

New Employee Orientation



Moore County Hospital District
New Employee Orientation

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Items listed in red need to be signed and returned to the organizer at the end of the day. A copy may be made available for reference upon request.



QuickStart - Orientation

<u>Topic</u>	<u>Presenter</u>
Patient Safety	Liz Cortez, Quality Assurance
Information Technology	Larry Churchill, IT Director
Emergency Preparedness and CopSync	Steve Fuston, EMS Director
Back Safety	Maria Mejia, Physical Therapy
Compliance	Ashleigh Wiswell
AIDET and MCHD Policies	Kathie Fuston, HR Director
MNRC and Abuse/Falls Training	Galy Huggenberger, MNRC Administrator
Time Clocks, Time Cards	Nicole Woodman, Payroll
Benefits, Cultural Diversity	Conda Bell, HR Staff
Environment of Care	Plant Ops
HIPAA Privacy and Confidentiality	Cindy Kinikin, HIM Specialist
Infection Prevention/Employee Health	Amanda Hokanson, Employee Health
Restraints Training	Amanda Hokanson
Risk Management	Cody McCutchan, Risk Mgmt. Director
Dementia Training	Galy Huggenberger, MNRC Administrator
Cybersecurity	
Antibiotic Stewardship	

By signing, the individual is stating they have completed New Employee QuickStart Orientation.

Signature

Date

Witness

Date



New Employee Orientation Schedule

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
8:30am	Introduction	Amy Davis – HR
9:00am	Welcome/ Hospital Culture	Jeff Turner – CEO
10:15am	CAHPS, The MCHF, Social Media, & Giving	Ashely Smith – Marketing
10:45am	Break	
11:00am	Human Trafficking	Erica Brewer – Social Services
11:15am	Compliance	Ashleigh Wiswell – COO
12:00pm	Lunch	
1:00pm	AIDET training	

Moore County Hospital District Values and Standards

Adopted September 2023



POSITIVITY

"Be Optimistic"

- » Maintain an upbeat attitude and encourage others.
- » Don't let personal issues impact work.
- » Show appreciation and gratitude.
- » Be mindful of your tone and body language.
- » Approach situations with an open mind and consider new ideas.



EXCELLENCE

"Be the Best."

- » Take pride/ownership in our facilities and all that we do.
- » Provide exceptional care always.
- » Strive to improve skills, knowledge, and use evidence-based practices.



INTEGRITY

"Have Strong Morals & Ethics"

- » Be accountable for actions and outcomes.
- » Do what is right when no one is looking.
- » Be honest, ethical, dependable, loyal, and trustworthy.



PROFESSIONALISM

"Be the Employee You Want to Work With"

- » Be confident in your skills, and manage up co-workers.
- » Graciously give and receive constructive feedback.
- » Practice transparent and respectful communication.
- » Make a positive impression and maintain appropriate appearance & cleanliness.
- » Be reliable, punctual, consistent, and accountable.



UNITY

"One Family. One Goal."

- » Be proactive. Work as a team. Respect one another.
- » Effectively communicate.
- » Be dedicated to the success of MCHD and the health of the community.



COMPASSION

"Care & Empathy for All"

- » Address mental & physical comfort of patients and families.
- » Be selfless. Put yourself before yourself.
- » Show kindness.
- » Listen and show concern.

I have been provided a copy of these Values and Standards and I commit myself to upholding them.

Print Name: _____

Dept: _____

Signature: _____

Date: _____



CODE OF CONDUCT ACKNOWLEDGEMENT

I acknowledge and verify that I have received the MCHD Code Business Conduct and Ethics concerning the compliance program for Moore County Hospital District. I agree to comply with all information set forth in the code. I will contact the Compliance Officer for Moore County Hospital District, any member of the Compliance Committee, or my supervisor for any clarification that may be needed. I understand that this document will become a part of my permanent record.

Signature of Employee

Printed Name of Employee

Date



MCHD - CONFIDENTIALITY STATEMENT

I agree to hold as strictly confidential, all information regarding patient and personnel records, communications, activities, and all other information made confidential by state or federal law or MCHD policy to which I have access or obtain as an employee, student, volunteer, agent, representative, or affiliate of MCHD.

I agree that I will not read or otherwise gain access to such confidential information except as required to perform my duties and responsibilities at MCHD. Further, unless disclosure is authorized, permitted, or required by law, I agree that I will not disclose any such confidential information now, or at any time in the future, either directly or indirectly, except as required to perform my duties and responsibilities at MCHD, and then only to the extent the disclosure is consistent with the authorized purpose for which the information was obtained.

I agree to handle all confidential information, whether written, electronic, oral or in any form, in such a way that it shall not be inadvertently revealed or disclosed to any other person. Except as authorized by my responsibilities and duties, I agree that I will not maintain for my files any rough drafts or unofficial copies of confidential information.

I acknowledge and agree that any breach of the Confidentiality Agreement by me may result in disciplinary action, which may include immediate termination of my employment or affiliation with MCHD; further, I understand that such a breach may result in legal action.

I acknowledge and verify that I have received training on the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the MCHD Policy # 1058 "Release of Medical Information Patient Confidentiality", located in the Administrative Manual, and the Privacy Standards. I understand that HIPAA requires MCHD to comply with the Privacy Standards by implementing rules, safeguards, and policies regarding protected health information in any form; that I must follow as an employee, student, volunteer, representative, agent, or affiliate of MCHD. I understand that this document will become part of my permanent personnel record.

The terms of this Confidentiality Agreement are effective immediately and apply to all confidential information I have attained in the past as well as future information.

Print Name

Date

Signature

Witness

VERY IMPORTANT!!!

It is **YOUR** responsibility to promptly notify MCHD Human Resources of any changes in your personal information.

This Includes:

- **Your personal mailing & physical addresses**
- **Your Telephone numbers**
- **The names & number of your dependents or any new dependents you need to add**
- **Court orders that would affect your pay (for payroll)**
- **Emergency contact information**
- **Any educational accomplishments**

This data MUST be kept accurate and current AT ALL TIMES. If any of your personal info has changed, notify H.R. promptly.

Thank you,

MCHD Administration



MCHD Conflict of Interest Statement

All employees must complete this Conflict of Interest Statement upon hire and update the Statement as needed. Employees must immediately notify the MCHD Compliance Officer or HR Director of any matters that may result in real or apparent conflicts of interest by submitting a Conflict of Interest Statement through their chain of authority, including the relevant MCHD department director and the appropriate member(s) of the Administration Team.

A conflict of interest occurs when someone in a position of trust has competing professional and personal interests and these competing interests make it difficult to fulfill their professional duties impartially. A conflict of interest exists even if no unethical or improper act results from it. Conflicts of interest may be **actual** or **perceived**. An actual conflict of interest occurs when a decision or action would be compromised without taking immediate appropriate action to eliminate the conflict. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists.

An individual conflict of interest can occur when any of the following conditions is present:

- (a) An individual uses his/her status to obtain special advantage, benefit, or access to the Moore County Hospital District (MCHD) time, services, facilities, equipment, supplies, prestige, or influence.
- (b) An individual receives or accepts money or anything else of value from another MCHD employee, vendor, or sales representative or has equity or a financial interest in or partial or whole ownership of a competing or another service organization.

I certify that I have read and understand the description of individual conflict of interest above and *(check one of the following)*:

- _____ A. Based on the criteria and description above, **I do not** have any conflicts of interest.
- _____ B. Based on the criteria and description above, I have an actual or potential conflict of interest, or the appearance of a conflict of interest, which I am listing immediately below.

All applicants must provide a list of all entities with which it has relationships that creates, or appears to create, a conflict of interest with the work that is contemplated at MCHD. The list should indicate the name of the entity, the relationship and a description of the conflict.

1. Do you have an outside job that may create a conflict of interest with your employment at MCHD?

No__ Yes__ Please explain: _____

2. Do you have any other conflict of interest with your employment at MCHD?

No__ Yes__ Please explain: _____

Additional sheets may be added if needed.

Name: _____

(Please Print)

Signature: _____ Date: _____

2024 Hospital National Patient Safety Goals

(Easy-To-Read)

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Improve health care equity

NPSG.16.01.01

Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent mistakes in surgery

UP01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP01.03.01

Pause before the surgery to make sure that a mistake is not being made.

Get Ahead of What's Ahead.

BUILD YOUR DISASTER SUPPLY KIT



**TEXAS
READY**

Build your kit all at once or step by step. Start with what you already have at home; then shop for the rest, as needed.

Pack these basic supplies for each person or pet in a portable container or backpack. A waterproof container is best. You'll need these supplies whether you stay in your home (shelter in place) or evacuate to another location.

You may have to leave in a hurry to get to a safe place. Keep these supplies near your car. When it's time, grab them and go.



FOOD AND WATER

- 3-day supply of non-perishable food, such as canned or pouched food
- 1 gallon of water per day for each person and pet
- Manual can opener
- Baby items (baby food, formula, bottles, diapers)
- Pet supplies (listed on next page)



FIRST AID, MEDICATION, HYGIENE SUPPLIES

- First-aid kit (listed on next page)
- Medications
- Hand sanitizer, wipes
- Bleach (To purify water, mix 1/8 teaspoon per gallon. Stir and let stand for 30 minutes.)
- Toilet paper, paper towels, garbage bags
- Dental care products (toothpaste, toothbrushes)
- Hearing and vision products (hearing aids and batteries, glasses, contact lenses, contact lens solution, sunglasses)
- Soap, shampoo, personal hygiene supplies
- Sunscreen, insect repellent
- Face masks to filter air



COMMUNICATION, LIGHTING, DOCUMENT BAG ITEMS

- Battery-powered radio with extra batteries or crank radio (emergency alert radio is best)
- Extra cell phone battery and car charger
- Flashlights and extra batteries
- Matches and lighter - keep in a waterproof container or sealable plastic bag
- Whistle
- Document bag items (listed on next page)



ADD THESE ITEMS FOR EVACUATING BY CAR

- Road maps
- Car repair items (tools, spare tire, tire patch kit, oil)
- Food and water
- Plastic plates, cups and utensils
- Tent, blankets, pillows
- Clothes and sturdy shoes
- Rain gear and towels
- Books, games, toys

Before you leave home

- Fill your gas tank, and check your spare tire
- Take cash, checkbook, and credit cards
- Call your family emergency contact
- Charge your mobile phone
- Get a map of your route

When staying home is your safest choice, add these items to your kit and stay tuned to the news.



ADD THESE ITEMS FOR SHELTERING IN PLACE

- Water
- Non-perishable food and manual can opener
- Pet food
- Baby food
- Fire extinguisher
- Plastic sheeting and duct tape (to seal doors, windows and air vents from contaminated air or to build an emergency shelter)



DOCUMENT BAG CONTENTS

Imagine how hard it would be after a disaster if you couldn't prove your identity or have access to your bank account. Avoid difficult situations by making copies of important documents and keeping them in a waterproof bag.

- Current photo IDs, driver licenses, birth records, Social Security cards, passports (always keep your Social Security number separate from other documents to decrease risk of identity theft)
- Current photos of family members in case you get separated
- Health insurance and prescription cards
- Medical records, medications and dosages
- Phone numbers (family, friends, doctors)
- Bank account information
- Wills
- Insurance documents (homeowner, renter, flood, life)
- Property deeds, leases, mortgages
- Vehicle titles, insurance, leases, loan documents
- Inventory of household possessions and their value (take photos of every room, every drawer, every closet)
- Backup computer files (on a USB drive)
- Copies of important keys
- Utility bills (to prove where you live)



PEOPLE WITH DISABILITIES AND THOSE WITH ACCESS AND FUNCTIONAL NEEDS

Think about your day-to-day needs for independence. Plan now for your health away from home. Label medical equipment with your contact information.

- Wheelchairs, walkers, and canes
- Cooler with cold packs for medications
- Extra medications and dosages
- Copies of prescriptions and medical alert tags
- Food for special diets
- Medical supplies (oxygen, glucose monitoring strips, syringes, etc.)
- Hearing aids with extra batteries
- Communication devices
- Supplies and documentation for service animals



FIRST-AID KIT CONTENTS

- 2 compress dressings (5 x 9 inches)
- 25 band-aids (different sizes)
- First-aid tape
- Antibiotic ointment
- Hydrocortisone ointment
- Pain reliever, such as aspirin, ibuprofen or acetaminophen
- Instant cold pack
- 2 pair of medical gloves (non-latex)
- Oral thermometer, scissors, tweezers
- 2 roller bandages (different widths)
- 2 elastic bandages
- 10 sterile gauze pads (different sizes)
- 2 triangular bandages (for making slings)
- First-aid instruction booklet



PET SUPPLIES

- 3-day supply of food, water, and bowls
- Pet medications and first-aid kit
- Vaccination records
- Crate or carrier (may be required in shelters or where you spend the night)
- Leash and toys
- Cat litter and box
- Photo, in case pet gets lost

MOORE COUNTY

Health Foundation



Kathie Fuston , Executive Director

PO Box 782
Dumas, TX 79029
(806) 934-7804
mchf@mchd.net

www.MooreCountyHealthFoundation.net

Our Mission:

"To promote the Moore County Hospital District by improving community healthcare through fundraising, education, and support."



2015 Harvest Event



Ambulance from proceeds of 2009 Boot Scootin' Gala



Anesthesia Machine from proceeds of 2018 Harvest

A Few Foundation Facts:

- » To date MCHF has raised more than \$175,000 for an RN Scholarship Endowment for Moore County residents attending Amarillo College's Moore County RN Program. The Amarillo College Foundation named MCHF as a Lifetime Philanthropist Partner in 2017. As of Fall Semester 2019, the MCHF has awarded 100 Semester RN Scholarships to Moore County residents!
- » Since 2006, the Foundation has purchased an ambulance, Low Dose CT Scan equipment, and state of the art mammography equipment. The Foundation also sponsors free community education classes and workshops. The Music and Memory program at Moore County Nursing and Rehabilitation Center is funded through MCHF.
- » In 2018 MCHF raised over \$135,000 for the purchase of 3 new anesthesia machines for Moore County Hospital District.
- » In 2017 the Foundation raised over \$92,000 to assist with the purchase of an ambulance for Moore County Emergency Services. In 2018, more than \$100,000 was raised to purchase 3 new anesthesia machines for MCHD
- » In 2015 and 2016, MCHF made contributions totaling \$195,000 to assist with the renovation of Memorial Nursing and Rehabilitation Center.
- » In 2019, Moore County Health Foundation began a \$1.75 Million Capital Campaign to raise funds for furnishings and equipment for the MCHD hospital expansion, to last over a period of 5 years.

The Foundation hosts multiple events throughout the year including a Spring Scholarship Luncheon, a Sporting Clays Event, and the Foundation's signature event, The Harvest. The Harvest has featured entertainers such as Larry Gatlin and the Gatlin Brothers & Michael Martin Murphy.

MCHF's Planned Giving Program accepts contributions in memory or in honor of family and friends, for those who wish for their legacies to provide continued healthcare services for our community.



The Foundation is a strong and vibrant organization and will continue its service far into the future. For more information on the Foundation, or if you are interested in giving, please contact:



Kathie Fuston , Executive Director

PO Box 782 | Dumas, TX 79029 | (806) 934-7804 | mchf@mchd.net
www.MooreCountyHealthFoundation.net

MCHD MONTH OF GIVING



MCHD RAISES MONEY FOR MULTIPLE CHARITIES IN THE MONTH OF JULY

There will be multiple fundraisers such as apparel sales, delicious meals, auctions, and usually a fun contest or two. Employees can donate using payroll deduct and get their names on the Employee Donor Wall to be located in the new addition of the hospital.

FRIDAY JEANS DAYS PASS

Wear jeans every Friday for the year (52 weeks)

Available for sign up in January

\$104/year (\$4.00/pay check payroll deduct)



Proceeds from the Month of Giving benefit: The United Way of Moore County, The Moore County Health Foundation, Children's Miracle Network, The Alzheimer's Walk, and the Hospice Patient Care Account.



TIP: A Great Tool for Key Words

I have found that regardless of what area you work in, the Five Fundamentals of AIDET provide a good framework to apply Key Words at Key Times.

A stands for "Acknowledge the Patient." You want to acknowledge them by their last name if possible.

I is for "Introduce Yourself: including your skill set, your professional certification, and your training." This helps the patient know who you are and why they should be comfortable in your hands.

"Hello Mr. Clark. My name is Jackie and I'm a medical technologist. I will be taking your X-Ray today. I have been a medical technologist for ten years. In fact, I've done this procedure hundreds of times and I go back for training each year. I also have certification from the American Registry of Radiologic Technologists."

D is for "Duration." Describe the test; how long it's going to take; how long the patient will be there; and how long they have to wait on the results.

E stands for "Explanation." Explain the tests; the pain involved (be very honest); and what happens next. Explain you are going to be looking at their wrist band and why. Connect key words with patient safety and excellent care.

T stands for "Thank You." Thank you for choosing our hospital.

These are the five fundamentals to create very satisfied patients. If you do all five of these fundamentals consistently, your patient satisfaction will be high.

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9400-HR-086 Page 1 of 4
Responsible Dept: Human Resources	
Title: Attendance and Tardiness - HR	Effective Date: 10/12

Policy Statement:

Scheduled attendance and punctuality are required of all MCHD employees.

Rules:

Scheduling:

Employee schedules will be created monthly in 4 week increments. The schedule will be distributed no later than one week prior to the current schedule end date. If an employee requests time off during the current posted schedule, the employee may use paid time off (PTO) in order to have a full paid work week. Hours of paid benefit time will be added to the employee's timesheet, to a maximum of 32 or 40 hours per week (whichever is the employee's normal scheduled time), in order to comply with full time status.

Notification Procedure if Unable to Report for Work as Scheduled

If an employee is unable to report to work as scheduled, it is the employee's responsibility to contact his/her supervisor or other designated individual by the method of telephone, text, or email at least 1 hour(s) in advance of the start of the scheduled shift. These are considered the defined parameters of proper notification.

Any trading of shifts between staff members must be approved in advance by the Department Director or designee. If an employee trades a shift, both employees involved in the trade must contact the Department Director or designee in order for the request to be approved. If approved, the shift will be deemed "traded". If the shift is traded and no one reports to work for the shift, the staff member who accepted the traded shift from the original "scheduled to work" staff member will have an Absence without Notification.

If an employee's absence is due to personal health reasons, the nature of the conditions or symptoms must be reported to MCHD's Employee Health Nurse and in accordance with Texas State statutes. Specific examples would be respiratory, gastrointestinal or skin illnesses. Unless a Physician's statement is provided specifying a defined number of days to be off duty, the employee will be expected to call in each day to their Department Director or designee. If an employee misses three consecutive scheduled shifts of work, they must have a Physician's release **BEFORE THEY CAN RETURN TO WORK**. Consecutive absences due to illness or non-work related injury will be considered one incident if these absences are due to one particular reason.

It is the responsibility of each employee to check in with his/her supervisor periodically, to determine what his/her attendance record currently reflects. Determinations regarding

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whether an absence qualifies as a Family and Medical Leave or other excused absence will be made in accordance with MCHD Family and Medical Leave Act (FMLA). Supervisors should partner with the Employee Health Nurse when determining FMLA eligibility.

Incidences:

For the purposes of this procedure, unscheduled absences will be counted in increments of "incidents."

Tardy = any late arrival or failure to be clocked in and at the workstation and prepared for the start off work or return from an approved break or lunch period that is more **than 30 minutes** past the scheduled start time/return time of the shift, break or lunch. Tardies will be counted in a progressive manner. Please see the chart for tardies below.

Tardies (in a 12 month period)	Incident
1 st , 2 nd , and 3 rd Tardies	Will count as 1 incident
4 th and 5 th Tardies	Will count as 1 additional incident
6 th Tardy	Will count as 1 additional incident
7 th Tardy	Will count as 1 additional incident

Absence = if an employee contacts his or her supervisor within the defined parameters of proper notification for a scheduled shift to inform the supervisor that they will be absent due to an unscheduled, unplanned event, the employee will receive one incident for the absence.

Absences Without Notification=

- If an employee is absent from a work shift and does not contact his/her supervisor within the defined parameters of proper notification the absence will count as 3 incidents (No Call, No Show).
- If an employee is absent without notification for two consecutive work shifts, the organization will consider this act a voluntary resignation and the employee will be considered ineligible for rehire. The supervisor will complete a Payroll Action Form noting the resignation and Human Resources will be notified prior to any communication going to an employee. The supervisor, in conjunction with Human Resources, will use discretion for extraordinary circumstances (e.g. an employee's personal medical situation which makes contact with the employee's immediate supervisor impossible).

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Incident = One absence or a specified number of tardies

Incidences (in a 12 month period)	Disciplinary Action
1 st and 2 nd	Will count as 1 disciplinary action
3 rd or more (for each incidence)	Will count as an additional disciplinary action

Note: Time off not considered to be an "incident" include scheduled time off, holidays, funeral leave, jury duty, disability due to work-related injury or illness covered by workers' compensation, involuntary time off, Leave of Absence or Family and Medical Leave (FMLA).

Patterns of absences occurring immediately before or after holidays, weekends and scheduled shifts will be identified. Any direct patient care employee who calls in on a weekend will be required to work the following weekend or the next available weekend shift, as determined by the Department Director or designee. Any direct patient care employee who calls in on the day before a major holiday, the holiday, or the day after a holiday shall work the next holiday, even if the holiday has previously been requested off.

Excessive Incidents/Counseling

Please see the discipline policy for disciplinary action regarding absences and tardiness.

Clock In/Clock Out

Failure to time in or out in accordance with departmental/hospital policy may result in corrective action. Employees are not permitted to clock in or out for other employees nor are they permitted to instruct other employees to do so for them. Either of these events may subject both employees to corrective action up to and including termination of employment on the first offense.

Extraordinary Circumstances

Employees may request an exception to the attendance policy in certain emergent personal medical circumstances. It is the employee's responsibility to request exceptions in writing within 24 hours. This must be signed by the director and employee and turned into Human Resources. Managers with the approval of their respective Officers have discretion in applying an incident. If there is sufficient proof provided and a compelling argument has been brought forward by the employee about the employee's personal medical circumstance that has prevented the employee from arriving to work on time and

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9400-HR-086 Page 4 of 4
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Title: Attendance and Tardiness - HR	Effective Date: 10/12

completing the employee's entire work shift, an exception may be granted. The HR Director should be consulted to ensure organizational consistency in decision-making as an exception of this nature is very rarely applied.

Exempt Employees

This policy applies to nonexempt employees, as, exempt employees are accountable for a complete job, not for hours worked. Exempt employees are responsible for setting an example through compliance with principles of good attendance and punctuality, which is considered part of doing a good job. Those who are not setting a good example in this area are subject to corrective action up to and including termination of employment.

MOORE COUNTY HOSPITAL DISTRICT CODE OF BUSINESS CONDUCT AND ETHICS

Introduction

This Code of Business Conduct and Ethics summarizes the values, principles and business practices that guide our business conduct. This Code sets out a set of basic principles to guide employees regarding the minimum requirements expected of them; however, this Code does not provide a detailed description of all employee policies. It is the responsibility of everyone at Moore County Hospital District (MCHD) to maintain a work environment that fosters fairness, respect and integrity; and it is MCHD's policy to be lawful, highly principled and socially responsible in all our business practices. All employees are expected to become familiar with this Code and to apply these guiding principles in the daily performance of their job responsibilities. All employees of MCHD are responsible for complying with this Code. This Code should also be provided to and adhered to by every MCHD agent, consultant or representative.

All employees are expected to seek the advice of supervisors or other appropriate persons within MCHD when questions arise about issues discussed in this Code and any other issues that may implicate the ethical standards or integrity of MCHD or any of its employees. Compliance reporting procedures are set forth in **Reporting Illegal or Unethical Behavior; Compliance Procedures** of this Code.

MCHD has established a Compliance Department to oversee its ethics and compliance efforts and to serve as a resource to employees by providing information and guidance regarding legal compliance and ethical conduct issues. This Department is overseen by MCHD's Chief Compliance Officer who is a member of senior management of MCHD. Any questions or concerns regarding the specifics of any policy or a person's legal or ethical obligations should be directed to one's supervisor, or MCHD's Chief Compliance Officer at 806-934-7804. The Compliance Hotline, at **806-934-7848**, is a telephone based voicemail system available to those who wish to report compliance violations or ask compliance related questions. The Compliance Hotline strives to make sure that all questions are handled discreetly and thoroughly, and if desired by the employee, anonymously.

The Compliance Hotline is available 24 hours a day, year around. See the Compliance Hotline policy and **Reporting Illegal or Unethical Behavior; Compliance Procedures** of this Code for more information about the Compliance Hotline.

Taking actions to prevent problems is part of MCHD's culture. All employees are encouraged to report concerns regarding possible unethical or illegal conduct. Employees reporting activities deemed to be illegal or unethical should not be concerned about retaliation from others. Any employees involved in retaliation will be subject to serious disciplinary action by MCHD.

Failure to abide by the guidelines addressed in this Code will lead to disciplinary action, including dismissal when appropriate. *If you are in a situation which you believe may violate or lead to a violation of this Code, you are urged to follow the reporting guidelines described in MCHD policies.*

For purposes of this Code, references to "employees" include employees, officers and directors of MCHD.

Our Ethical Principles

- *Full compliance with the law.*
- *Delivery of high quality health care services at fair prices which are reasonable and competitive.*
- *Conduct all relationships with integrity, honesty, truthfulness, trustworthiness and responsibility in both professional and personal dealings.*
- *Pursue financial responsibility, stability and growth that meet the highest standards of legal and fiscal principles.*
- *Be a positive influence in the community*
- *Develop mutually beneficial partnerships with competitors, payers, and other providers of health care services, placing the good health of the community above personal or organizational gain.*
- *Treat employees, customers and even competitors fairly and with respect.*
- *Report illegal or unethical practices of our employees, physicians or agents.*

This Code affirms the principles by which MCHD will promote honest and ethical conduct. They are MCHD's basic values and are to guide the behavior of everyone at MCHD.

Compliance with Laws, Rules and Regulations

As stated in the ethical principles above, MCHD has a long-standing commitment to conduct business in compliance with applicable laws, rules and regulations and in accordance with the highest ethical principles. This commitment helps ensure a reputation for honesty, quality and integrity.

Conflicts of Interest

A "conflict of interest" exists when a person's private interest interferes in any way, or even just appears to interfere, with the interests of MCHD as a whole. MCHD expects and requires its employees to act honestly and ethically and to disclose all conflicts of interest with MCHD. Please refer to MCHD's "Conflicts of Interest" policy.

Outside Activities

Although activities outside MCHD are not necessarily a conflict of interest, a conflict could arise depending upon one's position within MCHD and MCHD's relationship with one's other employer or other activity. Outside activities may also be a conflict of interest if they cause or are perceived to cause an employee, to choose between that interest and the interests of MCHD.

MCHD recognizes and encourages employees to engage in community service and a variety of charitable activities in local communities. However, it is every employee's duty to ensure that all outside activities, even charitable or pro bono activities, do not constitute a conflict of interest and are not otherwise inconsistent with their employment by MCHD. Moreover, if such community or charitable activities require that an employee spend a substantial amount of MCHD time, the employee should seek the consent of his or her supervisor for such activities.

Gifts and Entertainment

Business gifts and entertainment are designed to build goodwill and sound working relationships among business partners. All gifts to employees are reported to the department manager. A problem would arise if:

- the receipt by one of our employees of a gift or entertainment would compromise, or could be reasonably viewed as compromising, that individual's ability to make objective and fair business decisions on behalf of MCHD

- the offering by one of our employees of a gift or entertainment appears to be an attempt to obtain business through improper means or an attempt to use improper means to gain any special advantage in our business relationships, or could reasonably be viewed as such an attempt.

The responsibility is on the individual employee to use good judgment and ensure there is no violation of these principles or MCHD policy (see “Gifts from Customers/Vendors” policy). If an employee has any question or uncertainty about whether any gifts or proposed gifts are appropriate, they should contact their supervisor, manager or the Compliance Officer.

Organizational Opportunities

Employees owe a duty to MCHD to advance its legitimate interests when the opportunity to do so arises. Employees are prohibited (without the consent of the Board of Directors or an appropriate committee) from

- taking for themselves opportunities that are discovered through the use of corporate property, information or their positions
- using MCHD property, information or their position for personal gain and competing with MCHD, directly or indirectly.

Antitrust and Fair Dealing

MCHD believes that the welfare of consumers is best served by economic competition. The philosophy of MCHD is to compete vigorously, aggressively and successfully in today's increasingly competitive business climate and to do so at all times in compliance with all applicable antitrust, competition and fair dealing laws. Each employee should endeavor to deal fairly with MCHD's customers, suppliers, competitors and other employees. No employee should take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts or any other unfair-dealing practice.

Federal and State antitrust laws are designed to preserve a competitive economy and promote fair and vigorous competition. Employees involved in marketing, sales and purchasing, contracts or in discussions with competitors have a particular responsibility to ensure that they understand our standards and are familiar with applicable competition laws. Because these laws are complex and can vary from one jurisdiction to another, employees should consult with their manager when questions arise.

Discrimination and Harassment

MCHD is committed to providing a work environment that values diversity among its employees. All human resources policies and activities of MCHD intend to create a respectful workplace in which every individual has the incentive and opportunity to reach his or her highest potential.

MCHD is committed to providing equal employment opportunities to all individuals and will not tolerate any illegal discrimination or harassment of any kind. Please see “Sexual and Other Unlawful Harassment” and the “Equal Employment Opportunity” policies for additional information.

All levels of supervision are responsible for monitoring and complying with MCHD's policies and procedures for handling employee complaints concerning harassment and other forms of unlawful discrimination. Because employment-related laws are complex, supervisors should consult with the Human Resources Department in advance whenever there is any doubt as to the lawfulness of any proposed action or inaction.

Health and Safety

MCHD strives to provide each employee with a safe and healthy work environment. Each employee has a responsibility to ensure that MCHD operations and products meet applicable government and MCHD standards. All employees are required to be alert to environmental and safety issues and to be familiar with environmental, health and safety laws and MCHD policies applicable to their area of business. Since these laws are complex and subject to frequent changes, employees should consult with management if there is any doubt as to the lawfulness of any action or inaction.

Threats or acts of violence and any form of intimidation are not permitted.

The use/misuse and influence of illegal drugs or legalized substances in the workplace will not be tolerated.

Accounting Records, Record-Keeping and Retention

Many people within MCHD record or prepare some type of information during their workday, such as time cards, financial reports, accounting records, business plans, environmental reports, injury and accident reports, expense reports, and so on. Many people, both within and outside MCHD, depend upon these reports to be accurate and truthful for a variety of reasons. MCHD requires honest and accurate recording and reporting of information in order to make responsible business decisions.

All financial statements and books, records and accounts of MCHD must conform to legal requirements, generally accepted accounting principles, and MCHD's system of internal accounting controls. MCHD employees must not conceal from the internal auditors or the independent auditors any information. No transaction may be intentionally misclassified as to accounts, departments or accounting periods or in any other manner. Dishonest reporting within MCHD, or to organizations or people outside MCHD, is strictly prohibited and subject to disciplinary action.

Properly maintaining MCHD records is of the utmost importance. To address this concern, employees should maintain MCHD records for the periods as set forth by MCHD policy.

Additionally, in accordance with these policies, in the event of litigation or governmental investigation or subpoena, employees are required to consult with the MCHD Chief Compliance Officer or other appropriate Senior Management to handle or supervise the production of the required documents. In certain governmental situations, MCHD and its employees bear a risk of a charge of obstructing justice based on how MCHD responds to governmental investigations or subpoenas in respect to the relevant documents. Employees need to be especially sensitive to retaining all possibly relevant documents as early as that time when they believe that such a governmental investigation is reasonably likely or the government has signaled an interest in organizational records.

Confidentiality

Much of MCHD's business information is confidential or proprietary. Confidential information includes all non-public information that might be of use to competitors, or harmful to MCHD or our customers, if disclosed. Employees must maintain the confidentiality of information entrusted to them by MCHD, except when disclosure is authorized by laws or regulations.

It is also MCHD's policy that all employees must treat what they learn about customers, joint venture partners and suppliers and each of their businesses as confidential information. The protection of such

information is very important and must be discharged with great care. Confidential information in this context is information that our customers would consider private, which is not common knowledge outside of their organization and which an employee of MCHD has learned as a result of his or her employment by MCHD.

The obligation not to disclose confidential information of MCHD and our customers continues with an employee even after he or she should leave MCHD. As such, MCHD respects the obligations of confidence that MCHD employees may have from their prior employment, and asks that employees not reveal confidential information obtained in the course of their prior employment.

Proprietary Information

MCHD depends on intellectual property, such as trade secrets, trademarks, and copyrights, as well as business, marketing and service plans, databases, records, salary information and unpublished financial data and reports, for its continued vitality. If MCHD intellectual property is not protected, it becomes available to other companies that have not made the significant investment that MCHD has made to produce this property and thus gives away some of our competitive advantage. All of the rules stated above with respect to confidential information apply equally to proprietary information.

It is the responsibility of every MCHD employee to help protect our intellectual property. Management at all levels of MCHD is encouraged to foster and maintain awareness of the importance of protecting MCHD's intellectual property.

Confidentiality of Patient Information

Patients receiving healthcare or treatment at MCHD provide the organization with personal medical, financial and insurance information as part of their health care and treatment. All patient information is highly confidential; all employees are required to protect patient information. MCHD has policies and procedures describing patient information confidentiality and how patient information may be disclosed or released in compliance with federal, state, and local laws and in accordance with the Health Information Portability and Accountability Act (HIPAA). MCHD employees must never disclose or release confidential patient information in a manner that violates a patient's privacy rights. Patient information may only be discussed, released or used in accordance with facility policies and procedures and with release of information laws that normally require the express written authorization of the patient. MCHD employees should only have access to patient information necessary for job performance ("minimum necessary" according to HIPAA)

Facility policies and procedures provide for release of patient information in emergency situations and when required (or permitted) by law. Use of patient information for marketing purposes is permitted only as provided in facility policies and procedures.

Employees of MCHD should guard against unintentional disclosure of confidential information and take special care not to store confidential information where unauthorized personnel can see it, whether at work, at home, in public places or elsewhere. Situations that could result in inadvertent disclosure of such information include: discussing confidential information in public (for example, in restaurants, elevators, airplanes or social networks); working with sensitive information in public using laptop computers; and transmitting confidential information via fax. Within the workplace, do not assume that all MCHD employees, contractors or other agents should see confidential information. Protection of patient information includes appropriate storage and destruction. MCHD employees must follow MCHD or facility policies for security and destruction of patient information.

Emergency Care for Patients (EMTALA)

Any patient (regardless of ability to pay) who comes to the Emergency Department at MCHD requesting examination or treatment for a medical condition is entitled to and shall be promptly provided an appropriate medical screening examination performed by qualified individuals whether or not an emergency medical condition exists.

If an emergency medical condition is determined to exist, the Emergency Department is required to provide either:

- further medical examination and treatment as required to stabilize the emergency medical condition within the capabilities of the staff and facilities available at the hospital; or,
- an appropriate transfer of the individual to another medical facility in accordance with Emergency Department policies. MCHD and its employees are required not to delay in providing a medical screening examination or initiating such examination or treatment for an emergency medical condition in order to
 - inquire about the patient's method of payment or insurance status
 - seek authorization from the patient's insurance MCHD for its screening or stabilization services.

Billing for Health Care Services

MCHD bills patients and/or third-party payers accurately and in compliance with Federal and State laws and regulations. MCHD is committed to accurate and truthful billing to patients and/or third-party payers, and will not misrepresent charges to, or on behalf of, a patient and/or third-party payer. MCHD must comply with special billing requirements for government-sponsored programs and other payers. All MCHD employees must exercise care in any written or oral statement made to any government agency or other payer. MCHD will not tolerate false statements by its employees to a government agency or other payer.

Financial Arrangements with Physicians or Other Referral Sources (Stark Laws)

MCHD has established policies regarding the financial relationships between with physicians and other referral sources. Federal law generally requires that all agreements with physicians for the payment or receipt of money, goods, services, or anything of value be in writing. All payments made to physicians by MCHD must be pursuant to written agreements and must be fair market value for actual services performed. All agreements with physicians must be approved by both the appropriate officers of MCHD and its board (if appropriate). MCHD's payment to physicians under these agreements must be supported by all required documentation, e.g., certification of hours of service or submission of executed agreement with request for payment. MCHD will not pay for referrals nor will it accept payment for its referrals made to other healthcare entities. MCHD will not consider the value or volume of referrals, or other business generated between it and its physicians, in establishing the compensation under its agreements with its physicians. Promotional gifts of nominal value may be given as part of marketing but must be in accordance to Stark Law regulations.

Protection and Proper Use of MCHD Assets

Collectively, employees have a responsibility to protect, safeguard and make proper and efficient use of MCHD's assets. All of MCHD's assets should be used only for the MCHD's legitimate business purposes. Additionally, all employees have an obligation to prevent MCHD's assets from loss, damage, misuse,

theft, embezzlement or destruction. Theft, loss, misuse, carelessness and waste of assets have a direct impact on MCHD's profitability and may jeopardize the future of MCHD. Any situations or incidents that could lead to the theft, loss, misuse or waste of MCHD assets should be reported immediately to the employee's supervisor or manager as soon as they come to attention.

Relationships with Government Personnel

Employees of MCHD should be aware that practices that may be acceptable in the commercial business environment (such as providing certain transportation, meals, entertainment and other things of nominal value), may be entirely unacceptable and even illegal when they relate to government employees or others who act on the government's behalf. Employees must be aware of and adhere to the relevant laws and regulations governing relations between government employees and customers and suppliers in every legal jurisdiction where business is conducted.

Employees cannot give money or gifts personally to any official or any employee of a governmental entity if doing so could reasonably be construed as having any connection with MCHD's business relationship. Such actions are generally prohibited by law. We expect our employees to refuse to make improper or questionable payments. Employees should be aware that they do not actually have to make the payment to violate the law; merely offering, promising or authorizing such payment is sufficient for a violation. In addition, many jurisdictions have laws and regulations regarding business gratuities which may be accepted by government personnel. Gifts or courtesies that would not be appropriate even for private parties are in all cases inappropriate for government officials.

Political Contributions

MCHD does not make direct contributions to any candidate for federal, state or local offices. Contributions to political campaigns must not be, and must not appear to be, made with or reimbursed by MCHD funds or resources. MCHD funds and resources include (but are not limited to) MCHD facilities, office supplies, letterhead, telephones and fax machines.

MCHD employees who hold or seek to hold political office must do so on their own time, whether through vacation, unpaid leave, after work hours or on weekends. Additionally, all persons must obtain advance approval from MCHD's Chief Compliance Officer prior to running for political office to ensure that there are no conflicts of interest with MCHD business.

Election laws in many jurisdictions allow corporations to establish and maintain political action committees, which may lawfully make campaign contributions. Therefore, legal political contributions may only be made in conformity with applicable election laws or with employee contributions to MCHD-sponsored political action committees. Participation in and contributions to MCHD-sponsored political action committee is entirely voluntary. Any questions about this procedure should be directed to the Chief Compliance Officer. Employees may make personal political contributions as they see fit in accordance with all applicable laws.

Failure to Comply

No Code can address all specific situations. It is, therefore, each employee's responsibility to apply the principles set forth in this Code in a responsible fashion and with the exercise of good judgment and common sense. If something seems unethical or improper, it likely is. Employees should always remember to seek guidance before they act if they are unsure of what to do in a particular situation. A failure by any employee to comply with the laws or regulations governing the MCHD's business, this Code or any other MCHD policy or requirement may result in disciplinary action up to and including

termination, and, if warranted, legal proceedings. All employees are expected to cooperate in internal investigations of misconduct.

Reporting Illegal or Unethical Behavior; Compliance Procedures

Employees of MCHD are expected to conduct themselves in an ethical manner and a manner appropriate for the work environment. Employees are expected to be sensitive to and respectful of the concerns, values and preferences of others.

All employees have a duty and responsibility to promptly report perceived misconduct, including actual and potential violations of law, regulations to this Code and MCHD policies. All reports should be generally be made through the appropriate channels as outlines in this code and MCHD policies and procedures. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the matter, although self-reporting may be taken into account by MCHD in considering the appropriate response.

As a general matter, if an employee has any questions or concerns about compliance with laws or regulations, this Code, MCHD policies and procedures he or she is encouraged to speak first with their supervisor. They should also speak with their supervisor when they are not sure what the “right thing to do” is. If an employee does not feel comfortable talking to his or her supervisor, the employee should contact the Human Resources Director, his or her Administrative Officer, or the Chief Compliance Officer. Employees may also use Compliance Hotline (see” Compliance Hotline” policy). Each of these reporting means is developed to register all complaints, brought anonymously or otherwise, and direct those complaints to the appropriate channels within MCHD.

Reporting Violations:

If an employee is aware of any violation of law, rules or regulations or of this Code, then the employee is directed to report such violation to the MCHD's Chief Compliance Officer at 806-934-7802 or to MCHD's Compliance Hotline at 806-934-7848.

No Retaliation

If an employee reports in good faith what he or she suspects to be illegal or unethical activities, that employee should not be concerned about retaliation from others. Any employee who commits or condones any form of retaliation will be subject to serious disciplinary action by MCHD, up to, and including, termination. Furthermore, employees should keep in mind that MCHD could be subject to criminal or civil actions for any acts of retaliation against employees who "blow the whistle" to outside enforcement agencies or Congress or the employee's supervisory officials in respect of federal law. It is illegal under federal law for public companies to retaliate against any employee who so provides information or testifies about any such matter that an employee reasonably believes constitutes a violation of such federal laws.

Approval and Adoption

This Code of Business Conduct and Ethics was first adopted by MCHD's Board of Directors on April 28th, 2010.

MOORE COUNTY HOSPITAL DISTRICT	Policy #: HR 032 Page 1 of 5
Responsible Dept: Human Resources	
Title: Dress Code/ Professional Appearance	Effective Date: 07/18

Policy Statement:

MCHD’s employees, students and contractors have a responsibility to not only provide “Exceptional Care...Always,” to our customers, but to *look* the part as well. Therefore, your attire, grooming and personal hygiene are critically important to the hospital’s success. Employees are expected to demonstrate professionalism and good judgment at all times related to make up, clothing, and appearance. Clothing must fit, be clean and pressed, be appropriate for your size, and not drag the floor. Clothing and jewelry which may pose a safety hazard or which could interfere with or detract from the delivery of high quality patient care or other business functions of the hospital, will not be permitted.

Rules:

Employees who come to work inappropriately dressed, in the opinion of management, will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

Consult your supervisor or department head if you have any questions as to what constitutes appropriate attire and appearance for your department. The department head is responsible for monitoring and enforcement of this policy and any other more detailed department policy relating to professional appearance.

We require that you observe the following specific standards regarding personal appearance and neatness while performing your duties:

1. Personal Hygiene is very important. Showering and the use of antiperspirant or deodorants are required. Strong perfume or fragrances of any kind are not permitted. All fragrances are discouraged for employees who have patient contact. Employees who use tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath while at work.
2. Hair is to be clean and well groomed. Distracting extremes in hair styling, dyeing, bleaching, coloring and shaving designs into the hair are not permitted. Mohawks are not permitted. Hair and hair accessories must not be distracting or extreme. For clinical areas, hair below shoulder length should be confined (either pulled back or by wearing a hair covering) while involved in a sterile procedure.

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Responsible Dept: Human Resources	Page 2 of 5
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3. No hats or head coverings may be worn inside (except for approved departments and for those worn for religious and/or medical purposes).
4. Contact lenses or tinted lenses must not be distracting.
5. An Identification Badge, issued through the Human Resources office, must be worn above the waist at all times while on duty except where circumstances prohibit. Name badges should be worn facing forward with the photo unobstructed.
6. Facial hair including mustache and beard must be short and neatly trimmed and maintained. Nose and ear hair must be trimmed and maintained.
7. Fingernails must be clean, neatly trimmed and filed to avoid harming patients or other employees. Fingernail polish must be unchipped. Nails should be no longer than ¼” beyond the end of digit. Clinical staff must have short, natural (not artificial) fingernails.
8. Jewelry including necklace, rings and earrings that are conservative in style, size and color may be worn. No large chandelier or hoop earrings greater than 1.5 inches in diameter or length may be worn. Clinical staff may only wear stud earrings for safety reasons. Limit two earrings per ear lobe, and one earring in upper ear. Exposed piercings other than on the ear are not allowed. Open ear gauges are not permitted. Closed ear gauges no greater than 1/2 inch are permitted.
9. Tattoos that may be viewed by others may neither be excessive nor offensive in nature. The definition of “Offensive” includes, but is not limited to: Violent, Vulgar, Sexual, Racial, Gang or Drug Related, or Foul Language. No facial or hand tattoos will be permitted with the exception of cosmetic tattooing.
10. Clinical and other employees who wear scrubs or uniforms may only wear solid bottoms with a coordinated scrub top (solid or print) or a solid color polo shirt. Navy blue scrubs may only be worn by acute care RN's and LVN's. Ceil blue scrubs may only be worn by CNA's in acute inpatient units. All scrubs and polos must be size-appropriate, neat, clean and in good condition. MCHD lab coats

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and clinical jackets may be worn by clinical staff. Non-clinical departments may choose uniform standards or professional dress.

11. Shirts must be well-maintained, not faded, and have no inappropriate, political or offensive wording or pictures. Except for employees of MNRC, no T-shirts of any kind are allowed except on days designated by MCHD Administration, unless worn under another top or jacket. No clothing with logos or advertising for any business other than MCHD is permitted. Polo style shirts with collars are allowed. Tight shirts with a revealing or plunging neckline are not permitted. Shirts should not ride up to expose your back or midriff when your arms are extended. Cleavage must be covered. See-through clothing is not acceptable, unless worn with an under-shirt. Undergarments must be concealed and worn at all times. Sleeveless attire of any type is unacceptable.
12. Stirrup pants, bike shorts, sweat pants, jogging pants and skorts are not permitted. Slim fitted pants or leggings are not acceptable unless worn under an overshirt that covers hips and is no shorter than wrist length. Pants must fit, look professional, and extend to the ankle. Capri or cropped pants are not acceptable. Pants may not be rolled up at the bottom.
13. Denim or any fabric that resembles denim in any color is not allowed except for special occasions and situations which will be announced by the Administrative Team.
14. Dress and skirt lengths cannot be shorter than 2” above the top of the knee, including slits or kickpleats.
15. Buttons with a printed slogan, endorsing an organization or soliciting support for any movement are prohibited unless endorsed by MCHD and approval previously obtained from the Administrative Team.
16. Shoes must be worn at all times and should be clean and in good condition. They should match or complement your uniform or outfit. Croc style or any shoes with holes in the top or sides are not acceptable. Clinical staff must wear hose or socks at all times. Five-toe shoes, flip-flops or slide sandals are not permitted in any area. A slide sandal has a strap(s) that does not exceed beyond the ball of the foot, with an open toe and no back or ankle strap (no flip-flop noise). If your department has safety restrictions you must follow those guidelines.

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17. Employees attending hospital activities for which they are receiving compensation, which include but are not limited to orientation, education, health fairs, etc., are required to adhere to the standards set forth in this policy. Noncompliance with this policy may result in the employee being asked to leave the activity. Employees who are “on call” and/or expected to respond to after hours or weekend calls to the hospital are also required to adhere to these standards.

Medical Restrictions

Requests for an exception to this policy for medical reasons must be presented to the Employee Health Office and Human Resources with supporting medical documentation. Employee Health will retain a copy of the request and medical information. A copy of any approved exception will be sent to the employee’s manager.

Religious or Cultural Accommodation

Requests for an exception to this policy for religious or cultural beliefs or questions regarding accommodations should be directed to the Human resources Department.

SPECIAL CONSIDERATIONS:

This policy provides employees with guidelines regarding appearance standards. The District cannot anticipate every situation or every clothing fashion available. The District will be reasonable and flexible in the administration of guidelines with the intent of presenting a professional image of all employees to patients and visitors. Administrative Team Members and Department Heads may make discretionary judgments as to the appropriateness of clothing. Individual departmental standards will be approved through the Department Head and the Administrative Team.

The District reserves the right to change or revise these guidelines without notice when it deems such action necessary.

There will be an established committee to provide resolution for dress code questions. In a case that an employee disagrees with a particular dress code issue, the employee is responsible for immediate correction of the issue; however, the employee may ask the Professional Appearance Committee to address the issue by submitting this request in writing to the committee in care of the Human Resources Department. The committee

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will review the information presented and make a recommendation on resolution of the issue to the Administrative Team. The committee will be comprised of the Director of H.R., Infection Control Officer, Chief Nursing Officer, MNRC Director of Nursing, and Director of Marketing.

CORRECTIVE ACTION:

Any employee who does not meet the standards of this policy will be required to take corrective action, which may include leaving the premises. Any work time missed because of failure to comply with this policy will not be compensated, and repeated violations of this policy will be cause for progressive discipline up to and including termination of employment.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9400-HR-039 Page 1 of 4
Responsible Dept: Human Resources	
Title: Sexual and Other Unlawful Harassment	Effective Date: 05/10

Policy Statement:

Moore County Hospital District (MCHD) is committed to providing health care services and a work environment that is free of all forms of discrimination and conduct that can be considered harassing, hostile, coercive, or disruptive, including sexual harassment.

Rules:

1. This policy applies to all employees, volunteers, patients, residents, vendors, visitors, physicians, and contractors and applies not only during normal working hours but also to all work-related business or social functions, whether on or off MCHD property, and business travel.
2. Violations of this policy by any employee, volunteer, physician, patient, resident, vendor, contractor or other visitor will not be tolerated. Any allegation of harassment, including sexual harassment, in any form, may be grounds for disciplinary action up to and including termination of employment of an offending employee, termination of services to an offending patient or resident, revocation of privileges for a physician, and removal of an outside contractor, volunteer, vendor or other visitor who violates this policy.

Unwelcome actions, words, jokes, comments or physical conduct based on an individual’s sex, race, national origin, age, religion, physical or mental disability, or any other legally protected characteristic by any employee or person will not be tolerated.

Sexual Harassment

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical conduct of a sexual nature, when:

- a) Submission to the conduct is made either explicitly or implicitly, a term or condition of an individual’s employment;
- b) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or
- c) The conduct has the purpose or effect of unreasonably interfering with the person’s work performance or creates an intimidating, hostile or offensive working environment.

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Responsible Dept: Human Resources	
Title: Sexual and Other Unlawful Harassment	Effective Date: 05/10

Sexual harassment includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. A partial list of examples of sexual harassment includes but is not limited to:

- Unwanted sexual advances;
- Offering employment benefits in exchange for sexual favors;
- Making or threatening reprisals after a negative response to sexual advances;
- Visual conduct including leering, making sexual gestures or displaying of sexually suggestive objects or pictures, cartoons or posters;
- Verbal conduct including making or using derogatory comments, epithets, slurs or jokes;
- Verbal sexual advances or propositions;
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes or invitations,
- Physical conduct that includes touching, assaulting or impeding or blocking movements;
- Inappropriate verbal conduct including jokes, foul language, sexual comments or flirtations, or inappropriate remarks about body parts, or;
- Inappropriate physical conduct including any unwanted or improper touching, such as patting, pinching, or intentionally brushing up against someone.

Other Types of Harassment

Harassment on the basis of any other protected characteristic is also strictly prohibited. Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, sexual orientation, national origin, age, disability, or any other characteristic protected by law and that:

- a) Has the purpose or effect of creating an intimidating, hostile or offensive work environment;
- b) Has the purpose or effect of unreasonably interfering with the work performance of an individual, or;
- c) Otherwise adversely affects the employment opportunities of an individual.

Examples of harassing conduct include, but are not limited to:

- Epithets, slurs or negative stereotyping;
- Threatening, intimidating or hostile acts;
- Denigrating jokes;

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- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on the employer’s premises or circulated, in any medium, in the workplace.

Procedure: All allegations of sexual or other harassment will be quickly and discreetly investigated. To the extent possible, the confidentiality of the aggrieved individual and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the aggrieved individual will be informed of the outcome of the investigation.

Employees, patients and visitors who experience or witness an incident of sexual harassment or harassment on the basis of sex, race, national origin, age, religion, disability or any other protected characteristic shall promptly report the incident to his or her Department Head (if employee), Director of Human Resources, Assistant Administrator of Ancillary Services or any other administrative team member (CEO, CFO, CNO, Nursing Home Administrator) or the Administrator on call. If an employee’s Department Head is unavailable or is the subject of the complaint, the employee shall immediately contact the Director of Human Resources, or another administrative team member, or the Administrator on call. Employees, volunteers, patients, residents, physicians, or visitors may raise concerns and make reports without fear of reprisal.

Any Department Head who becomes aware of possible sexual or other unlawful harassment shall promptly advise the Director of Human Resources Director or Administrator on call so that the complaint may be investigated in a timely and confidential manner; and prompt remedial action implemented as warranted.

MCHD will investigate all complaints as expeditiously and as professionally as possible. When investigations confirm allegations, prompt and appropriate corrective action will be taken. A person found to have engaged in any harassing conduct or simply inappropriate conduct will be counseled and/or appropriately disciplined, up to and including termination.

Retaliation against employees for reporting harassment or assisting MCHD in the investigation of a complaint is against the law and will not be permitted. Employees need not fear that they will be adversely affected by reporting a harassment incident.

If, after investigating a complaint, MCHD learns that an employee has made a complaint in bad faith or knowingly provided false information regarding a complaint, appropriate disciplinary action will be taken against the individual who made the bad faith complaint or provided false information.

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MCHD will make every attempt to keep the information provided in the complaint and investigation process confidential to the fullest extent possible in light of the need to investigate and to take appropriate corrective action. Employees are assured that this procedure has been established for their benefit to allow them freedom to express their feelings and/or complaints. Any person electing to use this complaint procedure will be treated courteously, and the problem will be handled in a timely manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment of an offending employee, termination of service to an offending patient, appropriate discipline which may include dismissal of privileges for a physician, or removal of a volunteer or outside visitor who violates this policy.

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Responsible Dept: Human Resources	
Title: Paydays	Effective Date: 02/13

Policy Statement:

MCHD employees are paid on a biweekly (every other week) basis.

Rules:

1. Employees are paid biweekly on every other Friday. Each paycheck will include earnings for all work performed through the end of the previous payroll period. A pay period begins on the night shift Saturday night (around 2300 or 11:00 p.m. or, in the case of 12-hour shifts, at 1900 (7:00 p.m.) and is over after two weeks at the end of the evening shift on Saturday night.
2. In the event that a regularly scheduled payday falls on a bank holiday, employees will receive pay on the last day of work before the regularly scheduled payday.
3. Employees are required to have pay directly deposited into their bank accounts. Employees will receive an itemized statement of wages when MCHD makes the required direct deposit. Employees who change bank accounts may possibly receive one manual check during the transition to the new account.
 - Under certain circumstances paper checks may be printed in lieu of electronic deposit.
4. For employees receiving printed checks, if a regular payday falls during an employee's vacation, the employee's paycheck will be available upon his or her return from vacation.
5. Failure to submit electronic timecards on a timely basis may result in payment of wages being delayed.
6. In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of their Supervisor who will inform Payroll of any approved corrections.

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Responsible Dept: Human Resources	
Title: PTO and EIB	Effective Date: 05/15

Policy Statement:

MCHD recognizes the importance of time away from the work place for personal reasons including recreation, rest, celebration and health. A benefit program providing a continuation of wages allows such time without a substantial loss in pay.

Rules:

MCHD provides Paid Time Off (“PTO”) and Extended Illness Bank (“EIB”) time to eligible full time and part time employees for periods of time away from work with pay. PTO and EIB benefit time replaces the more traditional Vacation, Holiday and Sick Time.

The employee’s supervisor must approve/disapprove all requests to use accrued PTO or EIB.

Availability of PTO or EIB time will not supersede MCHD’s Attendance Policy, which is designed to ensure a dependable and consistent work force. An employee can be disciplined or terminated under MCHD’s Attendance Policy even though he/she still has accrued PTO or EIB available.

1. SCOPE

Employees are eligible for PTO and EIB hours based on length of continuous service and employment status as defined in Exhibit A, PTO/EIB Accrual Chart.

2. DEFINITIONS

- a. Full time status: an employee so designated by MCHD and who is normally scheduled to work from 60.0 to 80.0 hours per biweekly pay period.
- b. Part time status: an employee so designated by MCHD and who is normally scheduled to work from 40.0 to 59.0 hours per biweekly pay period
- c. Eligible status: an employee in either a full time or part time status
- d. Immediate Family: the spouse, child, parent or dependent of an MCHD employee.

3. ACCRUALS

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Title: PTO and EIB	Effective Date: 05/15

- a. PTO and EIB accruals begin with the employee’s hire date or date of transfer to eligible status.
- b. PTO and EIB accruals are earned each pay period in which an employee receives pay for time personally worked by the employee, either productive or non productive. PTO and EIB accruals are not earned in pay periods in which no pay is received or in pay periods when donated PTO time is the sole source of paid time.
- c. PTO and EIB accruals will be suspended for employees who are on a leave of absence. Available accruals must be exhausted prior to unpaid leave during a leave of absence.
- d. PTO and EIB hours accrued in a given pay period will not be available for use until the following pay period.
- e. A rehire is an employee who previously worked for MCHD or one of MCHD’s affiliated subsidiaries. Retention of tenure from previous employment at MCHD will be treated in accordance with MCHD’s Employment Application Policy.
- f. Holidays recognized by MCHD are: Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day. Holiday hours for payroll purposes are 12:00am - 12:00pm on the day of the Holiday. If the Holiday occurs on the weekend, then the Holiday will be recognized on the weekday nearest the actual Holiday date (Friday for Saturday, Monday for Sunday). PTO time will be used for all holidays which employee chooses to take off, subject to supervisor's approval and scheduling requirements as applicable.
- g. Employees will accumulate PTO and EIB based on the rates described in Exhibit A.

4. MAXIMUM ACCRUALS

- a. PTO benefits may be accrued to a maximum number of hours as defined in Exhibit A. When the maximum accrual is reached, the accrual for the current pay period is lost and further accumulations stop until PTO time is

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either used, sold through the cash-out option, or donated.

- b. EIB benefits may accrue to a maximum number of hours as defined in Exhibit A. When the maximum accrual is reached, the accrual for the current pay period is lost and further accumulations stop until the balance falls below the maximum accrual.

5. PTO USAGE

- a. Accrued PTO benefits are available for use as accrued, after the first pay period. Non-exempt employees may use in one-hour increments and exempt employees in eight-hour (one day) increments or designated shift. An exempt employee's pay cannot be reduced except when such reductions are permitted under applicable federal and state law.
- b. Employees are responsible for requesting PTO in advance, according to departmental policies and procedures. PTO time not scheduled in advance may be counted as an absence occurrence. Supervisors should give approval or disapproval to the employee as soon as possible upon receiving the request.
- c. The operational needs of the department are primary in determining approval of PTO requests. The responsibility for scheduling PTO and for approving or denying PTO requests rests with management. When reviewing requests for PTO, supervisors will consider scheduling needs and the order in which the request was received. If two or more requests are received at the same time, the length of continuous service may be considered.
- d. PTO benefits must be credited prior to use. "Negative balances" are not allowed.
- e. PTO may be utilized in lieu of regularly scheduled shifts, not exceeding hours routinely worked during a pay period, excluding overtime. Time worked in excess of an employee's regular schedule will not affect utilization of previously scheduled PTO.
 - i. Example 1: An employee works 40 hours in a week, Monday through Friday. The employee requests to take 8.0 hours of PTO on Saturday. This request should be denied.

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ii. Example 2: An employee is scheduled to work 32.0 hours in the current week, Monday through Thursday, and take Friday as a PTO day. Due to departmental needs, the employee is scheduled to work an additional eight hour shift on Tuesday night. The employee finishes the week with 40.0 hours regular time and 8.0 hours PTO. The 8.0 hours of PTO above the routinely scheduled hours are permitted, since the PTO hours were previously scheduled. No overtime would be paid.

- f. In the event of an absence due to low work volume or closure of an office/business operation, a non-exempt employee generally may choose to utilize PTO or be absent without pay. However, a supervisor may, as warranted by budgetary constraints, disallow the employee's choice in the matter.
- g. An exempt employee's pay cannot be reduced except when such reductions are permitted under applicable federal and state law. An exempt employee may take PTO in increments consistent with their normal shift hours (i.e.- 8,10,12), or in any lesser hourly increments thereof. If an exempt employee works onsite for any portion of the shift, then employee's full day salary for that shift shall be paid. An exempt employee who has no PTO left will have his or her salary reduced for one or more full-day absences for personal reasons.
- h. The effective date of the termination will be the last day worked, or, when the termination is the result of the employee's failure to return from a leave of absence, the last day of such a leave. This effective date will not be extended by use of PTO or EIB time.

6. PTO CASH-OUT OPTION

- a. Employees with one year of service may "cash-out" PTO hours during June and December each year. The cash-out rate is 75-percent of the employee's base salary. Full-time employees may cash up to 80.0 hours PTO per twelve (12) months, must retain a minimum balance of 80.0 hours, and must have taken at least 40.0 hours PTO in the twelve months immediately preceding the cash-out. Part-time employees may cash up to 40.0 hours PTO per twelve (12) months, must retain a minimum balance of 40.0 hours, and must

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have taken at least 20.0 hours PTO in the twelve months immediately preceding the cash-out.

- b. PTO Cash-Out is requested on a Payroll Action Form and requires the supervisor's approval. Approved requests should be forwarded to Human Resources for processing.

7. EXTENDED ILLNESS BANK (EIB) USAGE

EIB may be used after an employee's first pay period and after the employee has been off work due to personal or Immediate Family illness, or in conjunction with FMLA leave or personal leave related to the birth of a child or the adoption or initial fostering of a child, for 16.0 consecutive work hours (paid by PTO or taken unpaid only if no PTO is available) per occurrence (a continuous episode that is uninterrupted by a full day return to work).

- a. An employee is eligible to use EIB immediately, without a waiting period, if the employee or his/her Immediate Family member is admitted for an overnight stay in an inpatient facility.
- b. Physician verification may be requested for any EIB absences, and may be required as a condition to receiving approval for accessing EIB benefits. Physician verification will be required for EIB use due to Immediate Family illness. Before returning to work from an EIB leave of twenty-four (24) schedule work hours or more, an employee must provide a physician's statement that he or she may safely return to work.

8. USAGE AND PAYMENT OF PTO AND EIB

- a. An employee on a Medical or FMLA Leave of Absence is required to use any available EIB and PTO hours in place of normal scheduled hours until a zero balance is reached in each account.
- b. PTO and EIB benefits are paid at base pay, for actual scheduled hours of work missed, exclusive of differentials or other premium payments. PTO and EIB hours are classified as non-productive hours for payroll purposes.
- c. The PTO balance of an employee is paid out at 100-percent upon termination of employment provided that notice is given in accordance with

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MCHD’s Employment Termination Policy. EIB benefits are available only in the event of an employee’s illness or injury as described above. EIB balances are not paid out in cash at any time including at termination or retirement.

- d. An employee changing to a non-eligible status, will be given the option to retain the full PTO balance for reinstatement once the employee returns to an eligible status or be paid all or part of the PTO balance at 75-percent of his/her hourly rate in effect before the change. All EIB hours will be forfeited. Upon return to an eligible status, the 90-day waiting period will apply to the use of PTO.
- e. PTO paid out at termination may not be reinstated.
- f. The effective date of an employee’s termination of employment will not be extended by the use of PTO or EIB time.

9. DONATION OF PTO

- a. With prior Administrative approval, an Employee (“donor employee”) may donate a maximum of 40 Vacation hours per fiscal year to other employees (“recipient employee”) who have been unable to work their regularly scheduled shifts for an extended period of time due to illness or disability, death of immediate family member as defined by policy or to any MCHD Foundation supported project or program.
- b. Employees wishing to donate time should submit a Request to Donate Vacation Hours form (available in Human Resources). All donations of time will be anonymous.
- c. Supervisors may not donate Vacation hours to their direct reports, and employees may not donate Vacation hours to their direct supervisor.
- d. Donor employees must retain at least 40 hours of time in their Vacation time bank.
- e. To be eligible to receive vacation hours, recipient employees must be full-time and have exhausted all accrued benefit time.
- f. In the case of illness or disability, no recipient employee can receive more

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than 160 hours in any month and all donated hours must be exhausted before additional hours may be received.

- g. In the case of the death of an immediate family member, no recipient employee can receive more than 80 hours total.
- h. In the event that the recipient employee is terminated from employment, for any reason, unused donated hours will be returned to the donor employee (whose hours remain unused). Under no circumstances will donated hours be paid to recipient upon termination of employment from MCHD. If the recipient employee returns to work his/her regularly scheduled shifts, donated hours will be returned to the donor employee (whose hours remain unused).

10. ENFORCEMENT

- a. Employees are required to provide complete and correct information when PTO and EIB usage is requested, and to keep the supervisor informed of changes in circumstance which may affect the basis on which the PTO and EIB was authorized.
- b. MCHD may require verification of illness, including but not limited to a physician's or other medical provider's evaluation in accordance with applicable state law, as necessary to validate eligibility for EIB. MCHD may also require verification of adoption or fostering, including but not limited to legal documentation.

Exhibit A: PTO/EIB Accrual Chart (Next page)

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Years of Continuous Service	Employee Status	Annualized PTO Accrual	PTO Accrual Per Pay Period	Maximum PTO Accrual	Annualized EIB Accrual	EIB Accrual Per Pay Period	Maximum EIB Accrual
1-2 Years	FT	144 hours	5.54 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	72 hours	2.77 hours	130 hours	40 hours	1.54 hours	240 hours
3-4 Years	FT	155 hours	5.98 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	77.5 hours	2.99 hours	130 hours	40 hours	1.54 hours	240 hours
5-6 Years	FT	184 hours	7.07 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	92 hours	3.54 hours	130 hours	40 hours	1.54 hours	240 hours
7-8 Years	FT	192 hours	7.38 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	96 hours	3.69 hours	130 hours	40 hours	1.54 hours	240 hours
9-10 Years	FT	200 hours	7.69 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	100 hours	3.84 hours	130 hours	40 hours	1.54 hours	240 hours
11-12 Years	FT	208 hours	8.00 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	104 hours	4.00 hours	130 hours	40 hours	1.54 hours	240 hours
13-14 Years	FT	216 hours	8.30 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	108 hours	4.15 hours	130 hours	40 hours	1.54 hours	240 hours
15-19 Years	FT	224 hours	8.61 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	112 hours	4.31 hours	130 hours	40 hours	1.54 hours	240 hours
20 or More Years	FT	264 hours	10.15 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	132 hours	5.08 hours	130 hours	80 hours	1.54 hours	240 hours

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 9400-HR-046 Page 1 of 4
Responsible Dept: Human Resources	
Title: Wage Differentials: Shift, Weekend, On-Call and Holiday	Effective Date: 7/2015

Policy:

MCHD will pay wage differentials (Shift, Weekend, On-call, and Holiday), consistent with area wage standards, for all eligible employees who work defined shifts.

Definitions:

1. Wage Differentials: premium pay that is added to an employee's base hourly wage paid either as a per hour bonus.
 - a. Shift Differential: paid as a per hour bonus for hours worked during defined shifts (see Exhibit A for shift definitions)
 - b. Weekend Differential: paid as a per hour bonus for hours worked during a weekend shift. A weekend shift is any shift that begins 19:00 Friday and ends at 19:00 Sunday.
 - c. Holiday Differential: paid time and a half on an employee's base hourly wage for any shift that begins at 00:00 on the day of the Holiday and ends at 23:59 on the day of the Holiday. Time and a half will not be paid on shift differential, only on the employee's base rate.
2. On-call Pay: an hourly rate paid to eligible employees who are assigned to take call and respond in accordance with established guidelines, if contacted.
3. Eligible Employee: All Full-time, Part-time, or PRN non-exempt MCHD employees, unless otherwise defined in this policy.

Rules:

All differentials and on-call pay rates are subject to change based on prevailing market conditions.

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Responsible Dept: Human Resources	
Title: Wage Differentials: Shift, Weekend, On-Call and Holiday	Effective Date: 7/2015

Shift Differentials

1. Shift differentials will be paid on a minute by minute basis. *Kronos* will adjust differential rates as an employee moves from one eligible differential shift to another.
2. Shift differentials will be paid for hours actually worked. Shift differentials will not be paid for benefit time (i.e. PTO/EIB), or attendance at seminars or educational programs.
3. Shift differential will be paid in addition to Weekend and Holiday differentials.
4. Shift differentials shall be paid in accordance with Exhibit A.
5. Exceptions may be made by the Manager for employees called back to work in shift eligible shifts.

Weekend Differentials

1. Weekend differentials will be paid for hours actually worked. Weekend differentials will not be paid for benefit time (i.e. PTO/EIB), or attendance at seminars or educational programs
2. Weekend differentials will be paid in addition to Shift and Holiday differentials.
3. Weekend differentials shall be paid in accordance with Exhibit A.
4. Weekend differentials will be paid to all eligible employees for actual hours worked on a weekend shift.

Holiday Differential

1. Any employee who is scheduled to work a Holiday shift will receive time-and-a-half (1.5 times) their base hourly wage for actual hours worked during the Holiday.
2. Holiday Differentials will be paid in addition to Shift and Weekend differentials.

On-Call Pay

1. On-call pay will be paid to any eligible employee who is assigned to take call.
2. On-call pay shall be paid for each hour on-call, as follows:
 - a. Clinical On-call: \$2.00 per hour on-call
 - b. Non-clinical On-call: \$1.50 per hour on-call
3. When an on-call employee is called-back to work at a time outside the employee's normal scheduled shift, the employee will be paid time-and-a-half (1.5 times) of the employee's base hourly rate. Shift and Weekend differentials

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will not be paid when an employee is called-back to work at a time outside of their normal scheduled shift. This can be changed upon officer and director approval.

4. If an employee has been called-off due to periods of low census and is placed on-call, the employee shall receive on-call pay. If the employee is called-back during a time the employee is normally scheduled to work, then the employee shall be paid at his/her normal hourly rate. Weekend and Shift differentials will be paid if the employee is normally scheduled to receive these differentials.
5. Call back hours will be deducted from on-call hours paid.

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Exhibit A
Shift Differential Table

Shift	Definition	Job Group Hourly Pay		
		1	2	3
1	M-F 07:00-19:00	N/A	N/A	N/A
2	Su-Th 19:00-07:00	\$0.75	\$1.25	\$3.00
3	Sa-Su 07:00-19:00	\$1.00	\$2.50	\$5.25
4	F-Sa 19:00-07:00	\$1.25	\$3.25	\$6.50

Job Groups:

Group 1

CNA
Dietary
Housekeeping
Unit Secretary
ER Admit Clerk
Rehab Tech

Group 2

CRTT RT
EMT
LVN
Phlebotomist
Scrub Tech
PTA / OTA
CMA

Group 3

RN
PT / OT
RRT
Rad Tech
MT/MLT
Paramedic

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Responsible Dept: Human Resources	
Title: Social Media	Effective Date: 07/2015

POLICY STATEMENT:

It is the policy of MCHD to discourage the use of social media at work, and to use discretion when using social media away from work. This policy applies to all Hospital employees, physicians, volunteers and directors.

DEFINITIONS:

1. "Social Media" means on-line communication methods in which individuals play an active role as both the author and audience of messages and comments in a public or private forum. Social Media methods include, but are not limited to, social networks (*e.g.*, Facebook, Instagram, Twitter, LinkedIn), the MCHD HubEngage App, blogs, bulletin boards, multi-media (*e.g.*, YouTube, Flickr) and news media sites.

2. "User or Users" includes all employees, physicians, volunteers, directors of Hospital and contractors who are given access to and working on Hospital projects and assignments.

RULES:

1. Hospital recognizes that many of its employees use social media, however, use of social media could become a problem if it:
 - a. Interferes with an employee's work
 - b. Divulges confidential information about the Hospital or patients
 - c. Is used to harass or discriminate
 - d. Creates a hostile work environment
 - e. Harms the goodwill and reputation of Hospital

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2. Users are discouraged to use traditional social media while at work and are expected to be responsible while using social media while away from work.

3. The MCHD HubEngage application may be accessed regularly during work hours as long as it does not interfere with an employee's responsibilities.
 - a. MCHD will not reimburse Users for data usage or time used accessing the MCHD HubEngage application while not on duty.

 - b. Access to the MCHD HubEngage application will be removed upon an employee's termination from employment at MCHD. Any points or rewards accumulated will be forfeit.

 - c. Use of the MCHD HubEngage application is voluntary.

 - d. Points will be assigned, awarded, and otherwise adjusted by application administrators.

4. When Users communicate in a personal capacity (*i.e.*, not on behalf of the Hospital), User will not create the impression that they are communicating on behalf of the Hospital. User must comply with all appropriate safeguards of Hospital information as articulated in the Hospital Code of Conduct and policies and all postings on social media must comply with Hospital policies on confidentiality and disclosure of proprietary information.
 - a. User will not post any comment about or any picture containing any Hospital patient or patient information.

 - b. Unless given consent, Users may not use the Hospital's logo or any organizational material in their posts.

5. The Hospital reserves the right to monitor and/or access communications usage and content without the User's consent. This includes personal social media accounts and communications.
 - a. The Hospital may log, review, and otherwise utilize information stored on or passing through its systems in order to review communications, manage systems and enforce policy.

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b. The Hospital may capture User activity such as web sites visited.

6. Violation of this policy may result in disciplinary action, up to and including termination of employment or dismissal from the volunteer position.

MOORE COUNTY HOSPITAL DISTRICT	Policy #: 8460-EH - 6014 Page 1 of 2
Responsible Dept: Infection Control & Employee Health	
Title: Worker's Compensation and On-The-Job Injuries	Effective Date: 6/15

Policy Statement:

This policy addresses any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment.

Rules:

1. All employees must immediately report on-the-job injuries to their supervisor or the Employee Health Nurse. Failure to report injuries in a timely manner may result in non-coverage for the employee. If a supervisor receives notification of an employee injury, that supervisor must report the injury to the Employee Health Nurse within twenty-four (24) hours if the injury occurs on Sunday thru Thursday, or by the next business day if the injury occurs on Friday through Saturday, or on a Holiday.
2. Upon notification of an injury, the Employee Health Nurse will complete necessary documentation and notify the appropriate insurance carrier within seventy-two (72) hours window.
3. Upon notification of an injury, the Employee Health Nurse may escort the employee to the onsite laboratory where they will provide MCHD with a drug screen. Testing may be conducted when an accident occurs causing an injury to anyone or damage to property owned by MCHD. The employee must produce a urine sample for drug testing within two hours of the accident.
 - a. The Employee Health Nurse will fill out the appropriate Drug Screen Requisition form.
 - b. The employee will sign the form allowing the lab to collect the specimen and to provide the Employee Health Nurse with the results, and stating that the specimen collected belongs to the employee.
 - c. The employee is shown the back of the requisition form and given an opportunity to list any medications that they are currently taking as well as to answer the questions located there and sign the bottom of the page.
 - d. The container is labeled by the lab with the employee's name and date of birth.
4. Neither MCHD nor MCHD's workers' compensation carrier is liable for payment of benefits for injuries sustained when the employee is not at work, or when the employee voluntarily participates in any off-duty recreational, social, or athletic activity sponsored by MCHD.
5. If an On-the-Job Injury causes an employee to be off work, the first eight (8) days of leave are not paid by MCHD or the workers' compensation carrier. If the employee has PTO or EIB accrued, they can use this for the first 8 days, subject to the PTO/EIB Policy. If an employee is off work for more than eight (8) days, the employee is responsible for providing the Employee Health Nurse with a weekly update.

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Responsible Dept: Infection Control & Employee Health	
Title: Worker's Compensation and On-The-Job Injuries	Effective Date: 6/15

6. The Employee Health Nurse may attend follow-up appointments with the employee. The employee and the Employee Health Nurse will work together with the doctor to ensure that the employee can return to work as soon as possible.
7. Subject to the terms, conditions, and limitations of the applicable plans, MCHD will continue to provide access to health insurance benefits for the first ninety (90) days of the approved medical leave. During medical leave, and for as long as the employee is receiving pay from benefit time, health insurance premiums will be deducted from the employee's pay, as per routine payroll procedure. At the point that benefit time is no longer available, the employee may continue to be enrolled in MCHD's health insurance program at the employee's own expense.
8. Employees shall be granted leave for a qualified disability, up to a maximum of ninety (90) calendar days within any twelve (12) month period.
9. The maximum allowable leave under any leave of absence or combination of leaves is six months (180 calendar days). This represents the maximum amount of time an employee can be absent for any reason. Employees who, for whatever reason, cannot return to work after six months will be administratively terminated from employment. This policy does not alter any provisions of the Workers' Compensation Act, workers compensation income benefits, or medical coverage for work-related injuries. (*See MCHD's FMLA Policy*)

Understanding Elder Abuse

Fact Sheet

2016

Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse occurs at the hands of a caregiver or a person the elder trusts. Six frequently recognized types of elder abuse include:

- **Physical**—This occurs when an elder experiences illness, pain, or injury as a result of the intentional use of physical force and includes acts such as hitting, kicking, pushing, slapping, and burning.
- **Sexual**—This involves forced or unwanted sexual interaction of any kind with an older adult. This may include unwanted sexual contact or penetration or non-contact acts such as sexual harassment.
- **Emotional or Psychological**—This refers to verbal or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an older adult. Examples include name calling, humiliating, destroying property, or not letting the older adult see friends and family.
- **Neglect**—This is the failure to meet an older adult's basic needs. These needs include food, water, shelter, clothing, hygiene, and essential medical care.
- **Financial**—This is illegally or improperly using an elder's money, benefits, belongings, property, or assets for the benefit of someone other than the older adult. Examples include taking money from an older adult's account without proper authority, unauthorized credit card use, and changing a will without permission.



Why is elder abuse a public health problem?

Elder abuse is a serious problem in the United States. There is a lack of data, but past research found that:

- In 2008, one in 10 elders reported emotional, physical, or sexual abuse or potential neglect in the past year.¹

Many cases are not reported because elders are afraid or unable to tell police, friends, or family about the

violence. Victims often have to decide whether to tell someone they are being hurt or continue being abused by someone they depend upon or care for deeply.



How does elder abuse affect health?

Elder abuse can have several physical and emotional effects on an older adult. Many victims suffer physical injuries. Some are minor, like cuts, scratches, bruises, and welts. Others are more serious and can cause lasting disabilities. These include head injuries, broken bones, constant physical pain, and soreness. Physical injuries can also lead to premature death and make existing health problems worse.^{2,3,4,5}

Elder abuse can have emotional effects as well. Victims are often fearful and anxious. They may have problems with trust and be wary around others.²



Who is at risk for perpetrating elder abuse?

Several factors can increase the risk that someone will hurt an older adult. However, having these risk factors does not always mean violence will occur.

Some of the risk factors for hurting an older adult include:

- Using drugs or alcohol, especially drinking heavily
- High levels of stress and low or ineffective coping resources
- Lack of social support
- High emotional or financial dependence on the older adult
- Lack of training in taking care of older adult
- Depression

Understanding Elder Abuse



How can we prevent elder abuse?

The goal is to stop elder abuse before it starts. While not much research has been done, there are several important things we can do to prevent it:

- Listen to older adults and their caregivers to understand their challenges and provide support.
- Report abuse or suspected abuse to Adult Protective Services.
- Educate oneself and others about how to recognize and report elder abuse.
- Learn how the signs of elder abuse differ from the normal aging process.
- Check in often on older adults who may have few friends and family members.
- Provide over-burdened caregivers with emotional and instrumental supports such as help from friends, family, or local relief care groups; adult day care programs; counselling; or outlets intended to promote emotional well-being.
- Where prudent and possible involve more people than just family, formal caregivers, and guardians in health care or financial matters.
- Encourage and assist persons (either caregivers or older adults) having problems with drug or alcohol abuse in getting help.



How does CDC approach elder abuse?

CDC uses a 4-step approach to address public health problems like elder abuse.

Step 1: Define the problem

Before we can prevent elder abuse, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers send resources where they are needed most.

Step 2: Identify risk and protective factors

It is not enough to know that elder abuse is affecting a certain group in a certain area. We also need to know why abuse occurs. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent violence.

Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.



Where can I learn more?

Elder Abuse Helplines and Hotlines

Call 1-800-677-1116

Always dial 911 or local police during emergencies.

National Center on Elder Abuse

www.ncea.aoa.gov

National Institute on Aging

www.nia.nih.gov

National Institute of Justice

www.ojp.usdoj.gov/nij/topics/crime/elder-abuse/welcome.htm

For more information on elder abuse, visit www.cdc.gov/violenceprevention.



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CODES

- **CODE RED** =FIRE
- **CODE BLACK** =TORNADO
- **CODE YELLOW** =BOMB THREAT
- **CODE PINK** =BABY ABDUCTION
- **CODE JACK/JILL** =CHILD ABDUCTION
- **CODE PHONE CHECK** =VIOLENCE IN THE WORK PLACE
- **CODE SILVER** =ACTIVE THREAT