



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	JOB DESCRIPTIONS		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-2.2-POL
APPROVED BY:	PRESIDENT AND CEO	EFFECTIVE DATE:	1975

**SCOPE:** All CMC Employees (CMC, CPG and KNC)

**THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.**

**POLICY REQUIREMENTS:**

It is the policy of the organization to maintain complete, accurate and factual job descriptions for each position. Job descriptions provide a basis for determining the skills, knowledge, ability, and responsibility required for each position while also identifying those requirements which differentiate one position from another.

**I) JOB DESCRIPTION:**

- A) Department heads will have the responsibility of working with the Human Resources department on preparing, reviewing and amending, if necessary, the job descriptions for positions in their department.
- B) Human Resources, or designee, will final edit all new descriptions for uniformity, clarity, completeness and will provide formatting and research assistance.
- C) The job description will specify for each position the:
  - 1) Minimum educational requirements.
  - 2) Minimum experience requirements.
  - 3) Minimum physical requirements.
  - 4) Minimum licensure requirements.
  - 5) Minimum skill requirements.
  - 6) Supervision information.
  - 7) Position duty summary.
  - 8) Preferred qualifications as may be applicable.
- D) Job descriptions will be placed into a document control process and reviewed for needed edits at least once every (3) three years.
- E) Contractors will be required to provide a copy of their current job description. If the contracting company (or independent contractor) does not have a current job description created, then the contractor will be subject to the same minimum requirements and job summary as specified in the corresponding CMC job description.



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## RECORDS:

None

## REFERENCE STANDARDS:

- 1) DNV NIAHO - SM.5 Job Descriptions
- 2) DHEC 61:16 506.B

## REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
08-01-2013	ALL	New Format Applied
3-1-2016	C,D,E	Added section C, D and E
11-10-17	ALL	Reviewed with no changes



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	IDENTIFICATION BADGES		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-2.6-POL
APPROVED BY:	PRESIDENT AND CEO	EFFECTIVE DATE:	1975

**SCOPE:** All CMC, KNC and CPG employees, service providers, volunteers and others who may be specifically identified by category in the “Employee and Service Provider onboarding” policy.

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## **PURPOSE:**

To provide consistent and concise identification of employees and service providers in accordance with State and Federal laws as well as promote the safety and security standards set by the organization. The intended goal is to ensure clear identification of individuals by name, position and department and contribute to the overall security of the organization.

## **POLICY:**

- I. All organizational employees, service providers, volunteers and other specific individuals are required to wear official organizational identification badges provided by the Human Resources Department.
- II. The ID badge will include at least the following:
  - A. Staff - First Name. Management and Physicians – First and Last Name.
  - B. Position/Assignment Title
  - C. Department/Area Name
  - D. Photo
- III. All ID badges must be worn on the lapel/chest area, clearly visible and with identification information facing forward to ensure a clear presentation at all times while the individual is present on organizational property in the capacity of employee, service provider or volunteer etc.
- IV. Only organizational approved supplemental information cards and other communications may be worn along with the ID badge.
- V. ID badges include encoded technology to operate some facility doors, computers and other devices which can be compromised when the badge is tampered with. Approved add-ons may not be



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affixed, attached or in any way cover a portion of the front of the actual ID badge. Employees will experience a badge reprint fee when the badge has been tampered with causing the encoded "tap-and-go technology" to malfunction (ie: inserted service award and other pins through the plastic badge). Note - HR will provide assistance with displaying service award pins in the ID badge area.

- VI. Short term service providers and vendors may also be required to display temporary style identification badges while on premises. The various service provider categories (non-employees), as well as the method of obtainment of the ID badge are detailed in the "Employee Orientation and Service Provider Requirements" policy.
- VII. Employees are responsible to take measures to protect badges from loss and theft like they would any other valuable that would cause them to incur a replacement cost or could cause a security risk for themselves or others.
- VIII. A \$15.00 replacement fee will be required for replacement of lost, stolen or forgotten badges.
- IX. A badge replacement fee will not be charged for changes to credentials, position, department, name or other "business" reason. A reprint fee will also not be charged to replace worn or damaged ID badges as long as the damage is not due to the negligence on the part of the employee (see section V).
- X. Employees are recommended to obtain a new badge when they become faded, worn out or an updated picture may be needed. Department managers will help to identify and direct employees when this may need to occur.
- XI. Individuals reporting for assignment after hours without their assigned ID badge when the Human Resources office is closed will be directed to:
  - A. Retrieve the forgotten ID off-the-clock or;
  - B. If lost or not practical to retrieve the ID they will obtain a temporary badge:
    1. Employee clocks out during this process.
    2. Phone the security department and ask to meet the officer at the security office.
    3. Employee is escorted by a supervisory level employee with an organizational ID who can vouch for the individual as actually being employed/service provider.
    4. The employee checks out and is issued a temporary ID.
    5. The temporary ID is returned to the security office at the end of the shift and checked back in.
    6. Failure to return the temp ID will result in a \$15.00 replacement fee.
    7. The employee reports to the Human Resources office prior to the next shift to obtain a replacement ID as applicable.





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- XII. Employee failure to wear an ID badge in accordance with this policy is a violation that is subject to counseling by the Department Director.
- XIII. The identification badge, security access cards and other components of the "ID badge package" are considered property of the organization and it is critically important for them to be returned to the Human Resources Department upon exit of employment or assignment. (They may be given to departmental leadership to return to HR). The organization will help remind individuals and provide other avenues for return, however, failure to return the ID badge will result in a \$100.00 fee deducted from the employee last pay check, PTO reduction, collection department or other collection means as may be necessary.

**RECORDS:**

HR Employee Orientation and Service Provider Requirements policy.

**REFERENCE STANDARDS:**

Lewis Blackmon Act

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
08-01-2013	ALL	NEW FORMAT APPLIED
08-12-2015	A, C, K	Changes section A fee from \$5 to \$10. Eliminated last sentence of section C and added section K new
2-1-16	All	Policy revamp. Removed time clocking info and added to new policy and delineated this policy strictly for info about ID badges. Section XI and XIII new concept for the policy.
10-16-17	VIII and XI-B-6	Changed fee from \$10.00 to \$15.00 due to material price increase



# CONWAY MEDICAL CENTER POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	CONFIDENTIALITY OF EMPLOYEE INFORMATION		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-A-POL
APPROVED BY:	PRESIDENT AND CEO	EFFECTIVE DATE:	1975

**SCOPE:** All CMC Employees (CMC, KNC and CPG)

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## **POLICY REQUIREMENTS:**

It is the intent of the organization to protect personnel from unauthorized access of personal and confidential information to the greatest extent possible.

### **I. Confidentiality of Employee Information:**

- A. The CMC Human Resources Office maintains a primary record on each employee and is responsible for the protection and confidentiality of those records. Efforts to minimize the use of employee social security number, date of birth and other high value identifying information will be made.
- B. Provider credentialing and related records are the responsibility of the Medical Staff Office.
- C. Some informal employee records are held at the departmental level and are the responsibility of the Department Director to protect as confidential.
- D. The Employee Health Office maintains a separate and confidential record on all employees, providers and other individuals as may be required.
- E. In all cases, these records are considered the property of the organization. In most cases, employees are welcome to review their files and obtain copies of documents at no cost. However, some items may be limited for copying at the discretion of the organization.
- F. Requests for extensive volumes of copying may incur a fee.

### **II. Release of Employee Information:**

- A. The Human Resources Office will not release employee information without permission except when legally required.
- B. Requests from outside employers/agencies for verification of employment will be provided name verification, position and dates of employment only. All such requests received to various points in the organization should all be forwarded and centralized to the Human Resources Office.



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- C. Request from Lenders, insurance providers and others seeking verification of income will only be honored after an employee written authorization and consent form is received.
- D. When personal phone calls are received to the Human Resources Office, the fact that an employee works at the organizational facility won't be confirmed and the call typically will not be transferred. If an emergency is occurring, the Human Resources representative will immediately attempt to locate the employee and communicate return contact information or otherwise respond in appropriate fashion depending on the nature and validity of the emergency.

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**RECORDS:**

None

**REFERENCE STANDARDS:**

None

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
08-01-2013	ALL	New Format Applied
08-12-2015	D	Removed section "D" stating: "Violations will result in immediate termination".
1-1-2016	All	Changed "hospital" to organization. Reformatted to include "patient" versus "employee" sections. Added 1-A-2. Sections III-C,D&E added.
7-1-2016	All	Removed all discussion of patient confidentiality since covered specifically in a series of other policies developed by the privacy officer. New focus is only on employee/provider information confidentiality





# CONWAY MEDICAL CENTER - POLICY

POLICY TITLE:	DRESS AND APPEARANCE STANDARDS		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-C-POL
APPROVED BY:	ADMINISTRATION	EFFECTIVE DATE:	June 1996

**SCOPE:** All Employees (CMC, KNC, CPG)

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## POLICY STATEMENT

The personal appearance of all who are associated with the organization is important to the customer experience. It is the policy of the organization to require good grooming, professionalism and safe and appropriate dress. While the organization respects individuality, it is the intent of this policy to generally outline standards and expectations with safety and the customer experience as the first considerations. However, no policy could anticipate all possible aspects and trends related to workplace dress and appearance, so it is intended to act as a general guide with Managers providing additional guidance as needed.

## POLICY REQUIREMENTS

### I. REQUIREMENTS APPLICABLE TO ALL EMPLOYEES:

- A. Identification badges are required to be worn in the chest/lapel area face forward so they are easily visible and readable at all times. Refer to the identification badge policy for additional detailed information.
- B. Clothing must be professional, clean, neat and free from holes and tears, as well as appropriate length and proper size, with no overly tight or baggy fit.
- C. Good personal hygiene such as cleanliness and general avoidance of smoke and body odor is required.
- D. Hair should be clean and neatly groomed, with long hair maintained to avoid covering the face.
- E. Extreme hair trends distracting to the customer are prohibited. (Some examples include, but are not limited to: mohawks, shaved emblems, purple, pink, blue or green dyed hair). (Click here → [Hair Example 1.docx](#)).
- F. Beards and mustaches are required to be neatly trimmed.
- G. Facial and other visible body jewelry is prohibited. This includes but is not limited to nose rings, nose studs, eyebrow rings, lip rings or studs, ear gauges or plugs, tongue studs, etc.
- H. Earrings are permitted with no more than 2 per ear.
- I. Jewelry should be of modest nature while avoiding large, dangling distracting choices.
- J. Tank tops and spaghetti string tops, as well as dresses and other similar garments that reveal the shoulders are required to be worn with appropriate cover such as a sweater or blazer. (Click here → [Off Shoulder Example 2.docx](#)).
- K. Sweaters are required to fully cover the shoulders and to be of medium to tight knit. (Click here → [Sweater Knit Example 3.docx](#)).



- L. T-shirts (typically colored and part of an ensemble) should be worn with appropriate cover such as a sweater, dress jacket, vest etc. (Click here → [T-shirt Example 4.docx](#)).
- M. Halter tops, off the shoulder, low cut or revealing blouses, shirts or dresses are prohibited. (Click here → [Dress-Back Example 5.docx](#)).
- N. Bare midriff shirts, blouses, crop tops and other similar clothing are prohibited. (Click here [Midriff Example 6.docx](#)).
- O. Professional dress capri suits or pants are permitted, but no shorter than (6) six inches above the ankle. (Click here → [Capris Example 7.docx](#)).
- P. Shorts of any kind such as Bermuda, pedal pushers or skorts are prohibited. (Click here → [Skorts Example 8.docx](#)).
- Q. Work-out attire such as stretch pants, warm up suits, yoga pants and hoodies are prohibited. (Click here → [Work-out Attire Example 9.docx](#)).
- R. Tie dyed and other extreme distracting colors and fabrics are prohibited. (Click here → [Tie-dye Example 10.docx](#)).
- S. Pants with belt line worn below the hips or causing undergarments to be visible are prohibited. (Click here → [Belt Line Example 11.docx](#)).
- T. Jeans/denim or denim-like clothing of any color are prohibited. (Click here → [Jeans Example 12.docx](#)).
- U. Leather pants or shirt of any color are prohibited. (Click here → [Leather Example 13.docx](#)).
- V. Suggestive attire of any kind is prohibited.
- W. Earbuds, head phones and other such personal “head gear” music listening devices are prohibited in any customer area such as halls, patient areas and offices where customers may enter, and are generally discouraged for use in other parts of the facility as well. However, the use of such devices in non-customer areas will be subject to specific exception and approval by the Manager who will take responsibility for an environment where overhead pages and fire alarms may be heard and team communications and other relevant factors can occur.
- X. Hats and sunglasses worn indoors unless for documented medical reasons are prohibited.
- Y. Cosmetics should be used in moderation with bright flashy selections avoided.
- Z. Undergarments are required to be worn and generally not visible under clothing (i.e.: pink undergarment worn under white pants). (Click here → [Undergarments Example 14.docx](#))
- AA. Tattoos must be appropriate for a professional environment or otherwise concealed. Some examples of prohibited tattoos are, but not limited to:
  - 1. Tattoos displaying nudity, profanity or vulgarity.
  - 2. Tattoos that depict violence or drugs.
  - 3. Tattoos that depict illegal acts.
  - 4. Tattoos that are offensive in terms of race, national origin, culture, sexual orientation or any other discriminatory factor.
  - 5. Tattoos with a large coverage area viewable by the public which creates a distraction or professionalism concern.
  - 6. Facial and front of neck tattoos which create a distraction or professionalism concern.
  - 7. Tattoos that generally do not meet organizational professionalism standards for any reason.
- BB. Dresses and skirts should be no shorter than three (3) inches above the knee when standing. (Click here → [Skirts Example 15.docx](#)).
- CC. Professional specialty pins or other decorative pins are permitted at the discretion of the

Department Director and may not cover or pierce any part of the identification badge.

- DD. The nails of all employees are to be professional in appearance, appropriately groomed and if polished, generally free from chips, cracks and peeling. Nails should also be free from decorative decals, piercings or other nail jewelry. (Clinical staff see also section II) (Click here → [Nails Example 16.docx](#))

### II. REQUIREMENTS APPLICABLE TO ONLY CLINICAL EMPLOYEES:

Clinical employees are generally defined as employees who regularly enter into and work in areas where patients are regularly present for clinical reasons or an employee who has responsibility in the patient environment such as Nursing and Support staff, Sterile Supply, Housekeeping, and Nutritional Services etc. When the employee enters into/works in both clinical and non-clinical areas, the Manager will determine if clinical or non-clinical standards will be applied:

- A. Shoe coverings may not be worn outside the individual work area.
- B. Closed toe shoes are required. (Click here → [Shoes Example 17.docx](#)).
- C. Perfumes, colognes, aftershave and scented lotions are not permitted.
- D. In addition to section I nail requirements, specific fingernail standards are required for clinical staff due to infection control reasons:
  - 1. Natural fingernails are required and should be no longer than ¼ inch past the tip of the finger. (Click here → [Nails Example 16.docx](#)).
  - 2. Non-natural fingernails and extensions such as acrylic nails, silk wraps, tips, bonding, gel, and inlays are prohibited.
- E. Scrubs should conform to the established departmental guidelines; i.e. color, design, etc.
- F. Scrubs furnished and laundered by the organization are property of the organization and may not be worn or otherwise taken outside the facility by employees. An employee wearing the organization's scrubs outside the facility will be considered to have taken organizational property unauthorized, as well as violated infection control standards, and will be subject to disciplinary action up to and including discharge.
- G. Shoes with slip resistant soles are available in a wide variety of choices and are strongly encouraged to increase employee safety. Specific departments may determine and require non slip shoes at the discretion of the area Vice President (i.e.: Dietary).

### III. REQUIREMENTS APPLICABLE TO ONLY NON-CLINICAL EMPLOYEES:

Non-clinical employees are generally defined as employees who do not regularly enter into and work in areas where patients are present for clinical reasons. When the employee enters into/works in both clinical and non-clinical areas, the Manager will determine if clinical or non-clinical standards will be applied:

- A. Perfumes, colognes, aftershave and scented lotions are permitted in non-patient care areas if used sparingly.
- B. Directors and other leaders of the organization are expected to set exemplary level examples for staff and will help determine professional and appropriate dress for their area. Some examples include but are not limited to: Cardigans, blazers/sport coats, ties, dresses, tucked in collared shirts, suits, dress skirts and slacks with blouse and no tie on casual Friday. (Click here → [Leadership Attire Example 18.docx](#)).



- C. Male employees are expected, at a minimum, to wear a tucked in collared shirt and slacks with belt along with dress shoes and socks. (Click here → [Leadership Attire Example 18.docx](#)).
- D. Professional open toed shoes are permissible for non-clinical female employees. (Click here → [Dress Sandals Example 19.docx](#)).
- E. Casual flip flops and sport sandals are prohibited. Professional/business level dress sandals are permitted for female staff. (Click here → [Flip Flops-Sport Sandals Example 20.docx](#)).

#### IV. EXCEPTIONS TO POLICY:

- A. Business Casual dress will be optional every Friday for those employees who do not wear required uniforms. Business Casual Fridays are not an excuse to exit from professionalism and appropriate dress standards, and all aspects of this policy continue to apply including but not limited to the avoidance of denim. (Click here → [Leadership Friday Example 21.docx](#)).
- B. Employees may change into and out of workplace attire as they transition into and out of work as appropriate. For example:
  - 1. Change into/out of scrubs at the facility when beginning /ending a shift; may wear casual attire as deemed appropriate by their Department Director for the transition.
  - 2. Changing into and out of workout – fitness attire before or after work.
  - 3. Athletic shoes for a lunchtime walk or inclement weather transition from parking lot to building and vice versa.
  - 4. In all cases employees are responsible to wear safe shoes to avoid “slips, trips and falls” while transitioning to and from organizational property.
- C. General exceptions to the policy standards may be made by the Manager:
  - 1. When it is appropriate to the working conditions of the particular area of which the employee works (i.e.: summer grounds crew wearing shorts and t-shirts and hat)
  - 2. When special considerations are in order for certain days and/or special weeks which require the area Vice President approval. Example: Tasteful Halloween, Hospital Week, Christmas or 4<sup>th</sup> of July celebrations.
  - 3. For specific religious reasons that can be reasonably accommodated.
  - 4. When medical reasons documented by a treating physician are approved by Occupational Health & can be reasonably accommodated (i.e. indoor sunglasses for eye related problem).
  - 5. When a temporary situation exists that poses a safety threat or potential damage to personal clothing.
- D. Authorization to wear uniforms or changes to uniforms may be requested to the Manager who will review with the area Vice President.
- E. When temporary or permanent infection controls standards and this policy conflict, the infection control standard will automatically override this policy.

#### V. VIOLATIONS OF POLICY:

- A. It is the full responsibility of the employee to know and understand the standards of the policy. When questionable areas exist they should be avoided and the conservative course of direction

should be taken until the employee can discuss the matter with the Manager in advance of making a decision that is in opposition to this policy.

- B. It is the responsibility of the Manager to assist the organization with adherence to the standards of this policy.
- C. Depending on the severity of the concern, employees violating these standards may:
  1. simply be asked not to repeat the problem.
  2. be sent home without pay to “change” and return.
  3. be sent home and cancelled off the shift altogether.
  4. receive disciplinary action if repeat violation occurred .

**RECORDS:** NONE

**REFERENCE STANDARDS:** Lewis Blackman Act of 2005, SC Code of Laws 44-7-3410 et seq

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
06/1996	NEW	Origination date of policy
11/09/2012	ALL	New format applied, reviewed and revised
2/1/2015	ALL	Reviewed and revised. Expanded clinical nail stds & clothing criteria.
6/10/2015	Section I- J and I-K	Edit language in section I-J and added I-K
7/15/2015	Section IV-B-4	Added Item IV-B-4
12-21-15	Multiple sections as indicated	Added hyperlink to picture examples in specified areas of the policy
11-6-17	All	Changed the word “Director” to “ Manager”



# Document Information

## Document Title

Dress and Appearance Standards

## Document Description

N/A

## Approval Information

**Approved On:** 11/29/2017

**Approved By:** Chief Executive Officer [PHILIP CLAYTON (pclayton)]

**Approval Expires:** 02/24/2020

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**Printed By:** CAROL BIAGINI

**Standard References:** N/A

**Note:** This copy will expire in 24 hours



# CONWAY MEDICAL CENTER - POLICY

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

POLICY TITLE:	SOLICITATION AND DISTRIBUTION		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-D-POL
APPROVED BY:	PRESIDENT AND CEO	EFFECTIVE DATE:	1975

**SCOPE:** All organizational Employees (CMC, KNC and CPG)

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## I. DEFINITIONS

- A. Solicitation – To access organizational employees, patients or visitors for the purpose of promoting a cause, promoting business, membership drives, to purchase or sell goods or services, signing non-organizational related documents or requests to attend non-organizational related functions or meetings. Additionally, for purposes of this policy solicitation includes, but is not limited to, communication through verbal, written and electronic formats.
- B. Distribution – To give out, leave, display or post any unauthorized, non-organizational related material such as leaflets, letters, cards, flyers, gifts, memos, invitations, coupons, advertising materials, etc. Includes placing materials in work areas so that others may pick them up.
- C. Work Area - Patient treatment areas and places open to the public such as the café, parking lots, hallways, waiting rooms and lobbies.
- D. Work Time - When an employee is paid to perform his/her duties and responsibilities. Such time does not include unpaid meal periods.

## II. POLICY

- A. It is the intent of the organization to limit solicitation and distributions on its property because when unrestricted it may disrupt healthcare operations, pose a safety risk, be detrimental to efficiency or disturb staff, patients, and visitors.
- B. Approved solicitations and distributions are required to align with the mission of the organization to improve the overall health of the community as well as avoid interference with organizational operations. Regardless of commonality of business mission, these opportunities will be intentionally limited.
- C. Requests for approved solicitation and/or distribution opportunities that meet these policy



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criteria of mission alignment and avoiding interference with organizational operations may be submitted to the Area Administrator. If the Area Administrator preliminarily approves the request, it will be submitted to the Administrative Executive Committee (AEC) for final review and decision.

- D. Employees may not solicit or distribute during work time or within any work area unless specifically authorized as an organizationally approved effort.
- E. Non-employees aren't permitted access to organizational property at any time or location for the purpose of solicitation or distribution unless authorized as an organizationally approved effort.
- F. Company resources such as computers, email accounts, intranet, pagers, work cell phones, walls, elevators, copiers and bulletin boards may not be utilized for the purpose of solicitation or distribution at any time except as specifically authorized as an organizationally approved effort.
- G. Healthcare vendor solicitation protocol will be implemented and monitored through the organization Materials Management Department (refer to "Vendor Program Guide").
- H. The CMC Foundation and Auxiliary may determine the opportunity to work with area businesses for distribution and solicitation opportunities so long as it contributes to the mission of the CMC Foundation or Auxiliary.
- I. Publications and literature meeting approval of the Marketing Department promoting organizational advertising and services are approved for general distribution on company property. (I.e.: local magazine featuring an article about CMC services)
- J. General magazines, newspapers and other reading material will be approved by the Area Director as may be appropriate for the general public and for that area. (I.e.: waiting room magazines)

**RECORDS:** None

**REFERENCE STANDARDS:** None

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
1975	All	Policy Origination Date
08-05-2013	All	New Format Applied
10-01- 2016	All	Same general concept and requirements, but complete revamp with details added
6-1-2017	All	Added new content including definitions throughout. No substantive actual changes to previous protocol or intent.



# CONWAY MEDICAL CENTER POLICY

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

POLICY TITLE:	ANTI-HARASSMENT POLICY		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-H-POL
APPROVED BY:	PRESIDENT AND CEO	EFFECTIVE DATE:	07-2001

**SCOPE:** All CMC Employees (CMC, KNC and CPG)

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**POLICY REQUIREMENTS:**

**Purpose**

To confirm the organizations commitment of intolerance towards harassment and other inappropriate conduct.

**Policy:**

The organization strives to maintain a workplace that fosters mutual employee respect and promotes productive working relationships. We believe that discrimination and harassment in any form undermines the integrity of the employment relationship and our mission. Therefore, the organization prohibits discrimination and/or harassment that is sexual or is related to race, religion, gender, color, national origin, age, sexual orientation, familial status, marital status, socio economic status, genetic disposition or disability. This policy applies to all employees throughout the organization as well as individuals with whom employees may have contact with such as providers, students, contractors, visitors, vendors etc.

- I. **Harassing or intimidating behavior** – generally includes, but is not limited to, derogatory statements, slurs, innuendoes, unwelcome touching, assault, jokes, pranks, physical interference with ones work, posters, drawings, emails, texts and other electronic communications and faxes. Harassment can also occur when a threat or action of adverse employment actions is made against an employee who refuses to submit to or participate in offensive conduct.
  
- II. **Sexual Harassment** is unwelcome sexual advances for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when:
  - A. The employee’s submission to unwelcome sexual conduct becomes an explicit or implicit condition of employment and/or;
  - B. Employment decisions such as promotions, transfers, compensation or corrective action are determined on the basis of any employee’s response to such conduct and/or;





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- C. Unwelcome sexual conduct by either an employee or non-employee that interferes with an individual's job performance or creates an intimidating, hostile or offensive work environment.
  
- III. **Hostile Environment Harassment** - Hostile environment harassment in the workplace is when discriminatory intimidation, ridicule, and insult are sufficiently severe or pervasive to alter the conditions of employment and create a hostile or abusive working environment. To amount to a "hostile environment", this conduct must create an environment that a "reasonable person" would find hostile or abusive.
  
- IV. **Violence in the Workplace** - Violence will be defined as aggressive acts that include verbal threats of physical force or physically harming another. It also includes, but is not limited to pushing, shoving or the brandishing of a weapon with intent to injure, intimidate, harass, or coerce another.
  
- V. **Education** – Employees and providers receive education concerning workplace violence and harassment as part of the organization on-boarding process, ongoing annually and as part of other periodic updates and are expected to strictly avoid violations that are part of this policy.
  
- VI. **Dealing with and Reporting an Incident:**
  - A. An individual who believes he/she has been subjected to inappropriate conduct by someone within the work-place should:
    - 1. firmly and clearly tell the person engaging in the inappropriate conduct that it is unwelcome, offensive and he/she should stop immediately. If unable to approach the individual, the employee should contact the Department Director or a Human Resources Department representative for assistance.
    - 2. report this conduct immediately to the area supervisor or department director.
    - 3. report this conduct immediately to Area Vice President or Human Resources Department when the conduct involves a supervisor or department director.
  - B. The individual receiving the report from the complainant should report the complaint to the Human Resources Department the same or next working day.
  
- VII. **Investigation:**
  - A. All complaints regarding inappropriate conduct as defined within this policy will be thoroughly investigated in as confidential manner as possible.
  - B. The Vice President of Human Resources or designee will facilitate all activities conducted in response to allegations of inappropriate conduct as those terms are defined within this policy. The investigative process will depend on the nature and details of the complaint. It may include the appointment of an investigative



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committee. The complainant and the accused will be informed of the investigative process.

- C. It may be necessary to take interim actions before completing the investigation to ensure that no further harassment occurs. These actions may include reassigning and/or relocating one or both individuals involved in the incident in question. Reassignment will be made when it is considered a prudent step in limiting further interaction between the parties involved in the incident and is not deemed to be a disciplinary action.

**VIII. Retaliation** - The organization strictly prohibits any employee accused of inappropriate conduct from retaliating against the person(s) for bringing this claim to the organizations attention. Acute attention will occur to monitor for any such activities.

**IX. Corrective Measures:**

- A. If the investigation of a complaint reveals the complaint in question is substantiated, then appropriate corrective measures will be taken to address the actions of the harasser in accordance with the Employee Disciplinary and Corrective action policy. If the harasser is not an employee of the organization, then other appropriate actions will be taken dependent on the relationship (i.e.: banned from facility access, referral to a medical staff committee/process, ending contract etc.)
- B. Any individual that knowingly makes a false claim of inappropriate conduct shall be subject to the same corrective action measures noted above.
- C. Any individual who retaliates against another for having reported or confirmed an inappropriate action shall be subject to the same corrective action measures noted above.

**RECORDS:**

CMC Employee Disciplinary and Corrective Action Policy

**REFERENCE STANDARDS:**

None

**REVISION/REVIEW HISTORY:**

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
08-05-2013	ALL	New Format Applied
05-01-2016	All	Complete content revamp. All sections new.
1-10-2017	None	Reviewed. No changes made.



# CONWAY MEDICAL CENTER POLICY

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POLICY TITLE:	NICOTINE FREE ORGANIZATION		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3-E-POL
APPROVED BY:	ADMINISTRATION	EFFECTIVE DATE:	09/01/2015

**THIS POLICY DOES NOT CREATE A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.**

I. **SCOPE:** All Organizational Employees (CMC, KNC and CPG) and Patients and Visitors.

II. **DEFINITIONS**

- A. **Organizational “Premises” or “Property”** - This includes buildings, offices, parking lots, open land and sidewalks owned, rented, leased, utilized or serviced by the organization as well as any locations where employees represent the organization in a business capacity.
- B. **Organizational employees** - generically refers to any individual who may enter organizational property at any time for service provision, including employees, contractors, temporary staff, volunteers, vendors, students, instructors and medical providers.
- C. **Patients and Visitors** - generically refers to any non-service provider individual who may enter organizational property at any time for any reason. Typically this would be a patient receiving services and their family/visitors.
- D. **Nicotine products** - generically describes any type of product that contains, is made of or derived from nicotine and is intended for human use/consumption. It also includes electronic (“e”) related devices and associated materials. Examples include but are not limited to any form of cigarettes, cigars, pipes, smokeless tobacco and non-tobacco chew/snuff, nasal snuff, electronic-cigarettes, “vape” delivery devices and other smoke or smokeless products.

III. **POLICY:**

Since it is our mission to improve the overall health of the community we recognize that nicotine use or even the appearance of nicotine use at our facilities is contrary to that mission. In particular, tobacco smoke is a dangerous pollutant that harms non-smokers and smokers alike. Additionally, smokeless tobacco and electronic delivery devices may convey an inaccurate message with its appearance and create confusion and concern for health risks to others.

- A. It is the policy of the organization that the use of nicotine products is prohibited on premises by all individuals.





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- B. Nicotine products may not be out and in open view while on premises.
- C. Employees, patients and visitors are also strongly encouraged to avoid nicotine use on properties adjacent to organizational property such as road right-of ways and privately owned land in order to:
  - 1. Honor the spirit of this policy to further our organizations reputation as a responsible community partner.
  - 2. Avoid dissatisfaction by our community “neighbors” who desire to avoid having nicotine use occur in these areas.
  - 3. Avoid littering in the community.
- D. The organization encourages employees to explore nicotine cessation assistance. We don’t endorse any particular group or product, but recommend the statewide SC Tobacco Quitline (1-800-QUIT-NOW). Funded and administered by SC DHEC, the Quitline may provide free direct behavioral coaching and counseling, medication, materials, and other social support to carry out the needed treatment protocols.
- E. Nicotine cessation products such as “the nicotine replacement patch” or medicines to help quit are generally not prohibited and employees with concerns about fitness for duty while using any related products should discuss that with the Employee Health Nurse.
- F. All organizational employees are expected to be familiar with this policy and are responsible for politely encouraging compliance with it by tactfully approaching others to explain the policy and asking them to refrain from the activity witnessed that is in opposition to it. When employees encounter refusals or repeat occurrences to the polite request they should:
  - 1. contact a Supervisor when it involves employees volunteers and other service providers.
  - 2. contact the security office when it involves patients and visitors.
- G. Employees who refuse to comply with the policy will be subject to disciplinary action.
- H. As part of the patient intake/evaluation process, they will be offered the opportunity to quit nicotine use in accordance with the General Nursing Administrative Policy “10.85 – PRO Tobacco/Smoking Cessation”.
- I. Kingston Nursing Center (KNC) residents are subject to specific KNC related policies (1) “Resident Smoking Assessment Policy” and (2) “Resident Smoking Policy 2.20”. When there is conflict between this policy and the two KNC policies, the specific KNC policies will rule.
- J. Employees returning from unpaid lunch breaks should take measures to ensure they avoid presenting with an odor of tobacco in accordance with the CMC Dress and Appearance policy.





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- K. Employees who elect to exit the property during the unpaid lunch period may clock out and leave, and then clock back in upon return. Break time, when it can be provided, is company paid time and employees may not clock out or leave the company property during paid break periods.

#### IV. RECORDS:

General Nursing Administrative Policy 10.85 – PRO Tobacco/Smoking Cessation.  
Kingston Nursing Center Resident Smoking Assessment Policy  
Kingston Nursing Center Resident Smoking Policy 2.20  
Dress and Appearance Standards HR-4.3-C-POL

REFERENCE STANDARDS: N/A

#### REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
1975	All	Policy Originated
08-05-2013	ALL	New Format Applied
08-07-2013	Policy paragraph	Addition of restriction of e-cigarettes on hospital premises per AEC.
09/01/2015	All	Further defined "nicotine products". Combine in and eliminate EOC -001-0011 – Pol-Non-smoking for patients and visitors. Added reference to KNC.
05/16/2017	None	Full review with no changes