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

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.

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
9-30-19	Scope	Removed reference of CPG and KNC

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 employees, service providers, volunteers and others who may be specifically identified by category in the "Employee and Service Provider onboarding" policy.

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.

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 - First and Last Name. Physicians – Dr. Last Name
   B. Position/Assignment Title
   C. Department/Area Name
   D. Photo

III. All ID badges must specifically 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. Badge Pulls and Lanyards - CMC highly encourages anyone with a CMC ID badge to utilize Conway Medical Center logo items available at no cost to them. However, if an individual opts to use other items, they must meet these criteria:

1. For safety reasons lanyards must be breakaway safety style.
2. No advertising for competitor locations may be present.
3. No offensive presentation or information on the items.
4. No religious presentation or reference on the items.
5. No union advertising or reference on the items.
6. CMC couldn't possibly list all the reasons why an individual item would not be a best-fit for the CMC workplace, but if an area leader determines an item needs exited, a replacement CMC item will be offered at no charge.

CMC reserves the opportunity at any time to require an individual who is issued a CMC ID badge to trade out a pull or lanyard that CMC does not feel is a best fit for the CMC workplace.

VI. 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 affixed, attached or in any way cover a portion of the 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 itself). Note - HR will provide assistance with displaying service award pins in the ID badge area when requested.

VII. 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.

VIII. 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.

IX. A $15.00 replacement fee will be required for replacement of lost, stolen or forgotten badges.

X. 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).

XI. 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.

XII. 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.

XIII. Employee failure to wear an ID badge in accordance with this policy is a violation that is subject to counseling by the Department Director.

XIV. 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 results 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
9-30-19	Scope	Removed references of CPG and KNC
10-22-19	V	Added section V to address lanyards and pulls

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

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 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 to the greatest extent possible. 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 per page fee.

II. **Release of Employee Information:**

A. The Human Resources Office will not release employee information without permission except when legally required.

B. General 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.

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.

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
4-15-2019	Scope	Removed KNC reference
9-30-2019	Scope	Removed reference of CPG

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 CMC Employees

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 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 4th of July celebrations.
   3. For specific religious reasons that can be reasonably accommodated.
   4. When the CMC Marketing and Public Relations Department has designed and promoted specifically authorized shirts/apparel for special events and holidays. The wearing of any such CMC apparel and exact schedule/coordination requires the authorization by the Area Vice President.
   5. When medical reasons documented by a treating physician are approved by Occupational Health office and can be reasonably accommodated (i.e. indoor sunglasses for eye related problem).
   6. 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
12-21-2015	Multiple sections as indicated	Added hyperlink to picture examples in specified areas of the policy
11-6-2017	All	Changed the word "Director" to " Manager"
5-1-2018	Section IV-C-4	Added item IV-C-4
9-30-2019	Scope	Removed reference to CPG

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 contract staff, volunteers, students, visitors and anyone on CMC property. For the purpose for this policy the term "organizational employees" is intended to generically cover all of the above.

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.

I. DEFINITIONS

A. Solicitation – To access, ask or request organizational employees, volunteers, students, patients, contractors, visitors or any individual on organizational property for the purpose of promoting a cause, promoting business, membership drives, to purchase or sell goods, articles 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, email and other electronic formats both inter-office and intra-office.

B. Distribution – To give out, leave, display or post any unauthorized, non-organizational related material that includes, but is not limited to leaflets, letters, cards, flyers, gifts, memos, invitations, coupons, advertising materials, etc.

C. Work Area - Locations within or outside the organization where an employee is expected to perform his/her duties and responsibilities.

D. Non-Working Area – Locations within or outside the organization designated for the purpose of breaks or meals, or where work is not customarily performed such as parking areas, rest rooms, lounges, or the cafe.

E. Work Time - When an employee is expected to perform his/her duties and responsibilities. Such time does not include break periods, meal periods, or other non-working periods.

F. Patient Care Areas – Those areas both inside the and outside the organization where patient care is delivered (e.g., patient rooms, bathrooms, hallways, elevators, etc.) whether in inpatient, outpatient, nursing home of physician offices.

G. Organization – For purposes of this policy the term "organization" will mean any/all organizational properties per the "scope" section of this policy.

II. POLICY

A. It is the policy of the organization, in order to avoid the disruption of healthcare operations or the disturbance of patients, not to permit any solicitation or distribution of literature on its property for any reason or purpose, except in conformance with the procedures outlined within this policy.

B. The organization reserves the right to both sponsor and/or co-sponsor the efforts of charitable organizations that share a common business mission/interest and in general 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. Furthermore, the organization recognizes the importance of "higher continuing education" for its employee partners and as such reserves the right to contract with "selected universities" for promoting this purpose as it may desire. 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 criteria 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 areas unless specifically authorized as an organizationally approved effort. This includes the avoidance of soliciting or distributing literature in work areas for any reason or purpose. This also includes the working time of a soliciting employee or an employee being solicited.

E. Employees may not solicit or distribute literature at any time for any reason or purpose in immediate patient care areas such as Patient rooms, Operating rooms, Treatment rooms (e.g., imaging and therapy areas), Corridors in patient treatment areas, or Patient consultation rooms reserved for physicians, families, or friends.

F. Except as outlined within this policy non-employees are not permitted to engage in solicitation and/or distribution of literature on organizational property.

G. Company resources such as computers, email accounts, intranet, pagers, work cell phones, walls, elevators, copiers, thumb drives and bulletin boards are utilized to display, transfer and progress information directly related to the business and operations of the organization. These resources may not be utilized for the purpose of solicitation or distribution at any time except as specifically authorized as an organizationally approved effort.

H. Healthcare vendor solicitation protocol will be implemented and monitored through the organization Materials Management Department (refer to "Vendor Program Guide").

I. 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.

J. 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).

K. 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)

L. Employee partners who violate this policy will be subject to corrective actions up to and including discharge.

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.
6/1/2018	Scope	Added "contract staff, volunteers, students, visitors and anyone on CMC property"
9/1/2018	I-F, II-D, II-E and II-L	Edited II-D and added I-F, II-E and II-L
9-30-2019	Scope; Section I C	Removed reference to CPG and KNC

CONWAY MEDICAL CENTER

POLICY

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

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, Contractors, Volunteers, Students 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 the CMC 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.

B. Nicotine products may not be out and in open view while on premises.

C. Individuals 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 trespassing and 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. Additionally, CMC offers an on-site smoking cessation program for all community members. Contact the CMC Occupational health office or Cardiac Rehab Department for meeting dates.

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 Occupational 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. When returning from unpaid lunch breaks individuals should take measures to ensure they avoid presenting with an odor of tobacco in accordance with the CMC Dress and Appearance policy.

J. 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.
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
6/1/2018	Scope & D	Scope – added Contractors, Volunteers, Students & added last sentence in section D
9-30-2019	Scope	Removed Reference to CPG and KNC

POLICY TITLE:	HR – DRUG FREE WORKPLACE POLICY		
ISSUED BY:	HUMAN RESOURCES	REFERENCE #:	HR-4.3G-POL
APPROVED BY:	ADMINISTRATION	EFFECTIVE DATE:	10-7-2014

SCOPE: All CMC Employees, contractors, students and other service providers at CMC are referred to throughout this policy generically as "CMC" or "Conway Medical Center". See also section I.

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

The organization has a compelling interest in ensuring that our employees and partners are physically capable of performing their duties while possessing the unquestionable ability to make important decisions and deliver the safest possible level of service at all times. This supports the commitment to protect the safety and health of our employees, service providers, patients, guests, volunteers, students and visitors as well as strengthen the trust the community places in our hands. Employees will not use or be under the influence of mind altering substances that could compromise their ability to work safely and shall not divert medications/narcotics from the workplace.

CMC will not discharge, discipline, or discriminate against an employee solely upon the employee's decision to voluntarily seek treatment while in the employment of CMC for a drug or alcohol related problem so long as the employee has not tested positive for drug or alcohol use or entered an employee assistance program for drug or alcohol related problems under the direction of CMC previously.

DEFINITIONS

Alcohol- Liquids containing ethyl alcohol.

Illegal Drugs- "Illegal drugs" are drugs or controlled substances, which are not legally obtainable, or legally obtainable but not obtained or used in a lawful manner. The term "illegal drugs" also refers to mind-altering and/or addictive substances which are not sold as drugs or medicines but are used for mind or behavior effect.

Medications/Legal Drugs - Prescriptions and non-prescription substances obtained and used legally to combat illness and injury or for other therapeutic reasons for which the employee is specifically and personally prescribed to take.

CMC Property – Is a generic term used to refer to any company work site, parking lot, building and offices owned, rented, leased, utilized, or serviced by the organization.

Working - Performing any activity under any conditions during any period of time that an employee is covered by CMC's worker's compensation insurance.

Influence/Impairment- To be physically, mentally, or emotionally subject to the effects of any substance.

Use(ing) – As it pertains to drugs and alcohol: to drink, smoke, apply topically, inject, possess, solicit, distribute, dispense, manufacture, transfer or ingest.

Shy Bladder –An individual's inability to produce a urine sample within a time period defined by the CMC Lab or Occupational Health prescribed guidelines.

Chain of Custody – Process that refers to ensuring documentation and proper specimen identification and handling from the time of collection to receipt of lab results.

Diversion – Acquiring a medication/drug under false pretenses of administering to a specific patient or writing illegal prescriptions and actually utilizing it for self or another it was not originally acquired or intended for.

Medical Review Officer (MRO) – a licensed physician with current certification as an MRO that functions as the objective gatekeeper for lab drug test results. The MRO interviews donors who have non-negative results and determines if prescription medicine use or other alternative medical information explain the results.

PROCEDURES

I. POLICY APPLIES TO:

A. Any employee of the organization.
B. Any individual who applies for, or otherwise seeks employment with the organization.
C. Contractors or other individuals that conduct business for or with the organization on the organization's property. CMC will apply all or part of this policy to non-CMC employees **or** refer recommendations to the applicable agency/employer to take specified actions depending on the details of each situation (i.e.: request for removal of an individual from CMC assignment).
D. Students (same as "C" above).
E. Sections IV, V, VI, VII, X, XIV and XV apply to volunteer services.

II. EMPLOYEE ASSISTANCE PROGRAM (EAP).

A. Conway Medical Center maintains an Employee Assistance Program (EAP), which includes among other services, provisions to help employees and their families who suffer from alcohol or drug related problems and other related personal or emotional concerns. Employees should voluntarily seek confidential assistance from the EAP or other community resources before drug or alcohol problems lead to disciplinary action or discharge. Employees are not subject to disciplinary action as a result of a self-referral to the EAP for treatment, but rather are encouraged and commended for doing so.

B. Any "self-referral" by an employee is strictly confidential. Any and all information shared during a self-referral with the EAP provider including the contact itself is strictly confidential and will not be disclosed to any Conway Medical Center employee including Department Directors, Human Resources Representatives and Senior Management.

C. CMC may approve another specific treatment program instead of the CMC designated EAP {i.e.: SCLLR Recovering Professional Program (RPP) Treatment Program} as may be appropriate and as it relates to this policy. Information about the Employee Assistance Program is available through the Human Resources Department.

III. CORRECTIVE ACTION: It is the general intention of Conway Medical Center to provide assistance to employees who need help overcoming alcohol or drug related challenges. An employee found to have violated provisions of this policy, such as tested positive a first time for drugs or alcohol, will typically be afforded Employee Assistance Program (EAP) intervention as a condition of continued employment and must complete and follow all criteria of the "*Employment Continuation Agreement*" form available on the intranet in the "Policy Manager" program under HR "forms".

A. The following is a list of exceptions that are violations of the drug free workplace policy that will not result in the opportunity for (EAP) intervention as a condition of continued employment and instead will result in discharge with a no-rehire status for a minimum of 2 years with final determination to be made based on circumstance review. In the case of a non-employee, the individual will be barred from CMC facilities and the referring institution/agency and applicable licensure agency will be notified:

1. Refused to sign the drug/alcohol consent form or submit to the test.
2. Refusal to cooperate during any phase of a drug/alcohol investigation.
3. Failed to produce a specimen sample within the prescribed Employee Health Office and MRO guidelines. (The lab staff, Occupational Health and/or the HR representatives will specifically guide the process of additional fluid intake and specified allowable time frame to produce a sample).
4. Employee failed to satisfy any part of an Employment Continuation Agreement (i.e.; tested positive a second time).

5. Falsification and/or misrepresentation of information as it relates to this policy.
6. Selling or possession with intent to sell and/or distribute drugs or alcohol.
7. Tampering with evidence during any phase of the investigation.
8. Gross Misconduct violations as it relates to drug diversion or theft.

IV. PROHIBITED BEHAVIOR- It is a violation of this policy to use, possess, manufacture, distribute, purchase, solicit for, sell, trade, offer for sale or illegally dispense alcohol, intoxicants or illegal drugs or divert any medications while on CMC property or working off premises on behalf of the organization.

A. **Prohibited Alcohol Use:**

1. For the purpose of this policy, an employee is presumed to be impaired, intoxicated or under the influence of alcohol if a blood test analysis or other scientifically acceptable testing procedure, shows the presence of any detectable amount of alcohol in his/her system at the time of the testing.

2. The consumption of alcohol on CMC property or while working is prohibited unless as part of a function authorized by the President and CEO.

3. Individuals may not report to work or be subject to duty while their ability to perform job duties is impaired by the consumption of alcohol. (i.e. impaired while on-call or call-back pay).

4. An individual will be considered as potentially impaired/ under the influence of alcohol when exhibiting observable signs that may indicate alcohol use or otherwise exhibits behaviors that indicate inability to perform the job/assignment safely and is potentially affected by the use of alcohol.

5. An individual who is suspected to be under the influence of alcohol will be removed from assignment and will be required to submit to both drug and alcohol testing.

B. **Prohibited Drug Use**:

1. Individuals may not report to work or be subject to work (i.e., on call) while under the influence of illegal drugs.

2. Individuals may not report to work or be subject to work (i.e., on call) while under the influence of legal drugs that cause impairment or otherwise have the potential to alter or adversely impact judgment, motor skills, cause drowsiness, or detract from safely performing the essential responsibilities. It is the individual's responsibility to read and understand potential medication side-effects and take medications in the prescribed dosages and frequency. It is highly recommended to call or visit CMC Occupational

Health Services prior to reporting under such medication. If Occupational Health Services determines that such use potentially adversely affects the ability to safely perform the functions of his or her job they will:

a. Recommend to the Department Director consideration for temporary reassignment or;
b. Work with the Human Resources department to grant a Medical Leave of Absence during the period of treatment if possible or;
c. Work with Human Resources to otherwise attempt to reasonably accommodate in some other fashion provided there is no evidence of undue hardship or direct safety threat to the individual or others.

3. The personal possession of illegal drugs on CMC property is prohibited.

4. The personal consumption of any legal drug detected through testing for which a prescription cannot be produced with his/her name to confirm ownership that is later found through drug testing or admission will be viewed for purposes of this policy as if an illegal drug was used.

5. Cannabis Based Derivative Products (CBD) – CBD's, often in the form of oils are not by themselves considered illegal. CBD's with a tetrahydrocannabinol (THC) content are illegal in SC. THC is the crystalline compound that is the main active ingredient of cannabis. However, not all CBD's are tested by the producers for the absence of THC content and they are not regulated by the SC or federal government. Therefore, employees who utilize CBD products need to understand that a failure of the producer of a CBD product to ensure the absence of THC is not an acceptable reason for what later may become a stated reason for a positive employment drug test at CMC. Use at own discretion and risk.

6. Medical Marijuana – medical marijuana is illegal in the State of SC and is considered the same as illegal drug use as covered under item B-1.

V. **INVESTIGATIONS/SEARCHES:** Entering CMC property or otherwise reporting to work/assignment constitutes consent to a search or inspection. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches may include, but not be limited to, pockets/clothing, lockers, wallets, purses, briefcases, desk/work stations, equipment and vehicles. Any such searches will be coordinated with a representative of Management or HR and Security. Failure to allow search; attempt to obstruct a search or investigation; or failure to display personal property for visual inspection will be potential grounds for disciplinary action up to and including discharge or dismissal. Searches will be "for cause" and not of a random nature.

VI. **CONFIDENTIALITY**: All information received by CMC through the drug-free workplace program is considered strictly confidential communication and will be limited to those individuals who have a legitimate "need-to- know" as part of the administration of this policy. The Occupational Health Office serves as the confidential location for test results.

VII. **NOTIFICATION: OF DRUG OR ALCOHOL RELATED ARREST/CONVICTION:** Arrests for alcohol or drug related offenses are required to be reported to the Management within 72 hours after arrest.

A. Arrest or conviction of drug or alcohol related offenses will not result in automatic discharge or dismissal and instead action will be determined based on the details of the case and prior record.

B. Failure to provide notification following an arrest or conviction in accordance with this policy will result in corrective action up to and including discharge or dismissal.

C. Medical Staff members will provide notice of arrest/conviction through the Medical Staff Office. All others will provide notice through the Human Resources Office.

VIII. **DRUG TESTING OF APPLICANTS (Post Offer – Pre-employment testing)** - All applicants considered final candidates for a position who have been offered and have accepted a conditional offer of employment will be "drug tested".

A. The specimen is tested by a licensed external independent reference lab.

B. If any of the following occurs, the conditional offer of employment will be withdrawn/rescinded and the applicant will be barred from application consideration and employment for a minimum of 2 years:

1. The applicant refuses to sign the consent form or submit to the test.

2. The applicant failed to appear for the scheduled test in a reasonable time period following receipt of lab order and instructions to report to the CMC lab to produce a specimen.

3. The applicant failed to cooperate during the test.

4. The applicant failed to produce a specimen sample within the prescribed time period.

5. The applicant is found to have tampered with, falsified or adulterated the test.

6. The test is confirmed by an MRO as a "true positive" and violates the CMC Drug Free Work Place Policy.

IX. DRUG TESTING OF CONTRACT TRAVELER AND AGENCY TEMP PERSONNEL - Contract Travelers and other Agency Temporary type personnel may not start work assignment until after the agency provides proof to the Occupational Health Office of a negative drug test completed within 30 calendar days prior to start date (assuming that all other on boarding related requirements have been satisfied).

X. FOR CAUSE TESTING – For-cause drug and/or alcohol testing will be initiated if reasonable cause exists to believe that the ability to perform work/assignment safely or effectively may be impaired or that a violation of this policy may have occurred.

A. Signs of Impairment - For cause testing may be initiated when signs of possible impairment are present or other indications of a violation of this policy exist. Typically, a combination of signs of impairment would be present to cause concern that would result in testing. However, in some cases only one sign may be present (ie: strong odor of marijuana present). Some examples of signs of potential impairment are listed on the "Signs of Potential Impairment" form available on the intranet in the "Policy Manager" program under HR "forms".

B. It is the responsibility of the department director/supervisor to document this information on the *"Signs of Potential Impairment"* form. The completed form is maintained in the confidential Occupational Health file.

C. In some cases WORK RELATED POST ACCIDENT TESTING will be conducted "for cause". Employees will be required to submit to a drug and alcohol test whenever involved in a work related accident, exposure or incident regardless if injured or not if that event is reasonably possible to have been caused by impairment or the individuals behavior may have had an impact on the incident.

D. For cause testing will be initiated following review by the Human Resources (HR) Office during any "day shift" situation; or the Administrative RN Supervisor when HR is not accessible.

E. **Initiating a For Cause test:**

1. A Supervisory level or higher employee will remove the employee from the work assignment area and will explain that a testing process is being initiated.

2. The Supervisor will contact the CMC Lab to alert of the impending test and arrange for as much confidentially as can be provided.

3. The employee is accompanied by the Supervisor to the CMC Lab.

4. The Supervisor or the Administrative RN Supervisor will work with the employee to ensure safe transportation home.

5. The employee remains removed from the work schedule until the testing results are finalized.

6. If a "true positive" result is confirmed for first time offense, the employee will be offered opportunity to receive assistance through an Employee Assistance Program (EAP) and participate in follow up testing and other requirements of a work continuation agreement (see also section "II - EMPLOYEE ASSISTANCE PROGRAM (EAP)" and "III - CORRECTIVE ACTION" of this policy for more information). In the case of a non-employee the individual will be barred from CMC facilities and the referring institution/agency and applicable licensure agency will be notified.

XII. RANDOM DRUG TESTING – Employees, contractors and others will be required to participate in periodic random drug testing as determined by the organization as a condition of employment or contract to do business.

A. Random Drug Testing started on Jan 1, 2015.

B. CMC will randomly select individuals on a monthly or otherwise basis utilizing a highly confidential computer generated random selection process. It will be at the discretion of CMC to determine the number of individuals selected for random drug testing as well as the intervals in which the testing will occur.

C. The Occupational Health Office representative will notify the Department leader that their employee/service provider has been selected for random drug screening and coordinate a date/time to facilitate testing. **Actual Notification to the individual and the presentation of the employee to complete testing will occur on the same day as notification.**

D. Coordination of testing date/time will be attempted in order to provide the individuals as much convenience as can be afforded to complete the process. However, if an employee needs to travel to the Occupational Health Office and/or CMC Lab, the employee will be paid their regular wages as work time spent, as well as mileage expense for travel that otherwise would not have occurred.

E. If a "true positive" result is confirmed for first time offense, the employee will be offered the opportunity to receive assistance through an Employee Assistance Program (EAP) and participate in follow-up testing and other requirements of a work continuation agreement (see also section "II - EMPLOYEE ASSISTANCE PROGRAM (EAP)" and "III - CORRECTIVE ACTION" of this policy for more information). In the case of a non-employee the individual will be barred from CMC facilities and the referring institution/agency and applicable licensure agency will be notified.

XIII. FOLLOW-UP TESTING - If an employee is required as a condition of continued employment to enter into an Employee Assistance Program (EAP) for violations of the drug free workplace policy, the employee may be subject to drug and or alcohol testing as a follow up to the program for up to two years. Follow up testing will be scheduled, coordinated and communicated with employees by the Occupational Health Office. Advance notice of the follow up testing will not be given to the employee being tested.

A. **Other Reasons why follow up testing may occur:**

1. Retest for drugs/ alcohol before allowing the employee to return to duty following completion of related EAP.
2. It has been suspected or determined by the independent lab that a specimen has been diluted, falsified, compromised, tampered with or otherwise produces an invalid result.
3. Lab results returned as "out of range" (i.e.: creatinine level).
4. Any other reasons that caused a previously collected sample to be invalid or in question to produce accurate results.

XIV. SPECIMEN TESTING DETAIL - The organization will determine what alcohol and drug types to test for. The drugs tested for may be changed as determined by the organization without notice. The primary categories may include but are not limited to: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone and related, Opiates and related, Oxycodones, Phencyclidines, Propoxyphene and other controlled substances that may be utilized by CMC.

XV. MEDICAL REVIEW OFFICER - POSITIVE TESTS: "Positive" results will be reviewed by an independent certified Medical Review Officer (MRO) to interpret the findings and call the individual to communicate the positive test, review substances discovered and request response to the positive results. The individual is given the opportunity to provide justification to the MRO regarding the positive findings. The MRO will obtain the assistance of a qualified independent reference lab toxicologist and other resources as necessary to review all medications and other substances claimed to have consumed to determine if a false positive could have resulted. If the test is confirmed as positive after consideration of all the details of the individual case by the MRO, then the result is considered a "true positive". The outcome of the MRO review is reported to the Occupational Health Office.

RECORDS: None

REFERENCE STANDARDS: N/A

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
08-01-1999	NEW	ORIGINATION DATE OF POLICY
08-05-2013	ALL	NEW FORMAT APPLIED

10-7-2014	ALL	REVAMPED TO ADD POST OFFER NEW HIRE AND RANDOM DRUG TEST
12-1-2015	I-D	ADDED 1-D TO INCLUDE VOLUNTEERS
8-5-2017	ALL	REVIEWED POLICY WITH NO CHANGES
7-23-2018	All	Changed "employee" in most section to reflect a broader application to contractors, students and other service providers. Added I-D, changed "CMC" to "organization" in many section, IX-A-1 – removed the word "urine". X-C added the previous workplace injury mandatory testing section & rolled into the for-cause testing section.
7-1-2019	Scope, B-5 & 6. X-C, X-E	Removed reference to KNC, Added section B-5 & 6. Changed X-C from 100% mandatory post injury drug test to what it reads now. Removed X-E indicating an outside lab will conduct the test.
9-30-2019	Scope, Section I; VII C.	Removed reference to CPG

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, contract staff, volunteers, students, visitors and anyone on CMC property.

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:

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. 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, volunteers, 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;
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, contractors volunteers, students 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 it 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 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 alleged harassment occurs. These actions may include reassigning and/or relocating one or both individuals involved in the matter 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 individuals accused of inappropriate conduct from retaliating against the person(s) for bringing this claim to the organizations attention. Acute attention and monitoring 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.
1-23-2018	None	Reviewed. No changes made.
6-1-2018	Scope	Added "contract staff, volunteers, students, visitors and anyone on CMC property"
2-11-2019	Scope	Removed reference to KNC
9-30-2019	Scope	Removed reference to CPG