# **COMPASSIONATE HOSPICE CARE**

# **EMPLOYEE HANDBOOK**

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# **EMPLOYEE HANDBOOK**

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**EMPLOYEE HANDBOOK AND AT-WILL EMPLOYEE STATUS ACKNOWLEDGEMENT**

I acknowledge that I have received and read a copy of the CHCEmployee Handbook.

I also understand and agree that:

1. Additional information and policies may be implemented from time to time by CHC.
2. The Employee Handbook is not an employment agreement or guarantee of employment.
3. My employment with CHCis “at-will.” I understand that either I or CHCmay terminate the employment relationship, for any reason or for no reason, at any time with or without notice, regardless of the length of my employment or the granting of benefits of any kind, including but not limited to benefits which provide for vesting based on length of employment.
4. I also understand that no circumstances arising out of my employment will alter my “at-will” relationship. That status as an “at-will” employee can only be changed through a written agreement duly authorized and executed by the President of CHCand me.
5. I understand that no officer, employee or agent of CHCis authorized to make any oral statements, agreements, promises, representations or understandings inconsistent with the contents of this Acknowledgment form.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE HANDBOOK**

**INTRODUCTION**

Compassionate Hospice Care, LLC (CHC) provides an “Employee Handbook” to each employee which includes all necessary information needed to work effectively within CHC policies and procedures. Each new employee is expected to review the following information immediately upon employment and to bring any questions or concerns to the attention of their supervisor.

**HOSPICE CARE MISSION**

1. Compassionate Hospice Care provides an individualized program of physical, emotional, mental and spiritual care for people in the last phases of a life-limiting illness, with an emphasis on comfort and symptom management. The program reflects the spirit and style of caring that emphasizes comfort and dignity for the dying, making it possible for them to remain independent for as long as possible and in familiar surroundings. Hospice care is centered on both the patient and family/caregiver. Hospice personnel respect and respond to the unique differences in family/caregiver, lifestyle, values, and wishes.
2. Utilizing an interdisciplinary group approach of physicians, nurses, social workers, homemakers, hospice aides, volunteers, spiritual counselors, music therapists, bereavement counselors, and others. Compassionate Hospice Care provides care in the home, short-term inpatient services, mobilization and coordination of ancillary services, and bereavement support. Services will be equitably distributed to a medically and financially diversified group of patients in a cost effective manner which ensures adherence to the goals of Compassionate Hospice Care and the maintenance of the financial solvency of the organization.

**OBJECTIVES**

1. To provide comprehensive services to our clients living within a 60 mile radius of our office.
2. To provide personalized care designed according to the client’s needs.
3. To assist the client to achieve his/her maximum level of independence.
4. To maintain the client’s dignity and desires as deemed safe and appropriate.
5. To maintain a work environment which provides our employees the opportunity for personal growth and job satisfaction and the tools needed for home care of the highest quality.
6. To comply with all appropriate state and federal standards and regulations.

**RECRUITMENT**

CHC seeks to employ personnel of the highest level of professional competence and integrity. Every reasonable effort will be made to accommodate physically challenged individuals. Field personnel include nurses, chaplains, music therapists, social workers, bereavement counselors and aides, whose professional education has trained them to work with terminally ill individuals and their families. Additional training may be provided when needs are identified.

CHC recruits staff without regard to race, religion, national origin, creed, sex, age, political belief or sexual preference. Recruitment resources may include classified advertising, employment services, college campuses and human services and other organizations.

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Compassionate Hospice Care is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, RELIGION, AGE, GENDER, SEXUAL ORIENTATION, DISABILITY (MENTAL OR PHYSICAL), COMMUNICABLE DISEASE, OR PLACE OF NATIONAL ORIGIN AS DEFINED IN SECTION 504 OF TITLE VI.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, Compassionate Hospice Care *WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY.*

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Compassionate Hospice Care *WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE* in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective.

In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 organization personnel), Compassionate Hospice Care *WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL* *OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY*. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

Each applicant must complete an application form and provide a minimum of two satisfactory references. Background checks are required prior to employment. Following interviews and reference checks, CHC Administrator or designee will make the final selection of staff.

It is understood that the employee has agreed to random drug testing by accepting employment with CHC.

**ORIENTATION**

All CHC employees must complete an orientation program designed to familiarize the employee with agency philosophy, policies, procedures, benefits, job descriptions, and other information necessary for successful performance of job duties. Copies of employment required documents will be collected upon hire. The following documents must be current and copied for all personnel files: drivers license and social security card or unexpired passport. For all skilled staff the following additional documents are required; CPR, license for practice, auto insurance, and proof of TB testing.

**TRAINING AND SKILLS VALIDATION**

All field staff must provide proof of clinical competence including copies of professional education, current state licenses and certificates and have successful completion of skills competency evaluation (verbal and observational).

Employee is responsible for their own continuing education as licensing bodies require.

**INTRODUCTORY PERIOD**

Newly hired employees will serve a 90-day introductory period intended to offer both the employee and CHC time to decide if this is the appropriate fit.

During this 90 day period CHC or the employee may terminate the employment relationship for any or no reason. CHC may extend the introductory period as determined by the employee’s supervisor.

Probation may be used as a step in progressive disciplinary action for employees past their first 90 days of employment when performance is not up to standards. At this time, the employee will be made aware of the steps that need to be taken in order to meet performance standards.

**CONTINUING EDUCATION/STAFF MEETING**

Purpose: To maintain the highest level of quality of care for agency clients, to provide agency staff with the opportunity to update technical knowledge and skills, to keep agency staff informed on agency administrative issues, and to comply with state/federal regulations. The agency will provide opportunities for continuing education (CE) of its staff within the limits of its resources. Agency staff is expected to attend and participate in all case conferences and quarterly meetings.

**Procedure**:

1. Within budgetary limits, the agency will provide:
	1. Current literature and reference materials.
	2. Paid administrative leave, travel expenses, and fees for attendance at work related educational meetings. Information will be shared with other personnel at staff meetings.
	3. Additional in-service/continuing education programs to meet Medicare and licensure regulations.
2. Prior approval of CHC agency administrator is required for continuing education requiring any agency financial support of leave.
3. In-service education programs will be planned and presented by appropriate agency staff including therapy consultants, social workers, and supervisory personnel. Registered nurses may provide continuing education for aides.
4. Staff is responsible for assisting with identification of in-service training needs and maintaining their own CE records. CEU’s will be tracked for compliance.
5. All direct care staff is expected to participate in minimum of 20 hours of continuing education annually.
6. All agency staff is expected to participate in staff meetings.
7. Continuing Education records will be maintained in the employees’ personnel files.

**PERFORMANCE EVALUATION**

Annual performance evaluations are required for all employees by the appropriate supervisor with active employee participation. Evaluations may include self-evaluation, supervisor’s assessment of employee fulfillment of job responsibilities, employee development planning, individual goal setting, on site observations of performance skills competency evaluation and response to evaluation by the employee.

**PROGRESSIVE DISCIPLINE**

CHC will offer employees the opportunity to correct problems when their performance is less than satisfactory but not dangerous or fraudulent. Verbal, then written warnings will be given. The employee may be terminated if performance continues at an unacceptable level.

**HIRING AND PROMOTIONS**

When a vacancy occurs or a new position is created, all current employees will be given the first opportunity to apply. The interview process will involve the Administrator and/or designees of the Administrator. If the position is not filled from within, an announcement will be made via other job posting tools.

CHC is an equal opportunity agency and endorses the belief that no employee applying for a new or vacated position will be denied this opportunity by virtue of his/her race, religion, age, color, creed, sex, sexual preference, national origin or disability.

**TERMINATION**

Unless designated in the list below, all staff are required to give two (2) weeks written notice of resignation to be considered separated in good standing.

All other personnel not included in the above categories are required to give four (4) weeks notice of resignation to be considered separated in good standing.

1. **Voluntary Termination**
2. Personnel who leave CHC will be requested to provide at least two (2) weeks written notice of intended termination.
3. Managers (i.e., Executive Director/Administrator, Directors, Nurse Case Managers, Supervisors and the Chief Financial Officer) will be requested to give at least four (4) weeks written notice of intended termination.
4. Notice should include anticipated date of departure, reason for resignation, signature, and other pertinent date.
5. Failure to provide said written notice may cause loss of eligibility for rehire.

2. **Involuntary Termination**

1. Termination may occur at any time for any reason other than race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin, or any type of discrimination against a protected group.
2. **Exit Interview**
3. An exit interview may be requested by the personnel terminating employment or by management personnel receiving notice of termination.
4. Terminating employees may elect to have an exit interview with their immediate supervisor or a Human Resources representative.
5. The exit interview may be conducted face-to-face or by the employee completing written questionnaire.
6. A specific format and discussion points will be developed to ensure consistency in information gathering.
7. Dated information from the exit interview will be documented in the individual’s personnel file.
8. Declination of an exit interview by an employee will be documented in the personnel record.
9. Exit interview information relevant to recruitment and retention of personnel will be documented, tracked and trended.

**OFFICE HOURS / WORK HOURS**

The office will be open 8:00 AM to 5:00 PM Monday through Friday. Working hours follow hours of office operation unless otherwise agreed upon by management. Field employees are responsible to arrange hours efficiently to meet client needs.

**PAPERWORK TIME FRAMES**

All visit recording must be done during the visit or completed immediately after. All documentation needs to be in the patient’s chart at the facility and in the CHC office within 24 hours of the visit. Any other time worked (i.e. case conference, meetings, case management) must be recorded on a time sheet and turned into the CHC office, by noon, on Monday for the previous week. These time sheets can be emailed, faxed, or dropped off. There are 2 locked boxed for paperwork drop off. One is located on the south side of the office and the other is located in Longmont at 1004 E. 5th Ave, for weekend or after hours drop off.

**EMPLOYEE CLASSIFICATIONS**

Full-time employees work an average of at least thirty (30) hours or more per week.

Part-time employees work less than an average of thirty (30) hours per week.

Contract and temporary employees are employed under an agreement for a specific amount of time, for a specific amount of remuneration either on a full-time or part-time basis.

Exempt employees generally occupy executive, administrative or professional positions and are not entitled to overtime pay except in certain situations under the Fair Labor Standards Act and applicable state laws.

**PAYDAYS**

Paychecks are issued semi-monthly on the 15th and last day of the month. If those days fall on a weekend paychecks will be issued the Friday prior. (Rev 08/11)

**TRAVEL**

Employees must show proof of adequate automobile insurance.

**HOLIDAYS**

The office will close on the holidays listed below. Full time salaried staff and employees eligible to receive full benefits will have these holidays off and paid.  The number of holiday hours paid will be based on most recent PTO accrual divided by 5 days for employees eligible to receive full benefits. Full time salaried staff will receive 8 hours for a holiday.

Any employees with supervisor approval to work on the holiday will be paid 1.5 x their normal pay rate for hours worked. Holiday hours not worked are not eligible to receive overtime compensation i.e. if you were to work 34 hours in 4 days in a holiday week you would be paid 42 hours at your regular rate (assuming you receive 8 hours of holiday pay). Holidays which occur on Saturday will be observed on the previous Friday.  Holidays which occur on Sunday will be observed on the following Monday.  Holiday pay will apply to the day the office observes the holiday only.  Employees must have worked the week before and the week after each Holiday in order to receive Holiday pay.  (Rev 11/10/14, 11/17/14, 12/4/14, 2/20/17, 5/10/17):

* + New Year’s Day
* Memorial Day
* Independence Day
* Labor Day
* Thanksgiving Day
* Christmas Day

The office will be closed on the following days at the administrator’s discretion. These will be paid holidays for management, office and full benefited staff. (Rev 11/24/14, 5/10/17):

* Friday after Thanksgiving Day
* Christmas Eve
* Day after Christmas
* New Year’s Eve

**JURY DUTY**

Jury duty is a civic responsibility. Therefore, employees will be reimbursed the difference between their regular pay and the jury duty pay. Employees granted time off for this purpose are expected to report for work during any portion of a scheduled workday in which they are not required to be present at court. A certificate of attendance must be submitted upon return to work.

**BEREAVEMENT**

Regular full-time employees are entitled to the following bereavement leave to attend funeral services to be taken within 2 weeks of death:

* Three paid days for bereavement upon the death of an immediate family member. Immediate family includes, (step) parents, (step) children, spouses and siblings.
* Two paid days for bereavement upon the death of grandparents and in-laws. In-laws include father-in-law, mother-in-law, brother-in-law or sister-in-law
* One day of bereavement is paid upon the death of a family pet
* One day of bereavement is paid upon the death of extended family members. Extended family members include your/spouse’s cousins, your/spouse’s aunts/uncles or spouse’s grandparents

(updated 5/29/19, 8/1/21)

**LEAVE OF ABSENCE (2 types):**

1. FMLA:
	1. FMLA leave is a Federal requirement. To be eligible an employee must work for the covered employer, have worked for the employer for a total of 12 months, have worked at least 1,250 hours in the previous 12 months, and must work at a location in US, or in any territory or possession of the US, where at least 50 employees are employed by the employer within 75 miles. Leave entitlement for eligible employee must be granted for up to a total of 12 work weeks of unpaid leave during any 12 month period. The following reasons warrant eligibility:
		1. For the birth and care of a newborn child of employee;
		2. For placement with employee of a son or daughter for adoption or foster care;
		3. To care for a spouse, son, daughter, or parent with a serious health condition;
		4. To take medical leave when the employee is unable to work because of a serious health condition; or on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.
	2. If the leave is foreseeable such as surgery, pregnancy, adoption, etc., then a 30 day notice to supervisor is recommended. If the leave is emergent such as illness, injury/accident, etc. then no notice is required only a call in to supervisor. Once the employee is determined as eligible a receipt of MD certification may be required. For additional information on FMLA see “Fact Sheet 28: the Family and Medical Leave Act of 1993.” (Rev 07/09/12)
2. MEDICAL LEAVE OF ABSENCE:
	1. Non FMLA leave of absence without pay may be granted at the discretion of the Administrator. Emergency leave may be granted in the case of death or serious illness in the employee’s immediate family. A leave of absence is defined as an unpaid absence from work for a specified period of time not to exceed eight weeks, with the proper approval and the understanding that the employee will return to work at the end of the allowed leave.
		1. Conditions for non-emergency leave:
			1. An employee desiring a leave must make a detailed written request stating purpose and beginning and ending dates of the leave to the Administrator who will review the request and approve or disapprove. The request must be made at least two weeks prior to the first day of leave.
			2. An employee failing to report to work on the first working day following the expiration of the leave will be considered to have voluntarily resigned. In the event, the last day worked is the termination date.
			3. Following an approved leave, an employee’s return to work is contingent upon availability and current opening for which the employee is qualified.
			4. Normal salary/performance review dates of employees on leave are postponed by the amount of leave time.
			5. Extensions of leave may be granted depending upon individual circumstances.
	2. A request for medical leave will be considered only when accompanied by a physician’s certification indicating the reason and the probable date of return to work. An employee’s return to work following a medical leave is contingent upon job availability or current openings for which the employee is qualified.

**MATERNITY LEAVE**

Up to three months leave of absence may be granted to pregnant employees. The beginning date of leave will be determined by the employee and her physician. CHC should be informed by the employee as soon as possible about beginning and ending dates of leave to enable smooth planning and scheduling. After a three month period, CHC reserves the right to decide whether employee’s previous position is still available.

Women affected by pregnancy and related conditions must be treated the same as other employees on the basis of their ability or inability to work. CHC reserves the right to require a physician’s certificate of ability to work on a weekly basis.

**MEDICAL LEAVE**

A request for medical leave will be considered only when accompanied by a physician’s certification indicating the reason and the probable date of return to work. An employee’s return to work following a medical leave is contingent upon job availability or current openings for which the employee is qualified.

**PAID TIME OFF (PTO)**

* Only full time employees (working 30+ hours per week) receive PTO. PTO is used for sick time, vacation time, or any other time away from work (that is outside of jury duty or bereavement) that causes a decrease in required weekly hours. More information will be provided once eligible.

\*\*\*PTO will NOT be paid out at termination of employment regardless of reason PTO cannot be taken on final day of employment. (Rev 1/1/14, 06/01/14, 3/28/17, 7/2/19)

**TIME OFF REQUESTS:**

* Time off requests must be submitted, in writing, using the “time off request form”. Requests will be accepted up to 6 months prior to and no later than 2 weeks before the first day of requested date(s) that you wish to take off.
* Requests will be considered on a first come first serve basis. Submitting a request is not a guarantee that the requested time off will be granted. Patient census, patient care, staffing needs, and current staffing availability will all be considered when determining if a time off request can be approved.
* If time off is approved, the office will need a detailed schedule of all patient information in order to staff your patient accurately during your time off. While you can ask co-workers if they are available to cover for you, this needs to be communicated back to the scheduler.
* Time off is limited to the following:
	+ If you are an employee of CHC with 1-3 years of service, you may take up to 2 consecutive weeks of time off, not to include more than 3 consecutive weekends. If you need more than 2 weeks of time off, a leave of absence must be considered instead; all the policy and procedures that apply to a leave of absence will be followed, including the prepayment of any benefit coverage that may accrue during your absence.
	+ If you are an employee of CHC with greater than 3 years of service, you may take up to 3 consecutive weeks of time off, not to include more than 3 consecutive weekends. If you need more than 3 weeks of time off, a leave of absence must be considered instead; all the policy and procedures that apply to a leave of absence will be followed, including the prepayment of any benefit coverage that may accrue during your absence.

**Sick Leave for Employees**

Starting January 1, 2021 Compassionate Hospice Care will provide paid sick leave to employees, accrued at one hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours per year.

An employee begins accruing paid sick leave when the employee's employment begins, may use paid sick leave as it is accrued, and may carry forward and use in subsequent calendar years up to 48 hours of paid sick leave that is not used in the year in which it is accrued. An employee is not required to use more than 48 hours of paid sick leave in a year.

Employees may use accrued paid sick leave to be absent from work for the following purposes:

* The employee has a mental or physical illness, injury, or health condition; needs a medical diagnosis, care, or treatment related to such illness, injury, or condition; or needs to obtain preventive medical care;
* The employee needs to care for a family member who has a mental or physical illness, injury, or health condition; needs a medical diagnosis, care, or treatment related to such illness, injury, or condition; or needs to obtain preventive medical care;
* The employee or family member has been the victim of domestic abuse, sexual assault, or harassment and needs to be absent from work for purposes related to such crime; or
* A public official has ordered the closure of the school or place of care of the employee's child or of the employee's place of business due to a public health emergency, necessitating the employee's absence from work.

The act prohibits Compassionate Hospice Care from retaliating against an employee who uses the employee's paid sick leave or otherwise exercises the employee's rights under the act.

The act treats an employee's information about the employee's or a family member's health condition or domestic abuse, sexual assault, or harassment case as confidential and prohibits Compassionate Hospice Care from disclosing such information or requiring the employee to disclose such information as a condition of using paid sick leave. (Rev 12/24/20)

**MILEAGE**

Personnel who use a personal vehicle in the performance of their duties with CHC must keep the personal vehicle in good working order.

All personnel using a personal vehicle in the performance of their duties with CHC must comply with the state insurance laws governing liability, property damage and bodily injury.

Proof of personal vehicle insurance must be submitted and will be kept in the personnel file.

Work related mileage (excluding miles between home and first stop of day) will be reimbursed at a rate subject to and approved by the Governing Body. All mileage must be recorded in tenths of a mile (i.e. 2.3) and not rounded up to the nearest whole number.

Roundtrip mileage is paid for all on call and after hours unscheduled visits.

All mileage payment requires appropriate documentation including odometer readings.

**EMPLOYEE BENEFITS**

* **FLEXIBLE COMPENSATION PLAN:** Qualifying employees may choose among certain
“tax free” benefits in lieu of taxable compensation. Employee must agree to compensation reduction by the total cost of the plan benefits selected with proper signed enrollment form. Employees must be at least 18 years of age and have worked 60 days to be eligible. These benefits are as follows . (Rev 11/10/14):
	+ **MEDICAL INSURANCE:** Employees must be **full time** 30 plus hours / week or full time salaried to qualify for CHC group health insurance. CHC will pay $300.00 a month for qualifying employee. Additional information will be provided to full time employees upon request. (Rev 03/01/13, 10/08/13, 10/23/13, 11/6/14)
	+ **DENTAL AND/OR VISION INSURANCE:** Employees **must work 20+ hours per week**. This is voluntary and is offered at a “pass through” cost if elected, meaning the company will **not** contribute toward the cost. Additional information will be provided to eligible employees upon request. (Rev 03/01/13, 10/23/13)
	+ **VOLUNTARY SHORT TERM/LONG TERM DISABILITY AND/OR TERM LIFE INSURANCE:** These benefits are also offered at a “pass through” cost if elected. Eligibility requirements are the same as Dental and Vision insurance. These are **not pre-tax** benefits. Additional information will be provided to eligible employees upon request. (Rev 03/01/13)
	+ **401(K) PLAN:** Open enrollment months for 401K are January 1 and July 1. Employees must be employed for a full calendar year and must have worked a minimum of 1,000 hours. CHC matches employee contributions up to 4% of the employee’s salary every pay period. This amount is invested through Jocelyn Pension Company in Schwab mutual funds – to be determined by the employee. When you become eligible for the plan, you will be given more information. Employees are fully vested after 6 years of enrollment. (Rev 1/1/17; 03/04/13)

**PERSONNEL GRIEVANCE PROCEDURES**

The personnel receiving the complaint will discuss, verbally or in writing, the grievance with the appropriate supervisor within five (5) days of the alleged grievance. The supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the employee’s satisfaction.

If the grievance cannot be resolved to the employee’s satisfaction, the supervisor is to notify, in writing, the Executive Director/Administration. The grievance must state the problem or action alleged and the date the supervisor was notified. The Executive Director/Administrator or designee will then investigate and contact the employee regarding the grievance, in an attempt to resolve the differences.

Complaints and any action taken will be documented on a personnel grievance form and maintained in the employee’s personnel file.

Risk management personnel will be notified of any complaints in which litigation may be involved by completing an organization incident report and forwarding a copy to the Risk Management Department.

All complaints will be filed in the personnel office.

All personnel (clinical and non-clinical) will be informed of this process during a formal orientation process.

**SEXUAL HARASSMENT AND ABUSE**

Sexual harassment is a form of sex discrimination under the law. It is illegal and against the policies of this organization for any employee, male or female, to sexually harass another employee.

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

1. Submission to such conduct is made whether explicitly or implicitly as a term or condition of an individual’s employment.
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals.
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating and intimidating working environment.

Sexual harassment of employees will not be tolerated. Any employee who believes he or she has been the subject of sexual harassment should report the alleged act immediately to the Administrator or alternate. An investigation of all complaints will be undertaken immediately. Any employee who sexually harasses another employee will be subjected to disciplinary action up to and including termination.

**CLIENT SEXUAL HARASSMENT OR ABUSE OF STAFF**

Unwelcome, repeated sexual advances or verbal or physical abuse toward staff by clients should be reported to the supervisor immediately. The supervisor will work with the employee toward a solution. Solutions may include a formal agreement with the client, transfer of the employee or planned or immediate discharge of the client.

**ABUSE OF CLIENTS OR CO-WORKERS**

Verbal or physical abuse directed at a client or co-worker is always unacceptable and will result in immediate termination. As of July 1, 2014, Colorado law requires all incidents involving neglect, abuse or financial exploitation of at-risk adults be reported immediately to the employee’s supervisor or administrator .  (Rev 11/17/14).

**DRESS AND APPEARANCE**

All employees are expected to review and comply with the following guidelines:

1. Supervisory personnel have the immediate authority and responsibility for ensuring the appropriate dress and appearance of their personnel.

1. Personnel will be expected to exercise good judgment in choosing appropriate apparel for their work and to exercise care in grooming, personal hygiene and cleanliness.
2. Personnel will be required to wear official name badges or designated identification while on duty.
3. Personnel may wear street clothes or approved uniforms, as desired. Street clothes must be neat, clean and professional. Shorts are not allowed at any time. Jeans need to be dark wash trouser style, no light/faded wash/distressing or embellishments. The requirements are subject to change depending on individual facility policies. (Rev 3.2020)
4. Personnel may wear clean, comfortable working shoes with closed toes.
5. Hair must be neatly groomed. It must be secured so that it does not fall into the face.

**Note**:

Hair falling about the face or otherwise dangling could present an infection control problem, e.g., hair falling into wounds or sterile trays.

1. Sideburns must be neat and well-trimmed. Moustaches and beards may be worn if neatly trimmed.
2. Nails must be an appropriate length for safe clinical practice, clean and well-manicured. No artificial nails or chipped polish on natural nails.
3. Jewelry must be simple, not excessive, large or dangling.

**Note**:

Dangling and/or large jewelry presents a safety hazard for personnel and patients. Large rings also present two (2) infection control problems: adequate hand washing cannot be achieved and the ring provides a warm, moist environment for bacterial growth.

1. Cologne and perfume should be worn in conservative amounts.
2. Staff will use standardized nursing and computer bag and clinical record file, if appropriate.

**STANDARDS OF CONDUCT/ETHICAL BEHAVIOR**

All personnel will adhere to CHC’s standards of conduct in their interactions with internal and external customers. These standards will apply to any individual working within the organization, including clinical, clerical administrative, financial and marketing representatives.

1. Personnel will complete daily assignments as scheduled or assigned by the supervisor. If an emergency arises, personnel will notify their immediate supervisor as soon as possible during the workday.
2. Personnel will not leave the field or their work area without completing the scheduled visits/shifts/deliveries for that or their work assignments for that day.
3. All paperwork or electronic documentation will be completed in a timely, accurate manner. Any falsification of documentation in the clinical/service record and billing record may result in disciplinary action, including termination.
4. All representation of the organization in marketing literature or verbal presentations is to be accurate and truthful. Only care and services that the organization is capable of providing either directly or through written contracts is to be promised to potential referral sources.
5. Whenever a patient is referred to another organization (i.e. hospital, skilled nursing facility, another organization), the patient will receive an explanation of any relationship that receiving organization, if any, including financial benefit to CHC. All patients must be given three choices during the referral process.
6. All personnel will follow organization policies, especially policies relating to appropriate admitting, transferring, referral and discharging practices within the organization. Billing personnel will follow financial policies for assuring accuracy of bills and billing practices.
7. Personnel must not allow their private interests to conflict with those of their patients.
8. Personnel will not be permitted to ask or accept a loan or gift of money or any object of any material value from patients, their families or caregivers.
9. Failure to adhere to any of the following as well as documentation within the course of one’s workday will result in immediate dismissal:
10. Refusal or deliberate failure to carry out instructions given by supervisor.
11. Fighting or creating a disturbance on organization premises or in a patient’s home.
12. Willful idleness or loafing during working hours.
13. Unauthorized possession or use of intoxicants or non –prescription narcotics.
14. Reporting for duty under the influence of intoxicants which could interfere with proper work performance.
15. Unexcused absence or abandonment of post.
16. Falsification of employment applications, payroll cards, billing records or any patient clinical record.
17. Theft.
18. Deliberate or negligent misuse of organization or patient property.
19. Failure to follow or unauthorized alteration of organization policies and procedures.
20. Obscene or indecent conduct.
21. Smoking in unauthorized areas.
22. Solicitation.
23. Possession of weapons or explosives.
24. Threatening or interfering with work of others.
25. Excessive absenteeism or tardiness.
26. Endangering the welfare of others.
27. Divulging confidential information concerning patients, organization personnel, or the organization, including posting that information on social media sites such as Facebook, Twitter, Linkedin, etc.
28. Leaving organization premises on a scheduled workday without authorization.
29. Failure to maintain personal appearance.

**CONFLICT WITH PERSONAL VALUES AND BELIEFS**

It is the Agency policy that refusal of an individual staff member to participate in certain aspects of care based upon personal values and beliefs will not disrupt the patient's/patient's care. Should a situation arise for care that is in conflict with individual staff values and beliefs, an alternative method of care delivery may be made available as appropriate.

**EMERGENCY SITUATIONS AND CRITICAL INCIDENTS**

Occasionally, the employee may encounter an unusual, unexpected or emergency situation in the home. The employee is required to act according to the nature and severity of the incident.

**MEDICAL EMERGENCY, MAJOR TRAUMA OR LIFE THREATENING INCIDENTS**

1. Call 911 immediately if not related to the terminally ill patient (i.e. family member, caregiver, etc.).
2. Report to the office what has happened.
3. The Administrator or designee will notify the client’s emergency contact and physician.
4. Contact the RN to manage pain or any patient symptoms.
5. Stay with the client until help arrives and the situation is under control.

**NON-LIFE THREATENING INCIDENTS**

1. Make the client comfortable.

1. Inform the office and the family.

3. Follow the Administrator’s instructions.

**INCIDENT REPORTS**

Immediately following an incident, the employee involved must complete an incident report form and review the incident with the Hospice Director or Supervisor. Examples of incidents which must be reported include but are not limited to client complaints, medication errors, accidents and/or injury to employees or patients, equipment or medical device failure or malfunction, theft, suspicion of abuse, neglect or exploitation and criminal activity.

The Hospice Director will follow up on any reported incidents as appropriate and document actions taken and resolution of identified problems. A log will be kept of all incidents. Incident reports and logs will be reviewed on an ongoing basis to note trends.

**RESTRAINT FREE FACILITY**

CHC is a restraint free agency. The use of restraints, seclusion, or sedation for patient safety is not permitted. All CHC personnel are trained in this restraint free philosophy and expected to be knowledgeable of methods to protect patients without the use of restraints.

**DISASTER/EMERGENCY PREPAREDNESS**

When notified of an emergency, patient care staff will do the following:

* Do not leave home until you are assigned.
* To save time, do not ask questions until you receive your assignment.
* Keep your telephone line free for your assignment call.
* Wear your nametag to be recognized by other cooperating agencies.
* Call the office if you are away from home at the time the emergency is declared.
* Stay tuned to the radio station identified for emergency information.

**CLIENT ASSIGNMENT**

Every attempt will be made to assign field staff to requested geographic areas. However, CHC covers an area within a 60-mile radius of the office. Occasionally it may be necessary to assign visits to employees outside of their particular area to cover all patients and comply with physician orders.

**PERSONNEL RECORDS**

CHC maintains a personnel record on each employee. All personnel records are confidential and are maintained in a secure place. They may not be removed from the office. Access to records is limited to authorized supervisory personnel.

An employee has the right to inspect and obtain a copy of their personnel files at least once a year. A former employee will have a right to inspect his or her personnel file once after termination. The review may occur at the employer’s place of business at a time convenient to both parties. The employee or former employee may be expected to pay a reasonable cost for copying documents. (rev. 01.2017)

EMPLOYEE SEPARATION

Should an employee not work for 90 days and have not applied for leave of absence, then CHC will make the employee inactive marking their last day worked as the termination date.

All professional staff (licensed, registered and certified personnel) are required to give two (2) weeks written notice of resignation to be considered separated in good standing.

All other personnel not included in the above categories are required to give two (2) weeks written notice of resignation to be considered separated in good standing.

NOTICE OF PRIVACY PRACTICES

**POLICY**

Protected health information will be used and disclosed according to the guidelines set forth in the organization’s Notice of Privacy Practices. (See “[Patient Privacy Rights](#PatientPrivacyRights)” Policy No. C:2-015 and “[Notice of Privacy Practices](#NoticeOfPrivacyPractices)” Addendum No. C:2-015.A.)

**PROCEDURE**

1. Compassionate Hospice Care may:
	1. Use or disclose protected health information to the patient.
	2. Use or disclose protected health information to carry out its own treatment, payment or health care operations.
		1. Patients will not be discussed by clinical or non-clinical personnel outside of the context of professional conversation regarding patient's condition and care.
		2. Comments and conversations relating to patients made by physicians, nurses or other organization personnel will be made in confidential settings. It will be standard, acceptable and necessary practice to share information with other members of the care team. The decision to share information can be aided by considering the intent of the discussion.
		3. Patient information and clinical record documents will not be left in open, public areas during business hours and will be secured after business hours. (See “[Safeguarding/Retrieval of Clinical Record](#SafeguardRetrievalClinicalServiceRecords)” Policy No. C:2-031.)
	3. Disclose protected health information for treatment activities of a patient’s health care provider.
	4. Disclose protected health information to another covered entity or health care provider for its payment activities.
	5. Disclose protected health information to another covered entity for health care operations activities of the entity or for the purpose of health care fraud and abuse detection or compliance. Each entity must either have or had a relationship with the patient who is the subject of the protected health information being requested and the protected health information pertains to such relationship.
2. A patient may request a restriction of uses and disclosures of his/her protected health information. (See “[Patient Requests for Privacy Restrictions](#PatientRequestsForPrivacyRestrictions)” Policy No. C:2-022.)
3. Compassionate Hospice Care will obtain a valid authorization from the patient to use or disclose protected health information. (See “[Authorization for Use or Disclosure of PHI](#AuthorizationForUseOrDisclosureOfPHI)” Policy No. C:2-019):
4. In psychotherapy notes
5. For marketing activities
6. For other uses and disclosures as required by law
7. Law enforcement inquiries

Police or investigative agencies' requests for information will not be complied with unless the patient or his/her legal representative has given specific authorization for release of information or a court order or subpoena is presented.

Exception: If Compassionate Hospice Care is acting as an organization of the police department to assist them in gathering data or treating a patient they have referred.

1. Request for original record by the court under subpoena

The Clinical Records Supervisor will designate a staff member to carry the original record to the court designated location. The staff member will stay with the record at all times. The court will copy the record and the staff member will return to organization with the original record.

**CONFIDENTIALITY**

### PURPOSE:

To state rules and regulations regarding the disclosure of client information.

#### POLICY:

Clinical records and client information are held in strict confidence by agency personnel.

##### PROCEDURE:

1. The Confidentiality Policy will be reviewed by agency personnel during the orientation process. A confidentiality statement will be signed and returned to the Director of Clinical Services prior to patient assignment.
2. The signed confidentiality statement will be a part of the personnel file.
3. Access to client information will be limited to those involved in the care/service or supervision of clients.
4. Clients will not be discussed by clinical or non-clinical personnel outside of the clinical setting.
5. Written consent will be required for release of any client record. The release must be signed by the client and/or his/her representative.

**I have read and understand the above confidentiality policy.**

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SIGNATURE DATE

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NURSE/CNA DELEGATION

# **POLICY**

It is Compassionate Hospice Care’s policy to not do delegation unless approved by the Clinical Nursing Director.

# **SUPERVISION AND ASSIGNMENT OF LPN’S,**

# **SOCIAL WORK AND THERAPY ASSISTANTS**

**POLICY**

The practice of Licensed Practical Nurses and therapy or social work assistants must be supervised by the appropriate professional under the provisions of the respective State Practice Acts.

**PROCEDURE**

1. The appropriate professional (RN, PT or SLP) makes the Initial Assessment visit to the client and evaluates the care and teaching needed before the case is assigned to the LPN or assistant. A patient/family that presents continuing need for teaching and complicated nursing care is not assigned to a Licensed Practical Nurse.

2. Except for social work and Occupational therapy cases, the appropriate professional opens the client care record including Initial Assessment visit note, OASIS forms, problem list, and plan of care, etc.

1. The LPN or assistant is assigned procedures provided the supervisor has:
2. Determined that the LPN or assistant has the required skill and ability to perform the procedures.
3. Ascertained that the LPN or assistant is aware of adverse symptoms and the necessity for prompt reporting of same.
4. Reasonable evidence that the client's condition will not change rapidly.

4. The LPN or assistant may call the physician when needed. Any verbal orders the physician gives the LPN must be signed by the Registered Nurse before being sent for physician signature.

1. The appropriate professional will perform the initial, recertification and all OASIS assessments.

6. The LPN may not provide the supervisory visits to the homes of clients receiving home health aide services. These must be done by the appropriate professional every two weeks.

**PERSONNEL DEVELOPMENT**

CHC will provide for personnel development including, but not limited to, continuing education, in services, training sessions, one-on one mentoring, and continuing education. Documentation of attendance will be requested and filed in the personnel file.

1. The need for training and education is determined by:

 A. Requests of personnel

 B. Specific patient care/service needs

 C. New assignments

 D. New technology

 E. New care/service

1. Needs assessment forms will be distrusted to personnel as appropriate to determine their interest for in-service planning. (See “Personnel Development/In-service Needs Assessment” Addendum C:3-021.A.)
2. At the discretion of CHC, internal and external continuing education will be sponsored.
3. Continuing education provided internally by the organization may take the form of:
4. Formal Presentations
5. Documented “on the job specialty training”
6. Distance learning
7. Personnel will be encouraged to participate in self-development and learning through the following means, but not limited to:
8. Membership in professional organization
9. Self-directed learning modules
10. Attendance at continuing education seminars
11. Satellite learning
12. Formal courses of study
13. Mentoring
14. An attendance record of all in-service/organization personnel development programs offered will be maintained by the organization. The organization will also validate continuing educations (CEU’s) per applicable state licensure law for direct care, independent contractor and subcontract personnel.
15. Personnel will be requested to provide feedback using an in-service evaluation form regarding the content, value and applicability of all in-service education offered by the organization. Personnel feedback will be used to evaluate the education provided by the organization and to assist in the development of future education programs.
16. CHC requires that each staff member complete a minimum of the following programs each year. These mandatory in-services included:
17. Standard Precautions and Infection Control
18. Safety Program including OSHA and Medical Device Reporting Compliance
19. Body Mechanics
20. Emergency Management
21. Corporate Compliance
22. HIPAA
23. In addition, clinical personnel must attend a minimum of the following:
24. CPR (when appropriate).
25. Home health/hospice aides will attend 12 hours of in-service education annually.
26. Non-clinical personnel are not required to attend a minimum number of in-services annually, but will be required to attend all mandatory in-services listed above.
27. When new information pertaining to discipline a specific practice is received by the organization, it will be provided to personnel during the next regularly scheduled personnel meeting.

**AFFIRMATIVE ACTION**

**PURPOSE:**

To recruit, hire, and promote employees without regard to race, creed, color, religion, sex, national origin, sexual orientation, age, or disability.

**AFFECTED AREAS:**

All Staff.

**POLICY:**

CHC does not discriminate against any person in the employment policies of its services, programs, and activities.

* + 1. CHC strives to select the best-qualified applicants while taking affirmative action which affords equal employment opportunity to all qualified individuals without regard to race, creed, color, religion, sex, age, national origin, sexual preference, or disability, where accommodation will not impose an undue hardship.
		2. It is mandatory that only those factors that have a bearing on an employee's job performance be considered when taking personnel actions that might affect the hiring of a potential employee.
1. Equal opportunity in employment includes, but is not limited to, the following: hiring, placement, upgrading, transfer, demotion, recruitment, advertising or solicitation for employment, treatment during employment, rates of pay or other forms of compensation, selection for training, and layoff or termination of employees.

CHC conforms to the federal regulations in Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1967, and the Americans with Disabilities Act (1990). CHC recognizes that such persons are covered by the laws and regulations that protect disabled people against discrimination.

* Medical information is personal and confidential; all reasonable steps will be taken to assume strict confidentiality.

**PROCEDURE:**

CHC's affirmative action policy is communicated to all persons, agencies, and businesses that request it.

* + 1. The policy is used in agency brochures and other information presented for internal and external use.

**CRIMINAL RECORD BACKGROUND CHECKS**

Background checks are done on all employees prior to hire.

**DRUG-FREE WORKPLACE**

**PURPOSE**:

To provide a drug-free environment for employees.

To protect employees' and patients' health and safety.

**AFFECTED AREAS:**

All Staff.

**GENERAL STATEMENT:**

CHC recognizes its responsibility to protect its employees and patients from the dangers posed by the use of illegal drugs, misuse of controlled substances, and the effects of alcohol use in the office or in the home setting. Employees who illegally use drugs, misuse drugs, or use alcohol on the job create a serious risk to the safety, security, and health of themselves, other employees, and patients.

**POLICY:**

1. In compliance with state and federal law, CHC forbids any illegal or improper use of drugs and/or alcohol by its employees while on duty. (On-duty working hours include rest periods, meal breaks, on-call hours, or when subject to duty, regardless of when any alcohol or drug was consumed.)
2. CHC forbids selling, dispensing, distributing, possessing or manufacturing drugs, drug paraphernalia, alcohol, or controlled substances during work hours or during any work-related activities.
3. Any employee who is found to have violated this policy will be disciplined or terminated according to the provisions outlined in this and the Substance Abuse procedure.
4. An exception to this policy covers any employee who, under the direction of a physician, is taking prescribed medication while at work, while using agency equipment, while conducting agency business, or while on breaks. In this circumstance, it is the responsibility of the employee to report the use of the prescribed medication that might affect job performance before job performance is actually impaired.

**PROCEDURE:**

1. **FOR-CAUSE DRUG AND/OR ALCOHOL TESTING**

CHC reserves the right to require a drug screen and/or alcohol blood test on any employee when there is a reasonable suspicion of alcohol or drug use. Alcohol or drug use may be evidenced by odor of alcohol or drugs on the employee's breath, or by inappropriate behavior or performance on the job. Testing may also be done after a work-related accident.

1. **THEFT**

An employee caught stealing drug(s) or supplies from a patient or CHC will be terminated immediately and reported to the proper authorities.

1. **USE OF PRESCRIBED MEDICATION**

As noted in the Policy Statement, it is an individual's duty to report the use of prescribed medication that might affect job performance before job performance is actually impaired. Reporting or excuses "after the fact" are not sufficient to limit or modify disciplinary or remedial actions taken. For the purposes of this policy, individuals who report to work or perform work while impaired or under the influence of a prescribed medication, the usage of which has not been reported previously, will be treated as having reported to work impaired or under the influence of a drug, and thus in violation of the policy.

1. **EMPLOYEE ASSISTANCE**

Employees in need of assistance in dealing with alcohol or drug-related problems are encouraged to seek confidential services of the Administrator staff prior to the necessity for application of this policy and corresponding procedure. Any employee who violates the above prohibitions will be subject to termination of employment or other relationship with CHC or, at CHC's sole discretion, be required to satisfactorily participate in a drug and/or alcohol abuse assistance or rehabilitation program.

1. **DISCIPLINARY ACTION**

Employees in violation of CHC Policies and Procedures will be:

1. Given an oral warning to be signed by employees as proof of warning.
2. If problems continue, employee will receive a written warning.
3. If issues remain unresolved, employee will receive a final written warning.

**VERIFICATION OF LICENSE FOR**

**ELIGIBLE EMPLOYEE**

**PURPOSE**:

To establish a procedure to verify current license to practice in the state.

**AFFECTED AREA:**

Administrator, Director of Clinical Services, Intake Staff.

**POLICY:**

CHC will verify the currency of credentials of all licensed and certified staff prior to commencing work and annually.

**PROCEDURE:**

1. All employees who require state licensure or certification for patient care must provide evidence of such prior to initial employment.
2. Nurses, physical therapists and assistants, and speech pathologists must be licensed.
3. Occupational Therapists and assistants must be certified.
4. Home health aides must have proof of certification.
5. The individual employee must maintain necessary current credentials.
6. Licenses and certificates will be verified with appropriate regulatory organizations before hire.
7. Records of credentials are maintained in the employees’ personnel files.