



Akron Children's Hospital  
PGY1 Pharmacy Residency

Residency Manual

Last update: 10/2022

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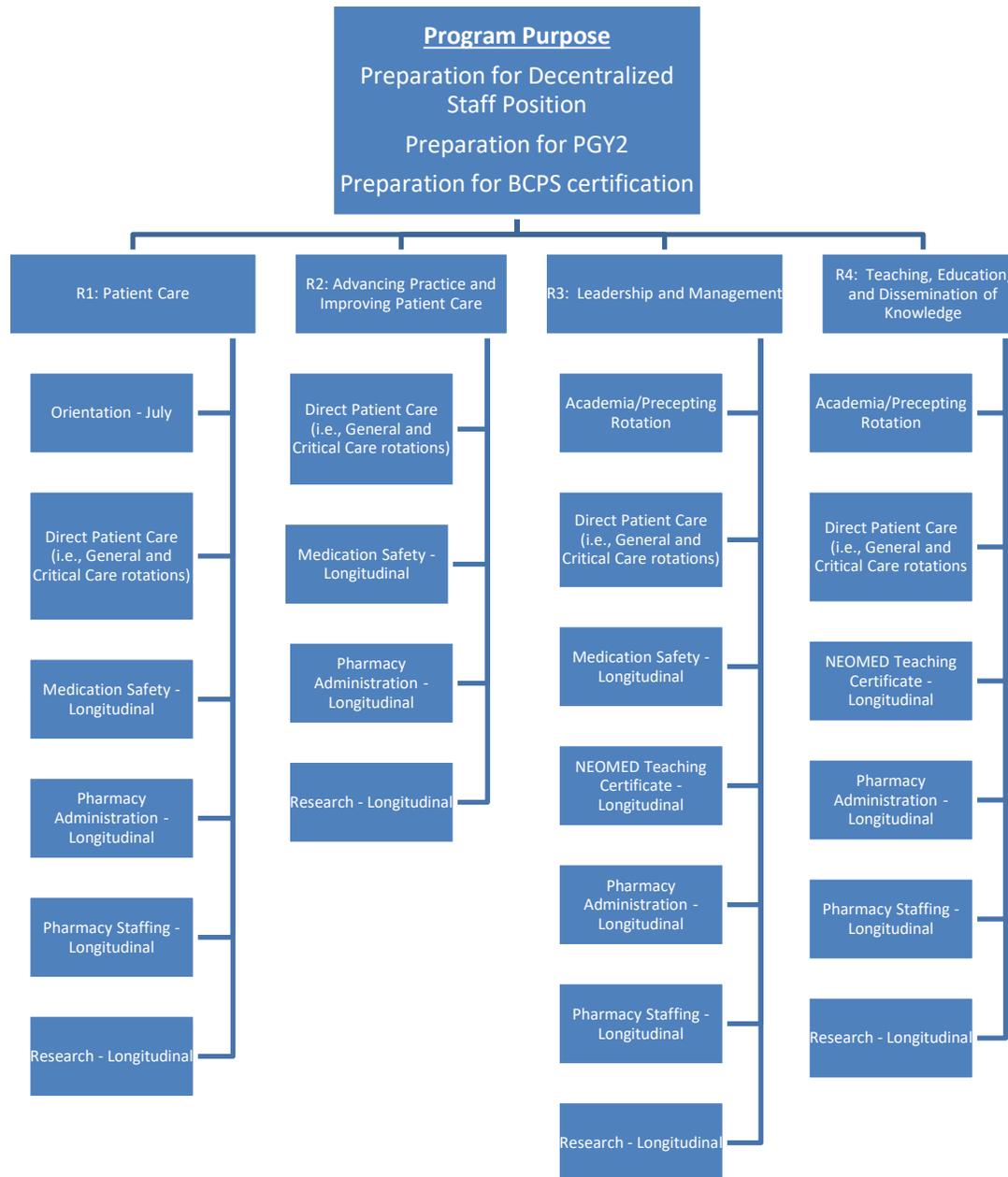
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\*Policies current as of 10-14-22

# Akron Children's Hospital PGY1 Pharmacy Program Purpose and Structure



Orientation (6 weeks)	Requirements (38 weeks)	Electives (8 weeks)
<u>Rotations- experiences lasting 6 weeks</u> <ul style="list-style-type: none"> <li>• Orientation (July)</li> </ul>	<u>Rotations-experiences lasting 4-5 weeks (each)</u> <ul style="list-style-type: none"> <li>• Academia/Precepting (4 weeks)</li> <li>• General Pediatrics/Pulmonary (4 weeks)</li> <li>• Medication Safety (4 weeks longitudinally)</li> <li>• Neonatal Intensive Care Unit (Akron; 4 weeks)</li> <li>• Pediatric Emergency Department (5 weeks)</li> <li>• Pediatric Hematology/Oncology (4 weeks)</li> <li>• Pediatric Infectious Diseases/Antimicrobial Stewardship (5 weeks)</li> <li>• Pediatric Intensive Care Unit (4 weeks)</li> <li>• Pharmacy Administration (4 weeks longitudinally)</li> </ul>	<u>Rotation-experience lasting 4 weeks (each)</u> <ul style="list-style-type: none"> <li>• Repeat any required learning experience</li> <li>• Advanced Clinical Staffing</li> <li>• Bone Marrow Transplant</li> <li>• Neonatal Intensive Care Unit (Medical Office Building of Boardman)</li> <li>• Pharmacy Leadership</li> <li>• Others may be arranged with individual preceptors</li> </ul>
<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> <li>• Pharmacy Administration (4 weeks total)</li> <li>• Pharmacy Staffing (12 months total)</li> <li>• Medication Safety (4 weeks total)</li> <li>• Northeast Ohio Medical University, College of Pharmacy, Teaching Certificate Program (12 months total)</li> <li>• Research (12 months total)</li> </ul>		

### Sample Resident Schedule

Weeks 1-6: Orientation

Weeks 7-11: Pediatric Infectious Diseases/Antimicrobial Stewardship

Week 12: Pharmacy Administration

Weeks 13-16: Neonatal Intensive Care Unit

Weeks 17-20: General Pediatrics/Pulmonary

Week 21: Medication Safety

Weeks 22-26: Pediatric Emergency Department

Week 27: Medication Safety

Week 28: Pharmacy Administration

Week 29-32: Pediatric Intensive Care Unit

Week 33: Medication Safety

Week 34: Pharmacy Administration

Week 35-38: Academia/Precepting

Week 39: Medication Safety

Week 40-43: Pediatric Hematology/Oncology

Week 44: Pharmacy Administration

Week 45-52: Electives

## Three-part assessment strategy



# **PGY1 Pharmacy Residency Evaluation Guidelines**

## **Assessment Overview**

Regular assessment is vital to the success of the resident and residency program in several ways:

- Ensuring that the resident is meeting the defined goals and objectives to be a quality well-rounded practitioner
- Providing the resident with opportunities for self-assessment and reflection for personal development and growth
- Allowing for assessment of the preceptor and learning experience (by the resident) for continued growth and success of the residency program

Assessments will be conducted via PharmAcademic.

## **Development Plan**

An important part of the assessment strategy is the creation of a development plan. This plan will help to ensure that the resident has an appropriate learning experiences based on strengths, weaknesses, interests, and career goals. The following steps will take place to create the resident's development plan:

1. Prior to beginning the residency program, the resident will be asked to complete several self-assessments to gather information on previous experiences, career goals, and expectations and desires for the residency program. These forms will be submitted by May 1<sup>st</sup> prior to starting the residency year for distribution to the members of the residency advisor committee and discussion at the annual residency retreat.
2. The residency program director (RPD) and/or other members of the residency advisor committee (RAC) will analyze the resident's initial self-evaluation against the preceptor's baseline evaluation to determine congruencies and differences. The results of this discussion will be documented in PharmAcademic.
3. The RPD and/or other members of RAC, with input from the resident, will develop and document the initial development plan. This plan may include alterations (additions or deletions) of goals and objectives, changes in structure, and/or changes in the assessment strategy.

Throughout the year, the development plan will be updated in the following way:

1. The RPD in conjunction with preceptors will meet at the completion of each core/elective learning experience to conduct a learning experience sign-out between the outgoing and oncoming learning experience preceptor(s). The resident will attend this meeting. At this meeting, items in which the resident has “Achieved,” is making “Satisfactory Progress,” and “Needs Improvement” will be documented in PharmAcademic by the RPD. Based on this discussion, adjustments which need to be made to the resident’s upcoming learning experiences or customized development plan will be documented.
2. In addition to meeting at the completion of each core/elective learning experience, the resident will meet with his/her longitudinal learning experience preceptor(s) on a quarterly basis. A similar meeting and documentation process as described above will be performed in PharmAcademic. Based on this discussion, adjustments which need to be made to the resident’s upcoming customized development plan will be documented and communicated with the RPD.
3. At the end of each quarter, the resident will update the self-assessment portion of the development plan at least 3 days prior to the scheduled evaluation for review by the RPD. Incorporating information from the core/elective learning experience sign-out evaluation process and the quarterly longitudinal learning experience evaluation process, the RPD will make adjustments to the resident’s customized development plan. The updated development plan will be signed by both the resident and the RPD. This document will then be scanned and uploaded into PharmAcademic. This meeting will be documented in PharmAcademic utilizing the Developmental Plan Documentation evaluation. The format for the development plan will be as follow

Entering characteristics/initial plan:

- Strengths:
- Areas for improvement:
- Career goals:
- Interests:

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> updates to the development plan (at end of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarters).

- Strengths:
  - Areas for improvement:
  - Career goals:
  - Interests:
  - Resident progress:
4. Communication of modifications to the resident’s developmental plan will be discussed at the monthly RAC meeting and will be shared with all preceptors via PharmAcademic after submission of the quarterly update.
  5. These processes will be utilized for updating and modifying the resident’s developmental plan throughout the residency year.

6. Meetings between the residency program director and the resident regarding updates to the development plan will adhere to the following schedule:

- Entering characteristics/initial plan by July 15<sup>th</sup>\*
- 1<sup>st</sup> update on September 30<sup>th</sup>\*
- 2<sup>nd</sup> update on December 30<sup>th</sup>\*
- 3<sup>rd</sup> update on March 31<sup>st</sup>\*

\*Dates are subject to change based on mutual agreement between the residency program director and the resident based on onsite availability of both parties.

7. Throughout the residency year, additional updates to the development plan may be necessary depending on the progress of the resident.

**Assessment Strategy**

The assessment strategy will include six different types of evaluations:

1. Preceptor evaluation of resident’s attainment of education goals and objectives (see PharmAcademic for evaluation template).
2. Resident’s self-evaluation of their attainment of educational goals and objectives (see PharmAcademic for evaluation template).
3. Resident’s evaluation of the preceptor and learning experience (see PharmAcademic for evaluation template).

Each of the three assessments is described below along with a description of the quarterly meeting. A detailed assessment strategy table showing the evaluation category, tool, individual responsible, due date, and the individual to whom the evaluation should be submitted can be found below:

<b>Evaluation Category</b>	<b>Tools</b>	<b>Individual Completing</b>	<b>Due Date*</b>	<b>Submit to</b>
Preceptor evaluation of resident’s attainment of educational goals and objectives	Quarterly summative evaluation for each longitudinal learning experience	Preceptor(s) for each learning experience	Longitudinal rotations: End of each quarter.	Residency Program Director and Resident via PharmAcademic
	Twice a month summative evaluation for each core/elective learning experience	Preceptor(s) for each learning experience	Core/elective rotations: Approximately at the midpoint of the rotation (i.e., at 2 weeks for a 4-week rotation) and on the last Friday of the rotation.	Residency Program Director and Resident via PharmAcademic
	Selected snapshots/verbal feedback forms	Preceptor(s) for each learning experience	Depends on rotation experience	Resident via PharmAcademic

Resident's self-evaluation of attainment of goals and objectives	Quarterly summative evaluation for each longitudinal learning experience	Resident	Longitudinal rotations: End of each quarter	Residency Program Director and Preceptor via PharmAcademic
	One summative evaluation for each core/elective learning experience	Resident	Monthly rotations: On the last Friday of the rotation. Depends on rotation experience	Preceptor for the learning experience via PharmAcademic
	Selected snapshots/verbal feedback forms	Resident	Depends on rotation experience	Preceptor for the learning experience via PharmAcademic
Resident's evaluation of the preceptor and learning experience	End of the year evaluation for each longitudinal learning experience	Resident	Longitudinal rotations: End of the 4 <sup>th</sup> quarter	RPD and preceptor via PharmAcademic
	Combined evaluation for each core/elective learning experience at the end of the experience	Resident	Core/elective learning experiences: On the last Friday of the learning experience	RPD and preceptor via PharmAcademic

\*Due dates are subject to change based on mutual agreement between the RPD and/or preceptor and the resident based on onsite availability of all parties.

Preceptor evaluation of resident's attainment of educational goals and objectives:

This will occur in three different ways:

- **Quarterly** evaluations will take place for all four longitudinal learning experiences. This is termed summative assessment since it reflects performance at an end point (each quarter). This evaluation will include all goals and objectives for that learning experience. An exception to this will be for learning experiences that have certain objectives covered at certain points in the year. For example, in the NEOMED teaching certificate longitudinal rotation, certain aspects of the rotations occur such as the didactic teach experience may not occur until a specific quarter of the rotation and therefore evaluation for that objective will be included in a specific portion of the rotation. An end of quarter sign-out will be conducted by the preceptor(s) and the resident to document this discussion in PharmAcademic.
- **Core/Election Learning Experience** evaluations will take place for all eight four-six-week long learning experiences, once at the midpoint and again at the end of the learning experience. This is termed summative assessment since it reflects performance at an end point (at the midpoint or end of the learning experience). This evaluation will include all goals and objectives for that

learning experience. An end of the learning experience sign-out will be conducted by the RPD, preceptor(s), and the resident to document this discussion in PharmAcademic.

- All learning experiences with more than one preceptor will utilize one evaluation in PharmAcademic. This evaluation will be completed utilizing feedback from all preceptors involved. In order to indicate that all preceptors involved were part of the evaluation process, the following statement will be added to end of the evaluation, “The following preceptors, XXX and XXXX, have discussed this evaluation on XX/XX/XXX and are in agreement with the stated responses.”
- Check ratings for each goal should be accompanied by narrative commentary following the specific objectives associated with that goal that explains the resident’s performance related to the criteria for competent performance of that goal. Narrative commentary will be provided, at minimum for an objective that is marked “Needs Improvement.” Listing of learning activities engaged in to accomplish the objective (i.e., “managed five patients with pneumonia”) will not meet the criteria of acceptable narrative commentary.
  - **Needs Improvement** – current progress will not result in the achievement of the objective by the end of the residency year for longitudinal rotations or the end of the four-six-week period for core/elective learning experiences.
  - **Satisfactorily Progressing** – current progress is expected to result in the achievement of the objective by the end of the residency year for longitudinal rotations or the end of the four-six-week period for core/elective learning experiences.
  - **Achieved** – current level of performance is that expected at the end of the residency year for longitudinal rotations or the end of the four-six-week period for core/elective learning experiences.
  - **Achieved for the Residency** – current level of performance over the course of several learning experiences for the objective has been marked as Achieved for the majority of the learning experiences with nothing less than Satisfactorily Progressing for the remaining learning experiences in which the objective is evaluated. Achieved for the Residency will only be selected by the RPD after meeting with other members of RAC and based on the core/elective learning experience sign-out meetings and the longitudinal learning experience sign-out meetings.
- Each midpoint evaluation for core/elective learning experience will be reviewed by the preceptor and resident at the middle of the rotation in a face-to-face meeting. If areas are marked as needs improvement, the preceptor and the resident should discuss how these areas should be improved and this information should be documented in PharmAcademic. If a significant number of goals and objectives are marked as needs improvement for the rotation, the RPD should be notified and a formal plan should be written to address how these areas will be improved for the remainder of the rotation. All midpoint evaluations are sent to the RPD for final review.
- Each final core/elective learning experience evaluations will be reviewed by the RPD, preceptor and resident at the end of the learning experience in a face-to-face meeting. The discussion of this meeting will be documented in PharmAcademic. If areas are marked as needs

improvement, the preceptor will discuss with the resident and RPD regarding the need to remediate the learning experience. If remediation of the entire learning experience is determined to not be required, plans will be made to work on these goals and objectives in subsequent learning experiences and/or the customized developmental plan for the resident. All final learning experience evaluations are sent to the RPD for final review.

- Each quarterly evaluation will be reviewed by the preceptor and resident at the end of the quarter in a face-to-face meeting. The discussion of this meeting will be documented in PharmAcademic. If areas are marked as needs improvement, the preceptor and the resident should discuss how these areas should be improved and this information should be documented in PharmAcademic. If a significant number of goals and objectives are marked as needs improvement for the longitudinal rotation, the RPD should be notified and the customized developmental plan should be updated for the resident. All quarterly evaluations will be sent to the RPD for final review.
- After reviewing and discussing preceptor evaluations for both core/elective learning experiences and quarterly longitudinal learning experience evaluations and the resident's own self-evaluation of their attainment of educational goals and objectives (see below), the RPD and resident will meet face-to-face to review the development plan for the given quarter. Adjustments will be made to the development plan as needed and reviewed at subsequent quarterly updates.
- Periodic evaluations ("**snapshots**" and **verbal feedback form**) will be incorporated for specific goals and objectives and will help to inform either the core/elective learning experience and quarterly longitudinal learning experience evaluations. These will be an evaluation for a point in time rather than a cumulative experience. Therefore, this is termed a formative assessment.
  - Determination of which snapshots to be conducted during either the required/elective learning experience or the quarter will be determined by the performance of the resident during that given learning experience.
  - The preceptor will maintain a file of snapshots if completed outside of PharmAcademic.
- Each preceptor will complete his/her evaluation, no later than the middle of a core/elective learning experience; no later than the last Friday of the core/elective learning experience; or no later than the end of the quarter for a longitudinal learning experience.
- Aside from this formal evaluation system, the preceptor will provide ongoing, criteria-based feedback throughout each learning experience to assist the resident's skill development process. No fixed schedule of feedback has been established, but a reasonable expectation is two times weekly, or more often as needed.
- Throughout the residency year, the RPD will ultimately determine the resident's progress and achievement of the program's educational goals and objectives using all assessment and tracking information available. This will include open discussion of the resident's progress among members of RAC throughout the academic year (approximately quarterly).

Resident's self-evaluation of their attainment of educational goals and objectives:

This will occur in four different ways:

- **Quarterly** for all four longitudinal learning experiences.
  - This will be the same evaluation that the preceptor will complete (noted above) and will assess all goals and objectives for each learning experience.
  - This will be completed independent of discussion with the preceptor.
  - The resident will complete the evaluations no later than the end of the quarter with documentation of completion in the longitudinal learning experience sign-out in PharmAcademic.
  - Check ratings for each goal should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident’s performance related to the criteria for competent performance of that goal. Listing of learning activities engaged in to accomplish the objective (i.e., “managed five patients with pneumonia”) will not meet the criteria of acceptable narrative commentary.
- **Monthly** for all core/elective learning experiences.
  - This will be the same evaluation that the preceptor will complete (noted above) and will assess all goals and objectives for each learning experience.
  - This will be completed independent of discussion with the preceptor.
  - The resident will complete the evaluations no later than the last Friday of the core/elective learning experience.
  - Check ratings for each goal should be accompanied by narrative commentary following the specific objectives associated with that goal that explain the resident’s performance related to the criteria for competent performance of that goal. Listing of learning activities engaged in to accomplish the objective (i.e., “managed five patients with pneumonia”) will not meet the criteria of acceptable narrative commentary.
- Periodic evaluations (**“snapshots” or verbal feedback forms**). This will be the same evaluation the preceptor will do (noted above).
  - Determination of which snapshot/verbal feedback form to be used for the first quarter will be determined following the resident’s entry into the program and decisions for customization of the resident’s program are made. Subsequent decisions on which snapshot/verbal feedback form will be used will be made following each quarterly evaluation meeting in order to assist resident focus on areas of particular learning challenge.
  - The preceptor will establish a schedule for the quarter indicating when each of the snapshots is to be completed and given to the preceptor for review followed immediately by a discussion between the preceptor and resident comparing the resident’s evaluation of criteria achievement with that of the preceptor.
  - The preceptor will maintain a file of snapshots/verbal feedback forms if completed outside of PharmAcademic.
- **End of year** self-assessment that will include an evaluation (criteria based plus narrative) for all program goals and objectives.

Resident’s evaluation of the preceptor and learning experience:

- The resident will complete a combined evaluation for each learning experience and its preceptor(s). The resident will complete the combined evaluation no later than the last Friday of a core/elective learning experience or the end of the year for longitudinal rotations.
- The RPD will determine further use of the information provided regarding individual preceptor performance and quality of the learning experience and incorporate this information into the year-end assessment of the preceptor's evaluation.
- This will occur annually and will be discussed with the preceptor and the RPD. Based on this discussion, adjustments to the subsequent academic year's preceptor development plan for the preceptor and program will be made. This will help ensure continued development of the preceptor and the program as a whole.

Pediatric topics to be discussed throughout the Akron Children’s Hospital PGY1 residency program 20XX-20XX

Rotation	Required	Data completed	If applicable or time permits	Date completed
General Pediatrics/ Pulmonary	<ul style="list-style-type: none"> <li>• Asthma</li> <li>• Bronchiolitis/tracheitis/ventilator associated pneumonia</li> <li>• Cystic fibrosis and associated complications</li> <li>• Dehydration/oral rehydration</li> <li>• Immunizations</li> <li>• Hypertension</li> <li>• Multisystem inflammatory syndrome in children (MIS-C)</li> <li>• Pediatric GI conditions: Constipation, diarrhea, gastroesophageal reflux, nausea, vomiting</li> <li>• Renal failure (chronic)</li> </ul>		<ul style="list-style-type: none"> <li>• Juvenile rheumatoid arthritis</li> <li>• Lupus</li> <li>• Interstitial nephritis</li> </ul>	
Neonatal Intensive Care Unit	<ul style="list-style-type: none"> <li>• Drugs in pregnancy and lactation</li> <li>• High risk obstetrics: gestational diabetes, pre-eclampsia/eclampsia</li> <li>• Labor and delivery: premature labor, premature rupture of membranes, newborn management</li> <li>• Neonatal abstinence syndrome</li> <li>• Neonatal cardiology: Fetal circulation, patent ductus arteriosus, persistent pulmonary hypertension</li> <li>• Neonatal GI: Necrotizing enterocolitis/short bowel syndrome</li> <li>• Neonatal infections: Intrauterine infections (TORCH), neonatal sepsis</li> <li>• Neonatal nutrition (breast milk, Infant formulas, and parenteral nutrition)</li> <li>• Neonatal pulmonary: apnea with bradycardia, bronchopulmonary dysplasia, respiratory distress syndrome</li> </ul>		<ul style="list-style-type: none"> <li>• Retinopathy of prematurity</li> </ul>	

	<ul style="list-style-type: none"> <li>• Neonatal seizures/intraventricular hemorrhage</li> </ul>			
Orientation	<ul style="list-style-type: none"> <li>• Children's Oncology Group overview</li> <li>• Maintenance IV fluids</li> <li>• Most commonly used drug dosing in pediatrics</li> <li>• Pharmacokinetics (general and developmental / age-related differences)</li> </ul>			
Pediatric Emergency Department	<ul style="list-style-type: none"> <li>• ACLS/PALS</li> <li>• Acute migraine</li> <li>• Acute agitation/psychosis</li> <li>• Anaphylaxis/acute allergic reaction</li> <li>• Appendicitis</li> <li>• ER management of status epilepticus/febrile seizures</li> <li>• ER management of status asthmaticus</li> <li>• Pediatric Infectious Diseases: croup, otitis media, strep throat</li> <li>• Sexual transmitted diseases</li> <li>• Toxicology/ingestions</li> <li>• Urinary tract infections</li> </ul>			
Pediatric Hematology/Oncology	<ul style="list-style-type: none"> <li>• Anemia</li> <li>• Anticoagulation</li> <li>• Antiemetics</li> <li>• Chemotherapeutic agents</li> <li>• Febrile neutropenia</li> <li>• Hemophilia</li> <li>• Leukemia (ALL, AML)</li> <li>• Mucositis</li> <li>• Neuroblastoma</li> <li>• Oncologic emergencies/ Tumor lysis syndrome</li> <li>• Principles of chemotherapy</li> <li>• Sickle cell disease/pain management</li> </ul>		<ul style="list-style-type: none"> <li>• Bone marrow transplant</li> <li>• Central nervous system malignancies</li> <li>• Ewing sarcoma</li> <li>• Hemolytic uremic syndrome</li> <li>• Hodgkin's disease</li> <li>• Idiopathic thrombocytopenic purpura</li> <li>• Lymphoma</li> <li>• Osteosarcoma</li> <li>• Overall transplant patient</li> <li>• Post-transplant lymphoproliferative disease (PTLD)</li> <li>• Retinoblastoma</li> </ul>	

			<ul style="list-style-type: none"> <li>• Rhabdomyosarcoma</li> <li>• Wilm's tumor</li> </ul>	
Pediatric Infectious Diseases/ Antimicrobial Stewardship	<ul style="list-style-type: none"> <li>• Antimicrobial/antifungal prophylaxis</li> <li>• Antimicrobial stewardship</li> <li>• Cellulitis/impetigo/SSTIs</li> <li>• Clinical pharmacokinetics (vancomycin, aminoglycosides, etc.)</li> <li>• Clostridium difficile/Intraabdominal infections/ Short bowel syndrome (home therapy and complications)</li> <li>• COVID-19</li> <li>• Endocarditis/catheter sepsis</li> <li>• Invasive fungal infection</li> <li>• Kawasaki disease</li> <li>• Meningitis/Viral encephalitis/Shunt infection</li> <li>• Osteomyelitis/septic arthritis</li> <li>• Pneumonia</li> <li>• Sepsis</li> </ul>		<ul style="list-style-type: none"> <li>• Acquired immune deficiency syndrome / human immunodeficiency virus</li> <li>• Parasitic infections</li> <li>• Tuberculosis</li> </ul>	
Pediatric Intensive Care Unit	<ul style="list-style-type: none"> <li>• Congenital heart disease/Heart Failure/Pulmonary hypertension</li> <li>• Continuous renal replacement therapy/dialysis</li> <li>• Delirium/Pain/Sedation</li> <li>• Diabetes insipidus/Syndrome of inappropriate antidiuretic hormone</li> <li>• Diabetic Ketoacidosis</li> <li>• Fluid and electrolyte disorders</li> <li>• Parenteral nutrition</li> <li>• Shock (cardiogenic, septic)/ Adrenocortical insufficiency</li> <li>• Status asthmaticus</li> <li>• Status epilepticus/Ketogenic diet</li> <li>• Stress ulcer prophylaxis/ulcers</li> <li>• Traumatic brain injury</li> <li>• Ventilators</li> </ul>		<ul style="list-style-type: none"> <li>• Disseminated intravascular coagulation (DIC)</li> <li>• Extracorporeal membrane oxygenation</li> <li>• Heart transplant</li> </ul>	



March XX, 20XX

Dear XXXX,

Welcome and congratulations!! This letter is to confirm our offer for the position of PGY1 Pharmacy Residency at Akron Children's Hospital for the residency year 20XX-20XX. The residency will begin on XXXX and run through XXXX with an annual salary of \$XXXX.

We are excited about your interest in this position and are looking forward to working with you over the next year.

To confirm your acceptance of this residency position, please sign below and return this letter to me. Please retain the other copy for your file. Please review all pertinent residency and hospital policies at the following site: <https://www.akronchildrens.org/pages/Pharmacy-Residency-PGY1.html>. If you have questions, please call me at 330-543-3024 or email me at [mcober@akronchildrens.org](mailto:mcober@akronchildrens.org). We look forward to your arrival and having you become part of our department.

Sincerely,

Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

Clinical Coordinator – Neonatal Intensive Care Unit  
Residency Program Director  
Akron Children's Hospital

Professor – Pharmacy Practice  
Northeast Ohio Medical University, College of Pharmacy



Akron  
Children's  
Hospital

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

XXXXX

PGY1 Pharmacy Resident 20XX-20XX

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

Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

PGY1 Pharmacy Residency Program Director



## PGY1 Pharmacy Resident Agreement

Children's Hospital Medical Center of Akron ("The Hospital") offers and Lauren O'Dell accepts appointment as a Post-Graduate Year 1 (PGY1) Pharmacy Resident under the following terms and conditions:

1. Duration:                      Start Date: XXXX  
   End Date: XXXX
  
2. Stipend:                        \$XXXX/year  
   This is paid biweekly (\$XXXX/pay period) according to the Hospital payroll schedule.
  
3. Lab Coat:                      To be provided by the Hospital
  
4. Licensure:                    Resident should be licensed by the first day of the residency and must be licensed by October 1<sup>st</sup>, 20XX in the state of Ohio. The only exception to this requirement would be related to a national or statewide suspension of either the NAPLEX or MPJE exams resulting in your inability to take either exam.
  
5. Pharmacy staffing:        Resident will provide pharmacist coverage within the Pharmacy Department on an average of two weekends per month and four hours every other week during the afternoon shift (approximately 5-9pm). You are expected to work one minor holiday (Labor Day or Memorial Day) and one major holiday (Thanksgiving, Christmas, or New Year's Day) during your residency year. The actual holidays are subject to change.
  
6. Meals:                         Meals are not provided by the Hospital.
  
7. Absence from Duty:        Must be formally approved by the Pharmacy Residency Program Director. If the absence involves staffing of the pharmacy, you must also contact either the Director of Pharmacy or the Manager of Pharmacy Services. All absences must be in accordance with the Pharmacy Residency Leave of Absence Policy and Akron Children's Hospital Human Resources Attendance Policy (#5050).
  
8. Vacation:                    All pharmacy residents will be allotted 14 days of vacation time. Sick time will not be counted in these 14 days but must adhere with Akron Children's Hospital Attendance Policy (#5050) and cannot exceed 8 days in a 12-month period. An absence of more than 3 consecutive days requires medical documentation per hospital policy. The resident must retain 5 vacation days to use as interview days until the resident accepts a position for following year. Additionally, 4 of the vacation days will be used for your remaining holidays (i.e., July 4th, Labor Day, Thanksgiving, New Year's). All time off must be approved by the Pharmacy Residency Program Director. Additional time-off will be approved on a case-by-case basis and only in extremely extenuating circumstances. The expectation that the resident will achieve all required program outcomes will not change. If additional leave is granted, supplementary projects may be assigned to ensure all program outcomes are achieved. In order to protect the resident and patients, all ASHP duty hour regulations will continue to be followed. If an extended leave results in a resident missing more than 14 days designated for vacation time and maximum of 8 days for sick time, the resident will need to request an extended leave of absence in accordance with the Akron Children's Hospital FMLA, Medical, and Personal Leave Policy (#5370). In order to make up for time missed related to an extended leave of absence, the residency program can be extended up to 60 days past the original residency contract to allow the resident to complete all required competencies and assignments of the residency program. This extension will be paid according to the resident's status as a pharmacist with FE status employee which allows them to be eligible for STD benefits during this 60-day time period up to 80% of the resident's salary. If the resident's extended leave exceeds this 60-day time period, the resident will be unable to complete the requirements of the program and will not receive a certification of completion.



9. Insurance: The Hospital agrees to provide the resident with general and professional liability insurance coverage while the resident is performing duties within the scope of the resident's employment by the Hospital as provided in this Agreement. Such professional liability insurance coverage provided by the Hospital for the resident shall be in the amount(s) of not less than that provided for the Hospital's pharmacy staff members.

10. Employee Benefits: Resident and Resident's eligible dependents shall be entitled to all benefits normally provided to employees of the Hospital, subject to the terms and conditions of such benefit programs and as spelled out in the applicable Plan Document and Summary Plan Descriptions.

The Hospital provides Worker's Compensation and Unemployment Compensation as applicable in accordance with the laws of the state of Ohio. The Employee Assistance Program is available to provide confidential and professional counseling services. See Human Resources for more information.

11. Retirement Benefits: The Hospital offers a 403 (b) defined contribution retirement program in which the Resident may choose to participate.

12. Travel:

- a. The Pharmacy Department will provide financial support in accordance with the travel policy to attend the 20XX ASHP Midyear Clinical Meeting in December. The Resident will be expected to present a poster at the ASHP Midyear Clinical Meeting.
- b. The Pharmacy Department will provide financial support in accordance with its travel policy to attend a spring pharmacy conference (most likely the Annual Conference of the Pediatric Pharmacy Advocacy Group, which usually takes place in April-May of each year). The Resident will be expected to present an oral presentation regarding their residency research project at this conference.

13. Work Area: Resident will receive a computer and area at which to work in the Department of Pharmacy.

14. Resident Responsibilities:

- a. To perform job description duties faithfully and satisfactorily and to the best of his/her ability in a manner consistent with prevailing standards of care in the community and all relevant rules and principles of conduct and ethics during the entire period of the Agreement. Resident always shall use his/her best efforts to promote the Hospital's interests and shall not engage in any activities that conflict with the Hospital's interests.
- b. To conform to Hospital policies, procedures, and all applicable laws, rules and regulations.
- c. Resident shall timely and accurately document services furnished hereunder and complete such other documents and forms as may be required by applicable law, accreditation agencies, Hospital's policies, and the standard of care.
- d. Not to accept fees in any form from patients or others.
- e. The Resident is permitted to moonlight (i.e., work outside of the established pharmacy residency program hours) but only in accordance with the duty hour requirements established by the American Society of Health-System Pharmacists for pharmacy residents and the PGY-1 Pharmacy Residency Duty Hours/Moonlighting policy for the Hospital. All moonlighting must be approved by the Residency Program Director prior to the date requested. Additionally, proof of your own pharmacist insurance must be documented for work outside of the Hospital system. If you chose to moonlight, it cannot impact completion of your required pharmacy residency program requirements.
- f. The Resident will need to complete self-evaluations pre-residency, monthly, and quarterly to develop skills in self-assessment. These should include numeric as well as narrative assessments. The

assessments should be primarily focused on what you can do better or what the program can do to assist you in developing the knowledge, skills, and abilities necessary to develop as a pharmacist. All quarterly evaluations for longitudinal learning experiences are due within 3 business days of the end of the rotation period. All other learning experience evaluations are due at the time of the sign-off between learning experience preceptors, the RPD, and the resident. This will be scheduled based on availability of all parties but likely the day prior to the end of the learning experience.

- g. Required 4 to 6-week long rotations include Orientation, General Pediatrics, Neonatal Intensive Care Unit (at Akron main campus), Pediatric Emergency Medicine, Pediatric Intensive Care Unit, Antimicrobial Stewardship/Pediatric Infectious Diseases, Pediatric Hematology/Oncology, and Academia and Precepting. Required longitudinal rotations include Pharmacy Administration, Research, NEOMED Teaching Certificate, and Medication Safety. No more than a total of eight weeks can be done at the same off-site location (An off-site location includes any rotation outside of the Akron main campus.).
- h. The Resident will obtain their teaching certificate through the Northeast Ohio Medical University (NEOMED), College of Pharmacy, and will serve as an instructor in the Pediatric Pharmacotherapy electives at NEOMED during the Fall and Spring semesters. The Resident will also be involved in providing direction to pharmacy students in various experiential ways at the hospital. Many of your rotation will include students.
- i. The Resident will satisfactorily complete at least one research project during the residency.
- j. The Resident is expected to be BLS (Basic Life Support) certified. If the Resident is not currently certified, the department will arrange for him/her to become certified during the orientation period. In addition, the Resident will be expected to become PALS certified by December 31<sup>st</sup>, 20XX.
- k. The Resident will present a protocol presentation, and a final project presentation to the pharmacy staff and preceptors.
- l. The Resident will be present and comply with all requirements deemed necessary by the preceptor of the rotation being completed that month.
- m. The Resident will complete the Akron Children's Hospital PGY1 Pharmacy Residency Checklist prior to completion of the residency year.
- n. The Resident is expected to enjoy, have fun, and learn as much as possible.

15. Grievances: If during the period of this contract a grievance arises (a grievance is any dispute or controversy about the interpretation or application of this contract or any Hospital policy or practice), the following grievance procedure will be followed:

- a. The Resident will first discuss his/her grievance with the Pharmacy Residency Program Director.
- b. If no satisfaction results, the grievance will then be discussed with the Residency Advisory Council (RAC).
- c. If no satisfaction results, the Resident will present his/her grievance in written form to the Director of Pharmacy who will make final disposition with the advice of the Pharmacy Residency Program Director and Residency Advisory Council.

16. Disciplinary Action: Should a Resident be suspended or dismissed from the PGY1 Pharmacy Residency Program for reasons of medical and/or educational performance, the Resident shall have the right to a hearing in accordance with the PGY-1 Pharmacy Residency Remediation and Dismissal Policy.

17. Substance Abuse: Please refer to the Substance Abuse & Testing Policy. If a Resident is deemed impaired due to alcohol, drugs, nicotine, or other reason, this may result in dismissal from the residency program. By signing this contract, the resident agrees that he/she is not now impaired, nor does he/she abuse alcohol or other drugs.



18. Medical Examination: It is Hospital policy that all new hire employees undergo a medical examination, testing for drugs, alcohol, and nicotine, laboratory procedures and/or immunization as deemed appropriate. By signing this contract, Resident agrees to undergo same and understands that employment is contingent upon a negative drug screen including nicotine.

19. Sexual Harassment: Harassment on the basis of sex is a violation of Section 703 of Title VII of the 1964 Civil Rights Act and will not be tolerated at the Hospital. The policy and procedure for filing a formal complaint are detailed in the Hospital Personnel Policy and Procedure Manual. The harassment policy is available on the Kidsnet.

20. Non-Discrimination: Acceptance and signing of this Agreement is evidence to comply with Title VI-VII of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act which prohibits discrimination because of race, color, national origin, disability, age, sex, religion, and political affiliation in any facet of a party's operation except where such discrimination is bona fide, documented business necessity.

21. Criminal Background Check: Since Children's Hospital Medical Center of Akron employees are responsible for children in out-of-home care as defined by S2151.86 (A) (1) of the Ohio Revised Code, the Hospital must submit to the Bureau of Criminal Identification and/or the Federal Bureau of Investigation, your fingerprints and general information in order that a background check be conducted to ascertain whether you have been convicted of certain crimes which might disqualify you from eligibility for hire. Any applicant who fails to provide the information necessary to complete the required forms or fails to provide impressions of his/her fingerprints will not be employed for any position.

22. Term and Termination: This agreement is effective as of the Start Date and shall continue until the End Date, unless earlier terminated as provided herein. Hospital may terminate this Agreement under the following circumstances:

a. If based on a physical or mental condition, Resident is unable to perform effectively and safely his/her essential job duties for a total of twenty-six (26) weeks in any twelve (12) month period (the 26 weeks need not be consecutive), then upon written notice to the Resident, Hospital may terminate the Agreement effective as of the last day of the 26-week disability period.

b. Upon written notice to Resident after any of the following occur:

(i) Resident's failure to comply with the terms of this contract, including without limitation, failure or refusal to diligently perform duties under this agreement; or

(ii) Resident's failure to maintain any of the qualifications required in this agreement; or

(iii) Resident's illegal, immoral, unprofessional, unethical or other conduct which does or may adversely affect Hospital's reputation or ability to render quality health care services; or

(iv) Exclusion, suspension, debarment, or ineligibility of Resident from participation in the Medicare or Medicaid programs or the suspension of Medicare or Medicaid payment; or

(v) Restriction, revocation, or suspension of any material license, certification, or approval; or

(vi) Resident is convicted of or pleads guilty to a felony or a misdemeanor related to the provision of or payment for health care services or any other crime that disqualifies him/her from being employed by Hospital; or

(vii) Hospital's inability to obtain or maintain professional liability insurance on Resident's behalf.



c. Your employment by Children's Hospital Medical Center of Akron is Contingent upon the aforestated records check not revealing any disqualifying criminal offense(s). If you are employed by the Hospital pending the receipt of this information, said employment will be conditional. If the records check reveals the conviction of any disqualifying offenses, you will be released from employment.

23. Compliance. Resident acknowledges that Hospital promotes full compliance with the law and has established a culture that fosters the prevention, detection and resolution of instances of misconduct. As a material condition of employment, Resident agrees to adhere in all respects to the requirements of applicable State and Federal laws and regulations and Hospital's compliance program during the term of this Agreement. This includes, but is not limited to, participation in compliance training, promptly reporting known or suspected instances of misconduct or non-compliance, and cooperating and assisting in all respects, as requested, in internal and external compliance reviews, investigations, inquiries and/or audits. Resident further acknowledges and agrees that his or her failure to adhere to the requirements of applicable State or Federal laws and regulations or Hospital's compliance program constitutes grounds for termination of this Agreement.

24. Confidential Information. Resident acknowledges that she will have extensive access to and will become familiar with, in the course of her employment with Hospital, various confidential, proprietary information of Hospital, including, without limitation, financial information, policies and procedures and clinical protocols and guidelines. Resident shall not at any time use for her own benefit or for the benefit of any third party or disclose to any third party any such confidential information without the prior consent of Hospital. This provision shall survive termination of this Agreement.

I understand the terms and conditions of the PGY1 Pharmacy Resident Agreement.

\_\_\_\_\_  
Date: \_\_\_\_\_  
XXXXX  
PGY1 Pharmacy Resident 20XX-20XX

\_\_\_\_\_  
Date: \_\_\_\_\_  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN  
PGY1 Pharmacy Residency Program Director

\_\_\_\_\_  
Date: \_\_\_\_\_  
John E. Lepto, RPh  
Director of Pharmacy

\_\_\_\_\_  
Date: \_\_\_\_\_  
Shana Earl  
Vice President, Professional Services



Akron  
Children's  
Hospital

\_\_\_\_\_ Date: \_\_\_\_\_  
Lisa Aurilio  
Chief Operating Officer



**Akron Children's Hospital PGY-1 Pharmacy Residency  
Graduation Requirements Checklist**

Resident: \_\_\_\_\_ Year: \_\_\_\_\_

1. \_\_\_\_\_ Research project
  - a. Topic approval by Residency Advisory Council (RAC) (by end of first week of July)
 

date:
  - b. Integrated Planning Form submission (mid-August, if necessary)
 

date:
  - c. Present background to RAC (mid-August)
 

date:
  - c. IRB submission (if necessary)
 

date:
  - d. IRB approval (if necessary)
 

date:
  - e. Draft of Midyear poster abstract to RAC (mid-Sept)
 

date:
  - f. Draft of Midyear poster presentation to RAC (first week of Nov)
 

date:
  - g. Poster presentation at ASHP Midyear Meeting
 

date:
  - h. Draft of presentation abstract to RAC for PPAG Annual Meeting (by mid-Jan)
 

date:
  - i. Draft of slide presentation to RAC (first week of Mar)
 

date:
  - j. 1<sup>st</sup> presentation to RAC (April)
 

date:
  - k. 2<sup>nd</sup> presentation to RAC (April)
 

date:
  - l. 3<sup>rd</sup> presentation to RAC (April, if necessary)
 

date:
  - m. 4<sup>th</sup> presentation to RAC (April, if necessary)
 

date:
  - l. Presentation at PPAG Conference
 

date:
  - m. Final presentation to pharmacy staff (April-May)
 

date:
  - n. Final presentation to medical/nursing staff (April-June, if applicable)
 

date:
  - n. Final manuscript of research project (June)
 

date:

    - i. Draft of background and methods section to RAC (by mid-Feb)
 

date:
    - ii. Draft of results and discussion section to RAC (by first week of May)
 

date:
  
2. \_\_\_\_\_ Completion of advance life support training
  - a. BLS
 

date:
  - b. PALS (by Dec 31<sup>st</sup>)
 

date:
  - c. ACLS (optional)
 

date:
  
3. \_\_\_\_\_ Co-precept and evaluate at least one pharmacy student on APPE rotation
 

date: \_\_\_\_\_ college: \_\_\_\_\_

rotation: Academia/Precepting in NICU





Reviewed by Residency Program Director and PGY1 Pharmacy Resident:

Initially: Date:

\_\_\_\_\_  
Residency Program Director  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

\_\_\_\_\_  
PGY1 Pharmacy Resident

End of 1<sup>st</sup> Quarter: Date:

\_\_\_\_\_  
Residency Program Director  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

\_\_\_\_\_  
PGY1 Pharmacy Resident

End of 2<sup>nd</sup> Quarter: Date:

\_\_\_\_\_  
Residency Program Director  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

\_\_\_\_\_  
PGY1 Pharmacy Resident

End of 3<sup>rd</sup> Quarter: Date:

\_\_\_\_\_  
Residency Program Director  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN

\_\_\_\_\_  
PGY1 Pharmacy Resident

End of year completion by Residency Program Director and PGY 1 Pharmacy Resident:

\_\_\_\_\_

\_\_\_\_\_



Akron  
Children's  
Hospital

Residency Program Director  
Mary Petrea Cober, PharmD, BCNSP, BCPPS, FASPEN  
Date: \_\_\_\_\_

PGY1 Pharmacy Resident  
Date: \_\_\_\_\_

	<b>POLICY TITLE:</b> <b>PGY-1 PHARMACY RESIDENCY DUTY HOURS/MOONLIGHTING</b>		
	<b>CATEGORY</b>	<b>POLICY #</b>	<b>VERSION</b>
	<input type="checkbox"/> Organizational <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> Unit _____		<b>KEY WORDS:</b>
<b>ORIGINAL DATE:</b> (06/26/2013) <b>CURRENT EFFECTIVE DATE:</b> (09/01/2022) <b>PREVIOUS REVISION DATES:</b> (09/10/2014)		<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b>			
<input checked="" type="checkbox"/> Akron Children's Hospital, Its Subsidiaries & Affiliates <input type="checkbox"/> Children's Home Care			
<b>Special Review</b>		<b>Administrative Review</b>	
<input type="checkbox"/> EOC/Safety	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Administrative Staff	
<input type="checkbox"/> HIM	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Board of Directors	
<input type="checkbox"/> Human Resources	<input type="checkbox"/> P & T	<input type="checkbox"/> Interdisciplinary Care Committee	
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Radiology	<input type="checkbox"/> Medical Staff Executive Committee	
<input type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Other _____ Residency _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Laboratory			
<b>References and Accreditation Standard:</b>			
<b>APPROVAL</b>		<b>APPROVAL</b>	
		John Lepto, RPh Director of Pharmacy Services	

**PURPOSE:**

**BACKGROUND:**

ASHP states work performed for income during off hours must “not interfere with the education and performance of the pharmacy resident.” In addition, such activities should not be in conflict with the policies of the Program including the established ASHP resident work hour policy or the policies of the sponsoring institution. In order to comply with the above guidelines, and to protect the residents and the program from potential adverse effects of moonlighting, the Program has established the following policy and procedures.

## **POLICY:**

“Duty Hours” are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

“Moonlighting” is defined as any professional and patient care activity external to the educational program.

1. Residents wishing to moonlight must have written permission from the Residency Program Director prior to starting any moonlighting. Documentation of permission is to be included in the resident's permanent file.
2. Moonlighting by the resident may not exceed one extra 8-hour shift in a two-week period.
3. Moonlighting shifts may not occur during the resident's regularly scheduled rotation hours.
4. Moonlighting by the resident cannot result in a violation of the ASHP Duty Hours criteria of working no more than 80 hours per week, having at least a 10-hour period off from the evening until the next morning, and a minimum of 4 days off per month.
5. Residents must have all required rotation obligations completed prior to moonlighting. If it is determined that the resident is not meeting rotation obligations, permission to moonlight may be revoked by the Residency Program Director.
6. Residents will not be required to moonlight.
7. The resident must provide the Residency Program Director with a record of his/her moonlighting employers and the amount of moonlighting done as well as a record of malpractice coverage.
8. Residents must be licensed by the state board of pharmacy in the state where the resident will work prior to pursuing any moonlighting opportunities outside of Akron Children's Hospital and must obtain their own malpractice coverage for moonlighting activities.
9. There will be no moonlighting allowed during working hours. For the purposes of moonlighting, working hours are defined as being from 8:00 A.M. until 5:00 P.M. unless rotation hours differ or during any scheduled residency function.
10. Resident's performance will be monitored for the effect of moonlighting activities and adverse effects may lead to withdrawal of permission to moonlight by the Residency Program Director. This includes the potential withdrawal of permission for moonlighting activities the resident has already scheduled at the time of the review.
11. Hours spent on moonlighting activities within Akron Children's Hospital will count toward the 80-hour resident work-week (per ASHP Duty Hours Policy).

## **PROCEDURE:**

### **Pharmacy Resident**

1. Must request and receive written permission to moonlight from the Pharmacy Residency Program Director prior to engaging in any moonlighting activities.
2. Each month, the resident must complete a “Resident Monthly Time Sheet”. If the resident has not communicated with the residency program that he/she will be “moonlighting” outside of the residency program, the time sheet is predefined with “none” under hours for Moonlighting. If the

resident is engaging in “moonlighting” activities, each employer or place of employment, as well as the expected time commitment and malpractice coverage for the activity must be recorded. Any changes in the status of moonlighting activity must be pre-approved by the Residency Program Director. Signed and completed forms should be returned to the Residency Program Director.

3. The resident must attest to compliance with duty hour requirements of ASHP and the residency program via the monthly PharmAcademic evaluation regarding duty hours.

#### **Residency Program Director**

1. Must review documentation submitted by the resident on a monthly basis.
2. Must review resident requests to moonlight and grant permission in writing when deemed appropriate.
3. Must intermittently review resident moonlighting activities and monitor resident performance for adverse effects.
4. Must provide a written statement of withdrawal of permission to moonlight when applicable.

Resident Monthly Time Sheet – Akron Children’s Hospital – PGY 1 Pharmacy Residency

Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Day of Month	Hours worked at ACH	Hour worked outside of ACH
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
6 <sup>th</sup>		
7 <sup>th</sup>		
8 <sup>th</sup>		
9 <sup>th</sup>		
10 <sup>th</sup>		
11 <sup>th</sup>		
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24 <sup>th</sup>		
25 <sup>th</sup>		
26 <sup>th</sup>		
27 <sup>th</sup>		
28 <sup>th</sup>		
29 <sup>th</sup>		
30 <sup>th</sup>		
31 <sup>st</sup>		
Total		0
Grand Total		

I verify these are the hours worked during the stated month/year and include all hours worked within and outside of Akron Children’s Hospital (ACH).

\_\_\_\_\_  
Resident signature

\_\_\_\_\_  
Date



**POLICY TITLE:**

**PGY-1 PHARMACY RESIDENCY LICENSURE POLICY**

CATEGORY		POLICY #	VERSION
<input type="checkbox"/>	Organizational		
<input type="checkbox"/>	Clinical		
<input checked="" type="checkbox"/>	Departmental	<b>KEY WORDS:</b>	
<input type="checkbox"/>	Unit _____		

**ORIGINAL DATE:** (07/1/2015)

**CURRENT EFFECTIVE DATE:** (07/01/2015)

**PREVIOUS REVISION DATES:** (mm/dd/yyyy)

**THIS POLICY REPLACES:**

**APPLICABILITY:**

- Akron Children's Hospital, Its Subsidiaries & Affiliates
- Children's Home Care

Special Review			Administrative Review		
<input type="checkbox"/>	EOC/Safety	<input type="checkbox"/>	Medical Staff	<input type="checkbox"/>	Administrative Staff
<input type="checkbox"/>	HIM	<input type="checkbox"/>	Patient Services	<input type="checkbox"/>	Board of Directors
<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	P & T	<input type="checkbox"/>	Interdisciplinary Care Committee
<input type="checkbox"/>	Infection Control	<input type="checkbox"/>	Radiology	<input type="checkbox"/>	Medical Staff Executive Committee
<input type="checkbox"/>	Information Services	<input checked="" type="checkbox"/>	Other Residency _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Laboratory				

**References and Accreditation Standard:**

**APPROVAL**

**APPROVAL**

John Lepto, RPh  
Director of Pharmacy Services

**PURPOSE:**

**BACKGROUND:**

In order for a resident to complete all residency learning objectives as established by the PGY1 Pharmacy Competency Areas (2014) licensure as a pharmacist is essential. The purpose of this policy is to outline the requirements and timeline for pharmacist licensure in order to achieve the residency program goals. If licensure is not obtained in a timely matter as stated by the policy, resident dismissal may be warranted.

**POLICY:**

1. The resident should be licensed by the first day of the residency and must be licensed as a pharmacist in the state of Ohio by October 1<sup>st</sup> of the residency year. This deadline is in-line with guidance provided by ASHP of the resident being licensed with 90 days of the start of the residency year in order to achieve the residency program goals.
2. If the resident is not licensed by October 1<sup>st</sup> of the residency year, the resident will be dismissed from the residency program. The only exception to this requirement would be related to a national or statewide suspension of either the NAPLEX or MPJE exams resulting in inability to take either exam.

	<b>POLICY TITLE:</b>		
	<b>PGY-1 PHARMACY RESIDENCY REMEDIATION AND DISMISSAL</b>		
	<b>CATEGORY</b>	<b>POLICY #</b>	<b>VERSION</b>
	<input type="checkbox"/> Organizational <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> Unit _____		<b>KEY WORDS:</b>
<b>ORIGINAL DATE:</b> (07/1/2014) <b>CURRENT EFFECTIVE DATE:</b> (07/01/2014) <b>PREVIOUS REVISION DATES:</b> (mm/dd/yyyy)		<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital, Its Subsidiaries & Affiliates <input type="checkbox"/> Children's Home Care			
<b>Special Review</b>		<b>Administrative Review</b>	
<input type="checkbox"/> EOC/Safety	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Administrative Staff	
<input type="checkbox"/> HIM	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Board of Directors	
<input type="checkbox"/> Human Resources	<input type="checkbox"/> P & T	<input type="checkbox"/> Interdisciplinary Care Committee	
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Radiology	<input type="checkbox"/> Medical Staff Executive Committee	
<input type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Other Residency _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Laboratory			
<b>References and Accreditation Standard:</b>			
<b>APPROVAL</b>		<b>APPROVAL</b>  John Lepto, RPh Director of Pharmacy Services	

**PURPOSE:**

**BACKGROUND:**

A resident who is not performing satisfactorily based on the standards and evaluation procedures of the residency program will be required to remediate areas in which the residency program director has determined in conjunction with the residency preceptors and the residency advisory council. The purpose of this policy is to establish an effective process which addresses concerns about clinical performance. Policies and procedures must be set forth to address the appropriate academic remediation of these areas, and if not fulfilled, there will be subsequent dismissal of the resident.

## **POLICY:**

If a resident is not performing satisfactory based on the standards and evaluation procedures of the residency program, the residency program director and resident must be immediately notified. A written plan describing deficiencies and expectations (see attached) must be developed between the resident, the residency program director, and, if applicable, the residency preceptor(s). Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The residency program director has the authority to initiate corrective actions, and develop/monitor the plan. The plan of action should have specific goals and include measurable objectives.

If remediation efforts have been unsuccessful, the residency program director has the authority to place the resident on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

- The specific reasons for academic supervision;
- Duration of the academic supervision (not generally less than 60 days, or more than six months);
- Expectations;
- What will be done to assist the individual in meeting expectations;
- Mechanism of evaluation to determine improvement;
- And consequences if expectations are not met.

Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal may be considered for the resident who has been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the residency program director, and requires majority support of the residency advisory council.

Prior to dismissing a resident except for a cause outlines below, the residency program director must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies, and was provided feedback on his or her efforts.

Automatic dismissal or suspension may be considered for causes including the following but is not limited to:

- Misrepresentation of facts or falsification of employment documents;
- Conviction of a felony while enrolled in the residency program;
- Failure to comply with or satisfactory complete terms outlined by the residency program;
- Or as defined in the Akron Children's Hospital Policy for Conduct and Performance – HR-5004.

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the residency program director, the director of pharmacy, Human Resources, and a member of the medical staff. The decision of the majority will be considered binding and conclusive.



**Akron Children's Hospital**  
**Learning Plan – PGY1 Pharmacy Residency**

Through self-assessment and meeting with the *(position)*, *(name)*, of the Akron Children's Hospital PGY1 Pharmacy Residency Program, the resident, *(name)*, has identified the following deficiencies in his/her performance as of *(date)*, in regards to *(description of deficiencies)*:

- *List deficiencies that have been identified.*

In order to remedy these deficiencies, and to achieve the objectives listed in the attached contract, the following learning plan has been developed and will be implemented for the *(date range)*:

- *List learning plan objectives that have been identified for remediation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Residency Program Director – M. Petrea  
Cober, PharmD, BCNSP, BCPPS, FASPEN)

(Resident – *name*)

**AKRON CHILDREN'S HOSPITAL PHARMACIST TRAINING**

**EMPLOYEE NAME:**

	<b>TASK</b>	<b>DATE</b>	<b>TRAINER</b>	<b>RPH</b>	<b>SUPERVISOR</b>
1	Pharmacist job responsibilities				
2	EPIC Training				
3	Medselect training				
4	TPN Training				
5	Safe Handling of Hazardous Drugs				
6	Round and Delivery of ADS				
7	Omnicell Checking				
8	Delivery of Main OR				
9	Checking Medselect batch fill				
10	Enfit/Checking Oral Syringes				
11	Operating the Carousel				
12	Phone/intercom/tube/volunteers/courier				
13	Process, Fill and record VFC Orders				
14	Fill/check Stock Orders				
15	ACHP order/fill/check procedure				
16	Carousel functions				
17	Centrack				
18	Non-sterile compounding				
19	Euclid prepacker				
20	Milt prepacker				
21	Printing dots				
22	Cactus sink				
23	Pharmaceutical Waste				
24	Kit/bag processing and Kit Check				
25	Code Carts				
26	Borrowing Medication from Other hospitals				
27	Calling courier for deliveries				
28	Investigational studies				
29	Paging a provider/Voalte Messaging				
30	TempTrack				
31	MIDAS reporting				
32	Dispensing an emergency supply of medication				
33	Extravasation Policy				
34	Leeches				
35	Take home labeled medications				
36	REMS programs				
37	Off site hospitals				

38	Anticoag monitoring				
39	Types of labels				
40	Printers				
41	Boxes for CBD oil				
42	Delivery when dock is closed				
	<b>EPIC:</b>				
43	Overview of home page				
44	In-basket messages				
45	I-Vents				
46	Label printing				
47	IMS				
48	Laboratory/Radiology Results				
49	Telephone/Written by Prescribers/P&T Orders				
50	Downtime/EPIC computer				
51	Barcode Validation				
52	Dispense Queue				
53	Dispense Prep & Dispense check				
54	Bulk Charges				
55	Running Medication Reports				
56	Manage orders				
57	Navigating a Patient's chart				
	<b>Verification in EPIC:</b>				
58	NICU dosing				
59	Epidurals				
60	Patient Supplied Home Medications				
61	Non-Formulary Medications				
62	Factor Products				
63	IVIG				
64	Formula Additives				
65	Ketogenic Diet patients				
66	Large volume fluid orders				
67	IV Room orders				
68	Oral Suspensions				
69	Multi-dose products				
70	On-Q Pump				
71	Oral contrast				
72	Dispense locations				
73	Controlled medications				
74	PCA Order Sets				

75	Vaccines				
76	Chemotherapy Orders				
77	Adding Administration instructions				
78	Editing Clinical information				
79	TPN and lipids				
80	Home Insulin pump				
81	Monthly Inspections				
82	Employee Exposure				
83	Keyboxes for ADS downtime				
84	Therapeutic substitutions				
	IV room training				
	IV room set up training				
	IV room stocking				



**POLICY TITLE**

**Attendance**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
#2217	#7	<input type="checkbox"/> Organizational	Choose a Policy Type.	Medical Staff Only -Choose a Policy Type
<b>KEY WORDS</b> Absence, Tardy, Call off, Pattern, Partial shift, Attendance		<input checked="" type="checkbox"/> Divisional	Patient Services	Administrative
		<input type="checkbox"/> Departmental	Choose a Department.	Choose a Policy Type
<b>CURRENT EFFECTIVE DATE:</b> 7/8/2021 <b>LAST APPROVAL DATE:</b> 6/14/2019 <b>ORIGINAL DATE:</b> 8/28/2003			<b>THIS POLICY REPLACES:</b> Click here to enter text.	
<b>APPLICABILITY:</b> Choose an item. <input checked="" type="checkbox"/> Akron Children’s Hospital & Affiliates <input type="checkbox"/> ACH Foundation <input type="checkbox"/> Children’s Home Care <input type="checkbox"/> Child Dimensions Insurance Company				
<b>Contact Person/Position:</b> Click here to enter text.			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input checked="" type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/> Click here to enter text.		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/> Click here to enter text.			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b> <b>Organizational, #5004, Performance, Conduct &amp; Attendance Progressive Discipline</b> <b>Organizational, #5370, FMLA, Medical &amp; Personal Leave</b> <b>Organizational, #5049, Paid Time Off</b> <b>Patient Services, #2051, Paid Time Off (Scheduling)</b>				
<b>APPROVAL</b>  Christine Young, MSN, MBA, RN, NEA-BC Chief of Hospital Based Services and CNO			<b>APPROVAL</b>  Aris Eliades, PhD, RN Director, Office of Nursing Practice, Quality & Inquiry, Center for Nursing Excellence	

<p><b>APPROVAL</b></p> <p>Click here to enter text.</p> <p><b>Click here to enter Title of Authorized Representative</b></p>	<p><b>APPROVAL</b></p> <p>Click here to enter text.</p> <p><b>Click here to enter Title of Authorized Representative</b></p>
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Original signature on file Office of Nursing Professional Development and Engagement

**PURPOSE:**

This policy is part of an effort to ensure that unscheduled absences, tardiness, or any other attendance policy violations are treated consistently and to guide managers when dealing with employees who may have frequent unapproved absences. Violations of this policy will result in corrective action, up to and including, termination of employment.

**SCOPE/RESPONSIBILITY:**

- It is the responsibility of the employee to be at their workstation and ready to begin work at their scheduled start time.
- It is the responsibility of the employee to notify supervisor of any missed time.
- It is the responsibility of the employee to follow guidelines for requesting Leave of Absence (LOA) within the designated time frame.
- It is the responsibility of the manager/designee to enter the appropriate paycodes and attendance comments in the electronic time attendance system.
- It is the responsibility of the manager/designee to monitor and address attendance infractions in consultation with Human Resources Business Partner.

**POLICY:**

Employee attendance on scheduled work days is critical to our ability to provide high quality services to our patients and their families and to function effectively as an organization that relies on teamwork and cooperation.

**RELATED POLICIES:**

- Organizational, #5004, Progressive Discipline
- Organizational, #5370, FMLA, Medical & Personal Leave
- Organizational, #5049, Paid Time Off
- Patient Services, #2051, Paid Time Off (Scheduling)

**DEFINITIONS:**

1. **Absence** (ATT- Absent Full Shift): Any unexcused absence for a full shift on a scheduled work day.
2. **Tardy** (ATT- Tardy): Any swipe in more than three (3) minutes past start of scheduled shift.
3. **Partial Shift** (ATT- Absent < full shift): Worked less than the entire scheduled shift. Does not apply to low census/no work.
4. **Pattern** (ATT- Pattern of Absence): Patterns of absences or tardiness may include, but are not limited to, the following:
  - a. Calling off on weekends or holidays
  - b. Calling off before or after scheduled Paid Time Off (PTO) and/or holidays
  - c. Calling off following denial of PTO or Do Not Schedule time requests
  - d. Calling off late

## GUIDELINES:

### Employee Responsibilities

1. Employees must call off at least 2 hours prior to start of a scheduled shift.
2. Employees must call off at least 4 hours prior to start of an on-call shift.
3. All employees must call off to Nursing Supervisor or designee:
  - a. Akron campus supervisor: 330-543-SICK (7425)
  - b. Mahoning Valley campus supervisor: 330-746-9222
  - c. Employees must provide the following information:
    - i. Name, employee number, unit, shift, expected duration of absence
    - ii. Reason for absence (own illness, family member illness, other)
    - iii. If the absence is related to a condition that has been or is in the process of being approved for FMLA
4. Employee must notify manager/designee of a planned absence with 30 days advance notice or as soon as possible.

### Manager Responsibilities

1. Employee's schedule may be readjusted at manager/designee discretion while accounting for all budgeted hours.
2. Attendance infractions will be documented by manager/designee in the electronic time and attendance system with the corresponding ATT Comments above.
3. Managers/designees must follow guidelines in the Progressive Discipline policy as needed for attendance concerns.
4. Upon identification of a pattern of absence, the manager will consult their Human Resources Business Partner to assist with corrective action steps.



**POLICY TITLE**

**Bereavement Leave**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
10063	7	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> bereavement, leave, absences		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE: 11/5/2021</b> <b>LAST APPROVAL DATE: 12/1/2018</b> <b>ORIGINAL DATE: 12/12/1985</b>			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Managers of HR Strategy and Operations			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>     Christopher Gessner President and CEO			<b>APPROVAL</b>     Rhonda Larimore Chief Human Resources Officer	

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

This policy provides all full-time and part-time employees with paid bereavement leave time to attend to family matters when there is a death of a member of the employee's family.

This policy applies to all employees, including those with employment agreements.

**POLICY:**

**GUIDELINES:**

1. Regular full-time and part-time employees receive paid bereavement leave effective their date of hire. Employees receive a maximum pay for up to one time their budgeted weekly hours upon the death of the following members of their immediate family:
  - a. Spouse/Domestic Partner
  - b. Child
  - c. Parent
  - d. Brother or Sister
  
2. Regular full-time employees receive a maximum paid bereavement leave up to 24 hours upon the death of:
  - a. Grandparent, Grandparent-in-law and Grandchild (including great, biological, step, half or by adoption) and that of their spouse/domestic partner
  - b. Mother-in-law or Father-in-law
  - c. Son-in-law or Daughter-in-law
  - d. Brother-in-law or Sister-in-law
  
3. Regular part-time employees receive a maximum up to one (1) scheduled shift of paid bereavement leave upon the death of:
  - a. Grandparent, Grandparent-in-law and Grandchild (including great, biological, step, half or by adoption) and their spouse/domestic partner
  - b. Mother-in-law or Father-in-law
  - c. Son-in-law or Daughter-in-law
  - d. Brother-in-law or Sister-in-law
  
4. For purposes of this policy, the following definitions apply:
  - a. Spouse: A person who is legally married to the employee.
  - b. Domestic Partners: Two individuals of the same or opposite sex who:
    - Share are regular or permanent residence; and
    - Have a committed personal relationship for at least six months; and
    - Can demonstrate financial interdependence; and
    - Are not related by blood, not legally married, nor in a domestic partnership with anyone else
  - c. Son or Daughter:
    - i. A biological, adopted, step, or foster son or daughter of the employee (including miscarriages);
    - ii. A person who is a legal guardian of the employee when that individual was a minor or required a legal guardian;
    - iii. A person for whom the employee stands in loco parentis or stood in loco parentis when that individual was a minor or required someone to stand in loco parentis; or
  - d. A son or daughter (as described in the above sub-sections) of an employee's spouse or domestic partner. Parent:
    - i. A biological, adoptive, step, or foster parent of the employee, or a person who was a foster parent of the employee when the employee was a minor;
    - ii. A person who is the legal guardian of the employee or was the legal guardian of the employee when the employee was a minor or required a legal guardian;
    - iii. A person who stands in loco parentis to the employee or stood in loco parentis to the employee when the employee was a minor or required someone to stand in loco parentis;
  
5. Time will be paid for scheduled hours missed on the date of death, within seven calendar days after the death of a family member, or at a later date to attend the funeral or memorial service. Time off for bereavement

need not be taken in consecutive days. Manager discretion may be used to determine time applied. If an employee needs additional time for bereavement purposes, they may request Paid Time Off (PTO) or Vacation. For longer period of time off, refer to the FMLA, Medical and Personal Leave Policy #5370.

6. The employee will receive bereavement pay only for days they are scheduled to work.
7. Bereavement pay is paid at the base hourly rate.
8. If the death occurs while the employee is on pre-scheduled PTO, the employee is eligible for bereavement leave as long as the supervisor is properly notified. An employee is not eligible for bereavement leave if they are on an approved LOA even if PTO is being paid.

**PROCEDURE:**

1. The employee must notify the supervisor as soon as the need for bereavement leave is known. Bereavement leave will not be approved retroactively. The name, relationship, and date of death must be provided. Children's may also require proof of the employee's relationship to the deceased and/or proof of the date of the funeral/memorial service.
2. The supervisor will complete the Memorial Fund form and return to Human Resources.

[Employee Memorial form](#)

**Diversity Review:** This policy has been carefully reviewed to ensure that it is inclusive of and represents all segments of the employee population.

**Policy Affiliations:**

Paid Time Off policy #5049

FMLA, Medical and Personal Leave of Absence #5370

**Previous Revision/Review Dates:**

December 1, 2018

February 1, 2018

May 1, 2016

February 26, 2012

July 18, 2011

July 5, 2000



**POLICY TITLE**

**COVID-19 Related Employment Requirements Program**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
12221	2	<input checked="" type="checkbox"/> Organizational	Human Resources (HR Policies only)	
<b>KEY WORDS</b>		<input type="checkbox"/> Divisional	Administration	
		<input type="checkbox"/> Departmental	Administration	
		<b>CURRENT EFFECTIVE DATE: 1/1/2022</b>		
<b>LAST APPROVAL DATE: 11/1/2021</b>				
<b>ORIGINAL DATE: 11/1/2021</b>				
<b>APPLICABILITY:</b>				
<input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates				
<input checked="" type="checkbox"/> Akron Children's Health Collaborative				
<input checked="" type="checkbox"/> Akron Children's Foundation				
<input checked="" type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Rhonda Larimore, CHRO			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/>		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/>			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>			<b>APPROVAL</b>	
Christopher Gessner President and CEO			Rhonda Larimore Chief Human Resources Officer	

Original signature on file in Accreditation Department

**PURPOSE:**

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, Children’s Hospital Medical Center of Akron (“Children’s”) and its affiliated entities Akron Children’s Health Collaborative, Children’s Home Care Group, the Akron Children’s Hospital Foundation and Child Dimensions Insurance Company (hereinafter Children’s and all of its affiliates shall be referred to as “Children’s”) adopted this policy to both ensure the health and safety of our patients, families, employees, volunteers, contractors, students and any and all individuals who enter our campus community from infectious conditions such as COVID-19 that may be mitigated through vaccination.

**POLICY:**

1. On or before January 11, 2022, all employees must take one of the following actions:

- a. Sign a COVID-19 vaccine consent and receive both doses of the Moderna or Pfizer-BioNTech/COMIRNATY COVID-19 vaccine, or the single dose Janssen (Johnson & Johnson) COVID-19 vaccine, offered and administered by Children’s; or
- b. Provide proof of having received both doses of the Moderna or Pfizer-BioNTech/COMIRNATY, or the single dose Janssen (Johnson & Johnson), COVID-19 vaccine outside of Children’s in accordance with this policy.

2. New Hires: The above deadlines apply to persons hired following the effective date of this policy. Persons hired after January 11, 2022 must be fully vaccinated prior to their start date, meaning 14 days have passed since the person received the second dose of the Moderna or Pfizer-BioNTech/COMIRNATY vaccine or the single dose Janssen (Johnson & Johnson) vaccine.

3. Vaccination by Children’s. Vaccinations will be available free of charge . Employees may contact Employee Health at (330) 543-8751 (Akron Campus) or (330) 746-9342 (Mahoning Valley Campus) about the availability of vaccines within Children’s offices and/or to schedule an appointment.

4. Vaccination Outside of Children’s. Employees also have the option of receiving vaccinations elsewhere from a third-party provider of their choice. Proof of vaccination by a third-party must include record of vaccination, the date(s) of the vaccine administration, vaccine brand, the location where the vaccine was administered and the name of the vaccine administrator. Vaccination records must be uploaded into ReadySet and may be validated by Children’s.

5. Non-Compliance: Persons who are not compliant with Children’s COVID-19 Related Employment Requirements Program will be subject to termination of employment.

For contracted providers and other employees subject to written agreements, non-compliance with this policy will constitute a breach of contract.

The Medical Staff Executive Committee may separately address the non-compliance of medical staff members.

6. Amendments: Based on changing circumstances, including the possible adoption of new laws or regulations or amendments to existing laws and regulations that govern Children’s right or obligation to require the COVID-19 vaccine, Children’s may amend, modify, suspend, or terminate this policy, in whole or in part.

7. Exemption Requests: An employee who believes they may have a qualifying medical condition that contraindicates vaccination for COVID-19, or who objects to vaccination for COVID-19 due to a sincerely held religious belief and/or practice, had the opportunity to request an exemption by the established deadline.

a. If an exemption request is approved consistent with applicable law, Children's will engage in an interactive process to determine if a reasonable accommodation can be provided so long as it does not create an undue hardship for Children's and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the persons themselves in accordance with Children's existing policies and practices.

b. If an exemption request is or was denied, or a reasonable accommodation cannot be provided, the person must comply with all provisions of this policy.

c. A person granted an exemption will be required to reapply for the exemption annually, at the expiration of their current exemption period, or as may be required based on guidance from public health authorities.

8. Compliance Determination. Children's has sole discretion to determine whether the requirements of this policy have been met.

9. Approval by CHRO. All exceptions from the requirements of this policy, including deadline extensions, must be approved, in writing, by the CHRO.



**POLICY TITLE**

**Criminal and Disciplinary History Reporting**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
10832	3	<input checked="" type="checkbox"/> Organizational	Human Resources	Administrative
<b>KEY WORDS</b> Law, criminal, disciplinary, monitor, history, licensing		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 8/25/2020 <b>LAST APPROVAL DATE:</b> 7/1/2017 <b>ORIGINAL DATE:</b> 9/1/2016			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Cathryn O'Malley, Administrative Director, Organizational Effectiveness and Transformation			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  <b>Grace Wakulchik</b> <b>President and CEO</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

This policy establishes the requirements for self-disclosure for all Covered Individuals, which includes all employees, medical staff, and non-employed staff of certain Charges/Arrests and all Convictions (or Guilty Please) to comply with applicable laws and regulations.

## POLICY:

Akron Children's Hospital is committed to maintaining a safe and secure environment for our patients, staff, and visitors, as well as preserving and upholding the reputation and integrity of the organization. Pre-hire and post-hire background checks are conducted on all Covered Individuals to ensure they are qualified for employment and licensing of Akron Children's Hospital. *All Covered Individuals* are expected to self-disclose certain Charges/Arrests and all Convictions (or Guilty Pleas).

### **SELF-DISCLOSURE:**

All Covered Individuals are required to self-disclose certain Charges/Arrests and all Convictions (or Guilty Pleas) as defined in this policy to Human Resources by completing the Criminal Self Disclosure form via MyKidsnet. Human Resources should receive the Criminal Self Disclosure form for any charge/arrest, **within five (5) business days** and any conviction (or guilty plea), **within five (5) business days** after it's occurrence.

Minor traffic violations, including but not limited to, speeding and failure to control or assure a safe distance, are not covered offenses and are not required to be disclosed. (Employment Exclusion list is attached below)

Individuals self-disclosing a Charge/Arrest or Conviction (or guilty plea) must:

- Provide truthful, accurate, and complete information;
- Consent to a background check provided by a third party vendor;
- Provide requested information and/or documentation within a timely manner.

Human Resources will be responsible for processing all criminal history background checks. All information disclosed on the Criminal Self-Disclosure form will be verified through a third party vendor. As a part of our background check process, Akron Children's Hospital may be required to notify certain third parties (such as credentialing, certification, and/or licensing boards) about the criminal disciplinary history information.

### **ANNUAL RANDOM SELECTION:**

In keeping our commitment to maintaining a safe and secure environment for our patients, staff, and visitors. Akron Children's Hospital will annually conduct criminal background checks on a random sample of approximately 500 employees.

In addition to the criminal background check, the random sample of employees will also be required to undergo fingerprinting with Public Safety. If there is a National Emergency and/or Natural Disaster declared, we may omit the fingerprinting requirement for a specific time period and require only background checks.

**Failure to disclose any Charge/Arrest or Conviction (or guilty plea) or failing to provide truthful and accurate information will result in disciplinary action, up to and including termination of employment or services.**

### **PRIVACY:**

To the extent practicable, all background information provided shall be treated as and remain confidential. Employees subject to oversight by a government agency (for example, R.N., P.A., N.P., and M.D.) may be required to report this same information to the governing agency/board, the Hospital may be required to report such information to the agency/board, or both.

As with all personal information of a sensitive nature, the background information disclosed or obtained under this Policy shall not be shared with anyone that does not have a business need to know the information.

The background information will be requested by, provided to and reviewed in the first instance solely by Human Resources and, if applicable, the Medical Staff Office. If appropriate, other management or Medical Staff

representatives with a business need to know will be consulted in considering what, if any, remedial action to take based on the information.

***OTHER SOURCES:***

Employees are encouraged to review the following information sources in relation to this Policy:

- Ohio Revised Code Sections 109.572 & 2151.86
- Ohio Medical Board licensing rules
- Ohio Nursing Board licensing rules
- Ohio Pharmacy Board licensing rules
- Ohio Administrative Code Section 3701:1-37-10

**Previous Revision/Review Dates:**

September 1, 2016

August 24, 2020

**OHIO REVISED CODE DISQUALIFIERS (ORC 2151.86/109.572)for  
persons appointed or employed by Children's**

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<b>SECTION</b>	<b>OFFENSE (Convicted Of/Plead Guilty To)</b>
959.13	Cruelty to Animals
2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.04	Involuntary Manslaughter
2903.11	Felonious Assault
2903.12	Aggravated Assault
2903.13	Assault
2903.15	Permitting Child Abuse
2903.16	Failing to Provide for a Functionally Impaired Person
2903.21	Aggravated Menacing
2903.211	Menacing by Stalking
2903.22	Menacing
2903.34	Patient Abuse or Neglect
2905.01	Kidnapping
2905.02	Abduction
2905.04	Kidnapping & Extortion ( <i>as is existed prior to July 1, 1996</i> )
2905.05	Criminal Child Enticement
2907.02	Rape
2907.03	Sexual Battery
2907.04	Unlawful Sexual Conduct with a Minor
2907.05	Gross Sexual Imposition
2907.06	Sexual Imposition
2907.07	Importuning
2907.08	Voyeurism
2907.09	Public Indecency
2907.12	Felonious Sexual Penetration in violation of former section 2907.12
2907.21	Compelling Prostitution
2907.22	Promoting Prostitution
2907.23	Enticement or Solicitation to Patronize a Prostitute; Procurement of a Prostitute for Another
2907.25	Prostitution – After Positive HIV Test
2907.31	Disseminating Matter Harmful to Juveniles
2907.32	Pandering Obscenity
2907.321	Pandering Obscenity Involving a Minor or Impaired Person
2907.322	Pandering Sexually Oriented Matter Involving a Minor or Impaired Person
2907.323	Illegal Use of Minor or Impaired Person in Nudity-Oriented Material or Performance
2909.02	Aggravated Arson
2909.03	Arson

2909.22	Soliciting or Providing Support for Act of Terrorism
2909.23	Making Terroristic Threat
2909.24	Terrorism
2911.01	Aggravated Robbery
2911.02	Robbery
2911.11	Aggravated Burglary
2911.12	Burglary

Reviewed & approved by ACH Legal March 2020

## OHIO REVISED CODE DISQUALIFIERS (ORC 2151.86/109.572)for persons appointed or employed by Children's

2913.49	Identity Fraud
2917.01	Inciting to Violence
2917.02	Aggravated Riot
2919.12	Unlawful Abortion
2919.22	Endangering Children
2919.23	Interference with Custody ( <i>that would have been a violation of 2905.04, as it existed prior to July 1, 1996, had violation been committed prior to that date</i> )
2919.24	Contributing to Unruliness or Delinquency of a Child
2919.25	Domestic Violence
2923.12	Carrying Concealed Weapons
2923.13	Having Weapons While Under Disability
2923.161	Improperly Discharging a Firearm at or into a Habitation, in a School Safety Zone, or with Intent to Cause Harm or Panic to Persons in a School Building or at a School Function
2925.02	Corrupting Another with Drugs
2925.03	Trafficking, Aggravated Trafficking in Drugs
2925.04	Illegal Manufacture of Drugs – Illegal Cultivation of Marihuana – Methamphetamine Offenses
2925.05	Funding, Aggravated Funding of Drug or Marihuana Trafficking
2925.06	Illegal Administration or Distribution of Anabolic Steroids
2925.11	Possession of Controlled Substances ( <i>that is not a minor drug possession offense[misdemeanor]</i> )
2927.12	Ethnic Intimidation
3716.11	Placing Harmful or Hazardous Objects in Food or Confection
2 or more Operating Vehicle Under Influence of Alcohol or Drugs (OVI) OR 2 or more Operating Vehicle After Under Age Consumption (OVUAC) violations committed within the three years immediately preceding the submission of the application or petition that is the basis of the request.	
A violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed.	



ORC Disqualifier List  
- Updated March 2020



**POLICY TITLE**

**Dress Code**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5016	6	<input checked="" type="checkbox"/> Organizational	Human Resources (HR Policies only)	Administrative
<b>KEY WORDS</b> Dress code, shoes, jeans, hygiene, perfumes, fingernails, hair, jewelry, tattoos		<input type="checkbox"/> Divisional	Choose a Division.	Choose a Policy Type
		<input type="checkbox"/> Departmental	Choose a Department.	Choose a Policy Type
		<b>CURRENT EFFECTIVE DATE:</b> 9/1/2022 <b>LAST APPROVAL DATE:</b> 6/11/2019 <b>ORIGINAL DATE:</b> 8/2/1983		
<b>APPLICABILITY:</b> Choose an item. <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates <input type="checkbox"/> ACH Foundation <input checked="" type="checkbox"/> Akron Children's Health Collaborative (ACHC) <input type="checkbox"/> Child Dimensions Insurance Company				
<b>Contact Person/Position:</b> CHRO			<b>Pages:</b> 4	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> ACH Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> ACHC Board of Directors		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/> Click here to enter text.	<input type="checkbox"/> Click here to enter text.		
<b>REFERENCES AND ACCREDITATION STANDARDS:</b> Click here to enter text.				
<b>APPROVAL</b>  <b>Christopher Gessner</b> <b>President and Chief Executive Officer</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Original signature on file in Accreditation Department

**PURPOSE:**

This policy presents general dress code guidelines and addresses the safety aspects of personal grooming and attire.

SCOPE/RESPONSIBILITY (if applicable): This policy is applicable to Providers.

**POLICY:**

Because the professional image of those who work and provide services at Akron Children's Hospital (ACH) presents an important message to our patients and their families, employees, medical staff, students, volunteers, vendors, and contract workers are expected to dress neatly and appropriately at all times and also maintain adequate personal hygiene at all times.

**PROCEDURE:**

From time to time, management may make special provisions for events such as Spirit Days, dress down days, etc., and may authorize jeans or other apparel that is generally not considered appropriate. At all times, however, the general guidelines of this policy remain in effect.

Leaders are responsible for monitoring and enforcing the dress code guidelines. In some instances, Department leaders may establish uniform and dress code guidelines for a specific department. These departmental guidelines should be reflective of the department's function and the types of work to be performed by its employees. There are some standards that are in place within particular areas due to safety. Department policies may further refine these guidelines but may not replace or change the fundamental principles.

**APPEARANCE GUIDELINES:**

The approved Children's identification badge shall be worn at all times and must conform to the requirements of the Identification Badges and Visitor Passes Policy (HR-5350.) All ID badges must be worn in plain view above the waist level, without picture or name being covered or defaced.

Good personal hygiene is required. Individuals covered by this policy must not use any scented products including perfumes, after shave products or colognes as heavy fragrances may aggravate allergic conditions or cause discomfort to patients, visitors, and fellow staff members.

Neat, clean and business-like appearance is a requirement for all jobs. In general, clothing must not be too casual, too tight, and/or too short. Attire must be non-offensive, tasteful, and discreet in keeping with expectations of appropriateness for a professional environment.

Hospital logo attire (including t-shirts and sweatshirts) are appropriate unless determined otherwise by department leadership.

Employees are urged to use common sense and sound judgment when it comes to selecting their work attire. When in doubt, refer to the conservative and formal side. To assist you, here are a few broad guidelines to follow:

- All clothes should be professional, which means they should not be too revealing or casual;
- Pants, dresses and skirts are to be of the appropriate length and style;
- Shorts are not allowed;
- No hooded sweatshirts/sweatshirts, sweatpants or athletic wear;
- No denim jeans;
- Appropriate undergarments are to be worn at all times and must not be visible;
- Footwear must be appropriate to the work duties and responsibilities performed by the individual employee. Footwear must be professional;
- Any tattoo that may be construed as offensive or hostile must be covered or removed.
- Hair, including facial hair must be clean, neat and trimmed. Style should be consistent with a professional atmosphere;

Many departments require that individuals in certain positions wear a distinctive uniform for easy identification. Uniforms furnished by ACH remain the property of the organization and must be returned along with all other ACH property at the time employment is terminated.

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- Footwear must be appropriate to the work duties and responsibilities performed by the individual employee. Footwear must be professional;
- Any tattoo that may be construed as offensive or hostile must be covered or removed.
- Hair, including facial hair must be clean, neat and trimmed. Style should be consistent with a professional atmosphere;
- Fingernails are to be neat, clean, and well-groomed and must not interfere with the requirements of the employee's work assignment.
- Nail grooming guidelines for **anyone with patient contact** are as follows:
  - a. Fingernails are to be trimmed and not longer than 1/4 inch beyond the fingertip.
  - b. Artificial nail enhancements of any kind are not to be worn. This includes, but is not limited to artificial nails, tips, wraps, appliques, gels and any additional items applied to the nail surface.

Leaders may determine if additional nail grooming or restrictive policies are required for the department.

- Jewelry (including piercings) may be worn as long as there is no danger of them becoming caught in clothing, being pulled, or causing scratching. A conservative approach is recommended for all hospital areas and jewelry must not interfere in any way with the safe performance of job responsibilities. Piercings no larger than ¼- inch hoop (in addition to earrings) may be worn in patient care areas. Children's is not responsible for the cost of repair or replacement of jewelry lost or broken at work;

Individual accessories or items of dress may be prohibited according to specific departmental policies or as determined by the Department leader.

Individuals who are not in compliance with this policy may be asked to clock out for purposes of returning home to change into proper attire. Employees will accumulate absence hours and hourly, non-exempt staff will not be paid for the time used to become compliant. Individuals sent home to adhere to this policy are expected to return to work within a reasonable period of time as determined by the Department Leadership.

**Diversity Review:** This policy has been carefully reviewed to ensure that it is inclusive of and represents all segment of the employee population.

**Policy Affiliation:** Identification Badges and Visitor Pass Policy # 5350

**PREVIOUS REVISION/REVIEW DATES:**

June 11, 2019

May 1, 2016

September 1, 2014

May 10, 2012



**POLICY TITLE**

**FMLA, Medical and Personal Leave**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5370	7	<input checked="" type="checkbox"/> Organizational	Human Resources	Administrative
<b>KEY WORDS</b> <b>FMLA, non-FMLA, medical, personal, leave, absence</b>		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 6/10/2019 <b>LAST APPROVAL DATE:</b> 5/1/2016 <b>ORIGINAL DATE:</b> 3/17/1994			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Marybeth Abramski/Manager			<b>Pages:</b> 13	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  <b>Grace Wakulchik</b> <b>President and CEO</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

It is the policy of Akron Children's Hospital to comply with all applicable laws and to grant **Family/Medical Leave (FMLA)** to Eligible Employees in accordance with the Family and Medical Leave Act, as amended. Employees may also qualify for a **Non-FMLA Medical Leave** due to their own Serious Health Condition, or **Personal Leave** for other exceptional circumstances.

## POLICY:

This Leave of Absence Policy applies to all worksite locations and provides the basis for an approved Leave of Absence (LOA) to employees who qualify for time off due to certain medical, family or personal reasons. Employees who need leave for active military duty should refer to the separate policy for Military Leaves of Absence.

Adequate documentation must be provided to the designated FMLA/STD Administrator to support an approved leave of absence. The leave time may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and benefits [Paid Time Off (PTO), Short Term Disability (STD), Long Term Disability (LTD) and/or Workers' Compensation] available to the employee, and as explained more fully in this policy.

## PROCEDURE:

### **GUIDELINES:**

Refer to the grid on the last page of this policy for a summary of the types of leave covered by this policy, and a brief recap of the provisions outlined in greater detail by the written portion of this policy.

Employees are expected to comply with the written procedures included herein for requesting a leave of absence, reporting requirements, and return to work procedures.

**The Family/Medical Leave Act** (the Act) entitles an Eligible Employee to take up to 12 weeks of continuous or intermittent unpaid leave within a 12-month period (except as provided below) and, with some limited exceptions, the right to return to the same or equivalent position with equivalent pay, benefits and other employment terms. The Act also entitles employees to certain written notices concerning their potential eligibility for and designation of FMLA. In addition to specific job protection, approved FMLA time is not considered to be absences under the Hospital's Attendance Policy.

FMLA may be granted for the following reasons:

- 1) The Serious Health Condition of the employee (including any period of incapacity due to pregnancy, prenatal medical care or childbirth) that makes the employee unable to perform one or more of the essential functions of the employee's job, and/or;
- 2) The Serious Health Condition of a qualifying Family Member (Child, Parent, Spouse or Same-Sex Domestic Partner);
- 3) The birth of a Child of the employee (bonding)<sup>1</sup>; or
- 4) The placement of a Child with an employee for adoption or foster care (bonding)<sup>1</sup>;
- 5) Qualifying Exigencies arising out of the fact that a Spouse, Child or Parent is a covered military member on active duty<sup>2</sup> or has been notified of an impending call or order to active duty status; or
- 6) Care of a Covered Service Member<sup>3</sup>.

<sup>1</sup> If both the mother and father of the Child are employed by Akron Children's Hospital, both are permitted to take 12 weeks of leave during any 12-month period if the leave is taken for the birth, or to care for the Child after birth, or for placement of a Child for adoption or foster care.

<sup>2</sup> Employee may take up to 12 weeks of FMLA in a 12-month period to deal with any "Qualifying Exigency" that arises from a Spouse's, Child's, or Parent's active duty or call to active duty:

- In the National Guard or Reserves in support of a contingency operation (federal, not state), or
- In the regular or reserve components of the Armed Forces involving a deployment to any foreign country.

An employee may not take more than 12 weeks of FMLA in a 12-month period for this and other FMLA reasons, with the exception of Care of a Covered Service Member (item 6 above). Qualifying exigencies may include attending certain military events, arranging for alternative child care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration

briefings.

<sup>3</sup> Under this “Caregiver Leave”, an eligible employee may take up to 26 weeks in a single 12-month period to care for a Spouse, Child, Parent or “Next of Kin” who is a Covered Service Member or veteran with a serious illness or injury. The single 12 month period is measured forward from the date the employee first takes caregiver leave, and combined with all other FMLA in that period may not result in a maximum leave entitlement of more than 26 weeks during a single 12-month period. The caregiver leave also extends to include veterans who are undergoing medical treatment, recuperation, or therapy for serious injury or illness and who were members of the Armed Forces (including members of the National Guard or Reserves) at any time during the five years preceding the date of treatment, recuperation, or therapy. When leave qualifies as both Care of a Covered Service Member and the Serious Health Condition of a qualifying Family Member, such leave time will be designated as “Caregiver Leave” and subject to these provisions.

**Non-FMLA Medical Leave** provides leave time to employees when total or partial absence from work is due to the employees’ own Serious Health Condition. Approved Non-FMLA Medical Leave will run concurrently with eligible and approved leave under the FMLA. FMLA provisions, including specific job protection and restoration rights, will override any conflicts with the procedures of Non-FMLA Medical Leave.

Non-FMLA Medical Leave details are below:

1. An employee must have successfully completed their Introductory Period (3 months of employment plus any applicable extensions).
2. Can only be taken as a Continuous Leave (as defined in this policy) up to 180 calendar days. Extensions beyond 180 calendar days may be granted a reasonable accommodation when appropriate, depending on individualized facts and circumstances.
3. Employment protection only is provided.
4. There is no right to be restored to the employee’s former position upon return to work following any period of Non-FMLA Medical Leave.
5. Approval of this leave is determined by the FMLA/STD Administrator and may be in conjunction with the approval of FMLA, Short Term Disability, Long Term Disability, or Workers’ Compensation benefits.
6. Approved Non-FMLA Medical Leave will not count as an absence occurrence under the Attendance Policy. Non-approved leave will count as an absence occurrence under the Attendance Policy.

**Personal Leave** provides specific job protection in rare, exceptional circumstances to employees who do not qualify for any other type of approved leave and who provide substantiated documentation of their need for time off. The requested leave may cover either a continuous absence or a period of intermittent or reduced schedule absences, for a period not less than a minimum of seven calendar days, and not to exceed four weeks duration. Employees may request an extension of their Personal Leave by completing a new Request for Leave of Absence, and extensions may be granted in four week increments up to a maximum of 12 weeks of approved Personal Leave in a revolving 12-month period. A Personal Leave will only be granted based on policy, individual circumstances, and departmental business needs with the approval of the department head, the division Vice President, and the Director, Human Resources or their designee. Employees are required to use available Paid Time Off (PTO) before any unpaid leave time will be granted. If an employee has PTO available that does not fall under the departmental guidelines for approving PTO, that paid time will be counted as part of the approved Personal Leave. Approved Personal Leave time does not count as absences under the Hospital’s Attendance Policy. If Personal Leave is granted during an employee’s Introductory Period, the time spent on leave will be included to extend the employee’s Introductory Period.

**DEFINITIONS:** (for the purpose of this policy)

**Child** means a biological, adopted or foster child, a stepchild, a legal ward or a child of a person standing *in loco*

*parentis*, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability as defined in the Americans with Disabilities Act, as amended. Persons who are "*in loco parentis*" include those with day-to-day responsibilities to care for and/or financially support a child. A biological or legal relationship is not necessary. The Hospital may require reasonable documentation to substantiate a qualifying parent/child relationship.

A **Covered Service Member** means a member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. A member of the Armed Forces would have a serious injury or illness if he/she has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that the injury or illness may render the service member medically unfit to perform duties of the member's office, grade, rank or rating.

A **Child of a Covered Service Member** means the service member's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the service member stood *in loco parentis*, and who is of any age.

An **Eligible Employee** (for purposes of FMLA) is one who has been employed by Akron Children's Hospital and/or Children's Home Care Group for at least 12 months (which need not be consecutive) and who has worked at least 1250 hours during the 12-month period immediately prior to the start of the requested leave. Note that any paid time for non-worked hours does not count toward this hours' worked requirement (e.g., PTO, call, etc.). An exclusion may apply to "key employees" as designated by the Hospital if approving FMLA will cause the Hospital substantial and grievous economic injury. The Hospital will notify employees who qualify as "key employees" if it intends to deny reinstatement, and of their right in such instances.

The **FMLA/STD Administrator** is a third party administrator who has contracted with the Hospital to intake leave requests, identify employees eligible for FMLA and STD benefits, designate requested leave time as FMLA if applicable, review the medical or other required documentation, and approve or deny leave requests and STD benefits according to the federal guidelines and Hospital policies.

A **Health Care Provider** means (1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; (2) podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist) authorized to practice under the State law and performing within the scope of their practice as defined by State law; (3) nurse practitioners, nurse-midwives, clinical social workers and physician assistants authorized under State law and performing within the scope of their practice as defined by State law; (4) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts (may be required to submit to examination - not treatment - to obtain a second or third certification from a health care provider other than a Christian Science practitioner except as otherwise provided under applicable State or local law or collective bargaining agreement); (5) any other health care provider from whom the employer or the employee's group health plan benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and (6) a health care provider who practices in a country other than the United States who is authorized to practice in accordance with the laws of that country and is performing within the scope of his or her practice as defined under such law.

For purposes of leave taken to care for a Covered Service Member, any one of the following health care providers may complete such a certification: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider.

**Medical Leave of Absence** is any period of incapacity during which an employee has a working hours restriction and/or is unable to perform the essential functions of his/her regular job duties because of a Serious Health Condition. To be excused, a Medical Leave of Absence must be approved as FMLA and/or a Supplemental Disability Leave or through medical documentation submitted to support a Personal Leave as specified in this policy.

**Next of Kin** is the nearest blood relative of a covered service member, (other than a Spouse, son, daughter or Parent), in the following priority order:

- A blood relative designated in writing by the service member as his/her nearest blood relative for purposes of military caregiver leave (when no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member's next of kin and may take FMLA to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member's only next of kin);
- Blood relatives who have been granted legal custody of the service member by court decree or statutory provisions;
- Brothers and sisters;
- Grandparents;
- Aunts and Uncles: and
- First cousins.

**Parent** means a biological, adoptive, step or foster parent or any individual who stood in loco parentis to an employee when the employee was a child. The Hospital may require reasonable documentation to substantiate a qualifying parent/child relationship.

**Qualifying Exigency** is any need for time off that arises from a Spouse's, Child's or Parent's active duty in the Armed Forces, or an impending call or order to active duty status, and may include attending certain military events and related activities, arranging for alternative child care, attendance at certain school activities, addressing certain financial and legal arrangements, attending certain counseling sessions, to spend time with a covered service member who is on short-term temporary rest and recuperation leave during the period of deployment, post deployment activities and additional activities to which the employee and employer agree.

**Serious Health Condition** is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents employees from performing the functions of their job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

**Spouse** means a husband or wife as defined or recognized under State law for purposes of marriage in the State where the employee resides.

#### **LEAVE PERIOD(S):**

**Continuous:** Leave time is considered continuous during the entire period of time that employees are unable to work as certified by a Health Care Provider for a Medical Leave of Absence, without regard to the scheduled days actually missed. Thus, an employee will meet the more than three (3) consecutive day criteria for a Serious Health Condition if the specified period of incapacity and/or treatment is more than three calendar days, even if the employee misses only one or two days of work. If an employee returns to his/her regular work schedule for a period of up to four consecutive calendar weeks before continuing a

Non-FMLA Medical Leave for the same or a related condition, then both periods of leave will be counted against the employee's total Non-FMLA Medical Leave for that serious health condition.

Days where an employee works his/her full schedule do not count against that employee's Non-FMLA Medical Leave entitlement. Continuous leave time may also apply to any other reason for leave covered under this policy during which employees are approved for consecutive days of absence.

**Intermittent or Reduced Schedule:** Employees may take leave intermittently or on a reduced schedule basis where medically necessary, i.e., a few hours, a day each week, etc., under Personal Leave or FMLA for all reasons identified above except for bonding due to birth, adoption or placement of a Child. In addition, Non-FMLA Medical Leave may be taken on a reduced schedule basis. Employees whose need for leave is foreseeable and who seek intermittent leave or a reduced schedule for planned medical treatments due to their own Serious Health Condition or that of a Child, Parent, or Spouse may be required to transfer temporarily to an alternative position that better accommodates recurring periods of intermittent leave or a reduced work schedule. Under such leave designated and qualifying as FMLA, the alternate position will have equivalent pay and benefits. Under the Non-FMLA Medical Leave or Personal Leave provisions, employees may need to change positions, pay rate and/or status to accommodate their restrictions or schedule. ***When the need for intermittent leave can be taken at the employee's discretion (i.e., for treatment and/or physician appointments), employees are required to notify their supervisor of the need to make appointments during scheduled work hours, and to make reasonable efforts to schedule appointments so as not to unduly disrupt the department's operations.***

The total amount of leave employees are entitled to will include leave time taken intermittently or on a reduced schedule basis, using rounded quarter hours as the shortest time period for tracking purposes.

**Bonding (Birth, Adoption, or Placement of a Child) Leave:** Bonding leave must be taken in consecutive days (not intermittently or on a reduced schedule basis) after the birth, adoption, or placement of a Child for foster care. Employees are entitled to a combined maximum of 12 weeks FMLA for Bonding. Entitlement to Bonding Leave ends 12 months after the birth, adoption or placement of a Child.

**Pregnancy Leave:** Eligible and expectant and new mothers are entitled to, and expected to use, FMLA for prenatal care and for any period of incapacity due to pregnancy, before or after the actual delivery. In addition to taking FMLA to care for wives when they satisfy the Serious Health Condition criteria, husbands are also entitled to take FMLA for their spouses' prenatal care.

**Leave for Adoption/Foster Care (Pre-Adoption or Placement):** Eligible employees may take FMLA before the actual foster care placement or adoption occurs, if an absence from work is required for the adoption or placement to proceed. For example, the employee may be required to attend counseling session, appear in court, consult with his or her attorney or the doctor(s) representing the birth parent, submit to a physical examination, or travel to another country to complete an adoption.

**Care of Covered Service Member Leave:** Employees are entitled to take up to 26 weeks during a single 12-month period to care for a Spouse, Child, Parent or "Next of Kin" who are service members with a serious injury or illness incurred in the line of duty on active duty that renders the service member medically unfit to perform duties of the member's office, grade, rank or rating in the armed forces (including a member of the National Guard or Reserves) or veterans who are undergoing medical treatment, recuperation, or therapy for serious injury or illness and who were members of the Armed Forces (including members of the National Guard or Reserves) at any time during the five years preceding the date of treatment, recuperation, or therapy. "Invitational Travel Orders" (ITOs) or "Invitational Travel Authorizations" (ITAs) are sufficient in lieu of the DOL certification, whether or not the employee is named in the order of authorization.

**Light Duty:** For employees who cannot perform the essential functions of their regular position, the Hospital may offer light duty work, including modified work duties based on work restrictions, in either the original or in an alternate position. Employees who are eligible for FMLA may reject light duty and elect to remain on FMLA instead. Employees who accept light duty will retain full reinstatement rights. However, Non-FMLA Medical Leave rights will terminate for employees not eligible for FMLA who refuse to accept a Light Duty assignment that accommodate their applicable work restrictions.

**Leave Entitlement Period:** Effective January 1, 2012, the Hospital will use a 12-month look-back period to determine when eligible FMLA time is available. This method replaces the calendar year leave entitlement period previously used. On January 1, 2012, all employees who qualify for FMLA will be eligible for unreduced FMLA entitlement. All FMLA time used on/after January 1, 2012 will be included in the "look-back" window to determine FMLA time available. Under the 12-month look-back method, all FMLA leave taken by an employee during the preceding 12 month period will be used to determine the amount of FMLA leave available. When an employee has exhausted his/her available FMLA time, he/she will become eligible for FMLA time as soon as FMLA time taken in the preceding 12 month period "roll-off." Except for the care of a Covered Service Member, employees will be limited to 12 weeks of FMLA in any 12-month period.

### **PTO AND INCOME REPLACEMENT BENEFITS:**

Although FMLA, Non-FMLA Medical Leave and Personal Leave are unpaid, such leaves will run concurrently with any period of paid benefits, including, but not limited to, Paid Time Off, Short Term Disability (STD), Long Term Disability (LTD) and Workers' Compensation. Accrued Paid Time Off (PTO) must be used, and additional PTO may be requested, according to the Hospital's Paid Time Off policy or Workers' Compensation policy if applicable. Also, even though employees may be allowed to "make up" lost work time to offset the amount of PTO they are required to use, the "made-up" time will not offset the use of FMLA for a fixed schedule employee. A fixed schedule employee is anyone who is expected to start and stop work at scheduled times.

Employees may refer to the Short Term Disability Summary Plan Description or the Workers' Compensation Policy for information about eligibility for these income replacement benefits for absences due to their own illness or injury.

For any period of unapproved or denied leave, both exempt and nonexempt employees are required to use accrued PTO. To the extent available, PTO will be applied retroactively to cover any unapproved leave time if not used when the time off was taken.

### **BENEFIT CONTINUATION DURING AN APPROVED LEAVE:**

Paid Time Off (PTO) does not accrue while employees are on an unpaid leave, even if the employee is receiving Workers' Compensation, Short or Long Term Disability benefits. Employees on approved leave will continue to accrue service time for seniority and service awards.

With the exception of the Dependent Care Flexible Spending Account (FSA), employment-based benefits will continue, subject to the terms of the benefit documents and timely payment of the applicable benefit contributions, on a pre-tax basis (if employee arranges to pre-pay benefit contributions through payroll reductions or is receiving income benefits, including PTO, from the Hospital) or on a post-tax basis (payment by check), as indicated below:

- ❖ During any period of approved FMLA and during any other periods that employees are on intermittent leaves or working reduced schedules, employees will continue to pay the regular employee portion of the premiums for all benefits (during FMLA, eligible employees are entitled to receive group health plan coverage on the same terms and conditions as if they had continued to work).
- ❖ From the first day of disability through six (6) months of Non-FMLA Medical Leave, the employee's health insurance benefits (medical, dental and vision), if applicable, continue subject to the employee's payment

of the applicable premiums that the employee would pay if actively at work.

- ❖ If an employee is on an approved Non-FMLA Medical Leave beyond six (6) months, he/she will be required to pay one-half (½) of the COBRA rate for health insurance benefits (medical and dental).
- ❖ Life Insurance and Disability Benefits will continue at the regular employee rates. The regular employee rates for health insurance benefits will apply in any pay period that the employee has hours worked.
- ❖ Dependent Care FSAs will be stopped at the onset of any unpaid leave of absence.
- ❖ For the purposes of the pension plan, a maximum of 174 hours of service may be credited for any single authorized personal leave.

If a Long Term Disability (LTD) claim is filed and approved, the LTD premium will be waived for the duration of the LTD benefit payment.

Benefit coverage will be terminated retroactive to the last date coverage was paid for if the employee on an unpaid leave fails to make benefit contributions due within seven (7) days after the premium payment grace period ends. The benefit plan will collect back from the provider for any claims paid for a date of service for which benefit contributions have not been made and coverage has been retroactively canceled, and any claims incurred will become the responsibility of the employee. The Hospital reserves the right to collect any past-due benefit contributions and/or claim payments made for services rendered after the date of benefit cancellation for non-payment. If coverage is terminated for non-payment, the employee will have the opportunity to enroll for coverage immediately upon returning to work in a benefits-eligible status, provided employment was not terminated for more than 60 days. If terminated for more than 60 days, the employee will be treated as a new hire with respect to eligibility for benefits.

#### **PROCEDURE FOR REQUESTING AN APPROVED LEAVE OF ABSENCE:**

The steps below must be followed for an employee to be granted an approved leave of absence. For a FMLA-qualifying or any other absence greater than three (3) scheduled work days, failure to follow these procedures and/or additional instructions as required to be granted an approved leave of absence will result in corrective action up to and including termination of employment. As soon as an employee is aware of the need for leave, he/she is required to:

##### **1. Notify his/her supervisor:**

If the need for Personal, FMLA or Non-FMLA Medical Leave is anticipated, the employee should give his/her supervisor as much advance notice as possible. If the time off is for treatment and/or doctor's visits, the employee should discuss with his/her supervisor and attempt to schedule appointments to accommodate the department needs. If the leave is unanticipated, the employee should follow departmental policies for calling off. A reason for being off and the anticipated return to work date are required, as well as a contact phone number. If FMLA is applicable, although specific medical details are not required, the employee should either express the need for FMLA directly, or provide sufficient information for the Hospital to be able to determine if the leave request is FMLA-qualifying, such as:

- a medical condition renders them unable to perform the functions of their job;
- they are pregnant or have been hospitalized overnight;
- they or a covered family member are under the continuing care of a health care provider;
- the leave is due to a qualifying exigency cause by a covered military member being on active duty or called to active duty status;
- if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered service member with a serious injury or illness.

An employee who is seeking leave for a qualifying exigency or caregiver leave for a covered relation who is a service member is not required to provide notice of the need for FMLA when the service member is first notified of a call to duty, but should give as much advance notice as practicable for any time taken off for Qualifying Exigency or caregiver leave.

If the employee is calling off for a currently approved FMLA-qualifying reason, the employee must specifically reference the approved leave he/she is calling off for. Calling in "sick" without providing the reasons for the needed leave will not be considered sufficient notice for FMLA protection under this policy.

The employee is also responsible for updating the supervisor on the status of his/her expected return to work, making the supervisor aware of the need for an extension prior to the expected return to work date, and reporting availability to return to work **within two business days** of being released to return to work.

## 2. Complete a Request for Leave of Absence Form:

As soon as the employee is aware of the need for leave, the employee should contact the Human Resources Disability Specialist for a "leave packet" containing detailed instructions that must be followed.

As early as 30 days prior to the effective date of the leave, but no later than ten (10) calendar days from the start of the leave, a **Request for Leave of Absence Form** (including the **Right to Recover Benefit Plan Costs** statement on the back) must be completed and returned to the Human Resources Disability Specialist. A copy of this form is available on myKidsnet.

Requests for a Personal Leave of Absence must first be approved by the employee's supervisor, and a copy of the approved or denied leave form will be returned to the employee by the Human Resources Disability Specialist.

## 3. Contact the FMLA/STD Administrator:

The employee must call the FMLA/STD Administrator with 30 days advance notice or as soon as practicable when he/she is aware of the need for a leave. In most cases an employee will be expected to provide notice of the need for leave either the same day or the next business day that the employee learns of the need for leave. Unless extenuating circumstances exist, notice must be provided no later than the 5<sup>th</sup> calendar day from initial occurrence date. **Absences reported later than the 5<sup>th</sup> calendar day from the initial occurrence date may not be approved retroactively for FMLA protection, will be denied Non-FMLA Medical Leave and will count as an absence under the Hospital's Attendance Policy.** Exceptions will only be considered based on the specific facts or circumstances, such as if the employee had a period of complete incapacitation (such as hospitalization without ability to communicate) during the reporting period. In certain situations, the supervisor or HR may initiate the FMLA request on behalf of an employee who has communicated the absence is FMLA-qualifying. Within 5 business days (absent extenuating circumstances), the FMLA/STD Administrator will send the Notice of Eligibility and Rights and Responsibilities along with the Designation Notice reflecting the FMLA status.

Within 5 calendar days of each intermittent absence occurrence that is eligible for FMLA protection, the employee must call the FMLA/STD Administrator to report the date and time associated with each intermittent occurrence as well as when he/she began working a reduced schedule that is eligible for FMLA protection. An employee who is restricted to working a set number of hours as a work restriction is not to work more than the work restriction allows. Any variation in the hours worked while working a reduced schedule must be reported within 5 calendar days. For example, if the employee is working a reduced schedule of 4 hours per day, and happens to work 4.25 hours on a particular day, the 4.25 hours worked must be reported since it varies from the 4.0 hours approved.

- a. Employees requesting leave may be required to provide a certification of a Health Care Provider (for Caregiver Leave or leave taken in conjunction with a Serious Health Condition) or a certification for Qualifying Exigencies. These certification forms will be requested and approved by the FMLA/STD Administrator who will also specify the deadline (15 calendar days from the date requested). The approval of FMLA and Non-FMLA Medical Leave is contingent upon receipt of medical certification from the patient's health care provider that documents the Serious Health Condition and the applicable frequency and duration of the absence(s).

- b. When the FMLA/STD Administrator has enough information to determine whether the leave is being taken for a FMLA-qualifying reasons (i.e., after receiving the medical certification form), the FMLA/STD Administrator will notify the employee within five (5) business days, absent extenuating circumstances, whether the leave will be designated and will be counted as FMLA.
- c. It is ultimately the employee's responsibility to make sure that the medical documentation is received by the deadline specified in the instructions they receive from either the FMLA/STD Administrator or the Hospital. If the documentation submitted is incomplete or insufficient, the employee will be advised what information is needed and allowed an additional seven (7) calendar days to cure any documentation deficiencies.
- d. Physicians' charges for the completion of medical certification forms required to document a leave and/or obtain disability benefits are the employee's responsibility. Akron Children's Hospital may require second or third medical opinions at the Hospital's expense. If required, the third opinion will be binding.
- e. The FMLA/STD Administrator will send written notice of approval or denial of the request for FMLA or Non-FMLA Medical Leave. The denial notice will include instructions and timeline allowed for an appeal.
- f. Depending on the circumstances and duration of the employee's FMLA or Non-FMLA Medical Leave, the FMLA/STD Administrator may require employees to provide recertification of medical conditions giving rise to the need for leave. The FMLA/STD Administrator will notify the employee if recertification is required (generally, new medical documentation is required every six months in connection with an absence by the employee) and will give the employee 15 calendar days to provide medical recertification.
- g. The employee is required to contact his/her supervisor and the FMLA/STD Administrator to apply for and recertify a leave extension as needed prior to the expiration of the approved leave, and for following any additional instructions within the stated time frames to ensure approval or extension of the leave request.

#### **4. Apply for Short Term Disability Benefits (if applicable):**

In addition to applying for FMLA and/or Non-FMLA Medical Leave, an employee who is eligible for Short Term Disability (STD) pay must also submit a claim for STD benefits to the FMLA/STD Administrator within 30 calendar days of the initial occurrence date. Failure to report the absence to the FMLA/STD Administrator within 30 days may result in the denial of STD benefits. Refer to the Short Term Disability Summary Plan Description for additional information.

#### **ADDITIONAL INFORMATION AN EMPLOYEE NEEDS TO KNOW ABOUT LEAVE TIME:**

1. During any period of unpaid leave of absence, an employee cannot use payroll deduction to make purchases anywhere in the Hospital. It is also the employee's responsibility to notify Security to cancel parking deductions during his/her leave of absence; otherwise parking deductions that accrue will be the employee's responsibility and deducted from the employee's pay upon return to work.
2. An employee may submit an appeal to a FMLA or Non-FMLA Medical Leave determination within 15 days of receiving the denial notification. Refer to the Short Term Disability Summary Plan Description for information about appealing an unfavorable STD Benefit determination.
3. Under extenuating circumstances or by agreement of both the employee and the Hospital, a leave

may be approved and retroactively designated as FMLA.

4. Unless a denial is subsequently converted to approved status, each quarter hour of unapproved or denied leave time will be counted as an absence under the Hospital's Attendance Policy, and may result in corrective action up to and including termination of employment.
5. While on leave, employees may not actively engage in other activities that are in contradiction with the restrictions that prevent them from performing their job duties at the Hospital. If an employee actively engages in activities in contradiction of their restrictions, and/or fails to report his/her availability to return to work and does not take steps to return within two business day of being released to return to work, the employee will be considered to have voluntarily terminated his/her employment.
6. If an employee is unable to return to work and has exhausted all his/her FMLA entitlement and any entitlement to Non-FMLA Medical Leave has ended, the Hospital will conduct an individualized assessment of the situation and the employee's condition, and will work with the employee on a case-by-case basis regarding his/her return to work status, including the need for any work accommodations. Employees should communicate with their supervisors prior to the end of an approved leave to discuss potential accommodations including leave extensions or other reasonable accommodations. If an employee fails to report for work on the next regularly scheduled work day following the expiration of his/her approved leave of absence that is not in the process of being extended, he/she will be considered to have voluntarily terminated his/her employment. If an employee is unable to return to work after exhausting all available leave and a reasonable accommodation is not available or appropriate under applicable law, the employee may be terminated.
7. If the employee exhausts 12 weeks of FMLA for reasons other than his/her own personal illness/injury and is still unable to return to work, he/she may request a Personal Leave of Absence in order to extend the leave. This should be done prior to the exhaustion of FMLA when termination of employment would otherwise occur. The decision to approve a Personal Leave will be based on departmental need and only after the department manager has consulted with the Human Resources Department.
8. Failures to provide adequate notice or documentation within the time frames specified in this policy or in communications directed to an employee relative to his/her leave request, and/or failure to follow the departmental call-off policy or the procedures outlined herein may result in Corrective Action for failure to follow Hospital policies. Any misrepresentation made to obtain or continue a leave of absence is grounds for disciplinary action, up to and including immediate termination from employment.

#### **RETURN TO WORK PROCEDURES:**

Any employee returning from a Medical Leave of Absence greater than three scheduled work days due to his/her own illness or injury is required to follow the **Guidelines for Return to Work policy** and must provide a physician statement indicating his/her fitness for duty before he/she will be returned to work. He/she must notify the supervisor as soon as he/she knows the anticipated return to work date, and no later than two business days after obtaining the release. The employee should only report back to work after confirming with the supervisor what date and shift he/she has been placed back on the schedule. An employee who fails to report for work on the next regularly scheduled work day following the expiration of his/her approved leave of absence that is not in the process of being extended will be considered to have voluntarily terminated his/her employment.

An employee who is returning to work from an approved FMLA with no work restrictions, or who is cleared to return to work with restrictions, will be restored to his/her same or equivalent position with the same pay, benefits, and other terms or conditions of employment. If the employee is released to return to work and his/her position has been eliminated as the result of a restructuring or layoff, the Reduction in Staff policy provisions will apply.

An employee who is returning from Non-FMLA Medical Leave will only be restored to his/her same position if that position has not been eliminated, offered or filled during his/her absence. An employee who has work restrictions that cannot be accommodated can remain on Non-FMLA Medical Leave until the work restrictions can be accommodated or the employee exhausts Non-FMLA Medical Leave. If the employee's position is no longer available when they are released to return to work or when the employee ceases to qualify for Non-FMLA Medical Leave, the employee will be considered a voluntary quit and may apply for any other available position. If another position is secured within 60 days, the employee will be reinstated without loss of seniority. There is no guarantee of placement under this policy for an employee returning from Non-FMLA Medical Leave.

If an employee exhausts Non-FMLA Medical Leave while working a reduced schedule in conjunction with permanent or indefinite hours restrictions, the employee's budgeted hours will be reduced accordingly, which could result in a change to part-time or on call status.

If an employee needs additional leave beyond FMLA, Personal Leave, and Non-FMLA Medical Leave, the Hospital will work with that employee, on a case-by-case basis, and in accordance with applicable law, to determine his/her return to work status.

**Employee Returning From Unapproved Leave**

When an employee returns to work from an unapproved leave, the Hospital's Attendance Policy will apply to the work time missed (including corrective action and/or termination). Three days or more of unapproved leave may be grounds for termination if the employee has failed to follow all procedures identified in this policy to communicate with his/her manager and provide applicable documentation.

**LEAVES OF ABSENCE GRID**

	<b>Family Medical Leave (FMLA)</b>	<b>Non-FMLA Medical Leave</b>	<b>Personal Leave</b>
<b>Eligibility</b>	Employed 12 months/1250 hours worked in last 12 months	Completed introductory period	Any employee not meeting any other leave criteria, with Manager approval
<b>Reason for Leave</b>	Own Serious Health Condition/Family Member Serious Health Condition, (including Care of Service Member), Qualifying Exigencies for Service Member, Birth/Adoption/ Placement of Foster Child, and Bonding	Own Illness	Own Illness or Other Reason if not covered by any other leave type
<b>Type of Leave</b>	Continuous, Reduced Schedule or Intermittent*	Continuous or Reduced Schedule	Continuous, Reduced Schedule or Intermittent
<b>Max Duration</b>	12 weeks per calendar year for all FMLA except 26 weeks for Care of Service Member	180 days, inclusive of FMLA approved time, if applicable	Minimum of one week, maximum approval 4 weeks, with 3 extensions to an overall maximum of 12 weeks in a revolving 12-month period

<b>Job Protection</b>	<b>Specific Job</b>	<b>Employment</b>	<b>Specific Job</b>
<b>Pay Status</b>	Unpaid; but income benefits including PTO, STD, LTD and/or Workers' Compensation may run concurrently	Unpaid; but income benefits including PTO, STD, LTD and/or Workers' Compensation may run concurrently	Paid (employee must use PTO if available) or Unpaid if PTO is exhausted
<b>Cost of Benefits (Coverage continuation subject to payment of benefit contributions within grace period)</b>	Continued at normal rates	Continued at normal rates for six (6) months, after which employee pays one-half (1/2) the COBRA rate for health insurance benefits (medical and dental).	Continued at normal rates for maximum of 12 weeks
<b>Attendance Policy</b>	Does not count as an Absence	Does not count as an absence	Does not count as an absence

\* Bonding leave can only be taken as a continuous leave.

**Previous Revision/Review Dates:**

May 1, 2016  
January 1, 2012  
September 1, 2005  
July 13, 2005  
April 15, 1996  
March 17, 1994



## Inclement Weather Travel

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5029	6	<input checked="" type="checkbox"/> Organizational	Human Resources	Administrative
<b>KEY WORDS</b> inclement, weather, travel, extreme, hazardous, national weather services, snow		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>ORIGINAL DATE:</b> 3/7/1986 <b>CURRENT EFFECTIVE DATE:</b> 3/14/2022 <b>PREVIOUS REVISION/REVIEW DATES:</b> 10/1/2019			<b>THIS POLICY REPLACES:</b> Emergency Weather Situations Involving Non-Exempt Employees	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Tina Speicher, Vice President of Total Rewards			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/>		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/>			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  <b>Christopher Gessner</b> <b>President &amp; Chief Executive Officer</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Original signature on file in Human Resources and the Accreditation Department

**PURPOSE:**

Employee safety will always be carefully balanced with business and job-related requirements. At the same time, Children's must ensure adequate staffing to allow appropriate functioning of the organization. Therefore, unless otherwise directed, all employees are expected to report to work at their regular time and to remain at work throughout the course of their regularly scheduled workday. If an employee believes she/he cannot commute safely between his/her home and place of

work during periods of extreme inclement weather, the employee is required to notify his/her supervisor in accordance with any departmental procedures.

**POLICY:**

At all times, including in extreme inclement weather conditions Children's prime consideration is concern for employees. This policy outlines provisions which will become effective during such weather conditions.

**DEFINITION**

Inclement weather is defined by using multiple sources of information. This includes the National Weather Service, local Emergency Management Services, local news, and leadership discussion of conditions.

**PROCEDURE:**

Guidelines

Inclement weather conditions may vary at different work locations. Determinations will be made based upon regional weather conditions. This means that inclement weather determinations may be different by location.

Employees who are required to work will be paid for all hours actually worked during their regularly scheduled workday. Hours worked in excess of 40 hours per week are compensated as overtime for non-exempt positions.

In inclement weather situations, Children's may require additional hours and may assign available staff to any task for which they are qualified. It may also be necessary to require that routine shifts be changed, additional staff called in, or alternative transportation arranged. Any employee who is required to report to work and for whom alternative transportation is arranged must report as directed.

Inclement Weather Communication Plan

The Vice President of Total Rewards or designee will send an e-mail to management identifying that the inclement weather process will be implemented. The following guidelines summarize leave use for non-exempt and exempt employees who miss work because of inclement weather.

Guidelines

- a. Employees who make the effort and report to work and arrive late should not have the tardy occurrence held against them (applies to both exempt and nonexempt employees).
- b. Employees who were absent for the entire shift will incur an unscheduled absence according to the Progressive Discipline Policy. The employee will be paid according to the PTO Policy (applies to both exempt and nonexempt employees).
- c. Nonexempt employees who are instructed by management to not report to work may elect to take 216 PTO Downtime or 218 Flex Downtime which is unpaid but will still accrue PTO) time for hours missed.
- d. Nonexempt employees who come to work or who are sent home early by their supervisor, will receive pay for the full shift (regular time for hours actually worked and excused time for hours from scheduled start until the time they are sent home).
- e. Nonexempt employees who arrive late and work greater than half of their shift will receive pay for the full shift. Regular time for hours actually worked and excused time for hours from scheduled start until they actually arrived. (256 – Excused time; 257 Excused time – Physician)

- f. Nonexempt employees who arrive late and work less than half their shift will receive pay for the actual hours worked and may elect to take 216 PTO Downtime or 218 PTO Flex Downtime Unpaid (this will still accrue PTO) time for hours missed.
- g. Exempt employees must be paid their normal salary if any work is performed for the day.

In Kronos, if using bullet points a - f above, you must indicate that this was weather related in the comment section.

Non-Essential staff currently at work may be excused at the discretion of their supervisor but must use 216 PTO Downtime or 218 Flex Downtime Unpaid (this will still accrue PTO) for hours missed.

#### Other Work Options

Supervisors can approve requests for employees to work from home, if doing so allows completion of work assignments. If an employee regularly works from home, there should be no disruption or deviation from their work hours necessary.



**POLICY TITLE**

**Introductory Period**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
11717	2	<input checked="" type="checkbox"/> Organizational	Human Resources (HR Policies only)	Administrative
<b>KEY WORDS</b> Click here to enter text.		<input type="checkbox"/> Divisional	Choose a Division.	Choose a Policy Type
		<input type="checkbox"/> Departmental	Choose a Department.	Choose a Policy Type
<b>CURRENT EFFECTIVE DATE:</b> 8/17/2022 <b>LAST APPROVAL DATE:</b> 1/1/2018 <b>ORIGINAL DATE:</b> 1/1/2018			<b>THIS POLICY REPLACES:</b> Click here to enter text.	
<b>APPLICABILITY:</b> Choose an item. <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates <input type="checkbox"/> ACH Foundation <input checked="" type="checkbox"/> Akron Children's Health Collaborative (ACHC) <input type="checkbox"/> Child Dimensions Insurance Company				
<b>Contact Person/Position:</b> Director HR Strategy and Operations			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> ACH Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> ACHC Board of Directors		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/> Click here to enter text.	<input type="checkbox"/> Click here to enter text.		
<b>REFERENCES AND ACCREDITATION STANDARDS:</b> Click here to enter text.				
<b>APPROVAL</b>  <b>Christopher Gessner</b> <b>President and Chief Executive Officer</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Original signature on file in Accreditation.

**PURPOSE:**

All employees who are hired to Akron Children's Hospital (ACH) or move into a position with different duties and responsibilities will have an introductory period and an evaluation. During this period, employees will be assessed for suitability in their positions. The employee should receive on-the-job orientation to the work environment and job expectations so that they can begin fulfilling their job duties on a regular basis.

**SCOPE/RESPONSIBILITY (if applicable):** This policy is not applicable to Providers. Providers are reviewed under a separate process.

**POLICY:**

The introductory period normally lasts 90-days. This period may be extended one time for thirty (30) days. If a new employee's performance is not evaluated as being successful, termination may occur during or at the conclusion of the introductory period. An employee's adherence to their schedule will be a component of one's evaluation.

This policy does not include Providers. Providers are evaluated using a separate process.

**Definitions for use in this policy:**

**New Hire-** an external individual hired into any non-Provider position within ACH.

**Rehire-** an external individual that is rehired within 60 days to the position they left (same department, same manager, same position) does not need an introductory period evaluation. An external individual that is rehired within 60 days to a different position or same position within a different department and/or manager would receive an introductory period evaluation.

**PROCEDURE:**

**Introductory Evaluation**

During the introductory period the leader will assess the employee's performance in key areas and will address any unsatisfactory performance through feedback and coaching. Feedback to the employee should be regular and include observations and input of others who were involved in the training and onboarding.

Immediately following the close of the introductory period, an Introductory Period Evaluation form is to be completed. The leader documents and reviews the employee's progress in meeting assigned job duties, responsibilities, expectations and organizational competencies. This completed form must be signed (electronic signatures are acceptable) by the employee and the employee's immediate leader. It will then be uploaded to SharePoint site.

**Extension:** The introductory period may be extended one time for an additional 30-days where necessary to improve upon unsatisfactory performance. A request for such an extension must be approved by Human Resources prior to the completion of the introductory period. The extension must be indicated on the evaluation form, with copies given to the employee. The employee's performance must be reviewed again, using the Introductory Period Evaluation, following this 30-day extension period. It will be uploaded to SharePoint.

Employees who request and receive an approved leave of absence during the introductory period will have their introductory period extended by the length of their leave

## **Unsuccessful Introductory Period**

### **New Hires:**

New hires in their introductory period are subject to all ACH policies and procedures. Therefore, a new hire who violates any ACH policy is subject to employment termination. Performance, inclusive of adherence to one's schedule, is evaluated and used in determining successful or unsuccessful completion of the introductory period. Supervisors are strongly encouraged to discuss performance concerns (including attendance) with a Human Resources representative well before the end of the introductory period. Inability to successfully complete the introductory period or an extended introductory period will lead to termination during or at the end of the introductory period.

As with all circumstances resulting in employment termination, the reasons should be thoroughly documented, supported, reviewed and approved by Human Resources.

### **Employees That Have a Change in Responsibilities and/or Transfer:**

Employees who move into a new position with different duties and responsibilities (promotion or demotion) or transfer into a different role will be expected to orient to the new role and meet job expectations. They are subject to successful completion of an Introductory Period Evaluation. If they are not meeting expectations, the leader should discuss the situation with Human Resources Business Partner. Failure to not successfully complete the introductory period may lead to progressive discipline up to and including termination.

**Diversity Review:** This policy has been carefully reviewed to ensure that it is inclusive of and represents all segments of the employee population.

**Policy Affiliation:** Progressive Discipline #5040, Talent Acquisition #11673, Termination of Employment #5670, Competency Based Performance Appraisal #5052

### **PREVIOUS REVISION/REVIEW DATES:**

August 17, 2022

January 1, 2018



## Jury Duty

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5005	4	<input checked="" type="checkbox"/> Organizational	Human Resources	Administrative
<b>KEY WORDS</b> jury, duty, active, scheduled, serve, summon		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 5/1/2020 <b>LAST APPROVAL DATE:</b> 7/1/2019 <b>ORIGINAL DATE:</b> 11/23/1977			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Rhonda Larimore/CHRO			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>   <b>Grace Wakulchik</b> <b>President and CEO</b>			<b>APPROVAL</b>   <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

Akron Children's Hospital encourages employees to fulfill their civic duties, including serving jury duty.

**POLICY:**

All regular full-time and part-time employees who are in an active status are eligible to receive regular pay, not including shift differential or other premium pay, while serving jury duty. Employees will not be reimbursed for other expenses (e.g., meals or parking fees), associated with the jury duty obligation.

**PROCEDURE:**

**DEFINITIONS AND POLICY GUIDELINES:**

- 1) Regular full-time and part-time employees are eligible on date of hire.
- 2) Employees who are summoned to jury duty must immediately present the notification to their supervisor. Employees must keep their supervisor advised of the court schedule.
- 3) If an employee is selected for jury duty and the employee's normal work schedule is any shift other than day shift, supervisor should adjust/modify schedule as not to impose a hardship on the employee.
- 4) Jury duty is to be paid for the scheduled hours the employee was assigned and unable to work as a result of jury duty.
- 5) Although jury duty pay does not count toward overtime, an employee who is serving jury duty and working during the same week will be paid for all hours worked, even if the total of jury duty and worked hours exceed 40.
- 6) Employees who are excused from jury duty after only a partial day must call their supervisor to ask if they should report to work for the remainder of the shift. If the employee is not required to report to work, they will be paid for the full scheduled shift. If they do not call their supervisor and they accept full pay for that day, they may be terminated for falsification of pay records.
- 7) An employee who serves jury duty is able to keep payment from the court for days served.
- 8) Jury duty does not affect an employee's benefits or employment status.
- 9) In rare circumstances, the department director may write a letter to the court requesting that the employee's duty be postponed and explain the reason for the request. A copy of the letter should be uploaded into Infor. ***A sample letter is attached.***

**PREVIOUS REVISION/REVIEW DATES:**

May 1, 2009

August 21, 2011

September 1, 2016

June 21, 2019

May 1, 2020



(Date)

Summit County Courts  
209 South High Street  
Akron, Ohio 44308

Re: (Employee Name)

To Whom It May Concern:

The above named employee has received a summons to report for jury duty on (date). Although we do not make it a practice to request consideration of delaying an employee's jury duty service, we find it necessary to do so in this instance.

Due to (state reason), we are requesting your consideration in granting (employee name) a delay in fulfilling this obligation.

Sincerely,

(Department Director)



**POLICY TITLE**

**Mobile Device Acceptable Use**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5007	5	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> cell phone, mobile device, smartphone, thumbdrive, USB drive, external hard drive		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 10/25/2021 <b>LAST APPROVAL DATE:</b> 5/1/2018 <b>ORIGINAL DATE:</b> 6/30/2009			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Barbara Brown, Manager of Strategy and Operations			<b>Pages:</b> 4	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  <b>Christopher Gessner</b> <b>President and Chief Executive Officer</b>			<b>APPROVAL</b>  <b>Rhonda Larimore</b> <b>Chief Human Resources Officer</b>	

Signature on file in Human Resources and the Accreditation Department

**PURPOSE:**

The purpose of this policy is to protect the integrity of the private and confidential Akron Children's Hospital's (ACH) Electronic Protected Health Information (ePHI) or business data that resides within the various Children's mobile devices or personally owned mobile devices used for ACH business. A lost mobile device or inappropriate access of this data could result in disruption to critical applications, loss of revenue, and damage to ACH's public image.

The policy applies to any ACH or personally owned mobile device or media that could be used to access corporate data.

## POLICY:

This policy applies to all employees, staff under contract with ACH, medical staff, students, volunteers, vendors or contract workers whose assigned equipment is on ACH premises or whose personal equipment is accessing ACH owned related software that could be used to access corporate data.

### **DEFINITIONS:**

**Mobile Device:** Mobile Devices are electronic computing devices, that process and/or store electronic information, which can be transported or are designed to be carried with relative ease (e.g. laptops, tablets, PDAs, cell phones, media players, storage devices, portable hard drives, diskettes, etc.)

**Electronic Protected Health Information (ePHI):** means individually identifiable health information, as defined in the HIPAA regulations, transmitted by or maintained in electronic media.

**Confidential Information:** Information that is meant to be kept secret and should not be disclosed beyond those that have a need to know.

### **POLICY STATEMENTS:**

1. ePHI and Confidential Information must not be stored on mobile devices unless encrypted.
2. All employees, volunteers and students should be sensitive to the appearance of using cell phones, whether for business or personal reasons. While workforce members should not be using their electronic devices for personal reasons during work time, care must be taken during any conversations held to ensure that subject matter and language are appropriate and that voice volume is well controlled. Confidential Children's business may not be discussed in a public area where conversations may be overheard. Cellular devices should be used in areas out of family/visitor line of sight.
3. ACH owned mobile devices issued to individuals for business purposes, individuals who have previously been approved by management to use personal cellular devices for business communication purposes, and cellular devices used for educational purposes by students in clinical rotations may be used in patient care areas, but should be out of the line of sight of visitors and families.
4. Use of cellular devices by parents and visitors are permitted in patient care areas. However, in areas where there is limited privacy, parents and visitors may be asked to refrain from use to support the healing, developmental environment for our patients. No one shall use such devices in a manner which may disturb those around them and, if the use is disruptive, the user may be asked by a staff member or volunteer to move to another area or discontinue use of the device. Visitor and family information related to appropriate use of cellular devices will be communicated through general visitor and family notices.
5. When driving on personal or company business, ACH employees must not use ACH provided cell phones and are required to comply with appropriate local/state regulations governing the use of cell phones.

### **Security Guidelines:**

- Password Management Guidelines (as stated in the Information Services (I.S.) Password Management Policy):
  - Password will be at least 8 characters or more in length, and 4 – 6 for cellular devices.
  - Be significantly different and not just one or two characters changed from previously used passwords.
  - Not be the same as a password used in the previous 4 or more changes.
  - Be kept secret, not shared, and not displayed or written down in obvious or easily accessible places.
  - Be memorable, but not only as a simple or single word.
  - Be typed quickly, so someone cannot follow what you typed by looking over your shoulder.

- Physical Security Guidelines:
  - Secure all devices whether or not they are actually in use and/or being carried. Ex: do not leave in car where it is visible.
- ACH data must NOT be stored on personal devices other than calendar/contact/email or the use of approved mobile applications.
- In the event a device is lost or stolen, the user is required to report this to the I.S. Service Desk immediately. The I.S. Service Desk will follow I.S. Security Incident Response Procedure for Lost or Stolen Device.

**Mobile Device Usage Guidelines (ACH owned or personally owned used for ACH business):**

- If the mobile device is lost or stolen this must be reported to I.S. by contacting the I.S. Service Desk.
- The use of the mobile device must follow all ACH policies.
- Mobile devices are to be used on ACH guest wireless networks unless approved by I.S. to cover a specific use of that mobile device.
- Mobile devices are allowed to access ACH systems through standard published applications like websites, Citrix published applications and authorized mobile applications.
- Mobile devices must not be used to text ePHI.
- If you leave ACH employment all ACH data needs to be removed from your mobile device prior to your departure on the last day. If you need assistance please contact the I.S. Service Desk.
- I.S. reserves the right to refuse connection of mobile devices (with and without notice) to any of ACH network resources if the devices may put ACH data at risk.
- I.S. reserves the right to wipe all data (ACH and personal) from a mobile device if the staff member has left employment or believes the device is no longer in possession of the staff member.

**Service and Support Guidelines:**

- ACH owned mobile devices are supported by ACH I.S. department. Contact the I.S. Service Desk at x34839 to initiate a support incident.
- Personally-owned mobile devices with hardware related issues are not supported.
- Personally-owned mobile devices with issues related to connectivity to ACH owned data will be reviewed. I.S. staff will not change configuration settings of a personally owned device without prior owner approval.

Personally-owned mobile device support is limited to normal business hours, either remote phone support or bringing the device to ACH I.S. main campus PC Tech department for review. Support of personal mobile devices is only performed to facilitate employees accessing ACH systems for work-related functions.

**Authorization & Enforcement:**

This policy is issued as a Human Resource policy recognizing that not all facets fall under the control or responsibility of Human Resources. Other departments, such as Information Services and Finance, who have contributed to the provisions of this policy, will retain the control and responsibility for provisions under their direct oversight. Violations of this policy are subject to progressive discipline, up to and including termination of employment or contract, and additional legal action.

Diversity Review: This policy has been carefully reviewed to ensure it is inclusive of and reflects all segments of the employee population.

Policy Affiliations:

Personal Business in the Workplace# 5031, Progressive Discipline #5004, Bring your Own Device #12138  
Computer Resource Acceptable Use Policy #1035, Social Media Use #10069

**Previous Revision/Review Dates:**

May 1, 2018

December 1, 2016

April 16, 2012

September 30, 2009



**POLICY TITLE**  
**Progressive Discipline**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5004	9	<input checked="" type="checkbox"/> Organizational	Choose a Policy Type.	Administrative
<b>KEY WORDS</b> <b>Conduct, performance, attendance corrective action, discipline process, expectations, warning, termination, counseling</b>		<input type="checkbox"/> Divisional	Human Resources	
		<input type="checkbox"/> Departmental	Human Resources	
<b>CURRENT EFFECTIVE DATE:</b> 4/1/2021 <b>LAST APPROVAL DATE:</b> 5/15/2019 <b>ORIGINAL DATE:</b> 6/21/1998		<b>THIS POLICY REPLACES:</b> Performance, Conduct & Attendance		
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Rhonda Larimore, Chief Human Resources Officer			<b>Pages:</b> 5	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/>		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/>			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  Grace Wakulchik President			<b>APPROVAL</b>  Rhonda Larimore Chief Human Resources Officer	

Signature on file in Human Resources Department and Accreditation Department

PURPOSE:

Akron Children's Hospital (ACH) is responsible for providing a safe and secure environment ensuring all employees are treated in a respectful and fair manner. The Progressive Discipline Policy provides a just and structured process if performance, behavioral or attendance expectations are not obtained and sustained.

**POLICY:**

It is the intent of ACH to maintain high performance expectations for all employees. Factors that prevent an employee from meeting performance expectations generally can be categorized into performance or conduct. When any of these expectations are not met, it is the responsibility of the immediate manager to discuss the concerns with the employee in a timely manner. Prompt, appropriate, and consistent follow-up to any of these issues is necessary for improving the situation with an employee's performance or conduct. The progressive disciplinary steps may be accelerated for people leaders. People leaders are expected to model the way, establish organizational culture and create a healthy work environment.

**COACHING:**

It is important to coach the employee on the correct behavior before disciplinary action is taken. Coaching is initiated by the immediate manager when an employee's performance or conduct falls below standards and expectations. The coaching conversation should be documented in Infor.

**THE PROGRESSIVE DISCIPLINARY PROCESS:**

When expectations are not met, it is the responsibility of the manager to investigate, evaluate and determine the next step when an infraction has occurred. The level of discipline rendered is dependent upon the given situation and the circumstances surrounding the offense, the severity of the offense and the impact on other employees, patients and/or visitors and current disciplinary levels for other infractions.

The three levels of the progressive disciplinary process are:

- Written Warning
- Final Warning
- Termination

Based upon historical review, an employee may progress to the next level of discipline regardless of timeframe of prior disciplinary action. Depending on the situation and its severity, any step may be repeated, omitted or taken out of sequence. ACH reserves the right to administer termination without taking any of the preceding steps, as some behaviors or actions are subject to immediate termination.

Individuals in leadership roles are expected to model the way and positively influence the organizations culture. Failing to do so could result in accelerating progressive discipline for employees in people leadership positions.

Under certain circumstances, a manager may decide to implement a Performance Improvement Plan (PIP) to assist the employee in improving their work performance prior to initiating the disciplinary process. A PIP is not implemented for behavior that does not meet standards. Human Resources Business Partners should be consulted before a manager initiates a Performance Improvement Plan.

**WRITTEN WARNING**

The immediate manager initiates progressive discipline for an employee that has violated a work rule or company policy to include but not limited to the following:

- Inconsistent work performance, repetitive errors or reckless violation of a patient care policy, departmental or other policy and procedure.
- Failing to accurately report time by not swiping in and out at start and end of work shifts.
- Violation of Smoking policy.
- Violation of Dress Code policy.
- Violation of Bloodborne Pathogen standard.
- Failure to complete mandatory requirements by deadlines.
- Unprofessional behavior towards patient, visitor or an employee.
- Failing to report to work as scheduled, which includes being at their work stations and ready to begin work at their scheduled shift start time.

## **FINAL WARNING**

The immediate manager initiates progressive discipline for an employee that has violated a work rule or company policy to include but not limited to:

- Use of profane or abusive language including comments which are sexually explicit or pornographic in nature, harassing towards a protected class, or maliciously false in area of patient families.
- Insubordination - the willful refusal by an employee to follow a directive given by a manager.
- Work negligence -a failure to comply with the standard of care that would be exercised in circumstances by a reasonable person.
- Inappropriate access and/or disclosure of confidential or sensitive information regarding patients, physicians, the organization or its employees.
- Sleeping on the job or giving the appearance of sleeping on the job.
- Reporting to work not fit for duty (under the influence of drugs or alcohol).

A final warning must be discussed with and approved by HR prior to administering to the employee.

## **TERMINATION OF EMPLOYMENT**

The immediate manager initiates progressive discipline for an employee that has violated a work rule or company policy to include but not limited to:

- Failing to maintain qualifications, license or practice credentials required for the employee's position.
- Fighting or inciting a fight, acting in a threatening manner to a patient, visitor, physician or employee.
- Engaging in workplace sexual harassment that includes unwelcome sexual advances, requests for sexual favors, verbal or physical conduct of a sexual nature.
- Engaging in harassment that is based on an individual's race, religion, color, age, gender, genetic information, sexual orientation or gender identity, marital status, national origin, mental or physical disability, political affiliation, or veteran or military status.
- Theft or attempted theft from ACH, fellow employees, or patients. This includes unauthorized possession of or use of ACH property.
- Refusal to submit to fit for duty testing (drug and alcohol).
- People leader failing to ensure a safe and healthy work environment.
- Other serious or gross misconduct.

A termination must be discussed with and approved by HR prior to administering to the employee.

## **ATTENDANCE GUIDELINES**

Punctual and regular attendance is an expectation of performance for all ACH employees. Attendance on scheduled work days is critical to our ability to provide high quality services to our patients and their families and to function effectively as

an organization that relies on teamwork and cooperation.

**Absence:** The employee’s failure to report to work when scheduled to work. This policy does not apply to absences covered by the Family Medical Leave Act (FMLA) or leave provided as a reasonable accommodation under the American with Disabilities Act (ADA).

### Employee Obligations

Employees are expected to follow department policy requirements for any absence to minimize the adverse impact on their department and other affected individuals. Those guidelines will specify the individual(s) in the department to whom the reporting requirement exists and the acceptable method(s) of notification. Employees will be held accountable for adhering to their workplace schedule. If an employee is unable to work due to a documented/approved leave of absence, they must communicate this at the time of the call off in order to accurately track leave time usage and absenteeism.

### Disciplinary Action Guidelines

ACH recognizes that employees experience situations that are out of their control and understands that employees will need to be absent from time to time. Certain types of attendance behaviors might be problematic after one incident, while others might not be a problem until a pattern develops.

Employees who do not provide appropriate prior notice of an absence will be issued disciplinary action for a “No Call/No Show.” A “No Call/No Show” for two (2) days within a 12-month period will result in termination.

- a. First Offense = Final Warning
- b. Second Offense = Employment Termination

The following guidelines are provided to assist managers and staff in understanding expected attendance, as well as typical coaching and progressive discipline. As this is progressive, any previously administered discipline for conduct, performance or attendance, will warrant going to the next level.

Number of Unexcused Absence (s)	Review Steps
8	Coaching
9	Written Warning
10	Final Warning
11	Termination

### Previous Revision/Review Dates:

March 2, 2003  
May 15, 2019

### Policy Affiliation:

Annual Mandatory Education #5061  
Compensation Administration #5009  
Criminal and Disciplinary History Reporting #10832  
Dress Code #5016  
Introductory Period Competency Based Performance Appraisal #11717  
Reasonable Suspicion of Substance Abuse: Evaluation and Testing #5058  
Seasonal Influenza Vaccination Program #5062  
Sexual and Other Prohibited Harassment #5610

Diversity Review: This policy has been carefully reviewed to ensure it is not favoring or leaving out any segment of the employee population



**POLICY TITLE**

**Reasonable Suspicion of Substance Abuse: Evaluation and Testing**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5058	4	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> substance, abuse, testing, rehabilitation, confidential, assistance, EAP		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 12/1/2018 <b>LAST APPROVAL DATE:</b> 8/29/2011 <b>ORIGINAL DATE:</b> 7/29/1991			<b>THIS POLICY REPLACES:</b> Substance Abuse and Testing	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Machele Merriweather/Director, Employee Relations and Regulatory Compliance			<b>Pages:</b> 4	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>    Grace Wakulchik President		<b>APPROVAL</b>    Rhonda Larimore Chief Human Resources Officer		

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

Akron Children's Hospital (ACH) recognizes the adverse effect that employees' use of drugs or alcohol can have on patients, visitors, employees and the entire work environment. ACH has, therefore, adopted this policy in an attempt to maintain a safe and efficient work place, and to promote the health and welfare of its patients, visitors and employees.

**POLICY:**

ACH maintains a philosophy of promoting rehabilitation rather than termination of employees with drug and alcohol problems. ACH offers employees an Employee Assistant Program (EAP) which provides confidential assistance to those who have drug, alcohol or other problems.

**PROCEDURE:**

**I. STANDARDS OF CONDUCT**

While it is not the intent of ACH to intrude into the private lives of its employees, ACH requires that employees report to work in a condition allowing them to perform their duties safely and efficiently. ACH prohibits employees from using, possessing, or being under the influence of drugs, (marijuana [THC Metabolite], cocaine, amphetamines, opiates [including heroin], phencyclidine [PCP]) (together referred to as "illegal drugs"), or alcohol or prescription-controlled substances which have not been specifically prescribed by a registered physician for specific medical treatment or which are not being used in accordance with the prescribed treatment, during their working hours on the premises of ACH. ACH also prohibits off-the-job use of drugs or alcohol which adversely affects employees' job performance or which jeopardizes the safety of persons or property on ACH premises. In conformance with the Drug Free Workplace Act, the unlawful manufacture, distribution or dispensation of a controlled substance (as defined under Title 21 of the United States Code) on ACH premises or while conducting ACH business off premises is also absolutely prohibited. Violations of this prohibition will result in corrective action up to and including termination and may have legal consequences.

As mandated by the Drug-Free Workplace Act of 1988 and as a condition of employment, all employees must notify the Human Resource department of any criminal drug statute conviction or violation occurring on ACH premises or while conducting ACH business off premises within five (5) days of such occurrence. Pursuant to the Act, ACH will notify the pertinent government agency within seven (7) days of receiving notice of such conviction and will take appropriate personnel action, including corrective action, discharge and/or referral for treatment within thirty (30) days of notice of such conviction.

**II. REASONABLE SUSPICION EVALUATION AND TESTING**

If a supervisor believes, based on observable behaviors (per Observed Behavior/Reasonable Suspicion Testing Checklist Appendix A, attached), that an employee is unable to safely and adequately perform his/her duties, the supervisor and a second management witness will meet with the employee in private to discuss and document the employee's behavior. After the discussion with the employee, if the supervisor and management witness have documented cause for suspicion as outlined in Appendix A, Employee Health will be called for consult on observable behaviors. Employee Health is available 24 hours a day and should be reached at extension 38751 during normal business hours or 24 hours a day at hospital cell phone 330-592-9326. If after the discussion with the employee and in consultation with Employee Health, it is decided that a drug and/or alcohol screen is needed, the Chief Human Resources Officer or the Administrator On-Call may be consulted for final authorization.

**Process:**

The supervisor will inform the employee that there is cause for suspicion that he/she is under the influence of drugs or alcohol. The employee will be relieved of their work assignment and escorted to Employee Health by the supervisor; if the incident occurs at an off-site location or during hours that Employee Health is not open the supervisor and employee will wait in a private location for the arrival of Employee Health. The employee will be informed by the supervisor that leaving the premises prior to screening and/or refusal to cooperate with the screening process will result in termination from employment. The employee should not be left alone and should not be permitted to use the bathroom prior to being seen by Employee Health.

Employee Health will conduct the screening; the supervisor will be responsible for assisting the employee with arrangements to safely be transported home. An individual suspected of being under the influence cannot be permitted to operate their vehicle; they may call a family member or friend for a ride or a taxi voucher may be provided by the supervisor. The employee must also consent to properly authorized inspection, investigation of property and/or personal

search upon request. The search will be conducted by the Security Department in accordance with that department's procedures.

The manager will advise the employee that, pending results of the drug and/or alcohol screening, the employee will be placed on unpaid suspension and may not return to work until the test results are available (usually 48-72 hours). The employee must be advised that there may be corrective action, up to and including termination of employment, as a result of the screening results and/or based on the behavior that caused reasonable suspicion.

Positive Results:

A positive drug/alcohol screening may be grounds for immediate discharge. If the employee is not discharged, the supervisor, with assistance from Human Resources and Employee Health, will be responsible for offering the employee appropriate referral for treatment. If the employee accepts the recommendation to accept treatment, such treatment will be at the expense of the employee or of his/her insurance company. Refusal of evaluation and/or treatment by the employee is grounds for termination. The period of suspension while waiting for test results will be unpaid time.

Negative Results:

An employee may receive disciplinary action based on the behavior that caused reasonable suspicion, even if the results of the drug/alcohol screening are negative. If there is no disciplinary action, the employee will be paid for any scheduled shifts not worked, during period of suspension, while waiting for test results.

**III. CONDITIONS OF TREATMENT AND RETURN TO WORK**

Upon successful completion of a treatment program, an employee that is eligible to return to work must sign and agree to comply with a last chance agreement. In addition to the last chance agreement, the employee may receive disciplinary action.

**IV. CONFIDENTIALITY**

All employees involved in the enforcement and/or implementation of this policy are to do so with the strictest adherence to confidentiality. All test results will be maintained in a confidential file by Employee Health.

Employees may request a copy of the testing results by appearing in person to Employee Health Office and signing a release form. No test results will be released by mail or over the telephone.

**V. EMPLOYEE ASSISTANCE PROGRAM**

Any employee who voluntarily seeks help for a drug or alcohol abuse problem is encouraged to use ACH's confidential Employee Assistance Program and the health insurance plan, if needed. Efforts to seek help for a substance abuse problem will not jeopardize an employee's employment with ACH and will not be noted within the employee's personnel file. However, voluntary requests for assistance will not prevent disciplinary action for violation of this policy or other policies or work rules of ACH and in certain cases ACH may have an obligation to report the employee to the appropriate licensing board. Employees who undergo voluntary counseling or treatment who continue to work must meet all established standards of conduct and job performance.

**PREVIOUS REVISION/REVIEW DATES:**

March 2, 1997



## Appendix A

### Observed Behavior/Reasonable Suspicion Testing Checklist

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the Reasonable Suspicion of Substance Abuse: Evaluations and Testing policy. In such instances, both the supervisor/manager observing the behavior and also another supervisor/manager as witness must each complete a checklist. It must be completed prior to contacting Employee Health for consult on testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing. An employee's refusal or failure to cooperate in screening process will result in termination.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Name of Observed Individual (Print): \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

#### OBSERVED INDICATORS CHECKLIST

*Physical Indicators:*

<p><b>WALKING</b></p> <input type="checkbox"/> Holding on <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other: _____	<p><b>FACE</b></p> <input type="checkbox"/> Red/Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Appears normal <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Other: _____	<p><b>SPEECH</b></p> <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Other: _____	<p><b>BREATH/ODOR</b></p> <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> None <input type="checkbox"/> Gum <input type="checkbox"/> Mints <input type="checkbox"/> Candy <input type="checkbox"/> Other: _____
<p><b>STANDING</b></p> <input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Other: _____	<p><b>EYES</b></p> <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Appear normal	<p><b>MOVEMENTS</b></p> <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other: _____	<p><b>APPEARANCE</b></p> <input type="checkbox"/> Messy <input type="checkbox"/> Dirty/stained clothing <input type="checkbox"/> Burns on person/clothing <input type="checkbox"/> Ripped/torn clothing <input type="checkbox"/> Partially dressed <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Appears normal

*Behavioral Indicators*

<p><b>Demeanor</b></p> <input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Anxious <input type="checkbox"/> Disoriented <input type="checkbox"/> Sleepy			<input type="checkbox"/> Polite <input type="checkbox"/> Silent <input type="checkbox"/> Belligerent <input type="checkbox"/> Excited <input type="checkbox"/> Inattentive <input type="checkbox"/> Drowsy	<input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Appears normal <input type="checkbox"/> Other: _____	<p><b>Actions</b></p> <input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Non-communicative <input type="checkbox"/> Argumentative		<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Other: _____
--	--	--	---	---	---	--	---

Comments and other observations: \_\_\_\_\_

**Additional facts:**

- Presence of alcohol and/or drugs in individual's possession or vicinity
- Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed below

- Individual declined to comment or,
- Individual's explanation for behavior \_\_\_\_\_

Completed by (signature) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Name (printed) \_\_\_\_\_ Title: \_\_\_\_\_



## Seasonal Influenza Vaccination Program

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5062	4	<input checked="" type="checkbox"/> Organizational	Human Resources	Administrative
<b>KEY WORDS</b> Influenza, vaccination, leave of absence, corrective action		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 10/25/2021 <b>LAST APPROVAL DATE:</b> 1/15/2020 <b>ORIGINAL DATE:</b> 10/1/2011			<b>THIS POLICY REPLACES:</b> <a href="#">Click here to enter text.</a>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates Choose an item. <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Teresa Hedrick, Mgr. Employee Health			<b>Pages:</b> 4	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  <b>Christopher Gessner</b>  <b>President and CEO</b>		<b>APPROVAL</b>  <b>Rhonda Larimore</b>  <b>Chief Human Resources Officer</b>		

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

Akron Children's Hospital is committed to ensuring that all employees, medical staff, volunteers, students, non-employed residents, fellows, interns, and non-employed contracted staff (hereafter referred to as "staff") get vaccinated annually against influenza. Influenza (the flu) can be a serious disease. Anyone can get very sick from the flu, including people who are otherwise healthy. By getting vaccinated, you help protect yourself, your family at home, and your patients.

## POLICY:

All staff are required to obtain a seasonal influenza vaccine by November 15<sup>th</sup> of each year.

The current CDC influenza vaccination recommendations will be used as the guideline for this annual program. The seasonal vaccine will be offered free of charge to staff at various times and locations which are communicated to Staff through normal channels during influenza season.

Staff who are vaccinated by services outside of Employee Health (i.e., physician's office, public clinic, etc.) must provide Point of Contact proof of CDC recommended immunizations to Employee Health by November 15<sup>th</sup>. Proof of immunization may include a provider note, or an itemized receipt for the immunization.

Based on changing circumstances, including a vaccine shortage, the Hospital may amend, modify, suspend or terminate this policy, in whole or in part.

Any employee that performs their duties in a non-Akron Children's Hospital facility must meet both the immunization requirements of the facility where they work and the requirements of this policy.

Any employee that fails to meet the requirements of this policy by November 15<sup>th</sup> of any given year will be subject to progressive discipline at a minimum level of written warning up to and including termination of employment based on current level of progressive discipline. If the policy requirements are not met after an additional fourteen (14) calendar days, the employee will advance to the next level of progressive discipline. They will continue to advance through progressive discipline every 14 days that the requirement is not met.

Any employee who is unable to meet the requirements of this policy because they began an approved leave of absence before November 15<sup>th</sup>, but return to work after November 15<sup>th</sup> and prior to the end of the then current influenza season, will have seven (7) calendar days from their return-to-work date to meet the policy requirements. Failure to meet the policy requirements by the end of the 7-day period the employee will be subject to progressive discipline at a minimum level of written warning up to and including termination of employment based on current level of progressive discipline. If the policy requirements are not met after an additional fourteen (14) calendar days, the employee's employment will advance through progressive discipline every 14 days that the requirement is not met.

Non-employees covered under this policy who do not comply with this policy will not be permitted to work onsite after November 15<sup>th</sup> until the policy requirements are met or the then current influenza season ends, as declared by the Department of Infectious Diseases, whichever comes first.

### **Request for Exemption**

In accordance with other Hospital policies and pertinent considerations, an exemption from having to comply with this policy and obtain a vaccination may be granted for medical or religious reasons.

**Medical Exemption-** All requests for such an exemption must be submitted to Employee Health on the "Influenza Vaccine - Medical Exemption Statement for Health Care Personnel" form attached to this policy and available on MyKidsNet at <http://mykidsnet.chmca.org/myHR/EmployeeHealth/Pages/EmployeeHealth.aspx>.

Such a request must be completed by a licensed MD, DO, or Advance Practice Provide (APP) and delivered directly to Employee Health no later than 30 days prior to November 15<sup>th</sup>. Standard criteria for medical exemptions are based upon recommendations from the Centers for Disease Control (<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>).

If the medical exemption request is approved, the individual granted the exemption does not have to submit a new request for exemption each year unless there is a change in circumstances that eliminates the basis for the original exemption request.

**Religious Exemptions**-All requests for such an exemption must be submitted to [humanresources@akronchildrens.org](mailto:humanresources@akronchildrens.org).

All exemption requests will be evaluated through a confidential review process. Personal and protected health information will be kept confidential and will be limited to only those involved in the exemption review process.

The individual will receive written notification regarding the status of the exemption request. The status will include an approval, denial, or, where appropriate, a request for additional information. In the event additional information is requested, the information must be submitted to the requestor within the time frame indicated. An employee who fails to submit the requested information as instructed will be considered to have voluntarily rescinded the exemption request and is expected to receive the vaccine or progressive discipline will be administered.

**Diversity Review**- This policy has been carefully reviewed to ensure it is inclusive of and reflects all segments of the employee population.

**Policy Affiliation:** Progressive Discipline #5004

**PREVIOUS REVISION/REVIEW DATES:**

October 1, 2011

July 1, 2012

October 10, 2016

January 15, 2020



### INSTRUCTIONS

1. Complete information (name, DOB, etc.)
2. Complete contraindication/precaution information.
3. Complete date exemption ends, if applicable.
4. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

**1** Employee Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employee # : \_\_\_\_\_ Department: \_\_\_\_\_  
 Name of Health Care Facility: (circle one) Akron Children's Hospital / Children's Home Care Group / ACHP

Guidance for medical exemptions for influenza vaccination can be obtained from the contraindications, indications, and precautions described by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can be found at the following website: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

Contraindications are conditions that indicate when vaccines should not be given. A **contraindication** is a condition that increases the chance of a serious adverse reaction. A **precaution** is a condition that might increase the chance or severity of an adverse reaction or compromise the ability of a vaccine to produce immunity. An **indication** is a condition that increases the chance of serious complications due to influenza infection. If an individual has an indication for influenza vaccination, it is recommended that they be immunized.

### The following are NOT considered contraindications to influenza vaccination.

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media).
- Mild to moderate local reactions and/or low-grade or moderate fever following a prior dose of the vaccine. Sensitivity to a vaccine component (e.g., upset stomach, soreness, redness, itching, swelling at the injection site).
- Current antimicrobial therapy (taking prescription anti-influenza therapy is only a temporary contraindication for the live attenuated influenza vaccine [LAIV]).
- Disease exposure or convalescence.
- Pregnant or immunosuppressed person in the household.
- Breast feeding.
- Family history (unrelated to immunosuppression).
- Any condition which is itself an indication for influenza vaccination.

### Contraindications and precautions to all influenza vaccines include the following.

- Severe allergic reaction after a previous dose or to a vaccine component (e.g., eggs).  
\* History of Guillain Barré Syndrome.
- Current moderate or severe acute illness with or without fever (until symptoms have abated).  
\* A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

**2** Please identify the patient's contraindication/precaution here: \_\_\_\_\_

**3** Date exemption ends (if applicable): \_\_\_\_\_

**4** An Ohio licensed physician, physician assistant, nurse practitioner, nurse-midwife or licensed midwife must complete this medical exemption statement and provide their information below. I have examined the patient and I find that the flu vaccine is contraindicated for the reason identified above. My findings have been made and documented in accordance with applicable state and federal law.

Name (print) \_\_\_\_\_ Ohio Medical License # \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Facility Use ONLY Medical Exemption Status:  Accepted  Not Accepted Date \_\_\_\_\_  
 Reason: \_\_\_\_\_



**POLICY TITLE**

**Smoke and Vape-Free Workplace**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5001	5	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> Smoke, e-cigarette, vapor, tobacco, nicotine, hiring		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>ORIGINAL DATE:</b> 1/27/1987 <b>CURRENT EFFECTIVE DATE:</b> 7/30/2021 <b>PREVIOUS REVISION/REVIEW DATES:</b> 2/1/2018			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Teresa Hedrick, Manager Employee Health			<b>Pages:</b> 2	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/>		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/>			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b> Grace Wakulcik President and CEO			<b>APPROVAL</b> Rhonda Larimore Chief Human Resources Officer	

Original signatures on file in Human Resources and the Accreditation Department.

**PURPOSE:**

The health hazards of tobacco and related smoke now are well known, and allowing the use of tobacco products does not promote a healthy environment for our patients or our staff. One of these hazards involves second-hand smoke, to which many of our patients, families, and fellow staff members also are sensitive. Electronic cigarettes (E-cigarettes), while relatively new to the United States, also have safety and wellness risks associated with the devices and the associated vapor. As a result, Akron Children's Hospital (ACH) is committed to providing an environment that is smoke/vapor, tobacco, and E-cigarette free. All those who work at ACH must not smell of cigarette smoke or E-cigarette vapor, or use tobacco or tobacco-related products or E-cigarettes while working or on ACH's property.

**POLICY:**

ACH's mission compels us to improve the health of all children in our community by providing the very highest quality health care, and assisting them to be free of smoke/vapor, tobacco, tobacco-related products and E-cigarettes. This policy includes Providers.

**PROCEDURE:**

1. No one (including employees, staff under contract with ACH, medical staff, students, volunteers, vendors or contract workers) will be permitted to smoke or use tobacco, tobacco-related products or E-cigarettes during their work shift or while on ACH's premises. This applies to all of ACH's facilities/properties, either owned or leased.
2. ACH will provide helpful intervention strategies and treatment resources in addressing this issue and to offering programs to employees to reduce their dependence on tobacco or other products containing nicotine, including E-cigarettes. Over the counter smoking cessation products will be available to staff for purchase in the Outpatient Pharmacy, or nicotine patches are available through Employee Health free of charge.
3. Patients, family members and visitors are prohibited from smoking and using tobacco, tobacco-related products or E-cigarettes anywhere on ACH premises. Smoking cessation products will be made available to smoking-addicted patients, family members and visitors during the patient's stay.
4. If Public Safety officers or leaders observe non-compliance of employees, they will direct the individual involved to discontinue smoking.
5. If Public Safety officers observe family members or visitors smoking on ACH premises, they will ask the individual(s) to discontinue smoking or to move off-campus.
7. All prospective employees and staffing agencies will be informed of the Smoke and Vape-Free Workplace policy prior to accepting employment or placing workers with ACH. Recognition, support of, and compliance with this policy will be incorporated into staffing agency contract language where appropriate.
8. Employees who violate this policy will be subject to progressive discipline, up to and including termination of employment.
9. If a leader receives a complaint about the smell of cigarette smoke or E-cigarette vapor on an employee, the leader will investigate the complaint. Employees may be asked to clock out for purposes of returning home to change into attire that does not smell. Time off needed to change clothes will count as an absence and employees must use PTO; this time cannot be made up.

**NICOTINE-FREE HIRING POLICY**

1. Prospective employees who test positive for nicotine will have their employment offer rescinded and will not be permitted to start working.
  - a) A candidate will be eligible to re-apply after 90 days.
  - b) Any candidate who reapplies will be required to repeat the pre-employment testing process.

Diversity Review: This policy has been carefully reviewed to ensure it is inclusive of and reflects all segments of the employee population.

Policy Affiliation: Talent Acquisition #11673; Progressive Discipline#5004

**Previous Revision/Review Dates:**

December 1, 2008  
August 1, 2016  
February 1, 2018  
July 30, 2021



**POLICY TITLE**

**Termination of Employment**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5670	7	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> Termination, employee, resignation, voluntary, leaves, involuntary, retirement, notice		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 1/20/2022 <b>LAST APPROVAL DATE:</b> 2/25/2020 <b>ORIGINAL DATE:</b> 8/20/1999			<b>THIS POLICY REPLACES:</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Rhonda Larimore, CHRO			<b>Pages:</b> 3	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environmental of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology			
<input type="checkbox"/> Laboratory/Pathology				
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>   Christopher Gessner President and CEO		<b>APPROVAL</b>   Rhonda Larimore Chief Human Resources Officer		

Signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

This policy is intended to outline responsibilities and expectations of leaders and employees when a decision is made by either party to end the employment relationship.

POLICY:

**AT-WILL EMPLOYMENT**

Employment with Akron Children’s Hospital (ACH) is voluntary and subject to termination by the employee or ACH at will, with or without cause, and with or without notice, at any time. Nothing in this policy shall be interpreted to conflict with or to eliminate or modify in any way the employment-at-will status of Akron Children’s Hospital.

**VOLUNTARY TERMINATIONS**

A voluntary termination of employment occurs when an employee submits a written or verbal notice of resignation, including intent to retire, to a member of his or her leadership team. An employee who fails to report for work on the next regularly scheduled work day following the expiration of his/her approved leave of absence that is not in the process of being extended will be considered to have voluntarily terminated his/her employment. It is also considered a voluntary termination after an employee has 2 instances of no call/no show within a 12 month period.

**NOTICE PERIOD**

In order to maintain adequate staffing levels, effective operations, and quality patient care, employees are expected to give notice, preferably in writing, of their intent to voluntarily leave the employment of ACH. The following schedule reflects what is considered appropriate notice:

Non-Supervisory, non-exempt staff	2 weeks
All levels of Supervisory staff and all exempt staff	4 weeks
Administrative Staff	8 weeks

**FINAL PAY**

To the extent permitted by law or regulation, final paychecks will be used to recover monies due to ACH at that time for purchases including but not limited to, benefit premiums in arrears, educational assistance repayment, unreturned equipment, and any outstanding fees, purchases or parking tickets.

**HEALTH INSURANCE**

Medical, dental and vision insurance and employee assistance coverage terminates on the last day of the month the employee separates employment or is terminated. An employee will be required to pay his or her share of insurance premiums through the end of the month. Information on continuation of benefits through COBRA will be mailed to the employee’s home. Other benefit questions may be directed to the Benefits Call Center at 888-261-1525.

**RETURN OF PROPERTY**

All employees are expected to return all company property (including uniforms, documents, pagers, telephones, keys, supplies, equipment, etc.) in good working order no later than the last day worked or the effective date of the termination.

**ELIGIBILITY FOR REHIRE**

Employees who resign in good standing under this policy and whose documented performance is satisfactory under the organization's performance evaluation system will be eligible for reemployment and considered for open positions along with all other candidates. If reinstated within a period of up to sixty (60) days from the last date of employment, benefits tied to seniority will be reinstated in full.

Former employees who are reemployed after more than sixty (60) days will be treated as new employees for seniority purposes.

**EMPLOYEE RESPONSIBILITIES**

Employees who voluntarily resign are expected to give appropriate notice of their intent to leave, and to maintain acceptable performance during the notice period. This includes any confidentiality guidelines and any other contractual agreements made during employment.

Employees who are retiring are expected to contact the Benefits Specialist, Retirement at [retirement@akronchildrens.org](mailto:retirement@akronchildrens.org) or 330 543-8332 at least one month prior to their last day.

In addition, employees who fail to return all company property may be subject to legal proceedings on behalf of ACH.

**MANAGER RESPONSIBILITIES**

For all approved involuntary terminations, supervisors are to contact Public Safety and provide a date, time, and location so that they can have a presence in the area during the termination meeting.

**PUBLIC SAFETY RESPONSIBILITIES**

The Public Safety employee will coordinate with Human Resources and the employee's Manager to set the date, time, and location of where the termination will take place.

Policy Affiliation: Paid Time Off # 4049, Family, Medical and Personal Leave of Absence #5370

Diversity Review: This policy has been carefully reviewed to ensure that it is inclusive of and represents all segments of the employee population.

**PREVIOUS REVISION/REVIEW DATES:**

February 25, 2020

November 1, 2018

December 1, 2016

August 1, 2011

July 25, 2011

April 1, 2005



Termination  
Checklist.docx



**POLICY TITLE**  
**Workplace Harassment**

<b>POLICY #</b>	<b>VERSION</b>	<b>CATEGORY</b>	<b>SUB-CATEGORY</b>	
5610	5	<input checked="" type="checkbox"/> Organizational	Human Resources	Human Resources
<b>KEY WORDS</b> Discrimination, harassment, prevention, retaliation, investigation, confidentiality		<input type="checkbox"/> Divisional		
		<input type="checkbox"/> Departmental		
<b>CURRENT EFFECTIVE DATE:</b> 7/7/2021 <b>LAST APPROVAL DATE:</b> 3/1/2018 <b>ORIGINAL DATE:</b> 2/9/1981			<b>THIS POLICY REPLACES:</b> <b>Merged with HR-5611 Harassment and Discrimination (Non-Sexual)</b>	
<b>APPLICABILITY:</b> <input checked="" type="checkbox"/> Akron Children's Hospital & Affiliates  <input type="checkbox"/> Children's Home Care				
<b>Contact Person/Position:</b> Rhonda Larimore, Chief Human Resources Officer			<b>Pages:</b> 5	
<b>SPECIAL REVIEW</b>			<b>ADMINISTRATIVE REVIEW</b>	
<input type="checkbox"/> Environment of Care/Safety	<input type="checkbox"/> Medical Staff	<input checked="" type="checkbox"/> Administrative Staff		
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Nursing Guidelines	<input type="checkbox"/> Board of Directors		
<input checked="" type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Services	<input type="checkbox"/> Interdisciplinary Care Committee		
<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pharmacy & Therapeutics	<input type="checkbox"/> Medical Staff Executive Committee		
<input type="checkbox"/> Information Services	<input type="checkbox"/> Radiology	<input type="checkbox"/> Click here to enter text.		
<input type="checkbox"/> Laboratory/Pathology	<input type="checkbox"/> Click here to enter text.			
<b>REFERENCES AND ACCREDITATION STANDARDS:</b>				
<b>APPROVAL</b>  Grace Wakulchik President and Chief Executive Officer			<b>APPROVAL</b>  Rhonda Larimore Chief Human Resources Officer	

Original signature on file in Human Resources Department and Accreditation Department

**PURPOSE:**

Akron Children's Hospital (ACH) is committed to maintaining a work environment free from unlawful discrimination and harassment that promotes and encourages a culture of trust and respect.

**POLICY:**

## **OVERVIEW AND PROHIBITION OF ALL FORMS OF WORKPLACE HARASSMENT**

ACH will not tolerate any form of unlawful workplace harassment by or against its employees and other agents, including harassment based on sex, race, religion, color, age, gender, genetic information, sexual orientation or gender identity, marital status, national origin, mental or physical disability, political affiliation, or veteran or military status. All ACH employees and agents, and all third parties who have a contract with them, are expected to refrain from any communications or other behavior that could be interpreted as unlawful harassment or discrimination. Violation of this policy will result in disciplinary action, up to and including termination of employment, cancellation of contract/business agreement or affiliation, barring a third party from entering all or part ACH premises or terminating business with a vendor.

This policy prohibits unlawful workplace harassment by employees and independent contractors of ACH against anyone they may encounter or communicate with in any context during the performance of their duties, including harassment of other employees and agents of ACH, as well as harassment of care providers and Medical Staff who are not ACH employees, patients, family members and other patient visitors, vendors, contractors and consultants, volunteers, students and other trainees, or other third parties. This policy also prohibits workplace harassment against any of the persons listed in the preceding sentence by any third party.

As used in this policy, the phrase "unlawful workplace harassment" refers to harassing conduct that affects the environment at ACH in any manner, whether directly or indirectly, and it can include telephone and electronic communications, both on and off of ACH property and outside of working hours, that relates to or stems from the alleged harasser or harassee's employment, contractual, or other relationship with ACH. For purposes of this policy, "unlawful workplace harassment" also includes harassing conduct that occurs at ACH-sponsored events that take place off of ACH property.

This policy defines prohibited unlawful workplace harassment and sets forth procedures for reporting and investigating alleged harassment. ACH believes it is extremely important to address problems as they arise and to investigate all complaints and alleged incidents of workplace harassment promptly, thoroughly, and as confidentially as possible. We expect that ACH leaders will immediately discuss with Human Resources any incident of possible harassment that comes to their attention. All employees and agents of ACH, as well as all third parties who have any direct or indirect contact with employees or agents of ACH, are expected to adhere to the principles and intent of this policy.

### **DEFINITIONS**

#### **Sexual Harassment:**

Consistent with applicable law, ACH will not tolerate workplace sexual harassment by or against its employees and other agents that includes unwelcome sexual advances, requests for sexual favors, verbal or physical conduct of a sexual nature where:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment; or
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions including, but not limited to, hiring, promotion, transfer, compensation, layoff, training, demotion, or social programs; or
- The conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment can be harassment based on sex, regardless of the sex or gender identity of the harasser or harassed individual. It may involve leaders, co-workers, care providers who are not ACH employees, vendors/agents, patients, family members, visitors, or other third parties. In addition to the definition noted above, behaviors that may result in an allegation of sexual harassment include, but are not limited to, the following:

- Unwelcome physical contact, including touching, kissing, hugging, or standing so close as to make another person uncomfortable;
- Either direct or indirect requests for sexual favors;
- Unwelcome repeated requests for dates or to spend time together;
- Sexual flirtations, advances, or propositions;
- Comments about an individual's body;
- Comments about an individual's sexual orientation;
- Display in the workplace of sexually suggestive objects, pictures, or writings; or
- Sexually suggestive jokes or humor.

**Other Prohibited Unlawful Harassment:**

In addition to sexual harassment, ACH also prohibits workplace harassment by or against its employees and other agents that is based on an individual's race, religion, color, age, gender, genetic information, sexual orientation or gender identity, marital status, national origin, mental or physical disability, political affiliation or veteran or military status. This includes verbal or nonverbal communications and behavior that has the effect of:

- Unreasonably interfering with an individual's work performance;
- Creating an abusive or hostile work environment; or
- Otherwise adversely affecting an individual's employment opportunities.

Examples of discriminatory harassment include, but are not limited to, verbal abuse, the circulation of written material that demeans or exhibits hostility toward an individual or any of the aforementioned groups of persons, or inappropriate jokes or slurs.

**PROCEDURE:**

**REQUIREMENTS FOR REPORTING HARASSMENT**

Any employee, leader, or other agent of ACH who experiences, observes, or otherwise becomes aware of any form of potentially harassing behavior must immediately report it to a department leader, any Human Resources representative, the ACH Chief Legal Officer or any other member of the ACH legal department. Employees should note the time, place, and specifics of any incident, including the names of others who might have observed the incident or be aware of helpful information. Leaders who observe potentially unlawful harassing behavior but who fail to report such pursuant to this policy are subject to progressive discipline. Individuals in leadership roles are expected to model the way and positively influence the organization's culture. Failing to do so could result in accelerating progressive discipline for employees in people leadership positions.

When any Medical Staff Member encounters harassment, the incident should be reported to your Clinical Leader (Division Director, Department Chair, or APP Lead). Medical Staff Officers are available at all times and can be reached by contacting the Medical Staff Office. They may also contact any Human Resources representative.

Patients and visitors should be directed to report harassment incidents to any member of leadership, person in charge or the ACH General Counsel.

**ADDITIONAL RULES AND PROCEDURES RELATING TO THIS ANTI-HARASSMENT POLICY**

**Option of asking the person engaging in objectionable behavior to stop:** If an employee or agent of ACH finds conduct or remarks to be inappropriate, and if the employee is comfortable doing so, the employee has the option of addressing the

responsible individual directly and asking them to stop the behavior, **but they are not required to do so**. Should the employee choose to do so, the following might be helpful:

- Clearly and promptly make their displeasure known to the offender.
- Explain that the behavior is unwelcome and inappropriate. Specifically say what they want or don't want to happen (e.g., "Please do not tell that kind of joke in my presence.")

Employees or agents are not required to ask the person to stop before they report the harassment. Circumstances may make it difficult for them to discuss this directly with the harasser, or they may simply prefer not to do so. They may always seek assistance from a department leader, ACH General Counsel or any other member of the ACH legal department, or a representative of Human Resources.

**Confidentiality:** Leaders will treat all information regarding any harassment complaint as confidential and will maintain that confidentiality to the greatest extent possible. ACH will make every effort to only share information regarding the complaint or the investigation on a need-to-know basis. Depending on the allegations, ACH may need to share information with witnesses in order to conduct an appropriate investigation.

**Retaliation:** ACH will maintain an atmosphere that is free from retaliation for making a complaint about harassing conduct experienced, witnessed, or otherwise become aware of, and for participating in a related investigation. Any individual who has filed a claim of harassment or participated in a harassment investigation who feels that they are being subjected to retaliation should immediately contact any Human Resources representative, the ACH General Counsel or any other member of the ACH legal department. An employee who retaliates against a complainant or witness in violation of this policy will be subject to progressive discipline, up to and including termination of employment.

**Investigation:** All harassment complaints will be investigated impartially, promptly, and as discreetly as reasonably possible, and the matter will be resolved in as timely a manner as possible. Individuals who bring forward a complaint about harassment may be asked to put their complaint in writing and to specifically describe the acts of alleged harassment or discrimination, including the identity of the alleged wrongdoer and any witnesses, and the time(s) and location(s) of the alleged harassment or discrimination.

If the investigation finds that the complaint is credible, immediate and appropriate remedial action will be taken. For an employee, that will be progressive discipline up to and including termination of employment depending on the facts as investigated/severity of the harassment. To the extent possible, ACH will take appropriate remedial action against any non-employee who engages in inappropriate conduct in violation of this policy. Such action may include barring a third party from entering all or part ACH premises or terminating business with a vendor.

**Diversity Review:** This policy has been carefully reviewed to ensure it is inclusive of and reflects all segments of the employee population.

**Policy Affiliations:**

Progressive Discipline# 5004

Termination of Employment #5670

**Previous Revision/Review Dates:**

March 1, 2018

December 1, 2016

January 1, 2014

October 13, 2013

August 24, 2011

January 27, 2003