit blood or potentially infectious materials to reach the employee's work clothes, skin, eyes, mouth or other mucous membranes.
3. Supervisors shall ensure that the employee uses said personal protective equipment whenever appropriate.
4. Managers shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.
5. Contaminated personal protective equipment shall be removed as soon as possible.
6. All personal protective equipment shall be removed prior to leaving the work area.
7. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
8. Gloves shall be worn when the employee/student may have hand contact with blood, potentially infectious material or contaminated items or surfaces.
9. Gloves must be discarded as soon as their ability to function as a barrier is compromised.
10. Disposable items such as gloves shall not be re-used.
11. Masks, eye protection and/or face shields shall be worn whenever splashes, spray or droplets of blood or potentially infectious materials may be generated.

#### **Housekeeping**

1. A written schedule for cleaning and methods of decontamination based upon type of surface, and the procedures being performed shall be provided.
2. All equipment and surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or potentially infectious material.
3. Protective coverings shall be removed and replaced as soon as possible after contamination.
4. Receptacles with a possibility of contamination shall be inspected and decontaminated on a regularly scheduled basis and decontaminated as soon as possible upon visible contamination.
5. Specimens of blood or other potentially infectious materials shall be placed into a closable, leak-proof container labeled or color-coded prior to being stored or transported. If outside contamination of the primary container is likely, then a second leak-proof container that is labeled or color-coded shall be placed over the first and closed to prevent leakage during handling, storage or transport. If puncture of the primary container is likely, it shall be placed within a leak-proof, puncture-resistant secondary container.
6. Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.

#### **Waste Disposal**

1. All infectious waste destined for disposal shall be placed in closable, leak-proof containers or bags that are color-coded or labeled.
2. If outside contamination of the container or bag is likely to occur, then a second leak-proof container or bag which is closable and labeled or color-coded will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.
3. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leak-proof on the sides and bottom and that are labeled or color-coded.
4. These containers will be easily accessible to personnel and located in the immediate area of use.
5. These containers will be replaced routinely and not allowed to overfill.
6. Employees must not have to insert hands into the container in order to dispose of a sharp.
7. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.

8. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.
9. Disposal of contaminated personal protective equipment will be provided at no cost to employees.

### **Requirements for Handling Contaminated Sharps**

1. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate disposal containers.
2. At all time during the disposal of contaminated sharps, containers shall be:
  - (a) easily accessible to personnel
  - (b) located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., outside bathroom facilities)
  - (c) maintained upright throughout use, where feasible
  - (d) replaced as necessary to avoid overfilling.

### **Hepatitis B Vaccine and PPD** (Revised 2/12)

MCH shall offer the hepatitis B vaccination series to all employees and clients. Two- step PPD's are required at time of hire and for all new admissions or when recommended by medical personnel.

These series shall be:

- (a) made available at no cost to the employee or client
- (b) made available at a reasonable time and place
- (c) provided according to the recommendations of the US Public Health Service.

## **VEHICLE SAFETY**

### **Purpose**

MCH wants to ensure the safety of those individuals who drive on authorized company business. Vehicle accidents are costly to MCH, but more importantly, they may result in injury to our drivers, passengers and/or others. The ultimate goal of the MCH fleet management program is zero preventable vehicle accidents each year. We expect our employees to cooperate fully by taking responsible and active roles in achieving this goal.

### **Policy**

A key to the success of the fleet management is to hold personnel responsible for the vehicle safety results within their control. All employees are individually responsible for the vehicle safety results within their direct control and are expected to hold valid driver's licenses, be knowledgeable of the rules of driving and traffic laws, and follow safe practices when operating MCH vehicles. Policy will be reviewed and evaluated annually by the safety committee. Recommendations will be submitted to the executive director.

A conviction of driving any facility vehicle while under the influence of illegal drugs will result in immediate dismissal. A conviction of driving any vehicle while under the influence of illegal drugs will be subject to review and will result in suspension of driving privileges in facility vehicles.

## **DRIVER QUALIFICATIONS**

1. All MCH drivers must possess a valid NC driver's license or valid license from another state.

2. Motor Vehicle Records (MVR's) will be ordered for each driver when hired and at least annually thereafter. MCH may conduct MVR checks more frequently if circumstances warrant. Any unusual frequency or nature of offenses will be brought to the attention of the driver.
3. Persons with Type A violations will not be permitted to drive MCH vehicles. Type A violations include DUI, reckless driving, driving while license suspended, passing a stopped school bus, etc. Type B violations will be reviewed on a case by case basis. Type B violations include speeding, failure to obey traffic signal, at fault accidents, etc.
4. All MCH employees who drive company vehicles will undergo defensive driving training before operating MCH vehicles, including an on-road evaluation and must demonstrate at least 90% proficiency.
5. Staff who drive lift vehicles must be trained on wheel chair lock downs and restraints before operating the vehicles. Documentation should be maintained in the employee file.

### **PROCEDURES IN THE EVENT OF AN AUTOMOBILE ACCIDENT**

1. When the conditions and/or regulations permit, move onto the shoulder of the road to prevent further damage/hazards. Place warning triangles or hazard signs promptly.
2. Ask someone to call **911** *if anyone is injured*.
3. Keep calm. Be courteous. Don't argue. Make no statement concerning the accident to anyone except a law enforcement official. Get the officer's name. Make no admission of fault.
4. Complete the report form which is kept in the glove box of r vehicle at the scene, if possible.
5. Obtain the names and addresses of any witnesses.
6. Obtain the names and addresses of any persons injured regardless of how minor the injury.
7. Administer first aid to clients or staff if necessary.
8. Report as soon as possible to the executive director.
9. Before leaving the accident scene, be sure you have all the facts.
10. If a client must be transported via ambulance to the emergency room, send any available emergency medical information from the vehicle with the client.
11. Get vehicle off road to safe location if possible. If unable to move vehicle, raise hood, put emergency flashers on; move clients to safe location. Do not leave clients unattended.
12. Use the cell phone or send responsible person to make emergency call. If MCH personnel are unavailable, request assistance from the investigating officer.
13. Keep all clients safe and together until help arrives. Clients are not to be left alone for any reason.

### **EMERGENCY AND DISASTER PREPAREDNESS**

#### **Purpose**

Conducting business as usual and providing continuity of care to clients is important even in the face of disaster. By nature, our jobs affect other people because we are in the business of providing residential and day program supports to persons with developmental disabilities. For this reason it is important for MCH to have strategies in case of emergency or natural disaster which provide organizational structure to prepare effectively for both external and internal disasters which might negatively affect continuity of care.

#### **Policy**

MCH has established and maintains an emergency preparedness program designed to manage the consequences of natural disasters or other emergencies that might disrupt the agency's ability to provide care. Because MCH operates in a business office, several group homes, and a day program, each facility has a separate disaster preparedness plan which is tailored to that facility's needs. The plan is maintained in each facility and is reviewed frequently and updated as clients, staff or other needs change. All staff and clients receive at least monthly training on some aspect of the plan and the entire plan is trained at least annually. Training includes discussion, input from staff and clients, review of policy, hands-on training, walk through, and mock drills.

## Definitions

**External disaster** is a civil catastrophe, either manmade or caused by an act of God which may overwhelm normal facilities. This condition may occur as a result of fire and explosions, storms, civil disorders, multiple injury accidents, etc.

**Internal disaster** is an event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of clients, such evacuation will be coordinated with emergency service personnel from the fire and police agencies.

## Procedures

1. Every MCH staff member is responsible for the effective management of risk including the identification of potential risks. Management is responsible for the development of risk mitigation plans and the implementation of risk reduction strategies. Risk management processes are integrated with other planning processes and management activities.
2. It is the responsibility of the executive director or designate to activate the emergency preparedness plan.
3. Management of each facility is responsible for developing a disaster preparedness plan for the facility and obtaining approval from the director and safety committee.
4. Staff in each facility shall be trained on that facility's plan and shall know where to locate the plan in the facility.

### [See EH Attachment 24 – Sample Disaster Preparedness Plans](#)

5. There are many potential disruptive events and the impact and probability level is difficult to impossible to determine. Staff are trained on the following potential threats or emergencies:

(a) Environmental disasters

- Electrical storms
- Fire
- Flood
- Tornado
- Snowstorm or winter storm
- Freezing conditions
- Drought/ extreme heat or cold
- Hurricane/wind
- Landslide
- Earthquake
- Epidemic or spread of contagious disease
- Contamination and environmental hazards/chemical or hazardous materials spills
- Bomb threat

(b) Organized and/or deliberate disruption

- Theft
- Violent act
- Arson
- Act of sabotage

- Act of terrorism
- Act of war

(c) Loss of utilities and services

- Communications services breakdown
- Electrical power failure
- Loss of water supply
- Petroleum and oil shortage

(d) Other Emergency situations

- Workplace violence
- Neighborhood hazard
- Lockdown
- Quarantine

6. Each of the identified threats are possibilities although some are less probable than others. Training and discussion about each should occur in staff meetings and client meetings and be recorded in the minutes of the training. All new employees receive thorough training during orientation.
7. MCH staff will also meet and plan with the Macon County Emergency Management Coordinator and follow his recommendations for disaster preparedness. Macon and Jackson County Disaster Plans are maintained on file and used in preparation of MCH policies.
8. Each facility has completed forms which provide emergency information about residential clients to 911 operators.
9. Mock drills are conducted at least annually, and all staff must be familiar with plans, emergency supplies, water and power cutoffs, and emergency procedures.
10. Terms such as shelter in place are trained and defined.

## **HIPAA**

### **EMPLOYEE RIGHTS TO HEALTH INFORMATION**

#### **Purpose**

The purpose of this policy is to provide information for MCH staff about the privacy rights that MCH employees have regarding their health information.

#### **Policy**

Per the HIPAA privacy rule, MCH employees have the following rights regarding their health information:

- employees may access and copy their health information, consistent with certain limitations;
- employees may receive an accounting of disclosures MCH has made of their Protected Health Information (PHI) for up to 6 years prior to the date of requesting such accounting. Information may not be available prior to the effective date of this policy (April 14, 2003) and certain limitations do apply as outlined in the Policy for Accounting of Disclosures;
- employees submit complaints if they believe or suspect that information about them has been improperly used or disclosed;
- if an employee believes that health information in the record is inaccurate, the employee may request MCH amend the health information;
- employees may ask MCH to take specific actions regarding the use and disclosure of their information, and MCH may either approve or deny the request. Specifically, employees have the right to request that MCH restrict use and disclosures of their individual information while carrying out treatment, payment activities, or health care operations and to receive information from MCH by alternative means, such as mail, e-mail, fax or telephone, or at alternative locations.

Employees may request to receive confidential communications about their health information.

Each employee MCH will receive a Notice of Privacy Practices that clearly explains the individual's rights regarding his/her health information.

#### **[See EH Attachment 25 -- Notice of Privacy Practices](#)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates health care providers (CEs) that electronically maintain or transmit PHI in connection with a covered transaction. HIPAA requires each CE to maintain reasonable and appropriate administrative, technical and physical safeguards for privacy and security. Entities or individuals who contract to perform services for a CE with access to protected health information, Bas, are also required to comply with the HIPAA privacy and security standards.

MCH is subject to the HIPAA regulations as a covered entity since it bills Medicaid directly. Certain BAs are also CE's. MCH is required to identify its units that meet the CE definition, ensure CE compliance with safeguard and implementation specifications, and enforcement of CE and BA compliance with the HIPAA regulations. MCH designates a HIPAA Security and Privacy Officer to provide leadership for compliance.

#### **1. Policy**

Information designated as confidential or highly confidential shall be protected from unauthorized access and disclosure, both intentional and unintentional, by all reasonable means and acceptable business practices.

## **2. Purpose**

Information designated as confidential or highly confidential must be protected so that people and computer processes not properly authorized to access or use the information are kept from it. These protections enable this organization to maintain the privacy of our clients and plan members, our employees, and internal business matters. These protections also preserve data integrity and availability by guarding against improper or unauthorized alteration, as well as loss, of confidential and highly confidential data.

## **3. Scope**

This policy applies to our confidential and highly confidential information (hereinafter referred to as confidential) such as Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996, and other information designated by this organization or by law as confidential or Highly confidential. It applies to such information in any form (written, electronic, oral). It applies to our workforce and to third parties granted access to our PHI and other confidential information.

## **4. General Rules**

Confidential information shall be protected according to the following general rules. Refer to specific policies and procedures for additional details.

- When feasible for responding to a request or providing access to data, non-confidential data will be provided instead of confidential data. For example, de-identified data will be provided instead of personally identifiable data. However, whenever confidential data is required (for example, for client care, payment for services, or regulatory reporting), it will be provided. These rules are not intended to interfere with performance of one's duties for this organization or with the fulfillment of this organization's legal and regulatory obligations.
- Access to confidential data is restricted to those with a business need to know, as defined by organization policy and procedure, who have approval in writing. Unauthorized access to confidential information is a violation of organization policy.
- Written authorization will be kept on file for the duration of the individual's access plus three months, at a minimum, and as long as required by this organization's retention policy.
- Access and disclosure will be limited to the minimum necessary information to perform an individual's work or to satisfy a third-party request, given reasonable technical or other limitations. When access is electronic, access also will be limited to the minimum level of functionality (for example, read-only access vs. update) required for the individual's work. The minimum-necessary principle will never be invoked to interfere with patient care or a patient's right to access his/her own information.
- Access to electronic confidential information will be granted through a unique user ID and a form of authentication meeting organization standards (for example, a password of the required minimum length and composition). Users may not share their unique user ID and authentication with anyone else, and users are required by policy to protect their ID and authentication from accidental disclosure or use by anyone else. If and when multifactor authentication is required by organization standards, users must comply.
- Physical and electronic access to confidential information will be halted promptly when anyone (workforce member or third party) with access no longer needs it for this organization's business purposes. This applies to job changes as well as to terminations. When the organization believes there is heightened information security risk associated with an individual, termination of access will be processed immediately upon notification.
- Access granted to a database or a record room shall not be construed as permitting access to records contained in the database or record room that are not required for the individual's work.

- Access granted to electronic systems containing confidential information will be monitored and audited when and as technically feasible for the protection of the data and the organization's assets. Use of those systems acknowledges that activity will be monitored.
- Confidential information in any form will be physically protected through reasonable measures (for example, locks on devices, locked storage rooms, private conversations).
- Confidential information in any form will be destroyed prior to disposal or as part of the disposal process (for example, paper cross-cut shredding). Confidential information will continue to be protected while awaiting disposal. When destruction is handled by a third party, the organization will obtain certification of the destruction. Confidential information will be removed from all computers and magnetic media used for organization business, regardless of device or media ownership, prior to reuse and prior to an individual's termination. Disposal and reuse will follow organization procedures.
- Confidential information backup, transport, transmission, storage, and other handling processes will follow specific policies and procedures on these topics.
- Disclosure of confidential information, in any form, for other than this organization's purposes, is prohibited, including following termination of an individual's business relationship with the organization. In special cases, written authorization for a particular disclosure may be granted by the CEO or designee.
- All MCH staff are required to attend annual security training in their responsibilities for protecting confidential information and to sign the Security and Privacy Acknowledgement. MCH staff will have access to all information security and privacy policies and procedures needed to perform their jobs in a secure manner.

## **5. Monitoring and Enforcement**

The Information Security Officer is responsible for monitoring and enforcement of this policy, with the assistance of the Privacy Officer. The role of an information security officer is to protect and monitor any and all company information from being removed, accessed or manipulated from those outside of the company. However, management and individuals share responsibility for understanding and following this policy and for reporting suspected and actual breaches of this policy. Specifically, managers are responsible for monitoring staff behavior in terms of information security and privacy, as well as ensuring that wherever confidential information is accessible, all individuals are either authorized for access to that information or they are supervised.

## **6. Penalties**

See Sanctions for Privacy and Security Violations policy. Note that sanctions are not limited to employees, nor are they limited to immediate termination of employment. Violations can lead to revocation of professional license and to civil and criminal legal action.

## **7. References**

See Glossary of Terms for definitions of PHI, workforce, and confidential data

## **8. Approval**

Upper management team/board of directors

## **9. Review Cycle**

Annual

**Criminal penalties for wrongful disclosure of individually identifiable health information by an individual, knowingly and in violation of HIPAA/HITECH by:**

1. Using or causing to be used a unique health identifier OR

2. Obtaining identifiable health information OR
3. Disclosing identifiable health information to another person

<b>Offense</b>	<b>Fines/and or imprisonment</b>
Knowing misuse	Up to \$50,000 and/or up to one year imprisonment
Knowing misuse under false pretenses	Up to \$100,000 and/or up to five years imprisonment
Knowing misuse with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm	Up to \$250,000 and/or up to ten years imprisonment

[See EH Attachment 26 -- HITECH Act Breach Notification Checklist](#)

[See EH Attachment 27 – Working Off-Site Security Agreement](#)

### **GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)**

Under Title II of GINA, it is illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs - referred to as "covered entities") from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information.

Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (i.e. family medical history). Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future. Genetic information also includes an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual, and the genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

The law forbids discrimination on the basis of genetic information when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training, fringe benefits, or any other term or condition of employment. *An employer may never use genetic information to make an employment decision because genetic information is not relevant to an individual's current ability to work.* It is also illegal to harass a person because of his or her genetic information. Harassment can include, for example, making offensive or derogatory remarks about an applicant or employee's genetic information, or about the genetic information of a relative of the applicant or employee.

It is illegal to fire, demote, harass, or otherwise *retaliate* against an applicant or employee for filing a charge of discrimination, participating in a discrimination proceeding (such as a discrimination investigation or lawsuit), or otherwise opposing discrimination.

### **EMAIL and INTERNET ACCESS POLICY**

Email, and internet usage assigned to an employee's computer or telephone extensions are solely for the purpose of conducting MCH business. Some job responsibilities at the Company require access to the internet and the use of software in addition to the Microsoft Office suite of products. Only people appropriately authorized, for MCH purposes, may use the internet or access additional software.

## **Software Access Procedure**

Software needed, in addition to the Microsoft Office suite of products, must be authorized by the director or finance director and downloaded by the finance director. If you need access to other software, talk with one of the directors.

## **Internet Usage**

Internet use, on MCH, is authorized to conduct MCH business only. Internet use brings the possibility of breaches to the security of confidential information. Internet use also creates the possibility of contamination to our system via viruses or spyware. Spyware allows unauthorized people, outside MCH, potential access to passwords and other confidential information. Removing such programs from requires staff to invest time and attention that is better devoted to progress. For this reason, and to assure the use of work time appropriately for work, we ask staff members to limit internet use to known and safe sites.

Additionally, under no circumstances may MCH computers or other electronic equipment be used to obtain, view, or reach any pornographic, or otherwise immoral, unethical, or non-business-related internet sites. Doing so can lead to disciplinary action up to and including termination of employment.

## **MCH Email Usage**

Email is also to be used for MCH business only. MCH confidential information must not be shared outside of the Company, without authorization, at any time. You are also not to conduct personal business using the MCH email. Please keep this in mind, also, as you consider forwarding non-business emails to associates, family or friends. Non-business related emails waste company time and attention. Viewing pornography, or sending pornographic jokes or stories via email, is considered sexual harassment and will be addressed according to our sexual harassment policy.

## **Emails That Discriminate**

Any emails that discriminate against employees by virtue of any protected classification including race, gender, nationality, religion, and so forth, will be dealt with according to the harassment policy. These emails are prohibited. Sending or forwarding non-business emails will result in disciplinary action that may lead to employment termination.

## **MCH Owns Employee Email**

MCH owns any communication sent via email or that is stored on company equipment. All MCH emails will be stored on the MCH server and can be retrieved for review at any time.

## **Email Retention**

E-mail messages may fall within several broad categories:

1. Transitory and duplicate messages or casual and routine communications: MCH employees sending or receiving such communications may delete them immediately and have no need for retention. Most e-mails are transitory. Transitory messages do not set policy, establish guidelines or procedures, certify transactions, or become receipts. Transitory documents serve to convey information of temporary importance. The following types of e-mail can be deleted because they are considered transitory:
  - Incoming list server messages
  - Personal emails unrelated to MCH business
  - Spam, unsolicited advertisements, sales promotions
  - Non-policy announcements
  - Published reference materials
  - Invitations and responses to meetings, etc.

- Thank you's
- Replies to routine questions such as "we're open 8 – 5", "our address is...", "the deadline is..."
- Scheduling meetings
- Out of office auto-replies
- Attachments to e-mail that are identical to records that are stored and managed outside the e-mail system pursuant to approved record retention schedules – that is information which is retained in hard copy or stored as a computer file which is backed up on the server and Carbonite.

Internal Duplicate Records: E-mail as a medium promotes expedited communication to multiple users with great ease. Consequently, e-mail systems frequently contain duplicates of a record, such as copies or extracts of documents distributed for convenience or reference. An example is the newsletter.

2. Client records or confidential client information: if a hard copy is printed and maintained in the client file, there is no retention requirement for the email. However, if there is confidential information which is shared with a client guardian or consultant, the email must be move to the Backup folder and archived on the MCH server. Failure to move such emails to the Backup folder could result in written supervision or termination.
3. MCH business emails: any emails between auditors, MCH Board of Directors concerning MCH business, the LME, or other similar parties should be retained and moved to the Backup folder.
4. The Backup folder on each MCH computer will be archived to the MCH server. Failure to move such emails to the Backup folder could result in written supervision or termination.
5. Emails will be retained for 3 years on the server and purged at that time unless there is litigation concerning certain emails or other reason to save.
6. IT personnel will monitor the archived emails and delete after 3 years.

Directors and other authorized staff have the right to access any material in employee email or on MCH computers at any time. Employee electronic communication, storage or access is not private if it is created or stored at work.

## **Social Media**

Social networking such as Facebook, My Space, You Tube, Twitter, etc. presents 2 concerns for MCH — how employees spend time at work and how employees portray MCH and MCH clients online when they are not at work.

MCH employees should understand that what they post online is public, and they have no privacy rights in what they put out for the world to see. Anything in cyberspace can be used as grounds to discipline an employee, whether the employee wrote it from work or outside of work. While MCH does not specifically forbid reference to being employed by MCH in social networking, employees should be made aware that if they post as an MCH employee, MCH will hold them responsible for any negative portrayals, reference to clients, or other confidential information. Even if the employee does not refer to MCH employment, any negative portrayal of the company, clients or confidential information will not be tolerated and may lead to supervision or termination. No pictures associated with the organization may be posted on a social network without *explicit consent and approval from a director*. MCH employees may not "friend" MCH clients on social media.

Social networking during work hours is expressly forbidden without approval from a director.

**As a condition of employment, all employees must be willing to give access to any posts or messages which make reference or imply reference to MCH or MCH consumers. Any reference to consumers or posting of pictures is a violation of HIPAA.**

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## **Media Relations**

**No one other than one of the directors of the organization may speak to media including newspaper, television, radio on behalf of MCH without the express consent of the executive director.**

**Cell phones are provided those employees, and staff are trained in how and who to contact both during working and non-working hours. Numbers are posted in each facility. Appointments for meetings with the executive director or other directors may be made by calling and scheduling. For current employees, the open door policy is acceptable if the director is available. Employee interviews are coordinated after application with the HR manager and responsible QP.**