

PURPOSE

To provide guidance regarding the Hospital's commitment to conforming to all applicable federal, state, and local laws, regulations, and ordinances governing equal opportunity and nondiscrimination.

POLICY

It is the practice of Wills Eye Hospital to provide equal employment opportunities to all employees, applicants, and job seekers, and is committed to making decisions using reasonable standards based on each individual's qualifications as they relate to a particular employment action (e.g., hiring, training, promotions). No person shall be discriminated against in employment or harassed because of race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, status as an individual with a physical or mental disability unrelated to ability, protected veteran status, military status, unfavorable discharge from military service, citizenship status, genetic information, marital status, parental status, ancestry, source of income, credit history, housing status, order of protection status, actual or perceived association with such a person or other classes protected by law. This policy includes the commitment to maintaining a work environment free from unlawful harassment.

Under this policy, no employee or applicant shall be subject to retaliation (including harassment, intimidation, threats, coercion or discrimination) because he/she has engaged, in good faith, in the following activities: (i) filing a complaint under this Policy with the organization, or with federal, state or local equal employment opportunity agencies; (ii) assisting or participating in an investigation or other activity related to the administration of any federal, state or local equal employment opportunity or affirmative action law; (iii) opposing any act or practice prohibited by this Policy or federal, state or local equal employment opportunity or affirmative action law; or (iv) exercising any other right protected by federal, state or local equal employment opportunity or affirmative action law. Staff employees and applicants for staff jobs should immediately bring any complaint or retaliation under this Policy to the attention of Human Resources or designated labor relations affiliate.

GUIDELINES

This Policy applies to all terms, conditions, and privileges of employment including: recruitment, hiring, probationary period, training and development opportunities, job assignment, supervision, promotion or transfer, compensation, benefits, layoff and recall, termination, and retirement. The Chief Executive Officer (CEO) and Chief Operating Officer (COO) are responsible for ensuring that Hospital policies (including this Policy) regarding the fair and equitable treatment of staff employees are implemented. The Chief Human Resources Officer coordinates the Hospital's compliance with and interpretation of this Policy and advises employees, supervisors, and managers about the policy as needed. Department heads, managers, and supervisors have primary responsibility for ensuring that employment decisions and the work environment are in compliance with this policy. Their own work performance will be evaluated, in part, on the basis of their efforts and results in the area of EEO. Staff members who believe they have been discriminated against, harassed, or have knowledge of such conduct should discuss their concerns or bring any work-related concerns to their supervisor. However, a staff employee may elect to contact Human Resources or designated Union representatives during observed violations congruent to this Policy. Every reasonable effort will be made to conduct a prompt investigation and to treat complaints impartially and confidentially with a view to arriving at fair resolutions. If an investigation leads to a determination that this Policy was violated, corrective action up to and including termination of employment will be taken. The Department of Human Resources is committed to providing, upon request by a job seeker or an applicant, reasonable accommodations for a disability, to complete the application process. In accordance with the Americans with Disabilities Act, the Hospital shall provide upon request by an employee with a disability, reasonable accommodations for the employee when doing so will enable the employee to successfully perform the essential duties of the job. Staff employees should contact the Department of Human Resources to initiate the disability accommodation process. Employees represented by a union may be governed by the appropriate bargaining unit agreement.

PURPOSE

In accordance with the Drug-Free Workplace Act of 1988, Wills Eye Hospital is committed to providing a safe, quality-oriented and productive work environment that is consistent with the standards of the community in which we operate. Alcohol and drug abuse pose a threat to the health and safety of the Hospital's employees, volunteers, physicians, patients, and visitors, and to the security of our equipment and facilities. For these reasons Wills Eye Hospital is dedicated to the elimination of drug and/or alcohol use and abuse in the workplace.

SCOPE

This policy is applicable to all employees, staff, and contractors of Wills Eye Hospital at all sites from their first day of employment or appointment. Nothing in this policy should be construed to supersede procedures governing grant renewal or maintenance of clinical privileges as defined the by-laws of the medical staff of Wills Eye Hospital.

POLICY

Substance abuse is detrimental to an individual's health and may jeopardize safety in the workplace. Wills Eye Hospital strives to provide a safe environment for patients, employees and visitors. Therefore, the unlawful use, possession, storage, manufacture, distribution and/or sale of alcohol, controlled substances, and illegal drugs are prohibited on Wills Eye owned and leased properties.

The "Drug-Free Workplace Act" requires Wills Eye Hospital as a federal contractor and grant recipient – to certify that it will provide a drug-free workplace. As a condition of employment on such contracts and grants, employees will abide by the terms of this statement and are required to notify the Department of Human Resources of any criminal drug statute convictions no later than five days after such convictions for violations occurring on Wills Eye premises. This includes convictions for the unlawful use, possession (including the storage in a desk, locker, or other repository), manufacture, distribution, dispensation, or sale of illegal drugs, drug paraphernalia, or controlled substances on Hospital owned or leased grounds.

DEFINITIONS

Hospital Premises

Hospital premises includes, but is not limited to, all buildings, offices, facilities, grounds, parking lots, lockers, places and vehicles owned, leased or managed by Wills Eye Hospital or on any site on which the company is conducting business.

Illegal Drug

A substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional.

Substance Possession

The unlawful possession, manufacture, distribution, or sale of controlled substances, illegal drugs, and/or alcohol on Wills premises is prohibited and will result in corrective action up to and including termination.

Substance Use

The use of illegal drugs on Wills premises is prohibited and will result in corrective action up to and including termination. All are discouraged from the use of illegal substance at any time. Use of illegal substances or abuse of legal substances off work time which results in impairment at work will result in action as described in Wills' "Substance Abuse Testing" policy. The use of alcohol at work is not permitted and alcohol consumption off work which results in impairment at work will result in action as described in Wills' "Substance Abuse Testing" policy. Employees, staff or contractors who are taking legally prescribed and/or over-the-counter medications and report to work impaired which affects job performance, safety or the efficient operation of work will be subject to action as described in Wills' "Substance Abuse Testing" policy.

ENFORCEMENT

Involvement of Law Enforcement Agencies/Licensing Agencies

The use, sale, purchase, transfer theft or possession of an illegal drug is a violation of the law. Wills will refer such illegal drug activities to law enforcement, licensing and credentialing agencies when appropriate, and as authorized by law.

As a condition of employment, a staff member must notify Wills if he or she is convicted of a criminal drug offense, including a plea of nolo contendere (no contest), occurring in the work place within five days after the conviction. Wills Eye Hospital must notify the granting agency of a staff member conviction within 10 days after learning of the conviction.

Drug Awareness Program

Periodically, Wills Eye Hospital will inform staff about the dangers of drug and alcohol abuse in the workplace, its policy of maintaining a drug-free workplace, available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon staff for drug or alcohol abuse violations.

ACCOUNTABILITY

It is the responsibility of all employees, volunteers, residents, contractors, and community affiliates to comply with all standards and practices as outlined by this policy. Failure to comply may result in progressive disciplinary action, up to and including termination of employment.

PURPOSE

Wills Eye Hospital strongly believes human talent is one of its most valuable resources needed to ensure its mission and values are successfully met. The Hospital makes every effort to pursue the most highly qualified candidates, seeking to assist the Hospital in achieving its goal of providing superior patient care. This policy is intended to establish standards regarding the recruitment of prospective job candidates and final selection of staff.

ACCOUNTABILITY

In conjunction with Hospital leadership, the Chief Human Resources Officer responsible for ensuring compliance and implementation of this policy.

APPLICABILITY

This policy applies to staff positions.

POLICY

Recruitment activity shall be in accordance with Equal Employment Opportunity policies and with all Federal, State and local laws, hospital regulations and applicable executive orders pertaining to hospital employment procedures.

The Human Resources Department recruits candidates to fill the Hospital's needs. Employment selection standards are commensurate with job requirements. All records pertinent to employment are maintained in the Human Resources Department. Such records include, but are not limited to, employment applications, reference checks and pre-employment testing results.

PROCEDURE

1. Authorization
 - a. Please use Personnel Action Form #223 to request help and have it approved by Administration.
 - b. Once approved, please forward to the Human Resources Department.
 - c. This procedure is the same for all levels of recruitment: full time, part time, per diem and temporary.
2. Recruitment Plan
 - a. The Human Resources Department will post job opportunities Monday through Friday.
 - b. Jobs are posted for a minimum of three days.
 - c. Jobs are posted on the Hospital's website and notifications are sent to department heads for posting in their department.
 - d. In cooperation with the hiring department and Human Resources a recruitment plan is developed.

3. Employment Agencies: Human Resources may use an employment agency to supplement its recruiting activity.
 - a. Only Human Resources may make the negotiation or commitments for the use of such services. Placement fees are charged to the employing department's budget.
4. Temporary Help: Outside temporary services may be utilized for securing temporary help.
 - a. The Human Resources Department is responsible for arranging such services.
 - b. All temporary personnel will be guaranteed a minimum of four hours of employment upon arriving to work.
 - c. Payment for overtime will be made for hours worked in excess of forty hours in any one work week at one and one half times the assigned rate of pay.
 - d. Fees for this service will be charged against the employing department.
 - e. The supervisor in the department where the temporary employee is working is responsible for monitoring and authorizing hours worked.
 - f. The original is forwarded to Human Resources and a copy is retained by the department.
 - g. If temporary personnel are not satisfactory, please notify Human Resources within four hours to effect a change or avoid further charges.
5. Interested Applicants
 - a. Internal Applicants – Provide a letter of intent to Human Resources by posting deadline.
 - b. External Applicants – Complete an employment application.
 - c. The completed application is used in the employment interview and provides pertinent information.
 - d. Human Resources must verify the employment history of potential employees before an offer of employment is extended.
6. Interviews
 - a. The initial job interview usually occurs in the Human Resources Department.
 - b. The purpose is to select qualified applicants for referral to the department.
 - c. Occasionally, a department may interview an applicant before Human Resources is consulted.
 - d. However, an applicant will not be hired without an interview by Human Resources, satisfactory proof of eligibility to work in the United States, satisfactory completion of a pre-employment physical examination and employment and academic verification.
7. Reference Checks
 - a. Employment references and academic achievements listed on the Employment Application will be verified by Human Resources.

- b. Human Resources will also check with the Federal Government's Department of Health & Human Services, Office of Inspector General (HHS/OIG) sanction testing.
 - c. Should it be determined that information was withheld, falsified or the applicant is sanctioned by HHS/OIG, Human Resources will not extend a job offer.
 - d. If the above information is obtained after the applicant is hired, the Hospital may dismiss the employee without notice.
 - e. If the applicant will have regular contact with children as part of their job, a Department of Public Welfare ChildLine Clearance, Pennsylvania State Police Clearance, and a Federal Criminal Background Check Clearance are required.
8. Final Selection and Placement
 - a. Upon final completion of foregoing steps, the Department of Human Resources extends the offer of employment to an applicant and sends the offer letter.

BACKGROUND CHECKS

PURPOSE

To establish policy and procedure for conducting background checks on perspective candidates for staff positions or for the purposes of continued employment for existing staff currently employed by Wills Eye Hospital.

POLICY

The primary goal of Wills Eye Hospital is to provide quality patient care in a safe environment. In an effort to support this goal, all perspective applicants that are pursuing employment or volunteer engagements at Wills Eye Hospital must consent to a series criminal background checks. This process is intended to assist in ensuring that to the best of our knowledge, that our medical and administrative staff and volunteers, are willing to adhere to established core values and provide superior patient care services.

SCOPE

The requirements and procedures outlined in this policy statement apply to all current Hospital employees, volunteers/interns (who are engaged in the provision of direct patient care), residents, as well as external candidates hired or rehired at Wills Eye Hospital.

ACCOUNTABILITY

For each individual recommended for hire at Wills Eye Hospital, the Chief Human Resources Officer or his/her designee will provide prospective candidates with the materials needed to complete all necessary criminal background clearances during the final stages of the recruitment process.

Prospective candidates will be advised that an offer of employment is contingent upon their completion of the following required background checks (3):

1. Pennsylvania State Policy Criminal Record Check
2. ChildLine: PA Child Abuse History Clearance
3. FBI Fingerprint Background Check

All active staff members currently employed by Wills Eye Hospital must also reapply for each of the above-mentioned criminal background checks and submit the results to the Department of Human Resources every three (3) years from the date of expiration as per State and accreditation guidelines.

PROCESS & ADMINISTRATION

- I. As a condition of employment or continued employment, prospective candidates or current employees of Wills Eye Hospital, must submit to mandatory criminal background checks. All offers of employment, including verbal and subsequent written confirmation, should include a statement indicating that the offer is being made conditional on successful completion of the background investigation.
- II. The Department of Human Resources will supply perspective candidates with a comprehensive guide that provides instructions regarding the process for obtaining all three (3) required background clearances.
- III. Candidates will be expected to obtain physical copies of all three (3) background clearances prior to their established/scheduled start date.
- IV. If any of the required pre-employment criminal checks reveal a criminal conviction, further investigation will be evaluated by the Chief Human Resources Officer to determine the nature of the offense, after which a determination shall be made as to the eligibility of the candidate for employment at Wills Eye Hospital.
- V. Dependent on the final results, completed background checks may result in failure to extend a job offer to a final candidate. If it is found that a candidate has omitted information or has provided forged documentation during the application process, he or she will be ineligible for hire.
- VI. Criminal background information supplied to Wills Eye Hospital will be used only for purposes of assisting in making acceptance decisions with regards to employment or continued employment. Documentation of background clearances will be maintained in the employee file and kept secure in the Department of Human Resource.
- VII. Due to the sensitive nature of the information contained in background check reports, all efforts will be made to limit disclosure and to ensure that results remain confidential.



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Manual: HR
Policy Number: 05.06.17
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Effective Date: 6/8/16
Revised: 6/7/17

EMPLOYMENT VERIFICATION

PURPOSE

The purpose of this policy is to outline required procedures for obtaining satisfactory references contingent for employment at Wills Eye Hospital.

SCOPE

This policy applies to all persons hired by Wills Eye Hospital.

DEFINITION

Employment Verification

The process by which individuals are contacted to learn about an employment candidate's previous or current work history for legitimate business reasons including, but not limited to, verifying facts on the candidate's resume or application, and any job-related information provided during the interviewing process.

POLICY

Employment verification is an additional requirement to applicable checks of criminal background, certification(s)/licensure, and pre-employment physical/illegal substance screening. Any offer of employment should be contingent on completion of all satisfactory references.

The Department of Human Resources is required to obtain two (2) professional references for all prospective job applicants. Professional references are defined as individuals with supervisory/managerial oversight of an applicant's routine job functions. Educational and personal references may be obtained in lieu of professional references.

Prior to contacting references, prospective candidates are required to return a signed a reference consent form that authorizes the Department of Human Resources to conduct verification of employment. Employment verification may be obtained verbally or in writing. All verbal discussions with previous employers or other accepted types of references must be documented in writing. Employment verification forms and written documentation are to be maintained in the employee's personnel file upon hire.

PURPOSE

Wills Eye Hospital contracts with University Health Services at Thomas Jefferson University to provide pre-employment examinations and evaluation/treatment of occupational exposures to body fluids for all employees.

POLICY

All newly hired employees are required to pass a pre-employment physical examination prior to their scheduled start date.

PROCEDURE

1. Location and Hours:
University Health Services is located at 833 Chestnut Street, Suite 205. Phone: 215-955-6835. The office is open weekdays from 7:30 a.m. until 4:00 p.m. The office closes from noon to 1:00 p.m. on Thursdays. During non-working hours, evaluation/treatment of occupational exposures is provided by Thomas Jefferson University Hospital Emergency Department.
2. Services Provided:
 - a. Pre-employment examinations
 - b. Vaccinations, i.e., annual influenza
 - c. Tuberculosis screenings
 - d. Evaluation/treatment of occupational exposures to body fluids
 - e. Drug and alcohol testing
 - f. Job fitness evaluations
3. Pre-employment examinations include the following:
 - a. Urine drug screen performed on-site at the time of your examination
 - b. Tuberculosis screening
 - c. Documentation of immunity to measles, mumps, rubella and varicella
 - d. Documentation of the tetanus/diphtheria/pertussis vaccine (T-dap)
 - e. Hepatitis B vaccine is strongly recommended
 - f. Documentation of influenza vaccination
4. Job Fitness Evaluations:
 - a. A supervisor may request a medical evaluation of an employee if there is sufficient cause to question the physical/mental fitness of the employee to perform his or her job duties. Employees may also be referred by their supervisor for evaluation for suspicion of impairment due to drugs or alcohol. The Department of Human Resources is responsible for coordinating this evaluation with University Health Services.
 - b. Any staff member who is a new convert to a positive TB skin test shall be followed as soon as possible by appropriate physical, laboratory and radiologic evaluation to determine if they employee has infectious TB disease.

- c. Staff with positive PPD test results will have a chest x-ray as a part of the initial evaluation of their positive PPD test; if negative, repeat chest x-rays are not necessary unless symptoms develop that could be attributed to TB.

PURPOSE

The purpose of this policy is to ensure that applicants for positions requiring a license and/or registration and/or certification shall become employed only after primary source verification of their registration and/or certification and/or license has been completed. This policy will also ensure the timely renewal and primary source verification of all current employees and non-employees who are in positions that require license and/or registration and/or certification.

POLICY

All employees, contracted staff and non-employees who are in positions that require a current license or professional registration/certification (based on the job description or as required by law/regulation) must be “primary source” verified (when applicable) for current license or current professional registration/certification (including, but not limited to, ACLS and BLS).

PROCEDURE

I. Licensure

A. Prior to employment, transfer into new position, or upon the assignment of a concurrent job that requires license/certification/registration, Human Resources will complete a primary source verification of a prospective employee’s license when required by law, regulation or job description by electronic verification from the licensing body.

B. When completing initial paperwork in Human Resources, any employee with a license will sign a document acknowledging that his/her license must be renewed 7 business days prior to the expiration date or the employee will be suspended without pay

II. Certification and or Registration

A. Prior to employment, transfer into new position, or upon the assignment of a concurrent job performing patient care, Human Resources will complete a primary source verification of a certification and/or registration, if applicable, or a copy of a printout taken from the original qualification source.

B. When completing initial paperwork in Human Resources, any employee with a certificate and/or registration will sign a document acknowledging that his/her certificate and/or registration must be renewed 7 business days prior to the expiration date or the employee will be suspended without pay.

III. Renewal Process

Approximately 30 days prior to expiration of an employee’s license or professional registration/certification, Human Resources will notify department heads of the upcoming credential expiration. Human Resources will continuously check the primary source or other

appropriate source(s) to ensure that the employee has, in fact, completed the renewal process and that valid licensure or certificate/registration exists.

IV. Contract Staff

For contract staff, the contracting agency shall be responsible for maintaining and providing copies of timely primary source verification to the applicable department. The department is responsible for ensuring that the contracting agency provides a copy of the primary source verification prior to the expiration of the credential at least once a year.

V. Non-Compliance with Policy

A. Employee Responsibility

The employee is responsible for completing the necessary procedures for renewal of his/her license or professional registration/certification (based on the job description or as required by law/regulation) no later than 7 business days before expiration.

B. Manager Responsibility

- Coordinate the renewal process with the employee
- If the renewal process has not been successfully completed in 7 business days prior to expiration, the manager will notify the employee that he/she will not be allowed to continue to work in his/her current job, and will be suspended without pay effective immediately. The employee cannot return to his/her original assignment until a current license; certification or registration can be verified by the primary source.

If the department or Human Resources is unable to verify the renewal of the license/certification/registration within 30 business days after the expiration of their credentials, the employee will be terminated for failure to meet job requirements.

- Multiple occurrences of failing to renew/obtain required licensure/certification/registration timely and/or violations of policies related to maintaining mandatory job requirements may result in disciplinary action up to and including termination.

C. Human Resources Responsibility

Maintains a listing of positions requiring license/certifications/registration.

Ensure pre-employment primary source verification of prospective employee's license/certification/registration. Maintains copies of the primary source verification.

- Ensure timely primary source verification prior to the expiration of the employee's license/certification/registrations and maintain copies of the primary source verification.

If the employee has failed to renew, Human Resources will notify the Department Head.

PROBATIONARY PERIOD

POLICY

It is the policy of Wills Eye Hospital to assess employees for suitability to the organization and job performance, as well as to allow the employee sufficient time to acclimate to their new role.

PURPOSE

The purpose of this policy is to:

- Provide managers an opportunity to assess job performance and suitability to the work environment of their new employees; and
- Provide new employees an opportunity to assess the institution and its manner of operation.

SCOPE

Adherence to the conditions described in this policy applies to all supervisors/managers, full-time, part-time, temporary and per diem employees.

PROBATIONARY PERIOD

Regular full-time and regular part-time employees shall serve a probationary period of ninety (90) days. Absence during this period, except for an absence due to a scheduled holiday, shall be added to the probationary period until an equivalent amount of time has been worked.

A per diem or temporary employee who is transferred to a regular full-time or regular part-time position is required to serve the same probationary period as a new employee. This requirement shall be waived for any employee who remains in the same job classification within the same department and who has been employed by the Hospital for at least six months.

Successful completion of the probationary period is not a contract of continuing employment. The Hospital may terminate an employee at any time without a stated reason and an employee may resign at any time without a stated reason.

INTERIM PERFORMANCE APPRAISAL

Managers are required to complete an Interim Performance Appraisal for employees who have completed their 90-day probationary period. Please refer to the Performance Appraisal policy for specific guidance relating to interim evaluations.

BENEFITS

New employees become eligible for benefits in accordance with the Benefits Summary Plan Description.

SCOPE/PURPOSE

Photo identification badges are essential in assuring a safe and secure hospital environment. As a means of determining those authorized to be in the hospital, all Wills Eye Hospital staff will be issued and are required to wear a photo identification badge while circulating throughout the Hospital.

POLICY

All licensed, certified, or registered health care practitioners (including contract and agency personnel) engaging in the direct provision of care to patients are required to wear an ID badge when providing care to patients. Direct care givers will have their degree/licensure and caregiver title (i.e. physician, registered nurse) listed on their identification badge. Employees in non-clinical roles will have terminal degrees listed.

The following requirements and conditions must be observed by all health care practitioners and staff while on Hospital premises:

- The front of the card includes a photo of the staff member with a full face image.
- The staff member's full name as well as the name of the department for which he or she works must also be readily visible.
- The Wills Eye Hospital Identification Badge must be worn prominently on the outer clothing between the shoulder and waist with the photo side facing out when a staff member is in an official capacity.
- It is the responsibility of each supervisor to ensure that every new employee on their first day of work obtains a Wills Eye Hospital Identification Badge.
- The photo identification badge is property of the Hospital and is governed by the policies and procedures set forth by Wills Eye Hospital.
- The badge is not transferable and is not permitted to be used by anyone other than the issued badge holder.
- Photo identification badges may not be altered or used to display emblems or stickers in any way that obscures the person's photograph or printed information on the badge.
- Unauthorized use, sharing, alteration or duplication for any purpose will result in immediate confiscation of the badge and may result in disciplinary or legal action.
- Each initial photo identification badge is free; however, there is a replacement cost for lost or damaged badges. Badges that no longer work, but show no visible damage, will be replaced at no cost.
- If an individual changes name or status, the badge must be updated to reflect the current name and/or status, consistent with the status change. The old badge must be surrendered to the IT Department.

PURPOSE

This policy is intended to define the rights granted to all Wills Eye Hospital staff for religious, cultural, and ethical values as well as the guidelines for requesting accommodations to be excused from certain job functions that pose a conflict with an employee's beliefs.

POLICY

Wills Eye Hospital recognizes the right of employees to be excused from participating in certain aspects of patient care or treatment when it conflicts with an employee's religious, cultural or ethical beliefs. Specific aspects of care which could cause potential conflict include, but are not limited to the following:

1. Blood/blood component administration
2. Initiation of life support
3. Tissue transplanting procedures
4. Administration of investigational/experimental drugs

It is the responsibility of the employee to immediately notify his/her supervisor of his/her concerns and to request that he/she be excused from participating in a particular aspect of treatment or care of the patient. The requesting employee is responsible for providing appropriate patient care until alternate arrangements can be made.

Refusal to provide care until alternate arrangements can be made will result in disciplinary action up to and including termination. In no circumstances will a request be granted if it is felt that doing so would negatively affect the care of the patient. It must be realized that for reasons of staffing limitations, it may not be possible to grant a request. Employees may request a transfer to other areas or positions within the Health System in which conflicts of care issues are less likely to occur.

As permitted by the situation, the requesting employee, to the best of their ability, must clearly state in writing the specific aspects of care from which the employee is requesting to be excused as well as the corresponding reasons for this request. The request must include the date and should be submitted to the employee's supervisor as well as the Chief Human Resource Officer. All requests will be forwarded to the Hospital's Ethics Committee for review. The employee may be required to meet with the Ethics Committee during the review of the request. Based on the information presented, the Ethics Committee will make a determination on justification of the request and this decision will be final. The Hospital's Grievance Policy does not apply in conflict of care issues.

PURPOSE & SCOPE

This policy is intended to provide guidance with regards to definitions of disruptive behavior, standards for professional and personal conduct and suitable conduct for all employees, volunteers, vendors and community members while carrying out assigned responsibilities at Wills Eye Hospital including all affiliated sites. Additionally, the standards outlined in this policy will help to ensure an environment and organizational culture that is conducive to providing optimal and ethical patient care.

POLICY

Wills Eye Hospital has adopted the Institutional Code of Conduct in recognition of its mission, vision, values and its responsibility to its patients, visitors, physicians, employees and the communities it serves. All Hospital employees, volunteers, contractors/vendors, and community affiliates are expected to support this Code of Conduct by holding others accountable to the standards as outlined by this policy.

DEFINITIONS

Disruptive Behavior

Disruptive behavior, as defined by Joint Commission on Accreditation of Healthcare Organizations, is any behavior that interferes with the ability of others to carry out their duties, or that undermines a patient's confidence in the organization.

Conflict of Interest

A personal or financial interest that is in direct conflict with or appears to conflict with your responsibilities at Wills Eye Hospital.

PROCEDURE

1. It is the responsibility of every member of the Wills Eye Hospital community -- members of the Board of Directors of City Trusts, Administration, medical and house staff, residents and fellows and other students, employees and volunteers -- to act in a manner that is consistent with this Code of Conduct and its supporting policies. Behavior will be guided by the following general principle: *all patients and visitors, physicians, fellows, residents and students, employees and volunteers deserve to be treated with dignity, respect and courtesy.*

Existing institutional policies reinforce and expand on the institution's adherence to this principle in the following areas:

- a. **Respect for the Patient**

We treat all patients with dignity, respect and courtesy in accordance with standards set forth in the *Patients' Bill of Rights and Responsibilities*. Patients (or their families/significant others) will be involved in decisions regarding the care that we

deliver to the extent that such is practical and possible. We also seek to inform all patients about therapeutic alternatives and the risks associated with the care they are seeking. We constantly seek to understand and respect their objectives for care and are committed to treat patients in a manner reflecting reasonable accommodation to their background, culture, religion and heritage.

b. **Assurance of Ethical Standards in the Provision of Patient Services**

Wills Eye Hospital is dedicated to planning and providing care based on the specific needs of the patient. Admission, patient care, discharge and transfer policies within the organization are non-discriminatory, stimulate patient participation and choice, and are in accordance with applicable laws and regulations. Emergency care shall be rendered to all patients when necessary without regard for insurance type or ability to pay.

c. **Integrity in Clinical Decision Making**

Through existing policies, disclosure requirements and quality review processes, Wills Eye Hospital makes every effort to assure the integrity of clinical decision making, i.e. that clinical decisions are made based on identified patient needs, quality patient care and accepted state-of-the-art clinical practices and knowledge.

d. **Demonstrated Integrity in Billing Practices**

First and foremost, Wills Eye Hospital is committed to dealing fairly with patients, payers and suppliers, treating all with dignity and respect. We will provide assistance to patients seeking to understand the costs relative to their care, and attempt to resolve questions and objections to the satisfaction of the patient. We will bill patients or third parties only for services actually provided to patients. Billing issues and conflicts shall be fairly resolved in accordance with policies of the Finance Department. It is our policy to engage in reasonable billing and collection practices that are compatible with generally accepted practice and applicable State and Federal laws and regulations.

e. **Responsible and Ethical Marketing and Advertising**

The objective of marketing and advertising is to communicate in a meaningful way the scope and quality of health and wellness services that we provide and the manner in which such services may be assessed. The content of all such marketing and public relations is truthful, accurate and fair. Comparisons with other healthcare providers are objectively measured and fully substantiated. All marketing and public relations activities respect the privacy of the patient.

f. **Fair and Objective Resolution of Conflicts**

We recognize that from time to time conflicts will arise among those who participate in patient care decisions. We seek to resolve all conflicts fairly, objectively and in a timely manner, whether this conflict is between administrators, employees, physicians or between patient caregivers and the patient and/or family. In cases where mutual satisfaction cannot be achieved, it is our policy to involve the

Ophthalmologist-in-Chief, Chief Executive Officer, Compliance Officer or their designee to oversee resolution of the conflict. Other staff and second opinions will be involved as necessary to pursue a mutually satisfactory resolution. The Ethics Committee is available on a consultation basis.

g. **Assurance of Confidentiality**

Wills Eye Hospital recognizes the need to maintain patient and other information in a confidential manner. Members of the Board of Directors of City Trusts, Administration, medical and house staffs, residents, fellows and other students, employees and volunteers are required to sign a pledge signifying their understanding and commitment to assuring confidentiality. Information concerning patients, including their condition and treatment, should be discussed within the organization only as necessary and disclosed outside of the organization only as legally permitted. Sensitive information concerning personnel and management issues will be maintained in the strictest confidence and utilized only by those individuals authorized to review and act upon such information.

h. **Ethical Conduct**

Through the activities of the Institutional Review Board, Wills Eye Hospital makes every effort to assure the integrity of research programs conducted at the Hospital, and that research efforts are free of fraudulent activity and scientific misconduct, and comply with Federal State and/or local regulations governing the welfare and safety of human or animal subjects and research personnel involved in the studies. Wills Eye Hospital is committed to act with integrity in all of our activities and to treat the Hospital's patients and visitors, physicians, residents and fellows and other students, employees and volunteers and the many constituents we serve with the utmost respect. This Code of Conduct cannot address all of the complex interrelationships in which there are ethical implications. Existing institutional policies and procedures further define and describe our required standards of ethical conduct in the above and other areas of the Hospital's operations.

i. **Pre-emption of Conflicts of Interest**

We recognize that the potential for conflict of interest exists for decision makers at all levels within the organization. It is our policy to request the disclosure of potential conflicts of interest so that the Board of Directors of City Trusts may take appropriate action to ensure that important decisions are not inappropriately influenced by such conflict. In the event a potential conflict of interest has direct implication for patient care, the institution may convene the Ethics Committee to assist in the resolution of this issue.

PURPOSE

This policy is applicable to all employees, contract staff, and volunteers. The intentions of this policy are:

1. To assure the safety and health of patients, staff and visitors;
2. To define a procedure to recognize substance abusers and make appropriate treatment referrals;
3. To assure that employees, as a condition of employment, contract staff, and volunteers, abstain from the use of controlled substances.

POLICY

The unlawful manufacture distribution, dispensing, possession or consumption of alcohol or a controlled substance during working hours or while on call is prohibited. Violators of the above will be subject to disciplinary action, including termination, as outlined by the policy.

PROCEDURE

1. If supervisory staff identifies employees thought to be using drug/alcohol, they should confidentially bring such matters to the attention of appropriate management staff and Chief Human Resource Officer or designee.
2. Voluntary participation in a treatment program for alcohol/drug abuse will not jeopardize continued employment (provided employee abstains from further alcohol use in violation of the Policy). Requests for assistance after violations will not necessarily prevent disciplinary action, including termination.
3. When it appears that there is reasonable suspicion of an employee being under the influence of drugs/alcohol, e.g., job related behavior, odor, glassy eyes, slurred speech, staggering, absenteeism, work performance, or other conditions or circumstances, the following actions should be taken:
 - a. The supervisor should record and discuss reasons for suspicion with the Chief Human Resource Officer or designee. The supervisor should immediately accompany employee to the collection site if directed by the Chief Human Resource Officer or designee.
 - b. When the Chief Human Resource Chief or designee determines that drug and/or alcohol screening should take place, the supervisor will:
 - i. Discuss this with the employee;
 - ii. Make referral to the Employee Health Department at Thomas Jefferson University for further evaluation and testing or Jefferson Hospital Emergency Department when Employee Health is closed.
 - c. The employee is suspended until results of the test are verified and confirmed.
 - d. When test results are received by the Chief Human Resources Officer or designee from the Employee Health Department:
 - i. If the results are negative, the employee returns to duty with back pay.

- ii. If the results are positive:
 - 1) The Chief Human Resource Officer will notify the employee's supervisor and the Human Resources Department will coordinate a mandatory referral to the Employee Assistance Program (EAP).
 - 2) The employee must report to the EAP within twenty-four hours, and the employee must successfully complete the EAP determined treatment or be terminated.
 - 3) The employee will be subject to the FMLA policy.
- iii. Appropriate communication with licensing board will occur as required. This is the responsibility of the department head with a copy to the Chief Human Resource Officer.
- e. After the employee successfully completes the appropriate treatment program:
 - i. Employee will be permitted to return to work only after the successful conclusion of the EAP.
 - ii. The rehabilitated employee, following his/her return to work, is subject to random testing for the balance of his or her employment.
 - iii. If the employee tests positive for alcohol or an illegal substance again, the employee will be terminated without the right of the EAP, FMLA, or reinstatement.
 - iv. The department head will send appropriate communications to the licensing board with a copy to the Chief Human Resource Officer, if applicable.

RESPONSIBILITY OF REPORTING

1. Supervisory and management staff is responsible for reporting all suspected cases of substance abuse to the Chief Human Resource Officer or designee.
2. Department heads, in conjunction with the Human Resources Department, will be responsible for ensuring that violators of this policy are subjected to the appropriate disciplinary action, up to and including termination.
3. Responsibility for the coordination of the policy rests with the Chief Human Resource Officer.

PURPOSE/SCOPE

It is the policy of Wills Eye Hospital, (the “Hospital”) to prohibit discrimination and harassment on the basis of race, color, religion, sex, age, national origin, ancestry, sexual orientation, marital status, disability, veteran’s status, or other protected classifications. This Policy is applicable to all persons employed by the Hospital.

POLICY

1. The Hospital is committed to maintaining an environment that encourages and fosters appropriate conduct among employees and respect for individual values. Accordingly, the Hospital is committed to enforcement of its Nondiscrimination and Harassment Policy at all levels within the work place in order to create an environment free from discrimination and/or harassment. In all instances, the Hospital will continue to comply with applicable federal, state and municipal regulations governing employment practices.
2. Discrimination, including sexual harassment and discriminatory harassment, is unacceptable in the work place and in other work related settings such as business trips, conferences, and business related social events. Sexual harassment and Quid Pro Quo harassment are forms of sex discrimination and are prohibited by this Policy. Such conduct will not be tolerated, and is prohibited by this Policy, and may result in immediate termination.
3. Retaliation in any way against anyone who has, in good faith, complained, has raised concerns, or formally reported about discrimination, sexual harassment, or discriminatory harassment regardless of whether that complaint or concern relates to the individual raising the concern or complaint, will not be tolerated and is prohibited by this Policy and by applicable law.
4. No executive, manager, supervisor, employee or other person is authorized by the Hospital to engage in discrimination or any form of harassment. Management level personnel are expected to serve as role models to other employees with regard to appropriate workplace conduct, and will be held to a higher standard of accountability with respect to their actions in the work place. Management personnel should not only refrain from actions that violate this Policy, but should refrain from any activity that would give the appearance of impropriety.

DEFINITIONS

1. Sexual Harassment – Sexual harassment is a form of discrimination. It consists of unwelcome sexual advances, requests for sexual favors, or other verbal or physical acts of a sexual or sex-based nature where:
 - a. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment; or
 - b. an employment decision is based on that individual’s acceptance or rejection of such conduct; or

2. Quid Pro Quo Harassment
 - a. Quid Pro Quo harassment is a form of sexual harassment. It occurs when a manager or supervisor threatens an individual with loss of job benefit, or changes working conditions because the employee will not submit to sexual demands. It also occurs when sexual activity is required in return for getting or keeping a job or job-related benefit.
 - b. Quid Pro Quo harassment occurs between a manager/supervisor and employee due to the nature of the manager/subordinate relationship. A manager/supervisor is defined as someone who can affect individual working conditions because he/she can take action such as hiring, firing, promoting, disciplining, and deciding pay increases or decreases.
3. Discriminatory Harassment – Discriminatory harassment consists of unwelcome verbal or physical acts against another, differential treatment of an individual because of his or her race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran’s status or other protected classifications to the extent required by applicable laws, where such conduct interferes with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.
4. Hostile Work Environment – Conduct that has the purpose or effect of unreasonably interfering with an individual’s work performance, or creates an intimidating, hostile, or offensive working environment.

PROCEDURE

1. This Policy applies to all Directors, Officers, and employees of the Hospital, and other persons whose presence at or affiliation with the Hospital may place them in a position of power over employees of the Hospital, or where this may be deemed to represent the Hospital.
2. This Policy also prohibits harassment by Hospital personnel against any person, as well as any harassment directed towards Hospital personnel by contractors, consultants, suppliers, vendors, visitors, and other non-employees, when such conduct occurs at Hospital property or in connection with Hospital activities or the performance of Hospital work.
3. Sexual Harassment: Prohibited acts of sexual harassment can take a variety of forms ranging from subtle pressure for sexual favors or contact to actual physical contact. At times, the offender may be unaware that his or her conduct is offensive or harassing to others. However, such lack of awareness will not excuse a violation of this policy. Examples of conduct that could be considered sexual harassment under this policy include but are not limited to:
 - a. repeated instances of unwelcome flirting, pressure for dates, sexual comments, or unnecessary/unwelcome touching

- b. sexually suggestive jokes or gestures, or sexually orientated or degrading comments about another
 - c. preferential treatment, or a promise of preferential treatment to an employee, in exchange for dates or sexual conduct; or the denial or threat of denial of employment, employment benefits, or advancement for refusal to consent to sexual advances (Quid Pro Quo harassment)
 - d. display of sexually oriented pictures, posters, or other sexually oriented material, or forwarding sexually explicit e-mails through electronic medium
 - e. rape, attempted rape, and other forms of non-consensual physical sexual contact
 - f. retaliation against an individual for disclosing, reporting, or complaining about sexually harassing conduct
 - g. inappropriate references to anatomy or discussions surrounding such topics not directly related to a specific work issue
 - h. sexual harassment may occur between employees of the same or of different rank, and between persons of the same or a different gender
4. Quid Pro Quo Harassment
- a. some benefit is achieved in return for a favor that is usually sexual in nature
 - b. employee is submitted to unwelcome sexual conduct in exchange for a job-related reward or to avoid a job-related penalty
 - c. harassment that occurs between a manager/supervisor and employee due to the nature of the manager/subordinate relationship
5. Discriminatory Harassment: Prohibited acts of discriminatory harassment can take a variety of forms ranging from subtle racial or religious joking to actual physical contact or violence. At times, the offender may be unaware that his or her conduct is offensive or harassing to others. Examples of conduct that could be considered discriminatory harassment include:
- a. Offensive statements, materials, unwelcome jokes, or gestures directed toward another, which involve the other's race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws, or similar degrading comments about another;
 - b. Preferential treatment of another employee, or a promise of preferential treatment to an employee on the basis of his or her race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws; or the denial or threat of denial of employment, employment benefits, or advancement on the basis of his or her race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws;
 - c. The display of offensive pictures, cartoons, or other materials involving race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws;

- d. Physical assault against another or against another's property because of the other's race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws;
 - e. Marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws;
 - f. Retaliation against an individual for disclosing, reporting, complaining about discriminatory harassing conduct, or participating in a harassment investigation.
 - g. Discriminatory harassment may occur between employees of the same or different rank and between persons of the same or different race, color, religion, sex, age, national origin, sexual orientation, marital status, disability, veteran's status, or other protected classifications to the extent required by applicable laws.
 - a. All personnel are encouraged to express displeasure at offensive conduct by telling the individual engaging in the conduct that it is unwelcome or offensive, and to report that conduct, through the use the Hospital's complaint procedures.
6. Hostile Work Environment
- a. offensive conduct can be verbal, physical, or both
 - b. conduct is repetitive and frequent
 - c. conduct is hostile and openly offensive
 - d. the alleged harasser is a co-worker or supervisor
 - e. co-workers joined in perpetuating the harassment
 - f. harassment is directed at more than one individual
7. The Hospital will not tolerate, condone, or allow discrimination, sexual harassment, discriminatory harassment, or any form of harassment or hostile work environment, whether engaged-in by fellow employees, supervisors, or others affiliated with the Hospital or by outside vendors, visitors, or other non-employees who conduct business with the Hospital. All employees are required by this Policy to report all incidents of discrimination, or sexual or discriminatory harassment, regardless of the offender or the person toward whom the offensive conduct is directed.
8. Any individual who believes that he or she is being subjected to conduct or actions by another person that violates this Policy is encouraged to notify the offender promptly and firmly that his or her behavior is unwelcome or inappropriate. In the event that such informal, direct communication would be either ineffective or impossible, the following steps should be taken to report discrimination or sexual or discriminatory harassment:
- a. Reporting Of Incident
 - i. Any employee who believes that he or she has been subjected to discrimination or any form of harassment prohibited by this Policy, or who has witnessed such discrimination or harassment, has a responsibility to immediately report the circumstances in accordance with the procedure set forth below. In addition, all management and supervisory personnel have an affirmative duty to promptly report

any discrimination or harassment that they observe that is made known to them by others, or that they reasonably suspect has occurred. The following procedures are designed to investigate and resolve a complaint. A report/complaint can be initiated in the following manner:

1. Reporting the matter to the employee's own immediate supervisor in the form of a written summary of their concerns;
2. If the matter involves the employee's own immediate supervisor or if, for any reason, the employee feels uncomfortable talking to his or her immediate supervisor, the employee may report the matter to:
 3. Cynthia C. Farano; Wills Eye Hospital
 1. Chief Human Resource and Compliance Officer
 2. (215) 440-3166
 4. Michael D. Allen, Esquire; Wills Eye Hospital
 1. General Counsel and Chief Administrative Officer
 2. (215) 440-3147
 - a. Investigation Of Report/Complaint
- ii. Once a complaint has been received, it will be promptly and fairly investigated. To the extent practicable, confidentiality, consistent with a full and fair investigation, will be maintained. If appropriate, the representative of the Hospital investigating the complaint may designate another supervisory or management employee to assist him or her in the investigation, or engage outside investigators.
- iii. The investigation may include interviews with the employee(s) who made the initial report and the person(s) towards whom the suspected discrimination or harassment was directed, the employee(s) suspected of the discrimination or the incident. Relevant documents may also be reviewed. All employees have an affirmative duty to cooperate with any investigation by providing truthful and accurate information.
- iv. After the investigation is completed, the person responsible for investigating the complaint shall advise relevant management of the findings of the investigation. The employee(s) who made the initial report, the employee(s) to whom the alleged discrimination or harassment was directed, and the employee(s) accused of the discrimination or harassment will be informed of the findings. In response to the findings, such action as appropriate to prevent any future unacceptable conduct, up to and including discharge of any employee found to have violated this Policy, will be taken within the discretion of management.
- v. The prompt reporting of complaints is required so that prompt response and appropriate action may be taken. Due to the sensitivity of these problems and because of the emotional toll such misconduct may have on the individual, there is no fixed deadline for reporting discrimination or harassment. Delayed reporting of complaints will not in and of itself preclude appropriate action but it may offset the quality of the investigation.

9. Protection Against Retaliation

- a. There will not be any retaliation against an individual who in good faith reports discrimination or harassment. Retaliation itself is a violation of this Non-Discrimination and Harassment Policy and should be reported immediately. Any person found to have retaliated against another individual for reporting discrimination or harassment, or in any way interfering in an investigation pursuant to this policy will be subject to disciplinary action, up to and including discharge.

10. Disciplinary Sanctions

- a. Any employee found to have engaged in conduct that violates this Policy will be disciplined as appropriate in the discretion of management. An employee in violation of this Policy shall be subject to the full range of institutional disciplinary sanctions and procedures. This includes, without limitation, discharge, and other disciplinary actions.
- b. Discipline for a violation of this Policy need not be progressive, but will be determined by all of the facts and circumstances including the severity of the offense and the identity of the offender (including previous disciplinary history). Where a hostile work environment has been found to exist, management will take prompt and effective action to eliminate the conduct creating such an environment, including the replacement of supervision and the reassignment of employees.
- c. If an investigation results in a finding that the complainant knowingly or maliciously made a false accusation against another of discrimination or sexual or discriminatory harassment, the complainant will be subject to appropriate sanctions, including the possibility of termination of employment.

11. Responsibility:

- a. Senior administrative staff and department heads are responsible for insuring that all managers, supervisors, and employees are periodically briefed on this policy.
- b. All management and supervisory staff are responsible for ensuring compliance with the policy.
- c. Employees are responsible for observing the standards of conduct outlined in the policy and for cooperating in the investigation of any alleged discrimination or harassment.

12. Acknowledgment:

- a. All reports of harassment or inappropriate conduct by any person employed by the Hospital, or by any service provider or contractor to the Hospital, will be investigated and appropriate action taken. You will not be subject to any retaliation for making any good faith report of harassment or inappropriate conduct, but you should not use this forum simply to attack other persons. The complaint will be deemed confidential and not disclosed unless necessary as part of the investigative process.

WORKPLACE VIOLENCE PREVENTION

PURPOSE & SCOPE

This policy is intended to provide guidance regarding the meaning of “workplace violence”, defines prohibited conduct and establishes potential consequences for violations. Additionally, the policy provides direction on how to report incidents and offers sources of assistance and support to those impacted by workplace violence.

Workplace Violence is defined as any physical assault, threatening behavior or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbings, suicides, rapes, near suicides, psychological traumas, such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn, or shouted at.

This policy applies to all members of the Wills Eye Hospital community, including but not limited to employees, visiting observers, students, volunteers, vendors, contractors and persons permitted to work on Wills Eye Hospital premises, satellite locations and during sponsored off-site events/activities. For purposes of this policy, premises are defined as any property or buildings owned by Wills Eye Hospital, or any areas under its control or operation, which may include leased facilities, parking areas and garages.

POLICY

Wills Eye Hospital has a zero-tolerance policy towards workplace violence and takes all acts of violence seriously. Hospital employees and affiliates are prohibited from all conduct, either verbal or physical, that is abusive, threatening, intimidating or demeaning. The prevention of workplace violence is everyone’s responsibility. It is expected that employees will maintain a workplace atmosphere of mutual respect and civility. No person covered by this policy may engage in conduct intended to threaten, intimidate or harass any individual. No person covered by this policy may possess a weapon or dangerous instrument while at a Wills Eye Hospital. Any such weapon or dangerous instrument will be confiscated and turned over to the appropriate law enforcement authorities; there is no reasonable expectation of privacy with respect to these items. No person covered by this policy may use, attempt to use, or threaten to use a weapon or dangerous instrument. No person covered by this policy may cause or threaten to cause death or physical injury to any individual while on Wills Eye Hospital premises.

DEFINITIONS

Weapon: any firearm including a BB gun, blackjack, metal or brass knuckles, or any dirk knife, or any switch knife, or any knife having an automatic spring release device having a blade of over one and one half inches in length, or stiletto, or any knife the edged portion of the blade of which is four inches or more in length, any police baton or nightstick or any martial arts weapon or electronic defense weapon.

Dangerous instrument: any instrument, article, or substance that, under the circumstances, is capable of causing death or serious physical injury.

REPORTING

If you feel that you have witnessed or have been the subject of workplace violence, you are encouraged to report such conduct immediately to a supervisor or member of management. The Department of Human Resources will investigate all acts or threats of violence occurring in the workplace and take prompt remedial action if necessary based on the results of the investigation.

WORKPLACE VIOLENCE PREVENTION

HAZARD ASSESSMENT AND SECURITY

Employees and affiliates are urged to be mindful of the following displays of aggression that may lead to workplace violence so that they may address and defuse any potentially violent situations:

- Erratic behavior
- Yelling
- Fighting stances
- Excessive foul language
- Failure of cooperation
- Unkempt dress
- Signs of drug or alcohol use
- Direct or veiled threats of harm
- Sudden withdrawal from friends or co-workers
- Intimidation, belligerence, or bullying

WORKPLACE VIOLENCE CONTROLS

Prevention is the responsibility of every employee. Supervisors and managers, as well as employees, should be familiar with and knowledgeable of the risk factors before violence occurs to reduce the risk of violent behavior. In an effort to reduce the risk of workplace violence:

- Apprise management of any evidence of the risk factors noted above or any other behavior you reasonably believe is indicative of potential violence.
- Advise management of anyone who recounts acts of violence.
- Treat all employees with respect and dignity, and report any conflicts to management.
- Comply with the recommendations and standards as outlined in this Policy.

RECORDKEEPING

Wills Eye Hospital is committed to maintaining written records of any incidents of workplace violence and shall review such records at least annually. The records will include information such as the date of any reported incidents of workplace violence, the parties involved, and any resolution or outcome.

RESPONSE PROCEDURES

In the event of an emergency, meaning that either an injury has occurred or there is an immediate threat of physical harm, employees and community members should:

- Contact a supervisor or manager who can call 911 dependent on the circumstances and if able to do so.
- Seek shelter and cover dependent on the circumstances.
- Remain calm—do not panic.
- Wait for emergency personnel to arrive to the extent practical.

ENFORCEMENT



Wills Eye Hospital

WORKPLACE VIOLENCE PREVENTION

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Chapter: EMPLOYMENT
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Effective Date: 6/8/16
Revised: 6/7/17

Any action by an employee which endangers the safety of another employee, or causes an employee to fear for his or her safety, such as fighting, destruction of Hospital property, possessing weapons on Hospital property except for authorized personnel, implied or expressed threats of violence, and intimidation will result in discipline up to and including termination of employment. Threats of violence, even if not intended to be taken seriously, may warrant such disciplinary action.

NONPUNITIVE WORKING ENVIRONMENT

POLICY

Wills Eye Hospital is committed to the concept that employees do not purposefully seek to create errors. Patient safety literature has demonstrated that errors may be the result of ineffective, improperly designed or flawed processes. The organization seeks to foster an atmosphere in which reporting errors/events and patient safety concerns are the norm by actively creating a nonpunitive environment where practitioners and employees do not fear retribution for reporting such concerns or events. A nonpunitive approach will be extended to staff who report their own errors in a timely manner, and to staff unaware of their own errors.

It is the responsibility of each employee and staff member to maintain a safe environment including reporting in a timely manner all events that are unusual in nature and not part of normal routine. This will facilitate the improvement of patient care and patient/visitor/employee safety. A nonpunitive work environment supports the activity by:

- Encouraging open and honest reporting of injuries or hazards to patients, visitors and staff.
- Facilitating education and problem resolution through forthright disclosure of process failure and/or human error.

An employee whose actions result in an error/event will not be subject to disciplinary action EXCEPT when:

1. The employee fails to report the error/event. (Note: IF physicians or other licensees fail to report serious events as required, the Hospital is required to notify the licensee's licensing board of the failure to report.)
2. The error/event is not reported in a timely manner.
3. False information is provided on the Event Report or in a follow-up investigation.
4. The error/event involves sabotage, malicious behavior, chemical impairment, criminal activity or intentional misconduct.

An employee whose actions include any of the exceptions listed above will be subject to disciplinary action in accordance with the provision of the Observance of Health System Policies and Employee Conduct policy.

If it is determined that staff competency is the root cause for a pattern of errors, management will make every reasonable effort to ensure staff can reliably deliver safe care. If a staff member cannot practice in a reliably safe manner, in spite of education and counseling, this situation will be treated as a staff competency issue through normal employee relations procedures.

PURPOSE & POLICY

Wills Eye Hospital recognizes its responsibility to provide procedures whereby an employee who feels wronged can seek redress. This policy is indented to provide guidance to employees who wish to file a formal grievance. Union employees are required to refer to the established Collective Bargaining Agreement contract with respect to grievances.

PROCEDURE

1. The employee having a grievance will discuss this matter with the appropriate supervisor to attempt to reach a satisfactory agreement within seven working days of its occurrence. If the matter is not resolved within three working days thereafter, the grievant may proceed to Step Two.
2. The complaint shall be given in writing by the grievant to the department head. The department head will meet with the grievant to discuss and review the grievance and conduct an investigation, if necessary.
3. The department head will respond in writing within five working days to the grievant. If the matter is not satisfactorily resolved, the grievant may proceed to Step Three.
4. The grievant shall, within five days, submit the written grievance and the department head's written reply to the Chief Human Resource Officer. The Chief Human Resource Officer will conduct an investigation and hold a hearing to review the grievance.
5. The Chief Human Resource Officer will render a written decision based only on a review of the underlying record and the information that has been submitted. The written decision shall be final and binding on all parties. The final decision will be communicated in writing, to the grievant and the appropriate department head/supervisor.

RETALIATION

It is the policy of the Hospital that no employee may be retaliated against for initiating, participating or aiding in the grievance process. Any Hospital employee who believes they have been subject to retaliation should contact the Department of Human Resources.

POLICY

Unauthorized electronic surveillance of employees is disruptive to employee morale and inconsistent with the respectful treatment required of our employees. For this reason, no employee may record the conversation of another employee without his or her full knowledge and consent.

The devices used to record via audio or video that are prohibited are inclusive of, but are not limited to, cellular phones, tablet devices, computers, voice recorders of any kind, video cameras of any kind, and microphones.

Accordingly, no employee may use a tape recorder in the Health System or in connection with any Health System business at any time to record conversations, meetings or telephone calls without:

1. Disclosing the use of the tape recorder or similar recording device;
2. Obtaining the consent of all persons to be recorded prior to any recording.

Any individual requesting to record via audio or video any interaction with any persons employed or associated with Wills Eye Hospital, will need to inform the Department of Human Resources of their intention and obtain required authorization. The Department of Human Resources will have sole discretion in approving or denying an individual's request. Furthermore, an employee may refuse to be recorded and at such time may end the conversation if the asking party refuses to speak without a recording device.

SCOPE

This policy applies to all employees, contractors, and visitors of Wills Eye Hospital.

ENFORCEMENT

Any violation of this policy may result in disciplinary action, up to and including termination of employment.

ATTENDANCE – NON-UNION EMPLOYEES

SCOPE/PURPOSE

To describe an employee's responsibilities for lateness and attendance; and to provide notification of an employee's right to sick leave as per the City of Philadelphia's Paid Sick Leave Ordinance.

POLICY

It is the employee's responsibility to report as scheduled for duty. It is important for employees to recognize the importance of reporting on a regular and timely basis.

The Hospital recognizes that occasional emergencies arise causing an employee to be unexpectedly absent from or late for work. Infrequent instances may be excused. However, excessive absenteeism or tardiness may not be overlooked or excused.

Wills Eye Hospital recognizes that most employees will at some time during the year need temporary time off from work to take care of their own health needs or the health needs of members of their families.

ELIGIBILITY

Employees are eligible to take accrued sick leave beginning on the 90th calendar day following commencement of their employment. After the 90th calendar day of employment, employees may use sick time as it is accrued. All Hospital employees (excluding independent contractors, seasonal workers, employees hired for a term of less than six months, interns, per diem employees and employees covered by a bona fide collective bargaining agreement) who work for at least 40 hours in a year, accrue sick leave.

SICK LEAVE ACCRUAL

Philadelphia Paid Sick Leave Ordinance Accrual:

Wills Eye Employees (excluding independent contractors, seasonal workers, employees hired for a term of less than six months, interns, per diem employees and employees covered by a bona fide collective bargaining agreement) who are not considered regular full-time or part-time workers, and who work at the Hospital at least 40 hours in a year, accrue sick leave at a minimum of one hour of sick time for every 40 hours worked, and will not accrue more than 40 hours of sick time in a calendar year.

Wills Eye Paid Sick Leave Accrual:

In addition to any Philadelphia Paid Sick Leave Sick accrual, all Wills employees accrue sick leave from the date of hire and shall be earned bi-weekly. Regular full time employees shall earn one day for each month of continuous employment or .04615 for each scheduled hour of work. Regular part-time employees shall earn pro-rated sick leave benefits according to hours scheduled bi-weekly (part-time employees must work at least forty hours bi-weekly). All sick leave, including Philadelphia Paid Sick Leave, may be accrued to a maximum of sixty days.

ATTENDANCE – NON-UNION EMPLOYEES

PROCEDURE

A. Reporting Absences/Lateness

1. An employee who is unable to report for work because of illness or other unavoidable circumstance (refer to Section C) is responsible for notifying their Supervisor as soon as possible before the scheduled starting time.
2. Employees who will be absent are to contact their Supervisor, per department policy.
3. Accrued sick time shall be provided upon the oral or written request of an employee. When possible the request shall include the expected duration of the absence.
4. When the need for sick time is known to the employee in advance, such as for a scheduled appointment with a health care provider, the employee shall provide notice of the need for such time to their Supervisor in advance of the use of their sick time and shall make a reasonable effort to schedule the use of sick time in a manner that does not unduly disrupt the operations of their department. For all other absences, the employee shall notify their supervisor before the start of the employee's scheduled work hours, or as soon as possible if the need arises immediately before or after the employee has reported for work.
5. For absence more than two (2) consecutive days, Wills Eye Hospital may require reasonable documentation.

B. Excessive Absenteeism/Tardiness

1. Excessive absenteeism and tardiness disrupt the normal, necessary operation of the Hospital and, therefore, may not be overlooked or excused.
2. It is the responsibility of the immediate supervisor of an area to address the problem immediately with employees who are chronically absent/tardy. Any action will be documented and placed in the employee's personnel file.
3. The following guidelines on "excessiveness" are provided for use:
 - i. Four instances of absence or lateness within a six month period is considered excessive. (Note: An absence instance is an occurrence, which may be a partial day to any number of consecutive days of absence. For purposes of this Policy, three late arrivals after the start of an employee's shift shall constitute one instance of lateness. An occasion of lateness is defined as five minutes or more, provided, however, that each combination of lateness within a payroll period which total or exceed five minutes or a multiple of five minutes, will be treated as one lateness or multiple latenesses. This five minute grace period does not excuse the employee from performing all required work.)

C. Usage of Sick Leave

1. The first 40 hours of accrued sick leave shall be provided to an employee for:
 - i. An employee's mental or physical illness, injury or health condition; an employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; an employee's need for preventative medical care.
 - ii. Care of a family member with a mental or physical illness, injury or health condition; care of a family member who needs medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; care of a family member who needs preventative medical care.
 - iii. Absences necessary due to domestic abuse, sexual assault or stalking, provided the leave is to allow the employee to obtain for the employee or the employee's family member: medical attention needed to recover from physical or psychological injury or disability caused by domestic or sexual violence or stalking; Services from a victim services organization; Psychological or other counseling; Relocation due to the domestic or sexual violence or stalking; Legal services or remedies including preparing for, or participating in, any civil or criminal legal proceeding related to or resulting from the domestic or sexual violence.

ATTENDANCE – NON-UNION EMPLOYEES

2. After the initial 40 hours of accrued Sick Leave is used, employees who have completed the 90th calendar day of employment, may use their remaining sick time as it is accrued.
3. An employee's accrued hourly sick time shall be provided on biweekly paystubs.
4. Accrued sick time may be used in 15 minute increments.
5. An employee who uses sick time for the purposes described above in this Section C (1) i, ii, iii may, after accrued paid sick leave has been exhausted, take unpaid leave.
6. After the utilization of the 40 hours of sick time for usage as prescribed in the Philadelphia Paid Sick Leave Accrual, the balance of sick leave may only be used for one's own personal illness.

DISCIPLINARY ACTION

Failure to provide proper notification may cause an employee to be ineligible for paid benefit time and may result in appropriate disciplinary action. An employee who is absent for three consecutive work days without notifying their Supervisor is considered to have voluntarily terminated his/her employment with the Hospital.

Wills Eye Hospital does not count sick time taken for reasons listed in Section C (1) i, ii, iii as an absence that may lead to or result in discipline, discharge, demotion, suspension, or any other adverse action.

Appropriate disciplinary action for excessive absenteeism/tardiness includes:

- Documented verbal counseling, advising the employee of the seriousness of a continuing problem
- Suspension from work without pay
- Termination of employment

ATTENDANCE – UNION EMPLOYEES

SCOPE/PURPOSE

To describe an employee's responsibilities for lateness and attendance.

POLICY

It is the employee's responsibility to report as scheduled for duty. It is important for employees to recognize the importance of reporting on a regular and timely basis.

The Hospital recognizes that occasional emergencies arise causing an employee to be unexpectedly absent from or late for work. Infrequent instances may be excused. However, excessive absenteeism or tardiness may not be overlooked or excused.

Wills Eye Hospital recognizes that most employees will at some time during the year need temporary time off from work to take care of their own health needs or the health needs of members of their families.

ELIGIBILITY

Employees are eligible to take accrued sick leave beginning on the 90th calendar day following commencement of their employment. After the 90th calendar day of employment, employees may use sick time as it is accrued.

SICK LEAVE ACCRUAL

Wills employees accrue sick leave from the date of hire and shall be earned bi-weekly. Regular full time employees shall earn one day for each month of continuous employment or .04615 for each scheduled hour of work. Regular part-time employees shall earn pro-rated sick leave benefits according to hours scheduled bi-weekly (part-time employees must work at least forty hours bi-weekly). All sick leave may be accrued to a maximum of sixty days.

PROCEDURE

A. Reporting Absences/Lateness

- I. An employee who is unable to report for work because of illness or other unavoidable circumstance (refer to Section C) is responsible for notifying their Supervisor as soon as possible before the scheduled starting time.
- II. Employees who will be absent are to contact their Supervisor, per department policy.
- III. Accrued sick time shall be provided upon the oral or written request of an employee. When possible the request shall include the expected duration of the absence.
- IV. When the need for sick time is known to the employee in advance, such as for a scheduled appointment with a health care provider, the employee shall provide notice of the need for such time to their Supervisor in advance of the use of their sick time and shall make a reasonable effort to schedule the use of sick time in a manner that does not unduly disrupt the operations of their department. For all other absences, the employee shall notify their supervisor before the start of the employee's scheduled work hours, or as soon as possible if the need arises immediately before or after the employee has reported for work.
- V. For absence more than two (2) consecutive days, Wills Eye Hospital may require reasonable documentation.

B. Excessive Absenteeism/Tardiness

- I. Excessive absenteeism and tardiness disrupt the normal, necessary operation of the Hospital and, therefore, may not be overlooked or excused.
- II. It is the responsibility of the immediate supervisor of an area to address the problem immediately with employees who are chronically absent/tardy. Any action will be documented and placed in the employee's personnel file.
- III. The following guidelines on "excessiveness" are provided for use:
 - i. Four instances of absence or lateness within a six-month period is considered excessive. (Note: An absence instance is an occurrence, which may be a partial day to any number of consecutive days of absence. For purposes of this Policy, three late arrivals after the start of an employee's shift shall constitute one instance of lateness. An occasion of lateness is defined as five minutes or more, provided, however, that each combination of lateness within a payroll period which total or exceed five minutes or a multiple of five minutes, will be treated as one lateness or multiple occurrences. This five-minute grace period does not excuse the employee from performing all required work.)

C. Usage of Sick Leave

- I. The first 40 hours of accrued sick leave shall be provided to an employee for:
 - i. An employee's mental or physical illness, injury or health condition; an employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury or health condition; an employee's need for preventative medical care.
 - ii. Care of a family member with a mental or physical illness, injury or health condition; care of a family member who needs medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; care of a family member who needs preventative medical care.
 - iii. Absences necessary due to domestic abuse, sexual assault or stalking, provided the leave is to allow the employee to obtain for the employee or the employee's family member: medical attention needed to recover from physical or psychological injury or disability caused by domestic or sexual violence or stalking; Services from a victim services organization; Psychological or other counseling; Relocation due to the domestic or sexual violence or stalking; Legal services or remedies including preparing for, or participating in, any civil or criminal legal proceeding related to or resulting from the domestic or sexual violence.
 - iv. After the initial 40 hours of accrued Sick Leave is used, employees who have completed the 90th calendar day of employment, may use their remaining sick time as it is accrued.
 - v. An employee's accrued hourly sick time shall be provided on biweekly paystubs located online.
 - vi. Accrued sick time may be used in 15 minute increments.
 - vii. An employee who uses sick time for the purposes described above in this Section C (1) i, ii, iii may, after accrued paid sick leave has been exhausted, take unpaid leave.

DISCIPLINARY ACTION

Failure to provide proper notification may cause an employee to be ineligible for paid benefit time and may result in appropriate disciplinary action. An employee who is absent for three consecutive work days without notifying their Supervisor is considered to have voluntarily terminated his/her employment with the Hospital.

Wills Eye Hospital does not count sick time taken for reasons listed in Section C (I.) i, ii, iii as an absence that may lead to or result in discipline, discharge, demotion, suspension, or any other adverse action.

Appropriate disciplinary action for excessive absenteeism/tardiness includes:

- Documented verbal counseling, advising the employee of the seriousness of a continuing problem
- Suspension from work without pay
- Termination of employment

PURPOSE

Wills Eye Hospital is committed to providing superior patient care. The Hospital can only operate at optimum efficiency when every employee understands the value of his/her position and accepts this responsibility.

The purpose of this policy is to establish and maintain standards for appropriate uses of time clock terminals/web-based time clocks. Additionally, this policy is intended to ensure expectations for staff regarding punctuality so to guarantee proper staffing of the Hospital. Employees and managers/supervisors are also required to review the Hospital's Attendance policy for further guidance regarding proper procedures for reporting absences or lateness, definitions of excessive absenteeism/tardiness, and appropriate uses of accrued sick leave.

POLICY

Each employee is expected to adhere to established work schedules and to arrive at work in a timely manner. The Hospital recognizes that occasional emergencies arise causing an employee to be unexpectedly absent from or late for work. Infrequent instances may be excused; however, excessive absenteeism, tardiness or pattern absences may not be overlooked or excused.

Employees are expected to report to work based on their pre-established work schedules and must be present at their workstations at the start of their shift. With the exception of a scheduled lunch break and other approved breaks, employees are expected to remain at their workstations until the end of their shift.

This policy is not intended to cover employees who are in their initial ninety (90) day probationary period. Probationary employees with more than one absence point; or up to three (3) occasions of tardiness and/or failure to use the time clock during their initial ninety (90) day probationary period will be subject to termination of their employment.

DEFINITIONS

Absence:

Failure to report for or fulfill any designated shift on the work schedule regardless of the reason.

Tardiness:

Failure by an employee to be at his/her workstation, ready to work, at the designated arrival time posted on the work schedule. If the employee arrives fifteen (15) minutes late for his/her shift, it is the manager's/supervisor's discretion whether the employee will be permitted to work that day. If the employee is not sent home and is permitted to work, the employee will be deemed tardy rather than absent. If the employee is not permitted to work it will be deemed as an absence point.

Pattern Absence:

Any unscheduled absence(s) that occur on the day before or the day after a requested scheduled day(s) off or the day before or the day after a Wills Eye Hospital recognized holiday.

PROCEDURE

Employees are required to adhere to the following established guidelines for recording their actual hours worked:

- Non-exempt employees are to clock in/clock out at the start and end of their scheduled shift.
- It is the responsibility of the employee to determine that their swipe has successfully registered.
- Employees must provide prompt notification to their manager/supervisor in the event an errors that occurs during clocking in or clocking out so to allow sufficient time to correct the timecard.
 - Uncorrected mistakes will not be paid on your pay check for that pay period. No special checks will be issued. Employees will be paid on the next regular paycheck.
- Employees may only use authorized timeclocks to clock in/out.
- Employees may not knowingly clock another employee's time or have someone else clock in/out for them or falsify their time in any other manner.
- Repeated failure to clock in or out and excessive erroneous corrections, and/or missed time transactions by the employee may result in disciplinary action.

A missed clock in/out is a violation of this policy and includes:

- Failure to clock in/out on their designated time clock or web-based Paychex platform at the beginning and/or end of their assigned shift;
- Failure to clock in/out on their designated time clock/web-based platform for lunch breaks;
- Failure to accurately and timely report time worked;
- Clocking in/out early (or late) of assigned shift without prior to obtaining approval from manager/supervisor.

ENFORCEMENT

Excessive absenteeism and/or tardiness will have an adverse effect on an employee's performance appraisal rating, transfer requests, and/or promotional opportunities, and will result in disciplinary action up to and including termination of employment.

PURPOSE

The computing resources at Wills Eye Hospital support the patient care, educational, instructional, research, and administrative functions of the organization and the use of these resources is a privilege that is extended to employees, patients, guests, and affiliates of the Wills Eye community. As a user of these services and facilities, employees have access to valuable resources, sensitive data, and internal and external networks. Consequently, it is important for Wills Eye Hospital staff to conduct themselves in a manner that is responsible and ethical.

In general, acceptable use means respecting the rights of other computer users, the integrity of the physical facilities and all pertinent license and contractual agreements.

This document establishes specific requirements for the use of all computing and network resources at Wills Eye Hospital.

SCOPE

This policy applies to all users of computing resources owned or managed by Wills Eye Hospital. Individuals covered by the policy include, but are not limited to, Hospital employees, volunteers, students, guests, external individuals and organizations accessing the Hospital's network services.

Computing resources include all Hospital owned, licensed, or managed hardware and software, and use of the organization's network via a physical or wireless connection, regardless of the ownership of the computer or device connected to the network.

The guidelines as described in this policy apply to technology administered in individual departments, the resources administered by central administrative departments (such as the Hospital's library and computers located in other communal spaces), personally owned computers and devices connected by wire or wireless to the Hospital's network, and to off-site computers that connect remotely to the Hospital's network services.

ACCEPTABLE USE

Employees, volunteers, visitors, and contractors are required to adhere to the following acceptable uses of all Wills Eye Hospital computing resources:

- You may use only the computers, computer accounts, and computer files for which you have authorization.
- You may not use another individual's account, or attempt to capture or guess other users' passwords.
- You are individually responsible for appropriate use of all resources assigned to you, including the computer, the network address or port, software and hardware. Therefore, you are accountable to the Hospital for all use of such resources. As an authorized Wills Eye Hospital user of resources, you may not enable unauthorized users to access the network by using a Wills Eye Hospital computer or a personal computer that is connected to the Hospital's secure networks and servers.
- The Hospital is bound by its contractual and license agreements respecting certain third party resources; you are expected to comply with all such agreements when using such resources.

- You should make a reasonable effort to protect your passwords and to secure resources against unauthorized use or access. You must configure hardware and software in a way that reasonably prevents unauthorized users from accessing the Hospital's networks and computing resources.
- You must not attempt to access restricted portions of the network, an operating system, security software or other administrative applications without appropriate authorization by the network/system administrator.
- You must not use computing and/or network resources in conjunction with the execution of programs, software, processes, or automated transaction-based commands that are intended to disrupt (or that could reasonably be expected to disrupt) other computer or network users, or damage or degrade performance, software or hardware components of a system.
- On network and/or computing systems, do not use tools that are normally used to assess security or to attack computer systems or networks (e.g., password 'crackers,' vulnerability scanners, network sniffers, etc.).
- You are required to adhere to all federal, state, and local laws while utilizing computer and internet resources.
- You are required to observe the copyright law as it applies to music, videos, games, images, texts and other media in both personal use and in production of electronic information.
- Do not use, copy, or distribute copyrighted works (including but not limited to Web page graphics, sound files, film clips, trademarks, software and logos) unless you have a legal right to use, copy, distribute, or otherwise exploit the copyrighted work. Doing so may provide the basis for disciplinary action, civil litigation and criminal prosecution.
- Installing or downloading unapproved computer software, applications or files onto Wills Eye Hospital owned or leased computers, tablets or other mobile devices.

PROHIBITED USES

Prohibited uses of computer resources, e-mail, and internet access includes, but is not limited to the following:

- Use of Wills Eye Hospital computing services for political purposes
- Use of computing services for personal economic gain
- Promoting or maintaining a personal, private, or competitive business
- Creating unauthorized remote network access
- Writing, copying, executing, or attempting to introduce any malicious computer code (viruses, worms, Trojan horse, malware, etc.) designed to self-replicate, damage, or otherwise hinder the performance of access to Internet or e-mail services.
- Disclosing sensitive information that is not otherwise made public.
- Performing any act that may defame, libel, abuse embarrass, tarnish, present at bad image of , or portray in false light, Wills Eye Hospital, its personnel, business affiliates, or other parties.
- Posting or sending sensitive information outside of the organization without the appropriate approvals. Accessing, viewing, sending, or receiving, pornographic, sexually explicit, racist, hate-based, or offensive material.

PRIVACY STATEMENT



Wills Eye Hospital

ELECTRONIC MAIL AND INTERNET ACCEPTABLE USE

Manual: HR
Policy Number:
21.06.17
Page 3 of 3
Effective Date:
6/8/16
Revised: 6/7/17

While every effort is made to maintain the privacy of Wills Eye Hospital e-mail users, this may not always be possible. In addition, since employees are granted use of electronic information systems and network services to conduct Hospital business, there may be instances when the Hospital, based on approval from leadership, reserves and retains the right to access and inspect stored information without the consent of the user.

ENFORCEMENT

If an individual is found to be in violation of the Acceptable Use Policy, the University will take disciplinary action, including the restriction and possible loss of network privileges. A serious violation could result in more serious consequences, up to and including suspension or termination of employment. Additionally, individuals are also subject to federal, state and local laws governing many interactions that occur on the Internet.

PURPOSE

In an effort to maintain a safe environment for patients, visitors, and employees by minimizing unnecessary distractions, it is the policy of Wills Eye Hospital to limit the use of personal cell phones and other portable communication devices during worked time.

POLICY

Cell phones and other portable communication devices should never be used in any way that would distract from patient care or customer service. This policy applies to any portable device that makes or receives phone calls, leaves messages, texts messages, accesses the Internet or allows for the reading of and responding to email.

Employees are asked to exercise the same discretion with the use of personal communication devices as is expected with the use of any Hospital phone. Personal phone calls (including text messaging) during the work day, regardless of the phone or device used, are not appropriate and may limit productivity and be can distracting to others. Employees are expected to make personal calls only during non-worked time, such as during lunch breaks.

If department managers/supervisors permit the use of cell phones during work time, employees are required to turn the sound off. As previously stated, calls should generally be returned during break time or with supervisory approval.

RESPONSIBILITY

All employees, volunteers, residents, and community affiliates are responsible for understanding and following all aspects of this policy.

PURPOSE

Wills Eye Hospital has established rules of conduct for employees that reflect pride in our organization and our staff. In the interest of providing quality patient care and a positive and safe working environment for employees, it is essential that employees observe the Hospital's policies, procedures and rules of conduct.

DEFINITIONS

Violations generally fall under one of two categories. The specific penalty for any violation will be determined by your supervisor, based upon a review of all of the relevant facts, including your prior work record and length of employment. These examples are for your guidance and are not to be construed as mandatory in any instance.

Minor incidents:

Incidents such as a single absence or lateness, overstaying lunch or break periods, and failure to complete work assignments, are violations that require progressive disciplinary action.

Major violations:

Incidents such as insubordination, fighting, negligence or discourtesy involving patients, job abandonment, theft or tapering with recording of time worked, as examples, will result in immediate suspension or discharge at the discretion of the Health System.

Partial list of violations which will result in discharge:

1. Unauthorized use or possession of drugs and/or intoxicating beverages on the premises, or reporting to work under the influence of either
2. Illegal use or possession of drugs
3. Possession of firearms or other weapons while on the Health System premises
4. Insubordination
5. Theft
6. Falsifying employment application
7. Tapering with time worked records
8. Falsifying records of any kind
9. Misusing or damaging property belonging to the Health System, patient, visitor or employee
10. Violating confidentiality of patient related information or sensitive business materials or data
11. Fighting (verbal or physical)
12. Job abandonment
13. Violation of the Institutional Code of Conduct
14. Willful or careless violation of safety, fire prevention and security regulations.
15. Excessive absenteeism, pattern absenteeism and unexcused absence
16. Excessive lateness

17. Failure to notify your supervisor of absence in accordance with the requirements of your department
18. Failure to observe the Health System's safety rules
19. Sleeping while on duty
20. Work slowdown or sympathy strike
21. Unauthorized solicitation or distribution of literature
22. Negligence or discourtesy involving patients
23. Entry into unauthorized areas
24. Failure to complete work assignments
25. Discourteous behavior
26. Unauthorized absence from your assigned work area during regularly scheduled work hours
27. Smoking in areas where it is not permitted or at unauthorized times
28. Tape or other form of recording of any meeting
29. Failure to accurately record working time according to departmental policy
30. Other misconduct or violation of the Health System's policies, procedures or rules

PURPOSE

While Wills Eye Hospital strives to ensure a stable and secure environment for which to work, under certain circumstances, it may be necessary to eliminate employee positions due to budgetary needs, program reductions, reorganization, or other business needs. This policy establishes a process for the position elimination of regular full-time and part-time employee positions at the Hospital.

POLICY

The Hospital recognizes that from time to time business circumstances require the elimination of a position or group of positions. This policy is intended to serve as a guideline to assist in the consistent application of Hospital policies and programs for employees. The policy does not create a contract implied or expressed, with any Wills Eye Hospital staff members, who are employees at will. Wills Eye reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Hospital.

PROCEDURE

This policy applies to all regular full-time and part-time employees who have completed their probationary period, are regularly scheduled to work at least forty hours bi-weekly and position(s) are scheduled for elimination due to cost containment, advances in technology, reorganization or other business related reasons beyond the control of the employee(s).

The severance pay and benefits continuation provisions of this policy shall not be applicable if:

- 1) The position(s) to be eliminated is funded by a grant and the employee(s) was so advised at the time of employment;
- 2) The employee affected has less than two years' continuous service within the Hospital;
- 3) The employee is placed in another position within the Hospital;
- 4) From time to time, all or part of a department may be reduced in size or closed and another employer assumes its function(s). Hospital employees in this category who are offered similar positions with that new employer are not eligible for the severance pay and benefits continuation provisions of the policy. The Chief Executive Officer shall determine exceptions.

Reductions in force shall be accordance with skill, physical fitness and ability to perform the job. If two or more employees have equal skill and ability, Hospital seniority shall be used to determine the order, and layoff shall begin with the least senior employee. Wherever possible, probationary, temporary and part-time employees within a department will be laid off before regular full-time employees.

Every effort will be made by the Human Resources Department to place individuals in positions suitable to their current salary, skills and experience, provided they are eligible for internal placement. If no position is available, the affected employee will be laid off.

In the event it is necessary for the individual to be laid off, severance pay will be provided subject to the limitations prescribed elsewhere in the policy, and, only upon the execution of a “General Release” by the affected employee in a form acceptable to the Hospital, releasing Wills Eye Hospital and its affiliates from claims related to his/her employment and termination of that employment.

The total compensated severance period is one week for each completed year of service or fraction thereof, not to exceed a maximum of twenty-six weeks. The severance payments referred to in this policy is an amount equal to the difference between the employee’s base weekly earnings and the Unemployment Compensation benefit this is paid or would be paid upon application. Failure of an employee to apply, or reduction of the Unemployment Compensation benefit amount because of other reportable earnings, will not result in modification of the severance payment.

Benefits will be continued for one month. These benefits include medical insurance, dental insurance, prescription plan, and vision coverage. Long-term disability, voluntary tax sheltered annuities, life insurance, vacation and sick day accruals end as of the last day of active employment. Accrued vacation time will be paid in accordance with the next regularly scheduled pay period.

Severance pay and benefits will not be paid if the displaced employee has received a similar job offer and has chosen not to accept the position.

An employee who is laid off shall have no right to recall, but should the employee return to work within one year from the date of the layoff, no loss of seniority will result. After an absence of one year, the individual will return to the Hospital as a new employee, and, in such a situation, past service would apply only to pension eligibility, vesting and benefits as provided in the plan documents.

RESPONSIBILITY FOR MAINTENANCE OF THIS POLICY

Human Resources



Wills Eye Hospital

REDUCTION IN WORK FORCE

Manual: HR
Policy Number: 24.06.17
Page 3 of 3
Effective Date: 6/8/16
Revised: 6/7/17

Approved By

Signature: _____
Joseph P. Bilson, Chief Executive Officer

POLICY

The administration at Wills Eye Hospital recognizes the importance of adequate staffing in providing the highest quality of patient care. Executive leadership, under the governance of The Board of Directors of City Trusts, is committed to evaluating the effectiveness of staffing based on the needs and requirements of the organization.

PROCEDURE

During the annual budget process, the Board of Directors of City Trusts approves the funds designated to support the staffing of the organization. The Hospital's executive leadership regularly assesses the ongoing needs of the organization and makes the necessary adjustments in order to ensure optimal patient care.

The executive leadership team at Wills Eye Hospital holds, on a weekly basis, operations meetings, where department staffing needs are assessed and modified if required (i.e. surge in patient volume, integration of new technologies/processes, etc.). Additional staffing plans are developed from the findings from weekly operations meetings in conjunction with the Department of Finance.

STAFFING ASSIGNMENT CRITERIA

Prospective employees undergo a thorough evaluation of acquired skills and previous experience in order to ensure their ability to provide superior patient care and ancillary services. Please refer to departmental policies and best practices relating to position specific criteria for employment.

PURPOSE & SCOPE

This policy is designed to ensure that Wills Eye Hospital adheres with its internal requirements when making termination decisions. The employment of a staff member may not be terminated for any reason without prior review by the Chief Human Resources Officer.

All Wills Eye Hospital employees are required to review and understand this policy as well as to refer to the Department of Human Resources for further guidance relating to all matters involving

Wills Eye Hospital recognizes the following types of terminations each with its own set of unique procedures as outlined below:

1. Voluntary - A resignation is a voluntary termination initiated by the employee.
2. Involuntary/Discharge – A termination that is initiated by the employer and is usually due to negative behavior or poor performance issues on behalf of the employee.
3. Job Elimination - A termination initiated by the Hospital because the job or position is discontinued due to a lack of work, significant change of work/responsibilities, or a lack of funds.

POLICY

Voluntary Resignation

Employees who resign voluntarily are required to give written notice equal to annual vacation entitlement. Employees who give the required notice in writing and who resign in good standing may be considered for re-employment. A resignation letter should include the following information:

- 1.Name, department and position of employee;
- 2.Date the letter of resignation is written;
- 3.Effective date of resignation (the employee's last day of work);
- 4.Specific reasons for the resignation.

An exit interview will be scheduled with Human Resources. Identification badge, keys and other Health System property needs to be returned to Human Resources on the last working day. Employee will be advised of final pay details, including accrued vacation pay, if applicable.

Involuntary/Discharge



Wills Eye Hospital

TERMINATION OF EMPLOYMENT

Manual: HR
Policy Number:
26.06.17
Page 2 of 2
Effective Date:
6/8/16
Revised: 6/7/17

An employee who is discharged will be notified by his/her supervisor. A termination meeting will be held with the Chief Human Resources Officer, if possible. The employee will be advised of final pay details, including accrued vacation pay, if applicable.

All employee personnel records shall be maintained for two (2) years following the date of the termination of employment.

Job Elimination

Refer to Reduction in Work Force policy for specific process and additional guidance.

SCOPE/PURPOSE

Wills Eye is committed to a policy of employment and advancement based on qualifications and merit and does not discriminate in favor of or in opposition to the employment of relatives.

POLICY

- 1) Due to potential for perceived or actual conflicts, such as favoritism or personal conflicts from outside the work environment which can be carried into the daily working relationship, Wills Eye will hire, promote or transfer relatives of currently employed persons only if:
 - Candidates for employment will not be working directly for or supervising a relative;
 - These candidates for employment will not occupy a position in the same line of authority in which related employees can initiate or participate in decisions involving a direct benefit to the relative. Such decisions include hiring, retention, transfer, promotion, wages and leave requests.

DEFINITIONS

Family member is defined as one of the following:

- a) Relationships by blood – parent, child, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece and first cousin
- b) Relationships by marriage – husband, wife, step-parent, step-child, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law, half-brother, half-sister, uncle, aunt, nephew, niece, spouse/partner of any of the above and cohabitating couples or significant others.

PROCEDURE

Individuals will not be hired or promoted into a position that would create a conflict with Will Eye's policy. If an employee begins a dating relationship or employees become relatives, partners or members of the same household, and one party is in a supervisory position, that person is required to inform management and human resources of the relationship. The employees will have 60 days to resolve the situation on their own. During those 60 days, the supervisory employee will not have involvement or direct input in the employment decisions of the other employee. After 60 days, if the employees have not yet resolved the situation on their own by means acceptable to Wills Eye, such as transfer or employment outside of the organization, the employees' supervisors will work with human resources to determine the most appropriate action for the specific situation. This may include transfer or, if necessary, termination of one of the employees.

If there is a situation where an action of Wills Eye, such as a reduction in the workforce, results in an involuntary circumstance in which two relatives, partners or members of the same household may be reporting to each other, Wills Eye will make every effort to reassign one of

the employees within within 60 days. During those 60 days, the supervisory employee will not have involvement or direct input in the employment decisions of the other employee.

Wills Eye reserves the right to apply this policy to situations where there is a conflict or the potential for conflict because of the relationship between employees, even if no direct reporting relationship or authority is involved. In these situations, Wills Eye will make every effort to reassign one of the employees within 60 days.

PURPOSE

The purpose of the Employee Referral Bonus Program is to provide an incentive award to a current employee who brings new talent to the hospital by referring applicants who are subsequently selected and successfully employed in a hard-to-fill position.

PROCEDURE

1. The Human Resources Department will provide a form for completion and submission by the referring employee with the applicant's name and position for which the applicant has applied.
 - a. Referred candidates cannot be current employees of the hospital, or its affiliates, in any capacity, to include temporary or contract employees.
 - b. Both the referring employee and the referred candidate must be employed by the hospital when any referral bonus is paid.
2. The hiring process will be fair and consistent with the hospital's policy and procedures, with no bias for or against candidates whose selection might make another employee eligible for a referral bonus.
3. Positions eligible for this program must be determined by the hospital to be "hard to fill" positions. Currently, the following positions are eligible for this program:
4. The referral bonus amount is \$3,000.00. Referral bonus payments are paid as follows:
 - a. \$1,000.00 paid after the new referred employee's hire date;
 - b. \$1,000.00 paid after the new referred employee's one year anniversary;
 - c. \$1,000.00 paid after the new referred employee's two year anniversary

PURPOSE

This policy establishes standards regarding the administration of staff personnel records.

SCOPE

This policy applies to all Hospital employees.

ACCOUNTABILITY

The Chief Human Resources Officer is responsible for ensuring compliance with the provisions as outlined by this policy.

PROCEDURE

Wills Eye Hospital maintains personnel records for all current employees as well as past employees in order to document employment related decisions, benefit choices, and comply with government record keeping requirements. To ensure confidentiality of personnel information, access to employee files is restricted to the Chief Human Resources Officer and his/her designees.

Only one official personnel file shall be maintained by Wills Eye Hospital and is to be housed in the Department of Human Resources. Supervisors are discouraged from maintaining informal personnel files on their employees. Wills Eye Hospital recognizes, however, that it may be necessary for a supervisor to keep records concerning employee performance, which, because of an ongoing need for access and updating, cannot be solely maintained with the remainder of the employee's personnel file.

The Department of Human Resources shall maintain a separate and confidential medical and benefits file for every employee. Additionally, I-9 files separately from personnel files.

Personnel files typically contain the following documents:

1. Wills Eye Hospital Application of Employment
2. Signed Offer Letter
3. Signed Job Description
4. Resume & Cover Letter
5. Employment Verification Form (will make every effort to obtain two references)
6. Licensures and Medical Certifications, if applicable
7. New Employee Orientation & Continuing Education Certificates
8. Employee Information/Emergency Contact Form
9. Personnel Action Form(s)
10. Performance Evaluation Form(s)

11. Grievance Reports, if applicable
12. Employee Action Forms, if applicable
13. Criminal Background Checks (3):
 - PA State Police Criminal Record Check
 - ChildLine Child Abuse
 - FBI Fingerprinting
14. Internal Policies (signed):
 - Non-Discrimination & Harassment Policy
 - Workplace Violence Policy
 - Workers' Compensation Employee Notification
 - Electronic Mail and Internet Acceptable Use Agreement
 - Employee Acknowledgement Form
 - Code of Conduct
 - Attendance Policy (non-union)

ACCESSING EMPLOYEE RECORDS

Personnel files contain records that are necessary and relevant for Hospital business and are the sole property of the Hospital. The files are kept confidential and are used only for Hospital business, by the HR staff themselves, and when required by a lawful subpoena or by court order that has been properly served by one having the authority to do so. The Hospital will notify the employee of such a request when it is received. Employees may review the contents of their personnel file by making an appointment with the Chief Human Resources Officer. Copies of materials contained in the personnel file may be made only with the approval of the Chief Human Resources Officer.

PURPOSE

This policy is intended to provide guidance to all managers/supervisors regarding the proper completion of Personnel Action Forms (PAF) as well as describes the required approval process.

SCOPE

This policy applies to all manager/supervisors who are tasked with the responsibility of initiating changes to an employee's job record.

POLICY

A Personnel Action Form (PAF) is required for all changes made to employee job records. Changes will not be processed without a completed PAF with all appropriate signatures as described in this policy. If the initiator fails to obtain the required signatures, the PAF will be returned to the initiator for correction. Employees are urged to consult the Department of Human Resources for further guidance or clarification regarding any of the requirements as defined by this policy.

DEFINITION & GENERAL GUIDLINES

Personnel Action Form (PAF) - A PAF is the form that initiates the process for hiring, terminating, transferring, competing salary increases or decreases, or making any other modifications to an employee's job.

Carbon PAF forms are located in the Department of Human Resources.

PAFs can be used to make the following staff changes:

- Promotions
- Demotions
- Wage adjustments
- Department/cost center transfers
- Job title changes
- Status changes
- Hours changes
- Terminations
- Leaves of absence
- Returns from leaves of absence
- Workers' compensation
- Return from workers' compensation
- Address changes

PROCEDURE

The following signatures are required to validate information for accuracy and completeness:

1. Requisitions for Replacement of a Budgeted Position
 - 1) Department Head
 - 2) Chief Human Resource Officer
 - 3) Grant Accountant (if position is supported by a grant/sponsored project)
2. Requisitions for an Addition to Budget
 - 1) Department Head
 - 2) Chief Human Resource Officer
 - 3) Grant Accountant (if position is supported by a grant/sponsored project)
 - 4) Chief Executive Officer
3. Change Actions
 - A. Salary changes
 - 1) Department Head
 - 2) Chief Human Resource Officer
 - 3) Grant Accountant (if position is supported by a grant/sponsored project)
 - 4) Chief Executive Officer (not needed if increase predetermined in offer letter or other document on file)
 - B. Status changes
 - 1) Department Head
 - 2) Chief Human Resource Officer
 - 3) Grant Accountant (if position is supported by a grant/sponsored project)
 - 4) Chief Executive Officer (if not within budget)
 - C. Leave of absence/benefit plan/name/address
 - 1) Department Head
 - 2) Chief Human Resources Officer
 - 3) Benefits Manager
 - D. Scheduled Hours/Title/Code/Cost Number
 - 1) Department Head
 - 2) Chief Human Resource Officer
 - 3) Grant Accountant (if position is supported by a grant/sponsored project)
 - 4) Chief Executive Officer (if there is an increase in scheduled hours)

PURPOSE

To provide guidelines for assessing, verifying and documenting staff competencies.

POLICY

It is the practice of Wills Eye Hospital to ensure qualified personnel provide optimal care for our patients. In order to ensure that employees are equipped with the skills and aptitude to be successful in their respective roles, it is the policy of Wills Eye Hospital to assess and document an individual's competence in meeting job requirements and performance standards at regular intervals, including pre-employment, during the 90-day probationary period, and at least annually thereafter.

Competency is defined as the demonstration of knowledge, skills (technical, professional interpersonal, and critical thinking), abilities and attitudes.

The Protocol section of this Policy outlines processes for determining competence prior to employment, roles and responsibilities for management and supervisors, and performance evaluation methods.

Additionally, the following elements of competency assessment are also described within the following:

1. Position Descriptions
2. General Hospital Orientation
3. Department-specific Orientation
4. Licensure and Certification Validation

PROTOCOL

Competency Prior to Employment

The following measures are positioned in order to evaluate prospective candidates during the initial recruitment phase of the hiring process:

1. Prior to an employment offer, the prospective employee shall be provided with a job description summary describing the qualifications, competencies, licensure, education and training required for the position. It is the responsibility of the supervisor/manager, in conjunction with the Department of Human Resources, to determine the specific qualifications and competencies and establish a written job description for each position. The Department of Human Resources ensures that all job descriptions as well as documents related to competence assessments are complete and present in each employee's personnel file.
2. The Department of Human Resources as well as the hiring manager/supervisor will interview prospective candidates and shall evaluate his/her training, education, experience, clinical skill level, licensure, and certification status.
3. The Department of Human Resources shall conduct confidential background checks (FBI Fingerprint Clearance, PA Child Abuse History Clearance, and PA State Criminal History Report) and verifications of previous employment on all final candidates for employment. Documentation of background clearances and employment verification will be maintained in the personnel file for each employee.
4. The prospective employee will provide evidence of current licensure, registration and certification prior to the first day of work as appropriate. The prospective employee will not be cleared to work in his/her position until the documents are submitted to the Department of Human Resources.

General Hospital and Department Orientation

All newly hired employees are required to complete a web-based Hospital orientation program. This program orients newly hired staff to the mission, vision and values of the organization. Additionally, the Hospital orientation includes sections on patient and employee safety, bloodborne pathogens, HIPAA, fire and life safety measures, workplace harassment and violence, key employee policies and procedures, cultural competency and diversity, and employee benefits. Please refer to New Employee Orientation Policy (Policy No.: 2.4.1) for specific guidance and enforcement relating to general Hospital orientation.

In addition to the general Hospital orientation, clinical staff are also required to complete an orientation specific to the department in which they are working. Each department manager is responsible for identifying the competencies that are required to be completed during the orientation period.

Employee Performance Appraisal

Employee performance appraisals are completed for all newly hired staff following their initial 90-day probationary period as well as annually for all other existing staff. These evaluations are used to ensure that acquired competencies are maintained, demonstrated, and improved on a continuing basis. Performance is evaluated based on expectations and measures as defined in the job description as well as organization-wide competencies. Managers/supervisors may also utilize additional measures to assess competence including but not limited to, direct observation, chart review, written or oral examinations, self-learning modules, and mandatory continuing education. Completed performance appraisal forms are maintained in the employee's personnel file.

The performance evaluation process is fully described in the Performance Appraisal Policy.

PURPOSE

To establish standards by which all newly hired employees must follow to complete the mandatory new employee orientation program.

POLICY

New employee orientation provides newly hired staff with information regarding the Hospital's values, policies, procedures, and benefits. Employees must complete the online orientation program in its entirety within thirty (30) days of their hire date.

The new employee orientation program in conjunction with unit specific trainings supply newly hired staff with information and best practices relating to the following topics:

- i. Infection control, Bloodborne, and airborne pathogens
- ii. Quality assessment and performance improvement
- iii. Life safety
- iv. Hazardous waste and materials safety
- v. Information management and HIPAA regulations
- vi. Equipment and device safety
- vii. Patient rights
- viii. The use of patient restraints

PROCEDURE

1. As an ongoing process, orientation begins during recruitment and selection phase, and continues as needed throughout the individual's employment. The Department of Human Resources facilitates this process with an orientation program for incoming newly hired employees.
2. This policy extends to all full-time, part-time, per diem, contracted, staff and volunteers.
3. The following describes new employee and management responsibilities regarding the creation and completion of the new employee orientation program:
 - a. Department of Human Resources Responsibilities
 - i. Provide newly hired staff with a global orientation to the organization;
 - ii. Ensure that employing units are providing supplementary on-the-job training needed for new employees to assume responsibilities;
 - iii. Evaluate the employee orientation program in order to improve the reach of the program based on feedback provided by participating employees as well as accreditation best practices;
 - iv. Provide information and resources about updates to policies and procedures governing new employee orientation.
 - b. Department Managers:



Wills Eye Hospital

NEW EMPLOYEE ORIENTATION

Manual: HR
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- i. Provide staff with department/unit-specific trainings and ensure completion of all annual competencies.
- c. Employee Responsibilities
 - i. Complete all required web-based orientation modules, post-module assessments, and annual competency trainings as required.

ENFORCEMENT

Wills Eye reserves the right to enforce penalties upon employees who disregard the terms and conditions of this policy. Employees who do not complete the orientation program within the allotted time may face disciplinary action including, but not limited to, termination of employment.

PURPOSE

The process of regular and ongoing evaluation of employee job performance is aligned with the Hospital's mission of ensuring that employees are equipped with the necessary skills needed to provide superior patient care. Additional byproducts of frequent assessment of job performance include encouraging dialogue between employees and their supervisors to review appraisal results in order to enhance job performance as well as identifying areas of improvement; thereby, advancing future growth and development.

POLICY

It is the policy of Wills Eye Hospital to assess and document an individual's competence in meeting job requirements and performance standards during the initial 90-day probationary period, and at least annually thereafter. Competency is defined as the demonstration of knowledge, skills (technical, professional interpersonal, and critical thinking), abilities and attitudes.

PROCESS

The performance appraisal process incorporates two essential elements: (1) an assessment of an employee's current duties and responsibilities as described by their established position description, and (2) a competency assessment related to the employee's specific job-related function. For employees who have clinical patient contact, evaluation of competencies address the special needs and behaviors of age-specific patient groups that are served.

Annual performance appraisals are to be completed by the immediate supervisor, then approved by the department head and finally forwarded to the Department of Human Resources upon reviewing with the employee. Employees are provided with the opportunity to comment on the completed evaluation. Written comments may be included in the appraisal as a separate attachment. Department supervisors/managers establish deadlines for performance reviews; however, they are expected to submit completed evaluations in a timely manner. The Chief Human Resources Officer is responsible for ensuring that department managers have completed and submitted annual performance appraisals for all assigned staff members. Completed evaluation forms are maintained in personnel files located in the Department of Human Resources.

Interim performance appraisals are required to be completed for all newly hired staff at the completion of their 90-day probationary period. This is necessary to ensure that all preliminary competency standards have been met.

Supervisors/managers are required to develop a written plan of action that includes a specified timeframe for re-valuation for employees who receives an overall rating of less than "average". The time frame for re-evaluation should reflect the impact of the employee's performance on patient care, patient satisfaction or the general safety of patients and staff. The Department of Human Resources should be consulted for employees who fail to improve their overall rating to

“average” or above during the re-evaluation period in order to revise current plan of actions as well as recommend additional coaching or disciplinary action if deemed appropriate.

PERSONAL APPEARANCE AND DRESS POLICY

PURPOSE:

This policy is intended to emphasize the importance of a professional appearance and dress in delivering services to our customers and their families.

An important factor in providing quality patient care at Wills Eye Hospital is ensuring the professional image and appearance of its employees. A professional and neat impression on our patients, the general public, and coworkers is required to develop pride and confidence in our hospital and its employees.

RESPONSIBILITY:

All Hospital managers/supervisors are responsible for the application and enforcement of this policy within their respective departments, as well as across the organization. The Department of Human Resources will be responsible for interpretation and application of this policy.

POLICY:

The following dress standards are required by all employees, volunteers, contractors, and affiliates of Wills Eye Hospital:

1. A clean, neat professional appearance is required of all employees.
2. All aspects of the dress code policy are applicable if an employee is performing any services in any work area of the Hospital.
3. Employees who may come in on a day where they do not perform their regular duties or represent the Hospital in any business transactions but are paid to attend training, staff meetings, orientations, or competency days will dress in clean, neat, and conservative but casual clothing.
4. No halter tops, exposed midriffs or cleavage.
5. If employees report to work improperly dressed or groomed, the Department Manager or designee may take appropriate action, which may include instructing employees to return home, to address issues. Employees will not be compensated during such time away from work and disciplinary action will be implemented.
6. Clean and well-groomed hair is expected. Hair must be secured in a fashion that does not interfere with patient care, work function or safety.
7. Beards, mustaches, and sideburns must be neat, trimmed, and well groomed.
8. Extreme hairstyles, those that distract from the professional culture and exotic colors or materials (for example feathers) are not acceptable.
9. Jewelry should be professional in appearance.
10. Ear gauges are not acceptable. Ear gauges must be replaced by flesh or clear plugs
11. Body piercings that is not covered by appropriate clothing are not acceptable, exception: ear lobes.
12. Any piercings (not covered by clothing) other than ear lobes, must be removed. Flesh colored or clear piercing plugs may be utilized.
13. Jewelry should not come in contact with patients, the work area, or be such that it may cause a safety issue.

14. Make-up, if worn, should be worn in moderation.
15. Fragrances/perfume or cologne can be worn if lightly applied due to sensitivity and allergies of internal and external customers.
16. Heavy scent of tobacco, food, or body odor may be offensive and is not acceptable.
17. Artificial nails are not allowed when providing patient care.
18. Natural fingernails should be short and well-kept.
19. Visible tattoos and or body art must be covered to the greatest extent possible.
20. Footwear must be clean, in good repair and appropriate for the work duties and responsibilities performed, meeting the safety needs of the environment.
21. Footwear may be worn without socks or hose, in areas other than those mentioned above if wearing pants.
22. Sandals or flip flops are not acceptable.
23. Footwear selection must be determined by safety, comfort, uniform expectations and business appearance concerns.
24. Jackets with a hood are not acceptable.
25. Where a uniform is required, there is a departmental policy outlining the specific garments required. Those employees who are required to wear a uniform will either be provided with the garments or will receive an annual allowance to purchase the garments.
26. Staff assigned to work in business areas (non-patient care) will subscribe to the following:
 - Shirts with collars, button, front or pullover style with finished neckline; blouses; turtleneck; sweaters; jackets/ blazers; slacks, trousers, modest length skirts; dresses and jumpers, professional sleeveless garments extending to the edge of the shoulder
 - Uniforms/ lab coats in accordance with department guidelines.
 - Only properly fitted clothing is acceptable, appropriate for body size.
 - Appropriate undergarments must be worn but not visible.

BENEFITS SUMMARY PLAN DESCRIPTION

Overview

This benefit summary is intended to provide a general overview of benefits. Benefits are subject to constant change based on federal law as well as Wills Eye Hospital's right to amend or change any benefits.

Eligibility

Upon the first day of the month following the employee's date of hire, regular full-time and part-time employees are eligible to enroll in Wills Eye Hospital's Benefit Plan.

Definitions

Full-time:

Employees who work 30 or 40 hours per week (for benefits purposes only).

Part-time (Union):

Employees who are regularly scheduled to work at least 20 hours per week.

Part-time (Non-union):

Employees who are regularly schedule to work at least 20 hours per week are entitled to pro-rated sick, vacation and holidays. These employees also may participate in the 403b plan and flexible spending program.

Per Diem:

Per Diem employees are not eligible to receive Wills Eye Hospital benefits.

Health and Dental Insurance

1. Health Insurance:

Biweekly pre-tax contributions include both medical and dental coverage. Spousal coverage is only granted to employees should their spouse's employer not provide medical insurance. Employees must provide a signed annual spousal coverage affidavit in order to be eligible for spousal coverage.

- Core Plan 1 – In-network only medical plan
 - \$20.00 copay for primary care
 - \$40.00 copay for specialist care
- High Deductible Plan (eligible for non-union employees only)
 - \$1,500 – Single Deductible
 - \$3,000 – Family Deductible
 - 10% Coinsurance
 - Out-of-Pocket Maximum \$6,600 (Single) & \$13,200 (Family)
 - Preventative Care 0% NO Deductible

BENEFITS SUMMARY PLAN DESCRIPTION

2. Dental Insurance:

Dental plan offered under Delta Dental of PA. Plans provide for two oral exams and cleanings per calendar year per person.

- \$25.00 deductible single coverage
- \$75.00 deductible per family member

Prescription Drug (Rx) Plan

Prescription drug coverage is included under the medical plan. Employees must meet \$250 per person or \$500 per family deductible before copays/coinsurance apply for the preferred brand-named and non-preferred drugs.

- Generic drugs:
 - 10% coinsurance at retail locations
 - \$5.00 copay for mail order – 90 day supply
- Preferred brand-named drugs:
 - 20% coinsurance at retail locations
 - \$35.00 copay for mail order – 90 day supply
- Non-Preferred drugs:
 - 40% coinsurance at retail locations
 - \$75.00 copay for mail order – 90 day supply

Long Term Disability

Full-time employees are eligible to enroll in long term disability insurance. This monthly benefit is equal to 60% of covered monthly earnings with an elimination period of 90 days.

- Maximum Monthly Benefit: \$7,500 (this is equal to a maximum covered monthly earnings of \$12,500).

Flexible Spending Accounts (FSA)

Full-time and part-time employees are eligible to participate in flexible spending accounts for dependent care, medical spending, and transportation/parking. Contributions are tax deferred and participants receive debit card to pay for eligible expenses.

Vision Benefit

Employees and their dependents are eligible for free annual eye care exam at our Cataract and Primary Eye Care Department (CPEC). Additionally employees may receive partial reimbursement towards the purchase of contact lenses and prescription eyeglasses.

Retirement

The 403(b) Plan operates so that employee and employer contributions are contributed into an Account on your behalf. When employees retire or are terminated from WEH, they are entitled to receive the value of the “Account” to the extent it is vested. Employees have the option of having their retirements savings account administered by either The Variable Annuity Life Insurance Company (VALIC) or MassMutual.

BENEFITS SUMMARY PLAN DESCRIPTION

Employee Assistance Program (EAP)

All WEH employees and their household members are eligible to receive this benefit immediately and may receive up to three free counseling sessions per episode.

Tuition Reimbursement

Tuition assistance is available to all regular full-time employees after three months of employment. Continuing education must be job related or part of a program which is job related. Reimbursement is contingent upon successful completion of courses while in the employ of the Health System. The tuition assistance program is administered based on a calendar year. After completion of probationary period, each employee is eligible for \$5,000.00. Reimbursement is limited to actual tuition cost to the employee. Late fees, deferred payments, lab fees, books or other related costs do not qualify as tuition costs.

Supplemental Plans

Short term disability, supplemental life insurance, cancer policies, and health/wellness programs are available through employee payroll deductions administered by American Heritage Life or Colonial Life Insurance.

Paid and Un-paid Leave

Vacation:

Vacation is accrued and may be taken at any time during the year, provided there is no conflict with the work requirements of the hospital. New employees are eligible to take accrued vacation after 90 days of continuous employment. Vacation benefits shall accrue from date of hire. Vacation shall be earned according to hours scheduled. Part-time employees scheduled to work at least 40 hours biweekly shall earn prorated vacation benefits. Paid vacation time is determined by job classification.

Family and Medical Leave Act (FMLA):

All employees are eligible for the following under the Family Medical Leave Act.

- Employees eligible after 12 months and 1,250 hours worked.
- Receive up to 12 weeks per 12-month calendar year in the event of childbirth, adoption or serious medical condition of employee or immediate family member with retention of service record, benefits and position.
- Intermittent and reduced work schedule leave also available for certain instances.

Sick Leave:

All regular full-time employees shall accrue, on a monthly basis, paid sick time at one (1) day per month or up to 12 days per year, starting after the completion of the employee's probationary period (90 days). Regular part-time employees shall earn pro-rated sick leave benefits according to the number of hours regularly scheduled. Employees may accumulate up to a maximum of 60 days. Per Diem employees are not eligible for paid sick time.

BENEFITS SUMMARY PLAN DESCRIPTION

Bereavement:

In the case of the death of a parent, grandparent, spouse, child, stepchild, step parent, brother, sister, mother in law or father in law of a full-time employee, the employee will be granted up to three (3) consecutive days leave with pay. Part-time employees shall be granted up to two (2) consecutive days leave with pay for such relatives. The employee may be granted additional unpaid days off with the Employer's approval.

Jury Duty:

Full-time and part-time employees are eligible immediately and will receive regular pay for scheduled work hours missed if selected to serve on a jury.

Personal Days:

Upon successful completion of the 90-day probationary period, regular full-time and part-time employees shall be eligible to schedule three (3) personal days. Personal days are prorated for part-time employees.

Paid Holidays:

The following holidays are considered paid holidays for full-time and regular part-time employees:

- 1) New Year's Day
- 2) Memorial Day
- 3) Independence Day
- 4) Labor Day
- 5) Thanksgiving Day
- 6) Christmas Day



Wills Eye Hospital

VACATION (Non-Union)

Manual: HR
Policy Number:
36.06.17
Page 1 of 1
Effective Date: 6/8/16
Revised: 6/7/17

PURPOSE

This policy is indented to provide standards for the scheduling and utilization of paid vacation.

POLICY

Vacation is accrued and may be taken at any time during the year, provided there is no conflict with the work requirements of the Hospital. Unless otherwise noted through the employee bargaining unit, each employee is required to verify accrued time with their supervisor and must provide at least two weeks advance notice prior to utilizing their accrued vacation. In the event of conflicting vacation requests within a department, consideration will be given to job performance, punctuality, attendance and seniority.

Managers and supervisors, who are tasked with the responsibility for managing vacation schedules, are to ensure that scheduled vacations do not interfere with the operations of the unit as well as ensuring that eligible staff members are able to utilize their annual vacation allotment during the same year in which they accrue it. Managers/superiors should also make every effort to satisfy individual preferences for vacation.

New employees are eligible to take accrued vacation following the completion of their ninety (90) day probationary period. Any employee who terminates during the first year of employment is entitled to payment of accrued vacation, provided the employee has completed six months of continuous employment. An employee may carry over vacation from one anniversary year to the next if the employee is unable to take vacation because of work requirements of the department. However, vacation carried over may not exceed two years of annual vacation entitlement. Any exceptions to the above require executive approval.

Eligible staff members will receive their regular compensation while taking vacation time and vacation benefits shall accrue from date of hire. Vacation shall be earned according to hours scheduled. Part-time employees scheduled to work at least 40 hours biweekly shall earn prorated vacation benefits. Paid vacation time is determined by job classification.

Unused vacation hours will be paid to the employee upon termination or resignation.

<u>GENERAL VACATION SCHEDULE</u>	<u>PAID VACATION</u>
One through Four Years.....	Ten Days
Five Years.....	Eleven Days
Six Years.....	Twelve Days
Seven Years.....	Thirteen Days
Eight through Fourteen Years	Fifteen Days
Fifteen Years.....	Twenty Days



Wills Eye Hospital

PAID HOLIDAYS

Manual: HR
Policy Number:
37.06.17
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Effective Date:
6/8/16
Revised: 6/7/17

PURPOSE

This policy is indented to provide guidance regarding Hospital-recognized paid holidays. Union employees must refer to the collective bargaining agreement for guidance regarding usage of paid holidays.

POLICY

The following holidays are considered paid holidays for all regular full-time and regular part-time employees:

1. New Year's Day (January 1st)
2. Memorial Day (last Monday in May)
3. Independence Day (July 4th)
4. Labor Day Independence Day (July 4th)
5. Labor Day (first Monday in September)
6. Thanksgiving Day (fourth Thursday in November)
7. Christmas Day (December 25th)

Eligibility:

Regular full-time and regular part-time employees are eligible for scheduled holidays from date of hire. Pay for a holiday shall be at the regular straight time rate. Regular part-time employees are eligible for prorated holiday pay on the basis of scheduled hours.

Working the Holiday:

Any regular full-time, regular part-time non-exempt employee who works a day observed by the Health System as a holiday, shall receive time and one half for all hours actually worked.

Holidays Falling on a Saturday or Sunday:

When a holiday falls on a Sunday, the following Monday shall be observed as the holiday.

When a holiday falls on a Saturday, the preceding Friday shall be observed as the holiday.

Absence Before or After a Holiday:

Unauthorized absence is any absence that has not been approved in advance by the employee's supervisor. Unauthorized absence on either the last scheduled workday before a holiday or the first scheduled workday after a holiday will result in loss of pay for the holiday.

Holiday Pay While on Sick Leave:

Employees will receive holiday pay while out on a paid sick leave. Employees will receive no holiday pay while out on an unpaid leave.



Wills Eye Hospital

Manual: HR
Policy Number: 38.06.17
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Effective Date: 6/8/16
Revised: 6/7/17

PERSONAL DAYS

POLICY

All regular full and part-time employees shall be eligible and may schedule three (3) personal days per year; days are prorated for part-time employees.

- A. Personal days may be used after successfully completing the employee's probationary period (90 days).
- B. Personal days will be prorated during the employee's initial year of employment through July 1st.
- C. All personal days must be used before July 1st of each year and may not be carried over into the next fiscal year.
- D. Per diem employees shall not be eligible for paid personal days off.

SCHEDULE OF ELIGIBILITY

During the first year of employment, personal days are prorated at the end of the probationary period.

<u>End of Probationary Period</u>	<u>Number of Days Received</u>
Between July 1 st and December 31 st	2
Between January 1 st and June 30 th	1



Wills Eye Hospital

SICK LEAVE

Manual: HR
Chapter:
EMPLOYMENT
Policy Number:
39.06.17
Page 1 of 2
Effective Date: 6/8/16
Revised: 6/7/17

PURPOSE

Wills Eye Hospital provides employees with paid time off for occasional workplace absence needed for personal illness, injury or medical appointments. This policy provides guidance regarding the proper process for utilizing accrued sick leave as well as defines the specific purposes when accrued sick leave may be applied.

DEFINITION

Sick leave is defined as the absence of an employee from work as a result of illness or injury which is non-work connected and not compensable under the Pennsylvania Worker's Compensation Law. Sick leave may be accrued to a maximum of sixty days.

POLICY

Sick leave shall accrue from the date of hire. Sick leave shall be earned bi-weekly, at the rate of one day for each month of continuous employment or .04615 for each scheduled hour of work. Employees are eligible to take accrued sick leave after completion of the ninety day (90) probationary period.

Regular part time employees shall earn pro-rated sick leave benefits according to hours scheduled bi-weekly. A regular part-time employee is one who is scheduled to work at least forty hours bi-weekly. When a regular part-time or regular full-time employee transfers to a non-status position, accrued sick leave will remain intact.

Employee will not be eligible to use accrued sick leave while in a non-status position. Employee will be eligible to use accrued sick leave upon transfer back to a regular part-time or regular full-time position.

PROCEDURE

1. Employees must notify their supervisors in advance, or within the first hour of their normal starting time, of the need to take sick time. Failure to provide notification in accordance with departmental procedure will result in loss of pay.
2. Sick leave may be taken in units of one hour or more, with the supervisor's approval.
3. Non-Exempt employees who fail to work a full day because of illness will be paid for hours actually worked. Hours not worked will be recorded as either paid or unpaid sick time.
4. Exempt employees who fail to work a full day because of illness will be paid for the full day.
5. Wills Eye Hospital reserves the right to require a medical statement from a licensed practicing physician for an absence of two or more consecutive days.
6. Approval to return to work is required under certain circumstances.
7. The Sick Leave Policy will be administered in accordance with the Standard of Attendance and Punctuality Policy.
8. Employees will continue to earn vacation and holiday benefits who out on paid sick leave.
9. Employees will not earn benefits while out on unpaid sick leave, except as stated under the Leave of Absence Policy.
10. Sick time cannot be utilized when an employee is on vacation.

POLICY

Wills Eye Health System is committed to providing Family and Medical Leave (FMLA) to eligible employees in accordance with the Federal Family and Medical Leave Act of 1993. Wills Eye recognizes that it may become necessary for an employee to be absent from work for an extended period of time for reasons covered by the Family and Medical Leave Act of 1993 including: a serious health condition affecting the employee (including Workers Compensation illnesses or injuries), spouse, parent, child, or the placement of a child for adoption or foster care. Wills Eye Health System also recognizes that it may become necessary for an employee to work intermittently or on a reduced leave schedule for serious health conditions affecting the employee or to care for a spouse, child, or parent with a serious health condition.

Wills Eye Health System must also provide for the continued efficient operation of its health care services in an employee's absence.

ELIGIBILITY

Wills Eye Health System employees who meet the following eligibility requirements shall be provided Family and Medical Leave. Eligible employees are those who: have completed 12 months of employment (consecutively or non-consecutively); and have worked at least 1,250 hours at Wills Eye during the 12 month period preceding the date their FMLA is to begin; and have a qualifying reason for taking FMLA (see "Qualifying Reasons" below); and have a remaining balance of FMLA

QUALIFYING REASONS FOR A FMLA

An eligible employee may take Family and Medical Leave for one or more of the following qualifying reasons:

- The birth of the employee's child and the care of such newborn child;
- The placement of a child with the employee for adoption or foster care;
- The care of the employee's spouse, child or parent who has a serious health condition (see "Serious Health Condition" below);
- The employee's own serious health condition that prevents him/her from performing the essential functions of his/her position.

Wills Eye has the right to investigate the reason given by an employee requesting a leave of absence. The investigation may be conducted before or, in certain instances, during an employee's leave of absence.

Wills Eye is concerned about our employees' welfare and wish to return the employee to the workplace as quickly as possible.

FITNESS FOR DUTY

Employees, who have an illness or injury which is non-work related and requires any modification of their normal duties/responsibilities, will be expected to complete the FMLA paperwork but will NOT be able to return to work until they are able to resume ALL of the duties/responsibilities as outlined in the job description. This includes the use of any appliances, braces, boots or other medical equipment.

DEFINITIONS

Spouse – as defined in accordance with applicable state laws of the state where the employee resides, including common law marriages and domestic partner relationships where recognized by the state where the employee resides.

Child – a son or daughter of the employee who is the biological, adopted, foster child, step child, or legal ward. Also included are other persons for whom the employee acts in the capacity of a parent for an individual and who is under eighteen (18) years of age or over 18 years of age but incapable of caring for himself/herself because of a physical or mental disability.

Parent – the biological parent of an employee or an individual who has been acting as a parent of an employee (does not include “in-law”).

Serious Health Condition – a “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

Hospital Care: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. Note: Unless complications arise, colds and the flu are not typically considered serious health conditions.

Absence Plus Treatment - A period of incapacity of more than three calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves: a) Treatment two or more times by a health care provider; or b) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.

Chronic Conditions Requiring Treatments - A condition which requires periodic visits (at least twice per year) for treatment by a health care provider; continues over an extended period of time (including recurring episodes of a single underlying condition); and may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

Permanent/Long-term Conditions Requiring Supervision - A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

Multiple Treatments (Non-Chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a

period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Healthcare Provider – a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices and any other health care provider pursuant to the family and Medical Leave Act.

USERRA – Uniformed Services Employment and Reemployment Rights Act.

Intermittent Leave – a leave taken in separate blocks of time due to a single qualifying reason.

Reduced Work Schedule Leave – a leave that reduces the usual number of hours or hours per workday, of an employee. This leave may only be taken for an employee’s serious health condition or to enable the employee to care for a covered relation with a serious health condition. A Reduced Work Schedule Leave may be granted to care for a newborn child or newly adopted child, at the discretion of the department.

USERRA-UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

For qualifying exigencies when the employee’s spouse, son, daughter or parent is on active duty or called to active duty status by the National Guard, Reserves, or as a retired member of the regular armed services or Reserves in support of a Contingency operation (“exigency” leave). Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending counseling sessions, and attending post-deployment reintegration briefings.

If an eligible employee’s spouse, son, daughter, parent or next of kin is a covered services member, that employee may take up to 26 workweeks of leave during a 12-month period to care for the service member (“service member care leave”). A covered service member for this purpose is an employee’s spouse, son, daughter or parent on active duty or call-to-active-duty status; a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness incurred in the line of duty on active duty.

WORKWEEKS

Workweeks will be calculated based on each individual employee’s workweek.

TWELVE MONTH PERIOD

The 12 month period is the calendar year (January – December)

INTERMITTENT AND REDUCED SCHEDULE LEAVE

FMLA leave may be taken on an intermittent or reduced schedule basis (“intermittent leave”) for certain FMLA-qualifying reasons, provided the employee gives Wills Eye Health System reasonable notice of the need for and period of such intermittent leave

SPOUSE EMPLOYED BY WILLS EYE HEALTH SYSTEM

A husband and wife who are employed by Wills Eye Health System may only take up to 12 workweeks of leave combined during the 12-month period if the leave is taken: for the birth of their child; for the placement with them of a child for adoption or foster care; to care for a child during the 12 months following the birth or placement (bonding with the child”); or to care for the employee’s parent (excluding in-law) with a serious health condition.

EMPLOYEE NOTICE

An employee will, if possible, request FMLA leave in writing on the Family and Medical Leave Act Request and Notice Form. However, FMLA leave will not be denied if an employee gives his or her supervisor verbal notice of the need for FMLA leave and the timing and duration of the leave.

For foreseeable FMLA leave based on planned medical treatment, an employee must consult with his or her supervisor and make a reasonable effort to schedule the leave so as not to disrupt the Wills Eye Health System’s operations. If the FMLA leave is foreseeable, an employee must give his or her supervisor at least 30 days advance notice of the need for leave, if practicable. If the FMLA leave is not foreseeable, an employee or his or her representative must give notice of the need for leave to the employee’s supervisor as soon as practicable (i.e., ordinarily within two business days after the need for the leave becomes known).

If an employee takes leave for an FMLA reason without notifying the supervisor, the leave has not been designated by the Wills Eye Health System as FMLA leave, and the employee desires FMLA leave, the employee must notify his or her supervisor within two business days after returning to work that the leave was taken for an FMLA reason. Absent such notice, the employee is not entitled to the protections of the FMLA. This provision does not supersede the requirement that the employee give advance and/or timely notice to the extent possible.

MEDICAL CERTIFICATION

If FMLA leave is due to a serious health condition of the employee or his or her spouse, child or parent, then the employee is required to furnish medical certification of the serious health condition. The certification will be completed and signed by the individual’s principal health care provider. The certification must be returned to Human Resources within fifteen (15) calendar days of the date that the certification is delivered to the employee, unless the employee is unable to do so despite his or her good faith efforts. If the employee fails to submit the certification, the leave

or continuation of leave may be delayed until the certification is submitted. Further, any absence prior to the effective date of the certification may be considered unauthorized. An employee who is absent without authorization may be disciplined, up to and including termination of employment. Wills Eye Health System may contact the individual's health care provider to clarify and authenticate the certification. Wills Eye Health System reserves the right to request recertification.

RETURN-TO-WORK STATEMENT

If FMLA leave is due to the employee's serious health condition, he or she must present a return-to-work statement to his or her supervisor or Human Resources upon returning to work. The statement must specify whether the employee is able to work. Reinstatement may be delayed until the employee submits the statement. A return-to-work statement will not be required upon an employee's return to his or her regular schedule from intermittent leave.

GROUP HEALTH INSURANCE

Wills Eye Health System will continue to pay its share of the cost of an employee's group health insurance during FMLA leave. If the employee uses paid leave during FMLA leave, the employee's share of the premium will be deducted from the employee's pay in accordance with normal practice. If the FMLA leave is unpaid, the employee must pay his or her share of the premium. If the employee fails to pay his or her share of the premium, Wills Eye Health System reserves the right to pay the employee's share of the premium or to cancel coverage, as permitted by law. If the employee fails to return to work after the FMLA leave, Wills Eye Health System may recover from the employee the premiums it paid for the employee's insurance, unless the employee is unable to return to work due to a serious health condition or other circumstances beyond the employee's control. Once the employee has utilized the 12 weeks of FMLA and has not returned to work, the employee will have the option to continue benefits through COBRA.

WORKER'S COMPENSATION

If an employee takes worker's compensation leave for an FMLA-qualifying reason, the employee's FMLA leave and worker's compensation leave will run concurrently.

PAID SICK LEAVE

If an employee's FMLA leave is due to his or her own serious health condition or a family member's serious health condition and the employee has accrued, unused paid sick leave, the employee must use the paid sick leave during the FMLA leave. On an annual basis, employees may take a maximum of 2 days of paid sick leave to care for a family member with a serious health condition. The employee's FMLA leave and the paid sick leave will run concurrently.

PAID VACATION LEAVE

Upon exhausting all paid sick leave, an employee has the right to use and must use accrued, paid vacation during an FMLA-qualifying leave. The employee's FMLA leave and vacation leave will run concurrently.

WILLS EYE HEALTH SYSTEM DESIGNATION OF LEAVE

It is Wills Eye Health System's responsibility to designate leave as FMLA leave, and to give the employee timely notice of the designation. Reinstatement Except as provided in the following three paragraphs, an employee who meets the requirements of the Policy will be reinstated to the same position he or she held when FMLA leave began or to an equivalent position with equivalent pay, benefits and other terms and conditions of employment, provided the employee can perform the essential functions of the position.

Wills Eye Health System's obligation to restore the employee to the same or an equivalent position ceases if and when: 1) the employment relationship would have terminated if the employee had not taken FMLA leave; 2) the employee informs Wills Eye Health System of his or her intent not to return to work at the expiration of the FMLA leave; 3) the employee fails to return to work at the expiration of the FMLA leave; or 4) the employee continues on leave after exhausting his or her FMLA leave entitlement in the 12-month period.

An employee who exceeds his or her FMLA leave and remains off work under a non-FMLA leave is not entitled to reinstatement to the same or an equivalent position under the FMLA. The employee's right to reinstatement will be controlled by the non-FMLA leave policy.

Wills Eye Health System may deny reinstatement to any salaried employee who is among the highest paid 10 percent of all individuals employed by Wills Eye Health System if: 1) the denial is necessary to prevent substantial and grievous economic injury to the operations of Wills Eye Health System; and 2) Wills Eye Health System notifies the employee of its intent to deny leave on such basis at the time Wills Eye Health System determines that such injury would occur, and, if the employee is on leave, the employee elects not to return immediately to employment after receiving such notice.

JOB TRANSFER

Wills Eye Health System reserves the right to transfer an employee to an equivalently paid position to reduce disruption to Wills Eye Health System's operations.

NO NEGATIVE ACTION

FMLA leave will not be used as a negative factor in employment actions, such as hiring, promotions, disciplinary actions or under attendance policies.

Working While on FMLA

Employees who are found to be working while on a Leave of Absence of any type shall be subject to termination by Wills Eye Health System.



Wills Eye Hospital

FAMILY AND MEDICAL LEAVE

Manual: HR
Policy Number:
40.06.17
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Effective Date: 6/8/16
Revised: 6/7/17

CONFIDENTIALITY

All medical information relating to FMLA leaves, whether verbal or written, shall be kept confidential to the maximum extent possible. All medical documents including, but not limited to, medical certifications must be maintained in a confidential, secure file separate from personnel files within Human Resource.

PURPOSE

This policy establishes guidelines and the expectations of employees regarding timely notification of unscheduled absences.

POLICY

Wills Eye Hospital recognizes that employees will, at times, experience illness or are unable to report to work due to personal circumstances. It is necessary for employees to provide timely notice to their manager or direct supervisor in order to make alternative arrangements to ensure the continuity of patient care.

All unscheduled absences must be reported by the employee to the supervisor or designated charge person unless the employee is medically incapacitated to the point that he/she cannot communicate. E-mail, text and voice mail messages will not be acceptable for notification purposes. Failure to call in during the shift will result in the employee being considered a “No Call/No Show”.

PROCEDURE

Employees are required to adhere to the following guidelines in the event they are unable to report to work:

1. Employees are expected notify managers/direct supervisors 1.5 hours prior to the start of their scheduled shifts and must observe any additional departmental policy relating to unscheduled absences.
2. Employees are required to provide their managers/direct supervisors information detailing the reason for their absence as well as the anticipated duration of the nonattendance.
3. In the absence of written approval from a manager/direct supervisor, employees must continue to call in each day of their absence.
4. If previously certified to take FMLA leave, employees must mention that their absence is due to an FMLA-approved purpose.
5. Employees who believe they may need an FMLA leave, must first contact Human Resources to initiate the FMLA approval process.
6. Employees who are unable to comply with this policy due to an emergency or other extenuating circumstances must call at their earliest opportunity and will be expected to supply a satisfactory explanation for failure to comply. Employees may also solicit a family member to notify supervisors/managers if they are incapable of providing timely notification.
7. Employees who do not comply with this policy and are unable to provide a satisfactory reason for failure to comply may be denied FMLA leave and the absence will be treated as an occurrence as per the Hospital’s attendance policy.

POLICY

Wills Eye Hospital complies with the provisions of the Pennsylvania Workers Compensation Act. The Act requires that all injuries and illnesses resulting from or in the course of employment be reported to the Hospital's insurance carrier.

This Policy outlines the process and procedure for: (i) reporting work-related injuries/illnesses and seeking the appropriate medical attention for such injuries/illnesses; (ii) investigating and recording incidents of work-related injuries/illnesses; (iii) seeking and receiving workers' compensation benefits; and (iv) returning to work from a work-related injury/illness.

The Pennsylvania Workers Compensation Act provides for payment of all hospital and medical bills that were incurred in the treatment of a job-related injury or illness.

Compensation (weekly disability) is paid from the eight calendar day of disability. If the disability lasts fourteen calendar days or more, compensation is paid from the first day of disability. Accrued sick time may be used for the first seven calendar days of disability. Supervisors must submit a completed Personnel Action Form for any disability lasting longer than seven calendar days.

SCOPE

This Policy applies to all Hospital salaried employees (including Administrators and Professionals, Professional Research Staff, Bargaining Unit Employees, Faculty, and Hospital paid-interns).

PROCEDURE

An employee must report a work-related injury or illness to his or her supervisor or the appropriate HR designee as soon as practicable (such as the same or next business day when possible). An Employee Incident Report must be completed by the staff member requiring medical attention in its entirety and submitted to his/her supervisor.

Supervisors are to refer the employee to Jefferson Urgent Care or by a designated panel physician. Supervisors are also responsible for completing an immediate investigation of the condition(s) associated with the cause of injury/illness.

The Department of Human Resources is responsible for filing the Incident Report with the Hospital's insurance carrier.

CONTINUATION OF BENEFITS



Wills Eye Hospital

WORKERS' COMPENSATION

Manual: HR
Policy Number:
42.06.17
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Effective Date:
6/8/16
Revised: 6/7/17

Employees who are eligible to be covered by medical insurance, dental insurance, eye care plan, drug prescription plan and flexible benefits will continue to be covered by these benefits for up to twelve months of medical leave which is due to a work-related injury or illness. The employee must continue to make any normal contributions to the cost of coverage. If an employee fails to make a required contribution, coverage for these benefits will cease thirty days from the date the contribution payment is due.

RETURN TO WORK

If an employee seeks to return to work from a work-related injury, he or she will be required to provide the Department of Human Resources with written confirmation from his or her medical provider of his or her ability to return to work, with or without restrictions. Such documentation shall consist of the medical provider completing documentation that identifies any restrictions of the employee (including the basis for and duration of such restrictions). The Department of Human Resources will work in conjunction with department managers/supervisors to arrange for accommodations in the event an employee is medically cleared to work with restrictions.

PURPOSE

To define the terms and conditions of employee participation in the Transitional Duty Program.

POLICY

It is the policy of Wills Eye Hospital to recognize the need return workers to employment at the earliest date following any injury or illness. The Transitional Duty Program (TDP) is for employees who are temporarily unable to perform the essential duties of their regular jobs by providing them with opportunities to complete certain functions within the scope of their medical restrictions. Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

ELIGIBILITY

In order to be considered for the TDP, an eligible employee needs to meet the following criteria:

- 1) Have an occupational injury that prevents the performance of one or more of the essential functions of his/her regular position, with or without reasonable accommodations;
- 2) Be cleared to return to a TDP position by the panel provider;
- 3) Be capable of performing the duties of an available TDP position.

PROCEDURE

- 1) The employee and the Department of Human Resources will receive a restrictions form from the panel provider specifying the extent of the employee's restrictions.
- 2) The employee will be placed in a TDP position within the employee's same department, if possible. If this is not possible, an employee may be offered a TDP in any department, and on any shift.
- 3) Employees placed in a TDP position will receive the hourly rate applicable to their previous position plus any shift differential, if applicable, for all hours worked, and benefits.
- 4) Wills Eye has the right to determine how best to accommodate the restrictions established by the panel provider.
- 5) The panel provider will serve as a resource for any medical issues for the Human Resources Department and Department Manager for any employee placed in a TDP position. The panel provider and the Department Manager will be responsible for monitoring the employee's progress in the position.
- 6) The panel provider will be responsible for scheduling and conducting evaluations of the employee on a TDP assignment. The employee will periodically be evaluated for any changes in restriction and/or ability to perform by the panel provider.
- 7) The Benefits Manager in the Human Resources Department is responsible for following up with panel providers, as appropriate.
- 8) Eligible employees may remain in a TDP position until cleared to return to full duty. Generally, a TDP will not exceed 90 days. Ongoing review by the panel provider may be conducted at any time as requested by the Human Resources Department.

TERMINATION OF TRANSITIONAL DUTY

- 1) If, at the end of the 90 day period in a TDP position, the employee is unable to perform the essential functions of his/her regular position, the following may occur:
 - A. In conjunction with the panel provider, the Human Resources and the home Department Manager will determine if a reasonable accommodation can be made to enable the employee to perform the essential functions of his/her regular position.
 - B. If a reasonable accommodation cannot be made, the employee will be considered for any other available non-TDP position for which he/she is qualified and is able to perform. Pay and benefits will be appropriate to the new position.
 - C. If no position is available, the employee, if qualified, will be continued on leave of absence, subject to any applicable collective bargaining agreement. If the employee is medically certified as still disabled, then workers' compensation benefits for wage loss will be reinstated or commenced as appropriate.

QUALIFICATIONS

- 1) Although Wills Eye will make every effort to place eligible employees in a TDP position, such placements are subject to availability and the employee's ability to perform.
- 2) Wills Eye reserves the rights to amend, modify or terminate this program at any time with or without prior notice to employees.

POLICY

Wills Eye Hospital may provide eligible employees with paid time off for bereavement.

PURPOSE

This policy is intended to provide guidance to employees wishing to receive paid time off for making arrangements, bereavement and/or attending the funeral or memorial service of a member of an immediate family member.

ELIGIBILITY

In the case of death of a parent, grandparent, spouse, child, stepchild, step parent, brother, sister, mother in law or father in law of a full time employee, the employee will be granted up to three (3) consecutive days leave with pay. Part-time employees shall be granted up to two (2) consecutive days leave with pay for such relatives. The employee may be granted additional unpaid days off with Employer approval.

PROCESS

Paid bereavement leave is not earned time and will be granted only if needed. Managers or supervisors may request documentation (e.g. death certificate, obituary, funeral home documentation, etc.) prior to granting paid bereavement leave. Employees are encouraged to provide as much advance notice as possible to his/her supervisor prior to requesting bereavement.

If a death occurs while an employee is on a scheduled vacation or personal holiday, the appropriate days for bereavement leave will be granted and vacation or personal time may be rescheduled. In the event that a bereavement leave day falls on a designated holiday, the holiday supersedes the bereavement leave day.

Should additional time off be necessary to attend the funeral, staff members are permitted to utilize accrued vacation, personal days, or may be granted unpaid leave upon approval from his /or her immediate supervisor.

POLICY

Wills Eye Hospital recognizes alcoholism and drug abuse as conditions for which there is effective treatment and rehabilitation. Employees are encouraged to seek diagnosis and treatment in order to arrest the condition as early as possible. An Employee Assistance Program (EAP) is available to actively assist employees resolve problems that effect work performance.

This policy is intended to maintain safe patient care and assure that competent employees with a substance abuse problem will not have their job security or promotional opportunities jeopardized by a request for help. Additionally, this policy identifies the responsibilities on all levels of management to be alert to unsatisfactory or declining job performance and to follow the program whenever this occurs. The Employee Assistance Program is available to all employees of Wills Eye Hospital.

Self-Referral:

An employee recognizing the need for professional help can self-refer directly to EAP or through his/her supervisor. All requests for assistance will be treated confidentially.

Employer Referral:

In the absence of self-referral, where behavioral or job performance changes have occurred, the supervisor will initiate referral for treatment. All employees will be referred to FirstCall (EAP Program @ 1-800-382-2377) for a referral to a physician/program approved by the employee's insurance.

FirstCall will provide the Chief Human Resource Officer information regarding only the attendance at scheduled appointments. Additional information will be shared only if the employee gives FirstCall permission to release information. This release may be required in some situations to maintain continued employment.

All EAP records will be confidentially maintained. No documentation of participation in the program will appear in the employee's personnel file.

Substance abuse is viewed as an illness. Employee should refer to the Family and Medical Leave Policy and Substance Abuse Testing Policy for details.