

Team Member HANDBOOK



Employee Policies & Procedures

Introduction.....	5
Scope & Purpose of This Handbook.....	5
Brief History of the Hospital	5
Our Mission Statement.....	6
Vision.....	6
Values.....	6
Teamwork.....	6
Education and the Promotion of Health.....	6
Planning for the Health Care Needs.....	6
Service.....	6
Empowerment.....	6
Standards of Excellence.....	6
General Hospital Information	7
Other Emergency Numbers:	7
Employee Parking.....	8
Smoke and Tobacco Free Workplace.....	8
Employee Rights & Responsibilities.....	9
Probationary period.....	9
Appearance Standards.....	9
Clothing.....	9
Jewelry	10
Hair	10
Fingernails and Polish.....	10
Cosmetics.....	10
Personal Hygiene	11
Sunglasses.....	11
Hats, Caps or Head Coverings.....	11
Privacy And Confidentiality	12
NMH Privacy Policies and Expected Behaviors:	12
Code of Conduct and Ethical Behavior	14
The NMH Code of Conduct and Ethical Behavior:.....	15
Attendance and Reporting to Work	17
Report a Work Related Injury, Illness, Needle Stick, or Exposure	18
Disciplinary Action.....	19
Filing A Grievance.....	20
Maintaining Your Personnel Records.....	20
Compensation.....	21
Recording Hours Worked	21
Pay Period and Payday	21

Authorized Deductions	22
Work Week & Overtime.....	22
Employment Classifications	22
Shift Differentials	23
Weekend Differentials	23
Merit Pay Increases and Periodic Review	23
Employment Policies.....	24
Employment on an At-Will Basis.....	24
Equal Employment Opportunity.....	24
Americans with Disabilities Act	25
Sexual Harassment.....	26
Workplace Violence /Hostile Work Environment.....	27
Concealed Weapon	27
Drug and Alcohol Free Workplace.....	29
Non-Solicitation and Distribution.....	30
Computer and Internet Access.....	31
Personal Electronic Devices	31
Social Media and Networking	31
Nepotism and Personal Relations in the Workplace.....	32
Criminal History Record Information.....	33
Sanctions and Exclusions.....	34
Benefits.....	34
Advancement	34
Departmental Transfers.....	34
Paid Time Off	35
Holidays Observed.....	38
Group Health Care Plan.....	39
Special Enrollment Events and Periods	39
Prescription Drug Benefit	40
Consolidated Omnibus Budget Reconciliation Act (COBRA).....	40
Qualifying Event Coverage Period	40
Workers Compensation.....	41
Group Life Insurance	42
Retirement.....	43
Death Benefit	43
Long Term Disability.....	44
Voluntary Plans.....	44
Voluntary Life Insurance with AD&D	44
Dental Insurance	44
Vision Plan.....	44
Accident	44

Critical Illness	44
Short Term Disability	44
Employee Assistance Program (EAP)	44
Leave Of Absence.....	45
Family and Medical Leave	46
Reason For Family and Medical Leave	46
Notice of Leave.....	46
Medical Certification.	46
Reporting While On Leave.	47
Funeral Leave.....	47
Jury Duty.....	48
Leaving The Hospital.....	48
Reduction in Workforce.....	48
Lay Off.....	49
Employment Separation.....	49
Resignation	49
Returning Hospital Property	50
Final Pay	50
Exit Survey.....	50
Environment Of Care.....	50
Infection Control.....	50
Exposure	51
Isolation.....	52
Droplet Isolation	52
Contact Isolation	52
Red Bag Use	52
Healthcare Workers Vaccinations	52
Recommended Vaccinations and Education.....	53
Refusal Process:.....	54
Alternative Practices	55
Master Fire Plan.....	55
In The Case of A Fire Emergency.	57
When Using a Fire Extinguisher.....	57
Emergency Preparedness	57
General Rules.....	57
Hazardous Materials And Waste Management	58
Definition	58
Waste Types.....	59
Collection.....	59
Exceptions.....	59
Employee Training and Occupational Safety	59

Hazardous Materials/Waste Emergencies.....	60
Solids:	61
Liquids:	61
Broken Glass or Other Sharps.....	61
Use	61
Storage	61
Disposal	61
Employee Education and Training.....	61

Introduction

Scope & Purpose of This Handbook

Nacogdoches Memorial Hospital has prepared this handbook to provide an overview of the Hospital's policies and procedures, benefits, and the employee's responsibilities. It is intended to familiarize employees with important information about the Hospital, as well as provide guidelines for an employment experience with us in an effort to foster a safe and healthy work environment. Please understand that this handbook only highlights the Hospital's policies, practices, and benefits for an employee's personal understanding and cannot, therefore, be construed as a legal document. It is intended to provide general information about the policies, benefits, and regulations governing the employees of the Hospital, and is not intended to be an express or implied contract. The guidelines presented in this handbook are not intended to be a substitute for sound management, judgment, and discretion. This handbook supersedes any and all prior handbooks of Memorial Hospital.

It is obviously not possible to anticipate every situation that may arise in the workplace or to provide information that answers every possible question. In addition, circumstances will undoubtedly require that policies, practices, and benefits described in this handbook change from time to time. Accordingly, Memorial Hospital reserves the right to modify, supplement, rescind, or revise any provision of this handbook from time to time as it deems necessary or appropriate in its sole discretion with or without notice to you.

No business is free from day-to-day problems, but we believe our personnel policies and practices will help resolve such problems. All of us must work together to make Memorial Hospital a viable, healthy, and profitable organization. This is the only way we can provide a satisfactory working environment that promotes genuine concern and respect for others including our patients, visitors, and coworkers. If any statements in this handbook are not clear to you, please confer with your Director, Manager, or the Human Resources department. A list of policies and procedures can be viewed on the intranet under **Hospital Policy and Procedure Manuals**.

Brief History of the Hospital

The Hospital opened its doors with 28 beds on December 14, 1928, and was known as City Memorial, which was owned by the City of Nacogdoches. On June 12, 1967, the Texas Legislature established the Nacogdoches County Hospital District by House Bill No.1248. On May 6, 1968, ownership was changed to Nacogdoches County Hospital District and the name of the hospital was changed from City Memorial to Memorial Hospital. At this time the first Board of Directors of the Nacogdoches County Hospital District were elected.

The first additions were made to the facility in 1938 and 1951. In 1964, the south wing was added bringing the total capacity to 143 beds. Later additions included an emergency room in 1982, the Tucker wings in 1984, and the cardiac catheterization

lab and rehabilitation unit in 1988. While celebrating 75 years of serving Nacogdoches County in 2003, Memorial Hospital opened a \$20 million Critical Care tower, housing a new main entrance atrium, gift shop, outpatient therapy, cardiac rehabilitation, and a state-of-the-art critical care and emergency care facilities. In 2013, Memorial launched a \$40 million construction project for a new surgery center, gastroenterology laboratory, and labor and delivery unit expected to complete in 2014.

Our Mission Statement

Providing the best healthcare for our community in a caring way.

Vision

We will remain a progressive, benevolent, nonprofit health care organization. We will join other health care providers in offering high quality, low-cost, comprehensive care.

Values

Teamwork: We believe in maintaining cooperation between the governing body, Administration, medical staff, and other health care providers in offering high quality, low cost, comprehensive care.

Education and the Promotion of Health: We seek to continuously educate and promote health for those whose care we provide.

Planning for the Health Care Needs of Nacogdoches County: We take responsibility for health care assessment and planning in Nacogdoches County including planning for Emergency Medical Services.

Service: We are pledged to ensuring that our services will be provided in a courteous and respectful manner to all people regardless of race, creed, color, sex, national origin, or ability to pay.

Empowerment: We believe that each employee should have the accountability and support necessary to contribute effectively to continuous improvement in organization performance.

Standards of Excellence

We view service to our patients and their families as our most important responsibility. Employees are expected to help carry this out by extending every courtesy and assistance towards patients and families, as well as co-workers. At Memorial, we strive to make every interaction with patients, visitors, and other staff members a positive one. In order to do this, employees must choose to have a positive attitude every day when they come to work.

General Hospital Information

The main hospital number is (936) 564-4611 D For outside directory assistance, dial 9-1411 D When dialing extensions directly from outside of the hospital, four-digit extensions starting with an 8 will use the outside prefix 568, and numbers starting with a 4 will use the prefix 569.

Example: 568-8xxx, 569-4xxx D No direct dial to patient rooms from outside the hospital. D To dial any extension within the hospital, use only the four-digit extension number. ICU and IMC extensions begin with 63.

To place an outside call, dial 9 + the number.

To transfer a call, press the “Flash” or “Transfer” button or the switch hook, dial the four-digit extension, then hang up.

To answer a call from another phone, pick up the handset and dial 13.

To forward your calls to another phone, press “#” key and enter the four-digit extension.

You will hear a confirmation tone (2 beeps), then hang up. To cancel a call forward, pick up the receiver of the phone that calls have been forwarded from, press “#” key, then hang up. Inside Hospital 911, Dial: 8506, 8507, or 8508

Other Emergency Numbers:

Dial Ext. 8500 and state:	Mr. Red (Fire) Mr. Strong (Security Alert)
	Code Blue (Medical Emergency) Code Pink
	(Infant/Child Abduction) Code Silver (Active
	Shooter)

A listing of all department telephone extensions, beepers, and fax numbers can be viewed or printed the NMH Internal Home Page at <http://www.nmh.org/telephone.html>. If you need further assistance, dial 0.

Employee Parking

Nacogdoches Memorial Hospital has a responsibility to provide our patients and visitors with adequate and convenient parking. It is also our belief that it is the responsibility of each employee to help with this endeavor by allowing the needs of our patients and visitors to be a priority. Designated parking areas have been set for employees.

Parking areas available for employees are as follows:

Off Raguet Street, directly behind the hospital, is available for employee parking.

Employees may park around Blount Park which is located on the northern end of the Hospital.

Behind the blue line in the lot beside the Diagnostic Center.

Any areas other than those set out above are prohibited for employees to park. Exceptions may be made if circumstances necessitate an employee to park closer to the Hospital on an interim basis. Those requests will be monitored by security.

Nacogdoches County Hospital District is not responsible for theft of articles left in unattended vehicles, nor is the Hospital District responsible for damage to a vehicle occurring on Hospital District property. **Human Resources Policy 4.6 Employee Parking**

Smoke and Tobacco Free Workplace

As a health care organization, Memorial Hospital is responsible for and is committed to maintaining a healthy environment for everyone who works and visits the facility. For the health of all employees, physicians, patients and visitors; use of any tobacco products including alternative smoking devices is prohibited in all areas within the hospital buildings; on all hospital property, whether owned or leased, including parking lots, grounds, and adjacent sidewalks; in all vehicles owned, leased, or rented by the hospital; and in all employee vehicles when parked on hospital property.

Employees will not be allowed to use tobacco products or alternative smoking devices during their paid work time (breaks) or during their unpaid work time (lunch) when on hospital property. Employees are also prohibited from using tobacco products or alternative smoking devices when representing Memorial Hospital at off-campus events; these may include Memorial Hospital sponsored events, celebrations, receptions, banquets and community service events.

Patients and Visitors: Patients will be informed of the smoke and tobacco free policy on admission through the distribution of the patient handbook. All employees

are encouraged to remind patients and visitors in the facility that violates this policy that Memorial Hospital is a smoke and tobacco free facility. If patients and visitors are found to be in violation of this policy, Security personnel will inform them of the policy. **Human Resources Policy 4.32 Smoke and Tobacco Free Workplace**

Employee Rights & Responsibilities

Probationary period

The probationary period consists of the first 90 days of employment for all employees, new or rehired. This time is established to allow the employee and the Hospital a chance to determine if the position is right for the employee. The department director and/or manager will evaluate the employee at the end of this probationary period. Probation status will also occur upon a transfer to a new position within the Hospital. This evaluation is a performance evaluation only. **Human Resources Policy 1.8 Probationary Period**

Appearance Standards

Nacogdoches Memorial wants to ensure employees dress in a way that promotes a professional image and establishes respect for our patients, customers, and visitors. Employees are expected to exhibit good judgment in selecting work attire.

Clothing

Recreational clothing such as tank tops, shorts, and skorts are not approved apparel.

Shirts or blouses cannot be tied in the front at the waistline, nor can the blouse be considered as a crop exposing a bare waistline. Necklines should be of modest design.

T-shirts are not approved apparel. NMH logo T-shirts may be worn on Fridays. Special occasion T-shirts, (March of Dimes, Employee Appreciation Day, Nurse's Day, etc.), may be worn with Administrative approval. Administration will provide by memorandum the authorization to wear special occasion T-shirts and the length of time they may be worn.

Skirt hems will be no more than two and one-half (2½) inches above the knees. Skirt slits should be of modest length. Pants, (not of denim material), will be no shorter than mid calf.

No open toed shoes may be worn by employees providing direct patient care. Sneaker skates or skate shoes will not be allowed apparel for employees while working. Flip-flops are not approved footwear for clinical or non-clinical team members.

Scrub uniforms are not authorized apparel for non-clinical clerical positions.

Jewelry

Earrings: Styles should be simple and coordinate with clothing. Ear gauges or spacers and other visible body piercings worn on the anatomy are not permitted. This includes but not limited to the following areas: lips, eyebrows, noses, and tongues.

Buttons

Only Memorial Hospital issued buttons may be worn by employees. Political buttons or campaign insignias are not acceptable. Family oriented photo buttons of modest size are allowed.

Service, School or Professional Pins: Only service, school or professional pins may be worn on the lapel.

Hair

Hair should be neat and clean and worn in a moderate style that will not compromise employee safety. Extreme colors and styles are not acceptable. In all patient care areas, hair should not fall down into the face. Hair should be pulled back and out of reach. Beards, mustaches & sideburns are to be neatly trimmed. Extreme styles are not acceptable. If no beard or mustache is worn, the face should be neatly shaved.

Fingernails and Polish

Nails should be clean and well manicured. Nail polish, if worn, should be of one moderate color, free of any nail art or jewelry, and is not chipped. Fingernails can easily develop a fungus or bacteria and extreme length fingernails may also puncture gloves or injure patients. Therefore, fingernails will be no longer than one-fourth (1/4) inch from the tip of the finger.

For prevention of high risk infection in healthcare workers, Center for Disease Control (CDC) and the Joint Commission has issued the recommendation that acrylic/artificial fingernails or extenders not be worn by healthcare workers.

Based on the above recommendation, Memorial Hospital will not allow acrylic/artificial fingernails or extenders to be worn by employees that are direct patient care givers. This will apply to all direct patient care departments, (All Nursing Service departments, Laboratory, Cardiopulmonary, all Surgical Service departments, Cardiac Rehab, ER, EMS, Physical Therapy, Rehabilitation, all Medical Imaging departments, Cardiac Cath Lab, Medical Clinics, etc).

Cosmetics

Must be neat, striving for a natural attractive appearance that compliments individual skin tone.

Personal Hygiene

Offensive personal hygiene is not acceptable. Deodorant should be used by all employees. Colognes and perfumes should be of a light and inoffensive fragrance. Cologne and perfume may not be worn in patient contact areas. Good dental hygiene must be practiced.

Sunglasses

Employees will not wear sunglasses while inside the building unless required for medical or safety reasons.

Hats, Caps or Head Coverings will be worn by employees only when they are considered as a part of the department specific uniform or for cosmetic purposes due to medical treatment.

It is expected that all employees present a clean and neat appearance appropriate for a professional healthcare environment. Adherence to this policy is the responsibility of all employees. Breaches in the Dress Code/Uniform policy are satisfied by the employee returning home on his/her own time and complying with the policy. However, continued failure to abide by the policy will result in disciplinary action. These are minimum standard requirements. More stringent standards may be set by your department. Memorial Hospital reserves the right to determine extremes.

For a more specific description, refer to the **Human Resources Policy 4.5 Dress Code** or ask your manager or director for additional clarification as it pertains to your department. An employee who may have a need for a change or modification in their appearance, please consult with the Human Resources department.

Identification Badges

In order to establish and maintain a safe environment, Nacogdoches Memorial Hospital requires employees, physicians, volunteers, students, independent contractors, and vendors to have appropriate identification. Identification badges are to be worn in a manner that is visible, face up at all times, on the upper torso region. No other articles will be allowed on the identification badge that would obstruct pertinent information or damage the function of the identification badge.

Health care providers who provide direct patient care at the Hospital must wear photo identification badge during all patient encounters, unless precluded by adopted isolation or sterilization protocols. The badge must be of sufficient size and worn in a manner to be visible and must clearly state: (1) at minimum the provider's first or last name; (2) the department of the hospital with which the provider is associated; (3) the provider's title, as assigned by the hospital; and (4) if applicable, the provider's status as a student, intern, trainee, or resident.

Employees: Identification badges will be issued to new or newly rehired employees upon successful completion of employment requirements but prior to the first day of employment. Human Resources will provide all employees with identification badges

that include name, assigned department, and position title. Department directors and/or managers are responsible for assuring that all badges issued to employees who are permanently leaving the Hospital are returned to Human Resources.

Lost Identification Badges: The loss or theft of an identification badge must be reported immediately to the direct supervisor and Human Resources by the employee. The Hospital reserves the right to charge a replacement fee of \$10.00 for replacing lost identification badges. **Human Resources Policy 4.51 Identification Badges**

Privacy And Confidentiality

In the course of your employment you may have access to, or hear information concerning the medical or personal affairs of patients and / or staff, or other hospital business. Such records and information are strictly confidential and unless acting on the instruction of an authorized director or manager, on no account must information concerning staff, patients and other hospital business be divulged or discussed except in the performance of normal duty.

In addition confidential records and information must never be left in such a manner that unauthorized persons can obtain access to them and must be kept in safe custody when no longer required. You shall not discuss or disclose any information of a confidential nature except in the proper course of your employment. These restrictions shall continue to apply after termination of this appointment.

Four Simple Rules:

- 1) Don't share patient information with people who do not have a need to know, or are not directly involved in the patient's care
- 2) Don't share patient information unless it is required by law, or the patient or LAR has authorized you to do so in writing
- 3) Before disclosing patient information, check with your supervisor, the Privacy Officer, or Director, Compliance and Audit if you are ever unsure.
- 4) Don't let privacy issues keep you from providing quality care to the patient!

NMH Privacy Policies and Expected Behaviors:

- Make sure there is a current Family Authorization form, or "List", on the patient's chart
- Do not verbally share patient's health information unless the patient, or the legally authorized representative, has authorized NMH to do so in writing.
- Do not include patient information in emails outside the hospital.
- Restricted release or VIP status should be a warning sign to employees,

volunteers, and students that the patient has requested or requires additional privacy protection. This patient status is a signal to be extra careful.

- Use the Shredder or Shred box in your department!
- Before releasing any patient information determine if the patient has authorized the release, or if the requester is legally entitled to have the information. Don't forget to verify identity of the requester.
- Before walking away from a computer with patient information on the screen, lock it by pressing the CONTROL-ALT-DELETE keys at the same time. The same process will unlock the computer when you return.
- Don't share computer access passwords
- Remember that you don't have the right of access to view family or friend's health information stored in computer or in the paper record just because you work here.
- Use your active listening skills!

Refer the patient or the LAR to the Privacy Officer or the Medical Records Department if you hear asked:

For a copy of the medical records
To change an entry in the medical record
Who the hospital has released information to, or
To restrict information from a specific person or place

Generally you may disclose information:

- To public health officials, in order to prevent or control disease
- To report to Protective Services or law enforcement the alleged abuse of a minor or vulnerable adult (someone over 65 or who has a disability)
- To help law enforcement finds a suspect, material witness, or a missing person
- To notify law enforcement of a suspicious death
- To assist funeral directors or coroners• For the purpose of organ donation
- To help with disaster relief efforts

Under Texas law, confidential patient information, which include acknowledgement that a patient is in the hospital, diagnosis, care and treatment, results of tests or procedures, etc. may only be disclosed verbally, in paper form or electronically with

the patient or a legally authorized representative's written consent of authorization.

Employees are prohibited from discussing patient care with any one inside or outside the hospital, unless that party is another health care provider directly involved in the patients' care. The unauthorized disclosure of confidential information or the unauthorized access to confidential information may result in disciplinary action, up to and including termination from employment.

Human Resources Policy 4.35 Confidentiality

Code of Conduct and Ethical Behavior

The Nacogdoches Memorial Hospital (NMH) Board of Directors is committed to conducting business and providing care in an ethical and honest manner, and within the boundaries of all applicable law, payer regulations, and standards of care. Professional codes of ethics and the Hospital's Code of Conduct and Ethical Behavior require all employees, volunteers, interns, contract and/or temporary agency personnel to respect patients' right to privacy, and to keep patients' health care information confidential.

While it is impossible to define in detail all conduct expected of employees, the NMH Code of Conduct and Ethical Behavior serves as a guideline. Legal and ethical conduct is a personal responsibility and every employee will be held accountable for his or her conduct. An employee's failure to observe the provisions of the Code of Conduct and Ethical Behavior or internal policies and procedures may result in consequences to the employee, particularly if the conduct or puts NMH at risk of criminal prosecution, monetary fines and penalties, and most importantly, the loss of reputation.

The Hospital depends on reimbursement from Medicare, Medicaid, and local sales tax revenue to operate. The hospital has an obligation to our patients and their families, our employees, the medical staff, the local community, and the general public to be a good steward of the public dollar. The NMH Organizational Compliance Program is not a list of right and wrongs, but is rather a reflection of the entire culture of the organization.

It was adopted to support the hospital's commitment to conduct business, billings practices, and provide patient care ethically, legally, and with integrity. The Code conveys the Board of Directors expectations to employees, medical staff, volunteers, students, vendors, contractors, and other agents to adhere to federal, state, and local laws, payer regulations, standards of quality care, and hospital policies and procedures.

All individuals involved in the work of NMH -regardless of position or status -are expected to perform in accordance with the Code of Conduct and Ethical Behavior. The Code also communicates the ethical obligation to report concerns about compliance, or acts believed to be illegal or unethical.

The NMH Code of Conduct and Ethical Behavior:

1. We are committed to the ethical treatment of those to whom we have an obligation.

- **Employees:** We are committed to a work setting that treats all employees with fairness, dignity and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.

- **Licensed Health Care Professionals:** We are committed to maintain the integrity of the clinical decision making process regardless of how the hospital compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners.

- **Patients and their families:** We are committed to providing quality medical care with compassion, promptness and efficiency, and to safeguarding patient rights, including the unauthorized access of confidential health information. We encourage patients' freedom of choice in health care providers and treatment options.

- **Patients may be assured that decisions related to admission, transfer, and discharge is based on the patient's need, and the ability of the hospital to meet such needs. Billing shall be based on charges for actual services rendered, will be itemized, and include dates of service. If conflicts arise with a third-party payer, patients shall be referred to the payer's Beneficiary Services Office.**

- **Community:** We are committed to being a responsible neighbor, understanding and addressing the unique needs of the community we serve, supporting events in the community, and handling our waste in a manner that protects the environment around us. Our marketing materials shall reflect only those services available and the level of licensure and accreditation of the hospital. The Hospital District shall not make or disseminate any false or misleading statements, nor advertise by any manner or means, any false claims regarding services provided by the hospital.

- **Payers:** We are committed to honor all contractual obligations. We seek payment for services rendered in compliance with all applicable laws.

- **Regulators:** We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into our culture. We accept the responsibility to monitor adherence to the requirement of law and to our Code of Conduct.

- **Donors and volunteers:** We respect and honor their generosity.

2. We are committed to obey the law: We strive to conduct all organizational activities in compliance with federal, state, and local laws, and aim to keep abreast of the current status of laws applicable to our performance. Everyone is equally responsible for high standards of lawful behavior.

- We prohibit giving or accepting illegal gifts, favors, or kickbacks. We will abide by organizational policies and procedures on acceptable gifts and discounts.
 - We will adhere to laws pertaining to government relations and political activities. Hospital district resources will not be contributed to individual political campaigns, political parties, political issues or propositions, or a political action committee. This shall not preclude an employee from using personal resources at his or her discretion.
 - We will actively prevent health care fraud and abuse. We prohibit the practice of up coding, DRG “creep”, duplicate billing, false cost reporting, “unbundling” claims, performing “phantom” procedures, failing to refund credit balances, patient dumping, physician self-referrals, joint ventures, providing outpatient services rendered in connection with inpatient stays, billing for discharge in lieu of transfer, and providing medically unnecessary services.
 - We will stress the confidentiality, the privacy, and security of health information by maintaining policies and procedures that comply with state and federal laws.
3. We promote a positive work environment: We do not tolerate workplace violence, harassment or discrimination involving race, sexual preference, color, religion, gender, age, national origin, or disability.
 4. We are committed to good health and safety: We will practice universal precautions when applicable, and assist others to do so. We will report any environmental safety concerns promptly and observe posted warnings.
 5. We are committed to a drug free workplace, which includes random drug testing for employees and testing based on cause for all employees and students from educational institutions.
 6. We keep accurate and complete records: We strive for integrity and accuracy of hospital district documents and records, not only to comply with regulatory, reimbursement, and legal requirements, but also to ensure that records are available to defend our clinical and business practices and actions. No one may alter or falsify information in any record or document.
 7. We are committed to adhering to antitrust laws: We prohibit the discussion of hospital business with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, or agreeing with a competitor to refuse to deal with a supplier. Stealing trade secrets, offering or accepting bribery or offering or receiving kickbacks are forbidden.
 8. We avoid conflicts of interest: We encourage each individual to ensure he or she remains free of conflict of interest in the performance of his or her responsibilities to the hospital district. This means an individual should avoid taking part in any decision where there is self-interest in the outcome.
 9. We use our hospital’s assets wisely: We recognize that our community has entrusted assets to us to be used to provide quality health care. The personal use of any hospital district assets such as time, materials, supplies, and equipment without prior approval is prohibited, particularly when the use is for personal financial gain. We safeguard, invest, and use assets to achieve the mission of our organization.
 10. We carefully bid and negotiate contracts: We ensure that bid proposals or contract

negotiations contain accurate and truthful communications and representations to prospective suppliers.

11. We make use of the reporting systems when we suspect or observe that this Code is not being honored and follow through on all compliance complaints.

12. Correction and prevention will occur if a violation of the Code of Conduct has been confirmed. We recognize that internal disciplinary actions will result from failure to comply with the Code of Conduct.

Questions about confidentiality, ethical behavior, or compliance issues may be directed to the Compliance Officer. Employees have a legal and ethical obligation to report alleged breaches of confidentiality or privacy as well as illegal or unethical conduct to the Compliance Officer or to the toll-free compliance hotline @ 1-800-427-7240. Allegations may be reported without concern or fear of retaliation. NMH Compliance and Privacy policies and procedures may be found in the **Administrative Policy and Procedure Manual Section 6 Compliance and Disclosure of Protected Health Information.**

Attendance and Reporting to Work

All employees are expected to be on duty at their specified working time, be in attendance and available during scheduled hours, and are expected to be off duty when their specified work time has ended. Because of the urgent nature of hospital work, regular attendance by all employees is essential. **Human Resources Policy 1.12 At Work Time Attendance**

If an employee is unable to report for work as assigned, notification should be made immediately. Such notice must be given as far in advance as possible of the time assigned for reporting to work if the absence is to be excused. When notifying of absence or tardiness, make sure you report directly to your supervisor or director. Frequent absence or tardiness will result in termination of employment.

An employee leaving the hospital premises during assigned shift for any reason must notify the supervisor of intent to leave. Upon approval, the employee must clock out.

If an employee is absent from work and fails to notify the supervisor or director in the sufficient amount of time needed, or leaves hospital without appropriate notification, disciplinary action will be taken. More than one unexcused absence or unauthorized departure from the hospital is sufficient grounds for immediate termination.

An excused absence occurs when an employee misses work for a condition that, should he/she be at work, would be dangerous to the welfare of his/her fellow employees (contagious illness) or to the welfare of our patients. An excused absence is also present when the condition of the employee is serious enough to require the employee to remain at home, i.e. broken leg, surgical procedure requiring recuperation, etc. Employees missing three (3) or more consecutive scheduled work days due to a personal illness or other medical condition may be required to present a release to return to work by a treating physician.

In any event the employee must call in each and every day of the absence to notify the director/manager of the absence, unless the employee presents to the department

director/manager a memorandum from the physician stating the length of required recuperation.

A thirty minute meal break is given to all employees during an assigned shift. This will be unpaid time. The hospital cafeteria is available for employees during each shift to allow them to leave their work station. Upon supervisory approval, the employee may leave hospital premises for the meal break after clocking out. Because of the requirements of certain job descriptions, the hospital may mandate that an employee must remain on premises during the entire shift.

Report a Work Related Injury, Illness, Needle Stick, or Exposure

Nacogdoches County Hospital District has workers' compensation insurance to protect employees in the event of a work related injury or illness. Any employee injury or illness will be handled by the workers' compensation insurance carrier in compliance with the provisions of the Texas Labor Code, Title 5 Workers' Compensation and the adopted rules of Texas Department of Insurance Division of Workers' Compensation (DWC).

In the event of a work related injury, illness, needle stick, or exposure, the following steps must be implemented by the injured employee and the immediate supervisor:

- The injured employee must notify his/her supervisor immediately. With assistance from the supervisor, the employee will complete an "Employee Injury Report". The completed report must be submitted to Human Resources as soon as possible.
- If the injury deems necessary, the employee may report to Fast Track or the Emergency Room (if Fast Track is closed) for evaluation and treatment by a physician. The injured employee must obtain an "OJI Pass" card from the manager, house supervisor, or charge nurse to present at ER Admissions as well as a copy of the "Employee Injury Report". It is not mandatory that an injured employee visit the Emergency Room unless the employee received a needle stick or an exposure to blood or other bodily fluids.
- After the evaluation, in the event that the physician feels it is impossible for the employee to complete his/her assigned shift, the Director of Human Resources must be notified immediately by the employee is possible or the injured employee's supervisor. In turn, Human Resources will notify the workers' compensation insurance carrier.

An employee will have the option of using their Personal Time Off (PTO) during the first fifty six (56) hours following an injury. However, these wages will not be reimbursed by the employer or the workers compensation insurance carrier in pursuit of Labor Code Section 501.044

Disciplinary Action

Nacogdoches County Hospital District d.b.a. Nacogdoches Memorial Hospital (the Hospital) feels that certain rules and regulations are necessary for the safety, welfare, and productivity of employees. The best working conditions prevail where employees conduct themselves with respect and consideration for their fellow employees, the patients, visitors, and the Hospital.

Employees of Nacogdoches Memorial Hospital are at-will employees who serve with or without tenure. This means that employment is for no definite period of time and may ended at any time the employee or the Hospital without notice and without cause. No provision of the policy and procedures that follows constitutes an employment contract, guarantee of employment for any period of time or confers any rights to employees that are contrary to the employment-at-will doctrine. No One at the Hospital other than the Board of Directors and Administrative staff may alter or change the at-will nature of the employment relationship, and then only a written agreement consistent with the terms of this policy and signed by the Chief Executive Officer.

The Hospital, in compliance with applicable federal laws and regulations, strives to maintain an environment free from discrimination against individuals on the basis of race, color, national origin, sex, age, religion, language, culture, physical or mental disability, sexual orientation, gender identity or expression, genetic information, social economic status, or veteran status.

Employee Standard of Conduct

Each employee is expected to become familiar with the performance criteria for his or her particular job and all rules, procedures, and standards of conduct established by the Board of Directors, Nacogdoches Memorial Hospital, and the employee's department or unit. An employee who does not fulfill the responsibilities set out by such performance criteria, rules, procedures, and standards of conduct may be subject to adverse personnel action.

Work Performance

Work performance is to be evaluated by the supervisor and based on the quality and quantity of work performed by each employee. Failure of an employee to maintain satisfactory work performance standards may constitute grounds for disciplinary action including dismissal.

Unacceptable Conduct

All employees are expected to maintain standards of conduct suitable and acceptable to the work environment. The Hospital reserves the right to discipline its employees in its discretion, up to and including termination of employment, for violation of any federal, state, or local law, or any conduct that the Hospital deems inappropriate or worthy of disciplinary action.

While progressive discipline is encouraged, disciplinary action will be based on the

seriousness of the unsatisfactory performance or misconduct and is not required to follow any sequence of disciplinary actions. Disciplinary action for each violation or occurrence of misconduct will be determined on a case-by-case basis. **Human Resources Policy 4.4 Disciplinary Action**

Filing A Grievance

Memorial Hospital prefers that you solve problems within your department through informal discussions with your Supervisor. However, we understand that from time to time there will be problems that will not be solved in this manner. Timeliness of resolution is important in any issue that is grieved. Due to this fact all grievances must be filed within seven (7) days of the occurrence being grieved. The Human Resources Department will be available to help you speedily process your complaint. **Human Resources Policy 4.10 Grievance Procedure**

There are four steps to the procedure:

- Discuss your complaint with your immediate Supervisor. If you are hesitant to discuss the matter with your Supervisor, feel free to go directly to the Department Director/Manager. If you are dissatisfied with the discussion results, submit a written complaint to your Supervisor within seven (7) days of the event. Your Supervisor should give you an answer within seven (7) days. If the Supervisor does not reply, go to the Human Resources Department.
- If you are not satisfied with the reply from the Supervisor, document the problem with the Supervisor's response and send it to your Department Director/Manager. Your Department Director/Manager will reply within seven (7) days.
- If you are not satisfied with the reply from your Department Director/Manager, document the problem with the Director/Manager's and Supervisor's responses and send the written document to the Administrative staff member over your area. The Administrative staff member will respond to you within seven (7) days.
- If you are still not satisfied you may appeal by combining all of your responses along with your view of the problem in writing to the Administrator. He/she will review the problem and respond to you within seven (7) days. The decision of the Administrator is final in this grievance process.

Maintaining Your Personnel Records

It is your responsibility to provide current information regarding your address, telephone number, insurance beneficiaries, change in dependents, marital status, etc. Please use the employee information form to note any changes in your address, phone number, emergency contact information, marital status, number of dependents, etc. Changes in exemptions for tax purposes will only be made upon the receipt of a completed W-4 form.

Compensation

Recording Hours Worked

Memorial is currently on a time and attendance system that requires the employee to scan their name badge for time in and time out purposes at a central location. It is the obligation of the employee to contact their director or manager immediately to correct any problem that may occur during an incorrect “scan”. Any employee who fails to clock in and out for duty will not be paid for that shift worked unless the following requirements are met:

- Employee must report failure to clock in, out, or both to their director and manager immediately.
- If an employee fails to bring their name badge to work, there is a sign-in sheet to document arrival and departure times for the shift.
- If an employee loses their name badge it is their responsibility to report to Human Resources for another badge. The cost for a replacement may be payroll deducted.
- If the employee fails to adhere to number 1 or 2 above, the employee will not be paid for the time worked until verification of hours has been made. Once verified, the hours will be paid on the next payroll check. If the undocumented hours are the result of the supervisor’s failure to turn hours into payroll, the hours will be paid the following Tuesday at the supplemental run of payroll checks.
- If hours are missing from the payroll check the employee will report directly to the Director/Manager to send corrected hours to payroll. The payroll department cannot correct any payroll hours without the authorization from the director or manager.
- All employees are assigned to a time clock upon employment. All employees must utilize the assigned clock. Any continued use of a time clock other than the one assigned will lead to disciplinary action.

Any continued failure to utilize the name badge for time recording purposes may result in disciplinary action. **Human Resources Policy 3.3 Clocking In and Out**

Pay Period and Payday

The pay period is 14 days in length. It begins on Monday at 12 am and concludes on Sunday at 11:59 pm. Payday is the Friday following the final day of the pay period.

Memorial Hospital does not provide employees with paper checks or stubs containing pay information. Employees can access their pay advice on payday via the Kiosk program on any computer with internet

availability. All employees who maintain bank accounts supporting direct deposit will be paid through direct deposit. Employees that do not have existing bank accounts supporting direct deposit will authorize the hospital in writing to pay their wages by a payroll card initially provided through the hospital. Information on accessing the Kiosk program and obtaining a payroll card will be provided to new or rehired employees during the pre-employment process. **Human Resources Policy 3.1 Payroll Distribution**

Authorized Deductions

- Federal Income Tax
- FICA
- Medical Insurance Premium
- 457 Deferred Compensation Plan
- Retirement Contributions
- Dental Insurance Premium
- Additional Life Insurance Premium
- Short Term Disability Plan Premium
- Credit Unions
- 125 Cafeteria Plan
- Child Support
- Student Loan
- IRS garnishment
- Hospital Wage Deductions.

Work Week & Overtime

It is the policy of Nacogdoches Memorial Hospital to provide continuous quality care. The work week will begin on Monday at 12 am and will end on the following Sunday at 11:59 pm. In certain circumstances employees may have to work in excess of the regular full time work week or day. While it is not our policy to encourage overtime work, it may at times be required. All "non-exempt employees" as defined by the Fair Labor Standards Act shall be paid overtime. Overtime must be authorized by the appropriate supervisor with approval of his or her department director prior to performance of such work, except in a legitimate emergency. Employees on a 40/40 work schedule will received overtime pay after exceeding 40 hours in a work week. Employees on a 8/80 work schedule will receive overtime after exceeding 8 hours in any day and/or after exceeding 80 hours in a pay period. All overtime shall be paid by a "weighted average". A weighted average is defined as all pay divided by the total number of hours worked. **Human Resources Policy 3.4 Compensatory Time/Wages and Overtime**

Employment Classifications

For the sole purpose of determining the allowance of certain employee benefits, employees are classified as:

Full-Time with benefits Full-Time without benefits Part-Time PRN

- Full-time...normally working 30 or more hours per week (or 72 hours per 14 day work period), depending on requirements of position.
- Part-time...normally working more than 20 hours per week but at least 16 hours per week on a regular schedule.
- PRN...those employees not scheduled to work on a regular routine, utilized to fill in gaps caused by lack of full-time or part-time employees. **Human Resources Policy 1.19 Category of Employees**

Shift Differentials

Nacogdoches Memorial Hospital pays a shift differential to eligible employees who work evening or night shifts. A work schedule is eligible for shift differential pay if a minimum of four hours worked during the shift fall between the hours of 3:00 p.m. and 7:00 a.m.

Evening or 2nd Shift (an eight-hour period from 3:00 p.m. to 11:00 p.m.)
Night or 3rd Shift (an eight-hour period from 11:00 p.m. to 7:00 a.m.)

Work schedules that fall between the hours of 7:00 a.m. and 5:00 p.m. are considered day shifts and thus are not eligible for shift differential pay.

An employee must work a minimum of four (4) hours between the hours of 3:00 p.m. and 7:00 a.m. on an established evening and/or night shift to be eligible to receive shift differential pay for that shift. The employee will receive the appropriate shift rate for the hours worked in the shift(s). Example: An employee who works a 7:00 p.m. to 7:00 a.m. shift -4 hours during the evening shift and 8 hours during the night shift -will receive 4 hours of shift differential pay at the evening rate and 8 hours of shift differential pay at the night rate. **Human Resources Policy 3.22 Shift Differentials**

Weekend Differentials

A weekend shift will begin on Saturday at 7:00 a.m. through Monday at 7:00 a.m. Those employees who work Friday night and are scheduled to get off on Saturday morning, but work over, will not qualify for weekend differential. Those employees who are scheduled to begin a shift earlier than 7:00 a.m. on Monday will not qualify for the weekend differential. All full time and part time employees will be eligible for the weekend differential. **Human Resources Policy 3.28 Weekend**

Merit Pay Increases and Periodic Review

Employees may have their job performance reviewed on an annual basis by their supervisor, manager, or director. Evaluations will be given both verbally and in

writing, with the written evaluation becoming a permanent part of the employee's personnel file. Although full-time and part-time employees are eligible for a merit increase, no pay increase is guaranteed. Merit increases are not granted while an employee is on a disciplinary probationary status and the employee must be re-evaluated prior to the processing of a merit increase once the employee is removed from disciplinary status. **Human Resources Policy 3.8 Merit Pay Increases and Periodic Review**

Employment Policies

Employment on an At-Will Basis

Employees of Nacogdoches Memorial Hospital are employed at will and may terminate their employment with Nacogdoches Memorial Hospital at any time with or without cause. And in the same respect, Nacogdoches Memorial Hospital makes no promise of any kind and remains free to change wages and all other working conditions without consultation and has the absolute authority to terminate employment of any employee with or without good cause. **Human Resources Policy 1.0 At Will**

Equal Employment Opportunity

Nacogdoches County Hospital District is committed to providing equal employment opportunity for all persons regardless of race, color, religion, sex, age, marital status, national origin, citizenship status, disability, or veteran status. Equal opportunity extends to all aspects of the employment relationship, including recruiting, hiring, transfers, promotions, training, terminations, layoff and recall, working conditions, compensation, benefits, and other terms and conditions of employment.

The Hospital complies with federal and state equal employment opportunity laws and strives to keep the workplace free from all forms of harassment, including sexual harassment. The Hospital considers harassment in all forms to be a serious offense. Employees who have been subject to prohibited discrimination or harassment should immediately report the incident to their supervisor, the Director of Human Resources, or Administration. Complaints are investigated immediately and handled as confidentially as possible. Hospital ensures that employees following this complaint procedure are protected against illegal retaliation.

Any reported violations of EEO law or this policy are investigated. Supervisors or employees found to have engaged in discriminatory conduct or harassment are subject to immediate disciplinary action, including possible termination of employment.

Nacogdoches County Hospital District actively complies with the Genetic Information Nondiscrimination Act of 2008 (GINA) that protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes

information about genetic tests of applicants, employees, or their family members, the manifestation of diseases or disorders in family members (family medical history); and requests for receipt of genetic services by applicants, employees, or their family members. **Human Resources Policy 1.3 Equal Employment Opportunity**.

Americans With Disabilities Act

Nacogdoches County Hospital District complies with the Americans with Disabilities Act, as amended, which prohibits employers from discriminating against persons because of such individual's disability or perceived disability so long as the employee can perform the essential functions of their job, with or without reasonable accommodation. The Hospital will provide a reasonable accommodation to a qualified individual with a disability who has made the Hospital aware of his or her disability, provided that such accommodation does not impose an undue hardship on the operation of the Hospital's business.

In all hiring and employment practices, the Hospital will not discriminate against qualified individuals who have a disability. In carrying out this commitment, the Hospital follows the terms of the general policy outlined below when making reasonable accommodations for qualified individuals with a disability.

The Hospital prohibits any and all discrimination against a qualified individual with a disability. This includes, but is not limited to, discrimination with respect to hiring, promotion, discharge, compensation, benefits, training and all other aspects of employment.

Employees with a disability who believe they need a reasonable accommodation to perform the essential functions of their job should contact the Human Resources Department. The Hospital encourages individuals with disabilities to come forward and request reasonable accommodations. Reasonable accommodations will be made on a case-by-case basis because the nature and extent of a disabling condition and the requirements of the job vary. The Hospital will inform the employee of its decision on the accommodation request. If the accommodation request is denied, the employee will be advised of his or her right to appeal the decision by submitting a written statement explaining the reasons for the request. If the request on appeal is denied, that decision is final.

The ADA does not require the Hospital to provide a specific accommodation, so long as the Hospital has offered an effective accommodation. Nor is the Hospital required to provide as reasonable accommodations personal use items needed in accomplishing daily activities both on and off the job (e.g., eyeglasses, hearing aids or wheelchairs). To the extent state law provides additional rights to employees, the Hospital shall comply with such laws.

The Hospital also prohibits any discrimination against an employee because the worker has a family member with a disability. In general, benefits are made available to employees on an equal basis without regard to whether any individual has a disability.

All employees must comply with safety rules at all times. The Hospital makes every

effort to place applicants and employees in positions for which they are qualified. However, employees and job applicants are not placed in positions where, with or without a reasonable accommodation, they would create a direct threat to the safety or health of themselves or others. The determination that an individual poses a direct safety or health threat must be confirmed by an opinion in writing from a physician or other appropriate professional.

The ADA does not cover an employee or applicant who is engaged in the illegal use of drugs. All employees are expected to comply at all times with the Hospital's policy regarding the use of drugs and alcohol. For example, all employees are expected to cooperate with any drug testing requirements or requests made in accordance with that policy.

Any applicant or employee who believes that there has been a violation of the Hospital's policy or any applicable law relating to accommodating a person with a disability should immediately contact the Human Resource Department. All complaints are promptly investigated and all individuals are expected to cooperate with an investigation. The information obtained in the course of an investigation is held in confidence and is only disclosed to individuals who have a need to know the information. **Human Resources Policy 1.17 Americans With Disabilities Act.**

Sexual Harassment

The Nacogdoches County Hospital District's position is that sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. No employee, either male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, which is personally offensive, that debilitates morale, and that therefore, interferes with work effectiveness. Such behavior may result in disciplinary action up to and including dismissal.

Sexual harassment, whether committed by Hospital supervisory or non-supervisory personnel or any other person on Hospital premises or against an on-duty employee, is specifically prohibited as unlawful and against stated District policy. In addition, management is responsible for taking action against acts of sexual harassment by non-supervisory personnel or others, regardless of whether the specific acts complained of were sanctioned or specifically forbidden and regardless of the manner in which the District becomes aware of the conduct.

This policy also prohibits retaliation against employees who bring sexual harassment charges or assist investigating charges. Any employee bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment, nor discriminated against or discharged because of the complaint. **Human Resources Policy 4.22 Sexual Harassment**

Workplace Violence /Hostile Work Environment

It is the policy of Nacogdoches County Hospital District that all employees have the right to work in a reasonable safe environment free from acts of workplace violence committed by or against employees and from threats of violence. It is the responsibility of all Directors, Managers and Supervisors to take reasonable action to assure that their facility is in full compliance with this policy.

Employees who have knowledge of violent acts or violent threats which have occurred or will occur on hospital premises must report such acts or threats to their director, manager or supervisor as soon as possible. The information will be immediately reported to Security personnel. The responsibility of the Director of Human Resources will be to provide guidance, investigate, and take appropriate actions.

Employees who know or reasonably believe they are the target of violence, threats of violence, or harassment that is likely to occur on hospital premises must immediately inform. Human Resources and Security personnel will work with at-risk employees and their supervisors to develop safety plans that address the specific risk the employees may encounter while at work.

The Hospital prohibits retaliation against employees who bring allegations or assist in investigating charges. Any employee reporting a suspicious activity, acts of violence, safety concerns, or assisting in an investigation will not be adversely affected in terms and conditions of employment, nor discriminated against or discharged because of the complaint. Any information brought by an employee will be confidential.

All employees who commit violent acts or who otherwise violate this policy are subject to corrective action or discipline, up to and including termination of employment. Memorial Hospital will refer to the appropriate law enforcement agency all of those who engage in violence on its premises or against its employees while they are engaged in hospital business or actively at work.

Human Resources Policy 4.43 Workplace Violence

Efforts the hospital has taken to promote safety in the workplace include:

- Name tags for all employees
- Good lighting in parking lots
- Restricted access by locking doors at night
- Designated high-security areas with special locks
- Security cameras
- Security personnel on premises
- Extension 8500 for AMr. Strong@ overhead paging for assistance
- A Violence in the Workplace policy
- ACode Silver=

Concealed Weapon

Concealed weapons will not be allowed on any property or in vehicles owned by

Nacogdoches Memorial Hospital.

Drug and Alcohol Free Workplace

Nacogdoches Memorial Hospital (hereinafter the "Hospital") is committed to providing a workplace free from alcohol, controlled substances, and other illicit drugs in order to ensure a safe, healthy, and efficient work environment for employees, patients, and visitors. Employees must be free from the effects of alcohol, controlled substances, and other illicit drugs at all times of work as a condition of employment. Therefore, the use, sale, or possession by an employee of an alcoholic beverage, controlled substance, illicit drug, or any other substance which may impair job performance or pose a health or safety hazard shall constitute just cause for disciplinary action up to and including termination of employment.

All Hospital employees are subject to testing for alcohol, controlled substances, and other illicit drugs in accordance with this policy. Therefore, employees must report the use of any medically prescribed, authorized drug or other substance which may impair job performance, to their immediate supervisor and must provide proper written medical authorization to work from the prescribing physician. It is the employee's responsibility to determine from the physician whether a prescribed drug may impair job performance. Failure to report the use of such drugs or other substances, or failure to provide proper evidence of medical authorization may result in disciplinary action. Any employee, who becomes aware of another employee who might be impaired on the job because of any violation of this policy, shall report such information to management immediately.

Education and Training

During the pre-employment process applicants will receive a physical copy of this policy and will sign an acknowledgement of receipt to be placed in their personnel file. In addition, recognizing the signs and symptoms of an alcohol and/or a controlled substances problem will be included in the Hospital's Annual Safety & Skills Fair. Available methods of intervening when an alcohol or a controlled substances problem is suspected include referral to an employee assistance program and/or referral to management can be obtained from the Human Resources Director or the Employee Health Nurse.

Illicit Drugs or Controlled Substances

Employees shall not use, sell, purchase, transfer, receive or possess illicit drugs or controlled substances on Hospital premises, in Hospital vehicles or during working hours, including lunch or rest breaks. Employees are not to report to work if the employee uses any controlled substances, except when the use is at the instruction of a physician who has advised the employee the substance does not adversely affect the ability to safely perform his or her job.

Alcoholic Beverages

Alcoholic beverages shall not be brought into or consumed on Hospital premises, including Hospital owned vehicles, except in connection with authorized events. Drinking or being under the influence of alcoholic beverages during working hours, including lunch and rest periods, is cause for disciplinary action, up to and including termination of employment.

The Hospital will provide an opportunity for each such on-call employee to acknowledge the use of alcohol at the time he or she is called to report for duty. However it is the employee's responsibility to inform his or her supervisor at the earliest possible time of any potential impairment.

Pre-Employment Post Offer Testing

All applicants who have received a conditional offer of employment with the Hospital will be required to submit to alcohol and/or drug testing as a part of their pre-employment process. Positive test results for alcohol, controlled substances, and other illicit drugs will result in employment ineligibility.

Random Drug Testing

Nacogdoches Memorial Hospital reserves the right to administer random drug screenings.

Reasonable Suspicion Testing

Employees will be subject to controlled substances and /or alcohol testing if a supervisor has reasonable suspicion that the employee has used a controlled substance or has misused alcohol. The request to undergo a reasonable suspicion test must be based on direct observations by a supervisor and documented as such:

Employee behaving in a manner which gives a reason to suspect the employee is under the influence of alcohol, controlled substances, and other illicit drugs (i.e., slurred speech, the smell of alcohol on breath, abnormal actions, irrational behavior);

Employee involved in accidents (collision or possibly caused by human error);

Violations of safety rules or procedures which potentially jeopardize the well-being of employees and/or others; and Loss or theft of drugs on Hospital premises or other locations where employee of the Hospital work.

For reasonable suspicion testing, employees must report for collection immediately and escorted by the supervisor. An employee who receives a positive result under reasonable suspicion testing, refuses or fails to promptly submit to reasonable suspicion testing will be subject to discipline up to and including termination of employment in accordance with this policy.

When there is reasonable suspicion of controlled substance use or alcohol misuse, and at the discretion of the Hospital, vehicles, lockers and/or related personal items (i.e., briefcases, handbags and tool boxes, etc.) will be searched without prior notice to ensure a proper work environment free of illegal drugs. Any employee found to have illegal drugs and/or drug paraphernalia in his/her locker, vehicle, and/or personal area will be subject to immediate disciplinary action up to and including termination.

Post Accident Testing

The Hospital will test employees for alcohol, controlled substances, and other illicit drugs immediately following a work related accident, injury, or exposure. Non-suspicion, post-accident testing (not limited to motor vehicle accidents), which meets one of the following criteria:

Any type of workplace accident which is not explained or which is not reported at the time of its occurrence;

Any type of accident involving a fatality;

Any motor vehicle accident in which the employee received a citation and there is property damage and/or bodily injury; and

An accident or injury which may have been caused by the apparent action or inaction of the employee.

Return to Work Drug Testing

Employees returning to work after a medical leave of absence will be subject to drug testing. All employees returning to work after a leave of absence of 30 days or longer (excluding approved vacations or paid holidays) are subject to testing. Positive results shall constitute grounds for disciplinary action, up to and including termination of employment. **Human Resources Policy**

4.26 Drug & Alcohol Free Workplace

Non-Solicitation and Distribution

In order to prevent disruptions in the operation of the Hospital, to provide patients with a tranquil atmosphere for treatment, and to protect employees from harassment and interference with their work, the following rules regarding solicitation and distribution of literature or materials of any kind on any Hospital property must be observed.

During “working time,” no employee shall solicit or distribute literature for any purpose. “Working Time” refers to that portion of the working day in which the employee is supposed to be performing actual job duties; it does not include meal times, break times, or any time before or after a shift. Additionally, no employee who is on “non-working time” shall solicit or distribute literature to an employee who is on “working time”.

Further, employees are prohibited from distributing literature, at any time, for any purpose, in working areas, and from soliciting and distributing literature at any time, for any purpose, in Immediate Patient Care Areas. “Immediate Patient Care Areas” are areas where patients are likely to witness and be disturbed by solicitation or distribution, including, but not limited to, patients’ rooms, operating rooms, and places where patients receive treatment.

Persons who are not employed by the Hospital shall not distribute literature or solicit employees or visitors at any time for any purpose on Hospital grounds.

This section does not apply to limited solicitation and distribution of literature by, or on behalf of, a select number of charitable organizations approved by Administration, i.e., March of Dimes, United Way, and Volunteer Auxiliary. **Human Resources Policy 4.24 Non-Solicitation and Distribution**

Computer and Internet Access

Nacogdoches Memorial Hospital will provide computer and/or Internet access to any employee who needs such access to fulfill their job requirements. However, due to liability issues regarding software piracy, no personal software will be installed on a hospital owned personal computer, file server, or laptop. This includes daily planners, screen savers, games, or any software not belonging to or purchased by the hospital district. No personal business is allowed on any hospital computers.

Human Resources Policy 4.39 Computer and Internet Access

Personal Electronic Devices

The Hospital expects the full attention of its employees while they are working. Employees will not be permitted to use personal electronic communication equipment, (i.e. cell phones, etc.) for personal business during the performance of their duties or delivery of patient care, except when approved in advance by a department director in an emergency situation. Personal communication devices should be placed on vibrate or silent mode. Under no circumstances should a cell phone be answered, nor should a conversation occur, in front of a patient, patient’s family members, or a physician. Personal communication devices can be accessed during breaks in a non-public setting. Failure to follow the guidelines of this policy will result in disciplinary action up to and including termination. **Human Resources Policy 4.49 Personal Electronic Communication Equipment**

Social Media and Networking

As an NMH employee, your words and actions may be viewed as a representation of the Hospital. You should be respectful and civil in your postings on any social media site. Information that you post should be considered part of the public domain.

Employees may not publish any content related to patients and patient care, and must maintain strict adherence to all laws and policies related to a patient’s personal health information. This includes patient name, photos, diagnostic testing results/images,

case information, or any information that may lead to disclosing or identifying a patient.

The Hospital retains the right to review all communications conducted and data saved, reviewed or accessed via the Hospital's Network and Electronic Resources, including computers, e-mail and internet access. Inappropriate use of Network and Electronic Resources may result in discipline, up to and including discharge. Employees should be careful to safeguard their passwords, log off their terminals when not in use and not permit others to access the Hospital's system. **Human Resources Policy 5.0 Social Media**

Nepotism and Personal Relations in the Workplace

The Hospital permits the employment of individuals in the same immediate and extended family or those who have a personal relationship. However, to avoid a conflict of interest or an appearance of a conflict of interest, no employee may initiate or participate in employment decisions (including, but not limited to, those related to initial employment or rehire, promotion, salary, performance appraisals, work assignments or other working conditions) that could reward or disadvantage the individual with whom the employee has a familial or personal relationship.

For the purpose of this policy, "immediate family" includes the spouse, same-sex partner, children, parents, brothers, sisters, step-parents, step-children, step-brothers, and step-sisters of staff. "Extended family" includes the grandparents, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, aunts, uncles, grandchildren, and great-grandparents of staff. In cases where spouses or same-sex partners are employed in the same department or unit neither may serve as judge nor advocate for the other in decisions involving a direct reward or disadvantage.

The potential for a conflict of interest also exists when there is a personal relationship in the context of employment supervision or evaluation. Therefore, as discussed above, no supervisor may influence, directly or indirectly, salary, promotion, performance appraisals, work assignments or other working conditions for an employee with whom such a relationship exists. For the purpose of this policy, "personal relationship" shall mean a committed domestic relationship other than a marital relationship, or a consensual sexual or romantic relationship. The hospital views such conflicts of interest as seriously as it does those involving family members.

In considering whether a relationship falls within this policy, all employees are urged to disclose the facts if there is any doubt rather than fail to disclose in cases where a relationship exists or existed in the past. Additionally, this policy applies to all types of employment. All employees are responsible to raise potential issues to the attention of their supervisors.

When it is discovered that the work assignment of employees who are immediate family, extended family, or have a personal relationship as defined above, is in violation of this policy, the department head shall notify Human Resources. Within

90 calendar days from the date the notification is received, the related employees may resolve the matter by:

1. Applying for and receiving a transfer to another position or department within the hospital;
2. Changing their shift or rotation, or reassigning their duties; or
3. Taking other appropriate action to resolve the nepotism violation, such as voluntarily resignation

Failure to resolve the violation of this policy within 90 calendar days from the date the notification is received will result in resolution by Human Resources and/or Administration. This policy shall apply without regard to gender or sexual orientation. **Human Resources Policy 1.6 Nepotism and Personal Relations in the Workplace**

Criminal History Record Information

Nacogdoches County Hospital District d.b.a. Nacogdoches Memorial Hospital (the “Hospital”) is committed to protecting the safety and welfare of our patients, visitors, employees, and the general public, preserving the Hospital’s property, and upholding the reputation and integrity of Nacogdoches Memorial Hospital for the citizens of Nacogdoches County. To achieve these goals, the Hospital may perform criminal history checks on current employees, volunteers, students, contract personnel, vendors, medical staff, and applicants for employment who are under consideration, following normal screening and selection process. Criminal history record information (CHRI) may be used only for the purpose of evaluating applicants for employment or other services provided through the Hospital. The Hospital will not discriminate on the basis of race, color, religion, sex, national origin or any other protected characteristic.

The Hospital does not automatically disqualify individuals with an arrest or criminal record. Individuals will be given a reasonable opportunity to dispute the validity of any criminal history information. With respect to convictions, decisions will be job-related and consistent with business necessity considering: the nature and gravity of the offense(s); the time that has passed since the conviction and/or completion of the sentence; and the nature of the position held or sought within the Hospital.

With respect to arrest records and criminal charges, the Hospital understands that the fact of an arrest does not necessarily establish that criminal conduct actually occurred, and that an individual is presumed innocent until proven guilty. Accordingly, an employee or applicant shall not be subject to adverse action based solely on an arrest. Rather, the Hospital will conduct a fact-based analysis to determine whether the conduct underlying the arrest – and not the arrest or charge itself – makes the individual unfit for the position. **Human Resources Policy 1.10**

Criminal History Record Information

Sanctions and Exclusions

Upon employment consideration of an applicant, Memorial Hospital will conduct a search with the United States and Texas Office of the Inspector General (List of Excluded Individuals/Entities), and the Excluded Parties List System (EPLS). Both HHS Office of Inspector General and Excluded Parties List System will post all persons that have been sanctioned and/or excluded. Applicants will not be eligible for employment with Memorial Hospital if they are under a sanction imposed by HHS.

The Human Resources Department will, on a monthly basis, verify all employees of the hospital through HHS and EPLS to ensure that an employee has not been sanctioned by a previous incident. Employees of Memorial Hospital should notify the Compliance Officer or Human Resources immediately should HHS impose a sanction on that employee.

Should a sanction be imposed on an employee of Memorial Hospital, appropriate actions will be initiated immediately by the Director of Human Resources and the Compliance Officer to ensure compliance with the Department of Health and Human Services. Actions regarding an imposed sanction or exclusion will result in disciplinary actions up to and including termination of employment.

Human Resources Policy 1.8 Excluded Individual and Entities

Benefits

Advancement

Memorial prefers to promote from within and we will do so when circumstances permit. Candidates for supervisory positions must demonstrate an aptitude for acquiring and developing skills necessary for effective leadership and supervision. Anyone interested in a position of greater leadership and higher pay will be considered on the basis of personal qualification such as prior training, relevant education, and work experience, proven ability in job performance, length of continuous service in the department and the requirements of the job. **Human Resources Policy 1.1 Advancement**

Departmental Transfers

To transfer to another department at Memorial Hospital, an employee must first have satisfactorily completed their initial probationary period of ninety (90) days. If the employee satisfies the longevity requirement they must apply online at www.nacmem.org for an open position as a transfer.

The transfer request will be forwarded to the department that has the open position. The director or manager may or may not choose to interview the employee. However, if the employee does receive an interview, it does not guarantee them of the position.

The director or manager will inform Human Resources if the employee is in

consideration for the position. Human Resources will at this time notify the current director or manager that the potential for transfer exists, and will request that the directors or managers communicate regarding the qualifications of the employee. When a decision is made, Human Resources would notify the employee that their request for transfer was accepted or denied.

If the director or manager hires the employee, the employee transferring must give the current department a minimum of a two week notice, prior to transfer, in order that a replacement may be found. In some circumstances an employee may be required to give longer notice. These extensions will be negotiated between the receiving and current directors and managers. However, in no case will the extension exceed four (4) weeks without administrative approval. In the case of transfer of a Manager or Supervisor, four week notice is required.

If an employee is accepted for transfer, the employee must remain within that department for a period of no less than twelve (12) months before requesting transfer to another department. Supervisory personnel will not actively recruit employees from other departments.

Human Resources Policy 1.5 Interdepartmental Transfer

Paid Time Off Non-Exempt (Non-Executive)

Paid Time Off (PTO) program is provided to all employees in positions designated as full-time benefits eligible in order to allow time away from work without loss of pay and/or benefits. This program combines benefit hours, usually designated as Vacation, Holiday, and Sick under a single program.

Accrual of Paid Time Off for Non-Exempt Employees

Non-Exempt employees will accrue PTO benefits after successful completion of 90 days of full-time employment as a benefits eligible employee according to the following chart:

<u>Years of Service</u>	<u>Accrued PTO Benefits (Dollars Per Pay Period)</u>
0 - 4	5.25 hours x Current Hourly Rate of Pay
5 - 14	7.00 hours x Current Hourly Rate of Pay
15 or greater	8.25 hours x Current Hourly Rate of Pay

A non-exempt employee's PTO benefit ("PTO Bank") will be measured in dollar value as set forth above. However, the value of an employee's PTO Bank does not represent any wages or compensation owed to the employee for work performed. Rather, a non-exempt employee's PTO Bank merely provides a measure for determining the total amount of compensation that an employee is entitled to receive whether for vacations, holidays, illness or injury, or for personal business.

The maximum number of available PTO hours an employee can maintain is capped at 544 hours. If a full-time benefits eligible employee continues to work after reaching 544 hours of PTO without using any PTO, he or she will not accrue any additional

PTO hours or dollars and will not be entitled to any accruals that would have occurred after such maximum limit is reached until the PTO Bank balance falls below the maximum hours.

Available PTO hours will be calculated by taking the PTO Bank (dollars) and dividing it by the employee's hourly rate of pay. Employees will be paid at their hourly rate of pay at the time of the requested PTO for the number of available PTO hours actually taken or the actual number of PTO hours available.

A change in an employee's pay would increase or decrease the number of available PTO hours. For example, an employee may be capped at 544 hours at his or her current rate of pay during the middle of the year. Such employee will not accrue any additional PTO for the remainder of that year. However, if the employee receives a pay increase at the beginning of the new calendar year, means he or she will drop below the 544 hour cap because the dollar bank divided by his increased hourly rate will result in fewer hours accrued. At that point, the employee starts accruing PTO again. Therefore, whenever an employee receives a pay increase, the PTO benefits will need to be recalculated to determine whether and at what rate the employee will accrue additional PTO and hour's equivalent to the dollar value in the PTO Bank.

Paid Time Off for Exempt Employees (Non-Executive)

Exempt benefit eligible employees will be entitled to a certain number of PTO hours after successful completion of 90 days full time employment based on the number of years of service. Exempt employees shall accrue PTO as follows:

<u>Years of Service</u>	<u>Accrued PTO Benefits (Dollars Per Pay Period)</u>
0 - 4	5.25 hours x Current Hourly Rate of Pay
5 - 14	7.00 hours x Current Hourly Rate of Pay
15 or greater	8.25 hours x Current Hourly Rate of Pay

In accordance with the Department of Labor (DOL) regulations, an exempt employee's PTO bank will be reduced by the number of PTO hours actually used. The reduction in the accrued PTO hours will not result in a reduction of the employee's guaranteed salary for the week in which the PTO hours are reduced. Deductions from an exempt employee's salary for variations in the quality and quantity of work are not permitted.

The maximum number of available PTO hours an exempt employee can maintain is capped at 544. If an exempt employee continues to work after reaching 544 hours of PTO without using any PTO for an absence, he or she will not accrue any additional PTO hours and will lose all accruals that would have occurred after such maximum limit is reached until his or her PTO hours fall below 544 hours.

Generally, payment of the exempt employee's salary will be made for a partial-day absence for personal reasons or sickness or accident even if the exempt employee has no more PTO hours remaining in the exempt employee's PTO account. However, if the exempt employee has no remaining PTO, the Hospital will make deductions from

the exempt employee's pay in the following situations:

- a. One or more full day absences for personal reasons, other than sickness and disability.
- b. One or more full day absences because of sickness or disability (including work-related accidents) if such deductions are made under a bona fide plan, practice or policy of providing compensation for loss of salary occasioned by such sickness or disability
- c. Offset any amounts received by an employee as jury fees, witness fees or military pay.
- d. Penalties or suspensions imposed in good faith for violations of safety rules of major significance. Unpaid disciplinary suspensions of one or more full days imposed in good faith for violations of written workplace conduct rules.
- e. Portions of the first and last weeks of employment that an employee does not actually work.
- f. Unpaid leave under the Family and Medical Leave Act (FMLA), including intermittent or partial day leave.
- g. An exempt employee need not be paid for any work week in which he or she does not work at all.

Accrual During Time Off

Eligible employees taking time off will continue to accrue benefits as long as the time off is with pay. PTO hours will not accrue while an employee is on an unpaid leave. When an employee is injured on the job, and it is determined to be a Worker's Compensation case, the employee will continue to accrue PTO time at the usual rate for that pay period. After that time, no PTO time accrues until the employee returns to work.

Accrual After Cash & Carry Status Change

Employees may choose to return to a position providing benefits at any time during employment when such a position is available and the employee is accepted for such position. Employees electing to return to a full time benefitted position will have the time spent as a Cash & Carry employee counted toward the length of their service and years of service for determination of the employee's PTO accrual rate. Example: An employee with 6 years of tenure in the Cash & Carry option will begin at the PTO accrual level assigned to a person with 6 years of service as set out above in the chart(s) in this policy.

Any additional status changes from Cash & Carry to benefits will result in tenure toward PTO accrual beginning only at the most recent benefit eligibility date.

Use of PTO Time

Paid Time Off (PTO) must be used when an employee wants to schedule a day off for personal business, vacations, holidays, sickness, disability, or the first seven (7) days of missed time due to an on the job injury.*

- * An employee will have the option of using their Paid Time Off (PTO) during the first seven (7) days following an injury. However, these wages will not be reimbursed by the employer or the workers' compensation insurance carrier pursuant to Labor Code Section 501.044.

With the exception of a sickness, disability, serious health condition, or on the job injury, PTO time must be scheduled in advance.

Individual departmental policies have been established regarding notification requirements for each department. Employees are responsible for consulting with their Department Director or Manager to know what the requirements are in their department.

PTO must be used to cover lost scheduled time when time is lost due to actions on the part of the employee. If the employee loses scheduled time as a result of hospital calling him/her off, he/she may elect to use PTO to cover the lost time or may elect not to be paid for the lost time.

PTO will be used concurrently with any leave taken by an employee under the Family and Medical Leave Act. PTO may not be used before it has accrued.

Change From PTO Eligible To Ineligible Status

- When an employee changes from PTO eligible status to an ineligible status (part time or PRN), he/she will be paid the accrued PTO Bank balance the end of the pay period following the status change.
- Hours will be paid at the base hourly rate at the time of the status change at the rate of pay prior to status change.
- If this status change coincides with a Cost Center change, the previous department will be charged for the payment.

Payment of Accrued PTO at Termination of Employment

Accrued PTO Bank balance will be paid to the employee after employment ends and in the final pay period following the termination. PTO Bank balance will not be paid to an employee who is involuntarily terminated from employment due to gross misconduct.

If an employee is rehired after a termination of employment, accrual rates will start with 0-4 years of service.

Holidays Observed

The Hospital recognizes the following days as holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day

- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

Employees may be required to be off on those days due to departmental closings. Employees will be allowed to use hours from the PTO plan to cover these off days. If the holiday falls on your normal day off, no charge will be made against your PTO.

Group Health Care Plan

Group health care benefit plan will begin the 1st of the month following 60 days of employment. Employees must enroll within 30 days of their eligibility date. If an employee does not enroll within the specified time frame, they must wait until the next annual open enrollment. Dependents not added to the coverage within the specified time frame must wait until the next annual open enrollment. Enrollment forms and plan information is given to all eligible employees during the pre-employment process. Employees are required to provide proof of eligibility for all dependents enrolled on the health care plan. Dependent(s) will not be activated until information is received.

Nacogdoches County Hospital District reserves the right to request verification of dependent status at any time. Failure to provide this information will result in the non-activation of dependent benefits. Employees will not be eligible to re-enroll dependent(s) until the next annual open enrollment or another qualifying event occurs. A dependent, which is eligible but not activated due to lack of or insufficient documentation will not be eligible for COBRA coverage.

Special Enrollment Events and Periods

Certain events in your life that may cause an exception to enrollment in the health care plan are:

- Childbirth/adoption
- Death
- Marriage
- Divorce
- Child reaching the maximum age of 26
- • Change of employment status Employees (or dependents) that become eligible for coverage but are not enrolled in the health plan may enroll at a later date than the initial enrollment period if:
 - The employee was covered under a group health plan at the time the coverage was initially offered;
 - The employee stated in writing that the other coverage was the reason for declining enrollment;
 - The other coverage was either: (a) COBRA coverage that was exhausted, or (b) other health plan coverage that was terminated due to a loss of eligibility or termination of employer contributions and;
 - The employee requests enrollment within 30 days of exhaustion or

termination of coverage.

Dependents are allowed a special enrollment period of 30 days if they become dependents through marriage, birth, adoption or placement for adoption. If the employee (or spouse) is otherwise eligible for enrollment in the plan at that time, but he or she has not enrolled, the employee (or spouse) is also allowed to enroll at this time. Coverage through this special enrollment period is to be retroactive to the date of the birth, adoption, or placement for adoption.

Prescription Drug Benefit

Employees and their dependents or spouse covered under the employer sponsored health plan will have the pharmacy benefits below:

Out of Pocket Maximum \$1,500 individual/\$3,000 family

Retail Pharmacy (In-Network)

Generic	\$25 Copay
Preferred Brand Name	\$50 Copay
Non-Preferred Brand Name	\$75 Copay
All Specialty Drugs	\$150 Copay

Mail Order

Generic	\$62.50 Copay
Preferred Brand Name	\$125 Copay
Non-Preferred Brand Name	\$187.50 Copay
All Specialty Drugs	N/A

Consolidated Omnibus Budget Reconciliation Act (COBRA)

In compliance with all COBRA (Consolidated Omnibus Budget Reconciliation Act) Legislation, Nacogdoches Memorial Hospital provides the opportunity to employees, former employees, and qualified dependents with a temporary extension of group health insurance when coverage is lost due to certain qualifying events. This coverage is identical to the coverage provided to active employees.

Qualifying Event

Coverage Period

Voluntary Termination	18 months
Involuntary Termination (Gross Misconduct Exception)	18 months
Reduction of Hours	18 months
Death of the Employee	36 months (Spouse & dependents qualify)
Employee's Medicare Entitlement	36 months (Spouse & dependents qualify) Divorce or
Legal Separation	36 months (Spouse & dependents qualify)
Dependent Child Ceasing to be a Dependent	36 months (Dependent only qualifies)

The COBRA laws list specific time frames for the employee and/or qualified beneficiary to accomplish certain tasks.

- 60 Days to Elect COBRA Coverage -Each Qualified Beneficiary has an

election period of 60 days to elect COBRA coverage. These 60 days are from the later of the date of notice or the loss of coverage date. Each Qualified Beneficiary has independent election rights regardless of their original status under the plan.

- 45 Day Retroactive Premium Payment Period -Once a Qualified Beneficiary has elected COBRA coverage, they have 45 days from the date of election to pay the retroactive premium. A retroactive premium is defined as the amount of premium due from the loss of coverage date to the date of the election.
- 30 Day Monthly Premium Payment Period -COBRA participants are allowed a 30-day grace period each month to make premium payments. If payment is not received before the expiration of this 30-day period, coverage will be terminated.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. **Human Resources Policy 2.19 COBRA Compliance**

Workers Compensation

To assist the injured employee with financial obligations, the Worker's Compensation insurance carrier will provide to the injured employee the income benefits as outlined and regulated by the Texas Department of Insurance Division of Workers Compensation. In order for compensation to be paid, an injury must prevent an employee from returning to work for a period of time longer than seven (7) days beginning with the first full day of missed time. This does not include the day of the injury. Should the injury incapacitate the employee longer than seven (7) days, compensation will begin to accrue starting on the eighth (8th) day and will be paid weekly until the employee is able to return to work as deemed by the treating physician. The employee will not be paid for the first week until a total of fourteen (14) days have been missed if the injured employee did not elect to use Paid Time Off.

Nacogdoches Memorial Hospital will continue to offer health insurance for employees for a period of six (6) months post on the job injury. The employee is responsible for payment of his/her share of the premiums. Employees have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, the group health insurance would cancel, provided that Human Resources notify the employee in writing at least 15 days before the date that the health coverage will lapse.

If at the end of six months, the employee is still unable to return to work, the employee will be terminated from payroll and has the option of continuing coverage through COBRA for a period of eighteen (18) months. All other benefits accrued and payable will be paid to the employee at the end of this six-month period. All other benefits will cease to accrue. **Human Resources Policy 4.29 Workers Compensation**

Memorial Hospital does comply with the Family and Medical Leave Act of 1993 (FMLA) and will count workers compensation leave toward the employee's FMLA entitlement. Any on-the-job injury that requires an employee to take leave to seek inpatient care or continuing treatment will be counted toward FMLA. Memorial Hospital uses the "rolling" method for determining its leave year. In this "rolling" method, the 12 month period is measured backward from the date the employee uses FMLA leave. Human Resources will notify the employee in writing of the intent to count as FMLA. Workers Compensation benefits will continue with no interruption. **Human Resources Policy 2.5 Family and Medical Leave Act**

Group Life Insurance

Life insurance is provided to all full time employees of Nacogdoches Memorial Hospital. This policy includes an Accidental Death and Dismemberment Policy. Employee will be provided information as to the effective date of the policy upon employment. Voluntary life insurance may be available on the employee, spouse, and/or children at an additional cost.

If you are age 65 or older on your effective date of insurance, the appropriate percentage from the following table will be applied to the amount of your Basic Group Life and Accidental Death and Dismemberment insurance on your effective date of insurance.

If you are under age 65 on your effective date of insurance, the amounts of your Basic Group Life and Accidental Death and Dismemberment insurance on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of your insurance in effect on the day before your 65th birthday.

Percentage

<u>Age of Employee</u>	<u>Percentage</u>
65 but less than 70	65%
70 but less than 75	40%
75 but less than 80	25%
80 or older	10%

Your life insurance under the group policy may be continued without payment of premiums, provided the following requirements are met:

- You become totally disabled while insured and before reaching age 60;

- You remain totally disabled for at least 6 months in a row; and
- You submit satisfactory proof within the 7th through 12 months of disability; or as soon as reasonably possible after that; but not later than the 24th month of disability, unless you are legally incapacitated. Coverage under the group life plan will terminate under the following conditions:

- Your full time employment terminates
- An amendment to the group policy cancels your insurance
- The group policy terminates
- Your retirement

You may contact the carrier to continue coverage under a separate policy with the after you leave our employ although some conditions do apply.

Retirement

As a condition of full time employment, every employee shall be required to contribute a predetermined percentage of compensation that varies with years of service. Contributions are pretax and earning with interest.

*Employee contributions are not required after 33.333 years of credited service.

The exact payroll date as of which employee contributions change from a rate to the next in the above table shall be determined in accordance with payroll administration practices adopted by the employer from time to time and consistently applied to all similarly situated employees.

After five (5) years of full time employment, an employee is considered vested in the retirement plan. Employee contributions including interest will be matched at 50% by the employer. If you terminate employment before vesting, you will not be entitled to any benefit from the plan, except for the return of your employee contributions plus interest.

Death Benefit

If you die prior to the commencement of your pension the Plan provides death benefits to your Beneficiary that is actuarially equivalent to the present value of your Accrued Benefit.

In the event you die while providing qualified military service in the armed services (as defined in the Heroes Earnings Assistance and Relief Tax Act of 2008) you shall be treated as resuming employment on the day before you died for purposes of any additional benefits (beyond benefits accruals) and terminating on the date of your death. The Plan provides no additional death benefits.

Long Term Disability

If you are totally and permanently disabled as defined by the Plan, you are entitled to receive a disability benefit. If you are determined to be disabled as defined in the Plan, you will receive a benefit equal in value to your Accrued Benefit. There is no additional or enhanced benefit for disability.

If the Retirement Committee in its sole discretion determines that your disability is a result of:

- (1) Your current (as determined by the Retirement Committee) excessive and habitual use of drugs, intoxicants or narcotics, or
- (2) you sustained an injury while you were engaged in felonious or criminal activity, or
- (3) you sustained an injury, developed a disease or a mental disorder while you were serving in the armed forces, or
- (4) your injury or disease resulting in your disability was diagnosed after the date your employment terminated, or
- (5) your injury or disease was sustained or developed while you were working for anyone other than Memorial Hospital and it arose out of such other employment, or
- (6) you sustained an injury, developed a disease or mental disorder as a result of an act of war, whether or not such act of war arises from a formally declared state of war.

Voluntary Plans

The Hospital offers additional voluntary coverage through special arrangements with the companies and employees may be purchase these plans at a group rate through payroll deduction. Employees must enroll within 30 days of their eligibility date. If the employee does not enroll within the specified time frame, they must wait until the next annual open enrollment.

These plans if elected, are effective the first day of the month following 60 days of employment. Only full time employees are eligible to enroll in these voluntary plans. Contact Human Resources for information on these plans.

- (1) Voluntary Life Insurance with AD&D, (2) Dental Insurance, (3) Vision Plan, (4) Accident Critical Illness, (5) Short Term Disability

Claim forms may be picked up in the Human Resources Department. It is the responsibility of the employee to obtain all information needed to file a claim.

Employee Assistance Program (EAP)

Voluntary Referral: An employee who feels he or she has developed an addiction to, or a problem with alcohol or drugs, legal or illegal, is encouraged to seek assistance through his or her immediate Supervisor or the "EAP". Each request for

assistance will be treated as confidential. Confidential notification can be made by contacting the Director of Human Resources.

Terms of Assistance: The employees who participate in the EAP will not be disciplined and when appropriate may be required to take an unpaid leave of absence for treatment. However, no employee will be eligible for treatment more than once. Recurrence of an alcohol or drug problem will be grounds for termination.

An employee being required to submit to testing pursuant to the Substance Abuse policy generally will not be considered for voluntary referral to the EAP. Employees who are voluntarily participating in the EAP, upon the completion of the rehabilitation program, will be periodically tested on a random basis for 5 (five) years.

Leave Of Absence

In certain circumstances, it may become necessary for an employee to request a leave of absence from their job at Nacogdoches Memorial Hospital. Employees must notify Human Resources and their department director and/or manager at least 30 days in advance of the elective procedure. The department director and/or manager must approve the time off in advance of the procedure being performed.

Family and Medical Leave

In accordance with the Family and Medical Leave Act of 1993, as amended (FMLA), employees who meet certain requirements are eligible to take up to twelve (12) weeks of leave within a “rolling” 12 month period (counted backward from the date leave begins). **Human Resources Policy 2.5 Family and Medical Leave Act**

Under the National Defense Authorization Act of 2008 (NDAA), an eligible employee that is a parent, spouse, child, or next of kin (nearest blood relative) of a covered service member or veteran who suffers a serious injury or illness sustained in the line of duty while on active status, is entitled to a total of twenty-six (26) weeks of leave during a single twelve (12) month period (measured as a forward “rolling” 12-month period) to provide care for the service member.

FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available. Eligible employees – parent, spouse or child – may also take up to twelve (12) weeks of job protected leave in the applicable “rolling” twelve (12) month period (counted backward from the date leave begins) for any “qualifying exigency” arising out of the fact that a covered military member is on active duty, or has been notified of an impending call or order to active duty.

Reason For Family and Medical Leave

Eligible employees may take family and medical leave for any of the following reasons:

- 1 The birth of a child;
- 2 The placement of a child with the employee for adoption or foster care (In the event of a leave for the birth of a child or new placement of a child, the leave must be completed within twelve (12) months of the date of the birth or placement of the child.);
- 3 To care for the employee's spouse, child or parent with a serious health condition; or,
- 4 Because of the employee's own serious health condition which renders the employee unable to perform the job functions essential to the employee's position.
- 5 Any qualifying exigency arising out of the fact that the employee's spouse, child, or parent is on covered active duty, or has been notified of an impending call or order to covered active duty, in the Armed forces. Qualifying exigencies include, without limitation: 1) short-notice deployment, 2) military events and activities, 3) childcare and school activities, 4) financial and legal arrangements, 5) counseling, 6) rest and recuperation, 7) post-deployment activities and 8) additional events that the employer and employee agree are qualifying exigencies.
- 6 The employee is the spouse, child, parent or next of kin of a covered service member or covered veteran with a serious injury or illness sustained in the line of duty while on active duty.

Notice of Leave: If the need for family and medical leave is foreseeable, the employee must give at least thirty (30) days prior notice. Failure to provide such notice may be grounds for delay of leave. Where the need for leave is not foreseeable, the employee is expected to notify the supervisor and the Human Resources Department within one (1) to two (2) working days of learning of the need for leave, except in extraordinary circumstances where notice must be provided as soon as practical. Requests for leave forms are available from the Human Resources Department. Employees should use these forms when requesting leave.

When both spouses work for Memorial Hospital, the amount of leave is limited to an aggregate of twelve (12) weeks when the leave is taken as a result of the birth, adoption, or foster care placement of a child or for aftercare of the newborn or newly placed child. If both spouses are employed by Memorial Hospital and each wishes to take military caregiver leave, they may only take a combined total of 26 weeks of FMLA leave. Each spouse may be entitled to additional FMLA leave for other qualifying reasons.

Medical Certification: If an employee is requesting leave because of their own or a covered individual's serious health condition, the employee and the relevant health

care provider must supply appropriate medical certification. The medical certification must be returned to the Human Resources Department within fifteen (15) days after the date the leave is requested or the employee must provide a reasonable explanation for the delay. Failure to provide requested medical certification in a timely manner might result in denial or delay of leave until the certification is provided.

Memorial Hospital, at its expense, may require an examination by a second health care provider designated by Memorial Hospital. If the second health care provider's opinion conflicts with the original medical certification, Memorial Hospital, at its expense, may require a third, mutually agreeable health care provider conduct an examination and provide a final and binding opinion. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion. Memorial Hospital may also require subsequent medical re-certification on a reasonable basis.

Reporting While On Leave: If an employee takes FMLA because of a personal serious health condition or to care for a covered relation, the employee must contact the supervisor at least every other week regarding the status of the condition and the intention to return to work. The supervisor is responsible for reporting this information to the Director of Human Resources.

Leave Is Unpaid: Family and medical leave is unpaid leave after applicable PTO (and/or old sick bank time if leave is for employee illness) has been exhausted. As applicable, an employee using FMLA leave must use all paid leave prior to being eligible for unpaid leave. All medical leave time will be included in the twelve (12) or twenty-six (26) week period of FMLA. The use of paid leave time does not extend the twelve (12) or twenty-six (26) weeks of family and medical leave.

Funeral Leave

The Hospital will provide paid funeral leave for an employee upon the death of an immediate family member. For purposes of this policy, "immediate family" is defined as the employee's parent or parent-in-law, paternal or maternal grandparent, present spouse, child, grandchild, brother or sister, brother-in-law or sister-in-law.

A maximum of two (2) days will be allotted to a full time employee for a death in their immediate family. A day is defined as one 8-hour shift; thus the policy allows a maximum of two 8-hour shifts. These two (2) days can be taken at any time after notification of death. However, the second day can be taken no later than the day after the funeral.

Funeral leave cannot be taken during the employee's probationary period. If the funeral occurs on a normal day off, no reimbursement is applicable. Funeral leave taken outside the parameters of this policy will be granted at the discretion of your supervisor and will be non-reimbursed.

The paid time off request located on the Hospital Intranet should be filled out in the Funeral leave section with the required information and forwarded to payroll. Once payroll logs the information on employee's time sheet, the form will be forwarded to

HR to put in their personnel file. **Human Resources Policy 3.5 Funeral Leave**

Jury Duty

Full time employees actively at work when called to jury duty will be paid as though at work. Notification of a jury duty summons must be presented to the supervisor well in advance so that rearrangement of a schedule may be made. Employees will be paid for actual time spent serving as a juror.

Jury Duty summons should be forwarded to the payroll office. A Jury Duty service form should be picked up and filled out for payment of hours. The forms are to be signed by a courtroom employee and returned to payroll for payment of the hours.

Memorial will pay all hours of attendance to Jury Duty at "day" rate. No shift differentials or other specialties will apply. A maximum of 8 hours per day will be paid. Memorial will not compensate hours for Jury Duty in excess of 40 in a 7 day work week.

An employee who is selected to serve on a jury must turn in their reimbursement check from the court system to payroll upon receipt. **Human Resources Policy 3.7 Jury Duty Service**

Leaving The Hospital

Reduction in Workforce

Nacogdoches County Hospital District may reduce the number of employees as a result of but not limited to: economic reasons; reductions in services provided; reorganization; abolishment of a department; or other purposes deemed appropriate.

Any department considering a reduction of force shall consult with Human Resources for review and assistance prior to the implementation of the reduction in workforce and/or communication to employees. Prior to implementation the CEO and appropriate administrative staff member must approve the need for the reduction, the amount of reduction, and the area which will be affected by the reduction.

A determination will be made regarding the positions to be eliminated with a specific department. The goal shall be to identify those functions and positions that can be combined, altered, or eliminated with least effect on the work force and necessary services of the department.

The dismissal may be based upon several factors including but in no particular order of consideration or importance: work performance; conduct and corrective actions; record of attendance as well as other aspects. All dismissal and reemployment decisions shall be made without regard to race, national origin, religion, sex, age, or disability.

When the appropriate administrative staff member has approved the reduction in force, employees who are terminated will be notified in person and in writing. Any

employee subject to reduction in workforce may apply for any vacant posted positions. These employees must then compete with all other applicants for that position.

At the time of dismissal Human Resources will provide information to the employee on accessing the hospital's website and job line for future employment opportunities. However, it is the responsibility of the former employee to apply for any position for which he or she qualifies. **Human Resources Policy 4.19 Reduction in Workforce**

Lay Off

It has been and always will be the policy of Memorial Hospital to provide a secure job for all of our employees. However, should the day arrive that Memorial Hospital should have to, due to unforeseen problems either financial or otherwise, layoff an individual or individuals, we will adhere to the following format.

All attempts will be made to allow all full time employees to remain at their present work without change. The hospital administrator, administrative staff, and department heads will closely scrutinize part time employees, temporary employees and employees working PRN to determine if cuts can be made from this group. In that group all attempts will be made to determine if consolidation of job descriptions can be made so as to free up individuals. If so, those employees will be laid off first. If possible, and if the positions allow, seniority will be followed in a layoff.

When looking at seniority, technical skills and patient care needs must be considered. In a situation where a layoff is to be imposed, these factors will be taken into close scrutiny: Patient needs, patient care, departmental coverage, hospital liability, technical coverage, professional ability, and overall needs of the hospital.

If an individual is laid off, he/she will be allowed to apply for any jobs that become available within the hospital. All efforts will be made to rehire from the laid off group; however, if a better qualified individual does apply for a job within the hospital that better qualified person will also be considered for the job. **Human Resources Policy 4.20 Lay Off**

Employment Separation

Resignation

Employees wishing to terminate from the Hospital should submit a written notice which states the reason(s) for termination and the effective date of the resignation (the effective date is the last work day at the Hospital). A copy of the resignation letter should be submitted to the department director and/or manager and Human Resources. In some cases, the Hospital will reserve the right to accept a resignation effective immediately or as of another date prior to the end of the notice period.

Returning Hospital Property

When terminating employment from the Hospital, employees are required to return all hospital property, including but not limited to: ID badges, locker keys, beepers, uniforms, etc. Employees are advised that any intellectual property or system developed by an employee as part of your employment remains the property of the Hospital. All documents (including copies), memoranda and other pertinent materials must be returned to the Hospital upon termination of employment.

Final Pay

In accordance with § 61.014. PAYMENT AFTER TERMINATION OF EMPLOYMENT (a) An employer shall pay in full an employee who is discharged from employment not later than the sixth day after the date the employee is discharged. (b) An employer shall pay in full an employee who leaves employment other than by discharge not later than the next regularly scheduled payday.

For an employee to be eligible to receive any incentive compensation, bonus, and/or awards under any Hospital program or policy, the employee must be actively employed on the date the incentive compensation, bonus or awards are presented or paid. If the employee is not employed on the date such incentive compensation, bonus, or award is paid, the employee forfeits any right to such payment.

Exit Survey

An employee that voluntarily separates from employment with the Hospital will be asked to obtain and complete an Employee Exit Survey. Upon submission of the survey, an exit interview will be at the discretion of Human Resources.

The objectives of the exit survey is to determine the actual reason for an employee's resignation; discover any grievances the employee may have about the department and/or any misunderstandings the employee may have had about his/her job, or with his/her supervisor(s) in order that corrective action(s) may be undertaken; review administrative details with the employee such as final pay, continuation of benefits, and arrange for the return of any Hospital property which has not already been returned to the department supervisor.

Any information obtained in an exit survey or during an exit interview may be disclosed to (and/or discussed with) the immediate supervisor, the department Director and/or Manager, or Administration in order to investigate any allegation(s) made and/or to be made aware of emerging problem(s). **Human Resources Policy 4.27 Employment Separation**

Environment Of Care

Infection Control

Infection control is all of the things we do to prevent the spread of infections. This effort extends beyond the "workplace" to the staff and community. You must realize

that the MANDATORY policies and procedures are for your protection as well as your family and co-workers. People are admitted to hospitals because of sickness as well as for surgery. Patients who have had surgery are at an increased risk for infection. Their resistance has been lowered. If they are exposed to a "high dose" of "bad bacteria" they may not have the resistance needed to prevent becoming ill. Remember bacteria do not fly, walk, jump or crawl. Bacteria, viruses, are carried by people on their hands, on dirty equipment, and of course by being sprayed as when you cough, sneeze, or even talk.

What kinds of things can you think of that prevent the spread of infections?

A. Wear gloves, gowns, masks and/or face shields anytime there is a risk of being exposed. (We will talk more about personal protection equipment)

B. Washing/using alcohol based foams to clean your hands OFTEN, even though you cannot see bacteria, Micro-organisms and viruses. The Centers for Disease Control has researched and now recommends the frequent use of alcohol based foams. There are a couple of things you should take into consideration. If your hands are visibly soiled you should wash with soap and water. If you have gone into a patient's room and touched the patient or any equipment in the room you should use the foam. A good rule to follow is to wash/foam before entering and after leaving a patients' room. Be sure and wash/foam after removing your gloves. The unsterile exam gloves may have microscopic holes, so clean your hands. We are in the process of making the foam available in many locations. The public is very aware that we are supposed to be cleaning our hands before and after caring for patients.

C. Patient Care Areas -Personnel should be very aware of Personal Protection Equipment (PPE) when working in "Patient Care Areas"

PPE = Gloves, Gown, Face Shields, Shoe Covers (not required but available)

What diseases do you think we are trying to protect you from?

Hepatitis B -Exposure is thru blood and possibly fecal/oral STD -Hepatitis B requires a very small "dose" (amount of virus) to make you sick for the rest of your life. There is no cure and most people die of liver cancer. If you are in a specific risk group you have been offered a HEP B vaccine. If you refused to have that vaccine, you may change your mind at a later time.

HIV -Exposure is through blood and STD -HIV Usually requires a large "dose" (amount of the virus) to cause a healthy person to convert to positive HIV.

Exposure

All sharps exposures must be reported immediately. (You do not have to accept treatment or follow-up but you must report the exposure.) Do not wait until the end of your shift, complete the Employee Injury Report and go to the Emergency Room IMMEDIATELY. *You will not be treated as an on the job injury without the completed report.

Isolation

You will be entertained with a video which will summarize the 3 types of Isolation. Airborne Isolation is required for TB, Measles and Varicella. The Negative Air Pressure Rooms are vented to the outside of the building. N-95 Mask prevents you from inhaling TB organisms. The fit must be tight against your face. You will be "fit tested" for this mask.

Droplet Isolation

Does not require a "Negative Pressure" room. Close contact can be considered as helping a Dr. place an endotracheal tube or holding a child during the procedure. Diseases which require "Droplet precautions" is Bacterial Meningitis, Influenza, and Pertussis.

Contact Isolation

Requires strict adherence to Standard Precautions plus some precautions which include having the patient wear a gown if he/she has to be taken to another area for treatment.

It is not necessary for people to wear a mask for contact isolation because you must have physical contact with the patient or something the patient has touched to receive exposure. (MRSA, Clostridium Diff.)

Red Bag Use

Any item contaminated with blood or body fluid should be placed in a Red bag or Red receptacle labeled "Hazardous Waste". Only "Hazardous Waste" should be placed in those containers. Pizza boxes are not hazardous.

In each patient room there are: disposable gloves, masks, eye protection and gowns. Environmental Services replaces these items as they are used. There are also Sharps containers located in each patient room and throughout the patient care Areas. Environmental Services replaces these containers when they are about 2/3's full. If you notice a sharps container that is too full, please notify Environmental Services.

Healthcare Workers Vaccinations

In accordance with Chapter 224 of the Texas Health and Safety Code, of vaccines strongly recommended for healthcare workers to receive or show proof of vaccination according to risk category assigned to job position and to require the use of alternative practices if vaccination or proof of vaccination is refused for medical, religious, or personal reasons.

Each position will have a vaccine preventable disease risk assessment performed, according to patient and visitor contact. Vaccines strongly recommended will be determined by the amount of patient contact, disease transmission, prevalence of disease, potential body fluid and blood exposure, and CDC recommendations.

Recommended Vaccinations and Education

Influenza (Flu) Vaccine

All Employees

Tuberculosis (TB) Skin Test

All Employees

Tetanus-Diphtheria-Pertussis (TDAP)

Nursing personnel who will have direct and frequent contact with pediatric population (e.g. WC, Surgery, ER, HS)

Clinical laboratory personnel

Cardiopulmonary personnel

EVS in pediatric areas

Admissions

EMS personnel

Room Service Attendants/Dietitians

Social Service Personnel

Radiology Any position with frequent and direct contact with pediatric population.

Hepatitis B

Nursing personnel

Clinical laboratory personnel

Speech and Occupational therapy

Cafeteria personnel

Cardiopulmonary personnel

Environmental service personnel (personnel who buffs and waxes floors are exempt)

Physical therapy/Wound Care personnel

Radiology personnel

EMS personnel

Retail Pharmacy personnel

Chaplin personnel

Engineering personnel

Dieticians Social Service personnel

Any position with frequent direct patient contact.

Measles, Mumps, and Rubella (MMR)

Nursing personnel who will have direct and frequent contact with pediatric population (e.g. WC, Surgery, ER, HS)

Clinical laboratory personnel

Cardiopulmonary personnel

EVS in pediatric areas

EMS personnel

Room service attendants

Social Service Personnel

Radiology (except clerical)

Admission Personnel

Any position with frequent and direct contact with pediatric population. **Varicella** (or documented history of chickenpox)

Nursing personnel who will have direct and frequent contact with pediatric population (e.g. WC, Surgery, ER, HS)

Clinical laboratory personnel

Cardiopulmonary personnel

EVS in pediatric areas EMS personnel

Room service attendants

Social Service Personnel

Admission Personnel

Radiology (except clerical)

Any position with frequent and direct contact with pediatric population.

Pneumococcal vaccine, in accordance with CDC recommendations, is strongly recommended to all employees 65 years and older and employees who have compromised immune systems.

Vaccinations which are required each year, such as the flu vaccination, will be offered each year.

If an employee believes they have received the vaccine before the employee may present a copy of a shot record or documentation of the shot being administered to Infection Control or Human Resources. If documentation cannot be provided, titers will be ordered. If the titer shows immunity this will serve as documentation of vaccination. If the titer does not show immunity, the employee will be offered the vaccination. If the employee refuses to receive the vaccination, the employee must follow the refusal process. Employees who refuse to have titers drawn or provide documentation must follow the refusal process.

Employees retain the right to refuse to receive vaccinations, show proof of vaccination, or have titers drawn to prove vaccination. If the reason for refusal is medical in nature, documentation from a medical provider is required and a copy will be maintained in the employee's health record. If the reason for refusal is due to religious beliefs, documentation from a member of clergy is required and a copy will be maintained in the employee's health record. It will be the responsibility of the employee to sign a refusal form for yearly vaccines/tests. If the employee has already provided medical or religious refusal documentation from a previous year, the employee will not have to provide such documentation again.

If the employee refuses a yearly vaccine for any other reason the employee must follow the refusal process each year. If the employee refuses vaccination, the employee must engage in the alternative practice established. If the employee refuses to receive vaccination, show proof, or have titers drawn to prove vaccination for any reason other than medical or religious, the employee must follow an educational process.

Refusal Process:

- The employee is offered vaccination through safety fairs, vaccination fairs, letters detailing vaccinations needed, or verbal communication.
- The employee states they do not wish to receive the vaccination.
- The person offering the vaccine will ask if the refusal reason is for either medical or religious reasons.
- If the employee states yes, the employee must provide documentation. If the employee states the reason is for something not related to medical or religious

reasons the employee will be required to follow an educational process.

- The employee will be given information about the disease the vaccine being refused prevents. The employee will be instructed to read this material as well as information about the vaccine and sign a form indicating they have received, read, and understand the information provided to them. The employee will be able to ask questions and have their questions answered.
- If the employee requests to not make a decision at the time the refusal process is started the employee will be given up to three working days to review the information given to them at their leisure. After three working days the employee must report to either receive the vaccine or to turn in the form indicating they have received, read, and understand the information provided to them. Failure to do this will result in disciplinary action up to and including termination.
- If the employee continues to choose to refuse the vaccine(s) or show proof of vaccination a declination form will be given to the employee to sign.
- The employee will be required at this point to engage in the alternative practice to the vaccine such as wearing a mask during the flu season when not receiving the flu vaccine.
- If the employee refuses the educational process and/or refuses to sign declination and/or education material will automatically have a red or yellow sticker (to be determined by what vaccines the employee is refusing) on their badge and could face disciplinary action.

Alternative Practices

These alternative practices have been established based on CDC recommendations and guidelines, as well as established peer reviewed evidence based practice studies.

Vaccination Alternative Practice

Flu Surgical	Mask must be worn from November 1 to March 31 except when in office, break room, or supply room as long as the door is closed, or when eating either in the break room or in the cafeteria.
Tdap	Employees will not be allowed to care for the pediatric population.
Hepatitis B	Any open sores, scratches, or abrasions must be covered at all times while in direct patient contact.
MMR	Employees will not be allowed to care for the pediatric population
Tb skin test	Pulmonary exam or chest x-ray
Varicella	Employees will not be allowed to care for the pediatric population
Pneumococcal	An educational packet must be read and discussed.

(For 65 years and older ONLY)

Master Fire Plan

All employees of this Hospital have a very serious responsibility. Entrusted to each and every employee is the protection of Hospital patients and fellow employees from any and all types of accidents. The best protection known to date is PREVENTION. A great deal of money has been spent on the buildings to make them as safe as humanly possible. However, no building is completely free from hazard. A careless employee, a thoughtless visitor, or a confused patient could cause a disaster. It is

imperative that all employees know what to do to minimize the danger in an event such as a fire.

Our patients and fellow employees must be protected, and this is best achieved by adherence to the fire plan. Employees must familiarize themselves with the following instructions and know exactly what their duties consist of and be able to implement the fire plan as smoothly and systematically as possible. All employees are expected to follow Hospital-wide electrical and fire safety guidelines in order to physically aid in the prevention of a fire emergency in our Hospital. These guidelines will be posted in the Hospital-wide Emergency Manual and placed in all departments, nursing units, volunteer desks, and Administrative offices. Orientation to these guidelines, as well as orientation to the overall fire plan will be performed upon hire and at annual in-services.

Memorial Hospital is equipped with an electronically supervised, automatically operated fire alarm system with smoke detectors located in the ceilings and duct mounted smoke detectors in the air conditioning ducts. The kitchen is equipped with an automatically operated fire extinguishing system. When activated, the system automatically sends a signal to the Nacogdoches Police Department who then notifies the Fire Department.

The Fire Department responds if they are not notified that the alarm is a drill or false alarm. At the same time, the doors in the hallways close and the audio/visual signals in the halls flash and beep. The alarm is also annunciated at EMS Dispatch and in the Plant Operations office. EMS Dispatch then announces "Mr. Red" and the area of the alarm. "Mr. Red, All Clear" is announced after the alarm is cleared. If you are not in the fire area, report to your assigned area of duty and wait for an announcement of the "All Clear" or to be contacted by the acting fire chief or the disaster control team.

The fire alarm system can also be activated manually using manual pull stations. The pull stations are red devices located on the wall at every nurse station and by all exits. If you see a fire and the alarm is already alarming, please do not use the manual pull station. The fire alarm system is computerized and will add another fire location to the previous one. However, if you see a fire and the alarm has not been activated, use the nearest manual pull station. If you do use the manual pull station, please stay near it if possible until the responders arrive.

If you believe that you can put the fire out without setting off the fire alarm system, use a hand held portable fire extinguisher that is located nearest the fire. Hand held portable fire extinguishers are located at most nurse stations and approximately every 75 feet down the corridors. The fire extinguisher may be visible on the wall or may be enclosed in a wall box and have a fire extinguisher sign above them. All fire extinguishers in nurse stations, halls, and offices can be used on any type of fire that is encountered in the Hospital. Only the kitchen area, MRI, Surgery, and Cath Lab have different types of extinguishers which are located in those specific areas and should only be used by personnel from those areas.

If the fire alarm has not been activated at the time you discover a fire and you are unable to pull the fire alarm, summon any other employee, volunteer, or physician in

the area to pull the alarm. DO NOT pull the fire alarm if the fire is not in your area or if the alarm is already activated. This will denote another fire on the enunciator in the area that you pull the alarm, adding confusion to an already unknown situation.

Stay calm and help to reassure patients and visitors. Encourage patients and visitors to remain in unaffected areas until the alarm is cleared or an order to evacuate comes from the Fire Department or the Disaster Control team. This will help to keep the fire and smoke more confined or from more rapidly spreading.

In The Case of A Fire Emergency, Remember to R. A. C. E.

R RESCUE Remove the patients or persons in immediate danger to an area of safety.

A ALARM Activate the fire alarm system by:

1. Pulling the RED fire alarm pull-handle nearest the fire.
2. Call Ext. 8500 and state "MR. RED" and the location.

C CONFINE Confine the fire to the area by closing all doors and windows.

E EXTINGUISH When possible, use a fire extinguisher until help arrives.

When Using a Fire Extinguisher, remember to "P. A. S. S."

P Pull the pin. A Aim at the base of the fire. S Spray with short controlled bursts. S Sweep from side to side.

DO NOT obstruct hallways or exits by placing stretchers, beds, wheelchairs, or any other items in the passageways. This is unsafe and is against the law (Local, State, and National fire and safety statutes and/or regulations). All violations will be noted and reported to your Supervisor and Administration by the Hospital's safety officer.

Emergency Preparedness

A community's hospitals must be prepared at all times to cope with any disaster, natural or man-made, which may affect the community. They must be prepared to work in concert or singly in event either Hospital is itself involved in a disaster. To this end each should have a detailed Emergency Preparedness Program known to all employees and kept current so that everyone will know his station and duties in the event of disasters, internal or external. At least two practice drills should be staged annually. As much as possible, duties will be assigned to positions rather than individuals, as personnel are so fluid the plan would be perpetually obsolete if duties were assigned to the individuals.

The purpose of this plan is to list those policies and procedures essential to this Hospital in the event of a local disaster (such as a hurricane, tornado, fire, auto, plane or train crash, epidemic or explosion). These disasters could suddenly create large numbers of casualties requiring immediate medical care.

General Rules

- When reporting to the Hospital, go to the Outpatient Therapy Area (Resource Pool) unless otherwise directed. Wear your name badge.
- DO NOT TELEPHONE THE HOSPITAL for information.

- Be prepared to remain at the Hospital for the duration of the emergency.

Generally, medical staff will report to the Hospital where they carry on their major practice. In the event of a disaster affecting the Hospital, those practicing at that Hospital will report first to their primary Hospital to oversee evacuation and first aid for casualties. Later they can transfer to the other Hospital for care of evacuees. Each staff member will be under the direction of the Chairman of the Emergency Preparedness Program Committee or his designee from the Hospital in which he is serving at the moment.

Hazardous Materials And Waste Management

Memorial Hospital ensures a safe environment that protects all employees, patients, visitors, physicians, and the surrounding community through the implementation of the Hazardous Materials / Waste Management Plan.

The goals and objectives of the Hazardous Materials / Waste Management Plan are:

- To identify and locate all hazardous substances.
- To ensure that only the safest materials are purchased to accomplish the given tasks.
- To ensure that these hazardous substances are stored in a safe manner from generation through disposal.
- To ensure that public safety personnel are made aware of substances stored or disposed of in a given area in order to mitigate effects due to fire, flood, or other disasters in that area.
- To ensure that all materials used to manage these substances are applied in the safest manner possible.
- To ensure that sufficient information is available to the user of these materials to ensure their safe use.
- To ensure that persons exposed to these substances and materials are aware of procedures in case of accidental exposure and/or spillage.
- To ensure that waste minimization techniques are effectively practiced.
- To ensure that emergency response procedures are known and practiced.
- To ensure that this plan is actively monitored by the quality Assurance Plan.
- To ensure that all substances are disposed of in a manner that complies with statute or regulation.
- To ensure that this plan is continuously monitored, edited, and upgraded to meet unforeseen future needs.

Definition

Hazardous Material/Waste: A waste that includes, but is not limited to infectious waste, which because of its quantity, concentration, physical or chemical characteristics may post a threat to the health and well-being of exposed personnel or the community when not properly treated, stored, transported, disposed of or otherwise mismanaged.

Waste Types

The following types of waste are classified and managed as Hazardous Material /Waste:

- Human blood and blood products
- Cultures and stocks of infectious agents
- Pathological waste
- Contaminated/uncontaminated sharps
- Contaminated waste from patient care
- Contaminated laboratory waste
- Discarded biological
- Contaminated equipment
- Miscellaneous hazardous material/waste.
- Items such as gloves, robes, shoe covers, bags, boxes, etc. if they are contaminated with bodily fluids.

Collection

All Hazardous Materials / Waste will be collected in red “heavy duty” trash liners labeled “Bio Hazardous Waste” in bilingual. The liners are contained in an impervious red plastic trash container with a hard plastic lid.

Exceptions

- ALL SHARPS: (needles, glass, etc.) will be placed in rigid polyethylene containers labeled accordingly and sealed prior to transport.
- STORAGE: All infectious/medical waste will be stored in secured “Soiled Utility” areas prior to transport. The storage time will be kept to an absolute minimum by regular and continuous transport schedules throughout the Hospital. This is also to include special immediate transport by special request.

Employee Training and Occupational Safety

- Each employee will be briefed on Hazardous Materials / Waste management during new employee orientation.
- Each employee will be trained on Hazardous Materials / Waste management as it applies to his or her specific work area and occupation on an annual basis.
- Each employee will be trained on occupational and safety hazards pursuant to all statutes and regulations on an annual basis.
 - Each employee will be advised as to risk so as to satisfy the “Employees Right to Know”. The training of each employee shall encompass the following standards as they pertain to his/her specific work area and occupation:
 - An overview of the Hazardous Materials / Waste management system.
 - Handling of Hazardous Materials / Waste.

- Regulatory requirements for Hazardous Materials / Waste.
 - Risk of handling Hazardous Materials / Waste
 - Managing sharps
 - Discarding sharps and using sharps containers
 - Closing containers of infectious/medical waste
 - Collecting, storing, and transporting infectious/medical waste
- When possible, hands-on training will be the preferred approach in this program. A detailed record of training attendance will be kept. All employees will be trained in the appropriate response to an infectious/medical waste emergency. All employees will be tested annually on their knowledge of the infectious/medical waste management plan.

Hazardous Materials/Waste Emergencies

All accidents and exposures involving hazardous materials/waste are to be reported immediately to the Hazardous Materials/Waste Officer and the Safety Officer. Such incidents are to be handled as any other employee injury occurring within the Hospital. Employees are to complete an Employee Injury Report and go to the Emergency Room for evaluation and/or treatment.

Each Department Director/Manager is responsible for knowing how to handle and clean up spills of hazardous materials within their department. Following cleanup, an occurrence report is filled out and filed with the Hazardous Materials Officer and the Safety Officer detailing how the spill occurred, the magnitude of the spill, how the spilled materials were disposed of and what, if any problems were encountered.

Each of these reports will be reviewed and critiqued by the Hazardous Materials/Waste Management Sub-committee. Remedial action will be taken as appropriate. The single exception to this procedure is in the event that a spill occurs during the receiving process. If a spill is noted or suspected while supplies are on the truck or as they are removed, the materials are rejected and an occurrence report is generated by the receiving personnel.

General procedures for spill cleanup will be as follows:

- Evacuate the area immediately (if necessary to prevent exposure of additional persons to a particularly toxic or virulent agent).
- Provide immediate medical treatment to those exposed, if warranted by the nature of the exposure per Safety Data Sheet.
- Determine the nature and the extent of the spill B what has been spilled (the chemical or biological agent), its concentration, quantity, and location.
- Secure and post the spill area to prevent additional exposures and spread of the spill.
- Wear appropriate personal protective equipment:
- Always: glasses, gloves, lab coat or apron, shoe coverings
- As appropriate: face shield or goggles, respirator, boots
- Contain the spill (e.g., by drying or ringing with absorbent material).
- Decontaminate the spilled material immediately, if so warranted
- Pick up the spilled material:

Solids:

- Pick up by mechanical means (pan and brush, forceps)
- Discard as infectious, hazardous, or radioactive waste

Liquids:

- Absorb the spill.
- Discard as infectious, hazardous, or radioactive waste

Broken Glass or Other Sharps

- Pick up by mechanical means, never by hand.
- Discard all sharps into approved sharps containers.
- Decontaminate the area and absorb
- Rinse the area (if necessary) and absorb
- Clean the area (if necessary) and absorb the cleaning compound
- Rinse the area if necessary and absorb
- Dispose of cleanup materials. Discard disposable items as infectious, hazardous, or radioactive waste.
- Remove personal protective equipment. Discard disposable items as infectious, hazardous, or radioactive waste. Decontaminate reusable items (such as heavy rubber gloves, boots, aprons, gowns) before cleaning or laundering.
- Wash thoroughly all exposed skin
- Obtain medical treatment and follow-up as appropriate for type of exposure.

Use

Each Department Manager will be held responsible for all hazardous materials/wastes within their department. Department Directors/Managers are responsible for the training of their employees in the use, handling and storage of the materials. Minimal training will include orientation and a required review on each yearly evaluation. The Hazardous Materials/Waste Management Committee will review departmental training and planning every six (6) months.

Storage

All hazardous materials will be appropriately stored as indicated by the institution-wide inventory form and Material Safety Data Sheets.

Disposal

All Hazardous Materials/Wastes will be appropriately disposed of as indicated by the institution-wide inventory form and Material Safety Data Sheets.

Employee Education and Training

The Texas Hazard Communication Act (THCA) requires public employers to provide

employees with specific information on the hazards of chemicals to which employees may be exposed in the workplace. As required by law, we must provide each employee with certain information and training.

The elements of the training program will include the following:

- Provisions and applicability of the THCA
- Use and interpretation of Material Safety Data Sheets (MSDS)
- Use and interpretation of chemical container labels
- The location, health effects, and safe handling of hazardous chemicals present in the work area.
- Use of appropriate protective equipment.
- First aid treatment with respect to hazardous chemical exposures.
- General safety instructions on the handling, cleanup, and disposal of hazardous chemicals.

All new employees will be initially trained during Hospital Orientation and their department by the person designated to conduct training before starting to work. Initial training will be documented and placed in the employee personnel file. Annual training will be conducted during mandatory annual safety and skills fair, and will be documented in the employee's personnel file.