MCH

SECTION 2: PERSONNEL POLICIES, PROCEDURES & OPERATIONS

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TABLE OF CONTENTS

SECTION/POLICY	PAGE(S)
SECTION I—CORPORATE MANAGEMENT	
Introduction	4
Delegation of Responsibilities	5
Open Door Policy	6
At-Will Employment	7
Equal Employment Opportunity	8-9
Employee Classifications	10
Job Description and Essential Functions	11
Reasonable Accommodations	12
Job Postings	13
Advancement/Promotion/Position Change	14
SECTION II—ETHICAL STANDARDS	
Introduction to Ethical Standards	15
Code of Ethics	16-17
Conflict of Interest	18
Corporate Responsibility	19-20
Conservation	21
SECTION III—EMPLOYMENT	
Application for Employment	22
Interviewing for Employment	23-24
Background Checks	25-26
Criminal History Record Information	27-28
Secondary Employment	29
Hiring & Orientation	30-31
Training Requirements	32-33
Contracted Personnel	34
Employee Appeals and Grievance	35
Pay Period	36
Paychex/Time Sheets	37
Work Schedule	38
Payroll Deductions/Earnings	39
Overtime	40
Improper or Unlawful Deductions from Pay	41-42
SECTION IV—EMPLOYEE CONDUCT	
Workplace Expectations	43

Unacceptable Workplace Conduct	44
Employee Attitude	45
Dress Code/Appearance and Personal Hygiene	46
Use of Tobacco Products	47
Substance Abuse	48-49
Drug Testing	50-51
Confidentiality	52
Unlawful Harassment	53-57
Workplace Bullying	58-59
Attendance & Punctuality	60-61
Telephone and Their Use	62
Email, Internet and Computer Use	63
Social Media	64-65
Work Products and Files	66
Privacy and Right of Inspection	67
Political Contributions	68
Protection of MCH and Employee Property	69
Legal Actions	70
Criminal Background Check	71
NC Health Care Personnel Registry	72
List of Excluded Individuals and Entities (LEIE)	73
Supervision and Progressive Discipline	74-75
Employee Performance Evaluations	76
Misconduct Investigations	77
Investigative Suspension	78
Termination/Separation or Resignation	79-80
Post-Employment References	81
Employee Records	82
Credentialing	83
Individualized Supervision Plan	84
SECTION V—EMPLOYEE BENEFITS	
Paid Time Off	85-86
Paid Holidays	87
Civil Leave	88
Parental Leave	89
Unpaid Leave	90
Religious Observances	91

Travel and Meal Reimbursement	92
Ancillary Insurance	93
Retirement Insurance Benefit	94
Life Insurance	95
401(K) Retirement	96
CNA Renewal through MCH Employment	97
Workers Compensation	98
FMLA	99-107
Returning to Work with Differences and Temporary Impairments	108
SECTION VI—HEALTH AND SAFETY	
Introduction to Health and Safety	109
Health and Safety Committee	110
Health and Safety Practices	111
Ergonomics	112
Workplace Violence Prevention	113-115
Exposure Control and Blood-borne Pathogens	116-122
Communicable Diseases	123-124
Hazard Communication	125-126
Vehicle and Driver Safety	127-129
Fire Safety	130-131
Critical Incidents	132-133
Emergencies Other Than Fire	134
Emergency and Disaster Preparedness	135
HIPAA	136

INTRODUCTION

MCH wants to develop and maintain fair and supportive relationships with its employees. MCH personnel policies are in place to ensure consistency when addressing personnel issues. MCH strives to follow all applicable federal, state, and local regulations. MCH policies, practices, and benefits are regularly reviewed and updated as needed. 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. 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 all other 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 of the agency by the MCH management team comprised of the business director, registered nurse, facility managers and qualified professionals.

See Attachment 1—Organizational Chart

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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, any member of management. Managers and supervisors are expected to be available to employees, listen to ideas and/or concerns and assist employees in resolving any problems or passing along input.

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AT-WILL EMPLOYMENT

MCH is an AT-WILL employer. At-will employment is a term used in U.S. labor law for contractual relationships in which an employee can be dismissed by an employer for any reason (that is, without having to establish "just cause" for termination), and without warning. While MCH policy encourages the use of progressive discipline to help employees correct poor work behavior, it does reserve the right to terminate employment at any time. Employees who have questions about the nature of their employment or the meaning of at-will policy should contact the executive director or business director.

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EQUAL EMPLOYMENT OPPORTUNITY

MCH provides equal employment opportunities. We hire, train, promote and compensate employees based on personal competence 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 federal, 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.

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 based on 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. *MCH 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.

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EMPLOYEE CLASSIFICATIONS

MCH has several job classifications which are based on position and defined by the Fair Labor Standards Act and other applicable laws or regulations. Employment positions are either exempt or non-exempt. Jobs are then classified as either full-time, part-time, temporary or PRN (as needed). Job classifications are stated in each job description.

Exempt employees hold executive, administrative, professional or management positions. Exempt employees are salaried and are not eligible for overtime pay. Non-exempt employees are eligible for overtime pay and are paid overtime for all hours more than 40 hours worked per week. Exempt or non-exempt status is specified in the employee's job description. All employees whose regular scheduled shift is 30 hours or more each week is considered a full-time employee and eligible for MCH benefits. Any position that is regularly scheduled to be less than 30 hours/week is considered part-time and not eligible for MCH benefits, other than those mandated by law.

While not anticipated, it may be necessary for MCH to hire a temporary worker to meet staffing 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.

PRN employees serve to help fill in shifts when there is a need for staff coverage in a MCH facility. PRN employees are cross trained among different facilities. These employees work as needed and may choose whether they want to fill in hours when offered. PRN employees do not earn paid time off or receive holiday pay and are not eligible for ancillary insurance. PRN employees are eligible for overtime under the same parameters as all MCH employees. 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 required training prior to starting to work as well as annually.

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JOB DESCRIPTION AND ESSENTIAL FUNCTIONS

Every job within MCH has a detailed description which states the essential functions and primary responsibilities of the position. A written job description is provided at the time of employment application and reviewed during the interview as well as when an employee is hired. Essential functions are often determined by service definitions, applicable state and federal laws and department of labor recommendations.

Employees must 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. Employees must be able to perform all functions of the position, essential and non-essential.

See Attachment—Job Description and Job Analysis Receipt

REASONABLE ACCOMMODATIONS

A reasonable accommodation is assistance with or changes to job duties or the workplace that will enable an employee with a disability to do his or her job. MCH will make every effort provide reasonable accommodations to a qualified employee who cannot perform non-essential job functions because of a disabling condition. Reasonable accommodation must not pose an undue hardship on MCH and the employee must not pose a direct threat to the health and safety to themselves or others. Employees and applicants wanting to request reasonable accommodation should do so in writing and present request to their supervisor or HR Manager. MCH may ask for additional documentation such as a note from a doctor or specialist to ensure the accommodation request is adequate.

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JOB POSTINGS

Available positions are posted on a bulletin board in the administrative office, our Facebook page and on the MCH website at www.maconcitizens.org. A list of available positions is provided to each residential facility and MCE. If qualified for the position, current employees may apply for any job posted by completing page 1 of the MCH application.

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ADVANCEMENT/PROMOTION/POSITION CHANGE

MCH employees may apply for other positions within MCH when openings occur. If qualified for the position, current employees interested in applying need to complete page 1 of the MCH application. Every effort will be made to promote or transfer current staff in good standing when a desired position opens. The facility manager(s), qualified professionals, business director and/or executive director will make final decisions based the best interests of the persons served who may be impacted by the change.

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INTRODUCTION to ETHICAL STANDARDS

MCH takes every measure possible to conduct its business activities with integrity, fairness and in accordance with the highest ethical standards. Employees are expected to do their jobs with the same level of integrity. 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.

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CODE OF ETHICS

MCH employees have an obligation to do more than meet legal standards and regulations: all MCH staff are expected to exercise 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. MCH and its employees will adhere to the following practices:

- Represent the interests of all people served by this organization and not favor special interests inside or outside of MCH
- Keep confidential information confidential including personal health information
- Maintain the trust of persons served and/or their families/guardians
- Maintain the trust of the community
- Focus efforts upholding MCH's mission statement
- Refrain from entering into business transactions with persons served by MCH or using their funds for personal gain
- Use billed or donated revenue for the purpose intended by the funding source
- Refrain from engaging in other employment, business relationships or services that pose a conflict of interest with MCH or the services it offers
- Ensure that all marketing materials are accurate, correctly reflect the MCH's mission
- objective and are not in conflict with any local, state, or federal regulations
- Ensure donors are informed about the value and tax implications of any contributions and that contributions are used in accordance with donors' intentions
- Carry out work responsibilities and provide services in an honest and diligent manner within the scope of all labor laws
- Ensure all activities related to the management of MCH adhere to all statutory acts, regulations or by-laws which relate to the field, as well as all civil and criminal laws, regulations and statutes that apply in their jurisdiction. Management will not knowingly or otherwise engage in or condone any activity or attempt to circumvent the clear intention of the law
- Provide accurate information on job applications, resume or in the ordinary conduct of affairs, claim and never imply a degree of competency he/she does not possess.
- Ensure all documentation and communication is accurate and timely
- Communicate ethical expectations to all employees, stakeholders and board members as well as provide opportunity for feedback, questions, and concerns to resolve ethical issues

- Refrain from accepting individual gratuities
- Allow legal guardians to work for MCH but not in the same facility as the person for whom they are responsible. Exceptions to this are only made for some recipients of NC Innovations services
- Spouses, domestic partners, nor relatives may not work together in the same facilities except for certain NC Innovations services.
- Treat all people with dignity and respect
- Ensure information posted on social networks is of a positive nature and does not violate any ethical or confidential standards

The Code of Ethics is reviewed by members of MCH management annually and approved by the board. Each MCH employee must acknowledge his/her commitment to this Code of Ethics at time of hire and at least annually thereafter. Documentation is kept in the employee record. 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. Any allegation of ethical misconduct will be investigated immediately by members of management and/or the board of directors. Results of any investigation will be documented and maintained in the personnel file and be shared with the board of directors. Substantiations of ethical misconduct are treated according to the seriousness of the infraction and may result in reprimand, suspension, or termination.

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CONFLICT OF INTEREST

MCH is a non-profit, tax-exempt organization. To maintain this status, the IRS as well as state regulatory and tax officials review the operations of MCH as a public trust. Because of this, there is a fiduciary duty between MCH and its employees, the board of directors and the public that carries the responsibility of managing MCH and its practices in a fair and honest manner. No MCH employee, board member, person served, or their immediate family shall benefit unfairly or unlawfully from any activity conducted by MCH or from any funds received or purchases made by MCH. Conflicts may occur with persons or businesses that contract with, donate to or have any operational association with MCH.

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. Exceptions may be granted by the board of directors, particularly if a competitive bid or comparable valuation exists. Any actions or exceptions will be recorded in the board minutes and reported to appropriate parties or agencies as necessary. 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.

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CORPORATE RESPONSIBILITY

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 the people we serve, fellow coworkers and the communities we work in. MCH strives to conduct business and provide services that build trust and respect from the persons we serve and our stakeholders. MCH makes every effort to eliminate waste, provide liability protection and reduce civil and criminal exposure. 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.

All MCH employees share a responsibility for ensuring that any interaction with the people we serve, their families, colleagues, shareholders, contractors, or associates are done with honesty, integrity, openness and professionalism. Since 1988, MCH has demonstrated responsible conduct and public service to the developmentally disabled which attributes to our success as a provider. Based on our history and commitment, MCH ensures the people we serve have the benefit of trained, nurturing staff who provide services that exceed standard expectations as well as offer facilities that are clean and well-maintained. Families and guardians entrust MCH staff with providing service to their family member. MCH expects its staff to reciprocate by being trustworthy and always conducting themselves with utmost integrity. The executive director is responsible for ensuring all MCH operations are conducted accordingly and reports to the board of directors at least quarterly.

Corporate responsibility is enforced by the monitoring of the following:

- Policies and procedures
- Staff training
- Internal controls
- Communication and reporting
- Investigation
- Disciplinary actions
- Self-review for compliance with federal, state and local laws and regulations

By offering education about 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. Contract affiliates are informed of requirements of corporate responsibility through the contracting process. Both annual reviews of corporate compliance and risks contribute to being corporately responsible.

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 all elements of compliance. Policy changes are noted by date in the Policies, Procedures, and Operations Manual. State-initiated, unannounced annual survey results provide feedback for corporate responsibility and provide measurement for compliance to regulations.

The executive director is responsible to investigate 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. If an allegation is made about the executive director, the president of the board of directors will direct the investigation.

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. Documentation should include a report describing the disclosure, the investigation process, the conclusions reached, and the recommended corrective action, where such action is necessary. When a potential violation of law is identified, legal counsel may be sought. Any necessary actions to correct the violation will be implemented immediately. MCH will report corrective actions to the government on a voluntary disclosure basis. If needed, MCH policies may be modified to prevent further violations. Disciplinary actions, if needed, will be implemented according to MCH policy.

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CONSERVATION

As individuals and an agency, we have a responsibility to safeguard the environment for present and future generations. To practice this responsibility, MCH has conservation standards within the organization. Recycling and energy efficiency are 2 of the simplest ways to have a positive impact on the world in which we live. The following procedures outline practical ways to conserve within our facilities and while providing services:

- Do not overheat rooms in the winter or overcool rooms in the summer
- Pull shades or curtains at night to keep heat in and cold out on cold evenings
- Do not waste water. Turn off the tap while brushing teeth and shaving
- Separate recyclables and take to recycling centers
- Recycle all aluminum cans at MCE
- Use washable napkins rather than paper napkins when possible
- Use only the amount of paper supplies that is needed
- Clean or replace air filters as recommended
- Recycle printer cartridges
- Use compact fluorescent light bulbs when possible
- When possible and if approved, use *green* chemicals for maintenance and cleaning
- Use reusable bags when shopping
- Compost when possible

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APPLICATION FOR EMPLOYMENT

MCH intends to recruit, hire, and place applicants based on the applicant's relative knowledge, skills, and abilities. The decision to employ an applicant is based on the person's qualifications for the position along with other requisite job skills. Minimum qualifications are specified in the job description. 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. If the position requires the employee to use their personal vehicle while working, the applicant must also provide proof of liability insurance (100,000/300,000 minimum coverage). All direct care staff will have Healthcare Personnel Registry checks. References are checked and documented. Applicants or new hired employees must present the following:

- completed application
- current references
- a copy of diploma or equivalency (as required for the position)
- certified transcripts (if applicable for the position)
- copies of any necessary certifications or licenses (as required by the position)
- current driver's license (as required for the position) or proof of age 18
- car insurance with proof of minimum coverage requirement (if required for the position)

If needed documentation cannot be provided, MCH will not offer the position.

See Attachment—Application for Employment

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INTERVIEWING FOR EMPLOYMENT

MCH observes sound interviewing and hiring practices that conform to applicable federal, state, and regulatory requirements. MCH intends to recruit, hire, and place applicants on the basis or the applicant's knowledge, skills, and abilities. The decision to employ an applicant is based solely on the individual's qualification for the position along with other requisite job skills. Minimum qualifications are specified in the job description.

Procedures:

1. Upon receipt in the administrative office, an application for employment is stamped with the date received and submitted to the hiring supervisor.
2. The hiring supervisor reviews the application to ensure the applicant meets job requirements and is available for the identified shift.
3. The hiring supervisor schedules an interview with the applicant.
4. The hiring supervisor and manager (if applicable) conduct the interview with an approved set of interview questions.
5. During the interview process, the following topics are to be reviewed with the applicant:
   - benefits including leave and retirement and insurance
   - salary
   - pay period
   - confidentiality
   - completion of ongoing training
   - criminal record checks
   - drug screening
   - requirement for a valid NC driver's license and any violations
   - documentation of high school graduation
   - secondary employment
   - training and orientation
   - tobacco-free, scent and drug-free environment and dress code
   - offensive behavior
   - FCRA Rights Summary
   - sleep time exclusionary agreement
   - PPD
6. The consents and releases are obtained to complete mandated background checks. These checks include the NC Healthcare Personnel Registry, List of Excluded Individuals/Entities (LEIE) criminal and MVR records through Intellicorp or fingerprinting and national record check (*if applicable****). Consents include allowing MCH to check

references, release to visit facility, sleep time exclusionary agreement (*if applicable*), confidentiality agreement and HIPAA statement.

7. Following the interview, a visit to the facility is scheduled with the applicant to meet the person(s) served and manager for their approval. If the position is for a family in the community, the applicant will meet with the family and person served for their approval.
8. The applicant must inform the MCH hiring supervisor conducting the interview within 24 hours of visit to a facility if still interested in the position.
9. When the applicant confirms continued interest in the position, the hiring supervisor may offer the job contingent on results from observations and the previously mentioned checks and screenings. These results are maintained in the personnel record if employment is offered for five years.

See Attachment—Confidentiality Agreement
See Attachment—Interview Questionnaire
See Attachment—Summary of Your Rights Under the Fair Credit Reporting Act
See Attachment—Pre-Employment Disclosure for Consumer Reports
See Attachment—Pre-Employment Authorization for Consumer Reports
See Attachment —Authority for Release of Information National Record Check and Applicant Request for Criminal History Record Information and Electronic Fingerprint Submission form***
See Attachment—Consent to Release Information to MCH (Employee)
See Attachment—Visiting MCH Facility Release
See Attachment—Sleep Time Exclusion Agreement
See Attachment—Medical History Inquiry and Release
See Attachment—Previous Employment Reference Check
See Attachment—Personal/Family Reference Check
See Attachment—NC Controlled Substance Examination Regulation Act Initial Notice to Employees/Applicants
See Attachment—Release of Liability for Drug Testing
See Attachment—Notice of Privacy Practices/HIPAA
See Attachment—List of Excluded Individuals/Entities (LEIE) Check

***Per G.S. 122C-80 (b), if the applicant has not lived in NC for 5 consecutive years, a federal criminal record check is done by the State Bureau of Investigation and includes fingerprinting. The consent to allow a federal background check will only be provided to the NC State Bureau of Investigation and not shared with other agencies

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BACKGROUND CHECKS

All offers of employment at MCH are contingent upon results of a thorough background check. Background checks will be conducted on all selected applicants. These checks will include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth and former addresses. This will be completed through E-Verify.
- **Prior Employment Verification:** confirms applicant's employment with the listed companies, including dates of employment, position held and additional information available pertaining to performance rating, reason for departure and eligibility for rehire. This verification will be run on the past two employers or the previous five years, whichever comes first.
- **Personal and Professional References:** calls will be placed to individuals listed as references by the applicant.
- **Educational Verification:** confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
- **Criminal History:** includes review of criminal convictions and probation. A national background check will be performed through Intellicorp if the applicant has lived in North Carolina for at least five years. Otherwise, MCH will utilize the State Bureau of Investigation via fingerprinting for applicants who have lived in North Carolina less than 5 years (pursuant to NCGS 122C-80, 143B-192, 131D-30, Public Law 105-277, 131D-40 and 131E-265). The following factors will be considered for applicants with a criminal history:
    - The nature of the crime and its relationship to the position.
    - The time since the conviction.
    - The number (if more than one) of convictions.
    - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to MCH, its employees or the persons receiving services.

- **Motor Vehicle Records:** provides a report on an individual's driving history in the state requested. This search will be run when driving is an essential requirement of the position. This is completed through Intellicorp.
- **List of Excluded Individuals/Entities (LEIE)**: The Office of Inspector General's LEIE provides information to health care providers regarding individuals currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs, pursuant to sections 1128 and 1156 of the Social Security Act.
- **NC Healthcare Personnel Registry:** a state-wide data base of unlicensed health care personnel who are under investigation for an allegation of abuse, neglect and/or

misappropriation of property (pending allegation investigation) or have a substantiated allegation.

- **Credit History:** confirms candidate's credit history. If applicable, this search may be run for positions that involve management of MCH funds and/or handling of cash or credit cards.

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CRIMINAL HISTORY RECORD INFORMATION

Processing Fingerprint Checks Procedure

1. Prior to obtaining a fingerprint card, a privacy statement will be provided to each applicant.
2. The applicant fills out the Electronic Fingerprint Submission Release of Information Form (EFSR), signs and dates it along with the authorized official at MCH. Additionally, they will include MCH's address and phone number.
3. The hiring supervisor completes the portion of the Applicant Information form. The applicant completes the Applicant Information form.
4. The applicant takes both the Electronic Fingerprint Submission Release Form and the Applicant Information form to Macon County Sheriff's Department.
5. The law enforcement agency reviews the forms and checks for a photo identification.
6. The law enforcement agency rolls the prints and enters the information from the form. The fingerprint data is electronically transmitted to the SBI.
7. The applicant returns the (EFSR) form to the hiring supervisor at their agency.

Security and Storage

Criminal History Record Information (CHRI) and other background information is maintained separately from the employee's personnel file in a locked in a file cabinet out of public view. Only QPs and directors of MCH are allowed access to CHRI when making hiring and termination decisions.

Dissemination

Only authorized agencies are allowed to view CHRI and personnel files. These agencies include:

- NC Department of Health and Human Services, Mental Health, Substance Abuse and Developmental Disability Division
- NC Department of Health Service Regulation

Upon written request, employee/applicant (the subject of the file) may view their CHRI. If a copy is requested, "COPY" is written across the top of the page.

Retention and Destruction

All CHRI/personnel files are kept five years after termination and then destroyed by shredding in-house. Destruction (by burning) of CHRI will be completed by the executive director and witnessed by an authorized MCH employee. Motor Vehicle Records are checked every three years for all employees.

Security Awareness Training

Basic security awareness training shall be required within six months of initial assignment for all personnel who have access to CHRI. Any misuse of CHRI by persons employed by MCH will be reported to the North Carolina State Bureau of Investigation.

Challenging CHRI Results

Applicants who believe their background check information is incomplete or inaccurate are allowed up to 30 days to challenge the results. If this is the case, applicants are given information to contact the NCSBI Civilian Services Unit for state background checks or the FBI, Criminal Justice information Services for federal background checks. Applicants may provide the results to the hiring supervisor at MCH for reconsideration. If the MCH disqualifies an applicant after consideration of all the relevant factors MCH will disclose the information contained in the criminal history check that is relevant to the disqualification. An applicant will not be automatically disqualified for a name-based check or incomplete Criminal Background check.

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Reviewed: 7/22; 8/23

SECONDARY EMPLOYMENT

MCH expects to be a full-time employee's primary job. Secondary employment cannot conflict with job performance or create a conflict of interest. MCH employees or prospective employees should notify their supervisor of any secondary employment and acknowledge the secondary job will not interfere with their MCH job duties, including attendance of mandatory staff meetings.

See Attachment—Notice of Secondary Employment

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

HIRING & ORIENTATION

Once an applicant has been offered employment, the HR Manager will schedule an orientation meeting. The following information is reviewed or gathered during the orientation meeting:

- Completion of federal and state hiring documents (NC New Hire form, I-9, W-4 and NC-4)
- Financial information for payroll purposes
- Driving information needed for use of MCH vehicles or personal vehicle insurance
- Staff information sheet for emergency contact.
- Sleep Time Exclusion Agreement (if applicable)
- Offensive Behavior form and acknowledge receipt
- Notice of secondary employment (if applicable)
- Option for Hepatitis B vaccine
- Arrange for two step PPD test through Macon County Public Health Center
- Instruction on accessing and reading the MCH Policies and Procedures Manual
- MCH Therap Access Policy and Acknowledgement
- Instruction on time sheet
- New Employee Orientation training form with explanation
- Review of Employee Handbook and Job Description
- Review of COVID-19 Vaccine Policy and Acknowledgement
- Provide information (paper copies) including instructions for newly hired employees, employee benefits, payroll schedule, facility contact information, enrollment in Paychex Flex, details of Flexcare benefit, Worker's Compensation notice, FMLA bulletin and OSHA bulletin

See Attachment—New Hire Reporting
See Attachment—Employee Financial Information
See Attachment—Offensive Behavior Acknowledgment
See Attachment—New Employee Orientation Form
See Attachment—Time Sheet
See Attachment—Policy and Procedure Review Acknowledgment
See Attachment—Employee Information Form
See Attachment—Therap Access Policy Acknowledgement
See Attachment—Sleep Time Exclusion Agreement
See Attachment—Acknowledgment of Receipt of Informative Documents
See Attachment—Confidentiality Agreement

See Attachment—Request for Laboratory Services
See Attachment—COVID-19 Mandate Policy
See Attachment—MCH Employee Handbook
See Attachment—Job Description
See Attachment—Acknowledgment of Medication Administration Restrictions
See Attachment —Hepatitis B Vaccine Form

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

TRAINING REQUIREMENTS

MCH provides a comprehensive orientation and mandatory training during the first several days of employment. Training complies with or exceeds state requirements. Employees are monitored by supervisors and professional staff for compliance. Some courses are offered online while others are directly with an MCH trainer. Depending on the course, staff must demonstrate their understanding of the training material by passing a test and/or demonstrating proficiency in action. All MCH staff who serve as trainers meet requirements as outlined by the course, licensing, regulation and/or 10 NCAC 27G.0203, 0204.

Annual refresher training is mandatory as required by state and federal regulations. Failure to complete annual training within the allotted time is subject to suspension without pay on workdays until the training is complete. Unless scheduled by management, training should not be completed while an employee is working their regularly scheduled shift.

Employee training shall consist of the following:

- rights of the persons served, and confidentiality as mandated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B
- individual needs/outcomes as outlined in the person's service plan
- CPR & First Aid
- signs and symptoms of illness
- North Carolina Interventions (NCI)
- BBP and infection control
- OSHA and hazard communication
- safety practices including ergonomics, fire, disaster preparedness, preventing violence in the workplace and emergency response
- defensive driving and lift van (if applicable)
- documentation/Therap
- medication administration
- ethics/code of conduct/unlawful harassment
- cultural competency
- corporate responsibility
- MCH Policies and Procedures

New employees are provided a MCH Employee Handbook which is reviewed with the employee at the time of hire. This handbook supplements the policies located in this manual. A copy of the Employee Handbook is available online and in each licensed facility.

Each direct care employee has a written supervision plan which is monitored by a qualified professional staff. MCH maintains documentation of initial and annual training according in personnel files. Documentation must include the date and brief description of the training, score (if applicable) and the instructor's name. Most training occurs within the first 2 - 4 weeks of employment. Documentation of some training from another agency may be considered in lieu of MCH training on a case-by-case basis.

Employees are encouraged to take advantage of any additional training available through College of Direct Supports (online training module) and Therap (electronic health record). Employees will be compensated for time spent taking non-required trainings, so long as the subject of the course relates to the employee's job duties with MCH.

See Attachment—New Employee Orientation and Training
See Attachment—In-Service Training Sign-Up Sheet
See Attachment—Employee Handbook

Revised: 8/17; 7/20; 8/22
Reviewed: 4/18; 8/19; 8/23

CONTRACTED PERSONNEL

It is often fiscally responsible to enter a contractual relationship with a professional than to employ a full-time person to fulfill certain obligations. MCH contracts with several professionals to provide consultation for the people we serve.

MCH holds its consultants and contracted business associates to the same high standards of conduct as other staff. Consultants must provide the organization with proof of credentials and current licenses. Copies of licenses and certificates of insurance are maintained in a file in the administrative office with the signed contract. Contracted personnel are subject to performance reviews each year to determine if they have fulfilled the responsibilities of their contracts. These reviews are kept within the consultant's file.

Each contracted personnel enters into a legal agreement with MCH. Contracts include the specific responsibilities of the consultant or business associate and the specific responsibilities of MCH. Contracts include confidentiality, MCH Code of Ethics, Corporate Responsibility and a business associates' agreement. Contracts are time-limited and contain a provision for ending the contract. Contracts become valid when signed in good faith by both parties.

See Attachment—Business Associates Agreement

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

EMPLOYEE APPEALS AND GRIEVANCE

MCH employees are able to file grievances at their discretion when they feel wrong doing has occurred. The following is a step by step process an employee must follow to get his or her complaint addressed:

1. An employee should present their grievance 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 executive director within 5 regular working days from the time the first step answer was due or was given.
3. The executive director or their designee should respond in writing within 5 working days after receiving the grievance. If the executive director or their designee fails to respond within this time, the employee finds the response unsatisfactory, or in cases where the executive director is the immediate supervisor, the employee may submit an appeal to the President of the MCH Board of Directors.
4. The employee shall receive an answer in writing from the board president 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. If it must take longer than 15 days for an answer, the board president must provide a reason as to why.
5. The executive director shall provide the board with all pertinent information.
6. 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 desires.
7. 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.
8. The board president will notify the employee of the decision and provide their decision in writing. This decision will be kept within the personnel file.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

PAY PERIOD

MCH pays on a standard bi-weekly basis. A schedule for pay periods is provided to employees at the time of hire and annually thereafter at the beginning of the new fiscal year. When the scheduled payday falls on a holiday, payday is the first working day following the 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. Payroll information will not be released without written authorization from the employee.

Revised: 8/17; 7/19; 7/22
Reviewed: 4/18; 7/20; 8/23

PAYCHEX/TIME SHEETS

MCH uses Paychex to track employee work time, paycheck records, leave time accrual and usage, tax document management and 401K benefit managements. At the time of hire, new employees are provided instruction on how to use Paychex Flex, an online application. Hourly employees are expected to log in at the time of their arrival to their work location and log out at the time the leave their work location. These entries serve as electronic time punches and determine the amount of reimbursement an employee receives.

Procedures

1. Upon arrival to work, employees are expected to log into Paychex, either through their website or ap to clock in for and out of work. This includes all regularly scheduled shifts as well as any voluntary shifts or trainings.
2. Paychex uses geolocation and can identify an employee's location when they are clocking in or out of the system. Any attempt made by an employee to add a time punch when they are not at their work location will be treated as fraudulent and may result in disciplinary action.
3. Should an employee miss a time punch, they should notify their direct supervisor or QP immediately for it to be corrected.
4. Any worktime that is not recorded in Paychex at the end of the pay period will be reimbursed to the employee on the next payroll.
5. In the event an employee is unable to log into Paychex successfully or if they are a new employee, a paper timesheet may be used if approved by the facility QP or business director.
6. All leave requests should be submitted through Paychex.
7. Employees are responsible for ensuring their information in Paychex is current.

See Attachment—Time Sheet

Revised: 8/17; 10/19; 7/22
Reviewed: 4/18; 7/20; 8/23

WORK SCHEDULE

The standard work week is 30-40 hours for full-time hourly employees, based on the position. Each hourly position has a scheduled shift assigned to it and cannot be changed without the approval of the employee, QP and business or executive director. Employees who have received necessary training may volunteer to cover open shifts in addition to but not in the place of their regularly scheduled hours. Work time for salaried employees is as needed 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. Overtime is calculated based on the work week, not the payroll period.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

PAYROLL DEDUCTIONS/EARNINGS

Earnings and payroll deductions are recorded on the employee paycheck report available in Paychex. Any questions about a paycheck should be directed to the business director. Deductions required or requested are as follows:

Required by Federal & State	**Authorized by Employee**
Federal Income Tax	Ancillary Insurance
State Income Tax	401(k)
Social Security Tax	
State Disability Insurance	
Garnishments/Wage Attachments	

Employees who work regularly scheduled shifts that equate to over 1040 hours/year may elect to participate in ancillary insurances offered through MCH. This does not apply to PRN staff as look behind determinations are not feasible for monthly deductions.

Revised: 8/17; 7/19; 7/22; 9/22
Reviewed: 4/18; 7/20; 8/23

OVERTIME

All hourly employees are eligible for overtime pay. Overtime must be authorized by a supervisor. Overtime rate is paid according to federal law and offered at a 1 ½ times the employee's regular hourly salary. All hours worked over 40 per work week will be paid as overtime.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

IMPROPER OR UNLAWFUL DEDUCTIONS FROM PAY

Every effort is made to ensure that compensation and pay checks are properly computed and calculated. 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 business director will investigate the matter and issue a finding before the next pay period. If the investigation confirms the deduction was improper or unlawful, the employee shall be reimbursed the amount of the deduction on the next paycheck. Incidents should be reported to the business director within 1 week of the pay date.

The salaries of employees who meet exempt status under the Fair Labor Standards Act, 29 CFR Part 541 may be reduced or be subject to deduction for the following conditions only:

- one or more full days of absence for personal reasons other than sickness or disability and the employee has no leave to cover the absence
- for sickness or disability (including workplace 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
- 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
- deductions resulting from suspensions without pay for serious violations of our workplace misconduct rules
- 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 week 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

Deductions from salaries of employees who meet exempt status under the Fair Labor Standards Act, 29 CFR Part 541, are NOT permitted by the regulation for the following conditions:

- on an hourly basis except for unpaid FMLA leave and as provided in the special rules above.

- when the office or facility is officially closed for all employees by the executive director due to inclement weather such as snow or ice
- 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

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

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. MCH expects its employees to demonstrate the following behaviors during all working hours:

- Display a positive and respectful attitude to the persons we serve, their families and fellow MCH employees
- Ensure every action, whether it is the words you use or behavior you demonstrate, promotes the independence, health, and wellbeing of the individuals we serve
- Work with honesty and integrity
- Represent the organization in a responsible manner
- Perform their jobs to a reasonable, acceptable standard
- Maintain good attendance and punctuality
- Conduct yourself in a professional manner, even when off duty
- Adhere to the practices outlined in the MCH Policies & Procedures
- Be accountable for your work
- Be flexible about job and task assignments
- Be willing to help each other instead of displaying an “it’s not my job” attitude
- Ask for help when needed
- Work safely together
- Be open to constructive feedback without being defensive or negative
- Share ideas for improvement rather than just complaining

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

UNACCEPTABLE WORKPLACE CONDUCT

The following actions are considered unacceptable workplace conduct and will result in disciplinary action:

- unlawful harassment
- violent behavior or threats of violent behavior
- confrontational behavior
- violations of rights of persons served by MCH
- failure to show up for work, excessive callouts or excessive tardiness
- reporting to work while impaired
- carrying weapons
- theft
- possession of stolen property
- falsifying documents including time records
- illicit affairs while at work
- insubordination
- use of profanity
- interfering with the work of other employees or otherwise creating an unpleasant work environment
- malicious gossip and/or the spreading of rumors about MCH or its employees, including comments on social media
- creating, posting or responding to social media or personal messages during paid work time
- driving a company vehicle while intoxicated or under the influence of a substance
- sleeping on the job

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

EMPLOYEE ATTITUDE

A positive attitude in the workplace helps employees accomplish tasks faster and in a better manner. The performance of employees to a great extent depends on the good relationship they share with their coworkers. A good relationship can be established only when employees demonstrate a positive attitude towards their work and coworkers. A positive attitude has significant benefits for the persons we serve in many aspects. Conversely, employees with negative attitudes can impact the lives of the people we serve as well as coworkers.

Good relationships among employees help build effective teams where everyone is united and works for a common cause, a positive impact in the lives of the people we serve. A positive attitude helps employees to appreciate each other's competencies and work as a team for achieving common objectives instead of being overly perturbed by inadequacies of team members. MCH expects its employees to offer positive interactions with the persons we serve, managers, coworkers, families, stakeholders, vendors, or associates. Should an employee's attitude be negative to the point that productivity or morale suffers, disciplinary action will be taken.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

DRESS CODE, APPEARANCE AND PERSONAL HYGIENE

MCH recognizes that personal appearance is an important element of self-expression and strives not to control or dictate appropriate employee appearance, specifically regarding jewelry or tattoos worn as a matter of personal choice. Dress, grooming and personal cleanliness standards contribute to the morale of all employees and persons served. Your appearance reflects the business image MCH presents to the community. While working, MCH employees are expected to maintain a clean, neat appearance and to dress according to the requirements of their position so they can be most effective in the performance of their workplace duties. This includes refraining from wearing clothing that might be considered provocative or offensive to the persons we serve, coworkers, families/guardians, or the general public. Employees should talk with their supervisor if they have questions as to what constitutes appropriate dress. Supervisors are responsible for seeing that staff under their direct supervision present a professional appearance.

MCH permits employees to wear jewelry or to display tattoos at their place of work within the following guidelines. Factors that management will consider to determine whether jewelry or tattoos may pose a conflict with the employee's job or work environment include:

- Personal safety of self or others (jewelry must be worn close to the skin so nothing or no one can become entangled or have opportunity to pull)
- Productivity or performance expectations
- Offensiveness to co-workers, persons served, guardians/family members or companies with business associations with MCH based on racial, sexual, religious, ethnic, or other characteristics or attributes of a sensitive or legally protected nature
- Corporate or societal norms

If MCH management determines an employee's jewelry or tattoos present such a conflict, the employee will be encouraged to identify appropriate options such as removal of excess or offensive jewelry, covering of tattoos, transfer to an alternative position or other reasonable means to resolve the conflict. In addition, for health and safety protections, staff must wear close-toed shoes when working in MCH group homes or at MCE.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

USE OF TOBACCO PRODUCTS

Each MCH facility is a tobacco-free environment. The use of all tobacco products is restricted to designated outside areas and only during breaks and lunch. Waste from tobacco product use should be disposed appropriately, such as fire-proof containers provided for cigarette butts. Waste from these products should not be thrown on MCH or community property but rather disposed of appropriately such as in fire-proof receptacles.

The use of tobacco products is prohibited in all MCH vehicles. **Smoke breaks are not given.** They should only be taken when other staff are available to covering services. No smoking is permitted on third shift in any facility.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

SUBSTANCE ABUSE

MCH is committed to protecting the safety, health and well-being of its employees, the people we serve and all people who encounter our workplaces and services. We recognize that drug and alcohol abuse pose a direct and significant threat to this goal which is why MCH strives to ensure a substance-free working environment for all employees. This policy is intended to comply with all state and federal laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosages and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to determine whether the medication may interfere with safe performance of his/her job. If the use of the medication does compromise the safety of the employee, fellow employees, persons served or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., notify supervisor, call in sick, use leave) to avoid unsafe workplace practices.

MCH explicitly prohibits the following:

- 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 MCH's reputation at risk.
- 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 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. The sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. MCH 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 suspicion and only of their vehicles, lockers, desks, or closets. MCH will cooperate fully in the prosecution and/or conviction of any violation of the law.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

DRUG TESTING

MCH uses a forensic laboratory that meets standards set by DHHS or the College of American Pathologists to perform procedures on a sample to detect, identify or measure controlled substances. Controlled substances are any substances listed in Schedules I-V of Section 202 of the Controlled Substance Act (21 U.S.C. S 812), as amended.

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

- Pre-employment screening
- Following any accident during work time on MCH premises or in MCH vehicles if immediate known facts of the accident indicate that impairment may have played a role
- Reasonable suspicion or cause
- On a random, "no-notice" basis and may occur if deemed necessary

Reasonable suspicion testing occurs when a manager or supervisor has a reasonable suspicion that an employee may be under the influence of a substance. In this case, a drug test may be conducted immediately. "Reasonable suspicion" will be documented using the criteria established on checklist. Employees suspected of being unfit for duty will be escorted by the supervisor or a designated MCH representative to the authorized testing location. Refusal to cooperate in the collection procedure or to take the test will result in termination.

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. 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. **Refusing to go for testing will be treated as a positive test.**

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 because of the drug test. Results will be sent to federal agencies as required by federal law.

Procedures:

1. The employee/applicant signs the NC Controlled Substance Examination Regulation Act Initial Notice to Employees/Applicants and Consent and Release of Liability for Drug Testing forms.
2. The employee/applicant is sent for drug testing.
3. When test results are received, the hiring supervisor notifies the employee/applicant of the results by telephone.
4. If the results are positive, the employee/applicant will be notified by the examiner. The hiring supervisor 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. Any employee who tests positive for an illegal drug or has an alcohol level that measures above what is legally allowed by state law will be terminated immediately.
7. If an employee tests positive, the employee has the right to have the same sample retested at a laboratory of their choice, at cost to the employee. The employee must notify the hiring supervisor within 48 hours of their decision. If the second test is negative, the employee will be reinstated as a MCH employee.
8. A negative/dilute or any other questionable result will be considered unsatisfactory for all screenings and will necessitate a retest. The result of the second test shall become the test of record, and MCH will determine whether the applicant/employee is eligible for employment.

See Attachment—NC Controlled Substance Examination Regulation Act Initial Notice to Employees/Applicants
See Attachment—Release of Liability for Drug Testing
See Attachment –Reasonable Suspicion Drug Testing Checklist

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

CONFIDENTIALITY

Employees of MCH have access to confidential information about the persons served by MCH. Records and documents that contain confidential information are maintained in accordance with legal requirements. It is the right of the persons we serve to have their information treated as confidential by any MCH employee or stakeholder. All employees must agree to keep confidential information secure by signing an Assurance of Confidentiality agreement at the beginning of employment. This agreement is updated at least annually along with training on confidentiality.

UNLAWFUL HARASSMENT

MCH strives to create and maintain a work environment in which people are treated with dignity, decency, and respect. The environment should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. Employees should be able to work and learn in a safe yet stimulating atmosphere. For that reason, MCH will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, MCH will seek to prevent, correct and discipline behavior that violates this policy.

All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension or termination of employment.

Prohibited Conduct Under This Policy

MCH, in compliance with all applicable federal, state and local anti-discrimination and harassment laws and regulations, enforces this policy in accordance with the following definitions and guidelines:

Discrimination

It is a violation of MCH's policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information or marital status.

Discrimination of this kind may also be strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act 1964, the Age Discrimination Act of 1975, and the Americans with Differences Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws. Violation of this policy will be subject to disciplinary measures up to and including termination.

Harassment

MCH prohibits harassment if any kind, including sexual harassment, and will take appropriate and immediate action in response to complaints or knowledge of violations. For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate, slander or coerce an employee, co-worker or any person working for or on behalf of MCH.

Verbal taunting (including racial and ethnic slurs) that, in the employee's opinion, impairs his or her ability to perform his or her job is included in the definition of harassment.

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive, slanderous or unwelcome regarding a person's nationality, origin, race, color, religion, gender, sexual orientation, age, body, disability or appearance, including epithets, slurs and negative stereotyping.
- Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital or other protected status.

Sexual Harassment

Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited. MCH uses the definition provided by the Equal Employment Opportunity Commission (EEOC) to classify acts of sexual harassment.

Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

- Is made explicitly or implicitly a term or condition of employment
- Is used as a basis for an employment decision
- Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcome.
- Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, facsimiles, e-mail, photos, text messages, tweets and social media postings; or other form of communication that is sexual in nature and offensive.
- Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing and fondling and forced sexual intercourse or assault.

Courteous, mutually respectful, pleasant, non-coercive interactions between employees, including men and women, that are appropriate in the workplace and acceptable to and welcomed by both parties are not considered to be harassment, including sexual harassment.

Retaliation

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Retaliation or attempted retaliation in response to lodging a complaint or invoking the complaint process is a violation of this policy. Any person who is found to have violated this aspect of the policy will be subject to sanctions up to and including termination of employment.

Consensual Romantic or Sexual Relationships

MCH strongly discourages romantic or sexual relationships between a manager or other supervisory employee and his or her staff (an employee who reports directly or indirectly to that person) because such relationships tend to create compromising conflicts of interest or the appearance of such conflicts. In addition, such a relationship may give rise to the perception by others that there is favoritism or bias in employment decisions affecting the staff employee. Moreover, given the uneven balance of power within such relationships, consent by the staff member is suspect and may be viewed by others or later by the staff member as having been given as the result of coercion or intimidation. The atmosphere created by such appearances of bias, favoritism, intimidation, coercion or exploitation undermines the spirit of trust and mutual respect that is essential to a healthy work environment. If there is such a relationship, the parties need to be aware that one or both may be moved to a different department, or other actions may be taken.

Additionally, employees engaging in consensual romantic relationships with another MCH employee are to refrain from any displays of inappropriate workplace behavior while either one or both are at work. This includes close physical contact, displays of affection, using romantic or provocative language in front of others or any action that takes away from either employee's attention away from their job duties. Such actions interfere with the professionalism MCH expects from its employees and often creates an awkward or uncomfortable environment for the persons we serve and other MCH employees.

Filing a Complaint

MCH will handle all complaints swiftly and confidentially to the extent possible considering the need to take appropriate corrective action. Lodging a complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. Because of the damaging nature of harassment to the victims and to the entire workforce, aggrieved employees are strongly urged to use this procedure. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

During the complaint process, the confidentiality of the information received, the privacy of the individuals involved and the wishes of the complaining person will be protected to as great a degree as is possible. The expressed wishes of the complaining person for confidentiality will be considered in the context of the company's legal obligation to act on the charge and the right of the charged party to obtain information. In most cases, however, confidentiality will be strictly maintained by the company and those involved in the investigation. In addition, any notes or documents written by or received by the person(s) conducting the investigation will be kept confidential to the extent possible and according to any existing state or federal law.

Employees who have observed or experienced violation of this policy should file a complaint. The following outlines the complaint procedure. MCH will treat all aspects of the procedure confidentially to the extent reasonably possible.

Procedures:

1. An individual who feels harassed, discriminated or retaliated against may initiate the complaint process by filing a complaint in writing with the program QP or executive director. No formal action will be taken against any person under this policy unless a written and signed complaint containing sufficient details to determine if the policy may have been violated has been received. If a supervisor or manager becomes aware that harassment or discrimination is occurring, either from personal observation or because of an employee's coming forward, the supervisor or manager should immediately report it to the program QP or executive director.
2. Within five working days of receiving the complaint, the QP or executive director will notify the person(s) charged of a complaint and initiate the investigation to determine whether there is a reasonable basis for believing that the alleged violation of this policy occurred.
3. During the investigation, the complainant, the respondent and any witnesses to determine whether the alleged conduct occurred will be interviewed.
4. Within 10 business days of the complaint being filed, the person conducting the investigation will conclude the investigation and submit a written report of his or her findings to the executive director. The executive director will be responsible for notifying the president of the board of directors.
5. If it is determined that harassment or discrimination in violation of this policy has occurred, the appropriate disciplinary action will be implemented. The appropriate action will depend on the following factors: a) the severity, frequency and pervasiveness of the conduct; b) prior complaints made by the complainant; c) prior complaints made against the respondent; and d) the quality of the evidence (e.g., first-hand knowledge, credible corroboration).
6. If the investigation is inconclusive or if it is determined that there has been no violation of policy but potentially problematic conduct may have occurred, appropriate preventive action may be recommended.
7. After the investigation is concluded, the person conducting the investigation will meet with the complainant and the respondent separately, notify them of the findings of the investigation, and inform them of the action being recommended.

8. The complainant and the respondent may submit statements challenging the factual basis of the findings. Any such statement must be submitted no later than five working days after the meeting with the investigator in which the findings of the investigation are discussed.
9. The executive director will review the investigative report and any statements submitted by the complainant or respondent, discuss results of the investigation with management staff as may be appropriate, and decide what action, if any, will be taken. The decision will be in writing and will include findings of fact and a statement for or against disciplinary action. If disciplinary action is to be taken, the respondent will be informed of the nature of the discipline and how it will be executed.

Alternative Legal Options

Nothing in this policy may prevent the complainant or the respondent from pursuing formal legal remedies or resolution through local, state or federal agencies or the courts.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

WORKPLACE BULLYING

MCH promotes a healthy workplace culture where all employees can work in an environment free of bullying behavior. MCH wants its workplaces to be free from toxicity and abusive behaviors. Bullying not only affects the person targeted but also impacts those who witness the behavior. Workplace bullying is unacceptable and will not be tolerated it under any circumstances. This policy applies to all employees, regardless of his or her employee status (i.e., managerial vs. hourly, full-time vs. part-time, employee vs. independent contractor). Any employee found in violation of this policy will be disciplined, up to and including immediate termination. Independent contractors found to be in violation of this policy may be subject to contract cancellation.

MCH considers the following types of behavior to constitute workplace bullying. Please note, this list is not meant to be exhaustive and is only offered by way of example:

- Staring, glaring or other nonverbal demonstrations of hostility
- Exclusion or social isolation
- Excessive monitoring or micro-managing
- Social media harassment (online bullying) characterized as using the internet to stalk, intimidate, harm or disgrace another person, whether on MCH operated sites or personal sites on a public format such as Facebook/Meta, TikTok, YouTube, Linkedin, Twitter, Instagram, etc.
- Work-related harassment (work-overload, unrealistic deadlines, meaningless tasks)
- Being held to a different standard than the rest of an employee's work group
- Consistent ignoring or interrupting of an employee in front of co-workers
- Personal attacks (angry outbursts, excessive profanity, or name-calling)
- Encouragement of others to turn against the targeted employee
- Sabotage of an employee's work performance
- Stalking
- Unwelcome touching or unconsented-to touching
- Invasion of personal space
- Unreasonable interference with an employee's ability to do his or her work (i.e., overloading of emails)
- Repeated verbal abuse, such as the use of derogatory remarks, insults and epithets
- Conduct that a reasonable person would find hostile, offensive, and unrelated to the employer's legitimate business interests.

Cyberbullying

Cyberbullying is any type of bullying act or harassment that takes place online or use of electronic devices. This includes social media platforms, SMS and messaging services, apps, forums, or email. The effects of cyber bullying can range from slight upset to acute fear, anxiety or depression, which may likely impact on performance at work or prevent an employee from working.

Behavior that makes someone feel intimidated or offended could be constituted as bullying or harassment. It will often involve someone sending, posting or sharing negative, offensive, harmful, false or humiliating material about someone, or otherwise acting in a manner to them which is intentionally mean or intimidating. Examples include spreading malicious rumors, unfair treatment, picking on or regularly undermining someone or not promoting them for spurious reasons.

Cyber bullying can also include sharing personal or private information, sharing photos with a view to causing embarrassment or humiliation, as well as hacking someone's account or tricking them into sharing personal information. Alternatively, the bullying may be by way of deliberately leaving someone out.

The United States National Labor Relations Board (NLRB) allows employers to hold employees accountable for their personal posts on social media or other uses of technology if the post/comment/message falls under the above definitions of harassment or bullying.

Procedures

MCH encourages all employees to report any instance of bullying behavior. Any reports of this type will be treated seriously, investigated promptly and impartially. MCH further encourages all employees to formally report any concerns of assault, battery, or other bullying behavior of a criminal nature to the local police department. MCH requires any supervisor who witnesses any bullying, irrespective of reporting relationship, to immediately report this conduct to the program QP or executive director. Any substantiated case of bullying will result in disciplinary actions.

This policy does not preclude individuals who believe they are being bullied from promptly advising the offender that his or her behavior is unwelcome and requesting that such behavior immediately stop. MCH will protect an employee who reports bullying conduct from retaliation or reprisal.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

ATTENDANCE & PUNCTUALITY

Timely and regular attendance is an expectation of performance for all MCH employees. To ensure adequate staffing, positive employee morale, and to meet expected productivity standards throughout the organization, employees will be held accountable for adhering to their workplace schedule, including attendance of mandatory staff meetings and trainings. In the event an employee is unable to meet this expectation, they must obtain approval from their supervisor in advance of any requested schedule changes. Leaving a voicemail or texting the manager or contacting a coworker does not constitute approval. An employee is deemed absent when he/she is unavailable for work as scheduled and such time off was not approved.

MCH residential facilities must continue to operate during periods of bad weather. Employees of these facilities are expected to make every effort to report to work. If an 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. Repeated tardiness or excessive absences will result in disciplinary action. Additionally, calling out at the last minute should only occur in times of emergency.

An employee is deemed to be tardy when they:

- Fail to report for work at the scheduled work time. In these instances, managers or QPs may replace the tardy employee for the full shift. In the instance, the supervisor has the discretion to replace the employee for their whole shift
- Leaves work prior to the end of scheduled work time without prior approval from their supervisor
- Takes an extended break period without approval

Reporting Hours Worked

Employees are required to follow established guidelines for recording their actual hours worked. A missed clock in/out is a violation of this policy and includes:

- Failure to clock in/out in Paychex at the beginning and/or end of their assigned shift
- Failure to accurately and timely report time worked
- Failure to report missed time punches to manager or QP

Supervisors should monitor their employees' attendance on a regular basis and address unsatisfactory attendance or tardiness in a timely and consistent manner. If supervisors notice a pattern of unscheduled use of PTO, they should discuss this concern with the employee. Supervisors have discretion to evaluate extraordinary circumstances of a tardy, absence or

failure to document time worked and determine whether to count the incident as an occurrence. The supervisor may require documentation of reasons for absence such as jury duty, excuse from a medical doctor, etc. 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 program QP or executive director will send a letter advising the employee of the action by certified mail to the employee's last known address.

Revised: 8/17; 10/19; 7/22
Reviewed: 4/18; 7/20; 8/23

TELEPHONES AND THEIR USE

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. Employees who are provided a cell phone by MCH based on job requirements are expected to carry and respond to work calls in a timely manner.

Using your personal cell phones for conversations, texting, posting on social networks or use of device applications is not allowed during worktime. This activity takes away from the care you provide to the persons served by MCH. Employees should not use their personal cell phones while working and must either turn them off or leave them in their handbags, vehicles or storage areas. Employees may not use cell phones while driving MCH vehicles.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

E-MAIL, INTERNET AND COMPUTER USE

E-mail correspondence should be treated with the same care and formality as written, non-electronic correspondence. 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, employees should 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. Progressive discipline will be used with employees making and/or posting personal messages/videos to social media during work hours.

Before any MCH employee can load software or programs on a company computer, he/she should contact the business director. MCH contracts with Wired, Inc. for all IT support. The Business director will contact Wired when necessary to ensure software used is compatible and appropriate for use on MCH-owned devices. Employees may not load programs which share or send personal information about the user. Loading or use of stealth ware or any program that conceals the use of the MCH device is prohibited.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 8/23

SOCIAL MEDIA

At MCH, we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

Guidelines

In the rapidly expanding world of electronic communication, *social media* can mean many things. *Social media* includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether associated or affiliated with MCH, as well as any other form of electronic communication.

The same principles and guidelines found in MCH policies and three basic beliefs apply to your activities online. Unless instructed to by a supervisor, due to confidentiality, you should never post pictures with persons served on your personal page nor mention any of them by name on your social posts. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of coworkers or affects persons served and/or their families may result in disciplinary action up to and including termination. Similarly, any inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Express only your personal opinions. Never represent yourself as a spokesperson for MCH. If MCH is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of MCH.

Be Respectful

Always be fair and courteous to the persons we serve, their families and people who work on behalf of MCH. You are more likely to resolved work-related complaints by speaking directly with your co-workers or by utilizing our Open Door Policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious,

obscene, threatening or intimidating, that disparage or might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment based on race, sex, disability, religion or any other status protected by law or company policy.

Be Honest and Accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about MCH, coworkers, persons served or their families or stakeholders.

Using Social Media at Work

Using social media while on work time or on equipment MCH provides, unless it is work-related as authorized by your manager is not allowed.

Retaliation is Prohibited

MCH prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Imp. 9/22
Reviewed: 8/23

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 MCH.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

PRIVACY AND RIGHT OF INSPECTION

Any work an employee is being paid to do, whether paperwork or electronic work, is property of MCH. As such, any work produced is subject to review by MCH, whether it is stored electronically, on paper or in any other form. In addition, business equipment, including computers, tablets, cell phones, desks and lockers belonging to MCH may be inspected.

Any communication, including e-mail, is subject to review by MCH management. There is no implied right of privacy with written or electronic communication by telephone or computer at MCH.

Employees should store their personal belongings in a secure place, away from public access. The management of the respective facilities can help provide a suitable storage area if needed.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

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.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

PROTECTION OF MCH AND EMPLOYEE PROPERTY

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

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

LEGAL ACTIONS

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 executive director or business director immediately. MCH will seek appropriate legal counsel and provide representation as advised and required by the situation or circumstances.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

CRIMINAL BACKGROUND CHECK

MCH conducts a criminal background check on all employees during initial employment before working with the people we serve. MCH also rechecks criminal background every 3 years for the continued protection of the people we serve and for the protection of employees if charges, either real or false, are rendered.

The following procedure will be used when conducting background checks:

1. MCH will obtain consent from those employees who have been employed more than 3 years for a criminal background recheck.
2. Identified employees who have worked 3 years or more will be given "A Summary of Your Rights Under the Fair Credit Reporting Act" brochure.
3. The employee will be informed of any findings.
4. If there are any findings which would affect continued employment such as charges of abuse or neglect or felony, a Notice of Adverse Employment Action form will be completed and provided to the employee.
5. If there are any findings which would affect continued employment such as charges of abuse or neglect or felony, management will meet with the employee and give the employee a chance to explain or prove the information is incorrect. The employee will have up to 2 weeks to have the record changed if they believe the information is incorrect.
6. In some cases, management will review a background check that has findings other than abuse/neglect and may offer employment or continue employment if the findings do not suggest the potential for harm to the persons served or MCH.

See Attachment—Notice of Adverse Action
See Attachment—Preliminary Notice of Adverse Action

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

NC HEALTH CARE PERSONNEL REGISTRY

Most unlicensed health care workers, or Direct Support Professionals (DSP) who provide services in health care are capable and caring individuals. However, when certain allegations are suspected to involve a DSP, health care employers like MCH are required to submit reports to the Health Care Personnel Registry (HCPR) Investigations Branch. When the Health Care Personnel Registry law (NCAC 131E-256) passed, it incorporated the investigations and "findings" of the Nurse Aide I Registry and expanded the types of reportable allegations and health care facilities reporting allegations. The NC Health Care Personnel Registry contains information available to health care employers about potential employees who are under investigation or have substantiated findings listed on the registry.

Under both state and federal regulations requirements [10A NCAC 13O .0101(6); G.S. § 131E-256(b)] , MCH completes a registry check on every applicant being considered for hire. If the applicant is listed with either "pending" or "substantiated" findings on the HCPR, MCH will not offer employment. Likewise, if an active MCH employee commits an action that results in a report to the HCPR, the employee will be terminated.

Reportable Allegation Types and Status

The registry contains information about unlicensed health care workers who have been reported for any of the following allegations:

- Abuse of a person receiving services
- Neglect of a person receiving services
- Misappropriation of property (from a person served or facility)
- Diversion of an individual's or facility's medications
- Fraud against a person receiving services or facility

Due Process Rights

The DSP's due process rights related to administrative actions are respected for a "pending" listing and a substantiated "finding" listing. The due process rights include an opportunity to file a petition for a contested case hearing and have the matter heard by a fair and impartial body, the Office of Administrative Hearings, a separate state agency.

Implemented: 7/22 (practice occurred prior to implementation of policy)
Reviewed: 8/23

LIST OF EXCLUDED INDIVIDUALS AND ENTITIES (LEIE)

Under the Social Security Act (rule sections 1128 and 1156), MCH is required to ensure none of its employees are on the List of Excluded Individuals/Entities (LEIE). The LEIE is a data base, overseen by the Office of the Inspector General, to exclude any persons or agencies from federal health care programs Medicare and Medicaid. Individuals may be excluded for reasons that fall into one of two categories: permissive or mandatory. However, exclusions are applied broadly in both categories. Excluded individuals are prohibited from furnishing all types of services including administrative and management services. Because some of the services MCH provides are federally funded through Medicaid, no person on the list may be employed by MCH. Employing a person on the LEIE may subject MCH to a monetary penalty by the Office of the Inspector General.

The following procedure will be used when conducting a LEIE check:

1. Prior to offering employment, the HR manager will complete a LEIE check on any employment applicant. If the applicant is found to be an excluded individual, MCH will not make an employment offer.
2. The HR manager will complete a LEIE check on all employees at least annually and document findings in the personnel file.
3. The employee will be informed of any findings.
4. If there are any findings which would affect continued employment, a Notice of Adverse Employment Action form will be completed and provided to the employee.
5. If there are any findings which would affect continued employment, management will meet with the employee and give the employee a chance to explain or prove the information is incorrect. If it is determined the employee is on the list in error, the HR manager and/or executive director will follow the process to request an individual waiver from the OIG.
6. If MCH or the employee is unable to obtain a waiver, the employee will be terminated.

See Attachment—Notice of Adverse Action
See Attachment—Preliminary Notice of Adverse Action

Implemented: 7/20
Reviewed: 7/22; 8/23

SUPERVISION AND PROGRESSIVE DISCIPLINE

MCH believes that employees want to and will do a good job if they know what is required to perform the job properly. Reasonable rules concerning personal conduct of employees are necessary so the services MCH provides are done so professionally and effectively. 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.

Progressive discipline is designed to give employees opportunity to correct poor work practices to ensure the persons MCH supports receive the highest quality of service. Degrees of discipline are generally progressive and are used to ensure that the employee can correct his or her performance. There is no set standard of how many verbal 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.

Below are the four stages of supervision and how they are carried out:

1. Record of Conversation: depending on the nature of the issue, discipline will start as a conversation between the supervisor and employee. The supervisor will review the workplace behavior that needs improvement, explain what is expected and why, as well as state how to improve the behavior. This conversation will be recorded and maintained by the supervisor on a Record of Conversation form.
2. Verbal warning: if the behavior continues or if the nature of the behavior is more serious, a verbal warning will be given. The supervisor along with a professional staff, and/or director will meet with the employee and explain MCH's expectations, what behavior must change and what changes the employee must make to improve their work performance. The employee will have the opportunity to respond and explain or defend their actions. Verbal warnings will be documented on the Record of Employee Supervision/Warning form by the supervisor and maintained in the personnel record.
3. Written warning: the final stage of discipline, a written warning will be issued when an employee fails to change a behavior previously addressed through verbal warnings or if the nature of the violation warrants a higher level of discipline. The immediate supervisor, professional staff and/or director will discuss the violation and determine together when a written warning will be issued prior to meeting with the employee. The same procedure will be followed as with a verbal warning. Written warnings are

also documented on the Record of Employee Supervision/Warning form by the supervisor and maintained in the personnel record.

4. Termination: if the employee fails to improve the behavior after progressive discipline or if the nature of the violation warrants, an employee will be terminated.

See Attachment—Record of Conversation with Employee
See Attachment—Record of Employee Supervision/Warning

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

EMPLOYEE PERFORMANCE EVALUATIONS

MCH understands the importance of providing employees with the training and tools necessary to do their jobs. To ensure employees are performing to expectations, MCH conducts annual reviews of an employee's performance, efficiency and attitude over the course of their employment. Performance evaluations benefit supervisors and employees by identifying how to bring out their respective best. Employees may receive performance appraisals any time deemed necessary to improve performance, with a more formal evaluation at the end of 1 year.

Procedures

At least annually, the supervisor will complete a MCH Performance Evaluation form on the employee. The bookkeeper tracks when annual performance evaluations are due and notifies the employee's supervisor. The supervisor may confer with professional staff who have contact with the employee to assess performance. Performance evaluations contain measurable goals that are assessed at the next performance evaluation as well as an assessment of the previous year's goals, if applicable. Professional and management staff may receive a narrative letter in lieu of the Performance Evaluation tool to allow for a broader review of skill application.

See Attachment—Performance Review for Management
See Attachment—Performance Review for Non-Exempt

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20

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: executive director, business 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 5 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 misconduct 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.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

TERMINATION/SEPARATION or RESIGNATION

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 terminate an employee at any time, with or without notice, for any reason not prohibited by law.

VOLUNTARY RESIGNATION

Employees who want to resign and remain in good standing with MCH are asked to give an appropriate notice. This is to allow supervisors time to find coverage for the vacancy created by the resignation, something that is critical in the type of services MCH provides.

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 their current rate of pay **if** these requirements are met:

- written notice of 14 days for direct care employees
- written notice of 30 days for management, administrative or professional employees
- works scheduled shifts during the entire notice period (14 or 30 days) unless released from this obligation by the executive director
- the employee has been employed longer than 180 days

Procedure

1. If an employee tells the immediate supervisor that they plan to quit, the supervisor should notify the program QP *immediately*.
2. Employees may complete a MCH Voluntary Resignation form or submit in writing that they are voluntarily resigning.
3. If the employee refuses to put his/her resignation in writing, the manager or QP 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.
4. The program QP will mail an exit interview questionnaire to the employee along with a SASE. Any feedback will be presented to the executive director.

The 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.

See Attachment—Voluntary Resignation

INVOLUNTARY TERMINATION

MCH works to retain good employees. Unfortunately, some employees must be terminated for reasons such as inappropriate or unlawful behavior, unsatisfactory work performance and/or violation of MCH policy.

Procedures

1. When a supervisor determines that an employee's job performance warrants termination, the supervisor should notify the program QP and/or executive director.
2. The supervisor, QP and director will be reviewed the individual's employment history and facts, confer about the matter, and initiate an informal investigation into the circumstances as well as determine if the employee:
    - was aware of workplace expectations
    - was warned, if appropriate
    - displayed conduct or violated rules that warrant termination
3. During the investigation period, the executive director and the QP will determine if suspension is appropriate until the investigation is complete.
4. Depending on the nature of the matter, MCH may confer with a consultant or an attorney at any time.
5. The employee will be requested to meet with the supervisor and one other member of the management team as appropriate.
6. During the meeting, the employee will be advised of the termination decision and *may* be given the option to resign provided the employee puts the resignation in writing.
7. Terminations will be documented on the Record of Supervision/Warning and maintained in the personnel file.

See Attachment—Employee Reference from MCH

REDUCTION IN FORCE

Due to changes in programs, funding or with the persons served by MCH, there may be times when MCH must lay off employees. In such cases, it is MCH's intent to avoid abrupt, arbitrary, or unfair practices. MCH will make every effort to assist employees in finding other employment within MCH if possible. Employees who are laid off will be paid for any remaining PTO.

REINSTATEMENT AFTER SEPARATION

Employees who separate employment 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.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

POST-EMPLOYMENT REFERENCES

To protect employees 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.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

EMPLOYEE RECORDS

MCH maintains personnel files on all employees. It is critical for employees to inform MCH of any changes in contact information (name change, address, phone number) or personal status (i.e., marital status, dependents, etc.) as 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. The executive director is the custodian of all personnel records and is responsible for keeping them safe. The executive director authorizes the bookkeeper to have access of these records to perform necessary duties including filing and tracking of required documents.

Employee records are maintained according to all federal and state requirements. All information contained in an employee's personnel file, other than the information which is a matter of public record is confidential. Information that is found in public records includes:

- name
- age
- date of original employment
- current position and/or title
- separation

Medical information is maintained in a separate file according to federal law. Employees may review their personnel files once every 12 months by contacting the executive director and arranging a time to do so. Except for records and information that are legally required to be provided to government agencies, no information will be released unless there is a request in writing from the employee on file. Photocopies of records are provided only as required by law.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

CREDENTIALING

Each position within MCH has specific education and/or work experience requirements. These requirements are usually defined by federal and state rules that govern the services MCH provides. MCH ensures all employees meet the mandated requirements to perform their job and possess any credentials required to do so.

At the interview, applicants are required to provide documentation showing proof of education level and, when applicable, licensing. Once hired, the employee receives all necessary and required training to meet credentialing requirements. Credentialing is documented on the Professional and Management Employee Credentials Record for professionals or the Employee Supervision Plan Agreement for paraprofessionals.

See Attachment—Professional and Management Employee Credentials Record
See Attachment—Supervision Plan Agreement

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

INDIVIDUALIZED SUPERVISION PLAN

Employees working directly with the persons supported by MCH will be supervised by a Qualified Professional (QP). QP's are responsible for the oversight of the delivery of services. As a part of this oversight, employees providing direct services will have individualized supervisions plans that are completed by a QP. This oversight by the QP offers the support direct care employees may need to ensure they are providing services in a way that meets the rules and policy that govern the service. This plan along with times of supervision is documented on the Employee Supervision Plan Agreement.

Procedures:

1. Supervision must occur at least quarterly. When it occurs, the employee will sign a Supervision Log to verify they did meet with the QP. The QP will record the topics reviewed and date of the supervision on the employee's individualized supervision plan.
2. Those being supervised by a QP may contact the QP at any time for clarification, support or guidance.

See Attachment—Individualized Supervision Plan
See Attachment–Supervision Log

Revised: 8/17; 9/22
Reviewed: 4/18; 8/19; 7/20; 8/23

PAID TIME OFF (PTO)

MCH wants employees to take periodic breaks from work. Paid time off, or PTO, allows employees to take paid breaks from work. All full-time employees are eligible for this benefit. Employees start earning PTO once hired but must work 6 months before using PTO.

PTO is earned in hourly increments on a monthly basis and under the following conditions:

- per pay period (unless there is notice of termination)
- during approved PTO
- jury duty
- military leave

Employees do not continue to earn PTO during these events:

- unpaid leave
- for the final pay period after notice of resignation
- FMLA after PTO is exhausted

PTO is accrued according to the schedule below:

Completed years of service	Hours Earned/Month	Hours Earned/Year
Less than 2 years	10	120
2 years to 5 years	13	156
5 years to 10 years	16	192
10 years to 15 years	19	228
More than 15 years	21	252
More than 25 years	24	288

Procedures for Use of PTO:

1. PTO may be taken in increments of 30 minutes or more.
2. PTO can be used when an employee is scheduled to work. PTO cannot be used to add any hours above what an employee is regularly scheduled to work.
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, at such time an employee voluntarily ends their employment with MCH, a maximum of 240 hours will be paid.

5. Requests to use PTO should be made to the immediate supervisor in as much advance as possible using Paychex.
6. Employees must submit requests to their supervisors for time off exceeding 2 days at least 2 weeks in advance. 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 one employee requests time off for the same date or week. Staffing ratio requirements may limit how many leave requests can be approved.
7. Any employee who terminates employment and is rehired will be treated as a new employee, accruing PTO accordingly.
8. Any employee who voluntarily resigns with appropriate notice or is laid off will be paid for up to 240 hours of accrued PTO according to policy.
9. Separated employees who are due payment for PTO hours will be paid the next payday following termination after paperwork is received and processed.
10. Any employee who is involuntarily discharged or fails to provide appropriate notice forfeits any payment of accrued PTO.

Donating PTO

Because MCH employees sometimes experience hardships or difficult circumstances, MCH allows other employees to donate accumulated PTO. The employee who receives the donated PTO must exhaust his/her own PTO and personal leave days. Donors must have at least 80 hours of banked PTO and may donate up to 3 days or 24 hours of leave without approval from a director. Any PTO donation requests greater than 24 hours must be approved by either the finance or executive director.

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

Cashing Out PTO

Any employee may cash out dollar for dollar any amount of PTO. The employee must leave at least 80 hours or 2 weeks in the PTO bank to cover vacations, illnesses, etc. before cashing out. Employees should complete a PTO Cash Out Request form and submit it to the business director no later than the Friday before a pay period ends. 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 in which you made the request. 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 for cause.

See Attachment—PTO Cash Out Request

Revised: 8/17; 7/19; 9/22
Reviewed: 4/18; 7/20; 8/23

PAID HOLIDAYS

MCH observes the following holidays:

- New Year's Day
- Martin Luther King, Jr. Holiday
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving (Thursday & Friday)
- Christmas Eve
- Christmas Day

The administrative office and MCE are closed for observance of the above holidays. 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 time for non-exempt employees in residential programs will apply to the actual holiday.

Procedures

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 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 unless the employee is regularly scheduled to work.
6. Employees on unpaid FMLA or unpaid leave will not earn paid holidays nor will employees working a notice unless they work on the holiday.

Revised: 8/17; 7/20; 7/22; 12/22
Reviewed: 4/18; 8/19; 8/23

CIVIL LEAVE

When an employee serves on a jury, MCH will provide paid leave up to 40 hours in addition to the fees received for jury duty. This paid leave also applies to any time an employee spends attending initial court duties once they have been summoned. Employees who do not report back to work immediately after being released from jury duty forfeit this benefit.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

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 a school-related event for their child. MCH requires the employee to provide a written request to use the leave to their immediate supervisor as well as offer some form of documentation from the school to reflect the event occurred.

For 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) childcare facility as defined in G.S. 110-86(3). MCH will not take any adverse action against an employee who requests or takes leave under this section.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

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.

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. Immediate supervisors approve unpaid leave requests.

See Attachment—Leave without Pay Request

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20 7/22; 8/23

RELIGIOUS OBSERVANCES

Employees who need time off to observe religious practices or holidays not already scheduled by MCH should speak with their supervisor. Depending upon business needs, the employee may be able to work on a day that is normally observed as a holiday and then take time off for another religious day. Employees may also be able to switch a scheduled day with another employee, or take vacation time, or take off unpaid days. MCH will seek to reasonably accommodate individuals' religious observances.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

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 business director for approval 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 form monthly and submit to the business director. The business director has 10 business days to issue reimbursement, which is done so via check to the employee.

Claims for meals when eating three meals a day at MCH's expense will be reimbursed at the rate of $50.00 per day or up to $10.00 for breakfast, $15.00 for lunch, and $25.00 for dinner.

See Attachment—Mileage and Expense Report

Revised: 8/17; 8/20; 7/22
Reviewed: 4/18; 8/19; 8/23

ANCILLARY INSURANCE

All regularly scheduled employees are eligible to purchase ancillary insurances offered through MCH. Benefits begin on the first day of the month following a 60-day waiting period.

MCH works with vendors to offer a variety of ancillary coverages such as short- and long-term disability, vision, dental and cancer, to name a few. Prior to the beginning of the fiscal year (July 1st), employees may meet with the vendors to determine what ancillary coverages they would like. These are all at a cost to the employee and are deducted from each biweekly check. Some coverages are pre-taxed, some-post taxed. Employees have the right to change stop their elections at any time.

Revised: 8/17; 7/19; 5/23
Reviewed: 4/18; 7/20; 7/22; 8/23

RETIREMENT INSURANCE BENEFIT

For persons meeting eligibility, MCH provides retirement insurance benefits. These benefits include partial reimbursement for the cost of their individual insurance as well as the option to enroll in any ancillary plans MCH offers and for which they qualify.

Eligibility Criteria

Retirement insurance benefits are available to former employees who meet all the following criteria:

- The individual must be a former employee of MCH. No individual currently employed by MCH in any capacity may qualify for this benefit.
- The individual must have accrued 20 years of service in a full-time capacity (greater than 1,560 hours worked each year) with MCH.

Individuals meeting the above conditions are eligible to receive reimbursement up to $150 per month from MCH for the purchase of their individual health insurance plan. The retiree must submit proof of payment within 60 calendar days of premium payment to MCH to request reimbursement. MCH will then reimburse the retiree for the cost of their health insurance coverage up to $150 per month. No payments will be made directly to any insurance providers.

Additionally, retirees will be offered the opportunity to enroll in ancillary plans offered through MCH for which they qualify. MCH will not cover any portion of the election but will manage the billing and payment of these plans. At the time of open enrollment, MCH will provide retirees information regarding ancillary plan options. If interested, it will be up to the retiree to follow through with election and enrollment. Retirees who choose to enroll in an ancillary plan will be billed monthly by MCH for the full cost of their elections. MCH will assume responsibility for payment to the ancillary plan provider.

Revised: 8/17; 7/19
Reviewed: 4/18; 7/20; 7/22; 5/23; 8/23

LIFE INSURANCE

MCH offers all full-time employees a group life insurance plan at no cost to the employee. This is to offer our employees basic protection in the event of their passing. Part-time and relief employees working less than 30 hours per week are not eligible for this plan. New employees will receive this benefit on the first day of the month following their first 60 days of employment. The specific coverage is provided by the insurance carrier.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 7/22; 8/23

401(K) 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 work at least 1000 hours in a year. Employees may participate in the plan the month after meeting eligibility criteria. The HR manager will contact employees when they become eligible. A Roth 401(k) is also offered.

MCH matches dollar for dollar up to the first 6% of employee contribution. Contributions are made twice each month. Employees may make changes to their contribution percentage at any time by contacting the business director. Changes to investment choices must be made directly Edward Jones, either by setting up a meeting with their consultant or by completing the request online. MCH employees may not make recommendations per IRS rules.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

CNA RENEWAL THROUGH MCH EMPLOYMENT

Employees who are certified nursing assistants (CNA), may renew their licensing through their qualified work experience at MCH. As outlined in the NC Board of Nursing rules, the qualified work must meet all the following criteria:

1. The work is for pay.
2. The duties are those of a nurse aide (refer to the N.C. Board of Nursing Nurse Aide I Task List).
3. The duties are supervised by a registered nurse.
4. The number of hours worked is at least eight during the aide's 24-month registry listing period.

The MCH employee seeking renewal must report their employment on a scanned renewal form, which they are responsible for obtaining from the N.C. Board of Nursing. Prior to completing the form, it is the responsibility of the employee to contact the MCH RN and schedule time for the RN to observe the employee providing care. The RN will determine the amount of time and tasks needed to satisfy the monitoring requirement. Once the observation is complete, the employee and the RN will complete the renewal form together. It is the employee's responsibility to make sure their work will qualify and that they can have their renewal forms signed by the RN at the appropriate time for renewal. Renewal requests can only be presented while you are an employee of MCH, not after termination.

Implemented: 3/19
Reviewed: 7/20; 7/22; 8/23

WORKERS COMPENSATION

Workers' compensation is a form of insurance providing wage replacement and medical benefits to you if you are injured while at work. MCH wants employees to report when they are injured at work. Even if you had an accident but do not think you have an injury, always contact your immediate supervisor. We want you to receive care when it is needed.

If you are hurt at work, you will be paid through the end of the workday on the day of the injury. Worker's Compensation goes into effect after 7 days. Until worker's compensation starts, employees may choose to take PTO or unpaid leave. After 7 days, the employee will then be paid by worker's compensation and not MCH. Worker's Compensation reimburses at the rate of 66 2/3 percent of your regular salary. It will pay medical bills in accordance with the rules and regulations established by the NC Industrial Commission. The insurance carrier is solely responsible for the payment of workers' compensation benefits when the injury is the result of any reasonable, expected work activity or is required by MCH. An employee on extended worker's compensation leave (for 4 weeks or more) who is not eligible for FMLA and has used all other leave will be responsible to pay for their own insurance. Falsification of a worker's compensation claim will result in termination.

Procedures:

1. Following an accident, as soon as possible, staff should contact their immediate supervisor and notify them of the accident.
2. Staff should complete a staff incident form and submit it to the administrative office as well as notify the program QP.
3. If you are advised by your supervisor to seek medical attention, your supervisor or the program QP will provide you the paperwork needed to receive treatment.
4. In looking at potential causes for workplace accidents, a post-accident drug test may be conducted if the known facts of the accident indicate that impairment may have played a role. Determination on whether to proceed with a post-accident drug test will be made by the immediate supervisor, program QP and/or director.

See Attachment—Staff Accident/Incident Report

Revised: 8/17; 11/18; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

FAMILY, MEDICAL, AND FAMILY MILITARY LEAVE

In accordance with the Federal Family and Medical Leave Act of 1993 and as amended also by the National Defense Authorizations Act of 2008, MCH provides unpaid leave from work under certain circumstances (FMLA and 29 CFR Part 825).

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women. FMLA provides employees with up to 12 weeks of unpaid, job-protected leave per year. It ensures employees their group health benefits be maintained during the leave. FMLA leave and protections are provided to employees if they meet the eligibility requirements as well as the reporting requirements of MCH.

MCH employees will receive FMLA coverage for any of the following reasons:

- for the birth and care of the newborn child of an employee;
- for placement with the employee of a child for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition;
- to take medical leave when the employee is unable to work because of a serious health condition; or
- to care for a spouse, child, (includes adult children), parent or next of kin, who are a covered service member, 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

Employees are eligible for leave if they have worked for MCH for at least 12 months and worked at least 1,250 hours in those 12 months. Whether an employee has worked the minimum 1,250 hours of service is determined according to FLSA principles for determining compensable hours or work. Time taken off work due to pregnancy complications can be counted against the 12 weeks of family and medical leave.

The 12-month period is a rolling 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, 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 or is on lay off is not eligible (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 lay-off, the FMLA leave and protections terminate upon the lay-off.

FMLA Leave Is a Legal Requirement

Unlike other types of "leave" provided by MCH, FMLA leave is 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

MCH FMLA policy uses and adheres to terms and definitions as provided through the federal standard. Please reference the federal standard for specific definitions of terms.

Exigency Leave

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.
8. 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 childbirth, 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.
9. 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.
10. 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.
11. 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."
12. 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-service member, 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 can 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 and to care for an injured or ill covered service member.

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 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. 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 if foreseeable, the employee should 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 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 program QP the potential FMLA event. Supervisors who fail to immediately report potential FMLA events may 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 workplace rights and protection posters. In addition, a copy of this policy and WH Publication 1420 will be given to all employees upon employment.

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 executive or business director 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 program QP or executive director 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 program QP 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): MCH will include this form with form WH-381 when the employee requests or MCH learns the leave of 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 Service member for Military Family Leave (WH-385): The program QP will include this form with form WH-381 when the employee requests or MCH learns the leave of 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 decide regarding the leave, such as the receiving one of the certification forms, the program QP will notify the employee of the leave designation and the additional requirements of the employee with form WH-382.

Further Information and Complaints

Employees who need additional information about the availability of FMLA leave should contact their QP or the executive director. 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 executive director or, if it involves complicity by the executive director, the employee should contact the president of the board of directors.

See Attachment—FMLA Notice of Eligibility and Rights Under FMLA
See Attachment—FMLA Certification of Health Care Provider (Employee)
See Attachment—FMLA Certification of Health Care Provider (Family Member)
See Attachment—FMLA Designation Notice to Employee of FMLA Leave
See Attachment—FMLA Certification of Qualifying Exigency for Military Family Leave
See Attachment—FMLA Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave
See Attachment—FMLA Certification for Serious Injury or Illness of a Veteran
See Attachment—FMLA Employee Rights and Responsibilities Under FMLA

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

RETURNING TO WORK WITH DIFFERENCES AND TEMPORARY IMPAIRMENTS

MCH is committed to providing and promoting a safe and healthy workplace for our employees. Preventing accidents, injuries and illnesses is our primary objective.

When an employee is injured on the job, MCH will use our return-to-work process to assist the employee in returning to work as soon as medically feasible. Management staff will assist as needed in arranging for immediate and appropriate medical attention for employees who are injured on the job.

The goal is to return injured employees to their original jobs. If an injured employee is unable to perform all the tasks of the original job, MCH will make every effort to provide a transitional work assignment that meets the injured worker's capabilities when possible.

Employees returning from illness or injury should submit documentation from their healthcare provider that they are fit for full duty or limited duty with restrictions to their program QP. 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. The employee should possess all the requisite skill, experience and education, associated with the position. MCH cannot 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 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.

Revised: 8/17; 11/18; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

INTRODUCTION to HEALTH & SAFETY

The persons served and employees of MCH are our most important asset. Every effort is made to protect them by providing a safe and healthy work environment. Ensuring safety and health are prime responsibilities of each supervisor. In addition, each employee is also expected to practice established safe work habits. MCH complies with the intent of safety and health standards outlined under the Occupational Safety and Health Act of 1970.

Revised: 8/17
Reviewed: 4/18; 8/19; 7/20; 8/23

HEALTH AND SAFETY COMMITTEE

The MCH Health and Safety Committee is composed of at least 50% non-management employees and strives to follow the guidelines outlined in General Statute 95-252. The health and safety coordinator facilitates the selection process of the committee members. The following outlines the make-up and function of the committee:

1. The Health and Safety Committee shall, within reasonable limits and in a reasonable manner:
   - review the safety and health program established by MCH
   - review incidents involving work-related fatalities, injuries and illnesses
   - review complaints by employees regarding safety or health hazards.
   - review reports or documents relating to occupational safety and health
   - conduct inspections of the worksites at least once every three months
   - conduct inspections of worksites in response to complaints by employees or committee members regarding safety or health hazards as needed
   - conduct interviews with employees in conjunction with inspections of the facilities
   - conduct quarterly meetings and maintain written minutes of the meetings
   - measure employee exposure to toxic materials and harmful physical agents
   - make recommendations regarding policy changes to the executive director
2. The coordinator, in cooperation with the safety committee, will conduct a thorough inspection to be made within the workplace as often as necessary but at least once every 3 months. Particular attention will be given to employee work habits in addition to identifying hazardous conditions. During this inspection, employees will be consulted and their concerns addressed. A written record of the inspection results and corrective actions taken will be maintained by the coordinator. Dates shall be established for correcting each hazard noted during an inspection. Correction of hazards will be tracked by the coordinator. Managers shall be responsible for ensuring correction of hazards in their facilities. The safety coordinator is responsible for ensuring correction of hazards in the administration building.
3. Serious hazards which present great danger to employees will be corrected on the spot, when possible, and a written report made to or by the coordinator.
4. File copies of all inspections will be retained in the administrative office for 5 years.

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Reviewed: 4/18; 8/19; 7/20; 8/23

HEALTH AND SAFETY PRACTICES

MCH is committed to providing a safe environment for its employees and the persons receiving services. Prior to working directly with the persons served, employees receive training on health and safety practices including handling external and internal emergencies as well as practices recommended by OSHA. Refresher training is covered through house meetings, staff meetings, on-line training and routine emergency drills.

Procedures

1. Emergency telephone numbers (fire, rescue, etc.) are posted near every telephone unit in MCH facilities.
2. The Safety Committee provides guidance and information regarding emergency and disaster training and drills to facility managers.
3. Emergency/Disaster Drills follow an annual schedule to ensure all types of drills are covered and involve all facility shifts.
4. Every employee receives First Aid/CPR prior to providing services and as required to maintain their certification.
5. Employees are trained on the use of personal protective equipment for each job and ensure the PPE is good working condition before using.
6. Smoking is permitted only in designated outside areas.
7. Firearms and other types of dangerous weapons are not allowed on any MCH property.
8. Employees receive annual safety training including but not limited to fire safety, disaster preparedness, emergency action plans and staff injury response.
9. Personal injuries (other than first aid), property damage, accidents, “near misses” that might have resulted in personal injury, and all occupational illnesses are promptly and thoroughly investigated to determine what happened, why it happened, and what should be done to prevent recurrence of similar mishaps or conditions.
10. The health and safety committee review all such reports and recommend any further action necessary.
11. A debriefing will occur any time there is a staff incident/accident in a timely manner following any necessary investigation.
12. Employees who knowingly violate these rules or established safe work practices will be subject to appropriate disciplinary actions. Flagrant violations may result in immediate termination of employment.

See Attachment—Accident Investigation

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

ERGONOMICS

Ergonomics is the scientific study of people at work. The goal of ergonomics is to reduce stress and eliminate injuries and disorders associated with the overuse of muscles, bad posture, and repeated tasks. This is accomplished by designing tasks, workspaces, controls, displays, tools, lighting, and equipment to fit the employee´s physical capabilities and limitations.

Identifying problem jobs involves several steps. MCH examines staff injury and illness records to discover any patterns in ergonomics-related injuries/illnesses and wants to assist employees in jobs where they are exposed to certain risk factors including:

- performance of the same motions or motion pattern every few seconds for more than 2 hours at time
- fixed or awkward work postures for more than a total of 2 hours (for example, overhead work, twisted or bent back, bent wrist, kneeling, stooping, or squatting).
- use of vibration or impact tools or equipment for more than a total of two hours.
- unassisted manual lifting, lowering, or carrying or anything weighing more than 25 pounds more than once during the work shift.

Procedures

1. Employees should immediately report any symptoms of discomfort that may be associated with their job duties to their supervisor and follow MCH protocol for addressing any injury or illness.
2. Supervisors will fill out the OSHA 300 Injury and Illness Form and other required forms.
3. All work procedures that result in worker injury or illness, regardless of their nature, will be investigated by the safety coordinator, safety committee and/or executive director.
4. If an employee experiences a musculoskeletal disorder, the program QP, safety coordinator and executive director will meet to determine if a corrective plan is needed and, if so, implement recommendations from the plan prevent similar injuries from occurring in the future.
5. If additional practices, procedures, or training need to be implemented to improve ergonomic design at the workplace, employees will be notified and trained accordingly.
6. MCH will not implement any policy or practice which discourages reporting unsafe work conditions or which results in discrimination or reprisal against any employee who makes a report.
7. MCH will offer training at least annually on workplace practices that promote good ergonomics.

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Reviewed: 4/18; 8/19; 7/20; 8/23

WORKPLACE VIOLENCE PREVENTION (WPVP)

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.

MCH is concerned and committed to our employees' safety and health. We hold zero tolerance for violence in the workplace and will make every effort to prevent violent incidents from happening. Prompt and accurate reporting should be made of all violent incidents whether physical injury has or has not occurred. We will not discriminate against victims of workplace violence.

MCH will not tolerate (zero tolerance) or condone violence, including homicide, physical attacks, emotional abuse, verbal abuse, harassment, threats (physical or verbal), sexual assaults, property damage, sabotage, or theft by employees. MCH expects the full support of this policy by all employees and all persons doing business with MCH.

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. Carrying weapons, with or without a valid permit to carry, is not permitted on MCH property. Weapons include guns, knives, explosives and other potential weapons.

MCH conducts employee training programs in violence prevention and planning for response to acts of violence. The MCH Safety Committee reviews any incidents of violence, analyzes and reviews 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, worker's 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 director.

At least annually, upper management should review any reports from the safety committee about workplace violence 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.

Preventive Actions

All employees should follow the actions below to minimize risk of violence:

1. Keep doors in facilities locked to outside entry.
2. Pull 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 leave after dark, another staff should monitor until the one leaving is safely inside 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 should park near the facility entrance.
8. Outside lights should always be in working order and must be reported to maintenance immediately when burned out.
9. Management should monitor streetlights and report to the power company when out.
10. Post emergency numbers by all phones and tape to the portable phone.

Crisis Safety Plan

For all MCH facilities, staff should follow these steps to address potential or actual violent situations:

1. Outside doors should always be locked.
2. Unless for persons on official business for inspection or maintenance, only the people we support should have visitors.
3. If an unknown person comes to the door, assess the situation and get identification if possible but do not allow entrance into the facility.
4. If the unknown individual asks to use a telephone, offer to make the call but do not allow them to come inside.
5. Turn on outside entry lights after dark.
6. 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 persons served to another part of the building.
7. If you cannot get to the phone to call 911, pull the fire alarm at the nearest pull station.
8. Do not try to evacuate the people we support unless it is safe to do so. If you can evacuate, alert administrative staff and wait for instructions or follow the instructions of emergency personnel.

Imminent Danger

If an employee feels their safety or the safety of the persons the support is in imminent danger and following the crisis plan is not an option, the following steps should be taken:

1. 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 the persons served.
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 safety coordinator, program QP and executive director will conduct an independent investigation into the incident and, in conjunction with other management, take appropriate action to prevent future incidents.

Reporting

Please immediately report an incident of workplace violence to your supervisor. The supervisor should contact the program QP or executive director as soon as possible. The supervisor, program QP, safety coordinator and/or executive director will investigate the alleged threat, including interviewing any witnesses and completing an employee incident report. 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.

See Attachment—Self-Inspection Security Checklist

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

EXPOSURE CONTROL AND BLOOD-BORNE PATHOGENS

Blood-borne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needle sticks and other sharps-related injuries as well as the potential for contact with body fluids of persons served by MCH may cause employees to be exposed to blood-borne pathogens. The jobs most likely to be exposed include direct support professionals, facility managers, QPs and nursing staff.

MCH is committed to providing a safe and healthful work environment for our entire staff and the persons we serve in accordance with the OSHA Blood-borne Pathogens Standard (29 CFR 1910.1030). In pursuit of this goal, the following exposure control plan (ECP) is a key document to assist MCH in implementing and ensuring compliance with the standard, thereby protecting our employees. The Exposure Control Plan is reviewed by the upper management team at least annually and updated whenever necessary as follows:

- to reflect new or modified tasks and procedures which affect occupational exposure
- to include new or revised employee positions with occupational exposure
- to review and evaluate the exposure incidents which occurred since the previous update
- to review and respond to information indicating that the Exposure Control Plan is deficient in any area.

EXPOSURE CONTROL PLAN

1. At the end of each fiscal year, the nurse, safety coordinator and/or executive director review each job position and complete a risk appraisal survey to determine employees who are at risk for occupational.
2. Any time employees assume responsibilities that place them at risk for exposure, all of the exposure control procedures in the Plan shall apply.
3. A copy of the Exposure Control Plan must be accessible in the workplace to all employees at risk for exposure.
4. Universal precautions shall be observed to prevent contact with blood or potentially infectious materials. Unless differentiation between body fluid types is possible, all body fluid types shall be considered potentially infectious material.
5. Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The containers shall be:
    - puncture resistant
    - labeled or color coded

- leak proof on the sides and bottom
- constructed in such a manner so it is not necessary for a person to reach into the container to retrieve sharps.

6. If specimen containers leave a facility, they must be labeled in accordance with the communication of hazards section of this policy.
7. If the primary container begins leaking or outside contamination occurs, it shall be placed within a secondary container which meets all the construction and labeling requirements.

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 a temporary measure, employees should 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 appropriate personal protective equipment to employees.
2. Employees will be trained in the use of personal protective equipment.
3. Contaminated personal protective equipment shall be removed as soon as possible.
4. All personal protective equipment shall be removed prior to leaving the work area.
5. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
6. Gloves will be worn when an employee may have hand contact with blood, potentially infectious material or contaminated items or surfaces.
7. Gloves must be discarded as soon as their ability to function as a barrier is compromised.
8. Disposable items such as gloves shall not be re-used.
9. 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 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 times during the disposal of contaminated sharps, containers shall be:
   - easily accessible
   - 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)
   - maintained upright throughout use, where feasible
   - replaced as necessary to avoid overfilling.

Sharps Containers for Contaminated Sharps

All containers for contaminated sharps shall be:

(a) rigid
(b) puncture resistant
(c) leak-proof on the sides and bottom
(d) portable, if portability is necessary to deposit in a stationary disposal container
(e) properly labeled as required

Cleaning and Decontamination of the Worksite

1. General requirements:
   - Managers shall ensure that the worksite is maintained in a clean and sanitary condition.
   - Managers shall determine and implement an appropriate written schedule for cleaning and decontamination of the worksite.
   - The method of cleaning or decontamination used shall be effective and shall be appropriate for the: location within the facility; type of surface or equipment to be treated; type of soil or contamination present; and tasks or procedures being performed in the area.
   - All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
2. Specific requirements:
   - Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when surfaces become overtly contaminated, there is a spill of blood or other potentially infectious material, procedures are completed.
   - All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
   - Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the shift if they may have become contaminated during the shift.

Hepatitis B Vaccine and PPD

MCH offers the hepatitis B vaccination series to all employees and persons served. Two- step PPD's are required at time of hire or start of services or when recommended by medical personnel.

These series shall be:

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

Acceptance/Declination of Vaccination Series

1. Employees must sign a statement declining the vaccination series if he/she so chooses.
2. Employees who accept the vaccination will receive information about the vaccine
3. Employees who decline the hepatitis B vaccination need to sign a statement which will be placed in the employee's confidential medical file.
4. If an employee initially declines the vaccination but later (while still covered by this policy) desires to get it, MCH will arrange for the employee to receive it.
5. Documentation of the employee's vaccination status will be maintained in the employee file.

Post-Exposure Evaluation and Follow-up

1. Should an employee be exposed to a potentially infectious material, an immediate confidential medical evaluation and follow-up will be arranged which includes:
   - documentation of the route(s) of exposure and circumstances under which exposure occurred
   - HBV and HIV antibody status of the source (if known)
   - circumstances under which the exposure occurred
   - a description of the exposed employee's duties as they relate to the exposure incident
   - results of blood testing, if available
   - all employee medical records, including vaccination records, relevant to the treatment of the employee
2. The attending health care professional will provide their opinion to MCH concerning recommended limitations upon the employee's ability to perform all the duties of the job and copies of progress notes related to the results of the medical evaluation.

Communication of Hazards

1. Labels shall be affixed to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or potentially infectious material with the following exceptions:
   - red bags or containers may be substituted for labels
   - individual containers of blood or potentially infectious material that are in a labeled container during storage, transport, shipment or disposal.

2. The required labels shall be the International Biohazard Symbol (IBS) including BIOHAZARD written under the symbol.

3. The labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
4. Labels shall be affixed in a way to prevent loss or removal.
5. Red bags or red containers may be substituted for labels on containers of infectious waste.

Information and Training

1. All employees with occupational exposure will participate in a training program at no cost to the employee and during working hours.
2. Training shall be provided as follows:
   - at the time of initial assignment to tasks where occupational exposure may take place and
   - at least annually thereafter.
   - additional training will be provided when changes such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
   - material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
3. The training program shall contain at a minimum the following elements:
   - an accessible copy of the regulatory text of this standard and an explanation of its contents
   - general explanation of the epidemiology and symptoms of blood-borne diseases
   - explanation of the modes of transmission of blood-borne pathogens
   - explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan
   - explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM
   - explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment
   - information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
   - explanation of the basis for selection of personal protective equipment
   - information on vaccines, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge

- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident the medical follow-up that will be made available and the procedure for recording the incident on an incident report
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- explanation of the signs and labels and/or color coding of contaminated blood or fluids
- opportunity for interactive questions and answers with the person conducting the training session

See Attachment—Blood-borne Pathogen Risk Appraisal Survey
See Attachment—Exposure Control Plan Review

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

COMMUNICABLE DISEASES

MCH recognizes its responsibility to protect the health of the persons we serve and employees from the risks posed by infectious diseases. MCH also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality and be treated in a nondiscriminatory manner.

MCH requires all staff to observe universal precautions as a routine to prevent exposure to disease-causing organisms. MCH provides necessary equipment/supplies to implement universal precautions. All staff and clients are trained in appropriate handwashing.

Communicable diseases are those that can be transferred from an infected person to another individual such as MRSA, hepatitis A, influenza, measles, meningitis, mumps, etc. Communicable disease is an infectious disease that can be transmitted from one infected organism to another. Examples of these include SARS viruses, cholera, malaria, etc.

Prevention & Control

1. Persons served by MCH must have immunizations that are current. MCH will retain documentation of immunizations within individual records.
2. Staff are offered Hep B vaccination.
3. Staff are trained on and expected to follow universal precautions. Persons served are assisted with universal precautions as needed.
4. Anyone with infectious diseases that can be transmissible (such as, but not limited to, chicken pox, influenza and conjunctivitis) should follow exposure control protocol as recommended by the nursing staff and local health departments.
5. There are certain specific types of behaviors (i.e., biting or scratching) or conditions (i.e., frequent bleeding episodes or exposed lesions) which could potentially be associated with transmission of both blood-borne, and non-blood-borne pathogens. No staff or person served, regardless of whether he or she is known to be infected with such pathogens, should be at work or around others in the community unless these behaviors or conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure. Recommendations will be followed according to nursing staff, local health departments and the primary physician.
6. MCH staff shall ensure that confidentiality rights are strictly observed in accordance with law. Security of medical records will be maintained
7. Staff should not report to work with symptoms of communicable disease unless it is one that is protected by universal precautions.

8. Persons served should remain at home when exhibiting symptoms until the nurse recommends resuming their normal activities.

Identifying and Reporting

1. Staff should report identifying symptoms and signs of illness to nursing staff immediately.
2. The nursing staff will investigate, examine and seek the appropriate medical care.
3. MCH will follow the recommendations of medical personnel.

Revised: 8/17; 7/22
Reviewed: 4/18; 8/19; 7/20; 8/23

HAZARD COMMUNICATION

The purpose of Hazard Communication or HAZCOM is to ensure employees are aware of work hazards and how to protect themselves, to reduce the incidence of a chemical source illness and injury. Chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). OSHA's Hazard Communication Standard is designed to ensure that employees receive information about these hazards and their associated protective measures. It is MCH's intent to operate within full compliance of the rules established OSHA's 29 CFR 1910.1200 Hazard Communication.

Chemical Inventory List and Safety Data Sheets (SDS)

All MCH facilities contain chemicals used for cleaning and general building maintenance. Anyone who encounters chemicals needs to know what those chemicals are and how to protect themselves. Within each MCH facility, there is an OSHA book containing a list of and information on the chemicals that are known to be present. Your manager will show you its location during orientation. Your manager maintains the chemical inventory list and related work practices used in the facility and will update the list as necessary.

Information regarding chemicals in our facilities are on Safety Data Sheets or SDS's. These are fact sheets for chemicals which pose a physical or health hazard in the workplace. SDS's provide employees with specific information on the chemicals they use. Employees shall have access to the SDS during all work shifts. MCH ensures SDS's are current and available to employees.

Labels

Every chemical label from a manufacturer should have an intact label with three specific pieces of information on it. This includes the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer and importer or other responsible party. The chemical identity is found on the label, the SDS, and the chemical inventory. The chemical identity used by the supplier may be a common or trade name, or a chemical name. The hazard warning is a brief statement of the hazardous effects of the chemical (i.e., "flammable", or "cause lung damage"). Factory adhered labels must meet minimum OSHA HAZCOM standards.

Labels need to be legible and prominently displayed, though their sizes and colors may vary. Managers are responsible for ensuring that all containers with chemicals are properly labeled

and updated, as necessary. If a secondary container is required, it is mandatory that the chemical's name and hazard warning are labeled properly and legibly. If chemicals are transferred from a labeled container to a portable container that is intended only for immediate use, no labels are required on the portable container.

HAZCOM Education

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and the safe use of those hazardous chemicals. A program has been prepared for this purpose and whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used to review the information presented in the initial training. Managers are trained regarding hazards and appropriate protective measure so they will be available to answer questions from employees and provide daily monitoring of safe work practices. Training offered will cover the following areas:

- the contents of the hazard communication standard
- hazards associated with non-routine tasks and the hazards associated with chemicals summary of the standard and this written program.
- chemical and physical properties of hazardous materials (*e.g.*, flash point, reactivity) and methods that can be used to detect the presence or release of chemicals (including chemicals in unlabeled pipes)
- physical hazards of chemicals (*e.g.*, potential for fire, explosion, etc.)
- health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical
- procedures to protect against hazards (*e.g.*, personal protective equipment required, proper use, and maintenance; work practices or methods to assure proper use and handling of chemicals; and procedures for emergency response)
- procedures to follow to assure protection when cleaning hazardous spills and leaks
- location of SDS's, how to read and interpret the information on both labels and SDS's, and how employees may obtain additional hazard information

Outside Contractors

If an outside contractor is used, it is the responsibility of the facility manager to advise the contractor of any hazardous chemicals to which they might be exposed and the appropriate protective measures to be taken. Conversely, it is also the facility manager's responsibility to determine if the contractor will be using any hazardous chemicals during their work that would expose MCH employees. Appropriate training and protective measures must be taken to protect MCH employees. Prior to any work being performed by an outside contractor involving hazardous chemicals, the safety coordinator is to be advised and any needed SDS's should be obtained.

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Reviewed: 4/18; 8/19; 7/20

VEHICLE AND DRIVER SAFETY

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 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.

A key to the success of the fleet management is to hold employees responsible for the vehicle safety results within their control. All employees are individually responsible for vehicle safety areas that are in 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.

Maintenance

To assure the people we serve and MCH employees are using safe vehicles, the following practices apply and will be enforced:

- Drivers of facility vehicles *must* inform their supervisors of needed repairs and scheduled maintenance.
- Vehicles should be inspected at least monthly by facility management and maintenance. Tires, brakes, and lights should be included in this monthly inspection and any needed repairs or replacement parts obtained immediately. The MCH Monthly Vehicle Inspection form must be completed.
- Gas, oil, and mileage logs must be maintained in each vehicle
- Vehicles are to be washed regularly and kept clean
- The use of food and drink is prohibited in all MCH vehicles
- The use of tobacco products is prohibited in all MCH vehicles
- Oil and lubrication maintenance should occur as recommended by the manufacturer
- ABC fire extinguishers are maintained in all MCH vehicles

See Attachment—Monthly Vehicle Inspection
See Attachment—Gas and Service Maintenance Record
See Attachment—Vehicle/Mileage Log

Driver Qualifications

- All MCH drivers must possess a valid NC or driver's license or valid license from another state.
- Motor Vehicle Records (MVR's) will be ordered for each driver when hired and at least every three years 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.
- Persons with Type A violations will not be permitted to drive MCH vehicles. Type A violations include DWI, 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.
- All MCH employees will undergo defensive driving training before operating MCH vehicles, including an on-road evaluation and must demonstrate at least 90% proficiency.
- Staff who drive lift vehicles must be trained on wheelchair lock downs and restraints before operating the vehicles. Documentation should be maintained in the employee file.
- Any employee driving a personal vehicle with appropriate insurance information on file should have a fanny pack or first aid kit with emergency supplies when transporting persons receiving services.

Driving in Severe Weather

Unless absolutely necessary, MCH vehicles are not used during severe weather. Only unless drivers are caught in snow and ice and must transport clients to safety are vehicles used in severe weather.

General Practices

1. MCH vehicles provided should only be used to conduct MCH business. Using MCH vehicles for personal use is prohibited.
2. All employees who use personal vehicles who transport persons served by MCH must provide evidence that they have auto liability insurance and meet the same qualifications as drivers of MCH vehicles. Staff may not transport any person served by MCH in their personal vehicles until they have provided proof of their insurance to the HR manager.
3. If a condition of hire is that an employee must use their personal vehicle for transportation of persons served by MCH, it is the employee's responsibility to maintain and provide continued proof of insurance for their duration of employment with MCH. Failure to do so will result in suspended driving privileges.
4. The safety belts provided in the vehicles are to be used at all times by ALL drivers and passengers.
5. Drinking or use of substances that impact your ability to drive a MCH or personal vehicle while working is not allowed. Any employee with driving responsibilities convicted of driving while legally intoxicated will be subject to immediate dismissal. A "conviction" includes an admission, a plea of guilty to a lesser charge, and plea of no contest to avoid a guilty plea.

6. MCH employees must notify their supervisor of any suspension or restriction of driving privileges they may receive while employed.
7. New staff are oriented to MCH vehicles and driving policies as well as receiving defensive driving training. After passing training, employees receive a MCH driver's identification card which should be carried along with their valid driver's license whenever driving a MCH vehicle.
8. Staff may not use cell phones while driving MCH vehicles. Staff should pull off the road or into a parking place before using a cell phone.

Procedures in the Event of an Accident

In the event you are involved in an accident while working, please follow the procedures below:

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. Set emergency brake, turn on four-way flashers.
3. Turn off ignition switch.
4. Call 911 and report the accident and any injuries.
5. 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.
6. Complete the report form (which is kept in the glove box of the vehicle) at the scene, if possible.
7. Obtain the names and addresses of any witnesses.
8. Obtain the names and addresses of any persons injured regardless of how minor the injury.
9. Administer first aid to the persons served or other staff, if necessary.
10. Report as soon as possible to management.
11. Before leaving the accident scene, be sure you have all the facts.
12. If a person served by MCH must be transported via ambulance to the emergency room, send any available emergency medical information from the vehicle with the person.
13. Get vehicle off road to safe location if possible. If unable to move vehicle, raise hood, put emergency flashers on; move all passengers to a safe location. Do not leave any persons served unattended and wait for help to arrive.
14. Use the cell phone or send responsible person to make emergency call. If MCH personnel are unavailable, request assistance from the investigating officer.

Accident and Post-Accident Response

Each time a driver is involved in a *preventable* accident during work time, the driver will be interviewed by the HR manager to determine cause of accident and to counsel regarding safe driving practices. MCH will check the driver's Motor Vehicle Record (MVR) to ensure that the employee meets the agency's acceptability criteria for insurance standards. Drivers who are no longer eligible for coverage will either be reassigned to a non-driving position, if available, or terminated for cause or failure to maintain job qualifications.

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Reviewed: 4/18; 8/19; 7/20; 8/23

FIRE SAFETY

All MCH staff will be trained in the use of fire alarm systems, fire extinguishers, evacuation procedures, and fire containment techniques. Each MCH facility has an emergency action plan which is specific to that facility. Within the EAP are procedures for evacuation specific to each facility.

Procedures

1. Monthly fire drills occur in all licensed facilities. Drills will be rotated so that each shift participates at least quarterly. This rotation is outlined on the fire drill schedule, located in the safety book at each facility. The MCH Administration Office will conduct drills at least quarterly.
2. Drills will be conducted the first day new persons served or new staff are present in the facility.
3. All employees will be trained on the fire alarm system and facility-specific Emergency Action Plan.
4. Fire drills are documented on the Fire Drill Log.
5. Evacuation times will be recorded on the fire drill logs
6. During drills, employees should assist any person served who is not responding or uses a wheelchair for mobility
7. A wheelchair should be available for persons served who have gait issues and need this level of assistance to evacuate timely and safely
8. Upon completing the evacuation, a head count will be conducted by supervising staff.
9. Fire drill logs are reviewed by the Safety Committee on a quarterly basis.
10. When a fire is suspected or evident, pull stations should be used to alert others. At this time, the dispatcher is notified either by automatic dialer or a monitoring service, **or** 911 should be called if the facility does not have an automatic dialer. Please verify that the system is working if you can do so safely.
11. Supervise all persons served during evacuation.
12. Call the administrative staff on call if time permits. Do not take unnecessary risks.
13. All persons served and staff should evacuate the facility safely and quickly. Some persons served may need special assistance, and responsible staff should be aware of these needs. Evacuate to a safe place outside of structure.
14. ABC fire extinguishers are in all facilities.
15. The blinking lights on the smoke detectors stay on if sensing smoke.
16. There are smoke detectors in all strategic areas of all facilities.
17. There are heat detectors in each facility in addition to smoke detectors.
18. Managers train on the specific use of the fire alarm system of the facility.

19. If the electricity goes off, there is a battery back-up system. There is a constant noise when the back-up is being used. Your manager will train you on setting the system.
20. Keys to the fire alarm system box will be stored in a safe place. Your manager will provide information which is specific to your location.
21. MCH will provide fire and safety training at the time of hire and again at least annually to employees working in MCH facilities.

See Attachment—Fire Drill and Safety Training
See Attachment—Fire Drill Schedule

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Reviewed: 4/18; 8/19; 7/20; 8/23

CRITICAL INCIDENTS

A critical incident is any event or series of events that is sudden, overwhelming, threatening or protracted. This may be an assault, threats of harm, severe injury, death, fire or a bomb threat. Any critical incident must be immediately reported to 911 and then the executive director.

The executive director will conduct an investigation and present the findings to the board of directors. The investigation will include the following information when applicable:

- Cause of incident
- Patterns or trends noted
- Areas that need improving
- Actions taken to address improvements needed
- Implementation of the actions
- Effectiveness of the actions taken
- Recommendations for employee training
- Prevention of reoccurrence
- Effectiveness of both internal and external communications

CRITICAL INCIDENT STRESS

Employees responding to critical incidents will see and experience events that may strain their ability to function. The physical and psychological well-being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder differs from critical incident stress by lasting longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks.

The signs and symptoms of critical incident stress can be physical, emotional, cognitive, or behavioral. Individuals express stress in different ways and therefore manifest different reactions. The list below includes some examples of stress reactions.

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
Fatigue Chills Unusual thirst Chest pain Headaches Dizziness	Uncertainty Confusion Nightmares Poor attention Decision making Poor memory	Grief Fear Guilt Intense anger Anxiety Depression Irritability	Inability to rest Withdrawal Antisocial behavior Increased use of alcohol/substances Change in communications Loss/increase in appetite

CRITICAL INCIDENT STRESS MANAGEMENT

During the early stage following a critical incident, supervisors will monitor involved employees through simple conversation and observation for early signs of stress. Regardless of observation, the supervisor should follow the steps below to potentially help reduce significant stress the employee(s) may experience:

- Limit exposure to noise and odors.
- Dictate an immediate 15-minute rest break.
- Provide non-caffeinated fluids to drink.
- Provide low sugar and low-fat food.
- Encourage the employee to talk about their feelings.
- Do not rush the person back to work.

If the supervisor observes an employee experiencing a severe reaction, they should contact the executive director who will locate professional services such as a licensed counselor to support the employee.

EMERGENCIES OTHER THAN FIRE

1. For emergencies other than fire, refer to the facility's disaster preparedness plan.
2. One responsible staff should try to go to the nearest available telephone and contact the QP
3. Do not take unnecessary risks.
4. For any emergency where an ambulance, police, fire report, etc., is needed, dial 911. All emergency numbers are posted by each phone in MCH facilities.
5. If you must leave the facility, transport the persons served to a facility designated by the emergency personnel at the scene.
6. Accidents are reported to the immediate supervisor immediately. If life threatening, 911 should be called first. Staff should stay with the victim until treatment is complete or the victim is removed for hospital treatment.
7. Standard first aid or CPR should be administered if appropriate.
8. All persons served should stay at their workstations during the time of an accident if at MCE.
9. The executive director should be informed as soon as possible of the accident.
10. All accidents involving clients should be recorded on an Incident Report form. Accidents which require medical attention more than standard first aid should be recorded on the OSHA 300 LOG. Accidents involving staff should be recorded on the Staff Accident/Incident Report.
11. Fully equipped first aid kits are in each building and in each vehicle.
12. Safety glasses and respiratory masks are used when appropriate and as directed by the supervisor or as required by OSHA regulations.
13. Cross ventilation by means of open doors and windows are provided when appropriate.
14. All exits are clearly marked with large EXIT signs where appropriate.
15. Emergency supplies are readily available in all MCH facilities. Staff are made aware of how to access supplies when needed during orientation of the facility.

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EMERGENCY AND DISASTER PREPAREDNESS

MCH has established and maintains an emergency preparedness program designed to manage the consequences of natural disasters or other emergencies that might disrupt MCH's ability to provide services. Because MCH operates in a business office, several group homes and a day program, each facility has its own disaster plan which is tailored to meet individual needs. The plan is maintained in each facility and is reviewed with new employees and updated as persons served, staff or other needs change. All staff and persons served participate in monthly training on different types of emergencies or disasters. Training includes discussion, review of MCH policy, hands-on training and mock drills. MCH strives to adhere to the standards set for licensed facilities as outlined in 10A NCAC 27G .0207 as well as to the federal requirements CFR 483.470(i) and (ii).

Procedures

1. Every employee is responsible for recognizing potential risks. Managers and administrative staff are responsible for developing strategies to manage potential or anticipated emergencies or disasters.
2. It is the responsibility of the executive director to ensure the emergency preparedness plan is implemented.
3. Facility managers will notify the MCH administrative office of any changes that need to be made to their plan.
4. Staff in each facility shall be trained on that facility's plan and shall know where to locate the plan in the facility.
5. Each plan provides training on a variety of disasters and emergencies including but not limited to: natural disasters, bomb threats, utility failures, medical emergencies and intruder/threatening events.
6. 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 will coordinate with the Macon County Emergency Management Coordinator and follow recommendations for disaster preparedness. Macon and Jackson County Disaster Plans are maintained on file.
8. MCH has provided information about facilities and their residents to emergency services.
9. Practice drills are conducted at least annually, and all staff must be familiar with plans, emergency supplies, water and electric cutoffs and emergency procedures.

See Attachment—Sample Disaster Preparedness Plan
See Attachment—Disaster Drill and Emergency Training

Revised: 8/17; 11/18
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HIPAA

The Health Insurance Portability and Accountability Act or HIPAA provides nationally recognizable regulations for the use/disclosure of an individual's health information. MCH protects health information of the persons we serve by mandating employees keep this health information on a need-to-know basis. When required, MCH releases only the amount of information needed on a person served to accomplish the intended purpose of the use, disclosure or request.

The following outlines the guidelines MCH uses to maintain the confidentiality and privacy of protected health information:

1. Access to protected health information (PHI) within MCH is granted on a need-to-know basis. Certain job responsibilities require access to more detailed information than others. It is your responsibility to maintain the confidentiality of this information and not share it with others that do not need it to carry out the duties of their job. Your specific level of access to PHI may be found in your job description or contract with MCH.
2. If PHI is requested from another health care practitioner or a health plan (or clearinghouse) on a routine or reoccurring basis, the request must be limited to only the reasonably necessary PHI identified in the record of the person served.
3. For all other requests, the privacy officer will determine what information is reasonably necessary for disclosure on a case-by-case basis.
4. Enforcement of this policy and sanctions for not abiding it will be determined by the privacy officer.
5. MCH policy is to comply with all requirements of the Health Insurance Portability and Accountability Act Privacy Regulations (164.514 (d)).
6. This policy is reviewed and approved annually, being revised as needed.
7. Responsibility for adoption and/or implementation of the HIPAA policy remains with the executive director under the approval of the MCH Board of Directors.

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