Congratulations on joining Lehigh Valley Health Network!

**IMPORTANT:** You do not have to print this lengthy document. However, please review the policies and familiarize yourself with them.

LVHN has many policies and procedures that are designed to provide a fair and effective place of employment. This document is designed to give you access to some of these documents (please visit the Network Intranet for a comprehensive listing of Administrative Policies, HR Policies, and I/S Policies). During your New Hire Briefing you will sign a Receipt of Acknowledgement that acknowledges you are aware of our policy manuals.

The Documents included here are:

1. Code of Conduct
2. Corporate Compliance
3. Harassment
4. COBRA Notification
5. Workers’ Compensation Panel Physicians
6. Acknowledgement Of Rights And Responsibilities Under Pennsylvania Workers’ Compensation Act
7. Information Systems Acceptable Computer Use
8. Trial Period
9. Unlawful Discrimination
10. Americans with Disabilities Act
11. Dress Code
12. Attendance
13. Counseling and Discipline
14. Fair Treatment Process
15. Leave of Absence (LOA)
16. Solicitation and Distribution
17. HIPAA – Confidentiality
18. Dependent Eligibility Packet
19. Overtime
20. FMLA Posting
21. Influenza Policy

If you have further questions, please call the Human Resources Department at the number above. Thank you for your interest in Lehigh Valley Health Network. We are excited to have you join us.
I understand that as a person working in the Lehigh Valley Health Network I am responsible to know and follow the LVHN Code of Conduct. The complete policy can be accessed from the LVHN website by clicking on the Administrative Manual site.

Some of the important points of the policy are:

1. LVHN services are to be provided pursuant to appropriate federal, state and local laws for federal healthcare programs.
2. Work activities are conducted with honesty, integrity and the highest ethical values.
3. Unlawful discrimination, sexual harassment and behaviors not in keeping with respect to our colleagues and patients are unacceptable.
4. There is a commitment by all colleagues to a workplace free from substance abuse and impairment because of drug or alcohol dependancy.
5. All colleagues and patients will be treated with respect, dignity and courtesy.
6. Patients are provided care that is both necessary and appropriate. Patients are treated regardless of their ability to pay.
7. LVHN provides education and training on compliance with laws, accreditation standards and policies. Education and training must be completed as required.
8. Patient protected health information will not be improperly accessed, released, or disclosed. Use and release of patient health information must be in compliance with applicable state and federal regulatory requirements.
9. Use of the Internet and e-mail must conform to LVHN policies and practices.
10. Never offer, give or accept any benefits (incentives, discounts or rewards) from patients, suppliers or distributors that might influence or be perceived to influence your decision-making or that violates applicable laws.
11. It is illegal to offer or give (or receive) anything of value to encourage the referral business.
12. No retaliation – Under no circumstances will LVHN allow retaliation to occur against any employee for raising a concern, asking a question or reporting suspected misconduct. If I suspect that I am being retaliated against by my supervisor or co-worker I should report it immediately to the Compliance Officer or through the Compliance Hotline.
13. Any violation or suspected violation of any of the laws, regulations, or Condition of Participation applicable to LVHN must be reported immediately to my supervisor, Compliance Officer or Compliance Hotline at 1-877-895-2905.
LEHIGH VALLEY HEALTH NETWORK, INC.

COMPLIANCE PROGRAM
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I. Purpose

Lehigh Valley Health Network, Inc. (LVHN) believes that conscientious dedication to the highest ethical standards is essential to fulfilling its mission. Integrity governs our actions and relationships with our patients, referral sources, suppliers, providers and others.

The purpose of the Compliance Program is to promote an understanding of and employee adherence to applicable federal and state laws and regulations and LVHN standards and to prevent, detect and correct any violations of laws or LVHN standards.

Compliance activities occur in all departments of LVHN and therefore it is imperative that there is appropriate communication and cooperation among and between the departments to carry out an effective Compliance Program.

The Compliance Program formalizes LVHN policies and procedures into a comprehensive program that is designed to establish a culture that:

- facilitates discovery and education;
- supports those structures and policies that exist to improve performance and provide for a safe environment;
- promotes prevention, detection and resolution of conduct that does not conform to LVHN ethical and business policies; and
- encourages a commitment to compliance with law.

II. Scope

The Lehigh Valley Health Network, Inc. Compliance Program applies to all LVHN affiliates including: Lehigh Valley Hospital, Lehigh Valley Hospital – Muhlenberg, Lehigh Valley Physician Group, Lehigh Valley Health Services, Inc. and Health Network Laboratories, L.P.

III. Procedures

A. Structure of Compliance Program

1. Board of Trustees

The Board of Trustees has the ultimate responsibility for compliance by LVHN and its affiliated organizations. The Board shall ensure that adequate systems are implemented to prevent, detect and respond to violations of key ethical and legal obligations. To support this policy, the Board shall:
a) adopt resolutions to establish and amend, as appropriate, a comprehensive Compliance Program;

b) designate Board oversight to the Network Compliance Committee of the Board of Trustees for non-medical, ethical and legal compliance issues;

c) require the Network Integrity Officer to make periodic reports on the status of Compliance Program implementation and effectiveness; and

d) amend the Compliance Program standards and policies as necessary.

2. Network Compliance Committee

The role of the Network Compliance Committee of the Board is to assist the Board of Trustees in their oversight responsibilities related to the development, implementation and amendment of the Compliance Program. These responsibilities include:

a) to ensure that the objectives of the Compliance Program are consistent with LVHN’s mission and values;

b) to evaluate the effectiveness of the Compliance Program through the review of regular reports from the Network Integrity Officer related to compliance activities including monitoring/auditing, complaints, investigations, policy development and employee training;

c) to review and recommend to the Board of Trustees amendments to the Compliance Program, as necessary; and

d) to review Compliance Steering Committee meeting minutes.

3. President and CEO

The President and CEO directly oversees the development and implementation of the Compliance Program, as well as the ongoing activities of the Network Integrity Officer. The President and CEO shall meet regularly with the Network Integrity Officer to review Compliance Program issues. The President and CEO shall appoint the members of the Compliance Steering Committee in consultation with the Network Integrity Officer.
4. **Network Integrity Officer**

The Network Integrity Officer, who is assigned by the President and CEO, will assume primary managerial and administrative responsibility and authority for the Compliance Program. The Network Integrity Officer shall have direct access to the President and CEO, the Board of Trustees and the Network Compliance Committee of the Board of Trustees. The Network Integrity Officer shall have the following authority and responsibilities:

a) serve as chair of the Compliance Steering Committee and set the meeting schedule and agenda;

b) establish other committees, as necessary, to supplement the Compliance Steering Committee in carrying out Compliance Program objectives;

c) report to the Board of Trustees, Network Compliance Committee and President and CEO as required;

d) evaluate, in consultation with the Compliance Steering Committee, and report on the implementation and effectiveness of the Compliance Program at least annually;

e) assign duties of staff with responsibility for the Compliance Program;

f) access such information as is necessary or appropriate to perform the duties described herein;

h) oversee the development, amendment and implementation of monitoring systems designed to detect misconduct;

h) oversee the development, amendment and implementation of procedures for reducing the prospect of misconduct;

i) oversee the development, amendment and implementation of performance management systems to support the objectives of the Compliance Program;

j) oversee the development, amendment and implementation of employee communications and training programs;

k) oversee the tracking of employee attendance at training programs and ensure that attendance is tied to employee performance evaluations;
l) oversee the development, amendment and implementation of internal employee reporting mechanisms;

m) oversee the development, amendment and implementation of procedures for investigating and responding appropriately to allegations of misconduct;

n) coordinate with the Compliance Steering Committee to ensure that all employee, board member and vendor disclosures of conflict of interest have been evaluated and, if appropriate, reviewed by the Network Compliance Committee of the Board of Trustees;

o) review and investigate all allegations of compliance violations;

p) develop, revise and improve the Compliance Program as necessary or appropriate; and

q) report to the Compliance Steering Committee on compliance issues requiring modifications to the Compliance Program.

5. **Compliance Steering Committee**

The members of the Compliance Steering Committee shall be appointed by the President and CEO in consultation with the Network Integrity Officer. Membership on the Compliance Steering Committee includes among other members the following persons:

- Network Integrity Officer
- Chief Operating Officer
- Chief Financial Officer
- Vice President, Medical Staff Services
- Vice President, Home Health Services
- Executive Director, Lehigh Valley Physicians Group
- Vice President, Legal Services
- Physician in charge of the IRB
- Senior Vice Presidents of Clinical Services, Human Resources and Operations
- Director, Internal Audit
- Chief Information Officer
- Privacy Officer
- Chief Operating/Compliance Officer of Health Network Laboratories
- Senior Vice President for Quality Management

The Compliance Steering Committee shall meet regularly. It is expected that members will attend all Compliance Steering Committee meetings except when extenuating
circumstances prevent a member’s attendance. Minutes of Committee meetings shall be maintained. The Committee shall have the following authority and responsibilities:

a) develop and revise organizational standards of conduct including the Code of Conduct;

b) review and provide guidance on the development, amendment and implementation of the Compliance Program and compliance issues;

c) develop and amend procedures for reducing the prospect of misconduct, fraud, abuse and waste;

d) develop and amend performance management systems to support the objectives of the Compliance Program, including appropriate screening of employees;

e) develop and amend employee communications and training programs;

f) develop and amend auditing and monitoring systems designed to detect misconduct;

g) develop and amend internal employee reporting mechanisms and policies that encourage employee reporting of compliance issues;

h) develop and amend procedures for investigating and responding appropriately to allegations of misconduct;

i) develop procedures for reviewing and revising the Compliance Programs as required by changes in laws or private payor health plans;

j) review and provide feedback reports assessing the effectiveness of the Compliance Program at least annually;

k) ensure the availability of resources necessary to develop and implement the Compliance Program;

l) share information among LVHN affiliates on compliance issues and best practices;

m) communicate and help enforce LVHN’s Code of Conduct and related compliance policies;

n) ensure consistent application of the Compliance Program;
o) ensure appropriate documentation and investigation of misconduct allegations;

p) make recommendations on opportunities to strengthen and improve the Compliance Program;

q) demonstrate support for the ongoing operation of the Compliance Program; and

r) promote an organizational culture that encourages a commitment to compliance.

6. Internal Audit Department

The Internal Audit Department shall have the authority and responsibility to:

a) develop compliance audit plans in conjunction with the Network Integrity Officer based upon compliance risk areas: (i) identified by management; (ii) identified by the Department of Health and Human Services through its work plans, special advisory bulletins and special fraud alerts; and (iii) identified through the LVHN periodic internal risk analysis;

b) assist the Network Integrity Officer with internal investigations as appropriate;

c) advise the Network Integrity Officer of any known changes in compliance regulations governing Internal Audit matters;

d) assist the Network Integrity Officer with the assessment of internal compliance controls;

e) develop, amend and implement, in consultation with the Network Integrity Officer and the Organizational Development Department communications/training tools for the Internal Audit Department;

f) report, as appropriate, to the President and CEO and the Network Integrity Officer and others, on compliance audit findings, internal control assessments and investigations;

g) develop, as appropriate, policies for compliance with applicable laws and standards in the Internal Audit Department;
h) ensure compliance in the Internal Audit Department with applicable laws and Compliance Program standards; and

i) serve on the Compliance Steering Committee, as appointed by the President and CEO.

7. **Legal Services Department**

The Legal Services Department shall have the authority and responsibility to provide legal advice and counsel, including, but not limited to:

a) advise the Network Integrity Officer of any known changes in compliance regulations;

b) assist the Network Integrity Officer with the assessment of internal controls;

c) assist the Network Integrity Officer in the development of policies for compliance with applicable laws and Compliance Program standards;

d) assist the Network Integrity Officer in the review and revision of the Compliance Program;

e) coordinate with the Network Integrity Officer any internal or external investigations including, where appropriate, retention of outside counsel; and

f) serve on the Compliance Steering Committee, as appointed by the President and CEO.

8. **Human Resources Department**

The Human Resources Department shall have the authority and responsibility to:

a) assist the Compliance Steering Committee in developing and revising organizational standards of conduct, including the Code of Conduct;

b) advise the Network Integrity Officer of any known changes in compliance regulations governing Human Resource matters;

c) develop, amend and implement performance management systems;
d) develop, amend and implement, in consultation with the Network Integrity Officer and the Organizational Development Department, communications/training tools;

e) assist the Network Integrity Officer in conducting investigations as appropriate;

f) assist the Network Integrity Officer in monitoring compliance with the non-retaliation policy;

g) develop and amend, as appropriate, policies for compliance with applicable laws and standards in the Human Resources Department;

h) develop and implement in cooperation with the Network Integrity Officer an exit interview process that will involve the Network Integrity Officer when there are significant compliance issues identified;

i) ensure compliance in the Human Resources Department with applicable laws and Compliance Program standards; and

j) serve on the Compliance Steering Committee, as appointed by the President and CEO.

9. Organizational Development Department

The Organizational Development Department shall have the authority and responsibility to:

a) develop, amend and implement, in consultation with the Network Integrity Officer and Department Managers, communication and training programs for employees on general and topic-specific compliance;

b) track and document training and employee attendance as reported by the Department Managers; and

c) ensure that comprehensive communications and training occurs according to the Compliance Program Plan.

10. Other Department Managers

Other Department Managers shall have the authority and responsibility to:
a) assist the Compliance Steering Committee in developing and revising organizational standards of conduct, including the Code of Conduct;

b) advise the Network Integrity Officer of any known changes in compliance regulations governing that Department’s matters;

c) serve as or designate subject matter experts to assist the Network Integrity Officer in carrying out his duties;

d) develop, amend and implement, in consultation with the Network Integrity Officer and the Organizational Development Department communications/training tools for that Department;

e) ensure that compliance areas are monitored on a routine basis;

f) communicate regularly with the Network Integrity Officer on compliance issues in their department and coordinate appropriate responses with the Network Integrity Officer;

g) develop and amend, as appropriate, policies for compliance with applicable laws and standards in the Department;

h) ensure compliance in the Department with applicable laws and Compliance Program standards; and

i) serve on the Compliance Steering Committee, as appointed by the President and CEO.

B. Compliance Plan

1. Development

The Network Integrity Officer shall have the authority and responsibility, in consultation with the Compliance Steering Committee, to develop a Compliance Program, Code of Conduct and compliance standards and procedures that are reasonably capable of reducing the likelihood of violations of law. The Code of Conduct shall be distributed to all LVHN employees and periodically updated and redistributed to all LVHN employees.

2. Periodic Evaluation

The Network Integrity Officer shall have the authority and responsibility, in consultation with the Compliance Steering Committee, to evaluate the effectiveness of the Compliance Program at least annually. Reports of program effectiveness and the basis for assessment shall be delivered to the President and CEO and the Network Compliance Committee of the Board of Trustees periodically.
3. Modification

The Network Integrity Officer shall have the authority and responsibility, in consultation with the Compliance Steering Committee, to ensure that the Compliance Program is appropriately modified and improved over time. Modifications and improvement should reflect changes in laws or regulations; learning and experience generated from the Compliance Program’s operation; and other best practices emerging within the healthcare industry.

C. Communication and Compliance Training

1. Identification of Compliance Risk Areas

The Network Integrity Officer shall have the authority and responsibility, in consultation with the Compliance Steering Committee and the Department Heads, to:

a) develop a list of compliance risk areas appropriate for communications and training based upon the results of the auditing and monitoring of the Compliance Program; and

b) develop a comprehensive communications and training plan on general and topic-specific compliance, based upon the results of the auditing and monitoring of the Compliance Program.

2. Compliance Training

The Network Integrity Officer shall have the authority and responsibility, in consultation with the Compliance Steering Committee, the Organizational Development Department and the Department Heads, to regularly:

a) ensure that comprehensive on-going communications and training occurs according to the Compliance Program Plan with periodic updates, as appropriate;

b) track training and employee and medical staff attendance as reported by the Department Managers;

c) tie training attendance to employee performance evaluations; and

d) audit training to ensure implementation of the training plan as intended.

The Board of Trustees will be provided with appropriate compliance training including an overview of the Compliance Program, a summary of the Code of Conduct, an explanation of the elements of the Compliance Program, including the reporting process, a description of LVHN’s commitment to integrity in its business operations and compliance with
applicable laws and regulations, an overview of fraud and abuse laws and the conflict of interest policies of LVHN.

New employees and members of the medical staff will receive an overview of the Compliance Program during general orientation. New employees will also be required to complete a mandatory electronic compliance education session within the first week of employment. Contractors and agents of LVHN and members of the medical staff will be required to complete the mandatory electronic compliance education session prior to performance of services for LVHN as determined by the Network Integrity Officer. The mandatory electronic compliance education session will provide an overview of fraud and abuse laws, a summary of the Code of Conduct, an explanation of the elements of the Compliance Program, including the reporting process, a description of LVHN’s commitment to integrity in its business operations and compliance with applicable laws and regulations.

All employees and members of the medical staff will receive a copy of the Code of Conduct as well as other information necessary to ensure compliance with LVHN standards as such information is reasonably related to the employee’s job functions or the activities of the medical staff member. Each employee must sign and return a certification form which states that the employee has read and understands the Code of Conduct. Education related to the Code of Conduct is included in the employee’s orientation.

Given the nature and complexity of health care laws and regulations, some employees may receive specialized compliance training, such as employees performing coding and billing functions and employees involved in negotiating business relationships with physicians, providers and vendors. Employees in these departments will be provided with ongoing training regarding compliance requirements specific to their area. Specialized training sessions may be conducted or arranged by the Department Manager, the Organizational Development Department or others. The Organizational Development Department shall be responsible, in consultation with the Department Managers, for coordinating the specialized training in particular departments, as appropriate.

As new risk areas or areas of concerns are identified through periodic audits or monitoring or reporting by employees, the Network Integrity Officer may require additional training sessions for some or all employees.

Department Managers are responsible for ensuring that each employee within their department has attended the required training sessions applicable to the person’s job duties, and the Organizational Development Department shall document the employee’s attendance and the training sessions covered.
D. Employee and Vendor Screening, Evaluation and Discipline

1. Screening of Employees and Vendors

   Individuals who have been convicted of health care related crimes, crimes related to professional misconduct or violations of fiduciary responsibility will not be hired by LVHN.

   The Compliance Steering Committee shall have the authority and responsibility to develop, review and approve, as appropriate, uniform procedures for appropriate screening of current and prospective employees, vendors and applicants to the medical staff and for taking appropriate actions on the basis of such screening results. The medical staff credentialing process shall be revised, as necessary, to include these screening requirements.

   a. Employees and Medical Staff. All prospective employees and applicants to the medical staff will be required to disclose any name changes, prior convictions (including health care related crimes) and federal or state funded program sanctions, exclusions, suspensions or debarment. In addition, all prospective employees and applicants to the medical staff must submit to a background investigation and are screened for criminal convictions to comply with all legislation and regulations that require criminal background records checks. All prospective employees and applicants to the medical staff will be checked for potential program exclusions reported by the Department of Health and Human Services, Office of Inspector General’s List of Excluded Individuals/Entities and the General Services Administration’s Excluded Parties Listing System. The National Practitioner Data Bank will be queried for all applicants to the medical staff.

   b. Vendors. All vendors providing services or supplies to LVHN for which there is any federal or state funded program reimbursement shall be checked for potential program exclusions reported by the Department of Health and Human Services, Office of Inspector General’s List of Excluded Individuals/Entities and the General Services Administration’s Excluded Parties Listing System and checked against the appropriate database for conflicts of interest.

2. Performance Management

   The Compliance Steering Committee, in consultation with the Human Resources Department shall have the authority and responsibility to develop procedures to ensure that there are appropriate incentives for employees to perform in accordance with the Compliance Program and that employee performance is evaluated in terms of compliance with applicable federal/state laws and regulations as well as LVHN’s Code of Conduct.

3. Discipline

   Disciplinary policies and practices of LVHN have been established and, in certain areas where necessary, will be established to ensure employees and members of the medical staff adhere to LVHN’s standards and Code of Conduct and to discipline those
employees and members of the medical staff who violate the standards or Code of Conduct or fail to detect an offense. Policies and procedures shall be adopted to hold Department Managers accountable for the non-compliance of subordinates when it is appropriate to do so.

Disciplinary actions that may be utilized for violations include verbal or written counseling, written warning, suspension, suspension without pay, termination, referral for criminal prosecution (which may include fines and jail terms) and the requirement for reimbursement for any losses or damages resulting from the violation. Appropriate disciplinary measures shall be determined on a case by case basis. LVHN will weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Compliance Program, Code of Conduct, policy or law or regulation, the egregiousness of the behavior, the individual’s history with LVHN and other factors which LVHN deems relevant. However, all levels of employees will be subject to the same disciplinary action for the commission of similar offenses.

E. Auditing and Monitoring Compliance

1. Auditing for Compliance

It is the policy of LVHN to conduct periodic audits of LVHN’s business operations to test and confirm compliance with applicable laws and LVHN standards and to detect violations of such laws and standards.

The Compliance Steering Committee, together with the Network Integrity Officer, Internal Audit Department, and relevant Department Managers, shall have the authority and responsibility to develop a compliance audit plan. This plan shall formalize procedures for conducting audits, including audits conducted under the direction of the Vice President, Legal Services or outside counsel in appropriate circumstances and for maintaining the control over and integrity of all audit reports. The compliance audit plan shall include: departmental self-audits and audits by the Internal Audit Department, and others, as appropriate.

A compliance audit plan shall be included in the annual report of the Network Integrity Officer which shall be submitted to the President and CEO and the Network Compliance Committee of the Board of Trustees. The compliance audit plan will be based on a risk prioritization process and include risks identified by management, the Department of Health and Human Services, Office of Inspector General through its work plans, special advisory bulletins and special fraud alerts, and through the periodic internal risk analysis. The compliance audit plan shall be reviewed periodically with the Network Compliance Committee of the Board of Trustees.

The Network Integrity Officer shall be apprised of results of all compliance-related audits or self audits within LVHN. The Network Integrity Officer shall have the authority and responsibility to ensure that significant audit initiatives and findings are reported back to the President and CEO and the Network Compliance Committee of the Board of Trustees. Areas of non-compliance will be re-audited to verify correction or improvement. The compliance audit plan shall be re-evaluated at least annually.
2. **Compliance Monitoring**

The Network Integrity Officer shall have the authority and responsibility to ensure that the Compliance Program is monitored to ensure its effectiveness in preventing and detecting violations of law. The Network Integrity Officer shall ensure that documentation of each monitoring report is adequately maintained.

The Compliance Steering Committee, in consultation with the Network Integrity Officer, shall conduct an ongoing review of industry publications to identify potential areas of exposure and to assess LVHN’s compliance with applicable requirements.

**F. Employee Reporting System**

1. **Compliance Hotline**

   It is the policy of LVHN that all employees and members of the medical staff have an obligation to report perceived or actual violations of law and the LVHN Code of Conduct by any employee, physician, subcontractor or vendor and to seek advice and guidance on Compliance Program requirements and proper business conduct. To support this policy:

   a. Reporting System. The Network Integrity Officer in consultation with the Compliance Committee, shall have the authority and responsibility to develop and publicize a confidential reporting system whereby employees or members of the medical staff can report suspected or actual wrongdoing and seek advice and guidance on laws, regulations and standards. LVHN has provided a confidential Compliance Hotline 1-877-895-2905 for all employees to use to report suspected misconduct or to get advice and guidance on proper business conduct. The Compliance Hotline is available twenty-four hours a day and will be answered by an independent monitoring agency.

   All employees have been informed of the Compliance Hotline number and are encouraged to call to report any violations of law or LVHN policies or the Code of Conduct. Compliance Hotline posters are displayed throughout LVHN as a mechanism for reminding employees of their obligation to report any wrongdoing. The Compliance Hotline number is also posted on the intranet home page.

   Employees may also, if they prefer, discuss their concerns with their supervisor, Department Manager, Human Resources representative, Employee Ombudsman or the Network Integrity Officer.

   b. Non-retaliation. If a report of misconduct was made by an employee in good faith, no action shall be taken or threatened against the employee as reprisal for making the complaint. The Network Integrity Officer shall endeavor to evaluate whether individuals who report suspected or actual misconduct have, in fact, been subject to retaliation.
c. Confidentiality. The Network Integrity Officer shall have the authority and responsibility to ensure that the identity of a Compliance Hotline caller remains confidential whenever possible. If an individual calls the Compliance Hotline anonymously, they will be assigned a caller number to use to call back and receive follow-up information.

G. Investigations

1. Internal Investigations

LVHN is committed to a policy of thoroughly investigating and taking all reasonable steps to respond appropriately to any and all credible allegations of misconduct regarding applicable laws and the standards of conduct enunciated under LVHN’s Code of Conduct.

a. Reports to Network Integrity Officer. All allegations involving possible violations of laws or LVHN’s Code of Conduct, deriving from any source including audits, shall be brought to the attention of the Network Integrity Officer. The Network Integrity Officer shall have the authority and responsibility for making an initial determination as to the nature and potential seriousness of the alleged misconduct.

b. Referral to the Vice President, Legal Services. In the event that the Network Integrity Officer determines that the alleged misconduct may involve a violation of law or a serious infraction of LVHN’s Code of Conduct, the Network Integrity Officer shall bring the matter to the attention of the Vice President, Legal Services who will have the authority and responsibility for conducting an investigation, including, where appropriate, retention of outside counsel and taking all responsible steps to respond appropriately to such misconduct or violation.

c. Investigation Procedures. The Network Integrity Officer, in consultation with the Vice President, Legal Services, shall have the authority and responsibility to develop procedures to govern the conduct of investigations. The procedures should address the process by which investigations will be conducted, including how matters will be brought to resolution.

d. Reports to the Network Compliance Committee and the President and CEO. The Network Integrity Officer shall have the authority and responsibility to regularly report to the President and CEO and the Network Compliance Committee in a timely fashion on the progress and outcome of investigations.

e. Interim Actions. In instances where there are serious allegations of violence or other misconduct raising the risk of ongoing harm, the Network Integrity Officer shall, in consultation with the Vice President, Legal Services, have the authority and responsibility to consider and implement interim actions to protect LVHN property and the health and safety of all LVHN employees.

f. Appeals Process. The Network Integrity Officer shall, in conjunction with the Human Resources Department, have the authority and responsibility to
develop a process whereby employees determined to have engaged in misconduct can appeal disciplinary actions levied against them.

2. **Responding to External Investigations**

LVHN will cooperate with any external audit or government investigation of wrongdoing consistent with its obligations to comply with the law and to protect the rights of LVHN and its employees. The Network Integrity Officer, Internal Audit Department and Department of Legal Services have the authority and responsibility to coordinate LVHN’s response to warrants, subpoenas, inquiries and investigations by governmental agencies.

During the course of an external audit or investigation, a governmental agency may ask to examine or may issue grand jury or administrative subpoenas for LVHN records or may request the opportunity to interview employees. While LVHN will want to cooperate in any external audit or investigation, a request for records or interviews may raise legal issues that can be resolved only by the Vice President, Legal Services. For this reason, all such requests should immediately be referred to the Network Integrity Officer or the Vice President, Legal Services prior to the time any decisions are made. While employees have the right to talk to investigators, they also have the right to have the assistance of counsel in asserting their rights. In addition, the Vice President, Legal Services should be contacted immediately when government agents appear to execute a search warrant.

LVHN will make voluntary self-disclosure of any violations of law, where appropriate and consistent with its obligations to comply with the law.

Original Date: September 1999

Revised: June 2007
I. POLICY

All LVHN subsidiaries are committed to providing a work environment free from unlawful discrimination and prohibit “unwelcome or “unwanted” conduct which constitutes harassment. This policy strictly prohibits unlawful discrimination and harassment in the workplace based on medical condition, race, religion, color, national origin, disability, marital status, family status, age, sexual orientation or any other basis protected by federal, state or local law or ordinance or regulation. The Lehigh Valley Health Network (LVHN) affirms that all employees have a right to work in an environment free from any type of discrimination and prohibits any conduct which constitutes sexual harassment under Title VII of the Civil Rights Act of 1964.

II. SCOPE

This policy applies to all employees, including all supervisory and non-supervisory employees, medical residents, students, members of the Medical and Allied Health Professional Staff, vendors, independent contractors and visitors to Network workplaces.

III. DEFINITIONS

A. Harassment: Any physical and verbal conduct which is based on gender, race, color or national origin, age, religion, disability, marital status, family status, sexual orientation, veteran status or other classes protected under federal, state or local law and which has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment is prohibited.

B. Unwelcome Sexual Advances: requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

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

IV. PROVISIONS

A. Harassment or unlawful discriminatory conduct by all employees, including all supervisory and non-supervisory employees, medical residents, students, members of the Medical and Allied Health Professional Staff, vendors, independent contractors and visitors to Network subsidiaries is strictly prohibited and will not be tolerated. Specifically,
1. Threaten either explicitly or implicitly, that an employee’s refusal to submit to sexual advances will adversely affect the employee’s employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

2. Make insulting or degrading remarks.

3. Display in the workplace offensive cartoons, pictures or, engage in any other offensive and derogatory conduct.

B. Management Responsibilities: Management, in consultation with the Human Resources, Vice President (or Designee) are responsible for ensuring that employees are informed of their responsibility under this policy.

1. Employees shall be periodically reminded by their supervisor or department head that harassment is unacceptable and strongly encouraged to report any/all suspected problems. Employees will not be subject to retaliation from making reports of suspected problems. Department Heads and managers must commit to providing a work environment free of harassment.

2. LVHN management is responsible for taking immediate corrective action to prevent harassment in the workplace and provide a work environment free of harassment for employees and non-employees.

C. Employee Responsibilities: LVHN employees are expected to act professionally and refrain from any kind of comments, gestures, or acting in any manner, which can be construed as harassment. Employees are responsible to lead and be familiar with this policy, and attend available training. Any occurrence of harassment that is made known to any employee of LVHN whether to that employee or to another person must be reported immediately to the immediate supervisor, Human Resources Consultant or Employee Relations Specialist.

D. Medical Staff Responsibilities: Allegations or harassment that are made against medical staff members will be referred to the Vice President Medical Staff Services and the Vice President Human Resources who will address and appropriately resolve the complaint in compliance with the terms of this policy and Medical Staff Services and the Vice President Human Resources who will address and appropriately resolve the compliant in compliance with the terms of this policy and Medical Staff Bylaws. If a situation involves a resident or medical student, the Administrator of the Division of Education must also be informed.

E. Human Resources Responsibilities: The Vice President Human Resources, Manager Employee Relations (or Designee) are responsible for conducting a prompt and through investigation of harassment complaints.

IV. PROVISIONS

Reporting, Investigation and Subsequent Actions;

A. A department head or supervisor made aware of any alleged violation must respond promptly by reporting the allegation to Vice President Human Resource or Human Resource Consultant assist in investigation and take immediate corrective action to prevent prohibited conduct from reoccurring. Supervisors who knowingly allow or tolerate harassment are in violation of this policy and subject to corrective action in accordance to HR Counseling and Discipline Policy # 2000.40.
B. The Vice President Human Resources (or Designee) is responsible for ensuring that both the individual filing the complaint and the accused individual are aware of the seriousness of a harassment complaint, explain policy and investigation procedures, explore means of resolving harassment, notify necessary departments and arrange for prompt investigation and preparation of a written report.

C. An employee who is uncomfortable for any reason in bringing the matter to the attention of his/her department head and/or manager shall report the matter to the Vice President, Human Resources, Manager, Employee Relations, Human Resource Consultant, or, Employee Relations Specialist.

D. If an employee believes that they have been subject to harassment, sexual harassment or any unwanted sexual attention and is comfortable responding to the harasser, he/she shall state that the action/remark is unacceptable and must stop. A written record of date, time, witness and nature of the incident to their immediate supervisor and HR Reporting the incident promptly and following these reporting procedures will enable management to ensure conduct is not tolerated.

E. The Vice President Human Resources (or Designee) will conduct an investigation to assure appropriate action will be taken based on the facts of the investigation upon notification of the employee’s complaints.

F. All inquiries, complaints, and investigations are confidential. Information is revealed strictly on a need to know basis. Confidentiality is expected at all levels by all parties involved in the incident. Vice President HR and management shall take adequate steps to ensure that the compliant is protected from Retaliation.

G. The investigation report and the final decision shall be included in the personnel file only if the investigation concludes that the individual engaged in prohibited conduct as part of the disciplinary action records. A record of a complaint is kept in the employee’s (complainant’s) file, when the investigation concludes that the accusations of harassment were not brought in good faith.

H. An employee who, in good faith reports an alleged incident of harassment shall not be subject to reprisal or retaliation. Any employee who believes he or she has been subjected to such adverse action shall advise their department head, manager or Vice President Human Resources (or Designee). An employee, found to have made an accusation in bad faith shall be subject to appropriate disciplinary action up to and including termination.

I. Employees who violate this policy are subject to appropriate discipline up to and including termination of employment.

VI. ATTACHMENTS

N/A
VII. **DISTRIBUTION**


VIII. **APPROVAL**

<table>
<thead>
<tr>
<th>Signature</th>
<th>President &amp; CEO</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Chief Operating Officer</td>
<td>Title</td>
<td>Date</td>
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IX. **POLICY RESPONSIBILITY**

**IN COORDINATION WITH:**

Vice President, Human Resources

X. **REFERENCES**

N/A

XI. **REVISIONS** Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. **OTHERS**

N/A

XIII. **DATES**

Origination: 10/88  Last Review: 05/11  Next Review: 05/13
RE: Lehigh Valley Hospital and Health Network Health Plan
COBRA NOTIFICATION

Dear Employee:

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.)

If you are an employee of Lehigh Valley Hospital and Health Network covered by the Lehigh Valley Hospital and Health Network Health Plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by the Lehigh Valley Hospital and Health Network Health Plan, you have the right to choose continuation coverage for yourself if you lose group health coverage under the Lehigh Valley Hospital and Health Network Health Plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse’s employment (for reason other than gross misconduct) or reduction in your spouse’s hours of employment with Lehigh Valley Hospital and Health Network;
3. Divorce or legal separation from your spouse; or,
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by the Lehigh Valley Hospital and Health Network Health Plan, he or she has the right to continuation coverage if group health coverage under the Lehigh Valley Hospital and Health Network Health Plan is lost for any of the following five reasons:

1. The death of the employee;
2. A termination of the employee’s employment (for reason other than gross misconduct) or reduction in the employee’s hours of employment with Lehigh Valley Hospital and Health Network:
3. The employee’s divorce or legal separation;
4. The employee becomes entitled to Medicare; or,
5. The dependent child ceases to be a dependent child under the Lehigh Valley Hospital and Health Network Health Plan.

Under the law, the employee or a family member has the responsibility to inform the Lehigh Valley Hospital and Health Network Health Plan Administrator of a divorce, legal separation, or a child losing dependent status under the Lehigh Valley Hospital and Health Network Health Plan within 60 days of the date of the event. Lehigh Valley Hospital and Health Network has the responsibility to notify the Plan Administrator of the employee’s death, termination, reduction in hours of employment or Medicare entitlement. Similar rights may apply to certain retirees, spouses and dependent children if your employer commences a bankruptcy proceeding and these individuals lose coverage.

When the Plan Administrator is notified that one of these events has happened, the Plan Administrator will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage because of one of the events described above to inform the Plan Administrator that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group health insurance coverage will end. If you choose continuation coverage, Lehigh Valley Hospital and Health Network is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The new law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as death, divorce, legal separation or Medicare entitlement) occur during the 18 month period.

Under the law, the employee or a family member has the responsibility to inform the Lehigh Valley Hospital and Health Network Health Plan Administrator of a divorce, legal separation, or a child losing dependent status under the Lehigh Valley Hospital and Health Network Health Plan within 60 days of the date of the event. Lehigh Valley Hospital and Health Network has the responsibility to notify the Plan Administrator of the employee’s death, termination, reduction in hours of employment or Medicare entitlement. Similar rights may apply to certain retirees, spouses and dependent children if your employer commences a bankruptcy proceeding and these individuals lose coverage.
When the Plan Administrator is notified that one of these events has happened, the Plan Administrator will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage because of one of the events described above to inform the Plan Administrator that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group health insurance coverage will end. If you choose continuation coverage, Lehigh Valley Hospital and Health Network is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The new law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as death, divorce, legal separation or Medicare entitlement) occur during the 18 month period.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment. To benefit from this extension, a qualified beneficiary must notify the Plan Administrator of that determination within 60 days and before the end of the original 18-month period. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

**Shorter Maximum Coverage Period for Health Flexible Spending Accounts**

The maximum COBRA coverage period for a health flexible spending arrangement (health “FSA”) maintained by the employer ends on the last day of the cafeteria or flexible benefits plan “plan year” in which the qualifying event occurred. In addition, if at the time of the qualifying event the employee has withdrawn (during the plan year) more from the FSA than the employee has had credited to the FSA, no COBRA right is available at all.

A child who is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Lehigh Valley Hospital and Health Network Health Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

Alternate Recipients Under Qualified Medical Child Support Orders. A child of the covered employee or former employee who is receiving benefits under the plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the employee’s period of employment with the employer is entitled the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent. Be sure to promptly notify the Plan Administrator or its designee if you need to make a change to your COBRA coverage. The Plan Administrator or its designee must be notified in writing within 30 days of the date you wish to make such a change.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

1. Lehigh Valley Hospital and Health Network no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered -- after the date he or she elects COBRA coverage -- under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have;
4. The qualified beneficiary becomes entitled to Medicare after the date he or she elects COBRA coverage; or,
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA’s other coverage cut-off rule with these new limits as follows:

1. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan’s pre-existing condition rule does not apply to you by reason of HIPAA’s restrictions on pre-existing condition clauses, the Lehigh Valley Hospital and Health Network Health Plan may terminate your COBRA coverage.
2. You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Lehigh Valley Hospital and Health Network Health Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Under the law, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled payment.

If you have any questions about COBRA, please contact Spectrum Administrators at 610-969-0410 or 1-800-925-8459. Also, if you have changed marital status, or you and your spouse have changed addresses, please notify Spectrum Administrators at the above address.

Very truly yours,

SPECTRUM ADMINISTRATORS, INC.

Eligibility Department
THE PENNSYLVANIA WORKERS’ COMPENSATION ACT requires all employers to designate at least six health care providers for the treatment of work related injuries or illness. Employees are required to visit one of the designated providers and shall continue to visit the same or another provider on this list for a period of 90 days from the date of the first visit. If after 90 days an employee treats outside the panel of posted providers, the employee must notify Employee Health Services within five days of the treatment.

HEALTHWORKS PHYSICIANS/PRACTITIONERS *

c/o Employee Health Services
LVHN Cedar Crest
CC & I-78
Allentown, PA 18105
(610) 402-8869

SARAH FINNERTY, MD
MARGARET HAYN, CRNP
BASIL DOLPHIN, M.
KEVIN VRABLIC, MD

JODI HYNDMAN, CRNP
LAUREN JACOBSEN, CRNP
AMY KELLEMAN, MD
SUSAN EVANS, CRNP

BRIAN MELITO, MD
WENDY MORTIMER, CRNP
CARMINE PELLOSIE, DO
TERRY SAVAN, CRNP

CELESTE SAUNDERS, MD
WILLIAM VOSTINAK, MD (orthopedics)

* NOTE: Healthworks Practitioners/Physicians are employees of, or contracted by, Lehigh Valley Health Network.

LVPG EMERGENCY DEPARTMENT PHYSICIANS, PHYSICIAN ASSISTANTS AND PRACTITIONERS **

LVHN 17th Street Emergency Dept., 17th & Chew Sts., Allentown, PA 18102, (610) 969-2226

LVHN Cedar Crest Emergency Dept., CC & I-78, Allentown, PA 18103, (610) 402-8112

LVHN Muhlenberg Emergency Dept., 2549 Schoenersville Rd., Bethlehem, PA 18017, (610) 484-884-2521

**NOTE: The LVPG Emergency Department physicians/physician assistants/practitioners are employees of, or contracted by, Lehigh Valley Physician Group, a subsidiary of Lehigh Valley Health Network.

NEUROSURGICAL ASSOCIATES ***

1210 S. Cedar Crest Blvd., Suite 1100, Allentown, PA 18103 (610) 402-6555

STEFANO CAMICI, M.D. PETER M. LI, M.D. CHRIS LYCETTE, M.D. MEI WONG, M.D.

***NOTE: The Neurosurgical Associates are employees of Lehigh Valley Physician Group, a subsidiary of Lehigh Valley Health Network.

CHIROPRACTIC ASSOCIATES

1243 S. Cedar Crest Blvd, Suite 2400, Allentown, PA (610) 395-3356

JOSEPH SMITH, D.C. GARY TAROLA, D.C.

HAND/ARM SPECIALISTS/SURGEONS

LAWRENCE WEISS, MD
Valley Sports & Arthritis Surgery
1250 S. Cedar Crest Blvd, Ste 110
Allentown, PA 18103
(610) 435-1003

MANNY IYER, MD
Coordinated Health
2300 Highland Avenue
Bethlehem, PA 18020
(610) 865-4880

ROBERT MURPHY, MD*
Cosmetic & Reconstructive Specialists of LV
2597 Schoenersville Road, Suite 206
Bethlehem, PA 18017
(484) 884-1021

PATRICK RESPET, MD*
Surgical Specialists of LV
1240 S. Cedar Crest Blvd, Ste 308
Allentown, PA 18103
(610) 402-1350

*NOTE: Robert Murphy MD and Patrick Respet MD are employees of LVHN

VISION SPECIALISTS OF LV - OPHTHALMOLOGY

401 N. 17th Street, Suite 103, Allentown, PA (610) 821-9454
GEORGE MCGINLEY, MD

*NOTE: George McGinley, MD is an employee of LVHN
ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES UNDER PENNSYLVANIA WORKERS’ COMPENSATION ACT

On 08-23-96, reforms to the Pennsylvania Workers’ Compensation Act became effective.

If you are inured while on duty, you are responsible for notifying LVHHN Employee Health Services as soon as possible.

You, as the injured employee, are required to treat with one of the panel health care providers for the first ninety (90) days of treatment following the date of injury. The list panel health care providers is posted at conspicuous locations in Employee Health Services, Human Resources, Cafeterias, Emergency Departments, Medical Office Buildings, General Service Building - CC & I-78, School of Nursing (17th & Chew), off-site locations and on the LVH Employee Health e-mail bulletin board. It will be re-posted if the panel health care providers change.

In case of emergency treatment, follow-up medical care is required to be provided by a panel health care provider during the first (90) days of treatment following the date of injury. Unauthorized, non-emergency treatment with non-panel health care providers during the first ninety (90) days of treatment will not be paid by LVHHN/HNL.

Should you decide to treat outside the list of panel health care providers after ninety (90) days, you must notify Employee Health Services within five (5) days of your first treatment with a non-panel health care provider. The non-panel health care provider must provide an initial report within ten (10) days of the date of first treatment and every thirty (30) days thereafter to the Employee Health Services, for as long as the treatment continues.

Panel and non-panel health care providers must accept payments as calculated under the act. You are not responsible for payment of any charges in excess of charges as calculated under the Act, unless your treatments are unrelated to the injury.

I have read the above notification and acknowledge that I understand the provisions of the revised Pennsylvania Worker’s Compensation Act, as set forth above.

If you have any questions, please call Employee Health Services at 610-402-8869.
Acceptable Computer Use

I. **POLICY**

It is the policy of Lehigh Valley Health Network (LVHN) that computers, network, and telecommunications facilities (hereinafter “systems”) are only to be used for LVHN business purposes. LVHN owns these systems and the content in use by LVHN and will treat these materials as a valued business resource. LVHN reserves the right to access and disclose all messages, files, and electronic communications for any purpose.

II. **SCOPE**

Health Network Personnel and Authorized Non-LVHN Personnel.

III. **DEFINITIONS**

A. **Authorized Non-LVHN Personnel** -- individuals who are not employees of LVHN and are authorized to use or access electronic communication systems at Lehigh Valley Health Network. Non-LVHN personnel may include, but are not limited to, patient care providers, business partners, contractors, suppliers and vendors.

B. **Electronic Mail (E-Mail)** -- the process of sending, receiving, storing, and forwarding text messages in digital form over telecommunications facilities. This includes but is not limited to alternative technologies such as Instant Messaging, web chat, and alpha-paging or any technology that utilizes the Internet or LVHN network for communications.

C. **Health Network Personnel (HNP)** -- includes, but is not limited to, all employees, affiliates, medical staff members, allied health professional staff, students, and volunteers engaged in any activities utilizing LVHN resources, excluding patients and associated visitors.

D. **Information Systems Security Administrator (ISSA)** -- a member of Information Services authorized by LVHN to oversee all matters relative to information security.

E. **Internet** -- a computer network that allows an individual to access millions of users across the world using common communications protocols.
F. **System Owner** – The business position either actively designated as the responsible authority for a given system or the business position that assumes authority of non-designated systems via organizational purview. The System Owner is responsible for decisions relating to the systems that are not part of the Data Stewards purview.

G. **Installed Software** – Any computer program/utility that resides on a local disk drive or physically attached storage device of a computer.

IV. **PROCEDURES**

A. **Personal Use**

1. Refrain from using the LVHN computer, communication, and network systems for personal use.
2. Utilize only designated areas of the LVHN email system for posting of non-business notices.
3. Obtain Department Head approval prior to distributing non-work related messages in non-designated areas of the email system.
4. Accessing the files or communications of others with no substantiated business purpose is prohibited and may be punished in accordance with LVHN policy and any applicable State and/or Federal law.
5. Do not connect electronic devices, computers, or any other electronic systems to the LVHN network without LVHN Information Services (IS) approval. Personal digital assistants are authorized for wired connections for documented business purposes, but personal laptops are not authorized.
6. All installed software/utilities on LVHN computers must be for business use only, approved by IS.
7. Do not connect any device, including a modem, to the LVHN network without LVHN IS approval.

B. **Review of Subordinate’s E-Mail, Computer, and/or Internet Activity**

1. Make formal written or e-mail request to the appropriate representative (HR for employees, ISSA for non-LVHN employees) to have a subordinate’s use investigated.
2. Representative will confirm necessary details for the ISSA to report on the user.
3. The ISSA will review and document all pertinent materials and provide the report to the requesting authority as appropriate.

C. **Monitoring and Reporting**

1. ISSA will publish standards for systems auditing (see attachment A).
2. System Owners will establish and maintain auditing logs and auditing configurations for all systems according to ISSA standards.
3. Information Services will monitor logs and alerts and provide reports to the ISSA for business needs drawn from the audit systems and pertinent sources.
4. The ISSA will periodically validate configurations to ensure compliance with policy.
5. Information Services will monitor the installed software on disk drives of all workstations for business purpose. A detailed report listing all installed, unauthorized and potential vulnerable software will be provided to the ISSA for review.
6. Information Services will periodically monitor all workstations for installed modems. A detailed report listing all installed modems will be provided to the ISSA for review.

Employees who violate this policy may be disciplined in accordance with the Employee Counseling and Discipline Policy. Members of the medical staff and their office personnel who are not employees of LVHN and who violate this policy may be disciplined in accordance with the Medical Staff Bylaws/Rules & Regulations. Other authorized users who violate this policy may be disciplined in accordance with business agreements. Suspected criminal activities of any user may be referred to the governing authorities for investigation.

LVHN reserves the right to disclose any electronic information and/or communication sent or received through the Hospital's network, at its discretion or if required by law, to law enforcement officials without prior notice to employees or medical staff.

V. **ATTACHMENTS**
   A. System Auditing Standards

VI. **DISTRIBUTION**
   Administrative Policy Manual

VII. **APPROVAL**

_________________________________________  President/CEO  ____________________________  Date
Signature  Title

_________________________________________  President, Medical Staff  ____________________________  Date
Signature  Title

_________________________________________  Senior Vice President/CIO  ____________________________  Date
Signature  Title
VIII. **POLICY RESPONSIBILITY**

In Coordination With

Information Services Security Administrator

Legal Services

Human Resources

Medical Staff Services

Privacy Compliance Officer

IX. **REFERENCES**

Administrative Policy Data Stewardship

X. **STATEMENT OF RIGHTS**

LVHN reserves the right to unilaterally revise, modify, review, rescind, or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XI. **OTHER**

None

XII. **HISTORY**

Origination: April 2004

Last Review: April 2005

Updated: September 2008
Attachment A: System Auditing Standards

1. Systems in use by LVHN or its business partners must provide an auditing mechanism that indicates definitive user activity.

2. Systems should audit individually identifiable user access. Systems containing PHI must audit individually identifiable user access.

3. Audit trails will be maintained for a minimum of 30 days. Systems with classified information should maintain audit trails for a documented minimum duration as established by the system owners.

4. Systems that cannot provide audit information as outlined above must be documented by the system owners and remediation necessity must be discussed with the ISSA.
HUMAN RESOURCES
POLICY #: 1002.80
SUBJECT: TRIAL PERIOD
EFFECTIVE DATE: OCTOBER 1, 1997
AREAS AFFECTED: ALL DEPARTMENTS
PAGE: 1 OF 2

I. POLICY

It is the policy of Lehigh Valley Health Network (LVHN) to recognize a trial period while employed. During the trial period, an employee’s suitability for the job is evaluated and his/her personal satisfaction with the job is assessed.

II. SCOPE

All LVHN employees.

III. DEFINITIONS

Trial Period – first six months of employment and following any transfer or promotion.

IV. PROVISION

A. Managers will require all new employees attend new hire orientation (see Administration Manual Orientation Policy).

B. Trial Period may be extended at the discretion of the department director.

C. Employee may apply for transfer during the Trial Period as defined in number 3 below.

V. PROCEDURE

Action

1. Employee attends department specific orientation and is advised of the Trial Period status.

2. Periodic meetings shall be held between the employee and their supervisor throughout the trial period to review his/her progress, provide instruction and counseling
   a. If the employee is not performing adequately, (s)he shall be counseled. This decision may not be delayed, to afford the employee an opportunity to improve performance.
   b. If improved performance is not achieved, immediate steps shall be taken up to and including termination of employment.

3. Employees may be permitted to transfer to another position within their trial period if:
   a. The new position would result in a promotion; or
   b. The position is within their same job classification and would result in an increase in standard hours; or
   c. The position is within the same job classification and same unit/department, or
   d. The employee’s current position is being eliminated.
   e. When in best interest of the network (e.g. reduction in force).
VI. ATTACHMENTS

None

VII. DISTRIBUTION


VIII. APPROVAL

__________________ Vice President, Human Resources
Signature  Title  Date

__________________ Chief Operating Officer
Signature  Title  Date

IX. POLICY RESPONSIBILITY  IN COORDINATION WITH:

Vice President, Human Resources

X. REFERENCES

N/A

XI. REVISIONS  Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. OTHERS

N/A

XIII. DATES

Origination: 12/89  Last Review: 7/11  Next Review: 07/13
I. **POLICY**

In accordance with and, where applicable, in addition to federal, state and local equal employment opportunity regulations, the Lehigh Valley Health Network will provide employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, sexual orientation, disability or other such protected classes as may be defined by law. All personnel actions and programs will adhere to this policy. Personnel actions and programs include, but are not limited to recruitment, selection, hiring, transfers, promotions, demotions, terminations, compensation, benefits, educational programs and/or social activities.

II. **SCOPE**

All departments of LVHN.

III. **DEFINITIONS**

“**Unlawful Discrimination**” when an individual or group is treated differently because of race, color, religion, gender, age, national origin, sexual orientation, disability or other such protected classes as may be defined by law.

HRC - Human Resources Consultant

IV. **PROVISION**

1. Department director/supervisor shall be sensitive to the potential problem of unlawful discrimination.

2. Employees are encouraged to report any incident of actual or potential unlawful discrimination either to their immediate Supervisor, their Department Director or their department’s HRC.

3. Department director/supervisor have an affirmative duty to keep work areas free from unlawful discrimination and must take appropriate steps to prevent and eliminate such discrimination.

V. **PROCEDURE**

**Action**

1. If a department director/supervisor becomes aware of any unlawful discrimination or possible unlawful discrimination (see Harassment Policy #2001.60), the incident must be reported immediately to assigned HRC/or designee.

2. If an employee is uncomfortable for any reason in bringing the matter to the attention of his/her department director/ supervisor, the employee must report the matter to the assigned HRC, VP of HR or the Corporate Compliance Hotline 1-877-895-2905.

3. All allegations of unlawful discrimination will be promptly investigated by Human Resources as per Harassment Policy #2001.60.
   a) If confirmed, HR will immediately take appropriate corrective action to correct the situation.
   b) The status of the investigation will be communicated periodically/regularly to the employee.

VI. **ATTACHMENTS**

None
VII. **DISTRIBUTION**

Human Resources Web Page

VIII. **APPROVAL**

__________________________________________________________________
Signature                      Vice President, Human Resources    Date
Title

__________________________________________________________________
Signature                      President and CEO                      Date
Title

IX. **POLICY RESPONSIBILITY**

IN COORDINATION WITH:

Vice President, Human Resources

X. **REFERENCES**

None

XI. **REVISIONS**

Statement of Rights as follows:

Lehigh Valley Health Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. **OTHERS**

None

XIII. **DATES**

Origination: 10/97  Last Review: 07/11  Next Review: 07/13
I. POLICY

Lehigh Valley Health Network (LVHN) complies with the Americans With Disabilities Act (ADA), as amended, and the Pennsylvania Human Relations Act (PHRA), which provide, in part, for nondiscrimination in employment against qualified individuals with disabilities. Discrimination is also prohibited against individuals known to have a relationship or association with a disabled person, whether or not the individual is disabled. As required by these laws, LVHN will provide reasonable accommodation for known physical or mental limitations of an otherwise qualified individual with a disability, whether an applicant or an employee, unless undue hardship or a direct threat will result.

These laws also make it unlawful for LVHN to retaliate against an employee, both disabled and nondisabled, for invoking his or her rights. In addition, disabled employees also have the right to work in a place free of harassment.

LVHN requires all employees to comply fully with these laws.

II. SCOPE

This policy applies to all employees at LVHN.

III. DEFINITIONS

A. Disability

An individual with a disability is a person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Individuals with a record of impairment include individuals who have a history of, or have been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Individuals who are regarded as having a covered impairment include persons who have actual or perceived physical or mental impairments whether or not the impairments limit or are perceived to limit a major life activity.
B. Qualified Individual With A Disability

A qualified individual with a disability is a person who has the skill, experience, education, and other job-related requirements of the position and who, with or without reasonable accommodation, can perform the essential functions of the position. LVHN establishes whether an individual is qualified under the ADA by first determining if the individual meets the necessary prerequisites for the job, such as education, work experience, training, skills, licenses, certificates, and other job-related requirements. If an individual meets all the job prerequisites except for those that he or she cannot meet because of a disability, LVHN will then determine whether a reasonable accommodation would permit the individual to perform the essential functions of the job.

C. Reasonable Accommodation

LVHN has an obligation to reasonably accommodate an individual with a disability, but is not required to reasonably accommodate an individual regarded as disabled. This obligation extends to all facets of employment including the application process, on-the-job training, and to other conditions of employment not strictly related to the ability to perform the job [Note: The highlighted text may be interpreted as creating obligations beyond those of the ADA/PHRA.] A reasonable accommodation means any accommodation that the employer can adopt without undue hardship to enable an individual to perform the essential functions of a position and may include: making existing facilities used by employees readily accessible to and usable by individuals with disabilities; job restructuring; part-time or modified work schedules; reassigning a disabled individual to a vacant position he or she is qualified for; acquiring or modifying equipment or devices; appropriately adjusting or modifying examinations, training materials, or policies; providing qualified readers or interpreters; and other similar accommodations for individuals with disabilities. Where appropriate and necessary, LVHN may seek assistance from appropriate outside organizations/resources in connection with its efforts to reasonably accommodate. However, LVHN is free to choose among effective accommodations and may choose one that is less expensive or easier to provide than the accommodation requested by an individual with a disability.

D. Undue Hardship

Undue hardship means significant difficulty or expense. Whether a particular accommodation will impose an undue hardship will be determined on a case-by-case basis.

E. Direct Threat

A direct threat is a situation presenting a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation. Whether a particular individual with a disability will pose a direct safety threat to himself or herself, or others must be determined on a case-by-case basis.

IV. REASONABLE ACCOMMODATION PROCEDURE

LVHN can only begin the “interactive process” of determining if an accommodation is reasonable and necessary if it has received information sufficient to know that an individual will or is having difficulty performing an essential job function because of a physical or mental impairment which may constitute a disability under the law. An individual who may need an accommodation must communicate in a way that will permit LVHN to understand that the individual will or is having difficulty performing an essential
job function because of a physical or mental impairment which may constitute a disability. Under certain circumstances, LVHN may have an obligation to engage in the interactive process without a specific request for accommodation. Although LVHN is expected to take the lead role in this process, disabled individuals who request an accommodation are obligated to participate and cooperate in the accommodation process. The “interactive process” requires the exchange of information with the disabled individual about his or her disability and work restrictions; the identification of appropriate workplace accommodations; and the attempt to achieve a mutually satisfactory decision about the reasonable accommodation to be provided.

- Any applicant or employee who requests or requires an accommodation in order to perform the essential functions of the job he or she holds or desires will be directed to contact Human Resources.

- Department Heads and Employee Health Services will immediately notify appropriate Human Resource Consultant of an accommodation request or the need for a possible accommodation.

- Human Resources is responsible for administering the accommodation requests.

- The accommodation request should specify the accommodation the employee or applicant seeks to perform the job.

- If the requested accommodation is reasonable and will not impose an undue hardship or a direct threat, LVHN may make the accommodation in consultation where necessary with the appropriate Department Head in accordance with applicable law. LVHN may propose an alternative to the requested accommodation, may substitute one reasonable accommodation for another and retains the ultimate discretion to choose between reasonable accommodations.

Human Resources will follow the following steps when administering an accommodation request:

A. **Acknowledge Request**

When an accommodation is requested, Human Resources will document the initial request, and attempt to meet with the applicant or employee for the purpose of completing the LVHN Verification of Request for Accommodation Form.

B. **Disability Determination**

Human Resources will determine whether the individual is disabled under the law. This determination may require Human Resources to make every effort to collect the relevant information. Human Resources will consult, where appropriate, with Employee Health Services to determine if documentation regarding the impairment(s) and limitation(s) is needed to determine whether a disability exists, and if so, whether a reasonable accommodation is needed.

If Human Resources determines an individual is disabled, LVHN will accommodate the individual in accordance with applicable law if the individual is qualified and the accommodation does not impose an undue hardship or create a direct threat.
If Human Resources determines an individual may be disabled but needs further information, Human Resources may consider, in consultation with Employee Health Services, where appropriate, requesting documentation about the individual's impairment(s), limitation(s) and work restriction(s); seeking clarification of a health care provider’s notes and work restrictions; and/or arranging a medical examination. Any medical examination of current employees must be job-related and consistent with business necessity.

If Human Resources determines an individual is not disabled, LVHN is not obligated to provide a reasonable accommodation.

C. Communicate the Disability Determination

If Human Resources determines an individual is disabled, Human Resources will schedule a time to meet with the individual to discuss accommodation options.

If Human Resources determines an individual is not disabled, Human Resources will notify the individual of its disability determination. In addition, Human Resources will give the individual the opportunity to submit any additional information that he or she believes will be of further assistance to management regarding the request.

D. Meet and Confer Session

Prior to meeting with an individual to discuss accommodation options, Human Resources will consider, as appropriate, whether the individual can perform the essential functions of the job without any accommodation; whether the individual can perform the essential functions of the job with reasonable accommodation; if a reasonable accommodation is needed, whether LVHN can provide the requested accommodation and whether a different reasonable accommodation is appropriate; if the individual cannot perform the essential functions of the position with an accommodation, whether the individual can be reassigned to a suitable, vacant, equivalent alternative position he or she is qualified for; if a suitable, vacant, equivalent alternative position is not available, is a suitable, vacant, lower-level position available that the individual is qualified for; and/or whether a leave of absence or further leave be appropriate.

If needed, Human Resources will investigate matters discussed at the meet and confer session.

E. Final Response

Human Resources will communicate to the individual and applicable staff LVHN’s final response to an accommodation request.
V. CONFIDENTIALITY

All medical information concerning applicants, as well as all medical information concerning current or former LVHN employees will be kept in an Employee Health file. LVHN appropriately limits access to medical information and may disclose medical information to:

- Department Heads, Managers, Supervisors and Human Resources when necessary to fashion restrictions on the work or duties as a reasonable accommodation;
- First aid and safety personnel, when appropriate, if it may be necessary for such personnel to provide emergency treatment to an individual with a disability;
- Government officials investigating compliance with the ADA or other disability related laws; and
- Insurance companies for insurance purposes.

VI. DISTRIBUTION


VII. APPROVAL

_________________________ Vice President, Human Resources ______________
Signature    Title      Date

_________________________ Chief Operating Officer           ______________
Signature    Title      Date

VIII. POLICY RESPONSIBILITY

Director of Human Resources Operations

IX. REFERENCES


X. REVISIONS

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law.

XI. ATTACHMENTS

Form: Lehigh Valley Hospital and Health Network – Verification of Request for Accommodation Under The Americans With Disabilities Act.

XII. DATES

Origination: 01/07    Last Review: 7/11    Next Review: 7/13
Lehigh Valley Health Network

Verification of Request for Accommodation
Under The Americans With Disabilities Act

This form will be completed by Human Resources when meeting with an individual who believes he or she has a disability that requires a reasonable accommodation. The individual seeking the accommodation will be asked to verify information written below and to confirm its accuracy, by signing this form. This form is confidential, and will be used only in a manner consistent with the provisions of the Americans with Disabilities Act (ADA).

Name: __________________________________________________________

Work Location: ___________________________________________________

Job Title: ___________________________ Department: ___________________

Phone (office): ___________________ (home): _______________________

Disability identified by employee/applicant: __________________________

Position currently held or applied for: ________________________________

List limitations that prevent the employee/applicant from performing one or more major life activities: __________________________

________________________________________________________________

List limitations that prevent the employee/applicant from performing the essential functions of the position: __________________________

________________________________________________________________

List employee’s/applicant’s requested accommodation(s): _________________

________________________________________________________________

Name of authorized LVHN employee completing the form:

________________________________________________________________

__________________  __________________________________________
Date     Signature of Employee/Applicant

This form will be maintained in the Employee Health File
Lehigh Valley Health Network

Verification of Request for Accommodation
Under The Americans With Disabilities Act

This form will be completed by Human Resources when meeting with an individual who believes he or she has a disability that requires a reasonable accommodation. The individual seeking the accommodation will be asked to verify information written below and to confirm its accuracy, by signing this form. This form is confidential, and will be used only in a manner consistent with the provisions of the Americans with Disabilities Act (ADA).

Name: ___________________________________________

Work Location: _______________________________________

Job Title: ___________________________ Department: __________________

Phone (office): ___________________________ (home): __________________

Disability: ___________________________________________

Position currently held or applied for: ___________________________

List limitations that prevent the employee/applicant from performing one or more major life activities: ___________________________

_____________________________________________

List limitations that prevent the employee/applicant from performing the essential functions of the position: ___________________________

_____________________________________________

List employee’s/applicant’s requested accommodation(s): ___________________________

_____________________________________________

Name of authorized LVHN employee completing the form: ___________________________

_____________________________________________

Date ___________________________ Signature of Employee/Applicant

This form will be maintained in the Employee Health File
I. **POLICY**

Lehigh Valley Health Network (LVHN) requires all personnel while on duty and/or while representing or performing network business to maintain standards of dress and grooming that are appropriate for a professional health care environment and adhere to safety and infection control requirements.

All employees and contracted staff are expected to maintain an image of professionalism through appearance, grooming, and conservative dress. Lehigh Valley Health Network reserves the right to make dress code regulations in regard to patient and/or public contact, safety, modesty, professionalism and business judgment.

II. **SCOPE**

All entities within Lehigh Valley Health Network.

III. **DEFINITIONS**

Direct Patient Care – applies to all personnel who as part of their routine daily activities do any of the following:

- Direct hands-on patient care/treatment.
- Perform treatment or procedures on patients.
- Handle equipment/items that are used directly in the care/treatment of patients.

Artificial Nails – are any materials which is attached to the natural nail, included but not limited to plastic press-on nails, acrylic nails, acrylic nail tips, fiberglass, gels, silk wraps, nail extenders, or any additional items applied to the nail surface.

IV. **PROCEDURE**

1. **Clothing** worn by personnel shall be neat, clean, in good repair, appropriate size and may not expose midriffs or undergarments. Spandex, leather, sheer or clinging fabrics are not acceptable. The following are not acceptable: sweat shirts (except for those provided by LVHN), sweat pants, leggings, mini-skirts, jeans, tank tops, tube tops, shorts, walking shorts, bermuda shorts and capri pants, baseball caps (unless issued as part of a uniform), recreational attire, or t-shirts.

2. A neat, **hairstyle** is required as part of an overall well groomed appearance. Extremes in hair styles, hair color, make-up or manicure are not acceptable for any position. Hairstyles should not impede vision and/or present any other safety concerns while performing job duties. Some work areas preclude employees from having any obvious facial hair. Removal of facial hair may be required if facial hair impedes effectiveness of the type of respirator mandated under OSHA standards for specified duties. Hair and beards must be groomed, neat and clean at all times.

3. All personnel are required to wear LVHN issued **photo identification while on duty**. The identification badge shall be worn above the waist with picture visible. The badge must be free from all non-approved LVHN insignia symbol or information. (See Administrative Policy Photo Identification Card).

4. Management reserves the right to request an employee to cover **tattoos** or any other “body art” offensive to customers. If the employee cannot or will not cover the area in question, disciplinary action per Human Resources Policy, HR2000.40 (Counseling, and Discipline).
5. An **insignia**, **button**, or **label** worn will be limited to identifying staff working responsibilities in LVHN or, which distinguishes their profession by licensure, regulation or established LVHN practice.

6. **Jewelry** will be kept simple and appropriate for the position. Earrings are limited to two per ear and may not pose a safety hazard. Visible face or body jewelry (i.e. nose, lip, eyebrow, or tongue jewelry) are not permitted while on duty.

7. Healthcare workers that provide direct patient care are not permitted to wear **artificial nails** or nail jewelry. Natural nails shall be kept short, clean and healthy and not impede job performance and/or create a safety hazard.

8. Staff in designated departments wear specific **footwear** or shoe covers due to the nature of the job. In uniformed areas, athletic shoes of a solid black or white may be worn. Footwear must be clean, in good repair, appropriate and safe for the position. Clogs are permitted. Crocs without holes are strongly preferred. Staff who choose to wear crocs with holes will be required to wear shoe coverings at all times when in the clinical areas. Stockings or socks are to be worn by all staff involved in direct patient care interactions. Flip flops are not acceptable in any department.

9. **Uniforms** and other clothing designated for wear in specific areas such as Operating Rooms, engineering, etc., are to be worn only by personnel assigned to those areas. Personnel will not wear head covers, masks or shoe covers other than in their designated work areas. All coverings shall be removed prior to entering cafeteria or other public areas of LVHN.

10. LVHN staff working in the following departments are permitted to wear **hospital supplied scrub** attire:
   - Anesthesia
   - ASU-OR-17
   - Bum Center
   - Cardiac Cath Labs
   - General Services Contracted Vendor-CC and 17 (assigned to one of the approved areas)
   - Housekeeping-LVH-M (assigned to one of the approved areas)
   - Interventional Radiology (during OR procedures)
   - Labor & Delivery
   - Microsurgery-(during OR procedures)
   - OR’s
   - Pharmacy (assigned to IV/Cleanroom)
   - Rehabilitation Services (assigned to BUM Wound Recovery Center)
   - Respiratory (during OR procedure)
   - SPU-OR-LVH-M
   - Sterile Processing

   a. Scrub attire will be provided by Linen Services on a routine basis.
   b. Staff will don scrub attire on arrival and remove prior to leaving work.
   c. Scrub attire must be placed in an appropriate soiled linen hamper.
   d. LVHN provided scrub attire is not permitted “off property” for any reason.
   e. Removal of scrub attire from LVHN premises will be construed as theft, and appropriate disciplinary action will be initiated.
   f. Personnel are not authorized to leave the LVHN premises while wearing a LVHN owned garment, unless original clothing was damaged or soiled.
   g. Damaged or soiled uniforms shall be exchanged promptly for clean and properly repaired garments in accordance with Contaminated Clothing Policy found in the Infection Control Manual.
   h. Personnel who have an allergy to the detergent used to wash scrubs, documented by an employee health physician, may be authorized to take home 1 CLEAN scrub on a daily basis so it can be washed in personal detergent before wearing the following shift.

11. **Sun glasses** are not to be worn within the LVHN facilities during working hours, unless medically required and must be cleared through Employee Health.
12. All staff is expected to maintain good personal hygiene. Due to close contact with others, deodorant or antiperspirant shall be worn. A light cologne or perfume is acceptable unless it is offensive to others.

13. In keeping with our Smoke Free Environment, healthcare workers that provide direct patient care may not provide care to patients if the staff member has a noticeable smell of tobacco or smoking odor.

14. Departments may establish a casual dress day policy provided all provisions as stated in this policy are maintained at all times.

15. Casual day is acceptable for departments whose staff is not considered “patient care”.

16. A Department Director may choose to implement a Business Casual Day for their respective department following the guidelines as noted below. There will be no exceptions to the guidelines below.

- Business casual day will be observed only on Friday at LVHN.
- Staff are interacting with the public, conducts business outside of the office, or are on location at one of our hospitals, clinics or practices may not wear business casual attire.
- A Lehigh Valley Network identification badge will be worn at all times.
- Business casual attire includes khakis, pants (mid-calf to ankle length is an appropriate length, knee-length pants are not acceptable), cotton skirts, denim skirts and jeans.
- Tops or dresses with spaghetti straps are acceptable if worn with a jacket or sweater.
- Denim/jeans are acceptable provided the clothing is neat, clean, appropriate size, good condition (not torn, ripped, faded, frayed, bleached or stone-washed) and free of any studs, embroidery, jewelry, etc.
- Business casual includes open/collared shirt (polo style) that is neat in appearance. Reasonable fashion logos of clothing designers are permissible (sports logos are not acceptable). LVHN name and logo on clothing and other items are permissible.
- Shoes must be clean, neat and in good repair and safe for the environment. Beach sandals, flip flops and thong sandals are not acceptable in any department or at any time.
- Business casual sandals or open toed shoes are permitted provided it does not present a safety risk and/or limit movement.
- Business casual does not include shorts (Bermuda, walking, city short or Capri), backless or halter tops, midriff tops, low cut/revealing tops, sweatshirts, sweatspants, leggings, stirrup pants, mini skirts, tank tops, tube tops, baseball caps, evening attire (tight fitting, sheer or revealing fabrics), leather pants, recreational attire (fleece or separates), any sports clothing (spandex) or T-shirts (novelty clothing with writing or graphic messages).
- Clothing shall not contain offensive visual images or language, advertisements, or political statements.

17. The Department Director will address non-compliance with the dress code by discussion, sending the employee home (without pay) to change, or other disciplinary action in accordance with the Employee Counseling & Discipline HR Policy 2000.40. Exceptions to the provisions of this dress code may be granted due to a medical condition provided Employee Health Department clearance is obtained. This exception will be applied at the discretion of the Department Director and Division Vice President.

18. During department orientation, staff will be advised of any additional specific departmental dress requirements.

19. Individual departments may establish additional requirements to this dress code however; they may not deviate from the minimum requirements as stated in this policy. Guidance should be obtained from Human Resources to ensure compliance.

20. Personnel dressed inappropriately or violating other provisions of this policy shall be handled in accordance with Human Resource Policy HR 2000.40 (Counseling and Discipline).

21. See attached policy for Dress Code specifics for Clinical Services Personnel.

V. ATTACHMENTS
Attachment A – Clinical Services Dress Code Policy
VI. DISTRIBUTION
Administrative Manual

VII. APPROVAL

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VIII. POLICY RESPONSIBILITY
Human Resources

IX. REFERENCES

CDC Guidelines for Hand Hygiene in Health Care Settings MMWR; October 25, 2002/Vol. 51 No. RR-16.

The Joint Commission 2010 Comprehensive Accreditation Manual for Hospitals.

X. DISCLAIMER STATEMENT

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the departments of Legal Services and/or Risk Management.

XI. REVISION DATES

Origination: October 1988
Reviewed/Revised: June 2003
                          December 2004
                          March 2006
                          July 2009
                          April 2011
I. **POLICY**

It is the policy of Lehigh Valley Health Network (LVHN) that employees are expected to report to work at their scheduled time. The following process outlines the procedure in the event violations occur.

II. **SCOPE**

All personnel.

III. **DEFINITIONS**

A. **Absence** - is defined as failure to be at work, when scheduled, for any reason.

B. **Personnel** - all employees of Lehigh Valley Health Network Inc., residents, and work study students.

C. **Occurrence** - one occurrence is defined as one period of absence, for whatever reason, from scheduled work:

   1. It can be as short as a few hours;
   2. It can be longer, e.g., several days or weeks of convalescence from illness or surgery.

D. **Tardiness** - is defined as that period of time from the scheduled start time to the time the employee becomes productive; For example: employee is scheduled to start (i.e., be productive) at 7:00 a.m. Employee arrives at 7:08 a.m., goes to locker, puts away personals, uses the rest room, and reports to work station at 7:20 a.m.; the employee is 20 minutes tardy.

IV. **PROVISION**

A. **Absenteeism**

If attendance record indicates excessive occurrences in a 12-month period, the Disciplinary Procedure will be followed accordingly:

1. **4 occurrences within 12 months**, will result in a counseling session, either verbal or written.

2. **5 occurrences within 12 months**, written warning (original documents to the personnel file in Human Resources).

3. **7 occurrences within 12 months**, final written warning or suspension by department head with concurrence from appropriate Vice President, or designee, and Human Resources (original documents to personnel file in Human Resources).

4. **9 occurrences within 12 months**, discharge by department head, with approval of Senior Vice President, and review with Human Resources, (original documents to personnel file in Human Resources).
B. **Tardiness**

Tardiness occurrences will be applied to and count towards the absenteeism occurrences.

1. For payroll purposes, when an employee is tardy, he/she will have the amount of pay equal to the tardy period withheld.

C. If an employee returns to work following an absence but finds him/herself unable to work an entire shift, this absence will not count as an additional occurrence.

D. The procedures listed are guidelines to ensure fair treatment and consistency to all employees. Obviously, circumstances may dictate stronger or milder action. Any exceptions to the process must be supported with written documentation from the department head, signed authorization from the vice president or designee, and requires Senior Vice President, Human Resources or designee, approval.

V. **PROCEDURE**

**Action**

A. Notification of absence or tardiness shall be made by the employee to immediate supervisor at least one (1) hour prior to start of designated shift.

B. The employee must report the absence to Employee Health. This information will remain confidential.

   **Preferred option for reporting: (with the exception of Hospice & Homecare staff)**
   1. Open Microsoft Intranet Explorer from home pc.
   2. In the address bar type [http://intranet.lvhn.com](http://intranet.lvhn.com) to access Web-SSO.
      (If remote client not already installed, will receive prompt to install it and reboot.)
   3. Select Intranet from the menu on the left side of browser window, which opens LVHN Intranet page.
   4. Select: Resources-Employee-Employee Sick Line Notice from intranet top menu.
   5. Enter information.

   **Hospice & Homecare staff: 610-969-0300**
   **Alternative for those without remote access:**
   Call (610) 402-9717

   Employee must report their name, position, symptoms, their immediate supervisor and their department.

C. At the time of hire, employees will be advised of more stringent department notification requirements by the department head, which become terms and conditions of employment.

D. Personnel attendance shall be monitored by the department head on a regular basis in order to identify violations.

E. When conducting annual performance evaluations, the number of absent or tardy occurrences as well as improvements during the previous twelve (12) months will be noted.

VI. **ATTACHMENTS**

N/A

VII. **DISTRIBUTION**

Human Resources Policy and Procedure Manual
VIII. **APPROVAL**

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<tr>
<th>Signature</th>
<th>Senior Vice President Human Resources</th>
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<td>Signature</td>
<td>Chief Operating Officer</td>
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IX. **POLICY RESPONSIBILITY**  
**IN COORDINATION WITH:**

Director of Human Resources Operations

X. **REFERENCES**

N/A

XI. **REVISIONS**  
Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. **OTHERS**

N/A

XIII. **DATES**

Origination: 12/89  Last Review: 08/10  Next Review: 08/12  
Revised: 11/11/11
LVHN progressive discipline policy and procedure is designed to provide a structured corrective action process to improve and prevent a recurrence of undesirable behavior and/or performance issues. It has been designed consistent with our organizational values, HR best practices and employment laws.

LVHN reserves the right to combine or skip steps depending upon facts of each situation and the nature of the offense. The level of disciplinary intervention may also vary. Some of the factors that will be considered depend upon whether the offense is repeated despite coaching, counseling and/or training, the employees work record and the impact the conduct and performance issues have on our organization. Lehigh Valley Health Network (LVHN) Management shall conduct formal counseling when needed and ensure proper documentation in order to:

1. Serve as a written reminder of a performance behavior expectation(s) and as information for performance evaluation purposes.
2. Create an awareness of an issue, concern or problem between employee and supervisor and expectation to address such problems.
3. Exemplify levels of performance, attitudes, traits, etc. expected as an employee of LVHN.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between LVHN and its employees.

II. SCOPE

All non–exempt employees except those in their trial period (initial six months of employment). Refer to HR Trial Period policy 1002.80)

Employee Responsibility

It is the duty and the responsibility of every employee to be aware of and abide by existing rules and regulations.

It is also the responsibility of the employee to perform his/her duties to the best of his/her ability and to the standards as set forth in his/her job description or as otherwise established. Employees are encouraged to take advantage of all learning opportunities available and request additional instruction when needed.

Responsibilities of Supervisors, Managers and Directors

The immediate supervisor, manager or director shall approach corrective measures in an objective manner. If the employee’s performance of assigned task is the issue, the supervisor, manager or director should generally look to see that proper instructions, appropriate orientation and training have been given and that the employee is aware of the job expectations. Not only single incidents, but also patterns of poor performance should be of concern as these are indicative of overall performance. If misconduct is the issue, the supervisor, manager or director should takes steps to make sure that the employee has been made aware of the company’s policies and regulations regarding the infraction. If in either case appropriate instruction or information was not communicated, a plan for such communication should be immediately developed and reviewed with the employee.

III. DEFINITIONS

A. Personnel - includes, but is not limited to, all employees, medical staff, allied health professional staff, students, volunteers, and others engaged in any activities in the Network, excluding patients and visitors.

B. Trial Period - first six months of employment and following any transfer or promotion into a new role.
C. **Non-Exempt Employee** – an employee who is paid on an hourly basis and eligible for overtime pay according to the Fair Labor Standards Act and Hospital policy and protocol.

D. **Lehigh Valley Health Network (LVHN) Management** includes employees and medical staff members serving in supervisory and executive positions who direct the work of other employees and/or are responsible for planning and managing a department or Network function.

E. **Confirmation of Counseling** - a verbal discussion between the employee and supervisor defining the issue and expectations to address and resolve the issue and next step should the issue reoccur. The incident is documented by the supervisor indicating the issue, date of discussion and recommended action. A copy is placed in the HR personnel file.

F. **Written Warnings** - instances where the incident is serious violation of policy protocol or behavior (PRIDE), or where the incident involves an additional violation of the same or another policy. Copies of written warnings are placed in the personnel file in HR.

G. **Final Written Warning or Suspension without Pay:**

(1) an additional action beyond counseling with documentation or written warning, or,

(2) in those cases where the conduct is serious enough to warrant more than a warning, but not so serious as to warrant immediate discharge, or

(3) in those cases where the supervisor requires sufficient time to fully review the circumstances of the misconduct in order to determine the appropriate action to be taken.

In all cases of suspension, the Supervisor must review the matter with the department director. All suspensions must be approved by Vice President, department director, and a Human Resources Consultant. Copies of suspension are placed in HR personnel file.

Non-exempt/hourly employees may not substitute or use an accrued paid vacation or sick day in lieu of the unpaid suspension. In accordance with the Fair Labor Standards Act (FLSA), unpaid suspension of salaried/exempt employees is reserved for serious workplace safety or conduct issues. HR will provide guidance so that the discipline is administered consistent with FLSA. Pay shall be restored to the employee if an investigation of the incident or infraction absolves the employee.

H. **Discharge/Termination** procedures shall be used in circumstances described in this policy, or in case of repeated violations of lesser offenses, or in the situation of serious misconduct, determined on a case-by-case basis. All discharges must be approved by department vice Administrator, in conjunction with the human resources consultant and Vice President, Human Resources. Copies of discharge are placed in Human Resources personnel file.

IV. **PROVISIONS**

1. All levels of LVHN Management shall counsel and coach employees as problems arise. Disciplinary procedures shall be implemented when the work rules and procedures are not followed.

   A. Disciplinary actions shall be performed in a consistent and non-discriminating manner.
   B. The goal of disciplinary action is corrective to address and resolve the issue.

2. A disciplinary procedure may involve any of the following steps:

   A. A confirmation of counseling.
   B. A written warning.
   C. A final written warning and/or, suspension of not less then one working day, but not more than ten (10) working days.
   D. Discharge/termination.

The disciplinary action initiated will depend upon the seriousness of the particular offense involved, the time since the last violation of a rule and any other surrounding circumstances.
3. The Human Resources Consultant and/or Manager, Employee Relations staff shall provide consulting advice in any disciplinary event.

4. Repeated warnings about the same issue, or several warnings about different issues may lead to suspension and/or discharge.

5. Unacceptable conduct falling into the following categories will be grounds for counseling with written documentation (i.e., initiating the steps of the disciplinary procedure). In addition, should any of the following categories of conduct be deemed significantly serious, suspension or discharge may result, irrespective of whether prior violations exist.

A. Failure to demonstrate the appropriate behaviors. i.e. PRIDE.
B. Violation of Network/departmental Policies and Procedures, including but not limited to:
   1. Conducting a fictitious leave of absence
   2. Parking against regulations
   3. Engaging in a conflict of interest
   4. Unauthorized absence from the workplace during a scheduled tour of duty
   5. Excessive and/or unsustained improvement of absences or tardiness. Refer to Human Resources Policy 2000.20
   6. Failure to comply with licensure/certification requirements as required by the job.
   7. Failure to maintain patient and computer confidentiality
   8. Causing, contributing to/or failing to report unsafe conditions or incidents.
C. Failure to display acceptable personal behaviors, including but not limited to:
   1. Selling, distributing or soliciting items, not related to LVHN business, to/from patients, visitor or employees (signatures, tips, loans, products, literature or information).
   2. Gambling on premises.
   3. Sleeping during duty hours.
   4. Engaging in unacceptable communications; defamatory, profane or abusive statements directed toward patients, visitors, employees and/or LVHN; offensive humor, practical jokes and/or horseplay.
   5. Smoking on any network site.
   6. Failing to maintain acceptable uniform, grooming and hygiene.
   7. Exhibiting any conduct detrimental to patient care, fellow employees or institutional operations.
D. Negligent use of hospital property and/or use of hospital property for personal purposes, including but not limited to:
   1. Damaging or removing property from the premises.
   2. Use of the phone, copying equipment, computer system, and patient supplies other network equipment (food, linen, etc.) for other than LVHN business.

6. Discharge for violations will normally require a minimum of three (3) previous written disciplinary actions within a rolling twelve (12) months. Immediate discharge may occur for the following infractions:

   1. Physical abuse of patients, visitors, staff or other employee(s). This includes overt negligence of responsibilities or duties that result in physical or psychological harm to patients, visitors, staff or other employee(s);
   2. Willful destruction of patient, visitor, hospital or employee property;
   3. Illegal conduct, including intent to commit illegal acts;
   4. Possession or use of any weapon or potentially lethal instrument on hospital property where the weapon or instrument is not related to the conduct of the job;
   5. Unauthorized possession, use, copying or revealing of confidential information about hospital business and activities, or about a patient's condition, business or activities;
   6. An absence of two (2) days' duration without notice or permission;
   7. Any conduct seriously detrimental to patient care, fellow employee or hospital operations. This includes failure to give emergency assistance or service;
   8. Refusal to obey instructions or assignments (insubordination). “Insubordination” is defined as a deliberate and willful refusal to carry out a proper work-related order. The order must be clearly communicated and stated, “That failure to follow the order will result in termination”.
   9. Refusal/failure to report to a return-to-work conference as designated.
   10. Conviction of a criminal offense related to health care or being listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded healthcare programs. Additionally, suspension will occur and termination may occur in the event an individual is charged with criminal offenses related to healthcare or proposed for exclusion or debarment.
   11. Dishonesty, including but not limited to deception, fraud, lying, cheating or theft.
12. Falsification of records (including time sheets/cards).
13. Theft involving hospital/network property or occurring on the premise.
14. Possession of alcohol, controlled substances on the premises and/or reporting to work under the influence of an intoxicant.
15. Accessing, maintaining or viewing any pornographic material while on duty or using network equipment to access such information.
17. Failure to provide required medical certification for FMLA and/or LOA within time frame required as outlined in Human Resources FMLA and LOA Policy 3001.00 and 3002.00.
18. Failure to provide accurate complete and timely information on the Pre-employment/Medical History authorization and Subsequent Physical Form and/or during the pre-employment physical process.
19. Fighting.
20. Failure to provide accurate, timely and complete information on the LVHN application for employment.
21. Violation of HIPPA policy.

7. Documentation of disciplinary action is maintained in Human Resources employee’s personnel file for the duration of employment, unless Director and employee request that it be removed and approved by the Vice President of Human Resources. Continued actions must be within the next twelve (12) months in order to be considered cumulative.

V. PROCEDURE

1. After a violation has been verified, the manager/department director shall initiate the appropriate step of the disciplinary process. Human Resource Consultant is available to discuss which step might be appropriate.
2. The manager/department director shall review violation with employee making certain to hear their side of the story and obtain all relevant factual information before finalizing the appropriate action.
3. HR-02, Personnel Report shall be used to document a violation.
4. The manager/department head shall complete a Personnel Report Form to accurately describe the issue. In the “Action Taken” section, document expectation to provide the employee with opportunity to correct the behavior or issue (i.e. seek counseling through the Employee Assistance Program) describe what will happen if further violations occur (i.e., further violations of this nature or violation of any other Network policy may result in further disciplinary action up to and including suspension or termination).
5. Upon validation of facts to substantiate disciplinary action, the manager/department director shall obtain the required approvals to initiate a personnel report form.
6. The manager/department director shall conduct a discussion with employee in private area.
7. The manager/department head shall provide the employee with an opportunity to comment on the issue verbally or, in writing on Personnel Report Form and provide the employee with copies of policy(s) that were violated.
8. The manager/department director shall ask employee to sign the documentation attesting to their receipt and understanding of the corrective action outlined in these documents. If employee refuses to sign the document, manager documents on the personnel report form “Employee chose not to sign the document” and provide employee with a copy of the document and related policies.
9. The manager/department director shall forward the completed signed Personnel Report form to Human Resources for filing in the employee’s personnel file.

VI. ATTACHMENTS
Personnel Report Form – see last page (page 6)

VII. DISTRIBUTION
Human Resources Policy and Procedure Manual
VIII. **APPROVAL**

_______________________________  Vice President, Human Resources  
Signature  
Title  
Date

_______________________________  Chief Operating Officer  
Signature  
Title  
Date

IX. **POLICY RESPONSIBILITY**  

IN COORDINATION WITH:

Vice President, Human Resources

X. **REFERENCES**

N/A

XI. **REVISIONS**  

Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. **OTHERS**

N/A

XIII. **DATES**

**Personnel Report**

Use this report to record events which reflect the employee’s behavior in the performance of work/job related situations. Use to record information in general and to document notice or corrective actions being taken.

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID#</td>
<td>Cost Center</td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
</tbody>
</table>

### Purpose of Report (Check One)

- [ ] Confirmation of Counseling
- [ ] Suspension or Final Warning
- [ ] Warning
- [ ] Discharge

Date(s) of Event: _____

Describe Circumstances: _____

Action Taken: _____

The employee was provided with the telephone number of the Employee Relations Specialist: 484-884-0148.

Employee’s Comments: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I was interviewed about the current incident before this action was taken. [ ] Yes [ ] No

I have received information about the LVH Fair Treatment Process policy. [ ] Yes [ ] No

I understand I have 7 days from the date of this action to pursue the Fair treatment Process by contacting the Employee Relations Specialist at 484-884-0148. [ ] Yes [ ] No

I have read this report and have been given an opportunity to comment. My signature acknowledges that I have read and received a copy of this report.

Employee’s Signature: ___________________________ Date: ________________________

Supervisor Signature: ___________________________ Date: ________________________

Supervisor’s Printed Name: _______________________

Administrative Officer Signature: ___________________________ Date: ________________________

H.R. Officer Signature: ___________________________ Date: ________________________

DISTRIBUTION: [ ] Original to Human Resources [ ] Copy to Employee [ ] Copy to Supervisor

w/human resources/personnel report template or HR Website/manager resources/performance management Revised/Effective 11/1/2011
I. POLICY

The management of Lehigh Valley Health Network shall promptly resolve all concerns that are appropriate for internal resolution. An appropriate grievance is defined as an employee’s expressed dissatisfaction concerning any interpretation or application of work-related policy by management, supervisors, or other employees. The Fair Treatment Process has four (4) steps, but work related issues may be resolved at any step in the process and need not proceed through each step. This is an internal process that does not allow third party representation.

Grievances that raise issues of sexual harassment, reasonable accommodations needed for a disability, or unlawful discrimination will be addressed through the procedures set forth in the applicable Human Resources policies pertaining to those issues.

Retaliation of an employee or witness for initializing or participation in the Fair Treatment Process will not be tolerated or condoned.

II. SCOPE

Full-time and regular part-time non-exempt and exempt non-management employees. Fair Treatment Process does not apply to supervisory employees, temporary employees, or residents and fellows in graduate medical education programs.

II. DEFINITIONS

A. Employee Relations Specialist – a person employed by the network responsible for assisting employees and management with employee relations through uniform application of policies and procedures. Serves as a resource to staff and management regarding resolution of work-related issues through the Fair Treatment Process.

B. Supervisory Employees - those employees whose activities and duties identify them as such according to the guidelines established by the National Labor Relations Act. Immediate supervisor provided day-to-day guidance, direction, coaching and discipline to the employee.

C. Working/Business Day - a working day, for response time as referred to in this policy, is Monday through Friday.

IV. PROCEDURE

The Fair Treatment Process is a method whereby employees who believe they are not being treated fairly may raise a concern in the form of dispute resolution process and obtain a response from management as to whether their concern is valid and if so, how that concern will be resolved. The Employee Relations Specialist will be available to assist the employee in presenting the concern to management and may counsel management on an effective resolution to that concern.

Action

A. Step One - Discuss With Immediate Supervisor

1. The employee shall first discuss the concern with their immediate supervisor within seven (7) working days. If an informal discussion with the immediate supervisor does not resolve an employee’s problem, concern or dispute, the employee may promptly contact the Employee Relations Specialist to discuss the matter and steps provided in the Fair Treatment Process.
2. The employee shall complete the Fair Treatment Process form in three working days from discussion with immediate supervisor and submit the form to the next level of management (e.g., Manager, Department Director, Administrator, Vice President, Senior Vice President) and the Employee Relations Specialist to initiate the Fair Treatment Process. The Fair Treatment Process Form can be found on the HR webpage.

3. The next level management (Manager, Department Director, Administrator, Vice President, Senior Vice President) will investigate the problem and attempt to resolve it. A response will be provided to the employee in writing on the form within seven (7) working days from the date the employee raised the issue. However, in situations where the employee's problem relates to the immediate supervisor, and/or the employee does not feel comfortable talking to the next level of management, the employee may consult directly with the Employee Relations Specialist, or the department's Human Resources Consultant. For guidance to go to Step 2.

4. If the discussion does not resolve the issue to mutual satisfaction assistance may be sought from the Employee Relations Specialist to determine appropriateness of proceeding to the next step (Step Two).

B. Step Two – Request to Supervisor’s department head (Department Director, Administrator, Vice President, Senior Vice President)

1. The employee has seven working days to initiate a request for Step Two. Once the decision to proceed to the next step is determined, the Fair Treatment Request Form will be delivered to the appropriate member of management (Department Head, Vice President, Administrator or Director) within 3 working days of being filed to initiate Step 2.

2. The meeting with the supervisor and their supervisor’s department head (Director, Administrator, Vice President, Senior Vice President) will be arranged within fifteen (15) working days after the statement is filed by the Employee Relations Specialist or received by supervisor.

   a. The department’s Human Resources Consultant has responsibility to ensure Steps Two, Three and Four occur in accordance with policy. The Human Resources Consultant, in collaboration with the Employee Relations Specialist, shall provide counsel to both staff and management as well as provide insight for grievance process decision makers.

3. Representatives at the meeting include Employee, Employee Relations Specialist, Immediate Supervisor and Supervisor’s Department Head. The Human Resources Consultant will serve as the facilitator for the meeting.

4. To ensure the Director, Vice President, Administrator, or Director have all the necessary information upon which to base a decision, the names of up to two (2) employees, who witnessed the incident may be submitted by the employee and immediate supervisor. If an employee is called as a witness, he/she shall be compensated for the time spent in the meeting.

5. Only witnesses with first hand knowledge of the incident may be asked to be present at the meeting. (In the event a person identified as an employee witness leaves the employ of the Network prior to the meeting, that person shall be recognized as an employee for this matter only, provided he/she left the employ in good standing).

7. The supervisor’s department head shall provide an answer to the employee within seven (7) working days after the meeting. A copy shall also be provided to the Vice President of Human Resources.

C. Step Three - FAIR TREATMENT PROCESS/Review Committee

1. If the employee is not satisfied with the decision of management at Step 2, a written request may be filed with the Manager, Employee Relations requesting to pursue the Fair Treatment Process Committee Review. This request must be filed within seven (7) working days after receipt of Step Two decision. The employee may request assistance from the Employee Relations Specialist to initiate this step and prepare for the Committee meeting. No new issues will be presented during Step Three. Only those Issues addressed in Steps One and Step Two of the FTP may be addressed.
Action

2. Vice President of Human Resources or designee shall be informed by the Employee Relations Manager of the employee’s desire to proceed on the Fair Treatment Process – Step Three.

3. Members of the Review Committee will be selected by the Human Resources Consultant and, Employee Relations Specialist. A meeting convenient for all parties will be scheduled within the time frame stated below. The Fair Treatment Process Review Committee will consist of three (3) members from management who do not supervise any of the involved parties. It is the responsibility of all managers within the network to be trained and to serve on the Review Committee as requested. The committee members shall represent leaders across the Network shall be asked to serve for a twelve (12) month period. Members shall be rotated to participate in Step Three.

4. The Review Committee will meet within fifteen (15) working days after the employee files the request with the Manager of Employee Relations. The Manager of Employee Relations will arrange for the meeting and provide written confirmation of meeting date/time/place to the Review Committee, Employee, Employee Relations Specialist and Witness(s). An employee called to participate as a witness shall be compensated for time spent at the meeting.

5. The Chair Person of the Committee will be selected by the Committee members.

6. Up to two (2) Network employees who have relevant, first-hand knowledge of the issues and facts may be requested to participate in the meeting. These employees must be the same two (2) employees in Step Two.

7. An employee may ask to appear before the Review Committee and attend only for the purpose of providing first hand information relevant to the issue being discussed. Their participation will be limited to responding to questions relevant to the issue being addressed in the Fair Treatment Process Review Committee Meeting. The employee may not attend the entire meeting and will be paid for time spent in the Review Committee Meeting.

8. Copies of the employee’s statement and the supervisor’s response will be provided to Fair Treatment Process Review Committee members prior to the meeting.

9. Other persons who have relevant, first-hand knowledge of the issues and facts of the Fair Treatment Process may be asked to attend the meeting by the Review Committee.

10. In rendering a decision, the Review Committee shall be strictly limited to determining whether policy or procedure was properly applied, or whether the conduct at issue actually occurred. The Review Committee cannot change policy or provide a different interpretation of policy than the interpretation of policy provided by the Vice President, Human Resources or designee, who shall act as a resource to the Review Committee in the event questions arise pertaining to policy or policy interpretation.

11. A written decision shall be provided to the employee within seven (7) working days after the Review Committee meeting. If there is an unusual situation that would warrant a delay in rendering a decision within seven (7) working days, the Vice President, Human Resources shall be notified immediately. The final decision shared with the Employee Relations Specialist and Human Resources Consultant for review prior to forwarding same to employee. The Review Committee’s decision is final, except in cases of dismissal for qualified employees. Such termination requires approval of Vice President of Human Resources.

D. Step Four - FAIR TREATMENT PROCESS - Outside Arbitrator

A terminated employee (who completed six months of service) may proceed to Step Four. At Step Four, the employee request shall be heard by an arbitrator not associated with the Network.

1. Within seven (7) working days after receiving a decision from the Step Three - Fair Treatment Process Review Committee, the employee may ask the Employee Relations Specialist to file a request to appear before an independent outside arbitrator. The Employee Relations Specialist shall advise the employee of the financial costs of pursuing this step prior to initiating the request for an Arbitrator.

2. This request setting forth the issues and basis for the request shall be filed with the Vice President of Human Resources or designee, who will inform the employee’s supervisor. Issues not previously addressed in Step One, Two or Three shall not be considered.
Action

3. An independent outside professional arbitrator shall be selected for this hearing from a panel of arbitrator’s names submitted by the Federal Mediation and Conciliation Agency in Washington, D.C. If the final decision is in favor of the employee, the Network will pay for all arbitration expenses. If the final decision is made in favor of the Network, the employee shall be responsible for half of the arbitrator’s fee. The employee will be advised of this provision in writing before proceeding with arbitration and will be required to submit $200.00, prior to the commencement of the arbitration. This will constitute a deposit that shall be refunded to the employee if the arbitration results in his/her favor. In the event of a decision rendered in favor of the Network, the deposit shall be applied to the total amount owed by employee. The employee may be asked to sign a promissory note in order to enforce the agreed upon commitment.

4. In addition to the Arbitrator and the Vice President, Human Resources, or designee, attendance at the hearing shall be limited as follows:

   a. The employee will be accompanied by the Employee Relations Specialist to assist him/her to whatever degree the employee believes will be most helpful. Either the employee or the Employee Relations Specialist shall be free to make statements at the beginning and at the end of the arbitration and to provide documents and other evidence to the Arbitrator that is relevant to the issue at hand.

   b. Management will be represented by the employee’s supervisor or designee. A written statement in response to the Fair Treatment Process request may be provided and a statement may be made at the beginning and at the end of the arbitration. Documents and/or other evidence relevant to the issues at hand may also be submitted to the Arbitrator.

   c. Arbitrator shall be provided with a resource in the person of the Vice President, Human Resources or designee, for matters pertaining to the Network’s Fair Treatment Process policy and/or procedures, and any policies at issue and how those policies and/or procedures are to be interpreted.

   d. Up to two (2) persons who have relevant, first-hand knowledge of the issues and facts of the Fair Treatment Process may be called as witnesses for each side. Witnesses must be employees of the Network. The employees must be the same two employees in Step II; or where the incident in question involved patients or Network visitors, such witnesses may be those patients or Network visitors. Witnesses may only be questioned by the Arbitrator. Employee witnesses shall be compensated for time spent at the arbitration.

   e. All witnesses shall be requested to remain outside the hearing room, except while testifying.

5. The arbitration hearing will be arranged at a convenient location in the Network as soon as possible, but in no event longer than sixty (60) days from the date the request for arbitration and deposit have been received. An official written transcript of the hearing will be made by a court reporting services retained by the Legal Services Department. The written transcript will be maintained as official Network records and will be identified as official Network property subject to the sole control of the Network. In deciding the matter, where the dismissal is based on the violation of any policy or procedures(s) of the Network or a department, the Arbitrator shall be strictly limited to determining whether such policy or procedure was appropriately followed or whether a violation did, in fact, take place. Therefore, the Arbitrator shall have no authority to reject or modify any of the policies, standards or benefits of the Network - either on behalf of the Network or the employee. The Vice President of Human Resources or designee shall act as a resource to the Arbitrator on any relevant policy or procedure and the interpretation of such policy or procedure that the Arbitrator must follow.

6. Since the Network Fair Treatment Process provides a means for promptly filing an Fair Treatment Process to reverse any previous disciplinary action taken (such as previous warnings or suspensions); the arbitration hearing may not be used to review previous disciplinary actions. In other words, only the discharge may be contested.

7. A written decision, including date of decision shall be provided to the Vice President of Human Resources, including an explanation for the decision shall be provided.

8. The decision rendered within the authority given to the arbitrator will be accepted by the Network and the employee as final step in the Fair Treatment Process.
Action

9. All documentation of the Fair Treatment Process will be maintained in the employee’s personnel file, except for the written transcript of the arbitration proceeding. Access to this information will be limited to those with a right or need to know as determined by the Vice President of Human Resources.

V. ATTACHMENTS

N/A

VI. DISTRIBUTION


VII. APPROVAL

_________________________  Vice President, Human Resources
Signature  Title  Date

__________________________  Chief Operating Officer
Signature  Title  Date

VIII. POLICY RESPONSIBILITY  IN COORDINATION WITH:

Vice President, Human Resources

IX. REFERENCES

None

X. REVISIONS  Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XI. OTHERS

None

XII. DATES

LVHN Fair Treatment Process (FAIR TREATMENT PROCESS)
Dispute Resolution Form
(Management Personnel)

Date: ___________________________

Employee Name: ___________________________          Facility: ___________________________

Job Title: ____________________________         Department: ________________________

Date of Hire: ____________________________        Date in Current Position: _______________

Supervisor: ____________________________

STEP One – FTP Request - Immediate Supervisor.

1. Please describe below with as much detail as possible the issue or problem that you would like your supervisor to help you resolve (attach additional sheets and relevant documentation if necessary).

2. How would you like to see this issue or problem resolved? Please state succinctly the desired resolution:
Immediate Supervisor’s Response to STEP One (attach additional sheets if necessary):

_______________________________________________  _________________
Immediate Supervisor Signature      Date
STEP Two – FTP Request next level management (Department Director, Administrator, Vice President, Senior Vice President).

___________ I Do wish to appeal this grievance to Step 2

___________ I Do not wish to appeal this grievance to Step 2

___________________________________________  ______ ______________
Employee Signature        Date

Response to STEP Two (attach additional sheets if necessary):

____________________________________________  _____ ______________
Immediate Supervisor Signature     Date

____________________________________________
Immediate Supervisor’s Title
STEP Three – FTP Request – Committee

___________ I Do wish to appeal this grievance to Step 3

___________ I Do not wish to appeal this grievance to Step 3

___________________________________________  ______ ______________
Employee        Date

Response to STEP Three Grievance (attach additional sheets if necessary):

Panel Selected:

1.

2.

3.

____________________________________________  _____ ______________
Committee Chairperson Signature     Date

Effective 8/1/11
Fair Treatment Process (FAIR TREATMENT PROCESS)
Request for Arbitration

I am not satisfied with the decision of the FAIR TREATMENT PROCESS Review Committee regarding my dispute and submitted under the LVHN’s Fair Treatment Process. Therefore, I hereby request that my dispute be submitted to arbitration pursuant to the final step of the FAIR TREATMENT PROCESS.

The arbitration shall be conducted under the Federal Arbitration Act and the procedural rules of the American Arbitration Association (“AAA”).

If the final decision is made in my favor, the Network will pay for the entire cost of the arbitration. If the final decision is made in favor of the Network, I will agree to be responsible for and pay for half of the total costs of arbitration due and payable within thirty (30) days of the decision. I will be required to submit Two Hundred ($200.00) Dollars deposit prior to the scheduling of the arbitration. This will constitute a deposit that shall be refunded to me if the arbitration results in my favor. In the event of a decision rendered in favor of the Network, the deposit shall be applied to the total costs of arbitration.

_____________________________________________________ _________________________
Employee Signature       Date

_____________________________________________________ _________________________
LVHN Representative Signature     Date

____________________________________________________
LVHN Representative Title

Rev. 8/2011
POLICY

It is the Lehigh Valley Health Network's and its subsidiaries' (hereinafter referred to as LVHN) policy to cooperate with employees who need to be absent from work for valid reasons and who do not otherwise qualify for family/medical leave of absence during regularly scheduled work periods by providing leaves of absence.

I. SCOPE

All employees are eligible to be considered for medical and military leaves of absence upon meeting any regulatory eligibility requirements for such leaves when hired. (See General Provisions). Employees who have been employed for six (6) months or more are eligible for personal leave of absence.

II. DEFINITIONS

Accrued PTO - PTO hours designated in employee's record for a given fiscal year.

Business Day – Monday through Friday, excluding LVHN recognized holidays.

Commensurate Position - a position for which the employee is qualified, that is, the same classification (full-time, part-time) and pays a salary that is within one grade of the employee's regular position. All other items and conditions such as shift or number of hours of work for part-time may change.

Earned PTO - that portion of accrued PTO that has been earned up to the first day of a leave period.

Family Medical Leave Act (FMLA) - a law effective August 5, 1993, as amended, entitling eligible employees up to twelve (12) weeks of unpaid leave per rolling twelve (12) month period. Qualified leaves may include the birth, adoption or foster care of a child, to care for a spouse, child or parent with a serious health condition or when unable to work because of own serious personal health condition or “Qualifying Exigencies” for a spouse, son, daughter, or parent who is a “Covered Military Member”. Qualified leaves may also include care for a spouse, son, daughter, parent or next of kin who is a “Covered Service Member” with a serious health condition or injury. LVHN shall grant eligible employees up to twenty-six (26) weeks of unpaid leave per a twelve (12) month period of care of a spouse, son, daughter, parent or next of kin who is a “Covered Service Member” with a serious health condition or injury.( See Family and Medical Leave Policy #HR 3001.00).

Leave of Absence (LOA) - absence from work, with or without pay, for a specified period of time of more than three (3) consecutive calendar days, as approved by LVHN.

Medical Leave – a LOA absence from work for illness or disability, which does not qualify for FMLA and/or is not an approved absence provided as a reasonable accommodation under the Americans with Disabilities Act. (See HR Policy # HR 1001.15 Americans with Disabilities Act and the Interactive Process for Requesting a Reasonable Accommodation).

Military Leave - a leave approved for service in the uniformed services in accordance with the Uniformed Services Employment and Reemployment Act of 1994 (USERRA). Subject to those exceptions enumerated by USERRA, an employee who has performed service in the uniformed services for a cumulative period of five (5) years while employed by LVHN does not retain reemployment rights with LVHN.

Personal Leave - a LOA for extenuating personal circumstances that does not qualify under the Family and Medical Leave Act of 1993, as amended, or needed for educational reasons.
III. GENERAL PROVISIONS

A. The ability of LVHN to deliver the finest possible quality of patient care is of paramount importance. The personal needs of the employee must be balanced against departmental needs, patient care delivery, and business needs.

B. Medical and Personal Leave requests will be granted or denied by the responsible Department Head based upon consideration of: the purpose of the requested LOA; the current and projected needs of the department including the amount of time that a position can remain vacant; length of requested LOA; ability to return to work after the requested LOA; and, the ability to hire, train and compensate any replacement worker(s).

C. Individuals employed less than six (6) months are not eligible for Personal LOA.

D. No Medical or Personal LOA shall be granted to any employee who does not reasonably expect to return to work at the end of the leave.

E. No Medical LOA or combination of leaves of absence, including FMLA, but excepting military leaves will be granted for more than 180 consecutive days. Personal LOA’s will be limited to 60 days. Employment will be terminated on the one hundred eighty-first (181st) day unless there is a definite date of return requiring a short extension beyond 180 days, if such a request may be reasonably accommodated. Extensions in such situations require Human Resources, Employee Health Services and Department Head approval.

F. Holding other employment during a Medical or Personal LOA may constitute grounds for immediate dismissal, unless approved in advance by Human Resources.

G. All employees requesting LOA’s are encouraged to contact the Employee Health Disability Counselor regarding the leave request and approval process. Employees may contact a Human Resources Benefit Counselor regarding available sick and PTO time.

H. LVHN may require an employee on FMLA leave to report periodically on the leave status and intent to return to work. Requests for information must be answered within five (5) business days from the date of contact.

IV. SPECIFIC PROVISIONS FOR MEDICAL LEAVE OF ABSENCE

A. Benefits and Compensation

1. Employees who have been employed for six (6) months or more and are on an approved Medical LOA are required to use accrued sick time, then earned PTO. Sick time and PTO do not accrue during a LOA.

2. Employees who have completed less than six (6) full months of employment will be required to use earned PTO.

3. Sick time and PTO do not accrue during a LOA.

4. Exempt Management and Physicians are eligible to use sick time upon hire.

5. Employees are encouraged to contact a Human Resources Benefit Counselor regarding available sick and PTO time when planning a LOA.

6. Full time employees who have been employed for six (6) full months prior to the start of the LOA, and are on an approved Medical LOA may be eligible for Short Term Disability
Benefits provided all accrued sick and earned PTO has been exhausted and has been medically approved by Employee Health.

7. Employee continues to receive all applicable life, health and dental coverage and employee discounts. Employee must pay required premiums as necessary if they are no longer receiving a paycheck. Failure to do so will jeopardize benefit coverage. Employees must contact a Benefits Counselor to initiate payments.

8. Employees who have not yet completed their benefit waiting periods when the leave began will have their waiting periods stopped at the commencement of the leave, but will return at the same point as when they left.

9. Full time employees who intend to return part-time will continue to carry fulltime benefits for the length of the LOA and will be considered part-time upon their return from the LOA.

10. In accordance with Payroll guidelines, any overpayment of sick time or PTO must be repaid.

11. If the employee returns to work at LVHN within sixty (60) days from the date of termination, the employee will return with all seniority attained prior to the leave of absence.

B. Returning to work after a Medical Leave of Absence

1. When an employee with less than six (6) months of active employment is approved for a Medical LOA, their position will be held for the amount of time requested and approved by the Department Head prior to the start of the LOA, up to a maximum of sixty (60) days, based upon the current needs of the department.
   a. If the employee is medically able to return to work within the approved time frame (maximum of sixty (60) days), they will return to their previous position.
   b. If the employee is unable to return to work and perform the essential functions of their job with or without reasonable accommodation within the approved time frame (maximum of sixty (60) days), they will be terminated from employment unless a contractual agreement specifies otherwise.

2. When an employee with more than six (6) full months of employment who does not otherwise qualify for a FMLA begins an approved Medical LOA, their position will be held for the period approved by the Department Head at the start of their leave.
   a. If the employee is medically able to return to work within the approved time frame, they will return to their previous position.
   b. Should there be a medical necessity to extend the leave beyond the approved period, and the employee's previous position has been posted and filled, the employee will be given the opportunity to apply for available positions in LVHN for which they are qualified within thirty (30) calendar days following their medical release. If no position is obtained, they will be terminated effective the thirty-first (31st) day.
   c. If an employee with more than six (6) full months of employment cannot return to work and perform the essential functions of their job with or without reasonable accommodation, no leave of absence or combination of leaves of absence will be granted for more than one hundred eighty (180) days absent an extension based upon the reasonable accommodation of a disability. (See Section III, General Provisions, Paragraph D).
3. A medical leave will require a physical capacity checklist and/or certification from the healthcare provider to Employee Health Services that the Employee is able to resume the essential functions of his or her job and be medically cleared to return to work. Additionally, the Employee may be required to have Fitness for Duty Evaluation through Employee Health Services.

V. SPECIFIC PROVISIONS FOR PERSONAL LEAVE OF ABSENCE

A. Benefits and Compensation

1. Employee continues to receive all applicable life, health and dental coverage and employee discounts for the first sixty (60) days. Employee must pay required premiums as necessary if they are no longer receiving a paycheck. If the employee does not return after sixty (60) days and is terminated, they may be eligible to continue benefits under COBRA.

2. Employees who had not yet completed their benefit waiting periods when the leave began will have their waiting periods stopped at the commencement of the leave, but will return at the same point as when they left.

3. Employees on an approved Personal LOA must exhaust earned PTO hours, thereafter the leave is an unpaid leave of absence. PTO balance will be adjusted at the start of the leave to reflect actual time earned prior to the start of the leave. Employees may contact a Human Resources Benefits Counselor regarding available PTO. PTO time does not accrue during a personal LOA.

B. Returning to work after a Personal LOA

1. When an employee begins a personal leave of absence, his/her same position will be held for his/her return for the amount of leave time approved at the start of the leave by the responsible Department Head. The approval may be no more than 60 calendar days.

2. Should the employee choose not to return to work within the approved time period (maximum of 60 days), the employee will be considered resigned from his/her position.

VI. SPECIFIC PROVISIONS FOR NON FMLA MILITARY LEAVE OF ABSENCE

A. Benefits and Compensation

1. Employee continues to receive all applicable life, health and dental coverage and employee discounts for the first sixty (60) days. Employee must pay required premiums as necessary if they are no longer receiving a paycheck.

2. Employees will be permitted to use earned PTO, if they have been employed with LVHN for six (6) full months, if they choose to do so. PTO will not continue to accrue during a Military LOA.

   a. If training is scheduled during PTO, the employee may keep both the military pay and PTO pay.

   b. If training is scheduled during work time and the employee does not elect to use earned PTO, LVHN will pay the difference between the total military gross pay (if less) and the employee’s regular base pay.

   c. If called to active duty, earned PTO time only can be used. LVHN will NOT pay any difference in military pay and employee’s regular base pay.
3. Health benefits will continue for employee and family for 24 months from start of leave. For leaves in excess of 31 days, LVHN can require the employee to pay 102% of the full premium under the health benefit plan.

4. Optional benefits such as dental, vision and FSA’s will continue for 6 months provided that required premiums are submitted to the Benefits Counselor.

5. Group Life Insurance coverage ends 60 days from start of leave; conversion of coverage to individual available upon request.

6. Full time employees are entitled to all non-seniority rights and benefits during a period of service that LVHN provides to similarly situated employees pursuant to an employment contract, agreement, policy, practice or plan.

B. Returning to work after a non FMLA Military LOA

1. Provided the service member meets applicable criteria, USERRA Regulations will be followed.

   a. returning service members are to be reemployed in the job that they would have attained had they not been absent for military service, with the same seniority, status and pay, as well as other rights and benefits determined by seniority.

   b. reasonable efforts (such as training or retraining) will be made to enable returning service members to qualify for reemployment.

   c. if the service member cannot qualify for the “escalator” position (as defined under USERRA Regulations), he or she must be reemployed, if qualified, in any other position that is the nearest approximation to the escalator position and then to the pre-service position.

   d. while an individual is performing military service, he or she is deemed to be on a furlough or leave of absence and is entitled to the non-seniority rights accorded other similarly-situated individuals on non-military leaves of absence. The time limits for returning to work are as follows:

   (1) Less than 31 days service. By the beginning of the first regularly scheduled work period after the end of the calendar day of duty, plus time required to return home safely and an eight hour rest period. If this is impossible or unreasonable, then as soon as possible.

   (2) 31 to 180 days. The Employee must apply for reemployment no later than 14 days after completion of military service. If this is impossible or unreasonable through no fault of the Employee, then as soon as possible.

   (3) 181 days or more. The Employee must apply for reemployment no later than 90 days after completion of military service.

   (4) Service-connected injury or illness. Reporting or application deadlines are extended for up to two years for persons who are hospitalized or convalescing.
VII. PROCEDURE

A. Action for requesting / granting / monitoring a Medical LOA

1. If an employee expects to be out more than three (3) days, he/she should request a Medical LOA. If he/she does not qualify for an FMLA LOA as determined by Employee Health Services, he/she will be eligible for a Medical LOA. The department head will determine if medical leave can be granted. (Refer to Provisions III.B. regarding approval or denial of leave request). Notification of supervisor that a leave is needed must occur within seven (7) days of the 1st day out of work in order for the department head to approve or deny.

2. Employees must obtain a LOA Checklist and Family and Medical Leave Written Request Form (Attachments B and C) from Employee Health, the Department Head or the HR Website under Forms. The employee shall complete their portion of the request and have it signed by the department head acknowledging the request. A Certification of Healthcare Provider form (Attachment D) will be provided to his/her treating physician or specialist for completion. The completed leave of absence request and Certification of Healthcare Provider form should be returned directly to Employee Health Services.

3. If the request is approved by the Department Head, the Department Head must complete a Personnel Action Form (PAF) in HRIS. The start date of the leave is the first missed day of work, or in the case of per diem, weekend, or part time work, the disability date certified by the Employee’s physician.

4. A letter for formal approval or denial of the leave request will be sent via mail to the employee, and copied via email to the supervisor by Employee Health Services.

5. Monitoring a Medical LOA

   a. The employee’s status during the leave will be monitored by the Department Head. The employee is required to respond within five (5) business days to a request from the Department Head for an update of their return status. Failure to respond within this timeframe may result in termination of employment.

   b. If the department head can not hold the position beyond the original approved amount of time and the employee requires an extended absence, the department head will contact the employee to inform the employee that the position is being posted.

   c. Employees must notify their department head at least two (2) weeks before the end of any Medical LOA to verify their return date and allow for proper scheduling. If the Employee’s position has been posted and filled, the employee will be referred to Human Resources for guidance in finding a commensurate position within LVHN. The employee’s ability to return to work in the original or another position will be determined after a fitness for duty examination in Employee Health Services.

B. Action for requesting / granting / monitoring a Personal LOA

1. If an employee expects to be out of work for more than three (3) scheduled days for other than medical or military reasons, he/she must submit a written request for a personal leave of absence (Attachment A). The request must include the start and end date for the LOA and the reason the LOA is needed. The completed form will be provided to the Department Head.
2. The Department Head can approve or deny a request depending on staffing needs of the department, anticipated time requested from work as requested by the employee, a reasonable expectation that the employee will return to work at the end of the leave period, and the ability to hire, train and compensate any replacement worker(s).

3. The Department Head must complete the Manager’s section of the Request for Personal Leave of Absence form, noting their approval or denial of the request and forward to Employee Health Services. Employee Health Services will review the stated reason for the leave request and determine if the employee or reason for request may otherwise qualify for FMLA. If it is determined that the employee and reason for the request qualify for FMLA, the Department Head and employee will be notified by Employee Health and the employee will be given an opportunity to apply for an FMLA (see FMLA policy, HR # 3001.00).

4. A formal letter of approval or denial will be sent to the employee by the Employee Health office and a copy emailed to the Department Head.

5. If approved, the Department Head must submit a Personnel Action Form (PAF) in HRIS in accordance with Payroll Guidelines to start the leave as of the requested start date of leave.

6. Monitoring a Personal LOA
   a. The employee’s status during the leave will be monitored by the Department Head. The employee is required to respond within five (5) business days to a request from the Department Head for an update of their return status. Failure to respond within this timeframe may result in termination of employment.
   b. Employees must notify their department head at least two weeks before the end of any personal LOA to verify their return to work and to allow proper scheduling. If the employee is unable to return after the designated and agreed upon timeframe, the employee will be considered resigned and removed from the payroll.
   c. Personal leaves may not exceed sixty (60) calendar days.

C. Action for requesting / granting / monitoring a non FMLA Military LOA

1. The employee or an “appropriate officer” who is defined by USERRA to include a commissioned, warrant or non-commissioned officer authorized to give such notice by the applicable military service, needs to give written or oral advance notice of military service to their supervisor unless military necessity prevents the giving of such notice.

2. The Department Head will complete a Personnel Action Form (PAF) in HRIS in accordance with Payroll Guidelines to begin the LOA as of the effective date of military service.

3. A letter of formal acknowledgment of the leave will be sent to the employee and a copy emailed to the department head by Employee Health Services after receiving benefit information from the Benefit Counselor in Human Resources.
4. Monitoring a non FMLA Military LOA
   a. The employee shall make a reasonable effort to communicate their estimated return date to the current department head. If their position could not be held for the length of the military leave, the employee will be referred to Human Resources for assistance in obtaining a commensurate position within LVHN upon their return.

VIII. ATTACHMENTS
   A. Personal Leave of Absence Request Form
   B. FMLA / LOA Checklist
   C. FMLA / LOA Written Request Form
   D. Certification of Healthcare Provider for Employee’s Serious Health Condition
   E. Leave of Absence at a Glance Grid
   F. Leave of Absence Flowcharts

IX. DISTRIBUTION

X. APPROVAL

<table>
<thead>
<tr>
<th>Signature</th>
<th>Senior Vice President, Human Resources</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Chief Operating Officer</td>
<td>Date</td>
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</table>

XI. POLICY RESPONSIBILITY IN COORDINATION WITH:
Director, Human Resources

XII. REFERENCES

XIII. REVISIONS Statement of Rights as follows:
Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.
REQUEST FOR PERSONAL LEAVE OF ABSENCE

Date of Request: ____________________________
Employee Name: ____________________________
Employee ID/Social Security number: _________________
Start Date of Leave: __________/________/______  *must be specific date
End Date of Leave: __________/________/______  *must be specific date

I understand that I am expected to return to work on the above noted date. In the case of extenuating circumstances, I understand that it is my responsibility to contact my supervisor and request an extension of my leave no later than (2) weeks before the end of this leave period. I also understand that approval of the extension is at the discretion of my supervisor contingent upon meeting the staffing needs of the department. I understand that the position is not guaranteed beyond the approved dates and failure to return to work will result in termination of my employment. The maximum time this leave will be approved will be 60 calendar days.

Reason for Request:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Employee Signature ____________________________ Date ________________

Manager Section

☐ Approved     ☐ Not Approved, Reason ____________________________________________
Manager’s Signature ____________________________ Date ______________________

*Manager must make a copy for department file and forward original to Employee Health Services*
*Manager must change employee status to Personal LOA via an Automated PAF in Lawson*

Employee Health Section

☐ Reason for leave not FMLA qualifying, approval for personal leave letter sent

☐ Review indicates request may be FMLA qualifying, manager and HRC notified:
   Employee provided with FMLA packet and offered opportunity to apply.

☐ Not approved by Manager for reason given, not FMLA qualifying event, denial letter sent

☐ Copy to Benefits Counselor

Employee Health Signature ____________________________ Date ________________

Origination: 05/17/2010
LOA CHECKLIST for EMPLOYEES:

LOA is an absence > 3 days

☐ 1. Notify your supervisor that you need a leave of absence at least
   30 days in advance of your leave start date (unless it is an emergency). The
   Written Request Form and the Certification of Health Care Provider
   Form must be provided within 15 days of notifying your supervisor of your need for leave.

☐ 2. Obtain a leave of absence request and medical certification from employee health services or
   print directly from the network intranet, under HR and employee health.

☐ 3. Complete the employee request form and obtain your supervisor’s signature on the form.

☐ 4. Have your physician complete the medical certification form.

☐ 5. Return both completed forms to Employee Health Services, Lehigh Valley Health Network,
   Cedar Crest and I-78, Box 689, 1st floor Jaindl Pavilion, Allentown, PA. 18105.

☐ 6. You will receive a letter from Employee Health regarding your leave status.
   Please read the letter carefully.

☐ 7. Arrange with your manager how you will be paid. If the leave is for your own health condition,
   you must use sick time followed by earned PTO. If the leave is for care of a family member, you
   must use earned PTO before going unpaid.

☐ 8. Once your leave begins, you will be notified by Benefits of your current sick and PTO balances.

☐ 9. Call your manager periodically to let him/her know how you are doing and your anticipated return
   to work date when known.

☐ 10. If you have additional questions, call the disability counselor at 610-402-8807.

SHORT-TERM DISABILITY CHECKLIST for eligible employees who have
worked full-time and have been employed 6 full months. Disability benefits begin on
your 31st day out of work if sick time and earned PTO has been exhausted.

☐ 1. If you are eligible, the short term disability request form will arrive with your leave letter.

☐ 2. Have your treating physician complete the short term disability form in its entirety and forward
   the form for review to Employee Health services, Lehigh Valley Hospital, Cedar Crest and I-78,
   Box 689, Allentown, PA. 18105.

☐ 3. Once your application is received and medically approved, you should receive a disability
   notification letter in the mail. Please read the entire letter noting the process for continuation of
   your benefit. If more information is needed, you will be notified of what additional information is
   needed.

WHEN you are cleared to return to work:

☐ 1. Advise your supervisor as to when you anticipate being cleared by your doctor to return to work
   (at least two weeks in advance).

☐ 2. Have your physician complete the Physical Capacity Checklist which comes with your leave letter
   as your release for work noting any limitations which you may have. Call Employee Health
   Services (Cedar Crest 610-402-8869; LVH-M 484-884-7098) to determine if a fitness for duty
   exam by the employee health physician is required. Bring the PCC form with you to your visit.

* Keep this checklist for your reference **
ATTACHMENT C

FAMILY AND MEDICAL LEAVE WRITTEN REQUEST FORM
Please refer to Human Resources Policy #3001-00 for details of Family and Medical Leave Act

EMPLOYEE IDENTIFICATION  
(Please Print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security # or Employee ID (Req’d)</th>
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<table>
<thead>
<tr>
<th>Department</th>
<th>Cost Center</th>
<th>Date of Hire</th>
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___ Full-Time  ___ Part-Time  ___ Weekends  ___ Per-Diem  Scheduled hours per week if part-time:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Work number where we can contact you:</th>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>Telephone (Home)</th>
<th>(Cell)</th>
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DATES OF LEAVE

For leave of absence for more than 3 consecutive calendar days:

<table>
<thead>
<tr>
<th>Last date of work</th>
<th>First date of Leave or missed work</th>
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For intermittent leave of absence:

*Describe reason needed and expected length of time intermittent leave needed:  Possible first day needed:

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REASON FOR FAMILY/MEDICAL LEAVE  
(Check One)

(1) the birth or placement of a child with the employee for adoption or for foster care

(2) to care for a spouse or parent with a serious health condition. Specify: ☐husband ☐wife ☐mother ☐father

(3) a serious health condition of the employee that makes employee unable to perform his/her job duties

(4) to care for a child with a serious health condition (leave is proper to take care of an older child 18 years or older if the child is incapable of self care because of a mental or physical disability) ☐child is over the age of 18 years

Explain and attach related documentation, where applicable:

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Have you been on an FMLA / LOA in the past 12 months?  ___ YES  ___ NO

Is your spouse a hospital employee?  ___ YES  ___ NO

If yes, is he/she requesting leave? ___ YES  ___ NO

Employee Signature

Date of Request

If not FMLA qualifying, length of leave approved by Department Head: _____________ weeks

Supervisor/Department Head Signature

Date Acknowledged

FINAL APPROVAL of FMLA/LOA will be determined by Employee Health Services.

Origination: 05/17/2010
Certification of Health Care Provider for Employee’s Serious Health Condition
(Family and Medical Leave Act)

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee’s health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: ____________________________________________________________

Employee’s job title: _____________________________ Regular work schedule: ____________________

Employee’s essential job functions: _______________________________________________________

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: __________________________________________________________________________

First     Middle     Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider’s name and business address: ______________________________________________________

Type of practice / Medical specialty: ______________________________________________________

Telephone: (______)____________________ Fax:(______)____________________
PART A: MEDICAL FACTS

1. Approximate date condition commenced: ____________________________

Probable duration of condition: ____________________________

Mark below as applicable:
Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ___No ___Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes.
Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.
Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  ____No   ____Yes.  If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___No   ___Ye s. If so, expected delivery date: ____________________

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:  ____ No ____ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):
PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? __No __Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: ____________________________

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee’s medical condition? __No __Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary? __No __Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   ____________________________

   Estimate the part-time or reduced work schedule the employee needs, if any:

   __________ hour(s) per day; __________ days per week from ___________ through ___________

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? __No __Yes.

   Is it medically necessary for the employee to be absent from work during the flare-ups? __ No __Yes. If so, explain:

   ____________________________

   Based upon the patient’s medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

   Frequency: _____ times per _____ week(s) _____ month(s)

   Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.
Signature of Health Care Provider  Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT
If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.  DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.
## Leave of Absence at a Glance

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Reason for Leave</th>
<th>Eligibility</th>
<th>When Eligible</th>
<th>Entitlement</th>
<th>Length of Absence</th>
<th>Position Held</th>
<th>Count as Occurrence</th>
<th>How time is Counted</th>
<th>Manager Responsibility</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family / Medical Leave (FMLA)</td>
<td>Leave for Medical Reasons: for employees own serious health condition or care of an immediate family member</td>
<td>worked 1250 hours in previous 12 months AND * Employed by LVHN for 1 year</td>
<td>YES – federally mandated if event qualifies as a serious health condition and meets eligibility criteria (Employee Health determines both eligibility and qualification as serious health condition. 30 days notice required unless emergency</td>
<td>12 weeks maximum entitlement OR 12 weeks combined for mother and father if both work for LVHN for birth/ adoption of child.</td>
<td>YES 12 weeks (equivalent position, pay, duties, benefits must be guaranteed)</td>
<td>NO</td>
<td>Count cumulative days/ hours for all qualified events (may be multiple qualifying events over time) for any 12 month period rolling back</td>
<td>PAF out on leave as of 1st day out of work. PAF back from leave upon return to work. Department head to call employee periodically and submit time sheets. Time charged appropriately: (see compensation).</td>
<td>FMLA for own illness, must use sick time, upon exhausting sick time, MUST use earned PTO. STD benefit if eligible, (see plan). * FMLA for care of ill family member must use earned PTO, upon exhausting earned PTO, leave is unpaid.</td>
<td></td>
</tr>
<tr>
<td>Intermittent Family / Medical Leave (INT)</td>
<td>Leave for intermittent absences for employees own serious health condition or care of an immediate family member</td>
<td>Must have worked 1250 hours in previous 12 months AND* Employed by LVHN for 1 year</td>
<td>YES Same as above</td>
<td>12 weeks total maximum entitlement based on hours taken on an intermittent basis (e.g., minutes, hours, days.) Increments can be as small as 15 minutes</td>
<td>YES 12 weeks total in a rolling back 12 month calendar, once exhausted, the attendance policy can be applied.</td>
<td>NO if absence is for the FMLA qualified condition</td>
<td>Count cumulative days/ hours for all qualified events (may be more than one) for any 12 month period rolling back</td>
<td>Mark time as sick, PTO or unpaid. (see compensation). Track time taken on an intermittent basis using required intermittent slips, forward to Employee Health.</td>
<td>FMLA for own illness, must use sick time, upon exhausting sick time, MUST use earned PTO. FMLA for family member must use earned PTO, upon exhausting earned PTO, unpaid.</td>
<td></td>
</tr>
<tr>
<td>Type of Leave</td>
<td>Reason for Leave</td>
<td>Eligibility</td>
<td>When Eligible</td>
<td>Entitlement</td>
<td>Length of Absence</td>
<td>Position Held</td>
<td>Count as Occurrence</td>
<td>How time is Counted</td>
<td>Manager Responsibility</td>
<td>Compensation</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Medical Leave of Absence (MLOA)</td>
<td>Employees own medical condition – when employee not eligible for FMLA</td>
<td>Full time, Part time, Per diem</td>
<td>On hire</td>
<td>At discretion of department head, consult with Human resources and Employee Health. 30 days notice required unless emergency. Note: if MLOA is requested as accommodation for a disability, LVHN may be required to approve. Consult HR.</td>
<td>Amt. approved by department head at start of leave based on LOA policy 3002, III, B.</td>
<td>Period of time approved by department head, determined at be made at onset of leave. Maximum 60 days for employees with less than 6 months employment.</td>
<td>YES</td>
<td>One occurrence per leave episode. Should be applied to attendance policy.</td>
<td>Calendar days from the 1st missed day of work</td>
<td>PAF out on leave as of 1st day out of work. PAF back from leave upon return to work. Department head to call employee periodically and submit time sheets designate appropriate Sick or PTO (see compensation).</td>
</tr>
<tr>
<td>Personal Leave</td>
<td>Leave for non medical reasons</td>
<td>Full time, Part time, and Per diem employees with greater than 6 months employment</td>
<td>After 6 months employment.</td>
<td>At discretion of department head for 60 days maximum.</td>
<td>YES, for a period of leave approved by manager, maximum 60 calendar days.</td>
<td>YES</td>
<td>One occurrence per leave episode. Should be applied to attendance policy.</td>
<td>Calendar days from the 1st missed day of work</td>
<td>Personal LOA request form completed by employee, signed by Department head and forwarded to EH for approval.</td>
<td>Must use earned PTO, and then leave is unpaid.</td>
</tr>
<tr>
<td>Type of Leave</td>
<td>Reason for Leave</td>
<td>Eligibility</td>
<td>When Eligible</td>
<td>Entitlement</td>
<td>Length of Absence</td>
<td>Position Held</td>
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</tr>
<tr>
<td>Military Leave of Absence</td>
<td>Military duty or training</td>
<td>Full time Part time Per diem</td>
<td>Upon employment</td>
<td>YES – federally mandated (USERRA).</td>
<td>5 year limitation.</td>
<td>YES, 60 days if at all possible. See LOA policy for USERRA guidelines.</td>
<td>NO</td>
<td>From 1st missed day of work until RTW</td>
<td>PAF out on leave as of 1st day out of work. PAF back from leave upon return to work.</td>
<td>May use earned PTO if they choose. If training is scheduled during PTO, employee may keep both military &amp; PTO pay. If employee does not elect to use earned PTO, the Hospital will pay difference between total gross military pay (if less) and the employees regular base pay.</td>
</tr>
<tr>
<td>Military FMLA</td>
<td>“Qualifying Exigencies” Or Care of spouse, son, daughter, parent or next of kin who is a covered service member with serious health condition</td>
<td>Full time Part time Per diem</td>
<td>Must have worked 1250 hours in previous 12 months Specifically for employees with family member in active duty, injured and/or to deal with family member’s call to duty. “Qualifying Exigencies”</td>
<td>YES – federally mandated qualifying family member injured in line of duty.</td>
<td>Up to 26 weeks in a 12 month period (caregiver for seriously injured covered service member)</td>
<td>12 weeks for Qualifying Exigencies</td>
<td>YES</td>
<td>From 1st missed day of work. Count FMLA time rolling back 12 weeks</td>
<td>PAF out on leave as of 1st day out of work. PAF back from leave upon return to work.</td>
<td>Earned PTO, then unpaid</td>
</tr>
</tbody>
</table>
**REGARDING LEAVES FOR MATERNITY REASONS:**

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Reason for Leave</th>
<th>Eligibility</th>
<th>When Eligible</th>
<th>Entitlement</th>
<th>Length of Absence</th>
<th>Position Held</th>
<th>Counted as Occurrence</th>
<th>How time is Counted</th>
<th>Manager Responsibility</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave Associated with Childbirth/ Maternity</td>
<td>Leave specifically for birth, adoption or placement of child in foster care with employee</td>
<td>FMLA worked 1250 hours in previous 12 months</td>
<td>FMLA – employed &gt; 12 months</td>
<td>YES – same as FMLA</td>
<td>12 weeks – FMLA or 60 days</td>
<td>YES – 12 weeks</td>
<td>NO</td>
<td>From 1st missed day of work (if FMLA, time may include usage from previous 12 months)</td>
<td>PAF out on leave as of 1st day of work. PAF back from leave upon return to work.</td>
<td>6-weeks sick time for uncomplicated childbirth. 8-weeks sick time for C-Section. DO NOT PAY ADDITIONAL WEEKS OF SICK TIME UNLESS MEDICALLY NECESSARY AND APPROVED BY DISABILITY CASE MANAGER. The remainder of FMLA /MLOA period the employee must use earned PTO, then unpaid. May be STD eligible after 31st day out if exhausted sick time (normal STD for maternity is 2-4 weeks depending on type of delivery).</td>
</tr>
<tr>
<td>FMLA if eligible</td>
<td>OR MLOA/personal leave if not FMLA eligible</td>
<td>MLOA upon hire</td>
<td>MLOA listed previously</td>
<td>If possible</td>
<td>YES</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Comments:**
- For detailed explanation of LVHN policies, refer to the Human Resources website at [http://hr.lvhn.org/cwo/Policies](http://hr.lvhn.org/cwo/Policies).
- Although this information assists in interpretation of Leave of Absence, it does not replace the legal documents governing the plans and policies of LVHN.
- Call Benefit Counselors at 610-402-3199 for PTO/Sick time accrual.
- PTO and Sick time will not accumulate during leave of absence.
- No leave of absence or combination of leave of absences, including FMLA, will be granted for more than 180 days, with the exception of military leave, which has a five-year limitation in accordance with USERRA regulations.
- Do not terminate or change status for an employee on leave, contact your Human Resources Consultant (HRC).

* STD benefit available for fulltime employees, after 6 full months of employment, starting 31st consecutive calendar day out of work providing employee has exhausted all sick and earned PTO time. (60% of base weekly salary).
Employee employed more than 6 months

Yes

Does employee qualify for FMLA?*
- Worked 1250 hours in previous 12 months
- Employed 12 months

AND

No

See Page 2

See Page 4 for FMLA process

See Page 3 for Non-FMLA process

* Before leave is approved, eligibility will be confirmed by Employee Health Services. Employee Health Services will determine if medical condition is qualifying.
LEAVE OF ABSENCE

Employee requests LOA for personal reasons

Employee employed less than 6 months

Request Denied by Department Head
Not Eligible
(Consultation with HRC Recommended)

Employee requests LOA of greater than 3 days for medical reasons

Department Head grants or denies request based on:
- Length of time requested
- Potential to return to work in current position
- Purpose of request
- Needs of department
- Length of service
(See LOA Policy 3002.00, III.B.)

Request Granted by Department Head
(60 day maximum)

Employee to complete and submit to Employee Health Services either a Request for Medical LOA Form or a Request for Personal LOA Form*

Department Head to submit a PAF in Lawson for employee’s LOA
- NO use of sick time
- MUST use accrued PTO

Has employee returned to work within the time-frame approved by Department Head?

No

Employee Terminated

Yes

Employee to return to work and Department Head to submit a PAF in Lawson for employee’s Return

Request Denied by Department Head
(Consultation with HRC Recommended)

Employee Terminated
(if leave request not withdrawn)

Employee Terminated
(if leave taken)

* Applicable for both medical and personal LOA requests. Requests for both Medical LOA and FMLA requests require use of an identical request and medical certification form.
LEAVE OF ABSENCE

Employee employed more than 6 months but non-FMLA qualifying LOA*

Employee requests LOA of greater than 3 days

Department Head grants or denies request based on:
- Length of time requested
- Potential to return to work in current position
- Purpose of request
- Needs of department
- Length of service
  (See LOA Policy 3002.00, III.B.)

Request Granted by Department Head

Medical Reason for Request?

Yes

Employee to complete and submit to Employee Health Services a Request / Certification for Medical LOA Form

Employee Health Services to review and approve

Department Head to submit a PAF in Lawson for employee’s LOA
- Must first use accrued sick time
- Must then use accrued PTO
- If all accrued sick time and PTO time are exhausted and if a full time employee, may be eligible for STD after 30 days

Has employee returned to work within the time-frame approved?

Yes

Employee to return to work and Department Head to Submit a PAF in Lawson for employee’s return

No

Employee Health Services to review and approve

Department Head to submit a PAF in Lawson for employee’s Return
- Employee to complete and submit to Employee Health Services a Request for Personal LOA Form**

Personal LOA Approved (60 day maximum)

Department Head to submit a PAF in Lawson for employee’s LOA
- MUST use accrued PTO
- NO use of sick time

Has employee returned to work within the time-frame approved?

No

Employee Terminated and position posted

Yes

Employee to return to original position and Department Head to Submit a PAF in Lawson for Employee’s Return

Request Denied by Department Head (Consultation with HRC Recommended)

Employee Terminated (if leave request not withdrawn)

* To be FMLA qualifying, Employee must be employed for 12 months AND have worked 1250 hours in the preceding 12 months. Employee Health Services will confirm eligibility for FMLA before approving the request and will confirm whether the medical condition is disabling.

** Request is to be submitted to Employee Health Services to rule out FMLA-qualifying reasons.
LEAVE OF ABSENCE

FMLS: Family Medical Leave Act
HRC: Human Resources Consultant
LOA: Leave of Absence
PAF: Personnel Action Form
PTO: Paid Time Off
STD: Short Term Disability

Employee requests LOA of greater than 3 days

Employee to complete and submit to Employee Health Services a Request / Certification for FMLA Form 30 days prior to foreseeable leave

Employee Health Services Approves Request for FMLA

Employee and Department Head receive approval letter confirming FMLA length of leave and amount of leave time remaining

Department Head to submit a PAF in Lawson for employee’s FMLA LOA effective the first day employee missed work

- For own serious illness, employee must first use accrued sick time; then accrued PTO; then if all accrued sick time and PTO time are exhausted and if a full time employee, may be eligible for STD after 30 days
- For care of family member, employee must first use accrued PTO time; then if all accrued PTO time is exhausted, the remainder of the LOA will be unpaid
- For childbirth or care of newborn, employee must first use accrued sick time. The use of sick time will cease when medically released (6 weeks for vaginal birth, 8 weeks for C-Section). If the LOA extends beyond the medical release, then must use accrued PTO; when PTO time exhausted, the remainder of the LOA will be unpaid.

Has employee returned to work within 12 weeks (or amount of FMLA remaining at start of leave)?

Fitness for Duty Evaluation Required

- Employee to return to work at former or equivalent position and Department Head to submit a PAF in Lawson for employee’s return

- Has employee’s former position been filled?

- Employee has 30 days to find a new position and is to be terminated if no position is obtained after 30 days

- Department Head may post position (Consultation with HRC Recommended)

- Has employee been medically cleared to return to work with or without accommodation within 180 days? (Fitness for Duty Evaluation Required)

- If disabled, employee may remain out of work for up to 180 days
- If LOA exceeds 180 days, employee is to be terminated by Benefits Counselor
- Requests for reasonable documentation will be considered at any point prior to termination. See ADA Interactive Policy.

* To be FMLA qualifying, Employee must be employed for 12 months AND have worked 1250 hours in the preceding 12 months. Employee Health Services will confirm eligibility for FMLA before approving the request and will confirm whether the medical condition is disabling. General qualifying conditions include serious health condition of employee, employee’s spouse, mother, father, child; childbirth or care of newborn; adoption; to care for an injured military family member; to prepare for military family member’s call to duty.
I. POLICY

It is the policy of Lehigh Valley Health Network (LVHN) that in order to prevent interference with patient care, LVHN operations, or the work of employees, persons not employed by, or holding privileges at the hospital are prohibited from engaging in solicitation or distribution of materials on LVHN hospital property. Employees of LVHN are prohibited from engaging in solicitation during working time and at all times in patient care areas. In addition, employees of LVHN are prohibited from distributing materials during working time and at all times in work areas. LVHN also recognizes certain solicitation as authorized which is defined below and performed pursuant to the procedures set forth in this policy.

II. SCOPE

All employees and non-employees on LVHN property.

III. DEFINITIONS

A. **Lehigh Valley Health Network Property** – all property and premises owned or leased by LVHN or any of its affiliates or subsidiaries.

B. **Solicitation** – the act of requesting, persuading, asking, urging, inviting, pleading or otherwise communicating with any person, either in person or electronically, in an attempt to persuade an individual to accept a product or service, a doctrine, an organization, a political view or to make contributions of time, money or property.

C. **Authorized Solicitation** – charitable fundraising to benefit LVHN or other pre-approved charities in addition to those pre-approved solicitations related to LVHN’s business functions and purpose as set forth in Attachment 1.

D. **Distribution** – the physical handing, passing out, depositing for pick-up, and/or posting literature, materials or items of any type that are associated with or related to the solicitation of an individual.

E. **Working Time** – that time when an employee is to be engaged in productive activities for LVHN. It does not include breaks or meal periods.

F. **Work Areas** – includes all non-patient care areas of LVHN in which work is performed by LVHN employees, including, but not limited to, offices, cubicles, loading docks, storage areas, kitchen, laundry, lab and other designated work areas.

G. **Non-work Areas** – cafeterias, break rooms, locker rooms and parking lots.

H. **Employee** – any individual employed or otherwise engaged by LVHN, or its subsidiaries to perform services on its behalf. This also includes individuals engaged as contractors working on LVHN property while they are performing the contracted services.

I. **Non Employees** – any individual who does not meet the definition of “employee” above.
J. **Patient Care Areas** – includes all direct patient care areas, including, but not limited to, patient rooms, corridors adjacent to patient care and treatment rooms, operating rooms, treatment rooms, elevators and stairways used by patients, nursing stations, and waiting rooms used by patients and their families and visitors.

IV. **PROVISION**

A. Employees:
   1. May not engage in solicitation during working time and at any time in patient care areas.
   2. May not distribute materials during working time in work areas and at any time in patient care areas.

B. Literature of general interest and value to patients, visitors and the network (e.g., magazines) should be donated to the network through the Volunteer Office.

C. Raffles, auctions and/or other games of chance are prohibited under this policy with the exception of the United Way.

D. LVHN email systems are designed for use by employees to further the business interests of LVHN. All content is the business property of LVHN. Use of mail and the internet during non-working time for purposes other than furthering LVHN’s business interests is prohibited. Additionally, transmittal of voluminous email or burdensome attachments is prohibited.

E. LVHN email systems may not be used to solicit or distribute materials. All approved postings will be listed on the Human Resources Web Page.

F. The automatic response message (the auto response) feature on email may be used to communicate:
   1. Network/department special events
   2. PTO schedules
   3. Other time away from the office
   4. Other messages related to the network/departmental operation

G. All supervisors, managers and department heads are responsible for enforcing this policy.

V. **PROCEDURE**

**Action**

A. Authorized solicitation activities (as set forth in Attachment 1) must proceed as follows:
   1. Requesters must submit an event request form via the HR Web Page a minimum of **3 weeks** prior to the activity/event.
   2. Human Resources will approve/deny the request within **1 week** of receipt.
   3. Posters, fliers and other solicitation materials must be forwarded to Human Resources for approval. All such materials must be non-offensive to general sensibilities as solely determined by LVHN.
   4. Materials appropriate for posting will receive a controlled authorization number from Human Resources and be returned to the employee. Approved materials may then be displayed on designated bulletin boards in LVHN departments. Approved bulletin boards are typically located in the staff lounge area or break room.
Action

5. Such materials should not be stapled or pinned to walls, doors, columns, etc. Additionally, materials may not be posted on any LVHN email list and/or LVHN electronic bulletin board without explicit approval by Human Resources.

6. The approved event/activity will be posted on the HR Webpage.

B. Individuals found distributing literature; canvassing or soliciting on hospital property without approval will be asked to stop at once. If the individual is not an employee, (s)he will be asked to leave the premises at once and Security should be called.

1. If necessary, Security may contact the Administrator on call.

2. If problems are encountered, the Vice President of Human Resources (or designee) should be paged.

C. If an employee observes an unauthorized solicitation, it should be reported to Security as above.

D. If the individual is a company/vendor representative, (s)he should be referred to the Materials Management department.

1. Displays of products should not be set up or literature distributed in the hospital without prior approval from Human Resources. Efforts will be coordinated with Materials Management, Public Affairs and the Development Office as appropriate.

2. Displays and products shall not block or inhibit ingress or egress through doorways, passages, corridors, etc.

E. All such incidents of solicitation and distribution must be documented and a copy forwarded to the Vice President of Human Resources.

F. Employees in violation of this policy are subject to disciplinary action (See Employee Counseling and Discipline Policy).

VI. ATTACHMENTS

Attachment 1: List of Activities and Organizations Normally Approved by LVHN.

VII. DISTRIBUTION

Human Resources Web Page

VIII. APPROVAL

_________________________________________  Vice President, Human Resources
Signature  Title  Date

_________________________________________  C.O.O
Signature  Title  Date

IX. POLICY RESPONSIBILITY

IN COORDINATION WITH:

Vice President, Human Resources

X. REFERENCES

N/A
XI. **REVISIONS**

Statement of Rights as follows:

Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XII. **OTHERS**

N/A

XIII. **DATES**

Origination: 9/91   Last Review: 10/11   Next Review: 10/13
SOLICITATION & DISTRIBUTION POLICY #6002.40

List of Activities and Organizations Approved by the Network:

1. Fund raising drives for charitable organizations where:
   1. There is a bona-fide common interest with services provided by the network.
   2. 100% of proceeds go to a non-profit 501(C)(3) charity

2. Bake sales with the sole purpose of assisting a current co-worker and/or patient in need (i.e. employee illness, family member illness, personal tragedy). Must be pre-approved by the department’s director or more senior management.

3. Solicitation for contributions for gifts to benefit fellow employees. (Note: Must be pre-approved by the department’s director or more senior management.)

4. Approved LVHN fund raising activities sponsored by the development office
   1. Keystone Miller blood drives
   2. United Way campaigns
   3. Via Marathon

5. Medical or network related educational displays/presentations pre-approved by senior management.
**LVHN SOLICITATION AND DISTRIBUTION REFERENCE CHART**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Review HR Solicitation &amp; Distribution Policy and guidelines to determine eligibility of activity/event.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Requester must submit an event request form via HR Website a <strong>minimum of 3 weeks</strong> prior to the activity/event. Requester must provide a sample of the flyer or other advertisement material for review by HR.</td>
</tr>
<tr>
<td>Step 3</td>
<td>HR will review all materials and provide contact the requester notifying them of approval or denial. Note: HR will contact dept's supervisor or senior management to confirm approval w/i 5 business days.</td>
</tr>
<tr>
<td>Step 4</td>
<td>HR will review all materials and contact the requester notifying them of approval or denial. Note: HR will contact dept's supervisor or senior management to confirm approval w/i 5 business days.</td>
</tr>
<tr>
<td>Step 5</td>
<td>If approved, HR will provide the requester with the controlled authorization number which must be visible on all advertisement materials for solicitation of the activity/event.</td>
</tr>
<tr>
<td>Step 6</td>
<td>HR will provide Security &amp; General Services with approved (including the controlled authorization number) and denied Fundraising for monitoring.</td>
</tr>
</tbody>
</table>

### EXAMPLES

- **Toys for Tots (collections within dept department only - must be in non-patient area), American Cancer Society, Muscular Dystrophy Assoc., Breast Cancer Awareness, etc.**
- **Employee illness, immediate family member illness, personal tragedy**
- **Important event in employee's life**
- **No One Dies Alone, Patient Assistance Funds (Tribute Gifts), Keystone Miller Blood drives, United Way Campaign, Via Marathon, Tribute Gifts, Nite Lites**
- **Infection Prevention Week display, employee wellness display**

### APPROVED POSTING LOCATIONS

- **HR Web Page and department staff lounge bulletin board**
- **HR Web Page and department staff lounge bulletin board**
- **HR Web Page and department staff lounge bulletin board**
- **Development Office, Public Affairs and LVHN Senior Management approved locations**
- **HR Web Page and department staff lounge bulletin board**

### NOTES:

LVHN email systems may only be used for events and activities approved under columns 4 and 5.

*Raffles are limited to events and activities approved under column 4.

All postings must be removed within 5 business days following the event.

12/07/2009
I. **Policy**

It is the policy of Lehigh Valley Health Network to safeguard confidential information. Lehigh Valley Health Network will make reasonable efforts to safeguard information from unauthorized use, access, modification, destruction or disclosure. Information generated by and used within Lehigh Valley Health Network is owned by the treating entity. Generally, the patient governs the release of that information outside of business related activities. Access to information is a privilege based on the individual’s business and clinical need to know, and the responsibility of their position within the Lehigh Valley Health Network.

Unauthorized disclosure of confidential information is prohibited at any time during or after employment or affiliation with Lehigh Valley Health Network.

Employees who violate this policy will be disciplined in accordance with the Employee Counseling and Discipline Policy. Medical staff members and Allied Health Professionals who violate this policy will be disciplined in accordance with the Medical Staff Bylaws. Non-Network patient care providers who violate this policy may lose access authorization to Lehigh Valley Health Network information systems. In addition, Lehigh Valley Health Network could seek legal remedies against an employee, medical staff, Allied Health Professional or non-Network patient care provider and support personnel which could include suspension, termination, fines, or criminal penalties.

Computer sign-on information may only be used by the authorized employee, medical staff member, Allied Health Professional or non-Network patient care provider or support personnel. The electronic access authorization may not be disclosed to anyone, and is equivalent to a written signature.

II. **Scope**

All entities within Lehigh Valley Health Network
Business Associates of Lehigh Valley Health Network

III. **Definitions**

**Confidential Information** – information which must be kept discrete and private. Confidential information includes, but is not limited to, the following information whether verbal, written, or electronic:
1. Patient health care and financial records including, but not limited to, the patient’s medical record, lab test results, billing information, insurance and demographic information.

2. Employee personnel, compensation and health care information.

3. Physician and Allied Health Professional personnel and performance information.


Business Associate - A person or entity is acting as a business associate when they perform a function or activity on behalf of the organization that involves the use and disclosure of protected health information. Additionally, there are certain functions that automatically give rise to a business associate arrangement, regardless of whether they are performed on behalf of the organization. These include an individual or organization that provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative, or financial services if the services involve the disclosure of protected health information.

Clinical Staff – For purposes of this policy, clinical staff is defined as any person who is involved in the provision or direct supervision of health care services to a patient, i.e., RNs, LPNs, PTs, physicians, etc. Medical Staff and Allied Health Professionals are part of the Clinical Staff.

Medically Incapacitated – A patient who has been determined to be unable to understand the nature, risks, ramifications and/or consequences of the refusal of the treatment.

Network Representative - Management who authorize non-Network patient care providers or support personnel access to any Lehigh Valley Network information system. The Network Representative assumes accountability for the non-Network patient care provider or support personnel’s adherence to Lehigh Valley Health Network policy and procedure.

Non-clinical Staff - For purposes of this policy, non-clinical staff is defined as any person whose primary role is to manage and support the operations of the Lehigh Valley Hospital and Health Network, and is not directly involved in the treatment of the patient, i.e., finance, patient accounting, marketing, etc.

Person Authorized to Consent – In order of authority; legal guardian, spouse, adult son or daughter, either parent, adult brother or sister, grandparents in the preceding order. In some cases, the patient may already have a legal guardian appointed.

Protected Health Information (PHI) – Constitutes individually identifiable health information, including demographic information, that is transmitted or maintained in any form or medium (electronic, written or oral) and meets all three of the following requirements: (1) is created or received by a healthcare provider, health plan,
employer, or healthcare clearinghouse; (2) relates to the past, present, or future physical or mental health condition of an individual, as well as the provision of healthcare to an individual or the past, present, or future payment for the provision of healthcare to an individual; and (3) identifies the individual or as to which there is a reasonable basis to believe that the information can be used to identify the individual.

**Information** – Formal or informal representation of facts or concepts suitable for communication, interpretation, or processing by people or by automatic means.

Non-Network Patient Care Providers and Support Personnel – Individuals who are not employees of Lehigh Valley Health Network and are authorized to use or access confidential information owned by Lehigh Valley Health Network. Non-Network patient care providers and support personnel may include, but are not limited to Allied Health Professional staff, volunteers, students, contractors and suppliers.

Medical Staff, Allied Health Professional – A member of the Medical Staff of Lehigh Valley Health Network.

Information Services Security Administrator (ISSA) – A member of Information Services management who is authorized by Lehigh Valley Health Network to oversee all matters relative to internal information security.

Standard User Identification (SUI) – An alphanumeric code which the Information Services Security Administrator assigns to all users of Lehigh Valley Health Network’s automated information system. The user enters this code to access the automated system. Subsequently, this code allows the Information Service Security Administrator to trace all activity occurring on automated system to a specific user.

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**IV. Procedure**

A. Prior to access of confidential information, each employee, medical staff member, Allied Health Professional and Non-Hospital patient care provider and support personnel will complete the Acknowledgment of Confidentiality form. In cases where a Non-Hospital patient care provider and support personnel are acting as a business associate of the Network, a business associate agreement must also be signed.

B. The Acknowledgement of Confidentiality form (Attachment A) must be completed upon employment or prior to accessing LVHN information and will be renewed each year thereafter.

C. Adherence is expected to all policies and procedures related to originating, entering, using, accessing, processing, distributing, transmitting, storing and disposing of confidential data.

D. Confidential information shall be accessed only as required for performance of job, for access to your own Protected Health Information (information cannot be printed
or transmitted), or for access to Protected Health Information of an Immediate Family member as set forth under the Administrative Policy entitled “HIPAA – Release of Protected Health Information” (information cannot be printed or transmitted). Confidential information shall be provided to others only when the intended use is known and approved.

1. Clinical Staff have access to confidential patient information, including the entire medical record, as needed, for the provision of patient care.

2. Non-Clinical Staff may have access to patient health and financial information based on one’s administrative function.

3. Employees who are listed as volunteers providing patient interpreting services may have access to patient health information to provide services pursuant to Title VI of the Civil Rights Act of 1964.

4. To ensure access is limited to “a need to know” basis, application systems where confidential patient information is stored, shall have appropriate security profiles established. Security profiles should be reviewed at least annually.

E. Conduct Requirements

1. Inherent with a position at Lehigh Valley Health Network, individuals may have access to information or documents about the corporation’s business. In addition, the individual may possess confidential information regarding medical treatment of patients or the private and/or business affairs of the institution’s customers and suppliers. Such information is privileged and must be held in the strictest confidence.

2. Under no circumstances may an individual seek or use confidential information for personal gain or pass it on to any person outside Lehigh Valley Health Network, including family or friends, or even to other employees who do not need to know such information to carry out their duties. (See Conflict of Interest Policy).

3. Information about a patient should not be given to anyone without the patient’s expressed permission unless it is related to treatment, payment or healthcare operations. Lehigh Valley Health Network, through its employees, can be liable for Support Personnel not protecting such information. Only authorized individuals may have access to any portion of the medical record or any information originating therefrom.

Information concerning a patient’s condition which cannot be given to the patient due to the patient’s lack of capacity shall be given to the individual authorized to consent on behalf of the patient.
Telephone information regarding a patient’s health status can be given to the designated individual. An effort should be made to ascertain the identity of the caller. If identity of the caller is in question, the information should not be divulged.

4. Medical care discussions in elevators, corridors, cafeteria or anywhere regarding a specific patient that unauthorized persons can overhear is prohibited. Any individual who is found, upon appropriate investigation, to be responsible for improperly divulging patient information or allowing another unauthorized employee or person access to such information, either written, spoken, or electronic is subject to disciplinary action and possible discharge.

5. All intellectual products, computer programs, finance, statistical, and marketing information developed at the expense of Lehigh Valley Health Network in the development of a new product or service is “proprietary information” which is confidential and must not be disclosed outside the Network. To avoid conflict of interest, these products are not for sale.

6. All “information reports” and other documents used by Lehigh Valley Health Network in the normal operation of its business are confidential. This information is generally described as on a “need to know” basis and should be disclosed only to persons who have a need to know.

7. Paper that contains confidential information should be shredded or placed in the recycle bins as appropriate. For information that needs to be stored and maintained, please review the Records Management and Retention Schedule. See also the Information Services policy Information Security Handling and Destruction of Confidential Information.

8. Do not use E-mail to transmit confidential information outside the Network. E-mailing confidential information within the Network should be sent using the “Confidential Mail” feature.

9. Reasonable measures must be taken to protect confidential health information, in whatever media, from impermissible disclosures. See Attachment D for Guidelines on Securing Protected Health Information.
V. **Attachments**

Attachment A: Acknowledgment of Confidentiality  
Attachment B: Guidelines for Securing Protected Health Information

VI. **Distribution**

Administrative Policy Manual

VII. **Approval**

<table>
<thead>
<tr>
<th>Signature</th>
<th>President and CEO</th>
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VIII. **Policy Responsibility**

In Coordination With:
- Privacy Officer  
- Medical Records  
- Legal Services  
- Information Services  
- Security  
- Corporate Compliance

IX. **References**

None

X. **Disclaimer Statement**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with Legal Services.
XI. **Revision Dates**

Origination: 10/92  
Reviewed/Revised:  
  September 2002  
  June 2005  
  August 2007  
  February 2008  
  October 2009
Attachment A

Lehigh Valley Health Network

Acknowledgement of Confidentiality

I understand that as an employee of Lehigh Valley Health Network (along with its components and subsidiaries), member of the medical staff, Allied Health Professional, physician office employee or non-hospital patient care provider or support personnel (volunteer, intern, student, contractor, vendor, etc.), the performance of my job may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information
- Physician and Allied Health Professional performance and personnel information
- Business information relating to Lehigh Valley Health Network

I understand that access to and use of this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical “need to know” standards and the responsibilities of my job as an employee or non-hospital patient care providers or support personnel.

I understand that I may not seek information that is not required to do my job. I also understand that I may share information only when necessary to do my job. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality. In addition, I am permitted to access my own health information or information pertaining to an immediate family member provided I follow the procedures set forth under the Administrative Policies entitled “HIPAA – Release of Protected Health Information” and “HIPAA – Confidentiality”.

I understand that the methods I use to get information may only be used in the performance of my job. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me.

I also understand that I may not give my sign on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

I understand that Lehigh Valley Health Network has a Corporate Compliance Program and that I have been provided education regarding the program. I also understand that I have a role in preserving Lehigh Valley Health Network’s corporate integrity and thus have an obligation to report potential compliance issues. I was informed of the Compliance Hotline number, 1-877-895-2905.
I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidential information at any time during or after my employment or affiliation with Lehigh Valley Health Network may cause irreparable damage to Lehigh Valley Health Network, the patient or the health care provider. Accordingly, Lehigh Valley Health Network or the owner of such information may seek legal remedies against me, such as fine, criminal penalties, suspension or termination of employment.

Any Employee who has concerns about the safety or quality of care provided in the hospital may report those concerns to The Joint Commission: E-mail: complaint@jcaho.org Fax: 630-792-5636 Mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. No disciplinary action will be taken if an employee makes a report to JCAHO.

_________________________ ___________________________ ____________  
Name     Signature    Date

I presented the material to the above signed person as per the guidelines in the Confidentiality Policy. I have given the above signed person the opportunity to ask, and have answered all questions.

_________________________________________   ______________
Signature/Title       Date

-
Guidelines for Securing Protected Health Information (PHI)

Oral Exchange of Information in Open Areas

LVHN must reasonably safeguard PHI, including oral information, from any intentional or unintentional use or disclosure in violation of the Rule. The Privacy Rule is not intended to prohibit providers from talking to each other or their patients, however, reasonable precautions should be implemented. This is a concern in areas where it is common practice to exchange patient health information, i.e., waiting areas, patient rooms, nurses station.

Recommended Practices:

1.) Use physical barriers, where practical to prevent conversations from being overheard, i.e., cubicle walls, curtains, glass partitions, etc.
2.) Lower the tone of your voice, or provide the information in a more private area if possible.
3.) Do not loudly discuss patient health information in a waiting area.
4.) Do not discuss medical care discussions in elevators, corridors, cafeteria or anywhere regarding a specific patient that unauthorized individuals can overhear.
5.) When presenting health information in a forum for educational purposes, i.e., case studies, do not include the patient’s name if it has no relevance to the facts being presented.

Oral Exchange of Information over the Telephone

Every telephone call provides the risk of divulging confidential information to the wrong party.

Recommended Practices:

1.) Ascertain from the patient if it is permissible to speak to that particular individual about the patient’s health information. If the patient does not provide specific authorization, it is generally off limits.
2.) If there is doubt about the identity of an individual, do not release confidential information.
3.) Do not leave confidential information on answering machines or voice mail messages without patient consent.
4.) Minimize telephone conversations or monitor the content when patients or visitors are within earshot.
Oral Communication to Family Members and Friends

It is unacceptable to reveal a patient’s health information to another family member or friend without patient authorization unless that person is providing informed consent for the patient’s treatment.

Recommended Practices:

1.) Attempt to obtain patient authorization prior to disclosing health information to another individual. It does not have to be in writing from the patient, however, it should be documented in the patient’s medical record for easy reference.
2.) If a patient is present with a third party, information may be disclosed to another person involved in the patient’s care only if the patient agrees, i.e., a patient should be asked, “I would like to share some information about your health condition. May I go ahead or would you like me to wait for a private moment.”

For minors, it is generally permitted to release information to parents or a legal guardian of the minor. In the event of divorce, information may be shared with both parents unless evidence is presented identifying one parent as having legal custody of the child. It is best to request a copy of the custody order. If a minor is emancipated, he or she is considered a legal adult and the minor’s authorization is required prior to releasing information to a parent. An emancipated minor is any person who is 18 years of age or older or has graduated from high school, or has married, or has been pregnant. In addition, the law recognizes a minor who is living away from home and is financially responsible for themselves as emancipated.

Printed Information

Printed health information is a prime area of risk because of its volume, and handling patient data is so repetitive that the confidentiality of the data is sometimes overlooked.

Recommended Practices:

1.) Do not make photocopies of documents indiscriminately. Make the minimum amount of copies necessary. When creating printed reports, consider whether information may be communicated without identifying specific patients, or limit the fields of data that are printed to what is absolutely needed for the intended purpose of the report.
2.) Mail sent to a patient’s home or work address that includes confidential information should be sent in a secured envelope.
3.) Do not leave confidential information lying around copiers, printers and facsimiles. Reminder notices around these devices may heighten awareness.
4.) When information is not being used, it should be locked in file cabinets or file rooms. Limit the number of personnel who have access to keys.
5.) Take appropriate measures to assure that information on the computer screen is not visible to patients or visitors. Contact Information Services for assistance if necessary.
6.) Do not remove confidential information from the facility. In the event that PHI is removed, (i.e., you take information home to work), the employee will be responsible for safeguarding that information. In the event of a breach, Lehigh Valley Health Network could seek legal remedies against an employee, medical staff or non-Hospital patient care provider, which could include suspension, termination, fines or criminal penalties.

7.) When health information is stolen or lost, complete an Event Report and forward it to Risk Management.

8.) When paper documents containing PHI become obsolete, they should be shredded.

**Facsimiles**

Faxing protected health information is permissible, however, it needs to be controlled in order to reduce the risk of information being disclosed to the wrong party.

**Recommended Practices:**

1.) Locate fax machines in an area that is not accessible to those unauthorized to view the data.

2.) Standard fax language should be included on all coversheets. Include this warning:

   *This telecopied material and the information contained in it is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail.*

3.) Develop a separate fax sheet for transmitting PHI, which includes the following additional language at the top of the coversheet:

   *Health care information is personal and sensitive information related to a person’s health care. It is being faxed to you after appropriate authorization from the patient or under the circumstances that doesn’t require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.*

4.) Make sure to enter the following information on the fax’s coversheet: date, time, number of pages, who the fax is to, company and or person to receive the fax, their
fax number, who the fax is from, company sending, voice number sender can be reached at, and fax number.

5.) When faxing PHI to a new number or to an infrequent number, confirm the accuracy of the fax number by calling the intended recipient, verify that the machine is in a secured area, notify them that the fax is on the way, and request verification of its receipt.

6.) In instances where faxes containing PHI are regularly sent to the same recipient, schedule with the receiver an appropriate time, whenever possible, to ensure that someone is available to retrieve the faxed material. Also ensure that the fax machine is in a secured area.

7.) When a high volume of fax material is received, designate an individual to empty the fax tray at frequent intervals, and to appropriately disseminate the information.

8.) The fax machine should print a confirmation of each outgoing transmission. The number should match the intended destination. The fax confirmation should be maintained on file as prove of the location of the transmission.

9.) If faxes containing PHI are forwarded to the wrong location, ensure that the material is immediately returned. Document that the fax was misdirected by completing an Event Report, and document the steps taken to correct the problem. In cases where fax numbers are programmed, test the numbers at regular intervals.

10.) Make sure faxes are handled in a secure manner, and shred them when they are obsolete.

**Electronic Files Containing PHI**

There are many instances where protected health information is maintained on PCs for the purpose of analyzing data. The following indicators are used to link patients with their health information:

- Name
- Address
- Birth Date
- Telephone Numbers
- Fax Numbers
- Electronic E-mail Addresses
- Social Security Numbers
- Medical Record Numbers
- Health Plan Beneficiary Numbers
- Account Numbers
- Certificate/ license numbers
- Vehicle Identifiers
- Device Identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol address numbers
- Biometric Identifiers, including finger and voice prints
- Full page photographic images and any comparable images
- Unique number, characteristic or code
When patient identifiable information is maintained, it is necessary to protect that data.

**Recommended Practices:**

1.) Do not share your password with another user. Also, do not write your password down where it can be easily stolen. (*See Policy on Confidentiality*)

2.) When PHI is maintained in an electronic file, i.e., Excel, Access, Word, etc., it should be saved in a Secured Department Directory on the Network, and all classified data must be encrypted using standard encryption tools obtained from Information Services.

3.) Do not remove confidential information from the facility. If information is copied onto a disk and removed from the facility, the individual is personally responsible for safeguarding that information, and all classified data must be encrypted using standard encryption tools obtained from Information Services. In the event of a breach, Lehigh Valley Health Network could seek legal remedies against an employee, medical staff or non-Hospital patient care provider, which could include suspension, termination, fines or criminal penalties.

4.) If an individual does a considerable amount of work at home dealing with patient health information, it is recommended that the user be set up by I/S to work remotely. Contact I/S for assistance and refer also to the Remote Access policy found in the Information Services Manual.

5.) When the electronic file is no longer useful, it should be deleted. If media is leaving control of the Network, it should be cleaned in compliance with the Information Services policy on Handling and Destruction of Classified Information.

6.) Logoff the system before leaving a terminal or workstation.

**Electronic-Mail**

Electronic mail is not secured when it is sent outside the Network. The Security regulations mandate that information sent over an open network be encrypted.

**Recommended Practices:**

1.) **Do not e-mail patient health information outside the Network.** This includes e-mailing files to your personal e-mail address.

2.) When e-mailing PHI, send E-Mail *Confidentially* between TAO users.

3.) Do not use e-mail under any circumstances for highly sensitive health information, such as that related to mental health, HIV/AIDS, and alcohol and chemical dependency.

4.) Do not use e-mail as a storage system for clinical information.

**Handheld Devices, PDAs, Laptops and PCs**

Handheld Devices, PDAs, Laptops and PCs are referred to as Portables. Portables present a high risk because of the transient nature of these devices. They are easily accessible to an unauthorized user and can be misplaced or stolen.
Recommended Practices:

1.) Portables need to have password features enabled.
2.) All portable devices containing classified information must be encrypted. Contact the ISSA or your I/S Analyst for assistance.
3.) If PHI is stored on a Portable device, the individual is personally responsible for safeguarding that information. In the event of a breach, Lehigh Valley Health Network could seek legal remedies against an employee, medical staff or non-Hospital patient care provider, which could include suspension, termination, fines or criminal penalties.

Locally Owned Systems

There are numerous application systems utilized in the Network. Every application system must have the appropriate security established within its system to ensure only individuals ‘who need to know’, based on job function, have access to the system.

Recommended Practices:

1.) If you have a department specific system, review the Security established within your system. Application security must be configured in compliance with IS Security policy. If you need assistance, please contact your IS Analyst for further guidance.
2.) Security profiles should be reviewed periodically to assure that they are up to date.
3.) Procedures should be established to assure when employees have a change in job position or employment is terminated, access rights are changed accordingly.

Access Rights to Electronic Systems

Management is responsible for obtaining access to application systems for their employees. Access is limited to what is needed to perform job functions. It is also Management’s responsibility to notify IS Security via WISAR when access rights need to be changed or terminated.

Recommended Practices:

1.) When an individual requires access to an application, Management must complete the Web IS Access Request Form for all application systems.
2.) Ensure that all individuals, including employees, vendors, non-employees, business associates, etc., having access rights complete the Acknowledgement of Confidentiality form.
3.) When individuals leave employment, or are transferred, Management must contact IS Security, via the WISAR, to have them removed from systems or to have access rights changed. If you are maintaining security tables for a locally owned system, ensure that the individual is removed from the system.
4.) In instances when you request access for a vendor, notify IS Security when the vendor no longer requires access. If you know the time frame of how long the vendor will be requiring access, indicate the termination date on the Access Request form.

**Business Associates**

A Business Associate is a person or entity performing a function or activity on behalf of the organization that involves the use and disclosure of protected health information. Additionally, there are certain functions that automatically give rise to a business associate arrangement, regardless of whether they are performed on behalf of the organization. These include an individual or organization that provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative, or financial services if the services involve the disclosure of protected health information. The Rule requires that certain language be implemented in the Business Associate contract to ensure confidentiality of shared information. All current contracts with Business Associates are being reviewed and revised to include this language.

**Recommended Practices:**

Work with Information Services and/or Audit and Compliance Services to ensure the agreements are signed and filed accordingly.
DEPENDENT ELIGIBILITY

General Guidelines

Effective January 1, 2010, Lehigh Valley Health Network will require verification of health, dental and vision plan eligibility for dependents of newly hired employees, dependents added to a current employee's coverage as a result of a life event change, and full time student or disability status for dependent children over the age of 18. This practice will ensure that all covered members of the health, dental and vision plans are eligible under the rules of the plan(s).

• Proof of plan eligibility may be requested by the Plan Sponsor, Lehigh Valley Health Network (LVHN) human resources staff or Spectrum Administrators at any time. When a request is received to add a dependent family member or, under certain circumstances an enrollee requests a dependent be removed from the plan, documentation will be required. Failure to provide documentation by the date requested will result in ineligibility for plan benefits for the plan year. You will not be able to make any changes until open enrollment the following year unless you experience a qualifying event.

• Proof of the full-time student status will be required for any child over the age of 18 added or maintained on the plan. Failure to provide documentation will result in ineligibility for plan benefits.

• Refer to plan documentation for definitions of eligible dependents. The term eligible dependent may be used herein to describe a spouse or same-sex domestic partner.

• The term "qualifying event" is used to describe any life event that changes the plan eligibility of an enrollee, spouse, same-sex domestic partner or dependent. Examples of qualifying events include new hire or new eligibility for benefits, birth, marriage, divorce, full-time enrollment in school for dependents over age 18.

• Notice of a change in the qualifying status of an enrollee or dependent must be reported to human resources within 30 days of the date of the event. Required documentation must be provided within 90 days of the date of hire or other qualifying event with the exception of incapacitated dependent children, which requires the documentation to be returned within 31 days. Failure to meet the submission requirements will result in the dependent's removal from coverage retroactive to the date of the life event or denial of eligibility for coverage until the required documentation is submitted. Failure to meet deadlines may result in a lapse of coverage and ineligibility for enrollment until the next open enrollment period.

• For incapacitated dependent children, documentation must be returned within 31 days.

• If claims were incurred and paid for a dependent ultimately deemed ineligible, restitution will be sought retroactive to the date on which termination should have occurred.

• Any enrollee falsifying documents or otherwise enrolling or attempting to enroll an ineligible dependent will be subject to disciplinary action up to and including termination of employment.
## LEHIGH VALLEY HEALTH NETWORK
### DOCUMENTATION REQUIRED TO SUBSTANTIATE DEPENDENT ELIGIBILITY

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| Spouse                         | • Marriage License (this is not the certificate provided from the official conducting the ceremony);  
|                                 |   o Original or clear copy  
|                                 |   o May be in the form of an Online Marriage Record if available from state or county of record showing the names of spouse and enrollee and the date of marriage; or,  
|                                 | • Valid Military ID for the spouse of the armed services member. Must show both spouse and enrollee’s name and SSN; or,  
|                                 | • If a foreign marriage, documentation confirming existence of marriage; or,  
|                                 | • Divorce decree (when removing spouse from plan).                                          | • County courthouse that issued original marriage license. A list of Pennsylvania County Courthouses can be found at [www.health.state.pa.us](http://www.health.state.pa.us) under Health Statistics and Vital Records ([www.vitalcheck.com](http://www.vitalcheck.com))  
|                                 |                                                                                           | • In accordance with military procedures established by the applicable branch of service  
|                                 |                                                                                           | • Location where marriage was performed  
|                                 |                                                                                           | • Clerk of county in which divorce was finalized ([www.vitalcheck.com](http://www.vitalcheck.com))  
| Same-Sex Domestic Partner       | • LVHN Affidavit—Same Sex Domestic Partnership; and,  
|                                 | • Three of the following (original documents for review):  
|                                 |   o Joint Deed  
|                                 |   o Joint Mortgage or residential lease  
|                                 |   o Designation of domestic partner as primary beneficiary for a life insurance policy  
|                                 |   o Durable property and health care powers of attorney  
|                                 |   o Joint ownership of an automobile  
|                                 |   o Joint bank account or credit account; and,  
|                                 | • If applicable, complete the LVHN Declaration of Tax Status Form.                          | • LVHN Human Resources  

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| Child(ren) by birth | • Birth Certificate  
  o Original  
  o Certified copy; and,  
  • If dependent child is full-time student over age 18 – age 23, you also provide an official class schedule or tuition invoice showing at least 12 units of learning from an institution of higher learning. | • For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail or online at www.health.state.pa.us - Fee is $10.  
(Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through www.health.state.pa.us or www.vitalcheck.com or www.usbirthcertificate.net)  
• Available from Bursar or Registrar’s offices |
| Child(ren) by adoption | • Certificates and court documents showing legal responsibility for the child(ren)  
  o Court approved adoption Order  
  o Placement letter from court/adoption agency for pending adoptions; and,  
  • If dependent child is full-time student over age 18 – age 23, you also provide an official class schedule or tuition invoice showing at least 12 units of learning from an institution of higher learning. | • County courthouse that issued final adoption order  
• County court/adoption agency that issued placement letter  
• Available from Bursar or Registrar’s offices |
| Child(ren) by legal guardianship | • Certificates and court documents showing legal responsibility for the child(ren)  
  o Court or agency Order establishing guardianship; and,  
  o Affidavit of Dependency of Children; and,  
  • If dependent child is full-time student over age 18 – age 23, you also provide an official class schedule or tuition invoice showing at least 12 units of learning from an institution of higher learning. | • County courthouse/agency that issued guardianship order  
• LVHN Human Resources  
• Available from Bursar or Registrar’s offices |
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| Stepchildren | • The following documents  
| | o Birth certificate of stepchild listing  
| | employee’s current spouse as the parent of the step-child(ren); and,  
| | o The first 2 pages of your latest IRS Federal Tax Return; and,  
| | o Marriage license; and,  
| | o Affidavit of Dependency for Children; and,  
| | • If dependent child is full-time student over age 18 – age 23, you also provide an official class schedule or tuition invoice showing at least 12 units of learning from an institution of higher learning.  
| | • See Possible Resources for Birth and Marriage Licenses noted above.  
| Foster Child(ren) | • Certificates and court documents showing legal responsibility for the child(ren)  
| | o Court or agency Order establishing foster child status; and,  
| | o Affidavit of Dependency of Children; and,  
| | • Documentation reflecting the need to provide medical coverage; and,  
| | • If dependent child is full-time student over age 18 – age 23, you also provide an official class schedule or tuition invoice showing at least 12 units of learning from an institution of higher learning.  
| | • County courthouse/agency establishing foster child status  
| | • LVHN Human Resources  
| | • County courthouse/agency establishing foster child status  
| | • Available from Bursar or Registrar’s offices |
| Same-Sex Domestic Partner’s child(ren) by birth | • Birth Certificate  
| | o Original  
| | o Certified copy; and,  
| | • LVHN-acceptable Proof of Same Sex Domestic partnership; and,  
| | • For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail or online at www.health.state.pa.us. - Fee is $10. (Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through www.health.state.pa.us or www.vitalcheck.com or www.usbirthcertificate.net)  
| | • LVHN Human Resources  
| | • Available from Bursar or Registrar’s offices |

For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail or online at www.health.state.pa.us. - Fee is $10. (Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through www.health.state.pa.us or www.vitalcheck.com or www.usbirthcertificate.net)
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<td></td>
<td>- Placement letter from court/adoption agency for pending adoptions; <strong>and</strong></td>
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<td>- LVHN-acceptable Proof of Same-Sex Domestic partnership; <strong>and,</strong></td>
<td>- LVHN Human Resources</td>
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<td></td>
<td>- If dependent child is full-time student over age 18 – age 23, you also provide an</td>
<td>- Available from Bursar or Registrar’s offices</td>
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<td>official class schedule or tuition invoice showing at least 12 units of learning</td>
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<td></td>
<td>from an institution of higher learning.</td>
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<tr>
<td>Same-Sex Domestic Partner’s child(ren) by legal guardianship</td>
<td>- Certificates and court documents showing legal responsibility for the child(ren)</td>
<td></td>
</tr>
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<td></td>
<td>- Court or agency order establishing guardianship; <strong>and,</strong></td>
<td>- County courthouse/agency that issued guardianship order</td>
</tr>
<tr>
<td></td>
<td>- Affidavit of Dependency for Children; <strong>and,</strong></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>from an institution of higher learning.</td>
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<tr>
<td>Incapacitated Adult Child</td>
<td>- Application for Extended Coverage Due to Incapacitation/Disability (including employee</td>
<td>- LVHN Human Resources or Spectrum Administrators</td>
</tr>
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<td></td>
<td>and physician information).</td>
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</tbody>
</table>

Updated January 1, 2010
Affidavit of Dependency for Children

I, _______________________________ (Employee Name), submit this Affidavit of Dependency to establish _______________________________ (Child’s Name) as a dependent child (as defined below) in order to obtain benefits that Lehigh Valley Health Network, Inc. may extend to employees’ dependent children through guardianship or marriage.

1. I declare that the dependent child is eligible for benefits because (you must check one of these):
   - I have been appointed guardian of the child (attach copy of Court Order).
   - The child is my foster child (attach copy of Court/Agency Order).
   - The child is my step-child and resides with me (attach proof of child’s residency).

2. I agree to notify Lehigh Valley Health Network, Inc. within (30) days of any change in the circumstances attested to in this affidavit.

3. I understand I may be responsible for payment of income taxes as a result of Lehigh Valley Health Network, Inc. providing benefits to the identified dependent child.

4. I will provide to the designated Human Resource Representative documents to verify the dependent child’s eligibility as per the policy.

5. Annual enrollment may be required.

6. I understand that providing false or misleading information in the Affidavit may result in any or all of the following actions by Lehigh Valley Health Network, Inc.
   - a) a requirement that I reimburse Lehigh Valley Health Network, Inc. for all expenses
   - b) termination of my employment
   - c) other legal action against me

I affirm that the assertions in this affidavit are true to the best of my knowledge.

_________________________________________    _____________________  ______________
Employee Signature                          Social Security #            Date

______________________________________________________
Employee/Dependent Child’s Home Address

______________________________________________________
Benefits Counselor Signature                 Date
I. POLICY

Lehigh Valley Health Network shall observe all applicable wage/hour regulations under the 1938 Fair Labor Standards Act (FLSA), and the Portal-to-Portal Act of 1947 and Prohibition of Excessive Overtime in Healthcare Act 102 of 2008, as applicable.

II. SCOPE

All non-exempt employees. Non-exempt as defined under Act 102.

ACT 102: An employee involved in direct patient care or clinical care services, who receives compensation on an hourly basis in a healthcare facility or an individual employed through a personnel agency that contracts with a health care facility.

ACT 102: This does not include a physician, physician assistant, dentist, or worker involved in environmental services, clerical, maintenance, food service, or other job classifications not involved in direct patient care and clinical care services.

III. Definitions Under the Provisions of ACT 102: Prohibition of Excessive Overtime in Healthcare Act

1. Clinical Care Services. Diagnostic, treatment, or rehabilitative services including radiology and diagnostic imaging, such as magnetic resonance imaging and positron emission tomography, radiation therapy, phlebotomy, electrocardiogram and electroencephalography, and laboratory medical services.

2. Employee. An individual employed by a health care facility who is involved in direct patient care activities or clinical care services and who receives an hourly wage. The term includes an individual employed through a personnel agency that contracts with a health care facility to provide personnel. The term does not include a physician, physician assistant, dentist, or worker involved in environmental services, clerical, maintenance, food service or other job classification not involved in direct patient care and clinical care services.

3. Health Care Facility. A facility that provides clinically related health services. The term includes a general or special hospital, a psychiatric hospital, a rehabilitation hospital, a hospice, an ambulatory surgical facility, a long-term care nursing facility, a cancer treatment center using radiation therapy on an ambulatory basis and an inpatient drug and alcohol treatment facility. The term does not include an office used primarily for the private or group practice of medicine by a health care practitioner.
4. **On-Call Time.** Time spent by an employee who is not currently working on the premises of the place of employment but who:
   
a. is compensated for availability; or
   
b. as a condition of employment, has agreed to be available to return to the premises of the place of employment on short notice if the need arises.

5. **Reasonable Efforts.** Attempts by a health care facility to:
   
a. seek persons who volunteer to work extra time from all available qualified staff who are working at the time of the unforeseeable emergent circumstance;
   
b. contact all qualified employees who have made themselves available for extra work time;
   
c. seek the use of per diem staff; or
   
d. seek personnel from a contracted temporary agency when such staff is permitted by law or regulation.

6. **Unforeseeable Emergent Circumstance.** Any of the following apply:
   
a. An unforeseeable declared national, state or municipal emergency.
   
b. A highly unusual or extraordinary event which is unpredictable or unavoidable and which substantially affects the provision of needed health care services or increases the need for health care services. This includes:
      
      (i) an act of terrorism;
      
      (ii) a natural disaster; and
      
      (iii) a widespread disease outbreak.
   
c. Unexpected absences, discovered at or before the commencement of a scheduled shift, which could not be prudently planned for by an employer, and which would significantly affect patient safety.
   
d. Note: The term does not include vacancies that arise as a result of chronic short staffing.

IV. **PROVISIONS**

A. Overtime will be paid to non-exempt employees under the following conditions:

1. For those employees designated to work ten (10) eight (8) hour shifts in an 80 hour two (2) week period also known as 8/80):
   
a. For all hours worked over eight (8) hours and for all hours worked over 80 hours, at the rate of time and one-half, as required by FLSA.
   
b. Compensatory time is not permissible as an exchange for legally required overtime for 8/80 employees.

2. For those employees designated to work shifts other than 8/80 in a 40-hour pay week:
a. For all hours worked over forty (40) hours in a pay week, the employee will be paid at the rate of time and one-half, or can receive equal time off before the end of the pay week (which ends 11:00 p.m. Saturday). Example: Jane Doe is a full-time employee scheduled to work eight (8) hour/days, Monday through Friday; she works ten (10) hour on a Monday. If her supervisor cannot give her two (2) hours off before Saturday she must be paid time and one-half for the two hours of overtime.

B. PTO (Vacation/Personal/Holiday), bereavement leave, jury duty and sick time will not be considered as time worked for purposes of computing overtime.

C. Employee whose normal shift is less than eight (8) hours must work at least forty (40) hours in a week before they are eligible for overtime pay.

D. Employees will be paid for conferences for which attendance is mandatory.
   1. Such conference time is time worked and will be counted for purposes of computing overtime.
   2. Employees will not necessarily be compensated for in-service and educational conferences where attendance is voluntary, that is, not required. Supervisors will use discretion and fairness when authorizing attendance at conferences.

E. Pursuant to the Portal-to-Portal Act, when an employee is required to take a trip by car, train, or other public transportation which keeps him/her away from home, the Wage-Hour Administrator considers that all time spent in such travel during the employee's normal working hours must be counted as time worked. Furthermore, hours spent traveling on Saturdays, Sundays and holidays must also be counted as time worked when they coincide with the employee's normal working hours on other days of the week.

Prohibition of Excessive Overtime in Healthcare Act

F. **General Rule:** Pursuant to ACT 102, in the Commonwealth of Pennsylvania, a health care facility may not require an employee who is involved in direct patient care or clinical services to work in excess of their agreed upon, predetermined and regularly scheduled daily work shifts. Employees may be scheduled to work shifts of varying lengths and the scheduling of shifts longer than eight (8) hours is not considered to be overtime under this policy.

G. The scheduling of employees to be on-call under the terms of the HR Policy 4001.80 is not considered as a provision under this policy.

H. Employees may volunteer to work additional hours.

I. **Exceptions to the General Rule:** Employees may be mandated to work additional hours under the following circumstances.
   1. Unforeseeable emergent circumstances, including unexpected absences resulting from call-offs, discovered at or before the start of a shift, which could not be prudently planned for and which could significantly affect patient care.
   2. When an employee is required to complete a patient care procedure already in progress and the employee's absence could have an adverse effect on the patient.

J. Supervisors will use reasonable efforts to obtain other staffing before mandating additional work hours (see E in Procedure Section for reasonable efforts).
K. If Unit Director must mandate additional work hours, Unit Director will be required to document all steps taken when trying to secure alternative staff. (see Attachment A, Mandating Hours Worksheet, for documentation provisions)

L. No employee will be punished or subject to retaliation for the refusal to work additional work hours, unless the time is considered mandated under the terms of the Act, which may lead to disciplinary actions under the terms of HR Policy # 2000.40.

V. PROCEDURE

**Action**

A. All positions will be classified by Human Resources as exempt or non-exempt according to the Fair Labor Standards Act (FLSA) exempting tests.

B. All positions will be designated as 8/80 or forty (40) hours shifts at the time of hire by the Department Head. Notification to payroll is required.

C. Department Head must establish approval process for overtime in conjunction with Human Resources and communicate to staff the authorization expectations. i.e., The director should determine if they want to authorize all and any overtime work prior to staff performing job duties.

D. Overtime must be clearly marked on timesheet with appropriate signatures and sent to payroll for processing.

**Prohibition of Excessive Overtime in Healthcare Act**

E. **Pursuant to the Act 102**: LVHN will use reasonable efforts to obtain other staffing before mandating additional work time including:

   1. Requesting qualified staff to volunteer.

   2. Calling qualified employees who have indicated in advance that they would be willing to work overtime and or extra hours.

   3. Scheduling of per diem or agency personnel to work the hours.

   4. If house-wide resources are also not available, additional staff time should be sought from the designated unit staff, considering: per diem, part time, full time, straight time, overtime, staff willingness to stay additional hours/come in early, staff willingness to adjust schedule (for a different day).

F. If all above measures do not provide staffing, the assignment of mandatory additional work time should be based on rotation according to seniority hours.

G. Employees mandated to work additional hours under the circumstances set forth under Act 102:

   1. Must be given up to one hour without pay, to make personal arrangements for the care of minor children, disabled or elderly family members. As defined in HR Policy 3001.00 Family and Medical Leave Act.

   2. Employees who are required to work more than 12 consecutive hours in a work day, whether mandatory or voluntary, will be entitled to at least 10 consecutive hours of off-duty time, without pay, immediately after the worked hours.
An Example: Jane Doe finishes her regular shift (7a-3p) (8 hrs). She is mandated or volunteers to stay to work extra (3p-8p) (5 hrs). She will be working more than 12 consecutive hours and will need to be offered at least 10 consecutive hours off-duty, immediately after the worked extra time, before reporting back to work.

H. Employees may voluntarily waive this ten (10) hour time off period. Moreover, employees may be permitted to use PTO to cover the loss of regularly scheduled work hours resulting from the use of the 10 hour time-off period. See Attachment B: Act 102 Waiver Form

I. Employees mandated to work additional hours under the ACT 102 Provisions, the following information will need to be documented and submitted to payroll. (See Attachment A Mandatory Hours Worksheet). (This form can also be found on the Intranet HR web site/Manager Resources/Additional Resources.) Department must keep a copy and fax a copy to payroll before the end of the payroll biweekly cycle.

1. Steps taken to find alternative staffing, prior to mandating additional work time.
2. The unforeseeable emergent circumstances pursuant to Act 102
3. Waiver of 10 hours off-duty time, if applicable

V. ATTACHMENTS: Attachment A: Mandatory Hours Worksheet
Attachment B: Act 102 Waiver Form

VI. DISTRIBUTION
Human Resources Web Page

VII. APPROVAL

_______________________________  Senior Vice President, Human Resources
Signature                              Title                       Date

_______________________________  Chief Operating Officer
Signature                              Title                       Date

VIII. POLICY RESPONSIBILITY IN COORDINATION WITH:

Director, Human Resources Operations

IX. REFERENCES

N/A

X. REVISIONS

Statement of Rights as follows:

The Lehigh Valley Health Network reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XI. Others: N/A

XII Dates

Origination: 5/97       Last Review: 8/20/09       Next Review: 08/20/11
# MANDATING HOURS WORKSHEET

## Prohibition of Excessive Overtime in Healthcare Act 102

Please provide following information and return document to Payroll.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Unit:</td>
</tr>
<tr>
<td>Employee ID#:</td>
<td>Mandated Hours:</td>
</tr>
<tr>
<td>Position:</td>
<td>Date for Mandated Hours:</td>
</tr>
</tbody>
</table>

What were the unforeseeable emergent circumstances related to mandatory overtime use?  

**Director/Designee Please Complete**

- [ ] Unexpected absences resulting from call-offs.
- [ ] Employee is required to complete a patient care procedure already in progress.
- [ ] National State or Municipal emergencies.
- [ ] Acts of terrorism  [ ] Natural disasters  [ ] Widespread disease outbreak

What were the steps taken to find alternative staff solutions prior to resorting to mandatory work time. (check all that apply) :

**Director/Designee Please Complete**

- [ ] Requested qualified staff to volunteer.
- [ ] Called qualified employees who have indicated in advance that they would be willing to work overtime and/or extra hours.
- [ ] Scheduled per diem.
- [ ] Considered unit staff: staff willingness to stay additional hours/come in early, staff willingness to adjust schedule, per diem, part time, full time, straight time, overtime.

### Off Duty Time Provisions:

**Employee Please Complete**

- [ ] I was mandated to work more than 12 consecutive hours and want to have 10 hours off-duty time.
- [ ] I was mandated to work more than 12 consecutive hours and do not want to have 10 hours off-duty time.
- [ ] I was mandated to work but it was not more than 12 consecutive hours.

Please note this documentation is only required when mandating time occurs due to situations occurring due to those unforeseeable emergent circumstances. It is not required documentation when additional time is voluntary as part of normal operating procedures. Please see voluntary waiver form for off-duty provisions.

---

**Employee Signature** ___________________________ **Director/PCC or Designee Signature** ___________________________

**Human Resources Signature** ___________________________ **Director/PCC or Designee’s Printed Name** ___________________________

---

(This form can be found on the Intranet HR web page/Manager Resources/Additional Resources and Overtime Policy Attachment)

- Designee completing form, please provide completed form to Unit Director
- Director please keep filed in a dept. file
- Director send or fax to Payroll dept.

---

W/HR/R/policy/overtime work sheet a updated: 9/2/09
Act 102 Waiver Form for 10 Hour Off Duty when Voluntary Extra Time Worked is in Excess of 12 Hours

This form to be completed when the employer asked for volunteers to work extra due to staffing needs.

This is voluntary extra time worked. I understand the law, Act 102 Prohibition of Mandatory Overtime in Healthcare, which allows me to have 10 hours off duty between worked times, immediately following extra time worked in excess of 12 consecutive hours.

My signature indicates that I do not want to have 10 hrs off between work times. I understand that extra worked time is defined as the (voluntary) additional time, worked beyond my regularly scheduled shift and my waiver pertains to next shift only.

**ADDITIONAL TIME INFO TO BE COMPLETED BY EMPLOYEE:**
Working Date of additional shift: _____________
Working Shift Hours: ___________________
Working Dept. and Cost Center:___________

Employee Signature ___________________________ Date __________________

Employee Printed Name _________________________ Employee ID# __________________

Staff: Please provide a signed copy to:
- Director/PCC/or designee (Primary unit):
- Director please send copy to Payroll:
- cc: Departmental File

This form can be found on the Intranet HR Web Page/Manager Resources/Additional Resources and attached to the Overtime Policy.

W/HR/R/Policy/Act 102 Off-Duty Waiver form Updated 8/21/09
Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A 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 the employee from performing the functions of the employee’s 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.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.
I. PURPOSE
The purpose of this policy is to protect patients, employees, medical and allied health professional staff, family members and the community from influenza infection through annual immunization of all Lehigh Valley Health Network medical and allied health professional staff, employees, contracted clinical personnel, students, and volunteers.

II. POLICY
Lehigh Valley Health Network supports a “phase-in” approach to universal influenza immunization for all LVHN personnel. For the 2011-2012 influenza season, annual Influenza immunization is strongly encouraged for all personnel working/volunteering within Lehigh Valley Health Network facilities. Personnel who decline the influenza vaccine for any reason are required to submit a formal declination, specifying a reason for declining. All personnel with patient contact who decline the influenza vaccine will be required to wear a surgical mask during the influenza season (period specified in V.B. 3.) when in a patient care area or when within six (6) feet of any patient.

NOTE: For influenza season 2012-2013 and forward, influenza vaccination will be required on an annual basis for all personnel working/volunteering within Lehigh Valley Health Network who have patient contact, unless medically contraindicated or because of a bonafide religious belief or practice.

III. SCOPE
This policy applies to all Lehigh Valley Health Network (LVHN) employees and contracted personnel, as well as all members of the medical and allied health professional staff, residents, students/trainees and volunteers.

IV. DEFINITIONS
A. Influenza (flu) - a mild to severe contagious illness caused by viruses that infect the respiratory tract.

B. Influenza vaccine – a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body.
   • TIV-also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.
   • LAIV-also known as the Live Attenuated Influenza Vaccine, is made with live, weakened viruses and is administered through a nasal spray.

C. Medical and Allied Health Professional Staff - all credentialed physicians and allied health professionals, including those employed by LVHN and those in private practice.

D. Personnel – LVHN employees and contracted staff, as well as all members of the medical and allied health professional staff, students/trainees and volunteers.

E. Personnel with Patient Contact - all personnel included in Section III Scope who perform work tasks, routinely (e.g. RN, technical partner) or intermittently (e.g. HVAC mechanic, food service delivery personnel), within six (6) feet of patients or who have contact with their environment in the performance of their job duties.
F. **Urgent Situation** – The period of time when individuals who have not been immunized or granted an exemption may not work and for those who have been granted an exemption, adherence to the Infection Control Procedures set forth in Section V.B. is required.

V. **PROcedures**

A. **Annual Influenza Immunization**:

1. Every individual identified under Section III. Scope of Policy should be immunized against influenza each year unless they have a valid medical or bonafide religious reason not to be vaccinated.

2. Personnel who decline the vaccine for valid medical or bonafide religious reasons, or for any reason during the 2011-2012 influenza season are required to submit a declination, which must include the reason for declining, via the designated information system.

3. Personnel who decline vaccination and who have patient contact are required to wear a surgical mask or particulate respirator when within 6 feet of a patient or when they enter a patient area, such as an in-patient unit, a waiting room, an exam room, a treatment area, a reception area or out-patient clinic area.

4. Influenza vaccine is available free of charge to all employees, volunteers, medical and allied health professional staff, students assigned to clinical rotations during the influenza season and contracted personnel. The vaccination program is coordinated through Employee Health Services. Dates of the influenza vaccination program will be determined by Employee Health Services and the hospital epidemiologist on an annual basis.

5. If individuals covered by this policy are vaccinated through services other than Employee Health Services, (i.e. private physician office, public clinics) they must provide proof of immunization to Employee Health Services. Proof of immunization may include a physician’s note, a receipt, or copy of administration record.

6. **Influenza Immunization will be required on an annual basis as of September 2012, for all LVHN personnel working/volunteering with Lehigh Valley Health Network facilities who have patient contact, in accordance with Attachment B- Lehigh Valley Health Network Influenza Immunization Policy effective September 1, 2012.**

B. **Infection Control Procedures**

1. All personnel will be required to strictly adhere to respiratory hygiene and hand hygiene practices, as well as isolation precautions.

2. **Personnel covered by this policy who have patient contact and decline the vaccine during the 2011-2012 influenza season will be required to wear a surgical mask or particulate respirator any time they enter a patient area or are within 6 feet of a patient.**

   **Note:** For the 2012-2013 influenza season and beyond, personnel with patient contact who have an approved exemption from immunization for valid medical reasons or bonafide religious beliefs will be required to wear a surgical mask or particulate respirator any time they enter a patient area or are within 6 feet of a patient.

3. Influenza season typically occurs sometime between November through March. The exact dates for the requirement to wear respiratory protection will be determined annually when influenza is identified in the community where the hospital or organization is located. This will be determined by the hospital epidemiologist.

C. Employee Health Services will maintain a record of influenza immunizations and declinations via HRIS or other designated system.

D. IS and Employee Health Services will coordinate the distribution of periodic compliance reports to update managers on the immunization status and submitted declinations for staff who work in their respective areas. Managers/supervisors, administrators, Chairs and Vice
Presidents are responsible for reviewing the report and monitoring compliance with this policy.

E. LVHN managers and supervisors are responsible for the enforcement of this policy requiring influenza immunization or submission of declination on an annual basis.

F. LVHN managers and supervisors are responsible for the enforcement of use of respiratory protection, either a surgical mask or particulate respirator, by personnel with patient contact who have declined the vaccination.

G. The manager or supervisor will determine which personnel have patient contact based on the definition in IV. (E). In the case of an employee’s disagreement with this determination, Employee Health Services will be contacted and make the determination, in consultation with Infection Control, if needed.

H. All staff and personnel covered by this policy must adhere to the LVHN Influenza Immunization Policy as a condition of employment or access to LVHN facilities. They must be vaccinated or submit a declination by December 1st of 2011.

I. All new hires with direct patient contact starting employment on or after the effective date of this policy will be informed of this policy prior to being hired. Specifically that they will be required to wear a mask if they decline vaccination and that as of September 2012, they will be required to be vaccinated against influenza as a condition of employment, unless they are approved for an exemption because of valid medical or bonafide religious beliefs.

J. All individuals with patient contact who have not been vaccinated for any reason will not be permitted to work if urgent situation is declared. An urgent situation may be declared by the Chief Medical Officer in consultation with Employee Health Services, Infection Prevention and Control, and Human Resources. Determination of an urgent situation may be based upon one or more of the following conditions:

1. Influx in patient admissions attributable to influenza;
2. Advisories by local or state Department of Health officials or the Centers for Disease Control and Prevention;
3. Marked increase in employee absenteeism.

K. Failure to comply with the immunization policy by December 1, 2011 will result in a written warning. If an individual is not vaccinated and has not submitted a declination with a reason for declining within two (2) weeks of the warning, the following actions will be taken:

1. Medical and allied health professional staff will have their privileges temporarily suspended and will have them restored only upon submission of proof of vaccination or submitted declination.

2. All other staff will be temporarily removed from the schedule and not permitted to work until they have been vaccinated or have submitted a declination. This will be recorded as an unpaid, unscheduled and unplanned absence and counted as an occurrence under the attendance policy.

L. If an unvaccinated individual who has submitted a declination fails to comply with the Infection Control Procedures set forth in Section V.B. 2. i.e. the requirement to wear a mask, they will receive a written confirmation of counseling. A second instance of failure to comply will result in a final written warning and three (3) day suspension. The third instance of failure to comply will result in termination.

M. In the event of an influenza vaccine shortage, the situation will be evaluated by the Chief Medical Officer in collaboration with Employee Health Services, Infection Prevention and Control, Human Resources, Pharmacy and Administration. Influenza vaccine will be offered to staff and personnel covered by this policy based on job function and risk of exposure to influenza. Priority will be given to those who provide direct hands-on patient care with prolonged face-to-face contact with patients, care for patients at high risk for complications from influenza and/or have highest risk of exposure to patients with influenza, as well as to personnel who are at high risk for complications from influenza.
Influenza Vaccination Declination

In keeping with LVHN’s mission to heal, comfort and care for our community, all employees are expected to receive the influenza vaccine on a yearly basis. Universal immunization of health care workers against seasonal influenza is a critical patient safety issue. Any employee declining the vaccine is required to document their declination.

Check One:
- Employee
- Volunteer
- Physician (Non-LVPG)
- HNL
- Allied Health (Non-LVPG)
- Student
- Sodexho
- Crothall
- Other Contracted

Social Security Number or User ID (SUI)

Influenza Facts
The Centers for Disease Control and Prevention (CDC) has recommended that I receive the influenza vaccination in order to protect myself and the patients I serve. I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 24,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
• If I contract influenza, I can shed the virus for 24-48 hours to patients and employees in this facility.
• If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
• I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.

• I cannot get the influenza disease from the influenza vaccine.
• Several studies demonstrate that immunizing healthcare workers against influenza protects patients against acquiring the virus from healthcare workers and reduces patient morbidity and mortality.
• The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients, my coworkers, my family, and my community.

I acknowledge that I have read and understood all of the flu facts provided above.
I will be receiving the influenza vaccine:  o Yes  o No
I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available. I have read and fully understand the information on this declination form.
If I decline now, and later receive the vaccine, my receipt of the vaccine will nullify this declination.

Note: Personnel who have patient contact and decline the 2011 – 2012 influenza season will be required to wear a surgical mask or particulate respirator anytime they enter a patient area or are within 6 feet of a patient in the performance of their job duties.  
(Human Resources Policy Lehigh Valley Health Network Influenza Policy for Influenza Season 2011 – 2012)

If an unvaccinated individual who has submitted a declination fails to comply with the Infection Control Procedures set forth in Section V.B. 2. i.e. the requirement to wear a mask, they will receive a written confirmation of counseling. A second instance of failure to comply will result in a final written warning and three (3) day suspension. The third instance of failure to comply will result in termination.
Failure to comply with the immunization policy by December 1st of 2011 will result in a written warning. If an individual is not vaccinated and has not submitted a declination with a reason for declining within two (2) weeks of the warning, they will be temporarily removed from the schedule and not permitted to work until they have been vaccinated or have submitted a declination. This will be recorded as an unpaid, unscheduled and unplanned absence and counted as an occurrence under the attendance policy.

Please indicate a reason why you are not planning on receiving the flu vaccine:

- I have religious or ethical beliefs that prohibit my being vaccinated
- I don’t believe I am at risk of getting the flu
- I don’t believe I am a risk to my patients or co-workers if I don’t get vaccinated
- I am afraid of the side effects
- I believe the vaccine causes the flu
- My doctor has advised me not to receive the vaccine due to medical reasons (Guillain Barre, severe egg allergy, or previous severe reaction to the flu vaccine)
- I do not believe the vaccine is effective
- I have a fear of needles**

**Please note that fluMist, the inhaled version of the Flu vaccine, is available free of charge through Employee Health Services.

Signature: ________________________________ Date: ____________________

Attachment B

POLICY NO.

SUBJECT: Lehigh Valley Health Network Influenza Immunization Policy

EFFECTIVE DATE: September 1, 2012
I. PURPOSE
The purpose of this policy is to protect patients, employees, medical and allied health professional staff, family members and the community from influenza infection through annual immunization of all Lehigh Valley Health Network medical and allied health professional staff, employees, contracted clinical personnel, students, and volunteers.

II. POLICY
Influenza immunization is strongly recommended on an annual basis for all personnel working/volunteering within LVHN. Influenza immunization is required on an annual basis for all who have patient contact, unless granted an exemption for a valid medical contraindication or a bona fide religious belief. Individuals with patient contact who are granted an exemption will be required to wear a surgical mask or particulate respirator any time they enter a patient area or are within six feet of a patient. Submission of a declination is required for all personnel who do not have patient contact and decline the vaccine.

III. SCOPE
This policy applies to all Lehigh Valley Health Network (LVHN) employees and contracted clinical personnel, as well as all members of the medical and allied health professional staff, residents, students/trainees and volunteers.

IV. DEFINITIONS
A. Influenza (flu) - a mild to severe contagious illness caused by viruses that infect the respiratory tract.

B. Influenza vaccine - a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body.
   • TIV - also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.
   • LAIV - also known as the Live Attenuated Influenza Vaccine, is made with live, weakened viruses and is administered through a nasal spray.

C. Medical and allied health professional staff - all credentialed physicians and allied health professionals, including those employed by LVHN and those in private practice.

D. Personnel with Patient Contact – all personnel included in section III, Scope, who perform work tasks within six (6) feet of patients or who have contact with their environment in the performance of their job duties.

E. Personnel - LVHN employees and contracted staff, as well as all members of the medical and allied health professional staff, students/trainees and volunteers.

F. Urgent Situation - The period of time when individuals who have not been immunized or granted an exemption may not work and for those who have been granted an exemption, adherence to the Infection Control Procedures set forth in Section V.B. is required.
V. PROCEDURES

A. Annual Influenza Immunization:
   1. Every individual identified under Section III. Scope of Policy who has patient contact must be immunized against influenza each year unless granted an exemption under Section V. (M.)
   2. All other individuals identified under Section III. Scope of Policy who do not have patient contact are strongly encouraged to be immunized. Those individual who choose not to be vaccinated must submit a declination.
   3. Influenza vaccine is available free of charge to all LVHN employees, volunteers medical and allied health professional staff, students assigned to clinical rotations during the influenza season and contracted personnel. The vaccination program is coordinated through Employee Health Services. Dates of the influenza vaccination program will be determined by Employee Health Services and the hospital epidemiologist on an annual basis.
   4. If individuals covered by this policy are vaccinated through services other than Employee Health Services, (i.e. private physician office, public clinics) they must provide proof of immunization to Employee Health Services. Proof of immunization may include a physician’s note, a receipt, or copy of administration record.
   5. All new hires with patient contact will be informed of this policy prior to hire.

B. Infection Control Procedures
   1. All personnel will be required to strictly adhere to respiratory hygiene and hand hygiene practices, as well as isolation precautions.
   2. Personnel covered by this policy who have patient contact and who have been granted an exemption for valid medical reasons or a bonafide religious belief will be required to wear a surgical mask or particulate respirator any time they enter a patient area or within six feet of a patient.
   3. Influenza season typically occurs sometime between November through March. The exact dates for wearing respiratory protection will be determined annually when influenza is identified in the community where the hospital or organization is located. This will be determined by the hospital epidemiologist.

C. Employee health services will maintain a record of influenza immunizations, exemptions and declinations via HRIS or other designated system.

D. IS and employee health services will coordinate the distribution of periodic compliance reports to update managers on the immunization rates, exemptions and declinations for staff who work in their respective areas. Managers/supervisors, administrators, Chairs and Vice Presidents will be responsible for reviewing the report and monitoring compliance with this policy.

E. LVHN supervisors, vice presidents, Medical Staff Services and those supervising contracted personnel, students and vendors are responsible for the enforcement of this policy requiring influenza immunization on an annual basis for personnel with patient contact, unless exemption has been granted as described below, including the use of masks when an exemption has been granted.

F. LVHN Supervisors vice presidents and those supervising contracted personnel are responsible for the enforcement of this policy verifying submission of declination for personnel who do not have patient contact but decline the vaccine.
G. All staff and personnel covered by this policy must adhere to the LVHN Influenza Immunization Policy as a condition of employment or access to LVHN facilities. Those with patient contact must be vaccinated or granted an exemption by December 1 of each year.

H. Those who do not have patient contact and choose not to be vaccinated must submit a declination by December 1 of each year.

I. All individuals with patient contact who have not been vaccinated or granted an exemption will not be permitted to work if urgent situation is declared. An urgent situation may be declared by the Chief Medical Officer in consultation with Employee Health Services, Infection Prevention and Control, and Human Resources. Determination of an urgent situation may be based upon one or more of the following conditions:
   1. Influx in patient admissions attributable to influenza;
   2. Advisories by local or state Department of Health officials or the Centers for Disease Control and Prevention;
   3. Marked increase in employee absenteeism.

J. Failure to comply with the immunization policy will result in a written warning. All medical and allied health professional staff and other staff with patient contact who are not vaccinated or granted an exemption within two weeks of the warning, will be subject to termination. All other staff who do not have patient contact and are not vaccinated or have not submitted a declination within two weeks of warning, will be subject to termination.

K. If an unvaccinated individual with patient contact who has been granted an exemption fails to comply with the Infection Control Procedures set forth in Section V.B. following a written warning, they are subject to termination of employment.

L. In the event of an influenza vaccine shortage, the situation will be evaluated by the Chief Medical Officer at the corporate level in collaboration with Employee health Services, Infection Prevention and Control, Human Resources, Pharmacy and Administration. Influenza vaccine will be offered to staff and personnel covered by this policy based on job function and risk of exposure to influenza. Priority will be given to those who provide direct hands-on patient care with prolonged face-to-face contact with patients, care for patients at high risk for complications from influenza and/or have highest risk of exposure to patients with influenza, as well as to personnel who are at high risk for complications from influenza.

M. Exemptions (For personnel with patient contact)
   1. Exemption to immunization will be granted for medical contraindications or religious beliefs
   2. Individuals requesting exemption due to medical contraindications must submit a reasonable Accommodation Request Form (attachment A) and provide proof of medical contraindications from their private physician utilizing the Medical Exemption Form Influenza Vaccination Form (attachment B). Both must be submitted to employee health services. Accepted medical contraindications are noted on Attachment B.
   3. Individuals requesting a bona fide religious exemption must submit an Exemption Request Form (attachment A) and provide documentation supporting exception utilizing the Religious Exemption Form Influenza Vaccination Form (Attachment B).
   4. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention. The standard criteria will be utilized for all entities.
5. Each request for medical exemption will be evaluated individually by Employee Health Services.

6. The request for exemption due to religious reasons will be evaluated individually by Pastoral Care and Legal Services.

7. If exemption is granted, the individual will be notified in writing within ten (10) business days after presenting a request for exemption to Employee Health Services.

8. If exemption is granted for a temporary medical condition, the individual must resubmit a request for medical exemption each year. If the medical exemption is granted for a permanent condition (e.g. allergy or history of Guillain-Barre’ after a previous influenza vaccine) the medical exemption does not need to be requested each year unless vaccine technology would change to eliminate issues regarding allergies. Employees will be notified if exemption is granted on a temporary basis and of the need to reapply the next season.

N. Declinations (For personnel who do not have patient contact)

1. Declinations must be submitted via the designated system within the time frame specified under V. Procedures, H. A reason for declining must be submitted. (Attachment D)

VI. EFFECTIVE DATE

The effective date of this Administrative policy and procedure is September 1, 2012.

VII. APPROVAL

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<tr>
<th>Signature</th>
<th>President and CEO</th>
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<td>Signature</td>
<td>President, Medical Staff</td>
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<td>Signature</td>
<td>Vice President, Human Resources</td>
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<td>Signature</td>
<td>Director, Employee Health Services</td>
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VIII. ATTACHMENTS

Attachment A – Influenza Immunization Exemption Request Form
Attachment B - Medical Exemption Form Influenza Vaccination Form
Attachment C - Religious Exemption Form Influenza Vaccination Form
Attachment D – Declination Form For those who do not have patient contact

IX. POLICY RESPONSIBILITY

IN COORDINATION WITH:

Human Resources     Employee Health Services

X. REFERENCES

XI. DISCLAIMER STATEMENT

The organization reserves the right to unilaterally revise, modify, review, rescind or alter the terms and conditions of the policy within the constraints of law, by providing reasonable notice.

XII. REVISION DATES

Origination: 3/30/11

Attachment A
season” as designated by LVHN. Individuals may request an exemption to this requirement on the basis of: (1) a medical contraindication, or (2) a bona fide religious belief, observance, or practice that is sincerely held that prohibits immunization. An exemption does not excuse you from our annual influenza prevention program but rather provides an alternate method of compliance in place of the influenza immunization.

To consider your request for an exemption, you must complete and submit the Exemption Request Form along with the required supporting documentation (attachment B for medical exemption request or attachment C for religious exemption request) to Employee Health Services, Cedar Crest- Jaindl Pavilion, or by fax (610-402-1203), no later than November 12. A team experienced in the review process, which will include Employee Health staff; including physician staff (for medical exemption requests) and Pastoral Care/Legal Services staff (for religious exemption) and Human Resources will review each request on a case-by-case basis. Supporting medical documentation must include information that supports the rationale for granting the exemption (i.e., results of an allergy test, etc.). You may be asked to sign a Release of Information form for the appropriate healthcare provider if your documentation does not supply the above documentation. You may also be interviewed in order to obtain additional information when requesting an exemption for religious reasons.

Personnel with patient contact who are granted an approved exemption will be required to wear a surgical mask during the period specified in V.B. 3., when in a patient care area or when within 6 feet of any patient.

Failure to comply with the immunization policy will result in a written warning. An individual with patient contact who is not vaccinated or granted an exemption within 2 weeks of the warning, will be subject to termination of employment. The individual who does not have patient contact and has not been vaccinated or submitted a declination within 2 weeks of the warning, will be subject to termination.

The unvaccinated individuals with patient contact who has been granted an exemption and fails to comply with the Infection Control Procedures set forth in Section V.B. will be subject to termination of employment following a written warning.

Exemption Request form Final 3/30/11

Attachment A

LEHIGH VALLEY HEALTH NETWORK
INFLUENZA IMMUNIZATION
EXEMPTION REQUEST FORM

I request an exemption to the Influenza Immunization requirement based on the following:

_____ MEDICAL CONTRAINDICATION TO THE INFLUENZA VACCINE
_____ RELIGIOUS BELIEF

I have attached and/or requested the required supporting documentation to this request (Attachment B for medical contraindications or Attachment C for religious belief). I understand that my failure to submit acceptable medical documentation or provide sufficient information describing my religious belief, observance or practice may result in my request for an exemption being denied.

I understand that my request for an exemption may be reviewed by LVHN staff members from Employee Health, Human Resources, Infectious Disease, Pastoral Care, Legal Services or other authorized
representatives who can assist in the evaluation of my request. I understand that in order to evaluate my
request for an exemption my manager and/or supervisor will also be made aware as part of the process and
informed of the reasons for my requested exemption. I consent to the release of the request and supporting
documentation to all such representatives of LVHN, on a need-to-know basis, in order for the representative
to carry out their duties and to act on my request for an exemption.

I hereby authorize Employee Health Services to release information to my manager/supervisor to confirm my
receipt of the influenza vaccination or my exemption from the influenza vaccination requirement in
accordance with policies established by LVHN. I may request a copy of my signed Authorization if desired. I
understand that I may revoke this Authorization at any time except to the extent that prior action has been
taken in reliance on this Authorization. If I want to revoke this Authorization, I must mail, fax or bring a letter in
person to Employee Health Services stating that I want to revoke this Authorization.

Signature: __________________________________________________________________________

Name Printed: _______________________________________________________________________

Employee ID # / Social Security # / User ID #: _____________________________________________

Date: ______________________________________________________________________________

Department: _________________________________________________________________________

Position / Shift / FTE: _________________________________________________________________

Immediate Supervisor: _______________________________________________________________

Personnel with patient contact who are granted an approved exemption will be required to wear a
surgical mask during the period specified in V.B. 3., when in a patient care area or when within 6 feet
of any patient

RETURN THIS FORM TO EMPLOYEE HEALTH, CC - JAINDL PAVILION (FAX # 610- 402-1203)
ALONG WITH THE REQUIRED SUPPORTING DOCUMENTATION BY NOVEMBER 12.

Origination: 3/30/11
Dear Physician:

In a patient safety initiative, LVHN is requiring influenza vaccinations for all of its employees and individuals providing patient care, similar to policies for other required vaccinations (such as MMR and varicella). For decades influenza vaccination has been recommended for healthcare workers and has been shown, in study settings, to be effective in protecting patients. Your patient is requesting to be exempt from this vaccination. **Medical exemption from influenza vaccination is allowed ONLY for recognized contraindications** (CDC; Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the advisory committee on immunization practices (ACIP). MMWR 2010;59 [No. RR-8]). Please complete the information below to request medical exemption for your patient. Should you have any questions, please call Employee Health Services at 610-402-8869.

Thank you,

Employee Health Services

My patient should not be vaccinated against influenza for the following reason:

- **Recognized contraindication to influenza vaccination (please mark which one):**
  - Severe allergic reaction to eggs (**please attach documentation of egg allergy**)
    - Defined as developing hives, swelling of the lips or tongue, difficulty breathing.
    - Does not generally result in only gastro-intestinal symptoms.
    - The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating foods prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine.
  - History of previous severe allergic reaction to the influenza vaccine or component of the vaccine (**please attach documentation vaccine component allergy**)
    - Defined as developing hives, swelling of the lips or tongue, difficulty breathing.
    - Does not include sore arm, local reaction or subsequent upper respiratory tract infection.
  - History of Guillan-Barre syndrome or other neurological Guillan–Barre type syndrome within 6 weeks of receiving a previous vaccine
    - People with this history can choose to receive the vaccine.
  - **Pregnancy**
    - I acknowledge that influenza vaccination is recommended in pregnancy by the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. Nevertheless I am requesting that my patient be exempt from this recommended vaccine.
  - **Other (please describe in space below)**
    - ‘Other’ requests will be reviewed on a case-by-case basis by the medical director of Occupational Health. (Attach supporting documentation). **Clarification from the requesting employee and/or their physician may be requested in writing or by phone.**

I certify that my patient has the above contraindication, and request medical exemption from the influenza vaccination.

Physician signature: ____________________________ Date: __________________

Physician Name: ____________________________ Phone___________________________

ALL THE ABOVE INFORMATION IS ACCURATE AND TRUE. I ACKNOWLEDGE THAT IF THIS EXEMPTION IS APPROVED, I WILL BE REQUIRED TO WEAR A MASK AS NOTED IN THE INFLUENZA IMMUNIZATION POLICY.

Individual seeking Exemption Signature: ____________________________ Date: _______________

RETURN THIS FORM TO EMPLOYEE HEALTH, CC- JAINDL PAVILION (FAX # 610- 402-1203) ALONG WITH THE REQUIRED SUPPORTING DOCUMENTATION BY NOVEMBER 12.

Origination: 3/30/11
RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION FORM

Employee name (print) ___________________________________________________________________

Employee ID, Social Security # or user ID ___________________________________________________________________

Employee’s Phone # ___________________________________________________________________

Minister / Clergy / religious leader’s name ______________________________________________

☐ I am requesting an exemption on the basis of a sincerely held religious belief, observance or practice that prevents me from obtaining the influenza immunization, described as follows: (attach any documentation which would be helpful in describing the reasons for your requested exemption)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

ALL THE ABOVE INFORMATION IS ACCURATE AND TRUE. I ACKNOWLEDGE THAT IF THIS EXEMPTION IS APPROVED, I WILL BE REQUIRED TO WEAR A MASK AS NOTED IN THE INFLUENZA IMMUNIZATION POLICY.

______________________________ _________________________ Date _____________________

Individual seeking exemption Signature

☐ I have attached a signed statement from my minister ☐ religious leader ☐

RETURN THIS FORM TO EMPLOYEE HEALTH, CC- JAINDL PAVILION (FAX # 610- 402-1203) ALONG WITH THE REQUIRED SUPPORTING DOCUMENTATION BY NOVEMBER 12.

Origination: 3/30/11
Attachment D

Influenza Vaccination Declination For those who do not have patient contact (Do not perform work tasks within 6 feet of a patient)

In keeping with LVHN’s mission to heal, comfort and care for our community, all employees are expected to receive the influenza vaccine on a yearly basis. Any employee declining the vaccine is required to document their declination.

Check One:
- o Employee
- o Volunteer
- o Physician (Non-LVPG)
- o Student
- o Sodexho
- o HNL
- o Crothall
- o Allied Health (Non-LVPG)
- o Other Contracted

Last Name: (please print)

First Name:

Social Security Number or User ID (SUI)

Influenza Facts
The Centers for Disease Control and Prevention (CDC) has recommended that I receive the influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:
- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I can shed the virus for 24-48 hours to patients and employees in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients, my coworkers, my family, and my community.

I acknowledge that I have read and understood all of the flu facts provided above.

I will be receiving the influenza vaccine:  
- o Yes
- o No

I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available. I have read and fully understand the information on this declination form.
If I decline now, and later receive the vaccine, my receipt of the vaccine will nullify this declination.

Signature: _____________________________  Date: ______________

Please indicate a reason why you are not planning on receiving the flu vaccine:
- o I have religious or ethical beliefs that prohibit my being vaccinated
- o I don’t believe I am at risk of getting the flu
- o I don’t believe I am a risk to my patients or co-workers if I don’t get vaccinated
- o I am afraid of the side effects
- o I believe the vaccine causes the flu
- o My doctor has advised me not to receive the vaccine due to medical reasons (Guillain Barre, severe egg allergy, or previous severe reaction to the flu vaccine)
- o I do not believe the vaccine is effective
- o I have a fear of needles**

**Please note that fluMist, the inhaled version of the Flu vaccine, is available free of charge through Employee Health Services.