

SUMMIT COUNTY PUBLIC HEALTH

Policy and Procedure Manual

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CHAPTER ONE: INTRODUCTION

1.01 INTRODUCTION/DISCLAIMER

- A. Policies are the basic rules which guide administrative actions for accomplishing an organization's objectives. Comprehensive and clearly written policies, consistently and fairly administered, are essential to the success of any organization.
- B. Written procedures provide members of the organization with administrative interpretation of the application of the organization's policies, and explain the specific manner in which such policies are implemented.
- C. This manual contains the personnel policies and procedures adopted by the Board of Health of the Summit County Combined General Health District (hereinafter "Board"). Many of the policies and procedures set forth herein are based upon the O.R.C. and other applicable state or federal laws.
- D. The policies set forth and adopted within this manual supersede all previous written and unwritten personnel policies of the Summit County Combined General Health District, also known as Summit County Public Health (hereinafter "SCPH"). These policies have been structured to comply with any applicable laws and agreements. In the event there is a conflict between the matters expressed in this manual and any applicable laws, the applicable law will prevail.
- E. This manual is not an employment contract, express or implied. It is presented as a matter of information only. To the extent it is permitted to do so by law, SCPH reserves the right to modify, revoke, suspend, terminate, or change these policies with or without prior notice. No representative of SCPH has the authority to enter into an agreement with an employee that is contrary to the foregoing.
- F. To the extent SCPH is not prohibited from doing so by law, it retains the right to hire, discharge, set compensation, and manage probationary employees without restriction.

SCPH reserves the right to delete, modify, or amend the policies and procedures contained herein or to establish new ones as needed.

- G. All employees are required to sign an acknowledgment form indicating they have been made aware of this personnel policy and procedure manual and of its contents.
- H. All references to the Ohio Revised Code shall be abbreviated “O.R.C.” and to the Ohio Administrative Code shall be abbreviated “O.A.C.” Unless a specific policy states otherwise, employees are to bring any questions regarding these policies and procedures to their direct supervisor.

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1.02 MISSION/OBJECTIVES

The mission of Summit County Public Health is to protect and promote the health of the entire community through programs and activities designed to address the safety, health and well-being of the people who live in Summit County. The Health Department seeks to create a healthful environment and insure the accessibility of health services to all.

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1.03 SCOPE OF COVERAGE

These policies apply to all employees, supervisors, and administrators of SCPH, except where the context indicates otherwise or where SCPH has approved a separate personnel policy and procedure manual covering such employees. In the event there is a conflict between the matters expressed in this manual and any other applicable laws, rules, regulations, or binding legal decisions rendered by a person or entity of competent jurisdiction, the applicable law, full text of the rules and/or regulations, or binding legal decisions rendered by a person or entity of competent jurisdiction shall prevail, except where the Board may supersede them and has intentionally done so as a matter of policy.

The Board and the Health Commissioner may issue additional directives, memos, and/or standard operating procedures which each employee is required to follow. These directives, memos, and/or procedures will be in addition to, but not in conflict with the policies in this manual. Any additional policies or procedures will be posted or otherwise made available to all affected employees.

As conditions change or evolve within SCPH, it may be necessary to add, delete, or revise specific policies affected by such changes. Updated policies will be communicated electronically to all affected employees.

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1.04 MANAGEMENT AUTHORITY

- A. SCPH retains the full right and responsibility to direct operations, promulgate policies, rules, and regulations, and otherwise exercise the prerogatives of management, which include, but are not limited to, the following:
- (1) Establishing or continuing policies, practices, and procedures for the conduct of the Board's operations, and from time to time, changing or abolishing such policies, practices, or procedures.
 - (2) Determining and, from time to time, redetermining the methods, processes, and materials to be employed.
 - (3) Discontinuing processes or operations of the Board.
 - (4) Determining the number of hours per day or per week that operations shall be carried on.
 - (5) Establishing hours of shifts, and setting the hours of work for employees for such shifts, and from time to time, changing shifts, hours and employees.
 - (6) Determining and selecting the equipment and supplies to be used in the Board's operations and, from time to time, changing or discontinuing the use of any equipment and supplies or selecting new equipment and supplies for its operations, including equipment and supplies for new operations.
 - (7) Selecting and determining the number and type of employees required.
 - (8) Assigning work to employees in accordance with the requirements reasonably determined by management.
 - (9) Establishing and changing work schedules and assignments.
 - (10) Transferring or laying off employees, or otherwise relieving employees from duty for lack of work or other legitimate reasons.
 - (11) Making and enforcing safety rules governing the conduct of employees.
 - (12) Suspending, discharging, or otherwise disciplining employees and otherwise taking such measures as management may determine to be necessary for orderly, efficient, and cost effective operations.
 - (13) Requiring all employees to perform all tasks assigned to them by the Board's representatives relating to their employment.
- B. The exercise of any such right, power, authority, duty, or responsibility by SCPH and the adoption of such rules, regulations, or policies as may be deemed necessary, shall be limited only by specific, express terms of applicable law.

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1.05 IMPLEMENTATION AND DISSEMINATION

- A. SCPH has the exclusive right and authority to create and issue policies and procedures.
- B. All employees shall be provided access to and shall be required to read and sign acknowledgments that they have read and understand the contents of this manual and shall comply with the same. Employees shall have electronic access to this manual, and are encouraged to ask their supervisors questions regarding any matter or issue for which they require additional guidance or assistance.
- C. All supervisory personnel responsible for administering these policies shall receive training and be thoroughly familiar with the contents of this personnel policy and procedure manual. Supervisory personnel shall administer all policies and procedures contained herein and ensure that subordinate personnel comply with these policies and procedures.

When changes and updates are made to this manual, notices shall be sent to employees via email or monthly employee newsletter. The latest version of the manual is maintained at L:admin\personnel\policies & procedures\personnel policies\personnel policies.

- D. Each employee shall read the entire manual within the first month of employment or within 30 days following its issue. Employees shall sign an Acknowledgment form which will be placed in the employee's personnel file. New employees will also sign the Acknowledgment of Receipt and Acknowledgments form. All employees shall be responsible for reading and understanding all updates to this manual through electronic updates sent by the Personnel Office.

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1.06 AMENDMENT AND REVIEW PROCESS

- A. This manual must be reviewed on a regular basis to assure that it complies with state and federal laws and reflects current thinking and practices within SCPH.
- B. The review cycle may vary depending on the policy type and its scope, but two years would be typical for a review cycle, and there must be no more than three years between policy reviews. Procedures are likely to be reviewed more frequently. Review dates are to be set in advance to allow adequate time for revision and approval processes.

- C. SCPH has established a Policy Review Committee (PRC) to assist with policy reviews. The committee is charged with facilitating the regular review of policies and procedures for subsequent approval by Administration and the Board of Health. The PRC is comprised of staff representatives and Administration. The PRC generally meets monthly. Review and revision dates are recorded on each policy, as well as the date of the next PRC review. Policies contained in this manual may be amended, revised, or deleted only by action of the Board.
- D. In certain instances where revision is needed urgently, an expedited amendment process may be utilized by bypassing the PRC when such matters are determined by the Health Commissioner to be urgent and/or required by law.

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1.07 INTERPRETATION

- A. If any section or part of this manual or any amendment is invalidated by operation of law or by order of a tribunal of competent jurisdiction, or compliance with or enforcement of any article or section of this manual is restrained by a court, the remainder of this manual and any amendments herein shall not be affected and shall remain in full force and effect, unless the context of the manual as a whole indicates that another section should be invalidated as well to conform with SCPH’s intent.
- B. Whenever any section of this manual is amended by operation of law or by court order, the section shall be amended pursuant to the Amendment section of this manual (Section 1.06).
- C. All headings used in the manual are for informational purposes only and shall not be used to define the scope of language under any particular heading.

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1.08 PERSONNEL ADMINISTRATION

- A. Personnel and benefit functions shall be administered by SCPH Administration, the Board, and the County of Summit. Personnel and benefits administration shall include, but are not limited to: administration of the Salary Classification Plan, EEO compliance, benefit administration, preparation and maintenance of compensation, paid leave and

related employee records, employee recruitment, selection, interviews, orientation and evaluation, and employee discipline.

- B. Operational matters affecting personnel shall ultimately be administered by the Health Commissioner in compliance with the policies and procedures herein.

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CHAPTER TWO: EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION

2.01 NON-DISCRIMINATION

- A. SCPH is an Equal Employment Opportunity (EEO) and Americans with Disabilities Act (ADA) compliant employer. No personnel decisions concerning any term or condition of employment shall be unlawfully based upon an individual's age, color, national origin, disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.
- B. The Health Commissioner is SCPH's EEO/ADA Officer. The EEO/ADA Officer is ultimately responsible for providing information regarding anti-discrimination employment laws to employees and applicants, and for reviewing and resolving complaints involving alleged discrimination.
- C. The EEO/ADA Officer shall be responsible for formulating, implementing, coordinating, and monitoring all efforts to prevent unlawful discrimination in the workplace. The EEO/ADA Officer shall maintain responsibility in regard to offering equal opportunity to each employee or job applicant and for attempting to resolve discrimination complaints not personally involving the EEO/ADA Officer.
- D. No inquiry shall be made prior to employment regarding the applicant's age, color, national origin, disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law, except as necessary to gather equal employment opportunity or other statistics that, when compiled, will not identify any specific individual. Disclosure of this information is a voluntary action on the applicant's part.
- E. It is the policy of SCPH to comply fully with all federal, state, and local nondiscrimination laws.
- F. Employees shall not discriminate against any other employee or anyone requiring services because of that person's age, color, national origin, disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, or status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law, or engage in any conduct prohibited by the policy against Harassing Conduct in Section 2.03.
- G. Posters summarizing employee and client rights shall be displayed in conspicuous locations throughout SCPH offices.
- H. It is the policy of SCPH to provide courteous and efficient service. In that regard, SCPH employees shall make every reasonable effort to accommodate persons with disabilities, as well as those persons with language and literacy barriers. In addition, SCPH

employees shall not engage in unprofessional conduct or language in the presence of the public, including engaging in harassing conduct.

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Next Review Date: 2020

2.02 AMERICANS WITH DISABILITIES ACT

SCPH recognizes that federal and state laws prohibit discrimination on the basis of disability, and shall maintain facilities that are accessible to all, and maintain a work environment free of discrimination.

- A. **EEO/ADA Officer.** The EEO/ADA Officer (see Section 2.01) shall be responsible for:
1. Providing information about the ADA to employees and others.
 2. Receiving and resolving complaints involving non-accessibility of services, programs, or facilities and alleged discrimination against disabled individuals.
- B. **Employee Requests for Reasonable Accommodations.** The procedure for fielding requests from employees for reasonable accommodations is contained in the procedure contained in Chapter 12. Complaints or concerns regarding SCPH's compliance with the ADA should be filed using the Complaint Procedure. All such complaints or concerns shall be addressed by the EEO/ADA Officer or designee.
- C. **Requests from the Public for Reasonable Accommodations.** The procedure for fielding requests for reasonable accommodations from the public is contained in Chapter 12. Complaints or concerns regarding SCPH's compliance with the ADA should be filed using the Complaint Procedure. All such complaints or concerns shall be addressed by the EEO/ADA Officer or designee.

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2.03 HARASSING CONDUCT IN THE WORKPLACE

It is the policy of SCPH to assure that it is taking all necessary steps to prevent sexual harassment and other forms of Harassing Conduct in the workplace, and to correct Harassing Conduct that does occur before it becomes severe or pervasive.

- A. **Definition of Harassing Conduct.** For purposes of this policy manual, “Harassing Conduct” is defined as any instance of unwelcome verbal or physical conduct based on any characteristic protected by law (see Section 2.01.A) when: A) the behavior can reasonably be considered to adversely affect the work environment; or B) an employment decision affecting the employee is based upon the employee’s acceptance or rejection of such conduct.
- B. **Policy Against Harassing Conduct.** SCPH does not permit Harassing Conduct by anyone in the workplace. SCPH has determined that the most effective way to limit Harassing Conduct is to treat it as misconduct, even if it does not rise to the level of harassment actionable under Title VII of the Civil Rights Act of 1964, as amended. A hostile environment claim under Title VII usually requires showing a pattern of offensive conduct. SCPH will not wait for such a pattern to emerge. Rather, SCPH will act before the Harassing Conduct is so pervasive and offensive so as to constitute a hostile environment. In a usual case, for example, a single utterance of an ethnic, sexual, or racial epithet that offends an employee would not be severe enough to constitute unlawful harassment in violation of Title VII; however, it is the view of SCPH that such conduct is inappropriate and must be stopped. SCPH will not tolerate retaliation against any employee for making a good-faith report of Harassing Conduct under this or any other policy or procedure, or for assisting in any inquiry about such a report. Complaints of such Harassing Conduct or of retaliation shall be handled pursuant to the Complaint Procedure.
- C. **Procedures Applicable to All SCPH Employees.** Each SCPH employee shall be responsible for:
1. Acting professionally at all times and refraining from Harassing Conduct;
 2. Becoming familiar with the provisions of this Policy, complying with all requirements of this Policy, and cooperating with any inquiry under this Policy; and
 3. Promptly reporting, pursuant to the procedures set forth in the Complaint Procedure, any incident of Harassing Conduct that he or she observes or experiences before it becomes a pattern of misconduct so pervasive and offensive so as to constitute a hostile work environment. SCPH cannot correct Harassing Conduct if the conduct is not known. When an employee unreasonably fails to take advantage of this procedure and does not promptly report an incident of Harassing Conduct as set forth herein, SCPH reserves the right to raise this failure to report as a defense against a suit for harassment.
- D. **Responsibilities of Supervisors and Managers.** All supervisors and managers shall be responsible for:
1. Acting promptly and appropriately to prevent Harassing Conduct in the workplace and retaliation against those who complain of Harassing Conduct;

2. Reporting, pursuant to procedures set forth in the Complaint Procedure, any incident of Harassing Conduct that they witness or is otherwise brought to their attention;
3. Receiving and handling allegations of Harassing Conduct promptly and appropriately, utilizing the measures set forth in the Complaint Procedure;
4. In consultation with the EEO/ADA Officer, providing interim relief to alleged victims of harassment pending the outcome of the investigation to ensure that further misconduct does not occur; and
5. Using the procedures set forth below, in consultation with the EEO/ADA Officer, taking prompt and appropriate corrective and disciplinary action, up to and including removal, against personnel who have engaged in Harassing Conduct or who have not carried out their responsibilities under this Policy.
6. The EEO/ADA Officer shall be responsible for providing advice to managers and supervisors on taking disciplinary actions for conduct which violates this Policy, as consulted.

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2.04 NON-DISCRIMINATION IN PROVIDING SERVICES

- A. **General Policy.** SCPH complies with applicable ADA laws and Federal Civil Rights laws and does not discriminate on the basis of age, color, national origin, disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. SCPH does not exclude people or treat them differently because they belong to one or more of these categories. Employees who are found to engage in disrespectful, potentially discriminatory, or otherwise unprofessional conduct with members of the public shall be subject to discipline, up to and including dismissal in accordance with Policy 8.01.
- B. **Accommodations for clients with disabilities.** SCPH provides free aids and services to clients with disabilities to communicate effectively with SCPH, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Employees are expected to actively assist clients in procuring such accommodations when they are available.
- C. **Non-Native English Speakers.** SCPH provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. Employees are expected to actively assist clients in procuring such translation services when they are available.
- D. **Complaints.** Persons believing they have been subjected to discrimination in the provision of services on the basis of race, color, national origin, age, disability, sex, or

religion or veteran status (as applicable) can file a complaint by following the Complaint Procedures in Sections 12.02 and 12.01 in this manual.

- E. **Client Rights.** Staff, clients and members of the public shall be made aware of client rights through distribution of the SCPH Client Rights Policy, which includes information on filing complaints with this and other agencies. Individuals may also file a Complaint Form internally (see Section 13.04) and supervisors shall be available to assist in this process.
- H. **Compliance in Vendor Contracts.** Agencies contracting with SCPH for the provision of services to the public shall be required to comply with the provisions of this Chapter.

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2.05 DIVERSITY AND INCLUSION

- A. SCPH is committed to fostering, cultivating and preserving a culture of diversity and inclusion.
- B. Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and achievements.
- C. We embrace and encourage our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our employees unique.
- D. SCPH's commitment to diversity extends to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; social and recreational programs; layoffs; terminations; and the ongoing development of a work environment built on the premise of gender and diversity equity that encourages and enforces:
 - Respectful communication and cooperation between all employees.
 - Teamwork and employee participation, permitting the representation of all groups and employee perspectives.
 - Work/life balance through flexible work schedules to accommodate employees' varying needs.
 - Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity.

- E. All employees of SCPH have a responsibility to treat others with dignity and respect at all times. All employees are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other agency-sponsored and participative events. All employees are required to participate in annual diversity awareness training to enhance their knowledge to fulfill this responsibility.
- F. Any employee found to have exhibited any inappropriate conduct or behavior against others may be subject to disciplinary action.
- G. Employees who believe they have been subjected to any kind of discrimination that conflicts with the SCPH diversity policy and initiatives should seek assistance from a supervisor or the personnel office.

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2.06 HUMAN TRAFFICKING POLICY

- A. Summit County Public Health has a zero tolerance policy regarding human trafficking related activities. Federal Law defines trafficking in persons as sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act had not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor of services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Ohio Law states that no person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain another person knowing that the person will be subjected to involuntary servitude or be compelled to engage in sexual activity. Summit County Public Health employees, subcontractors, contractors, agents, or other shall not violate any portion of this policy or related federal, state, or local statutes and regulations.
- B. Disciplinary Action. Any violation of this Policy may result in disciplinary action up to and including termination. Contractors, subcontractors, or others may have their relationship with SCPH terminated.
- C. Reporting.
 - a. Credible information regarding a potential violation of the state or federal laws of this Policy shall be immediately reported to the employee’s Supervisor and/or the Health Commissioner.
 - b. Violations may also be reported to local law enforcement and/or the National Human Trafficking Hotline Resource Center at 1-888-373-7888. Other options include texting “HELP” or “INFO” to BeFree (233733) or email help@befree.org.

- D. Compliance Plan.
- a. All employees shall be trained annually on this policy, identification of trafficking, reporting, and resources for the victims of trafficking.
 - b. Employees are required to report any signs or suspicions of trafficking.
 - c. Employees who regularly work with members of the public shall implement training to help the public identify victims of trafficking as applicable within the scope of their duties at SCPH.
 - d. SCPH shall report each complaint diligently and shall not retaliate against anyone making a good faith complaint pursuant to this policy.
 - e. SCPH shall take action on any complaint that is found to be credible.

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CHAPTER THREE: EMPLOYMENT

3.01 REQUIREMENTS FOR EMPLOYMENT

- A. **In General.** The Board or its designee appoints, employs, disciplines, and establishes policies and procedures and other conditions of employment for SCPH employees. The Board fixes compensation for employees. Employment with SCPH is employment in a public agency, subject to federal, state, and local laws and the requirement that employees recognize and agree to abide by all applicable laws and policies and procedures is a condition of employment.
- B. **Job Functions.** All applicants for employment must be able to perform the essential functions of the position for which they have applied (including regular, predictable, and punctual attendance), with or without a reasonable accommodation and must possess any required licensing, certification or other employment requirements as specified in their job description. Employees shall also be required to maintain said license, certification, bonding, or other employment requirement during the duration of their employment with SCPH.
- C. **Employment of Relatives.** SCPH prohibits nepotism and considers it a major conflict of interest in the workplace. For the purposes of this policy, nepotism is defined as any employee or board member who engages in the giving or showing of favoritism, giving preferential treatment, or the appearance of improper influence to a person or persons such as relatives or close friends without merit.

Applicants who are relatives of a current employee of SCPH or a Board member are not eligible for employment or appointment, whichever applies, unless a unique circumstance exists. No SCPH employee shall supervise any person closely related by blood, marriage, or other significant relationship. Unique circumstances will be reviewed on a case-by-case basis. Employees who marry or become members of the same household may continue employment as long as there is not a direct or indirect supervisor/subordinate relationship, or an actual, appearance of, or perception of a conflict of interest. Only the Health Commissioner, under special circumstances, may recommend the employment of relatives of current employees to the Board. Violation of the policy will result in discipline up to and including dismissal.

“Relatives or close friends” under this policy includes, but is not limited to, the following relationships: the employee’s spouse or ex-spouse, domestic partner, child (including biological, adopted, foster, step child, legal ward, or child for whom the employee stands in loco parentis), domestic partner’s children, mother, father, brother, sister, step-family, aunt, uncle, nephew, niece, cousin, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparents and grandchildren of the employee spouse or member of the employee’s household, other than roommates, and business associates.

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3.02 CLASSIFIED AND UNCLASSIFIED EMPLOYMENT

- A. **Civil Service Categories.** Employment with SCPH is governed by Ohio civil service laws. All positions in the civil service fall into one (1) of two (2) general categories: “classified” or “unclassified.”
- B. **Classified Employees.** All SCPH positions, apart from the Health Commissioner and temporary/intermittent employees, are considered to be in the classified service unless generally or specifically exempted by law (see, e.g., O.R.C. 3709.13, exempting the Health Commissioner). Classified employees may only be suspended, demoted, or removed for just cause and by following the procedures set forth in O.R.C. Chapter 124, except during the employee’s probationary period. Probationary employees may be removed or reduced during their probationary period without a showing of just cause (see Section 3.09, Probationary Periods). Importantly, under Ohio law, holding classified status prohibits employees from participating in partisan politics (see Section 7.07, Political Activity).
- C. **Temporary/Intermittent:** Employees appointed to positions on a temporary or intermittent basis are unclassified and serve at the pleasure of the Board, and therefore have no right to appeal any suspension or removal to the State Personnel Board of Review. For more information on Temporary and Intermittent employment status, see Section 3.03.

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3.03 EMPLOYEE STATUS

- A. All employees of SCPH will be categorized as full time, part time, temporary, or intermittent.
 - 1. **Full Time:** An employee who works thirty-five (35) hours a week on a regularly scheduled basis.
 - 2. **Part Time:** An employee who works less than thirty-five (35) hours a week, but on a regularly scheduled basis.
 - 3. **Temporary:** An employee who works in a position that is of a non-permanent basis for a specific period of time not to exceed six (6) months. Temporary employees may work full time or part time.

4. Intermittent: An employee who works on an irregular schedule, which is determined by the fluctuating needs of the workplace. The hours in this position are generally not predictable.
- B. Contract service providers and/or vendors are not considered to be employees, and are not eligible for benefits provided by SCPH.
- C. These categories may not apply to certain benefit programs such as eligibility for health care coverage, especially where eligibility and/or employee status are established by those benefit programs.
- D. Employees shall be informed, upon appointment, of their employment status. Temporary and intermittent appointments should be communicated in writing to employees.
- E. Whether an employee has classified status shall be determined by the provisions in Section 3.02.

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3.04 POSITION CLASSIFICATION PLAN

- A. **In General.** The Health Commissioner shall maintain and administer a plan of position descriptions, known as a “position classification plan.” A classification includes one (1) or more positions that are so similar they can be described by a common job classification title. Classifications are used to determine order of layoff and certified status.
- B. **Amendments and Changes.** The Health Commissioner may recommend the creation or amendment of the classification plan and/or position descriptions based upon an analysis of the duties, responsibilities, essential functions, and qualifications of the positions affected.
- C. **Supervisor Responsibility.** Supervisors are responsible for ensuring that job descriptions comport with the current duties of their employees. Employees who believe that substantial changes have occurred in their applicable job position are encouraged to discuss the matter with their supervisor. If the matter can not be resolved with the supervisor, employees should follow the Complaint Procedure.
- D. **Revisions.** As positions are changed or added, the class plan may be revised. Factors which may necessitate a revision to the plan are:
 1. The addition of a new position.

2. The addition of a new duty or responsibility to a position.
3. The abolishment of a current duty or responsibility from a position.
4. A change in the educational or experiential requirements for a position.
5. The reassignment of current duties or responsibilities between or among positions.
6. A new or revised licensure or certification requirement as dictated by law for a position.

In addition to the continual updating process, the entire Salary Classification Plan should be completely analyzed and updated on a regular basis (e.g., every few years) to ensure that all significant changes have been noted, all positions are properly classified, and all position descriptions accurately reflect the job duties, responsibilities, and skill level requirements of each position within the organization.

Classification title changes, reclassifications, and any other related changes must be reflected on all applicable payroll, personnel, and operational records. Changes in the class plan may also necessitate an update to the compensation plan, performance evaluation forms, and other personnel systems.

- C. **Employee Access.** SCPH shall ensure that employees have electronic access to the Salary Classification Plan.

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3.05 JOB POSTINGS/NEW HIRE PROCEDURES

- A. **Posting Period.** Position openings that occur through resignation, retirement and/or newly approved positions will be posted on agency bulletin boards and websites for a minimum of three working days, with 10 working days being the default period and as needed, postings may remain open until filled. During the posting period, employees who wish to apply for an open position may do so. The application shall be submitted online using the appropriate forms contained on the County of Summit employment website (<https://co.summitoh.net>).
- B. **Re-postings.** In the event a vacancy for a same job classification/position becomes available within a 3 month period, SCPH may select from the previous list of applicants and is not required to re-post as required above. However, SCPH will notify internal employees that a vacancy exists for another similar position and employees will be

permitted to submit an application within three (3) business days from the date of notification for inclusion with the previous list of applicants. Applications will not be accepted after the three (3) business day deadline.

- C. **Internal Promotions.** When an existing employee is selected for a position that is in a higher grade than the one presently assigned, the employee will receive a 3% salary increase or will be brought to the minimum of the new pay grade, whichever is greater, subject only to the maximum identified for the new salary grade. Any person, whether it is a new or existing employee, who successfully bids for a vacancy shall not be entitled to bid for another position for one year without prior approval of the Health Commissioner.
- D. **Selections in General.** Appointments by SCPH to vacant positions, either by internal promotion or external selection, will be based solely on the applicant meeting the job-related qualifications and possessing the knowledge, skills, and ability to perform the essential functions of the position as ascertained through job-related selection methods. SCPH seeks to recruit and hire the most qualified applicants through a process that is fair and equitable and complies with all applicable federal, state, and local laws in its recruiting practices. SCPH carries out its recruiting and hiring processes in accordance with applicable federal, state and local laws and provides equal employment opportunities to all applicants without regard to any protected status. Moreover, SCPH is committed to complying with all laws protecting qualified individuals with disabilities and employees' religious beliefs and observances during the recruiting and hiring processes.
- F. **Selection Process.** The selection process generally includes a review of applications, resumes, test results, and other written documentation provided by applicants and candidates and interviews of qualified applicants to identify the most qualified applicant for a position. SCPH will first review all applications to determine those applicants who possess the minimum, job-related qualifications as stated on the position description (e.g., minimum licenses, certifications, experience, etc.).
- G. **Applicant Submissions.** Applicants may be required to submit to any or all of the following: reference checks, background checks, psychometric tests, values tests, job-related performance tests, interviews, criminal history checks, and other job-related selection procedures. Background and reference checks will be conducted, including pre-employment drug and alcohol testing, in conformance with all applicable federal and state laws, and only after extending a conditional offer of hire.
- H. **Hires Approved by Board.** The Board shall approve or disapprove all hires.
- I. **Preliminary Medical Examinations.** Once a conditional offer of employment has been made, the preferred candidate may be required to undergo a medical examination by a licensed practitioner to determine if the applicant can perform the essential functions of the position (See Section 3.06).
- J. **Reasonable Accommodations.** SCPH may also inquire whether the candidate can

perform the essential functions of the position. SCPH will not classify a candidate who requests an accommodation in order to perform the essential functions as unqualified, unless the accommodation is unreasonable, or would cause undue hardship to SCPH.

- K. **Record Keeping.** SCPH is responsible for maintaining a record-keeping system reflecting the disposition of all job applicants. Such records shall be kept on file according to SCPH's record retention schedule and may, among other things, include a completed job application, medical examination data, test results, and/or other job-related information.
- L. **New Hire Information.** Upon hire, SCPH provides employees with a new hire packet of information, including all required federal and state forms as well as agency forms and policies.
- M. **Employee Orientation.** All new hires will undergo an orientation process which shall include, among other things, a review of the employee's job description and responsibilities.

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3.06 MEDICAL EXAMINATIONS

- A. **Minimum Fitness Required.** All employees are required to maintain their physical fitness at a level which will permit them to efficiently perform the essential duties of their position and avoid endangering themselves or those they serve. SCPH may require a medical examination by a licensed practitioner to evaluate a selected job applicant's physiological and/or psychological condition as it relates to the applicant's ability to perform the essential duties of the position for which he or she is applying. Examinations may include any job-related examinations determined to be a pre-employment requirement.
- B. **Licensed Practitioner Defined.** For purposes of this policy, a "licensed practitioner" is a physician, psychiatrist, psychologist, or other appropriately licensed mental health professional such as a licensed professional clinical counselor or licensed independent social worker who is licensed to perform the appropriate examination.
- C. **Timing of Examination.** No medical examination, except screening for use of illegal drugs for positions determined to be safety sensitive, will be conducted until after SCPH has made the applicant a conditional offer of employment.
- D. **Pre-Employment Exam.** SCPH shall select a licensed practitioner to administer the examination and shall pay the cost. Applicants may obtain, with approval of SCPH, a waiver of a pre-employment medical examination requirement for the following reasons:

1. Verified religious opinion or affiliation.
2. Reinstatement within one (1) year of separation.

Any applicant, choosing to waive the examination requirement for one of these reasons listed, shall submit a written affidavit describing the applicant's state of health at the time of employment.

- E. **Fitness for Duty Exams.** After hire, employees may be legally required to submit to medical examinations by a physician chosen by SCPH for certain purposes during their period of employment. Such an examination is intended to ensure that the incumbents continue to be physically and mentally able to perform the duties of their position. Examples include: examinations to certify continued eligibility for family and medical leave or other leaves, examinations to assess eligibility for workers' compensation, examinations required by occupational safety and health programs, etc. A medical examination may also be required to determine an employee's ability to return to work following a medically related leave of absence.

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3.07 IMMIGRATION REFORM AND CONTROL ACT

- A. **In General.** In accordance with the provisions of the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, SCPH shall verify both the identity and the employment eligibility of all applicants considered for employment.

If an employee's authorization to work expires, SCPH must immediately re-verify that the employee is still authorized to work, based on the employee's documentation of continuing eligibility or new authority to work. SCPH must review the document, and verify on the I-9 form, noting the document's ID number and expiration date.

- B. **Anti-Discrimination Policy:** It is the intention of SCPH not to discriminate in hiring on the basis of national origin and citizenship status, except as otherwise provided by law. SCPH will not unlawfully discriminate against any citizen or national of the United States, or against any alien authorized to work in the job at issue.

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3.08 ORIENTATION

- A. **Responsibility for Knowledge of Manual and Other Terms.** Upon appointment, all employees will be provided with electronic access to this manual, which contains the general terms, conditions, benefits, policies, and procedures of employment in effect at that point in time. New employees shall also be provided all required notices, forms, and documents and be required to sign all acknowledgements, forms, and documents required by law or by SCPH.
- B. **Orientation Mandatory.** All newly hired employees will participate in an employee orientation regarding the responsibilities of the employee's position.
- C. **Acknowledgments.** New employees will be required to sign statements acknowledging receipt of certain required documents and/or expressing understanding of certain SCPH policies. SCPH shall review which documents to include in new hire orientations biannually.

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3.09 PROBATIONARY PERIODS

In General. Employees hired prior to January 1, 2017 shall be on probation for a period of one hundred twenty (120) calendar days, starting from the date of their employment. The probationary period may be extended by mutual agreement of the employee and Administration. With the exception of persons hired into the position of sanitarian in training, employees hired after January 1, 2017 shall be on probation for a period of one (1) year. In addition, temporary or intermittent employees who are subsequently hired as permanent employees shall be on a probationary period of one year in their new permanent position. A person in classified service that is on probation does not have a right to appeal their removal or reduction and may be removed at any time during that period without the requirement of just cause. The appointment to classified service is not final until the probation is up.

- A. **Sanitarians in Training.** Sanitarians in training shall remain on probation until they become registered sanitarians, and shall be permitted two years to gain the qualification. Failing to obtain this qualification within the two-year time period will be grounds for dismissal.
- B. **Credentials for Position Required.** Employees are expected to be fully credentialed at the time of hire for their respective positions. With the approval of the Health Commissioner, probation may be extended until the requirements of credentialing are met for such positions.

- C. **Accrual of Benefits.** All benefits available to the employee will begin to accrue immediately, except medical and life insurance, which will begin the 1st of the month following the date of hire of full-time employment.

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3.10 PERFORMANCE APPRAISAL

A performance appraisal for each employee will be completed annually by the employee's supervisor, using the appraisal forms and/or methods provided by SCPH. The performance appraisal will be reviewed with the employee, and an electronic or paper copy of the performance appraisal will be given to the employee at the time the document is signed. The signed performance appraisal will be permanently retained in the employee's paper personnel file or under the People Admin system.

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3.11 POSITION DESCRIPTION

Management shall develop a written description listing the essential functions of each job title at SCPH. A standard template provided by Administration shall be used for the drafting of all position descriptions.

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3.12 REDUCTIONS

- A. **Involuntary Reductions.** A reduction is a change in the classification held by an employee to one having a lower base pay range, to a lower step within a pay range, or any decrease in compensation of an employee. Reductions generally result from an employee's failure to perform the duties of his or her position at an acceptable level, failure to maintain required licensure or certification requirements, or as a result of discipline.
- B. **Voluntary Reductions.** Reductions may also be voluntarily requested by an employee or result from an accommodation of a qualified employee with a disability who is no longer

able to perform the essential functions of the employee's position with or without a reasonable accommodation, but can perform the essential functions of a lower classification (if such a vacant position exists at the time) with or without a reasonable accommodation. Reduced employees shall be reduced in pay to the rate recommended by the Health Commissioner, and approved by the Board.

- D. **Requesting a Voluntary Reduction.** Employees who desire to request a voluntary reduction shall apply for a current SCPH job opening (if available) through the County of Summit job postings website at <https://jobs.summitoh.net>.

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3.13 TRAINING

- A. **Employee's Responsibility for Maintaining and Upgrading Job Skills.** Each employee bears primary responsibility for maintaining individual knowledge, skills, and abilities necessary to perform the job, to meet state requirements, and for upgrading skills as necessary to meet technological changes or to seek promotion. The Board will endeavor to facilitate those efforts, and provide training from time to time.
- B. **Independent Study/Training.** An employee may pursue independent study or training but may not obligate SCPH to pay expenses or provide compensation without specific advance permission.
- C. **Training Program Evaluation.** The Health Commissioner and the Board will periodically examine current and proposed training programs in order to ensure their relevance to both the individual employee and organizational training needs.
- E. **Job-Related Training Programs.** Employees may be required to attend job-related training programs, courses, workshops, seminars, etc. If management assigns an employee to attend a training program or approves a specific request from an employee to attend a training program, the expense incurred shall be paid by SCPH. Any training taken voluntarily by the employee, which is job related, shall be subject to the prior approval of the employee's supervisor.

SCPH will in most circumstances only pay for job-related training which is mandated to maintain professional qualifications or is otherwise necessary to maintain employment. If an employee requests training which is not mandated and the request is approved by SCPH, SCPH shall only pay for regular hours worked and reimburse for mileage actually incurred, subject to the provisions of the following paragraph.

- E. **Hours Worked.** Time spent by non-salaried employees attending lectures, meetings, classes, and training programs is not considered hours worked when all four (4) of the following criteria are met:
1. Such time is spent outside normal working hours.
 2. Attendance by the employee is voluntary.
 3. The lecture, meeting, class, or training program is not directly job-related. (Voluntary attendance by an employee at an independent school or college outside working hours is not considered hours worked, even if the courses taken are directly job-related.)
 4. The employee does not perform any productive work for SCPH during the employee's attendance.

Training is directly "job-related" if it is designed to enable the employee to perform the employee's current job more effectively. Training is not job-related if it is designed to train the employee to perform a different job.

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3.14 SENIORITY

- A. **In General.** Seniority is the uninterrupted length of continuous service as a full-time employee with SCPH. Where this definition produces the same seniority date for two (2) or more employees, previous service with SCPH will be considered to determine the more senior full-time employee. If all else fails to eliminate identical seniority between employees, the employee with the birthday occurring first in the present calendar year will be used to determine seniority ranking. While prior service may be used to break ties in seniority and determine ranking on the seniority list, the previous service time shall not be added to the employee's full-time, continuous, service time.
- B. **Authorized Leaves of Absence.** An authorized paid or unpaid leave of absence does not constitute a break in service for annual step increases, layoff purposes, or for computing the amount of vacation leave service credit. Seniority time continues to accumulate during the term of the leave, provided the employee complies with the rules and regulations governing the leave of absence and the employee is reinstated from the leave.
- C. **Layoffs.** For purposes of layoffs, seniority is defined as continuous service with the state or any county, or general health district within Ohio. Service may be transferred from one (1) of these state or local entities to another without loss of seniority, as long as no break in service of more than 30 days occurs. A break in service for layoff purposes

occurs if an employee is terminated for any reason other than layoff, and is not reinstated to the employee's prior position within one (1) year of the termination date. If an employee is reinstated within one (1) year of the termination date, continuous service will not be broken and prior service credit will be credited to the employee for purposes of determining seniority. Employees who are reinstated (or re-employed) from layoff within one (1) year of the layoff date will retain previously accumulated seniority, but will not be credited with seniority for the time spent on layoff.

- D. **Prior Service Credits.** Persons employed by SCPH who are earning vacation credits currently shall have their individual total prior service with the state, any county, or any other political subdivision of the state counted for the purpose of computing the amount of the employee's vacation leave. Please refer to the "Hours Of Work" section of this manual for an explanation of how vacation is calculated.
- E. **Retirement.** Seniority for the purposes of determining retirement benefits is defined by the provisions of the Public Employees Retirement System.
- F. **Other Considerations.** For all other purposes than those specified above, seniority shall be defined as set forth in the O.R.C..

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3.15 RESIGNATION, RETIREMENT AND LAYOFFS

- A. **Resignations.** An employee who wishes to resign from SCPH must submit a written letter to his or her Division Director, as well as a courtesy copy to the Health Commissioner, that includes the effective date, reason, and acceptance of another position, if applicable. A minimum of two (2) weeks' notice should be given for resignation from a staff position. A minimum of four (4) weeks' notice should be given for resignation from a supervisory position.

Leave Prior to Resignation. Employees may not use vacation time in the two weeks prior to resignation unless granted by the Health Commissioner.

Employees must have excuses for sick leave in the two weeks prior to resignation. Unexcused sick leave will be treated as vacation leave, or if no vacation leave is available, as unpaid leave of absence.

- B. **Retirement.** An employee who retires from SCPH must submit a written letter to his or her Division Director and the Health Commissioner that includes the effective date of the employee's retirement. A minimum of four (4) weeks' notice should be given for retirement.

Retirement Planning. Since retirement should include adequate planning by the employee and the submission of paperwork to PERS, etc. to insure timely continuation of benefits, it is suggested that the employee discuss his or her retirement plans with the Division Director several months in advance. PERS suggests that the application, and all required documentation, be submitted at least sixty (60) days before the employee's last workday.

Payouts from Unused Sick Leave. When retiring from active service after ten or more years with the state or any of its political subdivisions, an employee may elect to be paid in cash for one-fourth of the accrued but unused sick leave credit up to a maximum of four hundred twenty hours or sixty (60) days. This payment will be based upon the employee's rate of pay at the time of retirement and will be paid with the final check to be issued on the usual bi-weekly schedule. When accepting such payment, all sick leave credit accrued up to that time will be eliminated. An employee who returns to state service after retiring may accrue and use sick leave as before, but may only convert any portion of unused sick leave at the time of a second retirement that does not exceed, for all payments, the value of thirty (30) days of accrued but unused sick leave.

Sick leave conversion does not apply to any termination or separation other than retirement. All accrued vacation will be paid with the final check to be issued on the usual bi-weekly schedule.

- C. **Timely Notification Required.** Failure to give proper, timely notification shall render the employee ineligible for reinstatement or reemployment with SCPH.
- D. **Revocation of Resignation.** The Board hereby accepts a letter of resignation upon receipt of such by the Health Commissioner, and will rely on having received it. A resignation may not, therefore, be revoked without permission from the Board.
- E. **Reinstatement.** A person who has resigned in good standing and has served the required probationary period may be reinstated, at the discretion of the Board, in the employee's former classification within one (1) year following resignation, provided the person remains qualified to perform the duties of the position and such reinstatement would be in SCPH's best interests.
- F. **Return of SCPH Property.** Resigning and retiring employees shall return all SCPH property to the Personnel Office on, or before, the employee's last workday. This includes photo identification badges, building and other keys, Employee Response Guides, cell phones,, uniforms and any other equipment belonging to SCPH. The Termination Summary Form will be used to document the employee's termination. The employee will be billed for any SCPH property not returned.
- G. **Layoffs.** Reductions in force and/or layoffs of non-bargaining unit employees will be done in accordance with O.R.C. Sections 124.321-124.327 and O.A.C. Chapter 123:1-41.
- H. **Changes in Law.** SCPH reserves the right to amend this policy from time to time in accordance with applicable law.

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Next Review Date: 2018

3.16 REFERENCE REQUESTS

- A. **Requests from Others.** Inquiries (telephone, fax, and/or written) regarding verification of employment or references for current or former employees are to be forwarded to the Personnel Office. The Personnel Office will either respond to the request or forward the request to the appropriate division director and/or supervisor.

SCPH will not voluntarily provide information to third parties about present or former employees, except for the following: worker's name, last job title, brief description of the individual's job, periods of employment and last salary or hourly wage. Before providing any additional information, SCPH will obtain a written authorization and standardized release form from the employee granting SCPH permission to provide the information. A fax of the release will be acceptable. At all times, SCPH will avoid misrepresenting any part of an oral or written employment reference or report. A record of the request and the information supplied will be maintained by the Personnel Office.

- B. **Reference Checks on Applicants.** An individual will not be hired by SCPH prior to verification of previous employment. Supervisors are responsible for checking references prior to making hiring recommendations.

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3.17 CRIMINAL RECORDS CHECK

- A. **In General.** A criminal background check on all new employees must be completed. SCPH may also conduct criminal records checks on applicants, students, prospective employees, or current employees, to the extent permitted by law. Applicants shall be employed on a probationary basis until the background check is completed and received. If notified that the applicant has committed a criminal offense, the applicant will be deemed ineligible for employment. The Health Commissioner may review this determination and make an exception based on individual circumstances.
- B. **Confidentiality.** The report of any criminal records check conducted by the FBI or BCI, made pursuant to a request by SCPH, is not a public record. The report shall be made available only to the following persons:

1. The person who is the subject of the criminal records check or the person's representative.
 2. SCPH or its representative(s).
 3. Any court, hearing officer, or other necessary individual involved in a case dealing with the denial of employment to the person.
 4. Ohio Job and Family Services employees as required for certification or monitoring purposes.
- C. **Notification of Criminal Charges Required.** Employees shall notify SCPH, within one business day, of any charge of any criminal offense, apart from traffic violations incurring fines of \$300 or less, that is brought against the employee. Failure to notify the Health Commissioner within one business day of any charge listed in Rule 5101:2-5-09(I) of the O.A.C. shall result in immediate dismissal from employment.
- E. **Notification of Criminal Convictions Required.** If the charge(s) addressed in the preceding subsection results in a conviction, the employee shall notify the Health Commissioner within one business day of the conviction. Failure to notify the Health Commissioner of any conviction of any criminal offense within one business day shall result in the employee's immediate dismissal from employment.
- F. **Convictions Resulting in Automatic Dismissal.** Conviction of any of the crimes listed in Rule 5101:2-5-09(I) of the Administrative Code, while in the employ of SCPH, shall result in immediate dismissal from employment with SCPH.

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3.18 EMPLOYEE VACCINATIONS

- A. **Vaccinations for Clinic Staff and Certain Environmental Health Employees**
1. SCPH follows the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention recommendations for vaccination programs.
 2. Vaccines are covered by the health insurance plans offered by SCPH to its employees. Employees may obtain their vaccines at SCPH or from another provider.
 3. Employees (including support staff and volunteers) whose responsibilities include activities related to providing health care are required to show evidence of

immunization or disease for hepatitis B, measles, mumps and rubella, and varicella. If not immune or adequately immunized, employees may receive the vaccine from SCPH. Employees will need to show proof of vaccination or immunity within 3 weeks of hire or upon request. Costs for laboratory documentation of disease immunity will be the responsibility of the employee. Employees who decline vaccine may be asked to sign a declination statement.

4. Employees who may be considered at risk for rabies exposure due to job responsibilities (e.g., contact to saliva, ocular or central nervous system tissue of a potentially infected animal) should receive pre-exposure rabies vaccination. The identified staff who would need this vaccine. The vaccine will be provided by SCPH.

B. Mandatory Flu Vaccinations for All Employees

1. Definitions. For the purposes of this policy, “flu season” is defined as the first of October through the end of April in any given calendar year. For purposes of this policy, “employee” includes all full-time, part-time, temporary and intermittent employees in all divisions. It also includes all students who work with patients or work in a patient care area.
2. General Policy. Annual influenza immunization during the flu season is a condition of employment for all employees unless a valid exemption applies.
 - a. New hires: Employees hired during flu season must provide proof of influenza immunization before starting work.
 - b. Other employees: Employees who fail to meet the requirements of this policy by the first working day after January 1st of any given flu season will be subject to disciplinary action, up to and including dismissal.
3. Vaccination Procedure.
 - a. Supervisor Responsibility: Each supervisor is responsible for monitoring compliance with this policy for his/her direct reports. The supervisor must ensure that all SCPH employees under his or her direction are immunized against influenza each year unless a valid religious or medical exemption has been granted through the Personnel Office. The supervisor must not assign work after January 1st of any given flu season to any unvaccinated employee who does not have a valid exemption (see section c below). In such cases, the supervisor must immediately commence disciplinary proceedings against the employee.
 - b. Annual Influenza Immunization:

- i. Influenza vaccine is available to all of SCPH's employees through its vaccination program. The program begins prior to each influenza season when adequate influenza vaccine becomes available.
- ii. Employees who are vaccinated outside of SCPH must provide satisfactory proof of influenza immunization to their direct supervisor by January 1st of each influenza season. Proof of influenza immunization may include a health care provider's note, a receipt for influenza vaccine or a copy of a clinician's documentation of influenza immunization.
- iii. Supervisors will allow staff time during work hours to attend an SCPH-sponsored vaccination program clinic to receive the seasonal influenza vaccine. If a staff member chooses to obtain the influenza vaccine at a private health care provider, pharmacy or other venue during work hours he or she will be required to take sick or other paid leave time (see Section 5.01).
- iv. Each supervisor will document in spreadsheet format when each employee obtained his or her yearly influenza vaccine. The documentation shall be submitted to the Personnel Office by January 1st of each year and shall identify all employees who failed to receive the vaccine prior to the January 1st deadline.

c. Exemptions:

- i. Exemptions to influenza immunizations are granted for medical contraindications which have been identified by the Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm.
- ii. Employees requesting an exemption due to medical contraindication(s) must provide proof from their health care provider. This documentation must be presented to the Personnel Office prior to the start of the flu season. Medical exemptions do not need to be renewed each year unless recommendations for contraindications change.
- iii. Exemptions requested based upon religious beliefs will be granted consistently with how such exemptions are recognized in applicable state and federal law. Requests for exemptions on this basis must be submitted to the Personnel Office prior to the beginning of flu season. Religious exemptions do not need to be renewed each year.
- iv. Board of Health members are exempt from this policy, but are highly encouraged to receive a yearly influenza vaccine.

d. Infection Control Procedures:

- i. The Personnel Office will maintain a comprehensive list of employees who have been immunized, exempted employees, and noncompliant employees. Supervisors must submit their up-to-date documentation to the Personnel Office by January 1st.
 - ii. During the flu season masks will be worn in clinical services areas by those employees who have been exempted under this policy.
 - iii. In the event of an influenza vaccine shortage, the situation will be evaluated at the Administrative level and instructions shall be given to employees.
- e. This mandatory influenza vaccine policy will be reviewed and updated on a yearly basis.

C. Employee Health Records

1. It is the employee's responsibility to remain current on all recommended vaccinations. SCPH Clinic personnel are available to review an employee's immunization status and identify recommended vaccines upon request.
2. Employee vaccination and other health records will be kept in a locked storage area.

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CHAPTER FOUR: COMPENSATION AND HOURS OF WORK

4.01 COMPENSATION

- A. The compensation practices of SCPH shall be in accordance with applicable laws and regulations. No compensation decisions shall be unlawfully based upon age, color, national origin, disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.
- B. The Health Commissioner shall administer the compensation plan for employees subject to the compensation plan and annual budget approved by the Board.
- C. The Health Commissioner and the Board shall determine the appropriate salary or wage to be paid to employees and shall annually determine any wage or salary increases to be granted.
- D. The Health Commissioner shall administer salary and wages as approved by the Board and implement any increases authorized by the Board.
- E. No employee shall be paid more nor less than the rate approved by the Health Commissioner and the Board.
- F. Any errors in the computation of pay should be reported to the Health Commissioner as soon as possible.

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4.02 SUMMARY OF EMPLOYEE BENEFITS

A. Benefits Applicable To All Employees.

Public Employees Retirement System. Ten per cent (10.0%) employee's withholding rate, 14.00% employer's contribution rate; effective January 1, 2008. (PERS "pick-up" plan provides for the 10.0% employee deduction to be made before Federal and State income tax is calculated, resulting in increased take home pay.)

Medicare Payroll Tax. Constitutes .45% employee's withholding rate and 1.45% employer's contribution rate; applicable for employees starting after April 1, 1986.

Mileage. Reimbursement is per IRS current rate and approval thereof by Board of Health.

Overtime or Comp Time. Granted for supervisor-approved work assignments beyond the standard thirty-five (35) hours per week for non-supervisory employees. (See Section 4.04)

Workers' Compensation. Coverage is provided for work-related injuries and illnesses.

Unemployment Compensation. Coverage is provided under state and federal law.

Professional Liability Insurance. Fully paid for any professional discipline up to a maximum coverage of \$1,000,000.00 each incident/\$6,000,000.00 aggregate. Annual reimbursement per employee will not exceed \$150.00 regardless of carrier, with the exception of the Medical Director and staff Dentist. Malpractice insurance for the Medical Director will be at the market rate and will be reimbursable for the full amount. Amounts reimbursed constitute a taxable fringe benefit under the IRS code and as such are reflected as taxable income in the applicable tax year.

Continuing Education/Training. Opportunities are available. See also Section 3.13.

Direct Deposit Of Pay. Available for all financial institutions accepting electronic transfers.

Summit Federal Credit Union. Available through payroll deduction.

Deferred Compensation Plan. Available through payroll deduction.

Vacation.

1 to 5 years of service	2 weeks/70 hours
6 to 10 years of service	3 weeks/105 hours
11 to 20 years of service	4 weeks/140 hours
20+ years of service	5 weeks/175 hours
Part-time employees:	Vacation time is pro-rated by the work schedule.

Transfer Of Service Credit. Service credit and accumulated sick leave may be transferred from other public agencies within the State of Ohio.

Sick Leave. SCPH employees hired prior to January 1, 2017, including part-time, temporary, and intermittent, earn sick leave at the rate of 4.04 hours for 70 hours of service. The credit is proportionate to the hours paid in each bi-weekly pay

period, but at no time will more than 4.04 hours be credited. Employees hired after January 1, 2017, including part-time, temporary, and intermittent, earn sick leave at the rate of 2.70 hours for 70 hours of service. The credit is proportionate to the hours paid in each bi-weekly pay period, but at no time will more than 2.70 hours be credited.

Up to 35 hours (5 days) of sick leave may be used as personal leave in any calendar year.

Sick Leave Payment On Retirement. One fourth of unused sick leave not to exceed 420 hours (60 days) when retiring after 10 or more years of service (See sections 3.15 and 5.02).

Employee Assistance Program. Employee Assistance Services are accessible to employees and their dependents for prevention and support of their needs at home and at work. Up to six sessions per issue per year are available, as well as some legal and financial advising services.

B. Benefits Applicable To Full-Time Employees.

Holidays. 12 days per year

Tuition Reimbursement: Up to \$2,500 per year may be available for certain educational expenses. (See Section 5.16)

Group Health Insurance. Health/prescription plan options are available to employees. Benefits are effective on the first day of the following month after date of hire. The employee's share of premium may be deducted from pre-tax wages. Employees with alternate private health insurance coverage (not County of Summit benefit plan or Medicaid) may waive the health insurance benefit and will receive a monthly payment, the amount to be determined by the County of Summit. (See Section 5.09)

Supplemental Insurance. Insurance is available through payroll deduction. (See Section 5.11)

Group Term Life Insurance. Term life coverage paid by SCPH and valued at \$40,000 is effective on the first day of the month following date of hire. Additional voluntary life insurance is available through payroll deduction. (See Section 5.11)

Flexible Benefit Plan. Flexible spending accounts are available to set aside funds, on a pre-tax basis, through payroll deduction, to pay eligible out-of-pocket medical, dental, dependent care, and transportation costs.

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4.03 PAY PERIODS/PAYCHECKS

- A. **In General.** The annual salary shall be paid biweekly. Pay is generally issued on the Friday after the end of the biweekly pay period.
- B. **Payments Upon Termination.** At termination, accrued vacation and accrued compensatory time will be included in the final pay check to be issued according to the usual bi-weekly schedule.
- C. **Conversion of Sick Leave.** When retiring from active service after ten or more years with the state or any of its political subdivisions, an employee may elect to be paid in cash for one-fourth of the accrued but unused sick leave credit up to a maximum of four hundred twenty hours or sixty (60) days. This payment will be based upon the employee's rate of pay at the time of retirement and will be paid with the final check to be issued on the usual bi-weekly schedule. When accepting such payment, all sick leave credit accrued up to that time will be eliminated. (See Section 3.15)

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4.04 HOURS OF WORK

A. Definitions

- 1. Alternate Schedule. a mutually agreed-upon, temporary change in the work schedule or assignment by the supervisor in which the employee works thirty-five (35) hours during the workweek, but some of the hours are worked outside of the normal 8:00 a.m. to 4:00 p.m. schedule. For more details, see Section 4.06.
- 2. Compensatory ("Comp") Time. a mutually agreed-upon change in the work schedule or assignment by the supervisor in which the employee works more than thirty-five (35) hours in the workweek. The hours in excess of thirty-five (35) are credited at time and one-half.
- 3. Kronos. the system used by the County of Summit to record employee hours for payroll purposes and to track sick, vacation, personal leave, Family Medical Leave, leave of absence, and comp time earned and comp time used.

4. MYSCHD, the electronic database into which employees enter hours worked, other paid hours, local mileage and requests for paid time off.
5. Overtime, a mutually agreed-upon change in the work schedule or assignment by the supervisor in which the employee works more than thirty-five (35) hours in the workweek. The hours in excess of thirty-five (35) are paid at time and one-half.
6. Salaried Personnel, employees who are designated by the Board of Health as being exempt from the overtime provisions of the Fair Labor Standards Act (FLSA). Salaried employees include the Health Commissioner, Assistant Health Commissioner, Division Directors, Assistant Directors, the Fiscal Administrator, the Executive Assistant of the Health Commissioner, and Supervisors. Salaried personnel are not eligible for compensatory time or overtime.

D. In General.

1. Workweek. The workweek starts on Monday at 12:01 a.m. and ends Sunday at 12:00 midnight. The normal work schedule shall consist of thirty-five (35) hours of work performed in five seven-hour shifts, Monday through Friday from 8:00 a.m. to 4:00 p.m. The work schedule may shift within the workweek to accommodate program needs. Unless assigned otherwise, or where a specific agency contract with the Health District prevails, all employees are expected to begin work in the office or at their field assignment at the scheduled beginning of their work shift and remain on duty until the scheduled end of their work shift.
2. Hours in Excess of Work Week. It is the policy of SCPH that non-supervisory employees will not engage in any work-related activities before actual starting or after actual quitting times or during scheduled lunch or break periods. Absent the appropriate prior approval, employees shall not work in excess of thirty-five (35) hours in one week. If the employee chooses to work hours in excess of the thirty-five (35) hours, without prior approval, the employee may be subject to disciplinary action.
3. Changes to Work Schedule. All adjustments or changes to the work schedule, whether taken as alternate schedule, overtime, or compensatory time, require supervisory approval. Whenever possible, an alternate schedule should be used to avoid overtime or compensatory time. The supervisor may assign work to the least senior employee with the ability to perform such work and available hours so as to avoid overtime.

- E. Compensatory Time and Overtime.** All non-supervisory employees of SCPH shall be eligible for compensatory time off or overtime pay for time worked in excess of thirty-five (35) hours in one workweek. Compensatory time shall be provided on a time and one-half basis in accordance with the Fair Labor Standards Act and Section 124.18 of the

O.R.C. Overtime shall be paid at a rate of one and one-half times the employee's regular rate.

Compensatory time or overtime can be earned by non-supervisory employees only for work hours that are immediately necessary to the operation of the office. The employee must have prior supervisory approval for all hours worked in excess of thirty-five (35) hours in one week. An approved request must be entered electronically in MySCHD within the workweek that the compensatory time or overtime is to be earned. Overtime is recorded in County Kronos System with a pay code of "overtime at time and a half." Compensatory time is recorded in the Kronos System with the time and one half factor already included. **Sick leave, vacation, compensatory time taken, and other paid leave shall not be considered time actually worked for the purposes of calculating overtime or compensatory time earned.** If additional time is worked in a week where sick, vacation, comp time used, or personal time is taken, the time taken will be reduced by the additional hours worked, please note holidays are an exception and are counted as hours worked in a week where overtime or compensatory time is earned. Employees granted on-duty time to attend continuing education or professional association meetings cannot claim compensatory time, overtime pay, or an alternative schedule for additional travel time, evening, or weekend meetings. See Chapter 5 of this Manual for more information on time off and how it is accrued.

Employees may use compensatory time earned at a time mutually convenient to the employee and his or her supervisor as soon as possible within one hundred eighty (180) days after earning such compensatory time. Employees shall be paid for compensatory time earned which has not been used within one hundred eighty (180) days or upon separation. All compensatory time must be used before an employee is granted a leave of absence without pay, except as permitted under state or federal law. Compensatory time must also be used before vacation, personal time, or leave of absence.

- F. **Breaks.** Employees will be granted the time to eat lunch. Such time must not exceed one hour and should be taken as near the middle of the employee's work shift as possible. To provide adequate staffing the lunch period may be assigned by the supervisor during these hours.

Employees will be allowed two (2) fifteen (15) minute breaks each workday, one (1) break to be taken during each half-day work period, independent of their lunch.

- G. **Call offs.** If any employee cannot report for duty as expected, the immediate supervisor or designee must be notified before the beginning of the workday. Notification must be made by speaking to the supervisor; voicemails, e-mails, or text messages are acceptable if the supervisor is not available when calling in. Besides leaving a message if a supervisor is not available, another supervisor should also be notified directly. If the employee's absence extends more than one day, the employee should be prepared to provide a reason for the absence and an anticipated date of return.

An employee who does not report for work and fails to notify the immediate supervisor within a half hour (30 minutes) of the start of the workday, may be considered absent without leave and may not be paid for that day. If an employee is absent from SCPH for a period of more than three (3) days without having notified their immediate supervisor, employment may be terminated.

- H. **Record Keeping.** Attendance records shall be kept electronically in MySCHD to indicate hours worked, holidays, sick leave, personal leave, vacation, jury duty, military duty, Family Medical Leave, leave of absence, and overtime or comp time worked or earned. Each employee will electronically submit requests in MySCHD for any time off to be used. In addition, they must electronically submit requests for alternate schedules or for overtime or comp time to be earned.

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4.05 FLEX-TIME

- A. **In General.** SCPH may utilize “time off” or flex-time in order to avoid employees working in excess of the standard workweek. If an employee who is normally provided comp time for hours worked in excess of thirty-five (35) hours per week works extra hours early in the workweek, the supervisor or designee may direct or authorize the employee to work fewer hours during the remainder of the workweek to avoid working in excess of thirty-five (35) hours.
- B. **Required Approvals.** Flex-time scheduling may be directed by the supervisor or designee or requested by the employee. All flex-time scheduling shall be subject to approval by the supervisor, Health Commissioner or designee.

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4.06 ALTERNATE WORK SCHEDULE

- A. **In General.** This policy establishes a means for an employee to request a set alternate work schedule (AWS). Change in scheduled hours may be requested by an employee or designated by a department. Since there is no change in total hours worked, a set alternate schedule will not affect pay or benefit level.
- B. **Definitions.**

1. Alternate Work Schedule (AWS). An approved set weekly work schedule which varies from the standard operating hours. Employees work the same number of total scheduled hours as they would under a traditional arrangement.
 - a. Set Compressed AWS: An approved set weekly work schedule that condenses a standard 5-day work week into 4 longer days.
 - b. Set 5-Day AWS: An approved set weekly work schedule consisting of 5 days with starting and ending times that may differ from the standard operating hours and within limits set by one's supervisor/manager.
2. Standard Operating Hours. Normal business hours. These hours are 8:00AM to 4:00PM Monday through Friday excluding Board observed Holidays.
3. Extended Operating Hours. Extended business hours to accommodate customer needs and/or approved alternate work schedule arrangements for employees. These hours would be time between 7:00AM to 8:00PM.
4. Core Operating Hours. The business hours that are expected to be included in any approved alternate work schedule on days worked to support the delivery and administration of Board services and programs. These hours are 12:00PM to 3:00PM, Monday through Friday, excluding Board observed holidays. An exception may be made when there is an operational need to consistently offer program services on Saturdays and/or Sundays.

C. Policy. SCPH encourages and authorizes individual divisions and program units to implement AWS to meet business needs. In addition, divisions may adjust the work schedules of individual employees to meet personal, home or family needs while preserving the hours defined by the position's full-time status and maintaining quality service.

D. Guidelines.

1. In any AWS, employees are expected to meet the same performance standards as they did previously. Supervisors are expected to use the same measurement criteria that were previously in place.
2. An employee will not be granted an AWS unless his/her prior performance has demonstrated the skills and qualities necessary to succeed in the proposed alternate schedule work arrangement.
3. New employees may be hired into a department-initiated alternate schedule work arrangement, with the understanding that such an arrangement may be changed if business needs dictate or the employee fails to meet performance expectations.
4. All AWS are subject to ongoing review and may be terminated at any time, given cause, or when business needs dictate.
5. Managers/supervisors are responsible to ensure that their program units have

coverage during the organization's normal business hours of 8:00 AM to 4:00 PM.

6. Prior to approving an AWS request managers/supervisors must consider the impact the proposed AWS will have on fellow employees, as well as the division as a whole, and make any necessary adjustments.

7. Approval of and changes to AWS should be timed to coincide with the beginning and ending of a payroll period.

8. An approved AWS will become an employee's fixed work schedule.

E. Source of AWS Initiation.

1. Division Initiated - Each division should review its employee scheduling for efficiency of service and for optimal opportunities to serve the needs of our customers. If alternative scheduling is needed, each affected employee will be notified of the new schedule. A minimum of four-week notice will be given to each employee.

2. Employee Initiated - An employee may request a change in scheduled work hours for personal or family reasons. This usually involves changes in the number of days on the job or flexible "clock" hours each day. The request should be directed to the supervisor, in writing. Division approval will be based upon the assurance that the efficiency of the division is maintained.

F. Employee Eligibility.

1. All full-time employees working 35 hours per week are eligible to request an AWS.

2. New hires are eligible to request an AWS that may be considered for approval with an effective date that is after the initial position training period necessary for the assigned work. This required training period is determined by the immediate supervisor and Division Director.

3. Employees, in good standing, and who demonstrate sufficient work performance may be considered for approval of an AWS based on Division and program specific staffing needs.

G. Review.

The AWS, and those employees participating, will be reviewed on a continual basis for its effectiveness. The program and corresponding schedules may be changed as departmental or personal circumstances warrant.

H. Minimum Requirements.

1. No AWS option shall permit any employee to work before 7:00AM or beyond 8:00PM or to have a start time later than 12:00PM or to have an end time earlier than 3:00PM unless it is deemed necessary for Board operations and approved by the Health Commissioner.
2. When a holiday falls within the work week, the employee will revert to a 7 hour/day schedule for the work week and receive the 7 hour holiday.
3. Any leave taken shall be at the rate that coincides with the approved alternate schedule for the days of the leave. Where another policy defines the use of leave time for a period of one day, this is interpreted to mean 7 working hours.
4. Employee initiated AWS can be rescinded by the Health Commissioner or at the request of the Division Director for any reason including but not limited to the following:
 - a. If coverage of the service area program(s) becomes insufficient;
 - b. Poor performance by the employee;
 - c. Violation of this policy, including, but not limited to, the Personnel Policy Manual and Department Standard Operating Procedures, Guidelines or policies; employee being disciplined for violation of policies; Any other reason specified in this policy.
5. The approved AWS shall be valid for a specific period of time of at least 3 months and up to, but not to exceed 6 months from the start date of the schedule.
6. If, or when an AWS ends or is rescinded, the employee shall revert to and shall resume working the normal 7 hours/day during standard operating hours.
7. In the event of a conflict between policies, the employee agrees to bring the existence of the conflict immediately to the attention of his/her supervisor and seek a written decision on which policy will be enforced.

I. Procedures for Employee-Initiated Requests.

See the Standard Operating Procedures in Section 12.07 for initiating requests.

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4.07 ON-CALL STATUS

Certain employees may be required to be in on-call status during non-working hours. Employees in on-call status shall be provided with a cell phone or paging device. This cell phone or paging device is to be carried by the employee while on call. The employee shall answer a cell or a page by responding as directed on the cell or paging device.

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4.08 CALAMITY DAYS

- A. **Definition.** A calamity day is any day, whether or not a regularly scheduled workday, when SCPH is affected by an emergency and/or continuity situation, in which only essential health department functions and services are maintained. See SCPH's Continuity of Operations Plan [Library L:\em\COOP].
- B. **Policy.** A calamity day can only be declared by a State Official or Summit County Public Health (by the Health Commissioner or the Incident Commander in a declared public health emergency). Employees who are released during a calamity day may continue to be paid for their scheduled shift(s) pending Health Commissioner approval. Released employees are, however, subject to recall during their scheduled shift(s). Employees who remain on duty or return to duty will not receive any extra compensation for working their scheduled shift.

Employees on sick leave or vacation leave during a weather or other type of emergency will be charged leave time in the same manner as if the weather or other type of emergency had not occurred. Tardiness, leaving early, or failure to report for work when requested on days when an emergency or continuity situation has been declared, must be charged to available vacation time or personal leave. Otherwise, unauthorized leave will be charged.

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4.09 LACTATION SUPPORT IN THE WORKPLACE

- A. **In General.** SCPH permits employees who are nursing mothers to take reasonable break times to express breast milk.
- B. **Reasonable Break Times.** SCPH will provide a reasonable break time for an employee to express breast milk for one year after the child's birth, during each time the employee has a need to express breast milk.

SCPH allows employees one (1) one-hour lunch break and two (2) fifteen-minute breaks each workday which nursing mothers are expected to utilize for expressing milk (see Hours of Work policy section 4.04). A flexible approach to the scheduling of paid break

times may be required to accommodate changes in the nursing mother's need to express breast milk. Other available paid options are flexible work schedules or use of accrued leave (i.e., vacation, personal, or compensatory time) (See Sections 4.04-4.05 and Chapter 5).

- C. **Designated Lactation Area.** SCPH provides a designated place that is shielded from view and free from intrusion from coworkers and the public, which is to be used by an employee to express breast milk.

This designated space ("lactation area") has the following features:

- a. The area is equipped with an electrical outlet;
- b. The area is in close proximity to a clean sink;
- c. The area has comfortable seating and a table or flat surface to hold the breast pump; and
- d. A "DO NOT DISTURB" sign is available when the room is in use as a lactation area.

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CHAPTER FIVE: EMPLOYEE BENEFITS

5.01 SICK LEAVE

- A. **In General.** Paid sick leave is an important employee benefit that should be utilized for the health needs of the employee and family. The use of sick leave for vacation or personal reasons is prohibited in excess of the allowable thirty-five (35) hours each year. The purpose of this policy is to establish guidelines for the accrual and use of paid sick and personal leave. This policy should be read in conjunction with Section 4.04, Hours of Work.

SCPH employees hired prior to January 1, 2017, including part-time, temporary, and intermittent, earn sick leave at the rate of 4.04 hours for 70 hours of service. The credit is proportionate to the hours paid in each bi-weekly pay period, but at no time will more than 4.04 hours be credited. Employees hired after January 1, 2017, including part-time, temporary, and intermittent, earn sick leave at the rate of 2.70 hours for 70 hours of service. The credit is proportionate to the hours paid in each bi-weekly pay period, but at no time will more than 2.70 hours be credited.

Intermittent and temporary employees are not entitled to use sick leave. However, intermittent and temporary employees who subsequently become a regular full-time or part-time employee will be credited with their accumulated sick leave.

Credit is given in computing sick leave for all time on active pay status, including vacation, sick leave, and personal leave. It is not given for time on unpaid leave of absence or overtime hours.

Nothing in this policy shall act as a limitation upon employees to exercise their rights to request and receive qualifying FMLA or other legally protected forms of leave.

- B. **Use of Sick Leave.** Sick leave shall be granted to full-time and part-time employees, subject to the terms of this Section and Section 4.04, for the following reasons:
1. Illness, injury, or pregnancy-related condition of the employee.
 2. Exposure of an employee to a contagious disease which could be communicated to and jeopardize the health of other employees.
 3. Examination of the employee, including medical, psychological, dental, or optical examination, by an appropriate licensed practitioner.
 4. Illness, injury, or pregnancy-related condition of a member of the employee's immediate family where the employee's presence is reasonably necessary for the health and welfare of the employee or affected family member.
 5. Examination, including medical, psychological, dental, or optical examination, of a member of the employee's immediate family by an appropriate licensed practitioner where the employee's presence is reasonably necessary.

6. Donation of leave to a co-worker in accordance with leave donation programs established pursuant to Section 5.17.
7. Death of a member of the employee's immediate family. Sick leave granted because of death in the immediate family shall not exceed five working days.

C. **Definition of Immediate Family.** Spouse, domestic partner, child, stepchild, mother, father, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, a legal guardian, or other person who stands in place of a parent (locum parentis).

D. **Requirements for Taking Sick Leave.** Employees shall be required to electronically sign and submit via MYSCHD a Paid Time Off Request form, which includes a reason (i.e., doctor's appointment for employee or employee's family member) for each use of sick leave. Sick leave requests for pre-scheduled appointments must be submitted to the employee's supervisor at least twenty-four (24) hours prior to the scheduled appointment time. A licensed qualifying medical professional statement shall be required to substantiate all requests for use of sick leave under the following conditions:

- Any absence for three (3) or more whole **work days** in a row (which could carry over from Friday to Monday).
- Any absence in excess of ten (10) whole non-consecutive **days** in a calendar year.
- Any absence in excess of a total of twenty-one (21) (consecutive or non-consecutive) work **hours** in a quarter.
- Any absence in excess of a total of eighty-four (84) (consecutive or non-consecutive) work **hours** in a year.

If no licensed qualifying medical professional's statement is submitted upon the employee's return to work, the absence shall be deemed unexcused.

At the conclusion of prolonged periods of sick leave, the employee must submit a certificate from a licensed qualifying medical professional stating the employee is able to perform the essential functions of the employee's position. Documentation must be submitted no later than upon return to work to the employee's immediate supervisor. SCPH does not offer light duty.

A licensed qualifying medical professional statement or certification submitted in conjunction with leave taken under the Family Medical Leave Act may be used to satisfy the physician statement requirements outlined above. Extenuating circumstances may be considered at the discretion of the Medical Director. (For more information, see Sections 5.15 and 3.07)

Employees must comply with normal call-off procedures as listed in Section 4.04 Hours of Work. Falsification of the employee's electronically signed leave request shall be grounds for disciplinary action, including termination.

E. **Abuse of Sick Leave.** Unexcused absences or failure to follow proper notification procedures will be considered abuse of sick leave and shall be grounds for disciplinary action. Examples of sick leave abuse may include, but are not limited to the following:

- Failure to comply with documentation requirements.
- Absence of three (3) consecutive whole **work days** without proper notification per policy 321. Hours of Work.
- Two (2) undocumented absences the day before or after a holiday or on a Friday or Monday, within a twelve (12) month calendar year.

At SCPH's expense, SCPH reserves the right to require an employee to submit to a fitness for duty examination if there are any concerns regarding the employee's ability to perform the essential functions of his or her job or other inquiry as deemed necessary by the Health Commissioner (See also Section 3.06).

F. **Transfer of Accumulated Sick Leave From Another Public Employer.** An employee who transfers from one public agency to another, or who is reappointed or reinstated or who transfers from one county department to another shall be credited with the unused balance of accumulated sick leave if the time between separation and reappointment does not exceed ten years. The words "public agency" as used above include the following within the State of Ohio: Counties, municipalities, city and county health districts, all Boards of Education, and State of Ohio Government including the State Health District and special districts as created by the O.R.C.

G. **Personal Leave.** Each calendar year, an employee shall be entitled to convert up to thirty-five (35) hours of accumulated sick leave for use as personal days during the calendar year. Personal leave is taken from the employee's existing sick leave balance (not in addition to it), meaning there has to be enough sick leave accrued to cover the amount of personal leave requested. Such personal days may be taken in a minimum of 0.25 hour increments, and must be scheduled and approved by the employee's supervisor, except in cases of emergency. Personal days must be used in the calendar year in which they are converted. They may not be carried over to a subsequent calendar year. If personal days are not used the unused portion continues to accumulate as available sick leave hours.

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5.02 SICK LEAVE CONVERSION

- A. **Sick Leave Conversion Upon Retirement.** When retiring from active service after ten or more years with the state or any of its political subdivisions, an employee may elect to be paid in cash for one-fourth of the accrued but unused sick leave credit up to a maximum of four hundred twenty hours or sixty (60) days. This payment will be based upon the employee's rate of pay at the time of retirement and will be paid with the final check to be issued on the usual bi-weekly schedule. When accepting such payment, all sick leave credit accrued up to that time will be eliminated. See also Section 3.15.

Sick leave conversion does not apply to any termination or separation other than retirement.

- B. **Sick Leave Transfer.** Unused sick leave may be transferred to certain other public agencies if the employee is re-employed in the public service within ten (10) years of the date on which the employee last separated from public service and no portion of the employee's sick balance has been converted to cash as outlined above. Employees who plan on transferring their unused sick leave to another public agency should request that written verification of their sick leave balance be sent to the other public agency upon their separation from employment with SCPH.
- C. **Payments of Converted Leave are Final.** Payment for accumulated sick leave as provided herein shall eliminate all sick leave accrued by the employee.

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5.03 VACATION/PERSONAL DAYS

- A. **In General.** At the time of completion of one year of service, a full-time employee shall have earned and will be entitled to vacation leave as follows:
- More than one year of service - 70 hours (10 days) - 2.7 hours per pay period
 - More than five years of service - 105 hours (15 days) - 4.04 hours per pay period
 - More than ten years of service - 140 hours (20 days) - 5.4 hours per pay period
 - More than twenty years of service - 175 hours (25 days) - 6.73 hours per pay period

At the time of completion of one (1) year of service, a part-time employee shall have earned and will be entitled to vacation leave according to the above schedule, prorated by the work schedule.

- B. **New Employees.** During the first six (6) months of service, no vacation time may be taken. For the purpose of computing vacation leave, an employee's service is defined as the total service accrued by a person employed by the state, county, or any political subdivision of the state. Any employee who is claiming prior service from agencies where previously employed must obtain from that agency a signed written document verifying exact dates of service.
- C. **Temporary and Intermittent Employees.** A temporary or intermittent employee is not entitled to vacation leave. However, if the employee subsequently becomes a full-time or part-time employee, the hours of service will count in determining the total amount of service.
- D. **Accrual of Leave.** Vacation leave is earned during the time the employee is on active pay status; it is not earned while on unpaid leave of absence. The employee shall take vacation leave only as it is accrued. Vacation will only be carried over each year for up to a maximum accumulation of one hundred seventy-five (175) hours. A review of each employee's vacation balance will be done at the end of the last full pay period of each year. Any person with vacation hours accrued in excess of one hundred seventy-five (175) hours will lose that accumulated excess of hours with no compensation.
- E. **Scheduling Vacation Time.** Vacation leave shall be pre-approved and shall be taken as convenient to the workload and the staffing needs of the employee's department and shall be subject to the administrative discretion of the employee's supervisor. Employees shall be required to electronically sign and submit via MYSCHD a Paid Time Off Request form for each use of vacation leave.
- F. **Unexpected Events During Vacation Leave.** When an employee has begun a pre-approved vacation, and there is a death in the employee's immediate family, vacation time will be reinstated to the extent approved bereavement days were used. Other than death of an employee's immediate family members, vacation time cannot be converted to sick and/or personal time, when the employee has adequate leave balances available. Employees on vacation leave during a declared calamity day will be charged leave time in the same manner as if the weather or other type of emergency had not occurred.

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5.04 HOLIDAYS

- A. **Official Holidays.** All regular full-time employees will be provided with paid holiday time on the days set forth below. Holiday pay will not be paid while an employee is on leave of absence or if the holiday immediately precedes or follows the leave of absence. Holiday pay will be paid when an employee is on sick leave or vacation leave.

New Year's Day, January 1
Martin Luther King Day, Third Monday in January
Washington-Lincoln Day, Third Monday in February
Memorial Day, Last Monday in May
Independence Day, July 4th
Labor Day, First Monday in September
Columbus Day, Second Monday in October
Veteran's Day, November 11
Thanksgiving Day, Fourth Thursday in November
Day after Thanksgiving, Friday Immediately following Thanksgiving
Christmas Eve Day, December 24
Christmas Day, December 25

- B. **Holidays Occurring on Weekends.** If a holiday is on a Sunday, it will be observed on the following Monday. If a holiday is on a Saturday, it will be observed on the preceding Friday.

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5.05 JURY DUTY/COURT LEAVE

- A. **In General.** When an employee is subpoenaed for any jury duty or court by the United States, the State of Ohio, or a political subdivision, the employee should immediately notify his or her supervisor upon receipt of the notice to appear. Full pay for normally scheduled work shall be granted. All compensation received by the employee for court or jury duty is to be remitted back to SCPH unless such duty is performed outside of normally scheduled working hours. The employee shall turn in a validated court document showing the date(s) that he or she has served.
- B. **Compliance Required When Related to Employment.** Employees shall comply with any subpoena issued to them relating to their employment at SCPH, including those for Workers' Compensation, Unemployment Compensation, and State Personnel Board of Review hearings.
- C. **Personal Matters.** When a case is being heard in connection with the employee's personal matters, such as traffic court, divorce proceedings, custody and juvenile issues, personal time, vacation or leave without pay shall be used.

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5.06 MILITARY LEAVE

A. Military Leave – Reservist.

1. Length. All regular employees who are reserve members of the Ohio National Guard, defense corps, naval militia, or members of other reserve components of the armed forces of the United States, are entitled to military leave of absence from their SCPH duties without loss of pay, for such time as they are in the military service on field training, active duty or emergency leave when so ordered by the Governor of the State of Ohio, for a period not to exceed twenty-two (22) seven-hour work days or one hundred fifty-four (154) hours for each calendar year. The County of Summit may, by resolution, extend the leave without loss of pay.
2. Compensation. Except as otherwise provided in subsection (3), any regular employee who is entitled to the leave provided under Section (1), and who is called or ordered to the uniformed services, as defined in Section 5923.05 of the O.R.C., for longer than a month, for each calendar year in which the employee performed service in the uniformed services as amended, because of an executive order issued by the president of the United States, because of an act of congress, or because of an order to perform duty issued by the governor pursuant to section 5919.29 of the O.R.C. is entitled, during the period designated in the order or act, to a leave of absence and to be paid, during each monthly pay period of that leave of absence, the lesser of the following:
 - a. The difference between the regular employee's gross monthly wage or salary as a regular employee and the sum of the regular employee's gross uniformed pay and allowances received that month;
 - b. Five hundred dollars (\$500.00).
3. Limitation on Compensation. No regular employee shall receive payments under Section (2) if the sum of the employee's gross uniformed pay and allowances received in a pay period exceeds the employee's gross wage or salary as a regular employee for that period or if the regular employee is receiving pay under Section (1).
4. Request for Leave. Employees are required to submit to the Personnel Office and/or their supervisor a published order authorizing the call or order to the uniformed services or statement from the appropriate military commander as

evidence of military duty before military leave shall be granted. This evidence shall accompany the standard leave request form.

5. Health Insurance. Employees will continue to be covered during an approved leave by SCPH health insurance, if the employee was covered while employed, until such employee is eligible for military health insurance for a period not to exceed twenty-two (22) seven-hour work days or one hundred fifty-four (154) hours.
6. Accrual of Leave Time. Employees on approved leave of absence for reserve military service for field training or active duty shall continue to accrue vacation and sick leave at their current rates for a period not to exceed twenty-two (22) seven-hour work days or one hundred fifty-four (154) hours within each calendar year. If leave is extended beyond one month, the employee will no longer accrue vacation and sick leave.
7. Collective Bargaining Agreement. Any regular employee whose employment is governed by a collective bargaining agreement with provision for the performance of service in the uniformed services shall abide by the terms of that collective bargaining agreement with respect to the performance of that service, except that no collective bargaining agreement may afford fewer rights and benefits than are conferred under this section.

B. Military Leave - Full-time Active Duty.

1. Eligibility. All full-time employees, as defined in Section 3.03, who have held a position of at least ninety (90) days shall be granted a military leave of absence without pay to be inducted or otherwise enter full-time military duty and shall be considered as a separation from SCPH service with reinstatement rights.
2. Reinstatement. The terms and conditions of reinstatement are governed by the Uniformed Services Employment and Reemployment Rights Act of 1994, 38 U.S.C. §§ 4301-4333, 5 U.S.C. 8432, as amended, and any other applicable Federal and State of Ohio law, as amended.
3. Health Insurance. Employees will continue to be covered during an approved leave by the County of Summit's health insurance, if the employee was covered while employed, until such employee is eligible for military health insurance for a period not to exceed twenty-two (22) seven-hour work days or one hundred fifty-four (154) hours.

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5.07 ABSENCE WITHOUT APPROVED LEAVE

- A. **In General.** Any employee who fails to report to work as scheduled without having such absence approved in advance by SCPH (i.e., vacation; court leave; military leave; etc.), shall be considered **absent without approved leave**.
- B. **Notification of Absence Required.** Employees with an illness or injury qualifying for sick leave, who have sufficient accrued sick leave to cover the period of absence, may notify their department head or designee in accordance with Section 4.04 herein and request approval of said absence after its occurrence pursuant to 5.01(D). However, employees without sufficient sick leave to cover their absence, regardless of the reason for their absence, shall be considered absent without approved leave unless the employee has some other form of leave (i.e., vacation, family and medical leave, disability leave) approved in advance of such absence.
- C. **Cases in Which Leave Is Unapproved.** Any employee absent without approved leave shall be subject to disciplinary action including possible removal from employment with SCPH.

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5.08 DISABILITY SEPARATION

- A. **In General.** This section outlines the conditions under which a disability separation may be granted to or involuntarily imposed on classified employees, and procedures for administering such separation. It is intended to outline the procedures to be followed after determining that no reasonable accommodation can be made which would allow the employee to perform the essential functions of the employee's position or other available vacant position for which the employee is qualified.
- B. **Voluntary Reduction.** When an employee becomes physically unable to perform the essential functions of the employee's position even with a reasonable accommodation, but is still able to perform the duties of a vacant lower level position, the employee may voluntarily request reduction to the lower level position. Such request shall be performed by applying for the lower level SCPH position through the Summit County Jobs Portal. The employee should also discuss the matter with his or her supervisor.
- C. **Involuntary Disability Separation or Termination for Failure to Report for Work.** According to the rules of the director of the Ohio Department of Administrative Services (123:1-30-01), involuntary disability separation is effective in the following cases:

1. If an employee becomes unable to perform the essential job duties of the employee's position, subject to the Americans with Disabilities Act, and if the employee has exhausted other available leave including family and medical leave, the appointing authority may involuntarily separate the employee.
2. If an employee on leave is unable to return to work when the employee's leave is exhausted, then the Board shall voluntarily separate the employee (if the employee cooperates under this procedure), or proceed to remove the employee for being absent without leave if the employee does not cooperate. If sufficient cause for involuntary disability separation is established (see subsection D below), the Order of Removal shall indicate the reasons as "incompetency, neglect of duty, and nonfeasance" with an adequate explanation to make clear that the underlying reasons are the employee's failure to report for work and the inability to perform the essential functions of the employee's position. However, if the employee refuses to submit to an examination or to provide proof of disability, grounds for terminating employment shall be neglect of duty, nonfeasance, and failure of good behavior due to failure to report for work without approved leave.

D. **Medical Examination.** O.A.C. Section 123:1-30-01 specifies when medical examinations are either required or permitted in relation to involuntary disability separation.

1. **When Required:** When requested by SCPH, a medical or psychological examination conducted by a licensed practitioner selected by SCPH, substantiating the disabling illness, injury, or condition, shall be required prior to involuntarily separating the employee unless the employee is hospitalized at the time the employee is involuntarily separated. SCPH shall bear the cost of the examination. Both SCPH and the employee shall receive the results of that examination and related documents, subject to division (C)(1) of O.R.C. 1347.08.
2. **When Permitted:** SCPH may require an employee to submit to a medical or psychological examination in order to determine the employee's capability to perform the essential job duties of the employee's position with or without a reasonable accommodation. Such examination shall be conducted by a licensed practitioner as determined by SCPH. Prior to examination, SCPH must supply the examining practitioner with facts relating to the perceived disabling illness, injury, or condition and must supply additional information including physical and mental requirements of the employee's position, duty statements, and position description. The cost of the examination shall be paid by SCPH. Both SCPH and the employee shall receive the results of the examination and related documents subject to division (C)(1) of O.R.C. 1347.08.

3. Failure to Appear for Examination or Refusal to Submit: The refusal to submit to the examination, the unexcused failure to appear for an examination, or the refusal to release the results of an examination will subject the employee to removal, as explained in (C)(2) above.

E. Right to Pre-Separation Conference: Procedure.

1. SCPH shall institute pre-separation proceedings when it has received the results of a medical or psychological examination conducted as provided by Subsection C and initially determines an employee is incapable of performing the essential job duties of the employee's assigned position with or without a reasonable accommodation, and initially determines the employee is not eligible to receive benefits under a program provided by SCPH. Under such proceedings, a conference shall be scheduled and advanced written notice shall be provided to the employee. If the employee does not waive the right to the conference, then at the conference the employee has a right to examine the appointing authority's evidence of disability, to rebut such evidence, and to present testimony and evidence on the employee's own behalf.
2. If SCPH determines, after weighing the testimony presented and evidence admitted at the pre-separation conference, that the employee is capable of performing the essential job duties, then the pre-separation conference shall cease and the employee shall be considered to be fit to perform the essential job duties of the employee's position. If SCPH determines, after weighing the testimony presented and the evidence admitted at the pre-separation conference, that the employee is unable to perform the essential job duties, then SCPH shall issue to the employee an O.R.C. 124.34 order of involuntary disability separation (i.e., Order of Removal), as described in (B)(2) above.
3. An employee so separated shall have the right to appeal in writing to the State Personnel Board of Review within ten (10) calendar days following the appointing authority's service upon the employee of the O.R.C. 124.34 order of involuntarily disability separation.
4. SCPH shall notify the employee, at the time of the involuntary disability separation, of the required procedures to apply for reinstatement.

F. Right to Reinstatement: Procedure.

1. An employee may make a written request to SCPH for reinstatement from an involuntary disability separation. The request shall be accompanied by substantial, credible medical evidence that the employee is once again capable of performing the essential functions of the employee's job. Such requests shall be made not more than once every three (3) months and not later than two (2) years following the beginning of the disability separation or a leave of absence followed by a disability separation.

2. When an involuntarily separated employee presents to SCPH substantial, credible medical evidence, showing the employee is once again capable of performing the essential job duties of the employee's assigned position with or without a reasonable accommodation, SCPH shall either reinstate the employee or require the employee to submit to a medical or psychological examination conducted as provided by paragraph 2 of Subsection C.
3. SCPH shall reinstate the employee after receiving the results of the examination if SCPH determines the employee is once again capable of performing the essential duties of the employee's assigned position with or without a reasonable accommodation.
4. SCPH shall institute pre-reinstatement proceedings if it has received the results of the examination and initially determines the employee remains incapable of performing the essential job duties of the employee's assigned position with or without a reasonable accommodation. Under these proceedings, a hearing shall be scheduled and adequate advanced written notice shall be provided to the employee. If the employee does not waive the right to the hearing, then at the hearing the employee has a right to examine SCPH's evidence of continuing disability, to rebut such evidence, and to present testimony and evidence on the employee's own behalf.
5. If SCPH determines, after weighing the testimony presented and evidence admitted at the pre-reinstatement hearing, that the employee is once again able to perform the essential job duties of the employee's assigned position with or without a reasonable accommodation, then SCPH shall reinstate the employee. If SCPH determines, after weighing the testimony presented and evidence admitted at the pre-reinstatement hearing, that the employee is not able to perform the essential duties of the employee's assigned position with or without a reasonable accommodation, then SCPH shall not reinstate the employee.
6. If SCPH determines that an employee who has been involuntarily separated has committed an act which is inconsistent with the employee's disability, illness, or injury, then that act may be considered by SCPH when determining an employee's eligibility for reinstatement.
7. Once SCPH properly determines an employee is to be reinstated, the employee has a right to be assigned to a position in the classification the employee held at the time of involuntary disability separation. If the classification the employee held at the time of involuntary disability separation no longer exists or no longer is utilized by SCPH, then the employee shall be placed in a similar classification. If no similar classification exists, the employee may be laid off in accordance with Chapter 123 of the Administrative Code and O.R.C. Chapter 124.

8. If the employee has been granted disability benefits by a state retirement system, the requirements of this policy shall apply for up to five (5) years, except a licensed practitioner shall be appointed by the Public Employees Retirement System and an application for reinstatement shall not be filed after the date of service eligibility retirement.
9. An employee refused reinstatement as provided in Subsection (F)(5) shall be notified in writing of the refusal to reinstate and of the right to appeal in writing to the State Personnel Board of Review within ten (10) calendar days of receiving notice of the refusal to reinstate.
10. An employee who fails to apply for reinstatement within two (2) years following an involuntary disability separation, or a leave of absence followed by an involuntary disability separation, shall be deemed permanently separated from service.

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5.09 GROUP HEALTH INSURANCE

- A. **In General.** Employees who work thirty (30) or more hours per week on a regularly scheduled basis are eligible to participate in SCPH's health insurance program under the cost sharing arrangement described herein. SCPH may authorize insurance coverage for other selected positions at its discretion. The terms of the insurance program and degree of SCPH participation in its cost are subject to change without notice. Employees who change from part-time status to full-time status can request to participate in the health insurance plan during the next eligible period.
- B. **Election of Coverage.** Employees may elect coverage under the insurance plan by notifying the Personnel Office within thirty (30) days of employment or may apply for coverage during any open enrollment thereafter.

Employees declining enrollment for themselves or their dependents (including their spouse) because of other health insurance coverage may in the future be able to enroll themselves or their dependents in the health insurance plan, provided they request enrollment within thirty (30) days after their other coverage ends. In addition, if the employee has a new dependent as a result of marriage or birth, adoption, or placement for adoption, the employee and/or dependent(s) may be able to enroll in the health insurance plan provided the request for enrollment is submitted within thirty (30) days after the marriage, birth, adoption, or placement for adoption occurs.

- C. **Coverage.** Eligible newly hired employees shall become covered on the first day of the month following the employee's first thirty (30) days of employment.

- D. **Payment.** SCPH shall determine the portion of the insurance premium to be paid by SCPH and the portion, if any, to be paid by the employee.
- E. **Paid Leave/Family and Medical Leave.** SCPH will continue to pay its share of the health insurance premium for employees on all paid leaves of absence for so long as the employee is in active pay status, or on family and medical leave as defined in the family and medical leave policy in Section 5.14.
- F. **Insurance during Unpaid Leave.** If an employee is granted unpaid leave after exhausting all available paid leave and/or family and medical leave, SCPH's obligation to pay any portion of insurance premium costs shall cease immediately. The employee may, however, be eligible for continued coverage at the employee's sole expense as provided in Section 0 of this manual.
- G. **Inactive Pay Status.** Except as provided under the family and medical leave section of this manual, any time an employee is absent from work without approved paid leave SCPH's obligation to pay any portion of insurance premium costs shall cease immediately.
- H. **Enrollment.** Employees desiring insurance coverage shall complete an application at initial employment or during open enrollment and shall submit it to the Personnel Office. Employees declining coverage shall sign a waiver of coverage at commencement of employment. Employees receiving public assistance for health care, such as Medicaid, may not waive coverage for payment in lieu of SCPH group health insurance coverage. SCPH shall forward the application for waiver to the county Fiscal Office.

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5.10 CONTINUED GROUP HEALTH INSURANCE COVERAGE

- A. **In General.** Employees who separate from service and/or their spouses and children may be eligible for continuation of health insurance coverage, at their own expense, as described herein. The same health insurance coverage shall continue for eligible employees/individuals under this policy as is provided to other employees who maintain employment with SCPH.
- B. **Eligibility.** Employees, spouses, and dependent children who are covered under SCPH's health insurance plan shall be offered the opportunity to continue health insurance coverage according to the following schedule:
 - 1. An employee who is terminated (other than by discharge for gross misconduct) shall be eligible to purchase health insurance coverage for up to eighteen(18)

months following the termination. As used in this policy, “termination” shall include any separation from employment, except those instances where an employee has been separated for acts of gross misconduct, but including layoff, resignation, voluntary/involuntary leave without pay, discharge, and any other termination which results in the employee’s ineligibility for continued health insurance benefits. Employees who are separated in accordance with civil service law for gross misconduct are not eligible for continuation of health insurance plan coverage.

2. An employee whose total hours worked are reduced, which reduction causes the employee to be ineligible for continued health insurance coverage, shall be eligible to purchase health insurance coverage for up to eighteen (18) months following such reduction.
3. If a second qualifying event occurs during this eighteen (18) month period, coverage may be extended for an additional eighteen (18) months.
4. If any beneficiary becomes disabled under the Social Security Act and provides timely notice of that status to SCPH, coverage may be extended for up to twenty-nine (29) months.
5. The spouse and dependent children of an employee shall be eligible to purchase health insurance coverage for up to thirty-six (36) months when the employee:
 - a. Dies.
 - b. Would otherwise lose coverage due to termination and/or reduction as described in the above paragraphs.
 - c. Becomes entitled to Medicare coverage.
6. The spouse and/or dependent children shall be eligible to purchase health insurance coverage for up to thirty-six (36) months when:
 - a. The spouse and dependent children would lose eligibility for continued coverage due to a divorce or legal separation.
 - b. The dependent child would otherwise lose coverage by ceasing to satisfy the plan’s coverage requirements applicable to dependent children.

C. **Notifications.** Full-time employees, spouses, and dependent children shall be notified of the provisions of this policy as follows:

1. Employees shall be notified of this policy at the time they begin coverage under SCPH’s health insurance plan or in the event they are either terminated or reduced.

2. Spouses shall be notified of this policy at the time family or spouse coverage begins under SCPH's health insurance plan or in the event the employee is either terminated or reduced.
 3. Service of notification on the employee's spouse shall be deemed notice to dependent children.
 4. The Personnel Office shall be notified to provide the above notice.
- D. **Employee Obligation to Notify.** Each employee shall be responsible for notifying the Health Commissioner of any action which might trigger a spouse's or dependent child's eligibility for continuation of insurance coverage under this policy. Such notice shall be given by the employee to the Health Commissioner immediately upon gaining knowledge of the event, e.g., divorce, legal separation, or loss of dependent eligibility under SCPH plan.
- E. **Eligibility Notifications.** The individual(s) who are eligible for continued health insurance plan coverage shall be notified of their rights and obligations under this policy within 14 days after the occurrence of a triggering event. The notice shall contain a final date by which the employee, spouse, or dependent child must respond to the notice.
- F. **Election Notifications.** The eligible employee/individual shall notify the appointing authority of their decision to continue or not continue coverage within 60 days of the triggering event.
- G. **Length of Coverage.** An employee, spouse, or dependent child who elects continued health insurance coverage shall only be eligible until the earliest date that any of the following occur:
1. Coverage expires either 18, 29, or 36 months after the triggering event.
 2. The group health care plan is terminated by SCPH.
 3. The individual fails to timely pay the required premium.
 4. The employee becomes covered under another group health care plan.
 5. The individual becomes eligible for Medicare benefits.

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5.11 OTHER INSURANCES

Term life coverage, paid by the agency, is effective on the 1st day of the month following date of hire. The benefit payable is forty thousand dollars (\$40,000). SCPH may offer other insurance benefit programs at its and/or the employee's expense. Employees should contact the Personnel Office for an explanation of currently available insurance benefits and programs.

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5.12 WORKERS' COMPENSATION

- A. **In General.** Workplace injuries are insured through a system known as "workers' compensation." Workers' compensation is a complex system that is governed by the Ohio Constitution and O.R.C. Chapters 4121 and 4123. All workplace injuries should be documented for purposes of workers' compensation on a Workers' Compensation Form and forwarded to the Personnel Office. Employees should not direct issues with their claims to SCPH, as SCPH does not manage workers' compensation claims internally. SCPH Workers' Compensation claims are managed and assessed by the County of Summit, who performs this service for SCPH under contract.
- B. **Rebuttable Presumption/Post-Accident Testing.** Where a workplace accident may have occurred due in full or in part to the influence of alcohol or drugs, employees may be tested. The results of a post-accident drug/ test, or the employee's refusal to submit to such test, could affect an employee's eligibility to receive workers' compensation benefits. An employee who tests positive or who refuses to submit to a drug/alcohol test is "rebuttably presumed" to have been intoxicated or under the influence of a controlled substance not prescribed by the employee's physician at the time of the accident. Once such a presumption is established, the employee must then prove that the presence of such drugs or alcohol was not the proximate cause of the workplace injury.

In order for the results of a post-accident drug/alcohol test to be considered by the Bureau of Workers' Compensation, the test that is employed must be a "qualifying test." A test is "qualifying" if it is administered under one (1) of three (3) circumstances:

1. Where SCPH had "reasonable suspicion" that the employee may be intoxicated or under the influence of a controlled substance not prescribed by the employee's physician.
2. Where the examination is conducted at the request of a police officer following an arrest, traffic stop, or auto accident.
3. Where the examination is ordered by a licensed physician who is not employed by SCPH and is not ordering such test at SCPH's request.

For more information on testing procedures for workplace accidents, refer to sections 6.02 and 7.05 and the Substance Abuse Testing Procedure contained in this manual.

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5.13 TRANSITIONAL WORK

- A. **In General.** The principal purpose of SCPH's transitional work policy is to return injured employees to gainful employment activities as soon as possible. This policy is limited in its application to injuries and/or illnesses suffered during the course of employment. The transitional work program is designed to provide such injured employees, who cannot effectively perform all the essential functions of the employees' position due to a work related illness/injury, the opportunity to continue working for a limited period while performing transitional work duties.
- B. **Assignments.** The temporary assignment to transitional work is made at the discretion of SCPH. SCPH may require the employee to provide medical certification from a licensed practitioner as to the nature and extent of the employee's injury/illness and the probable length of time the employee needs to be assigned to transitional work.
- C. **Status During Transitional Work.** During the transitional work period, the employee shall continue to be paid the employee's regular rate of compensation and accrue all benefits in the same manner as before. Placement into transitional work does not constitute a break in continuous service, nor does it affect the employee's status, as defined in Section 3.03 of this manual. The employee's job duties are temporarily modified as a result of the employee returning to work with medical restrictions.
- D. **Duration of Transitional Work.** The period of transitional work shall not exceed thirty (30) days without approval of the appointing authority to extend said period for additional thirty (30) day periods. An employee may be granted additional periods of transitional work only upon special and meritorious circumstances.
- E. **Evaluations.** When an employee has been injured during the course of employment, rendering the employee unable to perform the essential functions of the position, that employee will be medically evaluated for a transitional work assignment. This should, if possible, be done within twenty-four (24) hours of the worker's injury. Only after authorization from the Health Commissioner has been received, may the employee begin to perform transitional work. A transitional work period is a temporary assignment of limited duration, not to exceed thirty (30) days unless extended by the Health Commissioner due to special and meritorious circumstances.

The injured employee may be required, on behalf of SCPH, to be evaluated by a selected physician. If the employee is not required to be medically evaluated, information from

the employee's medical provider may be used. The physician or medical provider makes the ultimate decision to determine an employee's capability to return to work after any work-related injury or illness, and whether the employee's present abilities fit within the scope of available transitional work. Any transitional work assigned must require the performance of meaningful work that includes productive output during the time of strengthening and healing.

- F. **Assignment of Transitional Work.** After receiving approval for transitional work from the physician, a transitional work assignment will be offered to the employee in writing. The employee must respond to the offer of transitional work within three (3) calendar days. The offer of transitional work will specify the exact report to work date and time. If the employee does not respond, the lack of response will be construed as a refusal of the offer.
- G. **Refusal of Assignment.** Should an employee refuse approved transitional work, the appointing authority or designee will be notified immediately, and will file a C-86 motion with the Bureau of Workers' Compensation to deny compensation based on refusal of suitable employment within the employee's physical restrictions. At SCPH's discretion, disciplinary action may also be taken.
- H. **Agreement to Work Assignment.** Prior to the employee's start date in the transitional work program, the employee will be scheduled to meet with SCPH to review and sign the transitional work assignment.
- I. **Requesting Extension of Transitional Work.** If, after thirty (30) days of performing transitional work, the employee is still unable to perform the essential functions of the employee's assigned position, and special and meritorious circumstances are shown to exist, the employee may request an additional 30 day period of transitional work. This should be done in accordance with the same procedure as discussed in paragraph E above.

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5.14 FAMILY AND MEDICAL LEAVE

- A. **In General.** The federal Family and Medical Leave Act of 1993 (FMLA) was passed to protect employees who must miss work due to certain qualifying health-related conditions. The law requires employers to grant qualifying employees up to twelve (12) weeks of unpaid, job-protected leave in any 12-month period. It is not intended to grant an entitlement to an additional twelve (12) weeks of unpaid leave after paid leave has been exhausted. (Note that special rules apply to family members injured while on active duty in the military.) As a public agency, SCPH is automatically covered by FMLA.

The purpose of this policy is to define how SCPH will implement its compliance with this law.

- B. **Eligibility.** To be eligible for FMLA benefits, employees must have worked for SCPH for a total of at least twelve (12) months, and must have worked at least 1,250 hours over the previous twelve (12) months. This is the equivalent of twenty-four (24) hours per week for an entire year. The 12-month period for eligibility for FMLA leave at SCPH shall be calculated using a rolling 12-month period measured backwards from the date of any FMLA usage by an employee.. Employees on FMLA leave shall not hold outside employment while on FMLA leave without the prior written approval from management.

- C. **Notice.** Employees are required to provide 30-day advance notice of the need to be off work due to a condition covered under the FMLA when the need is foreseeable and such notice is practicable. If leave is foreseeable less than thirty (30) days in advance, the employee must provide notice as soon as practicable – generally, either the same or next business day. When the need for leave is not foreseeable, the employee must provide notice as soon as practicable under the facts and circumstances of the particular case. Employees must provide sufficient information for SCPH reasonably to determine whether the FMLA may apply to the leave request.

As a covered employer, SCPH is required to notify employees of their rights and responsibilities under the FMLA. When SCPH becomes aware that a requested leave may qualify under the FMLA, it is required to notify the employee of his/her eligibility to take FMLA leave, and must notify the employee that the leave is designated and will be counted as FMLA leave. This is not optional for either party.

- D. **Use of Accrued Leave.** SCPH requires employees to “substitute” (run concurrently) accrued paid leave, including sick and vacation leave, including workers’ compensation leave (to the extent that it qualifies) to cover some or all FMLA leave before taking any remaining FMLA leave as unpaid leave.

- E. **Attendance Issues.** FMLA leave shall not be taken into consideration with respect to the taking of disciplinary action involving attendance issues.

- F. **Procedure.** Employees seeking to take leave that might qualify under the FMLA must notify their supervisor and the Personnel Office thirty (30) days in advance or as soon as practicable after the need becomes known. This applies to intermittent FMLA leave as well as regular FMLA leave. If applicable, employees must also inform their supervisor and the Personnel Office if the requested leave is for a reason for which FMLA leave was previously taken or certified.

The employee requesting leave shall submit the completed certification form to the Personnel Office within fifteen (15) calendar days from receipt of the Notice of Eligibility and Rights & Responsibilities.

The Personnel Office will initially review all information and determine if the leave

requested qualifies for Family Medical Leave. After the Personnel Office reviews the information, it will be forwarded to the Health Commissioner for their final review and approval. If the certification form submitted by the employee is incomplete or insufficient, the Personnel Office shall notify the employee, and the employee shall have seven (7) calendar days to cure the deficiency. If the employee fails to cure the deficiency or fails to authorize the Personnel Office to contact the employee's doctor in order to cure the deficiency, the leave may be denied.

Within five (5) business days of the Personnel Office receiving satisfactory certification, the Personnel Office shall complete the Designation Notice Form and send it directly to the employee with a copy to the employee's supervisor. (**Note that FMLA requires this employer designation and notification even if the employee does not want to "count" a specific absence as FMLA leave*).

Employees on FMLA leave will need to designate their FMLA time within MySCHD accordingly and must comply with normal call-off procedures (See Section 4.04).

G. **Definitions.**

Basic Leave Entitlement: A covered employer must grant an eligible employee up to a total of twelve (12) workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- for the birth and care of a newborn child of the employee;
- for placement with the employee and/or domestic partner of a son or daughter for adoption or foster care;
- to take medical leave when the employee is unable to work because of a serious health condition; or
- to care for a spouse, domestic partner, son, daughter, or parent with a serious health condition (parent does NOT include a parent "in-law").
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the Armed Forces, including a member of the National Guard or Reserves in support of a contingency operation; or
- a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

Serious Health Condition: An illness, injury, impairment, or physical or mental condition that involves either:

- Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, including any period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; **or**
- Continuing treatment by a health care provider, which includes:
 1. A period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that **also** includes:

treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within seven (7) days and both within thirty (30) days of the first day of incapacity); **or**

one treatment by a health care provider (i.e., an in-person visit within seven (7) days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); **or**
 2. Any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; **or**
 3. Any period of incapacity or treatment for a chronic serious health condition (such as asthma, diabetes, or epilepsy) which continues over an extended period of time, requires periodic visits (at least twice a year) to a health care provider, and may involve occasional episodes of incapacity. A visit to a health care provider is not necessary for each absence; **or**
 4. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (such as stroke, Alzheimer's, etc.). Only supervision by a health care provider is required, rather than active treatment; **or**
 5. Any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated (such as dialysis, chemotherapy, physical therapy, etc.).

Certification: SCPH requires that an employee's request for leave due to a serious health condition or a family member's serious health condition be supported by a certification from a health care provider. SCPH may require second or third medical opinions (at SCPH's expense) and periodic recertification of a serious health condition. In addition, a

health care provider, a human resource professional, a leave administrator, or a management official – but not the employee’s direct supervisor – may be used to authenticate or clarify a medical certification of a serious health condition.

Recertification: SCPH may request recertification for the serious health condition of the employee or the employee’s family member no more frequently than every thirty (30) days unless circumstances have changed significantly, or if SCPH receives information casting doubt on the employee’s stated reason for the absence or the continuing validity of the existing medical certification, or if the employee seeks an extension of his or her leave. Otherwise, SCPH may request recertification for the serious health condition of the employee or the employee’s family member every six (6) months in connection with an FMLA absence. SCPH may provide the employee’s health care provider with the employee’s attendance records and ask whether the need for leave is consistent with the employee’s serious health condition. If recertification is requested, the Personnel Office will notify the employee directly by providing them with the medical certification form to be completed by the employee’s or their family member’s physician. The employee is responsible for paying for the cost of a recertification. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of leave or denial in continuation of leave. If the certification form submitted by the employee is incomplete or insufficient, the Personnel Office shall notify the employee, and the employee shall have seven (7) calendar days to cure the deficiency. If the employee fails to cure the deficiency or fails to authorize the Personnel Office to contact the employee’s doctor in order to cure the deficiency, the leave may be denied. Within five (5) business days of the Personnel Office receiving satisfactory certification, the Personnel Office shall complete the Designation Notice Form and send it directly to the employee with a copy to the employee’s supervisor.

Intermittent Leave or a Reduced Work Schedule: Under some circumstances, employees may take leave in separate blocks of time for a single qualifying reason – or on a reduced leave schedule – reducing the employee’s usual weekly or daily work schedule. If FMLA leave is for birth and care, placement for adoption or foster care, or to care for a family member with a serious health condition when medically necessary, use of intermittent leave is subject to SCPH’s approval. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt SCPH’s operations.

Designation of FMLA Leave: Within five (5) business days after the employee has submitted the appropriate certification form, the Personnel Office will complete and provide the employee with a written response to the employee’s request for FMLA leave using the Department of Labor (DOL) Designation Notice form.

Maintenance of Health Benefits: A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave on the same terms as if the employee had continued to work. If applicable, payroll will notify the Department of Law, Insurance and Risk Management within thirty (30) days so that arrangements can be

made for employees to pay their share of health insurance premiums while on leave (e.g., COBRA).

Intent to Return to Work from FMLA Leave and Job Restoration: SCPH may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work. Upon return from FMLA leave, an employee must have a return to work note from their physician stating that they can return to work with no restrictions. If there are restrictions on the note, management must determine their eligibility to come back to work with those restrictions.

An employee must be restored to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave. An employee has no greater right to restoration or to other benefits and conditions of employment than if the employee had been continuously employed.

An employee who fails to return to work at the expiration or cancellation of an approved family/medical leave of absence may be terminated.

Spouses or Domestic Partners employed by SCPH: Spouses or Domestic Partners employed by SCPH who are eligible for Family Medical Leave are entitled only to a combined total of their Family Medical Leave when care is being provided for the same family member.

Record Keeping: The Personnel Office will maintain records of leave balances and FMLA leave usage with the review of biweekly time off reports to ensure accuracy and identify staff that may need original certification or re-certification. Medical records accompanying FMLA requests will be kept separate from personnel files in a confidential manner.

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5.15 UNPAID LEAVE OF ABSENCE (OTHER THAN FMLA)

- A. **In General.** Unpaid leaves of absence shall generally not be permitted unless such leave is required to be provided by law, such as the Family and Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) or Military Leave. In limited circumstances, an employee may request unpaid leave when the employee has not had the opportunity to accrue sick leave or vacation credit. Requests for unpaid leaves of absence shall not be considered for employees who have worked for SCPH for more than one year *except in unusual circumstances*.

An employee on an unpaid leave of absence does not earn sick leave or vacation credit. However, the time on authorized leave without pay is to be counted in determining length of service for purposes of extended vacation eligibility.

- B. **Consequences of Taking Unauthorized Leave of Absence.** Requests for leaves of absence must be submitted to the Personnel Office as far in advance of the time requested for leave as is possible under the circumstances. Requests may only be approved by the Health Commissioner, who shall consider the operational needs of SCPH in determining whether to approve the leave request.

All employees are responsible for keeping track of their paid leave balances and following up with the Personnel Office if they wish to look into legally protected types of unpaid leave. An employee who is absent from work without approved leave (as described under this policy) shall be subject to serious disciplinary action up to termination.

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5.16 TUITION REIMBURSEMENT

- A. **In General.** SCPH will reimburse full-time staff, other than those represented by the Ohio Nurses Association (ONA), for payment of tuition, books, and fees for course work completed during the immediately preceding calendar year at any accredited college or university, subject to the following limitations:
1. The employee must have completed one (1) year of service (1,820 working hours) with SCPH to be eligible for tuition reimbursement.
 2. The course work for which reimbursement is sought must have been completed while working full time for SCPH.
 3. Such course work must be directly applicable to an undergraduate and/or graduate degree at an accredited college or university. The employee must consult with his or her supervisor and division director to make this determination.
 4. Such course work must be directly related to employee responsibilities at SCPH.
 5. The employee must remain employed by SCPH for one (1) year (1,820 working hours) following the date of reimbursement or refund SCPH a prorated share of tuition reimbursement based upon that portion of the year the employee failed to work. The cost will be deducted from the employee's final paycheck, if necessary.

6. No staff person shall receive more than two thousand five hundred dollars (\$2,500.00) for any calendar year.
7. The maximum total amount payable by the Board in any given calendar year will be twenty thousand dollars (\$20,000.00). If total requests for reimbursement sought by non-bargaining staff, for a calendar year, exceeds the twenty thousand dollar (\$20,000.00) limit, the Board will pay reimbursement to staff in order of seniority (most senior staff first) up to the individual two thousand five hundred dollar (\$2,500.00) limit until the total twenty thousand dollar (\$20,000.00) ceiling is reached.

B. Requesting Reimbursement. After the end of each calendar year, all staff seeking reimbursement for that year must submit to the Health Commissioner, no later than January 31, a written request for tuition reimbursement using the Tuition Reimbursement Form. Included in this request must be a detailed accounting of all costs for which reimbursement is sought, along with supporting documentation showing such costs were incurred and paid by the employee, and documentation that the course was satisfactorily completed during the preceding calendar year with a passing grade.

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Effective Date: 4/26/2018

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5.17 LEAVE DONATION PROGRAM

A. Eligibility to Receive Donated Leave. An employee may receive donated leave upon submission of a written request, supported by proper documentation, to the Personnel Office, or depending on the circumstances, from an immediate family member or other person acceptable to the Health Commissioner. Leave Donation Program forms may be found in Section 13.29 of this manual. An employee, who otherwise qualifies to receive donated leave pursuant to this section, may receive no more than nine hundred and ten (910) hours of donated leave while employed by SCPH.

Following approval of the Health Commissioner, an employee may receive donated sick leave up to the number of hours the employee is scheduled to work each pay period if the employee who is to receive the donated leave meets all of the following conditions:

1. The employee has a critical need for the donated leave due to a catastrophic illness or injury or due to the catastrophic illness or injury of the employee's spouse, domestic partner, child or parent, and such event is demonstrated with documentation certified by a medical doctor;
2. The employee has been employed by SCPH for twelve (12) months;
3. The employee has no accrued paid leave;

4. The employee has applied for and exhausted any other paid leave, workers' compensation or benefits program for which the employee is eligible; and
 5. The employee is not paid from a restricted fund, where legal restrictions would prevent an employee from receiving donated leave pursuant to the Leave Donation Program.
- B. **Leave Donation Approval.** Approval of a request for leave donation is at the sole discretion of the Health Commissioner based on the provisions of this policy.
- C. **Eligibility To Donate Leave.** An employee may donate no more than two hundred ten (210) hours of his or her accumulated leave in each calendar year. An employee may donate sick leave if the donating employee meets all of the following conditions:
1. The employee voluntarily elects to donate sick leave and does so with the understanding that donated leave will not be returned;
 2. The employee donates a minimum of seven (7) hours of sick leave; and
 3. The employee retains a sick leave balance of at least two hundred ten (210) hours.
- D. **Status Of Employees On Donated Leave.** Employees using donated sick leave shall be considered in "Active Pay Status" and shall accrue leave and shall be entitled to all benefits that they are normally entitled to receive. An employee must use all accrued sick leave and donated sick leave before additional donated sick leave may be received. Donated sick leave shall not be converted to cash.
- E. **Collective Bargaining Agreements.** Members of a bargaining unit may donate or receive accumulated sick leave pursuant to this Leave Donation Program unless a collective bargaining agreement takes precedence.
- F. **Transfer Of Leave.** The donated leave shall transfer in hours and shall not necessitate any transfer of funds. The hours shall be transferred on an hour for hour basis without regard for differences in hourly rate of pay. The donated leave shall be paid by the receiving employee's department at the employee's base rate of pay.
- G. **Use Of Leave.** Donated sick leave may not be used intermittently without subsequent approval. Additional documentation may be required.
- H. **Administration.** The Personnel Office and Fiscal Department personnel shall administer the leave donation program in accordance with the procedure adopted by the Board of Health. Participation in the donated leave program (as a recipient) is not in lieu of or in addition to FMLA leave. If the recipient is eligible for FMLA, any donated leave would run concurrent with any FMLA leave.

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5.18 PROFESSIONAL ORGANIZATIONS

- A. **In General.** Employees are encouraged to be active members of their professional organizations, such as the Ohio Public Health Association (OPHA), Ohio Environmental Health Association (OEHA), Summit and Portage District Ohio Nurses Association (SPDONA), American Nurses Association (ANA), American Public Health Association (APHA), National Environmental Health Association (NEHA), etc.
- B. **Reimbursement Requests.** The Board of Health may grant reimbursement for travel, registration, meals, and other costs or a portion of such costs as funds permit. Approval of costs will be at the discretion of the Division Director. Payment or reimbursement of expenses does not cover individual membership fees of professional organizations. Employees may be given time to attend scheduled meetings of these associations and participate in organizational activities. No overtime or compensatory time off can be claimed for such activity.

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5.19 STAFF TRAINING AND DEVELOPMENT

- A. **In General.** It is the responsibility of Division Directors and/or Supervisors to identify and address learning needs through regular support and supervision sessions with individual employees, and during the annual evaluation.
- B. **Development of Training.** Each Division within SCPH assists in the professional development process by making recommendations to the Health Commissioner by proposing training courses, and offering training material and advice as to applicable methods for achieving training objectives.
- C. **Mandatory Trainings.** The Health Commissioner shall determine which trainings are mandatory for all employees.
- D. **Responsibility for Self-Development.** SCPH will assist employees in achieving training objectives. However, ultimate responsibility for development and training resides with the employee. Employee development is most effective when the individual employee takes responsibility for identifying any opportunities for self-development which will enhance work performance through increased skills and knowledge. SCPH expects all

employees to take a proactive approach to furthering departmental-wide learning and development.

- E. **Scheduling Internal Trainings.** Scheduled training programs for employees are disseminated through email announced to all staff. Employees must obtain supervisor approval before attending any training that will require time during work hours or time outside of work hours, unless such training is undertaken solely on a personal, non-employee basis outside of work hours.

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5.20 RETIREMENT PLAN

- A. **In General.** All employees, except for certain students, are required by law to participate in the Ohio Public Employees Retirement System (OPERS). Both the employee and SCPH are required to contribute to OPERS in amounts set by state law. The employee's contribution is collected through payroll deduction. Benefits provided by OPERS are made according to current OPERS regulations, which are subject to change.
- B. **Withdrawal of Contributions.** Employees who separate from service prior to retirement eligibility may withdraw their own contributions without interest from the plan, subject to OPERS regulations.
- C. **Vesting of Benefits.** Employees with five (5) years of service are vested in the retirement system and those with ten (10) years of service are eligible for specified medical insurance coverages.
- D. **Questions Regarding Benefits.** Questions regarding the OPERS program should be directed to:

Public Employees Retirement System
277 E. Town Street
Columbus, Ohio 43215
(614) 466-2085

The employee's social security number should be included with any correspondence to OPERS.

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CHAPTER SIX: PERSONNEL PROCEDURES

6.01 TRAVEL REIMBURSEMENT

- A. **Out-of-County Travel.** All requests for out-of-county travel must be approved in advance by the Board of Health. The Board of Health may grant exceptions to this policy when insufficient notice precludes Board approval prior to the travel. Reimbursements shall be made in accordance with the Board of Health approved reimbursement rate schedule. Out of county travel shall only be approved if it is required by the employee's job duties, job description, or other similar mandate. Elective travel may not be reimbursed pursuant to this policy.
- B. **Expenses for meals.** Meals will only be reimbursed where an overnight stay is required, unless the meal is included as part of the event, such as a banquet or conference. There will be no reimbursement for costs of entertainment or alcoholic beverages. Gratuities (tips), up to 20%, may be included as part of allowable meal expenses as long as the combined total does not exceed the per diem allowance.
- C. **Other Eligible Reimbursement.** With authenticated receipts, reimbursement is authorized for reasonable business telephone and other miscellaneous living expenses. Authenticated receipts should include the name and address of the establishment from which the purchase was made, an itemized description of the purchase, confirmation of payment, and the date and time the transaction occurred.
- D. **Mileage Reimbursement.** Employees may be eligible for mileage reimbursement when the employee is driving the employee's personal vehicle. To ensure that employees are not reimbursed more than the actual cost of their travel, reimbursement for out-of-county mileage is limited to the actual mileage incurred, *minus the employee's usual commuting round trip distance in one day to their primary work location*. All employees will be required to report their usual commuting distance for this purpose. If the employee's commuting distance changes due to a move, it is the employee's responsibility to update the Employee Information Sheet in Section 13.23.
- E. **Travel Benefits.** Employees are prohibited from accepting, soliciting, or using the authority or influence of their position to secure, for personal travel, a discounted or free "frequent flyer" airline ticket or other benefit from the purchase of airline tickets for use in official travel that has been paid for or reimbursed by the Health District. Employees shall use such miles earned for future official travel or forfeit such miles.
- F. **False Claims.** Any falsification or misrepresentation of time or mileage reported on employee timesheets or Travel Expense Reports may be considered as grounds for termination.
- G. **Reimbursement.** See the Travel Reimbursement Procedure for instructions on claiming reimbursement. See Policy 3.13

Review Date: 11/15/2017

Revision Date: 1/11/2018

6.02 VEHICLE POLICY

- A. **Applicants.** An applicant being considered for employment in a position that requires the operation of a vehicle for Health District business shall be required to produce an appropriate valid Ohio driver's license. An applicant who has accumulated six (6) or more penalty points, as reported by the Ohio Bureau of Motor Vehicles, for motor vehicle operation violations within the preceding twelve (12) months shall not be considered for the position.
- B. **Condition of Employment.** If operation of a vehicle for Health District business is required by the employee's position description, failure of the employee to maintain an applicable, valid State of Ohio driver's license may result in discipline, up to and including termination. The Health District makes no provision for "light duty" due to lack of proper licensure or the insurability of the employee.
- C. **Operation of a Vehicle.** During the course of employment, an employee may be required or have occasion to operate a Health District vehicle or the employee's personal vehicle for Health District business. To operate a vehicle for Health District business, an employee shall:
1. Have a valid State of Ohio driver's license or a valid State of Ohio commercial driver's license as required by the employee's position description.
 2. Maintain liability insurance in accordance with Section 4509.01 of the O.R.C., as amended, if operating a personal vehicle for Health District business; and
 3. Submit information in accordance with section (J) below.
- D. **Authorized Operation of a Health District Vehicle.** No employee shall operate a Health District vehicle for any use other than official Health District business. No person shall operate a Health District vehicle before or after an employee's regular working hours unless authorized by their Supervisor or a Division Director. Any employee who violates this section shall be subject to discipline, up to and including termination.
- E. **Periodic Review.** The Personnel Office will conduct a review of driving records available through the Ohio Department of Motor Vehicles no less than once every 24 months for all employees. If operation of a vehicle is required by the employee's position description, and the employee becomes an unacceptable risk as determined by the Personnel Office, such employee is subject to disciplinary action, up to and including termination.
- F. **Health District Pool Vehicles.** The Health District may provide vehicles for use as pool vehicles. The Health Commissioner shall determine the necessity and number of

such vehicles for each office. Employees who are required to operate a vehicle for Health District business may be authorized to operate a Health District vehicle. Any employee operating a pool vehicle must comply with all the requirements of this policy. Pool vehicle reservations and use information shall be managed by the site supervisor or Fleet Coordinator. Employees are encouraged to use pool vehicles whenever possible, especially for long trips.

- G. **Vehicle Insurance.** Vehicle Insurance shall be maintained on all Health District vehicles. The Health District assumes no liability, expense or losses incurred by users resulting from the following:
1. Unauthorized or prohibited use of the vehicle.
 2. Improper fuel credit card use. Health District credit cards shall not be used for fueling of personal vehicles or for any other personal purchases.
 3. Towing, storage, and impound charges resulting from motor vehicle violations.
 4. Vehicle damage, mechanical failure, or property losses resulting from driver negligence.
- H. **Signs and Stickers.** Employees shall not affix or attach any sign or bumper sticker to a County-owned vehicle unless instructed to do so by an agency director or supervisor.
- I. **Applicable Laws.** Employees who operate vehicles during the course of their employment are subject to all traffic laws of the State of Ohio (O.R.C. Chapter 4511) and municipalities. If an employee is required to drive out of State for Health District business, the employee is subject to the traffic laws of those states, counties and/or municipalities.
- J. **Traffic Violations.**
1. Notice. Employees shall notify their supervisor and the Personnel Office immediately but no later than one working day after receiving a moving traffic citation related to a Health District owned vehicle. The employee shall notify their immediate supervisor of any tickets and/or citations resulting from the operation of a Health District vehicle or the employee's personal vehicle for Health District business as soon as practicable but no later than one working day after the date of incident, provided that driving is an essential function of the employee's job with the Health District. The supervisor shall immediately notify the Personnel Office. Failure to provide proper notice shall result in discipline, up to and including termination. Traffic tickets and citations are the sole responsibility of the driver and must be paid immediately. **You must report to your supervisor if you accumulate six (6) points or any single incident that is four (4) points or more, even when vehicle is owned or leased by the employee.**

2. Official Warnings. Employees shall notify their supervisor and the Personnel Office, within one working day, after receiving a written warning from the Ohio Department of Motor Vehicles related to a Health District owned vehicle. Failure to provide proper notice shall result in discipline, up to and including, termination.
 3. Penalty points. No employee shall operate a SCPH-owned vehicle for SCPH business if they have eight (8) or more penalty points, as reported by the Ohio Bureau of Motor Vehicles. Employees are responsible for keeping track of their penalty points. SCPH periodically reviews public driving records of employees.
 4. Driving under the influence. If operation of a vehicle is required by the employee's position description and such employee is cited for driving under the influence, such employee may be reassigned to a position that does not require operation of a motor vehicle, or disciplined, pending disposition of the case. If the employee pleads guilty to or is convicted of the offense, the employee shall be subject to disciplinary action, up to and including termination. For more information, refer to Section 5.12 Workers' Compensation Policy, Section 7.05, Substance Abuse Policy, and Substance Abuse Testing Procedure.
- K. **Accidents.** An employee operating a vehicle for Health District business shall submit a written report regarding any accident or unusual incident, such as a mechanical malfunction involving the operation of a vehicle or destruction of equipment, to the employee's supervisor and the Personnel Office immediately, and in any case no later than, one working day. The report shall be fully detailed on an Incident/Accident/Occupational Illness Form in Section 13.19. Failure to report such accident or incident shall result in discipline, up to and including termination. Any employee involved in an accident may be required to complete a driver education and/or safety course approved by the Personnel Office. Failure to complete any such required course shall result in discipline, up to and including, termination. Any employee involved in an accident may also be required to undergo post-accident drug testing as provided in Section 7.05 of the Personnel Policies. Any employee who has had more than one accident within a one-year period may be subject to discipline, up to and including, termination.
- L. **Waiver/Hold Harmless for Non-Employees riding in Health District vehicles.** Health District vehicles shall not be used to transport any individual who is not directly or indirectly related to Health District business. Liability waivers must be completed whenever a non-employee is a passenger in a Health District vehicle.
- M. **Safety Precautions while operating vehicles.** All employees are encouraged to use common sense and avoid distractions during operation of vehicles. Employees who operate a vehicle for Health District business are required to use the complete occupant restraint system provided in such vehicle.

- N. **Mileage Reimbursement.** An employee who operates a personal vehicle for Health District business shall be entitled to mileage reimbursement. We encourage all staff to carpool when feasible. The rate of reimbursement shall be the standard mileage rate established by the Internal Revenue Service.

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Revision Date: 10/12/2017

Effective Date: 10/26/2017

Next Review Date: 2018

6.03 PERSONNEL FILES

- A. **Requests from the General Public.** Upon request, any public record shall be prepared and made available to any member of the general public for inspection. The public shall give a reasonable notice in all such requests. The Personnel Office shall refuse to disclose confidential information such as law enforcement investigation records, trial preparation records, medical records, any records pertaining to adoption, juvenile permission, probation, and parole proceedings, or any other records which are prohibited from disclosure by State or Federal Law. Nothing herein shall prevent the dissemination of deidentified information.
- B. **Requests from Employees.** Upon written request to his/her supervisor and the Personnel Office, an employee shall be allowed to review his/her personnel file at any reasonable time. Inspection can only be made during normal hours of business. A Personnel Office or Fiscal Office staff employee must be present during the review.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

6.04 REPORTING CHANGES IN PERSONNEL FILES

- A. **Employee Responsibility.** Employees' failure to report changes in their personnel files may prevent them from obtaining or maintaining valuable employee benefits or services. It is each employee's responsibility to report any change of personal information within three (3) calendar days of the occurrence of the change. Notification shall be made by the employee in writing to the Personnel Office.
- B. **Information to be Reported.** For the purposes of this section, a change in personal information shall include but not be limited to the following:
1. Name change.
 2. Address change.

3. Telephone number change.
 4. Marital status change.
 5. Changes which may affect employee benefits (i.e., insurance and pension(s) such as changes in dependents or beneficiaries).
 6. Number of exemptions for tax purposes.
 7. Citizenship.
 8. Selective service classification.
 9. Association with a government military service organization.
 10. Any changes in licensure or insurability relevant to the employee's job.
- C. **Timely Updates Required.** Employees shall normally report personal information changes to the Personnel Office as soon as possible but no later than three (3) days of such change.
- D. **Updating Benefit Information.** The Personnel Office will make certain that notification of any change affecting payroll or fringe benefits is forwarded to the proper authorities.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

6.05 PUBLIC RECORDS POLICY

- A. **In General.** All records of SCPH are public unless they are specifically exempt from disclosure under Ohio and/or Federal law.
- B. **Definition of "Records."** "Records" as it is referred to in this policy includes any document, device or item, regardless of physical form or characteristic, including an electronic record as defined in section 1306.01 of the O.R.C., created or received by or coming under the jurisdiction of any public office of the state or its political subdivisions, which serves to document the organization, functions, policies, decisions, procedures and operations of the office.
- C. **Requests for Records.** Staff shall follow the Public Record Request Procedure in Section 12.12 when responding to requests from the public.

D. **General Provisions for Responding to Requests.** In compliance with O.R.C. 149.43, the public records law, SCPH will:

1. Allow “prompt” inspection of public records at no charge;
2. Make records available to anyone, without asking who they are or why they want to see the records;
3. Make copies within a “reasonable period of time” in (almost any) format requested;

Charge for actual copies (and postage) cost, not for staff time.

The copying fee is 10 cents per copy. This fee is automatically waived if the total is \$1.00 or less.

Division Directors may waive fees larger than \$1.00 at their discretion (e.g., copies for the press or for other public entities).

4. Post our policy conspicuously;
5. Inform the requestor of their rights;
6. Assist the requestor in refining and clarifying their request;
7. Explain the reason why any records were withheld, if necessary, to the requestor (i.e., cite the exception); and
8. Clearly indicate redactions by blacking or whiting out confidential information with a rubber stamp for this purpose. Redactions should be reviewed by the Public Records Officer or designee.

Review Date:

Revision Date:

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Next Review Date:

6.06 SELF HELP TO RECORDS PROHIBITED

A. **In General.** Employees may not have in their possession, control or use any writing or document which is not being used by the employee for official SCPH business within the scope of the employee’s job duties.

1. No employee may copy or use any agency writing, document, or record in any complaint, appeal, or legal action without having first obtained the written

permission of SCPH. This particular policy does not apply to matters obtained through formal “discovery” under the Rules of Civil Procedure.

2. No employee shall tape record any SCPH business or meeting, hearing, or appeal involving SCPH or a representative of SCPH without the advance written permission of SCPH.

- B. **Penalty for Breach of this Policy.** Any employee who is discovered to have violated any of the above enumerated policies will be subject to removal. Any former employee who is discovered to have obtained an unauthorized document or produced any unauthorized tape recording will be barred from re-employment by SCPH and may be subject to civil or criminal penalties.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

6.07 TOOLS, SUPPLIES, AND EQUIPMENT

- A. SCPH provides certain tools, supplies, vehicles, and equipment to employees for the performance of their job duties. All employees are responsible for using and maintaining such assets in a safe and proper manner.
- B. Loss, misuse, neglect, abuse, or theft of SCPH assets is strictly prohibited, and may result in discipline and/or demand for payment to SCPH for the cost to replace or repair such asset(s).
- C. Use of SCPH assets for other than work purposes is prohibited unless authorized in advance by the Health Commissioner or designee.
- D. Presence in, or use of, SCPH facilities during non-work hours by employees is prohibited, unless authorized by the employee’s supervisor.
- E. SCPH may provide pagers and/or cell phones for use by employees. Employees shall be responsible for ensuring such equipment is properly cared for and kept in a safe and secure location. Pagers and cell phones are to be used for SCPH business only and in accordance with SCPH Policy 6.10 regarding cell phones.
- F. SCPH reserves the right to review, audit, intercept, access, and disclose all matters on SCPH’s computer/Internet/electronic mail system and on other SCPH property (e.g., voice mail system, desk, locker, etc.) at any time, with or without employee notice. Such access may occur during or after working hours.
- G. Supplies will be maintained as determined by the Health Commissioner. Employees are responsible for using supplies in a safe, proper, and non-wasteful manner.

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Next Review Date: 2018

6.08 BULLETIN BOARDS

- A. Bulletin boards may only be used for the posting of notices or written material which has been authorized for posting by the Health Commissioner or designee.
- B. Notices or written material posted by the Health Commissioner or other management personnel shall only be removed by such individuals.
- C. Employees desiring to post information on SCPH bulletin boards shall submit such information to the Health Commissioner or designee for approval in advance of posting.
- D. Any employee with a legitimate need for a copy of any notice or written material posted on the bulletin board, shall obtain approval from the Health Commissioner prior to copying such notice or materials.

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Next Review Date:

6.09 USE OF SCPH TELEPHONES

Telephones are provided for business use and shall normally not be utilized to make personal phone calls. Local personal phone calls are permitted provided they are kept to a minimum and do not adversely affect the employee's work performance. Violations of this policy may be cause for disciplinary action. Each request and violation shall be dealt with on an individual basis. Employees should inform their family members and friends that incoming calls shall be limited to essential or emergency calls only. Non-emergency personal calls which must be made during working hours shall be made during lunch time or break time and the employee shall use their personal cellular phone.

Review Date:
Revision Date:
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Next Review Date:

6.10 CELLULAR TELEPHONES

- A. **In General.** The assignment of SCPH-provided cellular telephones is restricted to those positions that require the employee to maintain regular contact with their respective departments. All cellular telephone assignments are to be made by Division Directors. Temporary assignment to other positions can be made on an as-needed basis at the Director's discretion. A periodic review of wireless device usage will be conducted by Administration will determine if equipment is being used efficiently and in a cost effective manner. Administration reserves the right to adjust usage accordingly, including, but not limited to, termination of use.
- B. **Use.** All cellular phones must be turned on and taken with the employee at all times during working hours, including 24/7 coverage for personnel who are required to respond to emergencies or are responsible for restoring services. Employees have an obligation to use SCPH wireless devices in a responsible, informed, and safe manner; conform to network etiquette, customs, and courtesies; and observe all applicable laws and regulations. Use of a SCPH wireless device is a privilege that may be revoked at any time for inappropriate conduct. Such inappropriate conduct shall include but not be limited to using SCPH wireless device to harass, annoy, operate a business, use a service that requires a fee (such as 900 numbers) or for any illegal activities such as gambling or betting.
- C. **Restrictions on Use.** Use of handheld cellular devices while driving is prohibited. Employees are also prohibited from deactivating or interfering with any of the phone's features, including location services (GPS, Tsheets). Downloading applications, programs and digital content not related to the user's SCPH job and without prior approval of the user's supervisor is strictly prohibited. Applications, programs and digital content not related to the user's job will be removed from the device by IT. A violation of this policy may result in discipline up to and including termination.
- D. **Personal Use.** Usage of cellular telephones is restricted to health district business; however, in those instances where it is necessary to make personal calls, SCPH must be reimbursed for calls made. The charge shall be \$0.10 per minute plus roaming and long distance, if applicable. It shall be the responsibility of each employee to identify their personal cellular usage and reimburse SCPH on a monthly basis. All personal reimbursements shall be given to the Fiscal Department for processing.
- E. **Records of Use.** A monthly itemized listing showing telephone numbers called, length of time for each call and the cost of those calls will be provided to SCPH for each of the cellular telephones by the company providing the telephone service.
- F. **Security and Privacy of Cellular Devices.** SCPH email is secure, but employees shall not assume that other means of cell phone communications are secure (i.e. text messaging). Employees should use discretion in relaying confidential information using cell phones or other wireless devices. Employees should be aware that text messages and other cell phone activity is public record and will be disclosed upon request, as required by law. Furthermore, all SCPH cell phone "detail billing" is considered a public record under Ohio Law.

- G. **Lost or Stolen Cellular Devices.** Employees using SCPH wireless devices are responsible for securing them. Losses shall be reported immediately to IT. Employees may be held liable for lost, stolen or damaged SCPH wireless device equipment and for costs from any unauthorized use of SCPH wireless devices.
- H. **Return of Equipment.** Employees shall be responsible for the telephone and accessories and must return this equipment to their supervisor upon deactivation of service or when the device is no longer needed.

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Revision Date: 7/13/2017
Effective Date: 7/27/2017
Next Review Date: 2018

6.11 MEDICAL RECORDS OF EMPLOYEES

- A. **In General.** SCPH will, to the extent required by law, protect medical records it receives about employees or other staff in a confidential manner. Generally, only those with a need to know the information will have access to it, and even then, they will only have access to as much information as is minimally necessary for the legitimate use of the medical records.
- B. **Privacy Protections.** In accordance with laws concerning disability discrimination, all medical records of employees will be kept in separate files apart from the employee's general employment file. These records will be secured with limited access by management. In accordance with the Privacy Rule of the Health Insurance Portability and Accountabilities Act, medical records that are not considered employment records will be treated in accordance with the safeguards of the Privacy Rule with respect to their use and disclosure.
- C. **Certain Medical Records Unprotected by Privacy Laws.** Employment records are not considered to be protected health information (PHI) subject to HIPAA safeguards. This includes certain medical records of employees that are related to the job. Employment records not covered under HIPAA include, but are not limited to: information obtained to determine an employee's suitability to perform the job duties (such as physical examination reports), drug and alcohol test obtained in the course of employment, doctor's excuses provided in accordance with the attendance policy, work related injury and occupational exposure reports, and medical and laboratory reports related to such injuries or exposures, especially to the extent necessary to determine workers' compensation coverage.

Nonetheless, despite the fact that such records are not considered HIPAA protected, SCPH will limit the use and disclosure of these records to only those with a need to have access to them, such as certain management staff, designated physicians, and state agencies pursuant to state law.

Review Date:
Revision Date:
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Next Review Date:

6.12 NO EMPLOYEE EXPECTATION OF PRIVACY

- A. **In General.** No employee shall have any expectation of privacy regarding any personal information, documents, materials, or other personal items kept in any SCPH-provided locker, vehicle, desk, file, computer, cellular telephone, or elsewhere in SCPH-owned property.
- B. **SCPH Right to Search and Review.** SCPH shall have the right to search and review any files, e-mails, web sites, etc., maintained or accessed by the employee on any computer provided by SCPH for SCPH's use. SCPH shall have complete access to any telephone records, cellular telephone logs, or other information maintained on any SCPH-provided cellular telephone.
- C. **Timing of Searches and Reviews.** Any SCPH-provided locker, desk, vehicle, or other equipment shall be subject to search at any time by SCPH.

Review Date:
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Next Review Date:

6.13 DATA BREACH NOTIFICATION AND IDENTITY THEFT PREVENTION

- A. **In General.** It is the policy of Summit County Public Health (SCPH) to inform its employees and/or clients of the possibility of identity theft where a data breach or fraudulent activity has been identified and confirmed through an internal investigation. This policy outlines how SCPH will (1) identify, (2) detect and (3) report data breaches and/or signs of identity theft in the keeping of personal information.
- B. **Policy:** It is the policy of SCPH to:
 - 1) identify and report identity theft wherever reasonably practicable, and
 - 2) provide timely notifications of breaches of the Health Insurance Portability and Accountability Act (HIPAA) "protected health information" under federal law and of "electronic personal information" under Ohio law to affected employees and clients. The Privacy Officer is assigned the responsibility of implementing and maintaining policy requirements, as well as conducting all investigations pursuant to this policy. The designated Privacy Officer will be provided sufficient resources to fulfill these responsibilities.

Pursuant to the existing HIPAA Policy contained in Section 6.15, appropriate physical, administrative and technical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure. Breaches or potential breaches, along with notification requirements, which occur with respect to the HIPAA security rule are addressed in the HIPAA Manual and in Section 6.15.

O.R.C. (ORC) 1349.19 requires that where there has been a breach in the keeping of electronic personal information (name of Ohio resident in combination with any of the following: social security number, driver's license or state ID card number, account number of credit card number along with a security code or passcode or anything which would enable access to the person's financial account), or notice is received of a breach, such holder of records must disclose the breach to the affected person under the following circumstances: 1) where the information was or is reasonably believed to have been acquired by an unauthorized person and 2) if it is reasonably believed the unauthorized access will cause a material risk of identity theft or other fraud. Notice must be sent to the affected person within 45 days.

All members of the SCPH workforce shall be annually trained to identify suspicious activity relating to identity theft, and to act in accordance with the HIPAA Security Rule and the provisions of O.R.C. 1349.19 and 3701.17. New members of the SCPH workforce will be trained on these matters within a reasonable time after they have joined the workforce. Should any policy or procedure related to HIPAA or O.R.C. 1349.19 or 3701.17 materially change, training will be provided within a reasonable time after the policy or procedure materially changes. All training will be documented, indicating participants, date and subject matter.

SCPH business associates involved in providing patient billing services must be contractually bound and bear individual responsibility to protect patient information to the same degree as set forth in this policy. Business associates who violate their agreement will be dealt with first by an attempt to correct the problem, if such steps are reasonable under the circumstances. SCPH reserves the right to terminate any agreement or discontinue services by the business associate where a breach has been confirmed through investigation.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

6.14 CLIENT RIGHTS

A. Clients Rights Policy.

1. Every client has the right to considerate and respectful care.

2. Every client can expect to obtain from the staff complete and current information concerning diagnosis, treatment and prognosis in terms and language the client can understand.
3. Every client has the right to know by name and specialty the staff member primarily responsible for the coordination of care.
4. Every client has the right to consideration of privacy and individuality as it relates to social, religious and psychological well being.
5. Every client has the right to respect and privacy as it relates to discussions, consultations, examinations and treatment, because these are confidential and should be conducted discreetly.
6. Every client has the right to obtain information as to any relationship of the facility to other health care and related institutions.
7. Every client should receive equal consideration and cannot be excluded from participation in or be denied the benefits of or otherwise be subjected to discrimination on the grounds of race, religion, color, national origin, disability, age, gender, sexual orientation, veteran status and political affiliation, where applicable.
8. Every client has the right to expect reasonable continuity of care.
9. Every client has the right to a review if any of the above rights have been violated. Notification of a complaint shall be given to the EEO/ADA Officer of Summit County Public Health, located at 1867 West Market Street, Akron, OH 44313, (877) 687-0002 / (330) 923-4891.

B. Informal Resolution of Disputes. SCPH encourages the resolution of disputes by informal means. At the informal stage, where a client has a problem or concern, the client is encouraged to attempt to resolve such disputes by bringing them to the personal attention of the supervisor.

C. Complaint Procedure. Any disputes or complaints not resolved to the client's satisfaction may be addressed through a written complaint by following this policy and/or completing a Complaint Form in Section 13.04. The purpose of the Client Rights policy and Complaint Form are to ensure that clients receiving services from SCPH or its subcontractors are treated in a consistent, ethical and professional manner for responsive and impartial resolution of client complaints, particularly in cases where the informal resolution of disputes has not resolved the matter to the client's satisfaction.

D. Arrangements for Clients Wishing to Make a Complaint. SCPH will make appropriate arrangements to ensure that individuals with disabilities and those with limited English proficiency are provided auxiliary aids and services or language

assistance services, respectively, if needed to participate in formal and informal complaint processes. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings.

- E. **Reporting to Third Parties.** The availability and use of the Client Rights and Complaint Procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age, disability, or veteran status (where applicable) in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically (which must be filed within 180 days from the date of the alleged discrimination) through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U. S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. This and other third party reporting information is provided in the Client Rights and Complaint Procedure which is posted in conspicuous locations and SCPH facilities.

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Revision Date:

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Next Review Date:

6.15 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

- A. **In General.** SCPH shall protect the privacy and security of protected health information (PHI) maintained or created by its offices in accordance with applicable state and federal privacy laws and regulations, including HIPAA. This Policy includes the following:
1. Protected Health Information (PHI) shall be considered confidential and shall not be used or disclosed except as permitted by these policies or otherwise required by law.
 2. The Health District shall designate a Privacy Officer. The Privacy Officer shall draft and implement HIPAA policies and procedures to safeguard Protected Health Information from improper use or disclosure. These policies and procedures shall be contained in the HIPAA Manual and shall be reviewed annually and updated by the Privacy Officer as needed to ensure compliance. Additional modification, training or reinforcement may be conducted based on findings. The HIPAA Manual shall include policies and procedures that:
 3. Allow individuals access to their health information for inspection and/or copying, to make amendments to their medical record, and to receive an accounting of the disclosures of their health information.

4. Allow individuals the right to request a restriction on any uses or disclosures of their PHI within the limitations of the law.
5. Allow individuals the right to request to receive communications of PHI by alternative means or at alternative locations.
6. Allow for the use and disclosure of Protected Health Information for treatment, payment, or health care operations.
7. Allow individuals to make complaints concerning potential violations of their privacy rights and providing workforce members with a process for reporting potential privacy violations.
8. SCPH shall produce a copy of its “Notice of Privacy Practices” to all individuals who present for care. The Notice shall also be posted prominently in areas where patients and visitors will see it and on the Health District’s website. Copies of the Notice shall be available upon request.
9. SCPH shall make reasonable efforts to limit the use and disclosure of Protected Health Information to the minimum necessary amount to accomplish the purpose of the use, disclosure or request.
10. SCPH shall have Business Associate Agreements in place with all persons or entities that provide it services and, when doing so, may have access to or create Protected Health Information.
11. SCPH shall train existing members of its workforce on the HIPAA Privacy Rule requirements and on its policies and procedures related to the privacy of Protected Health Information. New employees will receive HIPAA training as part of their employee orientation.
12. Each member of the workforce has an individual responsibility for reporting any activity by any other member of the workforce, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or SCPH policies.
13. SCPH shall investigate all reported concerns promptly and confidentially. The Privacy Officer will coordinate any findings from the investigations and immediately recommend corrective action. SCPH shall attempt to mitigate, to the extent practicable, any harmful effects of unauthorized uses or disclosures of Protected Health Information.
14. SCPH shall discipline workforce members who fail to comply with the HIPAA Privacy Rule, the Security Rule, and related policies and procedures. SCPH will enforce all standards to achieve compliance in all areas. The precise discipline

utilized will depend on actions, including the nature, severity, and frequency of the violation(s).

- B. **Safeguards.** SCPH shall have appropriate administrative, technical and physical safeguards in place to reasonably safeguard Protected Health Information from intentional or unintentional or unauthorized use or disclosure. These safeguards include but are not limited to the following:

Employees are expected to use the HIPAA Manual as a regular reference, to be familiar with its contents, and to contact the Privacy Officer with questions about any HIPAA policies or procedures. Employees shall receive annual HIPAA trainings. Failure to comply with the HIPAA Manual shall be subject to discipline up to and including dismissal.

HIPAA requires that an individual sign a “HIPAA Authorization Form” that contains certain required statements before the individual’s health information can be used or disclosed for reasons other than treatment, payment, or health care operations. SCPH has developed a model Authorization Form which is contained in this manual, and has detailed policies and procedures necessary to comply with this requirement. These are contained in the HIPAA Manual.

Requests for information containing PHI other than those involving clients who have signed an Authorization (such as subpoenas, POA requests and court orders) will be given to the Privacy Officer for review prior to the disclosure of information.

All disclosures of PHI shall be recorded in a logbook maintained by the appropriate SCPH Division and in the patient’s chart. The record shall include the name of the individual whose information was disclosed, to whom it was disclosed, the date it was disclosed, and by whom it was disclosed.

Under HIPAA regulations, any possible breach must be investigated by the Privacy Officer, and if founded, shall be reported by the Privacy Officer to the Department of Health and Human Services. **Every workforce member is expected to report any actual or suspected privacy violation to their supervisor or the Privacy Officer.** There will be no retribution or discipline for anyone who reports a possible violation in good faith. Every reasonable effort to maintain the privacy of individuals reporting misconduct will be made. Any workforce member who deliberately makes a false accusation with the purpose of harming or retaliating against another member of the workforce will be subject to discipline.

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Next Review Date:

6.16 RECORD RETENTION

- A. **In General.** Records in the custody of SCPH shall be retained in accordance with laws establishing specific retention periods and the SCPH Record Retention Manual, in accordance with retention periods or disposition instructions established by the SCPH Records Retention Commission and by other bodies, including Ohio History Connection and the Ohio Department of Health.

- B. **Records Retention Schedule.** The Records Retention Schedule (RC-2) will be reviewed and approved annually by the Records Retention Commission, chaired by the Record Retention Officer. The RC-2 provides guidance to staff on retention periods for various classifications of documents and may be accessed by staff at L:Records Retention. The designated Record Retention Officer will oversee the management of the Record Retention Schedule Program, including the records inventory, records retention schedules, records storage, disposal (destruction) of records, vital records, and archival records.

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6.17 USE OF ELECTRONIC RECORDING EQUIPMENT

- A. **Restricted Use of Camera Phones and Other Electronic Recording Equipment.** To safeguard confidential information, to eliminate self-help to public records, to eliminate violations of O.R.C. 2933.52, to safeguard HIPAA-protected information, to eliminate violations of the Fair and Accurate Credit Transactions Act of 2003, and to reduce opportunities for illegal harassment, SCPH regulates the use of electronic equipment, used to capture images such as camera phones, camera PDAs, video equipment, cameras, handheld scanners, flash drives, and any other device capable of capturing or storing an image, in its facilities and at its worksites. SCPH also regulates the use of any device capable of making an audio recording. It is a violation of policy to record any work-related conversation or activity unless prior approval is given by SCPH. No SCPH representative shall authorize any recordings which would violate O.R.C. 2933.52.

- B. **Recording Prohibited.** Employees are prohibited from using any type of device capable of recording images or audio recordings while on SCPH's premises or at any SCPH worksite without prior approval from SCPH. Any unauthorized recording of any type is strictly prohibited. Any recording or image taken while on SCPH property or on an SCPH-owned device must be surrendered to SCPH on demand.

- C. **Invasions of Privacy/Offensive Conduct Prohibited.** Electronic recording devices such as those described above are prohibited, even when not in use, in areas where personal privacy is generally acknowledged, such as dressing rooms, exam rooms, treatment areas, bathrooms, etc. Similarly, employees are forbidden from creating or transmitting offensive, harassing, vulgar, obscene, or threatening images or communications to any

other employee or member of the public regardless of whether the employee is on or off duty. Employees may not use these devices at SCPH or at an SCPH worksite to defame, embarrass, or disparage SCPH, its employees, members of the public, visitors, or vendors.

- D. **Confidential Information.** Privileged or confidential materials or communications are not to be photocopied, scanned, photographed, or otherwise copied or recorded except as authorized by SCPH.
- E. **Storage of Portable Devices.** Any employee that utilizes SCPH-owned or provided electronic device capable of recording or storing confidential information, customer information, or other personally identifying information must store these devices in a secure place when not in use. All such devices must be password protected.
- F. **Employee Responsibility.** Any employee who has a question regarding the use of electronic recording devices capable of making audio or visual recordings should request clarification of this policy before risking a possible violation.
- G. **Violations.**
 - 1. Employees are to immediately report any suspected violations of this policy to their supervisor.
 - 2. Any employee violation of this policy will be subject to disciplinary action, up to and including termination of employment.

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6.18 CONFIDENTIALITY OF RECORDS

A. Scope. In terms of HIPAA, Summit County Public Health is a hybrid entity which maintains covered and non-covered components. “Covered” components are subject to HIPAA and must follow all of the HIPAA provisions. “Non-Covered” components are not subject to HIPAA regulations but must still maintain the confidentiality of records.

B. Covered Components. Any covered component of SCPH must comply with HIPAA and the HITECH Act. Records containing individually identifiable health information (IIHI) or protected health information (PHI) are covered by HIPAA and should not be released except as provided by the HIPAA Manual. Employees should refer to the HIPAA Manual for guidance on releasing records covered by HIPAA. If a covered component must also comply with another privacy law, such as 42 CFR Part 2, they should comply with the law with the greatest privacy protections.

C. Non-Covered Components. Generally, non-covered components may disclose records within the limitations of the Public Records Act. Records containing confidential information such as social security numbers and birthdates must be redacted before release pursuant to a public records request. The following records are public records pursuant to the Public Records Act but are confidential pursuant to other law:

1. Records containing past, present, or future medical information including the receipt of treatment and the purchase of health products if that information reveals the identity of the person.
2. Foodborne Illness investigation records.
3. Waterborne Illness investigation records.
4. Dog bite reports and related records containing medical information described above.
5. Air Quality reports and records.

D. Personnel Files. Generally, personnel files are public record. If personnel files are requested pursuant to a public records request the file may be released after redaction of all personal confidential information. Un-redacted personnel files may be released to the employee or their agent if the employee signs and dates the form in Section 13.28.

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CHAPTER SEVEN: EMPLOYEE CONDUCT

7.01 CONFLICT OF INTEREST/ETHICS POLICY

A. **In General.** Officials and employees of SCPH must conduct themselves, at all times, in a manner that avoids favoritism, bias, and the appearance of impropriety. Any use or attempted use of an SCPH employee's position or knowledge to gain or attempt to gain a benefit for oneself or for another person is strictly prohibited. In addition to this policy, employees should also refer to the examples of prohibited conduct contained in Section 8.01, Disciplinary Policy.

B. **Definitions.**

Anything of substantial value means anything of more than nominal (e.g., \$10) monetary value, including gifts, tickets, food or beverages, special services or privileges, offers of employment, etc.

Immediate family member includes spouse, domestic partner, child, stepchild, mother, father, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, a legal guardian, or other person who stands in place of a parent (in locum parentis).

C. **Examples of Prohibited Conduct.** The following are some examples of prohibited conduct which shall, if committed, be referred for disciplinary action:

1. Officials and employees, their immediate family members, and their business associates are prohibited from having a financial interest in any contract or agreement for the purchase of goods or services entered into by SCPH. Employees who may have such an interest must disclose that interest to SCPH immediately upon learning of the conflict or potential conflict.
2. No SCPH employee or official shall solicit or accept anything of substantial value from anyone presently or potentially doing business with SCPH.
3. No SCPH employee shall engage in any business activity during his or her shift unrelated to SCPH business.
4. SCPH employees shall not use SCPH proprietary information to develop or attempt to develop business contacts for themselves, their immediate family members, or their business associates.
5. An SCPH employee may not solicit, accept, or agree to accept an honorarium in consideration for services that the employee would not have been requested to provide but for the employee's official position or duties. An employee may accept transportation, lodging and meals in connection with a conference or similar event in which the employee renders services, such as serving as a speaker, panel member, or moderator, to the extent that those services are more than merely perfunctory and the reimbursement is not of such a character as to

manifest a substantial and improper influence upon the employee. If a non-supervisory employee is asked to present at a job-related conference/seminar and is paid permissible honoraria/fees, the honoraria/fees may be retained by the employee provided that all of the following apply:

- a. The travel expenses were paid by someone other than SCPH;
- b. The employee used leave without pay to present at the conference/seminar or the employee presented at the conference/seminar outside of regular working hours; and
- c. The employee's supervisor gave prior approval for the presentation.

Otherwise the honoraria/fees must be given to SCPH to offset institution-paid expenses.

6. It is the policy of SCPH to avoid the hiring, transfer, or promotion of relatives of employees into situations where the possibility of favoritism or conflicts of interest might exist. However, if two (2) employees become related because of marriage, neither one should be required to transfer nor resign unless they have a direct supervisory relationship. This policy includes relatives of current Board of Health members.

- D. **Acknowledgments.** Within fifteen (15) days of hire, each newly hired employee will receive a copy of "Ethics is Everybody's Business" (Section 13.24) and will sign an acknowledgment that the booklet was received. In addition, employees are responsible for compliance with this and all other policies contained in this manual upon signing an acknowledgment form which is contained in the employee's personnel file.
- E. **Compliance with Ohio Ethics Laws.** All SCPH staff and subcontractors for the provision of services are responsible for reading, understanding and complying with the Ohio Ethics Law and Related Statutes under O.R.C. sections 102.02 - 102.04 and 2921.42 - 2921.43.

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7.02 LATE ARRIVAL

- A. **Employee responsibility.** It is the primary mission of each employee to effectively and responsibly serve, and be accountable to, the citizens of Summit County. As such, job performance and personal conduct of each employee impacts directly on the public trust. Each county employee, including salaried exempt employees, is expected to work, at a

minimum, a regularly scheduled workweek in accordance with their schedule of compensation.

- B. **Late arrivals.** Late arrival on a regular basis is inexcusable and will not be tolerated. Late arrival is defined as any situation where an employee reports to work after the employee's scheduled starting time (including returning late from a scheduled lunch period), and such tardiness is not approved for sick, vacation, or other authorized leave, or excused by the department head. Late arrival will only be excused for good cause shown and if the employee notified SCPH as soon as possible that the employee would be late. Any employee who is late by 15 minutes or more shall be required to substitute paid time off for work missed at the start of the shift.

- C. **Progressive Discipline for Chronic Lateness.** "Chronic lateness" means arriving after the start of an employee's scheduled shift, without having been excused, at a rate of three times or more per quarter. Any employee exhibiting chronic lateness shall be charged with neglect of duty and nonfeasance in accordance with the SCPH Disciplinary Policy. Repeated offenses will result in progressive discipline, taking individual circumstances into account. In applying this policy, SCPH shall only consider the employee's tardiness record over the previous twenty-four (24) months in active pay status from the date of the most recent occurrence.

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7.03 FAILURE TO APPEAR FOR WORK

If an employee remains absent for three (3) or more consecutive workdays without reporting such absence, SCPH will attempt to contact the employee at the employee's last known address and notify the employee that failure to immediately return to work will be deemed a voluntary resignation of the employee's position. If SCPH cannot locate the employee, or if the employee, after notification, fails to return to work, SCPH will deem such inaction a voluntary resignation and will initiate removal proceedings.

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7.04 PERSONAL APPEARANCE/DRESS CODE

- A. **In General.** All staff is required to maintain appropriate standards of attire for the workplace. The employee is expected to maintain standards of cleanliness, grooming, and personal hygiene at all times during working hours in order to maintain a

professional appearance. All employees must ensure their personal hygiene habits result in a clean non-offensive appearance and presence, and that their use or non-use of hygiene or scented products is not unpleasant, distracting, or presents a health risk for others they encounter. Details of the agency dress code are provided below.

- B. Dress Code Guidelines.** Selecting business attire involves personal choice that reflects individual tastes and values. Dress and personal appearance reflect professional commitment of staff members and ultimately the public’s estimation of the organization. It is the responsibility of employees to choose attire that presents a polished professional image. The degree of client contact, nature of work and safety issues will dictate appropriate styles. For example, jeans and other such casual wear might be appropriate in extraordinary circumstances where physical activity may be necessary (all-day cleaning, maintenance work, etc.), but are never appropriate for every day. Exceptions to this policy may also be made for cultural/religious reasons or to accommodate staff with medical conditions/disabilities. At their discretion, supervisors will make the determination regarding these exceptions.

Depending on work environment and/or assignment, more specific health and safety guidelines for dress and personal hygiene might apply. These health and safety rules and regulations supersede these guidelines. See your supervisor for more specific information.

- C. Examples of Acceptable and Unacceptable Attire.** Examples of acceptable and unacceptable apparel are listed below.

<u>Acceptable</u>	<u>Not Acceptable</u>
<u>Grooming / Ornaments / Jewelry</u>	
Earrings (in ears only), clear/flesh-toned gauges or plugs that are no larger than 2g	Nose rings, Eyebrow rings, other facial piercings (tongue rings, etc.) Colored gauges / plugs in the ears
Tattoos are allowable when fully covered	Tattoos exposed in full or in part
Mild perfume/cologne	Heavily scented personal care products
Hair and fingernails must be maintained clean and well-groomed.	Hair colors that do not occur naturally in humans. Facial hair should never hang over the upper lip or grow below the neckline.
	Political pins or attire

Identification

Photo IDs are to be worn at all times, whether in the building or outside the building	
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Uniforms

SCPH assigned uniforms, neat, clean	Dirty, torn, or wrinkled items
Lab coats	
SCPH assigned uniforms and scrubs, or other scrubs approved by supervisor for interim use	Modified and/or additional SCPH logos added to uniforms or other dress

Acceptable

Not Acceptable

Tops

Pullovers	Sweatshirts or "hoodies"
Dress shirts	T-shirts and "tank" tops and shoulder less tops
Blouses	Tops with spaghetti straps (when uncovered)
Sweaters, turtlenecks, or cardigans	Bare midriff tops
Sport coats/blazers, suits and/or ties	Transparent / see-through / backless tops
Casual shirts with or without collars	Denim tops
Polo-style shirts	Overalls

Slacks / Skirts

Dress pants	Any denim clothing
Casual pants such as Dockers or corduroys	Sweatpants, leggings, yoga/stretch pants and athletic attire
Dresses	Shorts
Skirts (may not be more than 2 inches above the knee)	Mini-skirts
Tailored capri / crop / gaucho (between April 1 and October 1)	Painter / Cargo pants

Shoes

Loafers	Casual sandals
Boat/deck shoes	Athletic shoes
Boots	Flip-flops
Dress pumps	Any open footwear in clinical areas
Slides, open-toe or sling back shoes	
Dress sandals (between April 1 and October 1)	
Tennis shoes allowable for clinic setting.	

Hats

Scarves, turbans, other head gear applicable to a person's religious belief	Any hat inside the building, unless applicable to cultural beliefs
Any headgear worn for medical reasons	Sweatbands, bandanas

It is the supervisor's responsibility to oversee the proper business attire "norms" for his/her particular department. At their discretion, supervisors may ask any employee or contractor who is dressed inappropriately to go home and change. If an employee is advised to go home and change, personal or vacation leave time will need to be used accordingly. Repeated failures by an employee to follow this policy may result in disciplinary action, up to and including dismissal.

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7.05 SUBSTANCE ABUSE POLICY

- A. **Drug-Free Workplace.** Employees are advised that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and appropriate disciplinary action, up to and including termination, will be taken against employees for violating this prohibition.
- B. **Controlled Substance.** A controlled substance is defined as: drugs that are on the list of Scheduled Substances within Schedules I and II pursuant to the Controlled Substances Act (21 CFR 1308.11 -1308.15), any other drugs which are considered illegal pursuant to Ohio Law, and any analog of a controlled substance covered in this definition.
- C. **Reporting to SCPH.** All employees are required to notify their supervisor of his/her arrest for a violation of a criminal drug statute, including DUI offenses, no later than the next working day after such arrest.
- D. **Post-Accident Testing and Reasonable Suspicion Testing.** Testing of this nature applies to all SCPH employees, including all levels of management while on the job, while subject to duty, and while riding in an SCPH-owned vehicle. This policy also applies to situations where an employee's off-the-job conduct impairs work performance. The Substance Testing Procedure is contained in the SOP section of this manual and is also discussed in Section 5.12.
- E. **Examples of Prohibited Conduct.** It is a violation of this policy to do any of the following:
1. Report to duty or remain on duty while having a blood alcohol concentration of 0.02 or greater;
 2. Report to duty or remain on duty while using or under the influence of a controlled substance (including prescription drugs that may impair the employee's ability to safely perform the assigned duties, unless such use has been approved by a physician and reported to the employee's supervisor or the Personnel Office);
 3. Test positive for controlled substances;
 4. Use, possess, or be under the influence of alcohol, controlled substances or drug paraphernalia while on duty; and
 5. Refuse to submit to a post-accident, reasonable suspicion, return-to-duty, or follow-up alcohol or controlled substance test.
- F. **Discipline.** If an employee violates any of the policies set forth in this Substance Abuse Prevention Policy:
1. The employee may be disciplined, up to and including dismissal;
 2. The employee may be reassigned;
 3. The employee will be provided with information regarding the services available for alcohol and substance abuse;

4. The employee will be referred for an evaluation by a substance abuse professional; and
 5. The employee will be subject to reevaluation, return-to-duty testing, and unannounced follow-up testing.
- G. **Employee Responsibility.** Employees shall voluntarily admit problems with drugs and alcohol prior to violating these policies. An employee who voluntarily admits problems with drugs and alcohol prior to violating these policies will not have his or her job security or promotional opportunities jeopardized by a request for treatment. An employee who is referred to a drug rehabilitation program and fails to satisfactorily participate in the program may be terminated from employment.
- H. **Use of Prescribed Medication.** The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. Employees taking prescription drugs must possess a legal prescription (a recommendation is not sufficient). Employees are encouraged to consult with their physician and must inform their supervisor or the Personnel Office if taking prescribed drugs or non-prescription medication that might interfere with the safe and effective performance of their duties. For example, if an employee is prescribed a prescription that makes it dangerous to operate machinery and that employee operates machinery as a part of their job duties they are required to notify their supervisor prior to working. It is the employee's responsibility to monitor any medication label warnings and adverse effects.

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7.06 USE OF SCPH OR CLIENT INFORMATION

- A. **In General.** All information obtained by employees in the course of their employment with SCPH and all SCPH data shall be considered confidential and proprietary. Personal information which employees obtain during the normal course of their employment shall not be discussed nor disclosed to anyone other than those individuals who have a need to know for legitimate business purposes of SCPH.
- B. **Accessing and Use of Information.** In order to protect against inappropriate use of information or data maintained by SCPH, all employees are required to comply with the following regulations:
1. Accessing confidential/proprietary information or data, other than as required for work purposes, is prohibited.
 2. Removal of information or data from SCPH premises without advance approval from the employee's supervisor is prohibited.

3. Use of public records shall be governed by Section 6.05 of this manual.

- C. **Employee Responsibility.** Using confidential/proprietary information or SCPH data for any purpose other than as required to complete assigned work tasks, discussing such confidential/proprietary information or data with anyone other than for SCPH work-related purposes, or removal of such information or data from SCPH premises without authorization, will result in discipline of the employee, including possible removal from employment. Any employee who has a question regarding the use of confidential/proprietary information or data maintained by SCPH is expected to request clarification of SCPH's policy before risking a possible violation.

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7.07 POLITICAL ACTIVITY

- A. **In General.** Employees in the classified service are prohibited by Section 124.57 of the O.R.C. from engaging in political activity. (All employees of the Health District, except for those excluded under Section 124.11(A)(28) of the O.R.C. (ORC), are in the classified service.) Employees violating this policy may be subject to removal.

- B. **Definitions.** A number of court decisions and opinions of the Ohio Attorney General have elaborated on this legal provision and are summarized in the following paragraphs:

The "classified service" includes persons serving in either certified or provisional status and includes employees who are on an authorized leave of absence from a position in the classified service.

"Political activity" and/or "politics" shall be defined as partisan activities and will refer to campaigns and elections including primaries, partisan ballots and/or partisan candidates.

- C. **Permitted Activities.** Activities permitted to employees in the classified service (but not during working hours):
1. Registering and voting.
 2. Expressing opinions, either oral or written.
 3. Contributing voluntarily to finances of political candidates or organizations.
 4. Circulating petitions on legislation relating to their employment.
 5. Attending political rallies open to the general public.

6. Signing nominating petitions in support of individuals.
7. Displaying political pictures in their homes or on property.
8. Wearing political badges or buttons, or displaying political stickers on their private automobiles.
9. Participating in a nonpartisan election and/or holding a nonpartisan office.

D. **Prohibited Activities.** Activities never permitted to employees in the classified service include:

1. Participating in a partisan election as a candidate for office.
2. Declaring candidacy for an elected office that is filled by partisan election.
3. Circulating official nominating petitions for any candidate participating in a partisan election.
4. Holding an elected or appointed office in any political organization.
5. Accepting appointment to any office normally filled by election.
6. Campaigning by writing for publications, by distributing political material or by making speeches on behalf of a candidate for elective office.
7. Soliciting, either directly or indirectly, any assessment, contribution or subscription for any political party or candidate.
8. Soliciting the sale of or selling political party tickets.
9. Engaging in activities at the political polls, such as soliciting votes.
10. Acting as recorder, checker, watcher or challenger of any party or faction.
11. Engaging in political caucuses.

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7.08 NO SMOKING OR TOBACCO USE POLICY

Smoking and/or tobacco use is a major public health hazard. Summit County Public Health (SCPH) promotes healthy living by providing a smoke and tobacco-free environment. Smoking

(including electronic cigarettes) and tobacco use of any kind (i.e., smokeless tobacco, snuff, chew, etc.) are not permitted at any SCPH property or work site, or in SCPH-owned vehicles.

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7.09 CRIMINAL ACTIVITY

The arrest or conviction of any employee for breaking a federal, state or local law at or outside work may be grounds for suspension, dismissal, or paid administrative leave, depending on the nature of the arrest or conviction as it relates to the position held by the employee. Any arrest or conviction must be reported to the immediate supervisor the next working day. Consideration will be given to the effect that the arrest or conviction has on the reputation and operation of SCPH and any of its programs.

Violating any federal, state or local law may be grounds for dismissal depending on (1) the severity of the infraction, (2) the overall status of the employee performance and past conduct on the job, and (3) compliance requirements.

The Health Commissioner, after consultation with the Division Directors and the appropriate legal authorities, shall decide upon the procedure to be followed.

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7.10 WORKPLACE VIOLENCE

A. **In General.** The safety and security of employees, clients, contractors, and the general public are of vital importance to SCPH. Therefore, threats, threatening behavior, or acts of violence made by an employee or anyone else against another person's life, health, well-being, family, or property will not be tolerated. Employees committing or encouraging acts of violence will be subject to disciplinary action up to and including termination of employment.

B. **Definition of "Violence."** The word "violence" in this policy shall mean an act or behavior that:

1. Is physically assaultive.

2. A reasonable person would perceive as obsessive (e.g., intensely focused on a grudge, grievance, or romantic interest in another person and likely to result in harm or threats of harm to persons or property).
3. Consists of a communicated or reasonably perceived threat to harm another individual or in any way endanger the safety of another.
4. Would be interpreted by a reasonable person as carrying a potential for physical harm to any person.
5. That a reasonable person would perceive as intimidating or menacing.
6. Involves carrying or displaying weapons, destroying property, or throwing/holding objects in a manner reasonably perceived to be threatening.
7. Consists of a communicated or reasonably perceived threat to destroy property.

C. **Prohibited Conduct.** SCPH prohibits the following:

1. Any act or threat of violence by an employee against another person's life, health, well-being, or property.
2. Any act or threat of violence, including, but not limited to, intimidation, harassment, or coercion.
3. Any act or threat of violence which endangers the safety of employees, clients, contractors, or the general public.
4. Any act or threat of violence made directly or indirectly by words, gestures, or symbols.
5. Use or possession of a weapon on SCPH's premises, or any area that is associated with SCPH employment except as required in the line of duty (i.e., law enforcement).

D. **Scope of Policy.** The most common situations where workplace violence is likely to occur are as follows:

1. Dealing with the Public: Violent situations could occur in employee contact with the public. While SCPH has a strong commitment to public service, SCPH does not intend for employees to be subjected to verbal or physical abuse by members of the general public.
2. On-the-Job: Situations could occur where relationships between employees, or between an employee and a supervisor, result in strong negative feelings by the individuals involved.

3. Off-the-Job: An employee could become involved in a personal dispute with a co-worker, family member, or neighbor during the employee's non-working hours. SCPH prohibits any act of violence by an employee towards any other employee while off duty. If the situation escalates, individuals sometimes secure restraining orders from the courts. If an employee requests such a restraining order, the employee should include the work location as well as the employee's place of residence in the order.
- E. **Weapons Prohibited.** The possession or use of weapons is prohibited on SCPH property to the extent permitted by law. See also Section 6.12.
 - F. **SCPH Response to Reports.** Any person who makes substantial threats, exhibits threatening behavior, or engages in violent acts on SCPH property shall be removed from the premises as quickly as safety permits and shall remain off the premises pending the outcome of an investigation. SCPH will initiate an appropriate response. This response may include, but is not limited to, suspension and/or termination of any business relationship, reassignment of job duties, suspension or termination of employment, and/or criminal prosecution of the person(s) involved.
 - G. **Employee Responsibility.** It is a requirement that all employees report, in accordance with this policy, any behavior that compromises SCPH's ability to maintain a safe work environment. All reports will be investigated immediately and kept confidential to the extent possible, except where there is a legitimate need to know. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as threatening or violent, when that behavior is job-related or might be carried out on an SCPH controlled site, or is associated with SCPH employment.
 - H. **Employee Duty to Report.** All incidences of suspected or potential violence must be reported to the employee's immediate supervisor or the Health Commissioner, or to law enforcement where appropriate. Do not take the position that the incident is too minor to report or that it does not appear to be a "real problem." Do not wait until it is too late to be proactive.
 - I. **Supervisor Responsibilities.** All supervisors are responsible for assessing situations, making decisions on the appropriate response, and responding to reports of or knowledge of violent activities that have occurred in the workplace or that involve an employee of SCPH.
 - J. **Administrative Response to Reports.** When any actual, potential, or suspected incident of violence is brought to the attention of a supervisor or the Health Commissioner, the Health Commissioner or designee shall evaluate the severity of the situation immediately and fill out an Incident/Accident/Occupational Illness form. If it is concluded that an actual act of violence has occurred or if there is a likelihood that violence could result, the Health Commissioner or designee shall:

1. Discuss the situation with the employee(s) and attempt to find out what caused the situation.
 2. Determine what action is to be taken to prevent the situation from occurring again. Such actions may include but not be limited to:
 - a. Assigning a different employee to the area or job.
 - b. Talking with the disgruntled individual(s) or employee(s).
 - c. Discussing the incident and offering suggestions for appropriate actions.
 - d. Referring the affected employee(s) to professional help or counseling.
 - e. Disciplining the employee(s), up to and including termination of employment.
- K. **Notice of Court Orders.** All employees who apply for, obtain, or are the subject of a restraining order which lists SCPH locations as being protected areas, must provide to the Health Commissioner a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent.

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7.11 NEWS MEDIA/PUBLIC FORUMS

- A. **In General.** All contacts made with the news media and all news releases must be handled in accordance with standard operating procedures, i.e., Procedures for Dealing with News Media in Section 12.15.
- B. **Social Networking.** Employees shall not make any postings or comments in any public forum, online forum, social networking site, etc. which could reasonably be interpreted as a statement made on behalf of SCPH. Employees are expected to conform with all provisions of the Social Networking Policies, Sections 10.08 and 10.09.
- C. **News Media Inquiries.** If the news media should contact any employee for a comment about district policies, procedures, rules, etc., the employee shall refrain from commenting and refer the person to the department head. After the intent of the contact has been determined, the Health Commissioner or designee may refer or ask for an employee's technical help in responding.

- D. **Violations of Policy.** Violations of this policy will result in disciplinary action, up to and including dismissal.

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7.12 SPEECHES

- A. **In General.** Due to the numerous services the health district offers to the community, staff are often asked to make speeches to various clubs, organizations, and civic groups. Prior to making a commitment to do a speech, all requests should first be cleared through and approved by the employee's supervisor.

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7.13 OUTSIDE EMPLOYMENT/ACTIVITIES

- A. **Time Conflicts.** Full-time employment by SCPH shall be considered an employee's primary occupation and take precedence over all other occupations. Full-time employees shall not have other employment which presents a "time conflict." A time conflict for purposes of this section exists when the working hours of a secondary job directly conflict with an employee's scheduled working hours or mandatory overtime obligations, if any, or when the demands of a secondary job prohibit adequate rest or otherwise affect the quality of the employee's job performance.
- B. **Interest Conflicts.** No employee, regardless of employment status, shall have other employment which presents an "interest conflict" with the employee's position. An interest conflict exists when an employee engages in any outside employment which tends or may appear to compromise the employee's judgment, actions, or job performance or conflict with the policies, objectives, and operations of SCPH.
- C. **Leaves of Absence.** No employee shall have outside employment while the employee is on a paid or unpaid leave of absence, including family and medical leave, where benefits may be maintained.
- D. **Notice to Health Commissioner Required.** Employees shall notify the Health Commissioner by completing a Request for Approval of Outside Employment/Activity in Section 13.15 of any employment (preferably prior to accepting such employment) or activity which may affect or create the appearance of affecting the employee's performance or SCPH's interests. The Health Commissioner will confer with the

employee and the board to determine whether the secondary employment presents a conflict.

- E. **Conflicts of Interest.** If the Health Commissioner believes an employee's outside employment or activity presents a conflict, she may recommend that the employee terminate the outside employment relationship or activity. Any policy infraction which is the direct or indirect result of an employee's outside employment or activity may subject the employee to discipline or discharge consistent with the policies set forth in this manual.

Review Date:

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7.14 CREDENTIALING AND COMPLIANCE PLAN FOR PROFESSIONAL STAFF

- A. **Employee Responsibility.** All employees will maintain applicable professional job credentials during their employment with SCPH and remain in compliance with federal exclusion criteria (where applicable). Credentials will be verified at the time of employment, at random and at the time of renewal to assure that professional staff licenses and professional certifications remain current and active. Employees whose credentials are subject to discipline, suspension or revocation or any other impediment must inform their supervisor immediately.
- B. **Verification Upon Hire.** The Personnel Office will verify licensure/certification at the time of employment. Licenses maintained through the Ohio License Center will be verified electronically. Licenses and certification available in paper format will be verified with a copy of the license. If a new employee has been hired at the Professional (P1 – P7) class level, the Personnel Office will check to see if the employee has been excluded or suspended from a program, per guidance provided by the Ohio Department of Medicaid.
- C. **Supervisor Responsibility.** The Supervisor will verify licensure/certification at the time of renewal, forwarding a copy for the personnel file. If that employee is paid at the Professional (P1 – P7) class level, the Supervisor will check to see if the employee has been excluded or suspended from a program, per guidance provided by the Ohio Department of Medicaid, no less than annually.
- D. **Interim Verifications.** The Director, Assistant Director or Supervisor may verify licensure/certification for employees at random and if there is any question of status.

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7.15 OHIO WHISTLEBLOWER PROTECTION

- A. **Acknowledgment Form.** SCPH employees are entitled to specific protections against employer retaliation for reporting certain prohibited conduct under state and federal laws. The Policy Manual Acknowledgement Form in Section 13.01 contains a specific category for this policy. A copy of that acknowledgement shall be retained in the employee's personnel file. **The following policy summarizes your rights and obligations under O.R.C. §§ 117.103(A) and 124.341 and other named statutory provisions.**
- B. **Employer Retaliation Prohibited by Law.** The Board shall not take any disciplinary or retaliatory action against an employee for making any report authorized by O.R.C. § 4113.52. These reports include good faith reports that are made in regards to a violation of a Federal Law, State Law, Local Law, Local Ordinance, Local Regulation, Local Rule, or Policy Violation by a fellow employee or SCPH. The employee must reasonably believe that these violations are a criminal offense OR are likely to cause an imminent risk of physical harm to persons OR are a hazard to public health or safety OR are a felony OR are an improper solicitation for a contribution.
- C. **Reporting a violation.** The following violations are required to be reported in the following manner:
- Criminal Violations Involving the Environment: Air Quality (O.R.C. 3704); Solid and Hazardous Waste (O.R.C. 3734); Safe Drinking Water (R.C. 6109); and Water Pollution Control (O.R.C. 6111). The employee directly may notify, either orally or in writing, any appropriate public official or agency that has regulatory authority over SCPH or the relevant program.
 - Any other violation listed in Section B of this policy: The employee shall notify the employee's supervisor or other responsible officer of the employee's employer of the violation and subsequently shall file a written report with the same person that sufficiently provides detail and describes the violation.
- D. **Employee Responsibility.** SCPH employees shall make a reasonable effort to determine the accuracy of any information reported under whistleblower protection laws prior to making a report under this policy. Employees shall use the **Violation Reporting Form** in Section 13.02 to report violations under this Policy. If SCPH does not make a good faith effort to correct the asserted violation within 24 hours of receiving notice, the employee may file a written report of the violation with the county prosecuting attorney, law enforcement, or any governmental entity that has regulatory authority over the employer or the inspector general.
- E. **Employer Responsibility.** SCPH shall, within 24 hours after the oral notification was made or the report was received OR by the close of business on the next regular business day following the day of notification shall notify the employee in writing of any effort of the employer to correct the alleged violation or hazard or of the absence of the alleged violation or hazard.

F. Reporting False Information. An employee may be subject to disciplinary action, including suspension or removal, as determined by SCPH, for purposely, knowingly, or recklessly reporting false information under this policy. For the purposes of this policy:

1. An employee acts *purposely* when it is his specific intention to cause a certain result, or when the gist of the offense is a prohibition against conduct of a certain nature, regardless of what the offender intends to accomplish thereby, it is the employee's specific intention to engage in conduct of that nature.
2. An employee acts *knowingly*, regardless of his purpose, when he is aware that his conduct will probably cause a certain result or will probably be of a certain nature. A person has knowledge of circumstances when he is aware that such circumstances probably exist.
3. An employee acts *recklessly* when, with heedless indifference to the consequences, he perversely disregards a known risk that his conduct is likely to cause a certain result or is likely to be of a certain nature. An employee is reckless with respect to circumstances when, with heedless indifference to the consequences, he perversely disregards a known risk that such circumstances are likely to exist.

G. Protected Information. Ohio Law protects an employee's report from disclosure if the employee provides a written report which provides sufficient detail to identify and describe the violation.

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7.16 FRAUD AND ABUSE

A. In General. Employees should be aware of policies regarding detection and prevention of health care fraud and abuse and how to report violations of this policy.

B. False Claims. Pursuant to the Federal False Claims Act, any employee that knowingly submits a false or fraudulent claim for payment of US Government funds or knowingly retains an overpayment of funds for more than 60 days is liable for significant penalties and fines. This includes payment of any funds from any federally funded program. The Program Fraud Civil Remedies Act of 1986 provides penalties for submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact.

C. Protections For Reporting A False Claim. SCPH shall not discharge, demote, suspend, threaten, harass, or discriminate against an employee as a result of the employee's lawful

acts in furtherance of a false claims action. An employee may bring an appropriate action in Federal District Court for a violation of the False Claims Act protections.

- D. Ohio Medicaid Anti-Fraud Statutes.** Ohio law makes it unlawful for any person to (1) knowingly make or cause to be made a false or misleading statement or representation for use in obtaining reimbursement from the Ohio Medicaid program; (2) with purpose to commit fraud or knowing that the person is facilitating fraud, charge, solicit, accept, or receive any property, money, or other consideration for goods or services that the person provides under the Ohio Medicaid program in addition to the amount of reimbursement such person is entitled to under the Ohio Medicaid program; (3) knowingly alter, falsify, destroy, conceal, or remove any records that are necessary to fully disclose the nature of all goods or services for which a claim for payment was submitted to, or for which reimbursement was received from, the Ohio Medicaid program within six years after such claim or payment was made. A person who violates this law is guilty of a criminal offense punishable by significant fines and imprisonment. Additionally, any person who is convicted of a violation of this law may be required to pay the cost of any investigation or prosecution.
- E. Ohio Insurance Fraud.** Ohio law also prohibits certain fraudulent activities in connection with insurance claims or payments. Ohio's insurance fraud statute prohibits any person from, with purpose to defraud or knowing that the person is facilitating a fraud, presenting, causing to be presented, or assisting, aiding or conspiring with another person to present, any statement to an insurer that is part of or in support of a claim for payment or any other benefit pursuant to an insurance policy, knowing that the statement or any part of it is false or deceptive. A person who violates this law is guilty of a criminal offense punishable by significant fines and imprisonment.
- F. Stark Statute.** The Federal Stark Statute prohibits physicians from making a referral for certain designated health services to an entity in which the physician or a member of his or her family has an ownership/investment interest or with which he or she has a compensation agreement. A violation of the Stark Statute carries significant financial penalties.
- G. Anti-Kickback Statute.** The Federal Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying anything (such as a kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal healthcare program. A violation of the Anti-Kickback Statute carries significant penalties and the possibility of up to 5 years imprisonment.
- H. General Penalties For Fraud, Waste, or Abuse.** Employees committing fraud, waste, or abuse may be subject to criminal conviction, fines, and imprisonment. Employees or SCPH may be subject to loss of provider license, financial penalties, and exclusion from federally funded healthcare programs.
- I. Reporting Violations.** Employees who are or become aware of a violation of any of the provisions included in this policy should report violations in the following manner:

- Ohio Department of Medicaid
 - 614-466-0722
 - <http://medicaid.ohio.gov/RESOURCES/HelpfulLinks/ReportingSuspectedMedicaidFraud.aspx>
- Office of the Ohio Attorney General
 - 800-282-0515
 - <http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Submit-a-Tip/Report-Medicaid-Fraud>
- National Fraud Hotline
 - 1-800-HHS-TIPS/1-800-447-8477
- Office of the Inspector General
 - <https://oig.hhs.gov/fraud/report-fraud/index.asp>
- US Department of Labor
 - https://www.whistleblowers.gov/complaint_page.html
- Ohio Auditor's Office
 - <https://ohioauditor.gov/fraud/default.html>
 - Fraudohio@ohioauditor.gov
 - 1-866-FRAUD-OH/1-866-372-8364
- Employees should also report suspected or known violations to the Health Commissioner. Employees may use the **Violation Reporting Form** in Section 13.02.

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CHAPTER EIGHT: EMPLOYEE DISCIPLINE, APPEALS, AND COMPLAINTS

8.01 DISCIPLINARY POLICY

- A. **In General.** It is the policy of SCPH to treat each case of unsatisfactory performance or inappropriate conduct on a case by case basis. The nature of the employee's job responsibilities may justify different levels of discipline for what would otherwise appear to be similar offenses.
- B. **Responsibility of Supervisor.** Whenever an employee engages in conduct warranting disciplinary action, the employee's supervisor shall implement the disciplinary process using the Notice of Disciplinary Action form (See Section 13.16).
- C. **Rights of Health Commissioner.** The Health Commissioner or designee, with the subsequent approval of the Board, reserves the exclusive right to suspend or order the removal of classified employees for more serious violations of established rules and regulations which result from inappropriate conduct. The Health Commissioner or authorized designee may treat each occurrence of inappropriate conduct upon its individual merits, without establishing a precedent for the treatment of other cases. If the Hearing Officer determines that there is just cause for discipline after a Pre-Disciplinary Conference, the Health Commissioner or designee will decide what discipline, if any, is appropriate.
- D. **Levels of Discipline Serve as Guidelines Only.** While the disciplinary procedure will generally be progressive in nature, the various levels below serve only as disciplinary guidelines. In cases of serious misconduct, the level of discipline imposed may be more severe. The discipline applied may escalate for subsequent violations, even though such violations may be unrelated to or different from the original. It is possible to skip, reduce, or repeat steps, depending on the individual circumstances. This policy should not be construed as preventing, limiting, or delaying the Health Commissioner or an authorized designee from taking appropriate disciplinary action.
- E. **Levels of Discipline.** A supervisor may opt for the following levels of discipline in addressing employee misconduct: 1) Instruction and Caution, 2) Written Reprimand, 3) Recommendation for Suspension 4) Reduction, or 5) Recommendation for Termination. These levels of discipline should be read in conjunction with any existing collective bargaining agreement, if applicable.

1. Employee Instruction and Caution

The employee and the supervisor discuss performance or behavior following an offense in an effort to eliminate possible misunderstandings, improve job performance, or to outline what constitutes proper conduct. A written record of the meeting shall be placed in the employee's personnel file and, by being called an "employee instruction and caution," shall be recognized as a disciplinary matter.

2. Written Reprimand

The employee receives discipline in the form of a formal written reprimand when the supervisor believes that an offense in the first instance is serious enough to warrant such action, or following continuing poor job performance, or for repeated offenses.

3. Suspension

Suspension without pay may occur when the Health Commissioner or her designee determines that:

- an employee has failed to correct performance after repeated warnings, or
- there has been an accumulation of misconduct, or
- as a result of a first time serious offense or misconduct, or
- the circumstances of the employee's conduct warrant a suspension without pay.

4. Reduction

Reduction in pay or status may occur when the Health Commissioner or her designee determines that:

- an employee has failed to correct performance after repeated warnings, or
- there has been an accumulation of misconduct, or
- as a result of a first time serious offense or misconduct, or
- the employee's conduct shows a failure to uphold the ideas or values of the pay or status they currently hold, or
- the circumstances of the employee's conduct warrant a reduction in pay or status.

5. Termination

Termination may occur after the Health Commissioner or her designee determines that:

- The employee has failed to take advantage of repeated attempts to inform and help an employee correct performance, or
- The employee has committed unacceptable misconduct that is of such a serious nature that the Health Commissioner or her designee believes there is no practical alternative.
- The circumstances of the employee's conduct warrant a termination
- The employee violates any policy which specifically states that a violation warrants termination as a consequence of a violation.

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8.02 PREDISCIPLINARY PROCEDURE

- A. A. Initiation of Disciplinary Process.** Supervisors must initiate the disciplinary process. Supervisors intending to discipline employees for violations of this or other workplace policies or work rules must complete a Notice of Disciplinary Action form in Section 13.16. Supervisors needing assistance in completing this form should contact the Personnel Office.
- B. Discipline Not Warranting a Pre-Disciplinary Conference.** If the discipline involved is an instruction and caution, a written reprimand, or a suspension of 3 days or less (none of which require a pre-disciplinary conference), a copy of the Notice of Disciplinary Action will be given to the employee by the supervisor, and a copy of the Notice shall be placed in the employee's personnel file. The supervisor shall review the nature of the infraction with the employee and will review any corrective action plan with the employee, if applicable.
- C. Discipline Warranting a Pre-Disciplinary Conference.** If the Notice of Disciplinary Action includes a recommendation for suspension of more than 3 days, a reduction, or for termination, the Notice of Disciplinary Action must also be signed by the Health Commissioner or designee and the applicable Division Director before the supervisor meets with the employee to discuss the charges. The notice must contain the precise charges and detailed facts supporting the charges. The Notice is then forwarded to the Personnel Office. The Personnel Office shall meet with the employee and explain to the employee that the employee may either elect to have the charges against him or her presented during a pre-disciplinary conference, or, if the employee does not contest the charges, the employee may opt to waive the pre-disciplinary conference by signing a waiver.
- D. Scheduling a Pre-Disciplinary Conference.** A pre-disciplinary conference will be scheduled by delivering a Notice of Pre-Disciplinary Conference to the employee, containing the scheduled time of the Pre-Disciplinary Conference.
- E. Notice of the Pre-Disciplinary Conference.** Not less than seventy-two (72) hours prior to the scheduled starting time of the conference, SCPH will provide the employee with a Notice of Pre-Disciplinary Conference containing the scheduled date and time of the Pre-Disciplinary Conference (however, no Pre-Disciplinary Conference shall be rescheduled except at the sole discretion of SCPH). In response, the employee must:
- a. 1. Appear at the conference to present an oral or written statement in the employee's defense; or
 - b. 2. Appear at the conference and/or have a representative present an oral or written statement in the employee's defense; or
 - c. 3. Elect in writing to waive the Pre-Disciplinary Conference (see Notice of Disciplinary Action Form in Section 13.16).
- F. Duties of Employees Prior to Pre-Disciplinary Conference.** If the employee is placed on paid administrative leave pending an investigation and/or pre-disciplinary conference, the employee shall be readily available to receive phone calls, notices, instructions and any correspondence during working hours. The employee may be instructed to pick up notices and other communications in person at SCPH administrative offices while on paid administrative leave. Any delay by more than 1 hour to respond to any SCPH requests

during working hours under this section may be considered as further grounds for discipline.

- G. **Selection of Hearing Officer.** Pre-Disciplinary conferences will be conducted by a Hearing Officer. The Hearing Officer will be selected by the Health Commissioner and may be from inside or outside SCPH. All conferences will be recorded to facilitate the Hearing Officer in making findings of fact. The Hearing Officer is not to determine what type of discipline is warranted, but rather to determine whether there is just cause for discipline.
- H. **Employee Testimony.** An employee who elects to attend the conference and present an explanation, or who is called to testify, must answer all questions truthfully and completely. If it is later proven that the employee's answers were not truthful or were incomplete, such dishonesty may result in disciplinary action, up to and including termination.
- I. **Pre-Disciplinary Conference.** At the Pre-Disciplinary Conference, the employee may present an explanation and may support such explanation with witnesses or documents. The Hearing Officer shall hear the case and shall prepare a written report setting forth findings of fact and concluding whether there was just cause for discipline. The Hearing Officer shall not recommend specific discipline. A copy of the Hearing Officer's report will be provided to the employee and to SCPH within seven working days of the Pre-Disciplinary Conference.
- J. **Notice of Disciplinary Action.** After a finding of just cause, the Health Commissioner shall determine the appropriate level of discipline. The Director and the Health Commissioner shall complete a Notice of Disciplinary Action which shall be delivered to the employee.
- K. **Filing of Notice of Disciplinary Action.** All Notices of Disciplinary Action as well as other documentation of disciplinary actions are to be placed in the employee's Personnel File. They shall be removed after a period of two (2) years upon the written request of the employee, providing no intervening discipline has occurred.

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8.03 PROHIBITED CONDUCT

A. **In General.** The Health Commissioner or an authorized designee reserves the right to discipline classified employees for violations of established rules and regulations which result from inappropriate conduct. The Health Commissioner or authorized designee may treat each occurrence of inappropriate conduct upon its individual merits, without establishing a precedent for the treatment of other cases. The following list of prohibited conduct is not to be construed as an exhaustive list or a limitation upon the retained rights of the Health Commissioner in determining whether conduct is subject to discipline. A classified employee may be disciplined for any of the referenced behaviors below or for similar inappropriate behaviors, or for any other conduct prohibited pursuant to SCPH Policies and Procedures, misconduct under O.R.C. 124.34

or under other applicable laws, or any other applicable rules, regulations or professional standards.

B. Examples of Prohibited Conduct.

- Unsatisfactory work, failure to maintain required levels of performance, incompetency and/or gross inefficiency.
- Neglect of work, neglect of duty, sleeping on the job, excessive personal phone calls, or other inappropriate distractions.
- Any criminal acts on SCPH property and/or time.
- Any conduct that places the employee or another person's health or safety at risk, causes physical harm, or adversely affects SCPH's liability.
- Trying to perform while unfit for duty.
- Excessive absence and/or tardiness.
- The use, sale, or possession of alcohol or drugs at any time or unauthorized possession of firearms on agency premises or during rest periods. Smoking on SCPH property is also prohibited.
- Discourteous, disrespectful, confrontational, abusive, slanderous, libelous, threatening, or derogatory behavior and/or statements toward another employee or toward third parties.
- Harassing Conduct, discrimination or sexual harassment in the work environment at SCPH or through services provided to the public.
- Conduct which adversely affects the reputation or standing of SCPH.
- Dishonest, malicious, immoral, indecent, or unethical behavior.
- Falsification of records, failure to cooperate on official inquiries or proceedings, or collusion for personal gain.
- Unethical behavior which results in a conflict of interest or an expectation of preferential treatment.
- Unauthorized access, removal, destruction, alteration, release or other misuse of records, confidential information, or equipment.
- Failure to follow procedures in the HIPAA Manual, as well as failure to attend annual HIPAA training.
- Inappropriate attire or appearance.
- Unauthorized use of sick time for vacation time.
- Making and/or distributing jokes and/or malicious statements concerning management, other employees, or clients, verbally or by use of telephone, FAX, or other electronic communication device.
- Failure to follow established policies or documented work rules.
- Failure to follow generally recognized standards of professional or ethical conduct.
- Failure to perform work that is assigned by a supervisor that is within the employee's scope of duties or capabilities.
- Misuse of position, stationery, or envelopes for personal reasons or non-governmental use. Performing private work during working hours. Unauthorized use of SCPH property for private work—theft.
- The progressive and/or persistent demonstration of negative and/or uncooperative behavior.

- Offenses not specifically enumerated herein, as well as any violation of the Summit County codified ordinances, state or federal laws, or any policy and/or standard practice of SCPH.
- Insubordination.
- Failure to actively comply with and promptly complete mandatory referrals for counseling or other services intended to achieve improvement in job performance or to address inappropriate employee conduct.
- Failure to improve as expected under a Corrective Action Plan or after receiving any level of disciplinary action.
- Conduct or violations of any Federal, State, or Local laws that may have an adverse effect upon the reputation, operation, or programs of SCPH.
- Initiating or in any way participating in horseplay that is/can be considered offensive to another individual or damaging to SCPH property.
- Failure to follow work orders or any other instructions given when an employee has been placed upon paid administrative leave.

This list **is not** all-inclusive. It is subject to being periodically supplemented by the Health Commissioner or her designee.

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8.04 APPEALS OF PERSONNEL ACTIONS

- A. **In General.** Classified employees may appeal suspensions of more than twenty-one (21) hours pay, reductions in pay or classification, layoffs, job abolishments, or removals for other than conviction of a felony either through the internal complaint procedure in Section 12.02 or to the State Personnel Board of Review (SPBR).

Temporary, intermittent and other employees serving in the unclassified service have no appeal rights to the SPBR. Probationary employees likewise may not appeal to the SPBR.

Disciplinary action based on conviction of a “felony” within the meaning of O.R.C. 124.34 may not be appealed to the SPBR.

- B. **Appeal Procedure.** Appeals to the SPBR by classified employees must be filed within ten (10) days of the date the employee is served the order. An appeal from a layoff or a displacement must be filed no later than ten (10) days after receipt of the notice of layoff or displacement. The SPBR maintains authority to decide whether an appeal warrants a hearing. When an appeal is heard, the SPBR may affirm, disaffirm, or modify personnel actions implemented by SCPH.

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CHAPTER NINE: HEALTH AND SAFETY

9.01 HEALTH AND SAFETY

1. **In General.** Employee safety is a priority at SCPH. SCPH has developed and implemented emergency flipcharts which provide information on a variety of workplace hazards which exist or potentially could occur within the workplace. These emergency flipcharts are reviewed annually by the Health and Safety Committee and are posted (with emergency evacuation maps) throughout SCPH's operating facilities. Some procedures, such as the Medical Emergency Procedure and other health and safety SOPs are contained in this manual.

- B. **Health and Safety Committee.** An employee Health and Safety Committee has been established whose purpose is to be knowledgeable about OSHA rules, to recommend improvements on safety practices, to arrange for and coordinate staff training functions, and to ensure that SCPH complies with OSHA rules and regulations appropriate to public-sector agencies.
 1. The Health and Safety Chairperson is appointed by members of the previous year's Health and Safety Committee or by SCPH Administration.
 2. Committee members will be selected on a volunteer basis from the Community Health Division, Environmental Health Division, Population Health Division, Administration Division, and the Office of the Health Commissioner. Members will serve a one (1) year term.

- C. **Reports of Accidents and Illnesses.** All accidents and illnesses must be recorded according to standard operating procedures (see Section 12.17). Report forms for SCPH must be completed for all employee and visitor accidents, incidents, and illness. Supervisory staff are available to assist in the completion of the required forms. The Health and Safety Chairperson and Committee are responsible for reviewing such reports to mitigate and/or prevent future hazards/incidents from occurring. All reports will be reviewed and recommendations forwarded to the SCPH Personnel Office for review and implementation. For more information, see Section 9.02, On-the-Job Injuries.

- D. **Hazards Communication Program.** A Hazards Communication Program has been implemented to ensure SCPH employees understand the hazards (i.e., occupational, chemical and exposure) which exist within their workplace. The Health and Safety Committee is responsible for updating the Hazard Communication Program and Plans for SCPH. For more information, see Section 9.12.

- E. **Building Security.** To ensure a safe working environment, SCPH has developed building security requirements throughout its operating facilities. Security measures practiced by SCPH include visitor sign in, ingress and egress controls, and an emphasis on employee training. For more information, see Section 9.06.

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9.02 ON THE JOB INJURIES

- A. **Accident/Incident Reports.** Any employees injured during the course of their employment shall immediately notify the employee's supervisor and both shall complete an Injury/Accident/Occupational Illness form in Section 13.19 and the Workers' Compensation form in Section 13.18. Both forms shall be completed, regardless of apparent seriousness of the injury, and regardless of whether medical attention is required. Such forms shall be forwarded to the Personnel Office by the supervisor as soon as possible. Failure of an employee or supervisor to comply with this reporting procedure may result in disciplinary action up to and including termination from employment.
- B. **Supervisor Responsibility.** In the event of work-related injury, the injured employee's supervisor will assist in documenting the incident and will notify the Personnel Office immediately. Supervisors should consult with the Personnel Office regarding approved workers' compensation treatment facilities, unless a medical emergency makes such a query impractical.

In all instances, if an injury requires medical attention, the Workers' Compensation form must be completed by an attending licensed practitioner. The completed report must be forwarded to the Personnel Office at the earliest possible date.

- C. **Date of Return to Work.** The employee is responsible for notifying the Health Commissioner of his/her condition and the expected date of return.

The Health Commissioner must be advised and continually updated on the status of the employee at least once per pay period, if the employee continues to be absent due to a work-related injury. The department head shall immediately notify the Health Commissioner and the fiscal office when an employee is able to return to work.

- D. **Documentation.** All documents received from the injured employee, the employee's physician, hospital, or the state regarding any workers' compensation claim shall be forwarded immediately to the Health Commissioner, who will then forward it to the county's BWC coordinator. It is important that the employee sign and date the HIPAA compliant medical release forms to avoid any delays in processing the claim.
- L. **Accounting for Time on Injury Date.** Employees injured in the line of duty, who must leave work before completing their work, shall be paid with regular time for the remainder of their regularly scheduled workday.
- M. **Use of Sick/Vacation Leave.** An injured employee may elect to use accrued sick leave and/or vacation leave prior to receiving payments from workers' compensation. An

employee is prohibited from receiving payment for sick leave while simultaneously receiving payment from workers' compensation. Questions regarding the use of sick leave and workers' compensation should be directed to the employee's supervisor and/or the Personnel Office. More details are contained on the Workers' Compensation Policy, Section 5.12.

- G. **Family and Medical Leave.** FMLA leave may, if the employee is eligible, run concurrently with time off while the employee is receiving workers' compensation.
- H. **Employee Responsibility.** It is the responsibility of the employee to obtain, complete, and return all required forms.

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9.03 INCIDENT AND ACCIDENT REPORTS

An immediate record is to be made of incidents and/or accidents occurring at all SCPH facilities and occurring to all clients, visitors, students, and SCPH employees during working hours. The Incident/Accident/Occupational Illness Report form in Section 13.19 and an Incident/Accident/Occupational Illness Reporting Procedure in Section 12.17 has been created for this purpose. Completed reports relating to incidents and accidents involving personnel will be maintained in a separate file by the Personnel Office.

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9.04 MEDICAL EMERGENCY AND FIRST AID

Staff will respond appropriately to medical emergencies and injuries. It is expected that staff will use basic first aid measures appropriate to their level of training, and that they will prioritize interventions based on this level of training and according to their assessment of immediate situational needs. A Medical Emergency Procedure is contained in this manual in Section 12.19 to assist with medical emergencies and first aid treatment on the work site. These procedures are also available in flipcharts in various locations on SCPH property.

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9.05 CARRY AND CONCEAL OF WEAPONS ON SCPH PROPERTY

- A. **In General.** The safety and security of employees, visitors, contractors and the general public are of vital importance to SCPH. Therefore, the carrying of a concealed firearm by an employee or anyone else in SCPH buildings or vehicles is strictly prohibited except as provided in this section. Furthermore, all local laws prohibiting the carrying of concealed weapons of any kind shall be observed by all on SCPH property. Employees carrying a concealed weapon during working hours will be subject to disciplinary action up to and including removal, and possible criminal charges. Employees are permitted to carry a concealed weapon only under the following circumstances:
- a. The employee has a valid concealed carry permit issued by the State of Ohio or a concealed carry permit recognized as valid pursuant to the State of Ohio; and
 - b. The firearm and all of the ammunition remain inside the employee's privately owned motor vehicle while the person is present inside the motor vehicle; or
 - c. The firearm and all of the ammunition are locked inside of the trunk, glove box, or other enclosed compartment or container within or on the person's privately owned motor vehicle;
- B. **Reporting Safety Issues.** If an employee believes that there is an immediate safety issue due to a violation of this policy or a weapons law, this situation should be immediately reported to management and/or law enforcement, depending on the circumstances. Employees are discouraged from directly confronting a person that is or may be armed.

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9.06 BUILDING SECURITY

- A. **In General.** SCPH employees are required to wear their Employee Identification Badge in a clearly visible manner at all times during business hours (within a SCPH facility, parking lot, when on health district business, etc.).

Access Controls

SCPH has implemented the following security protocols to control or restrict access to SCPH facilities.

- SCPH employees are permitted access to a SCPH facility between the times of 6:00 AM to 6:00 PM on regular work days (unless designated working hours are extended).
- Access before or after the above mentioned hours requires the approval of the employee's designated Supervisor and/or Division Director.

- If an employee loses the Access Badge (Employee Identification Badge) or Keys, they are to immediately notify their Supervisor.

“Employee Only” Areas

Locations identified as “Employee Only” areas are restricted to employees of SCPH or tenants, as applicable. The general public is restricted from entering “Employee Only” areas unless signed-in and badged according to the Building Visitor Procedure in Section 12.20.

“Employee Only” areas are to be secured at all times. Employees are not permitted to hold, prop, or leave unlocked entrances separating a public area to an “Employee Only” area. Employees may not allow unauthorized persons into “Employee Only” areas by allowing them to follow the employee into said restricted areas. If an SCPH facility is not equipped with separating devices (locked doors, security access controls), employees are instructed to observe for unauthorized entry into an “Employee Only” area. If an access or security issues arises, employees are instructed to contact their supervisor and, if applicable, 911 regarding the security concern.

- B. Security and Fire Alarms** If an SCPH facility security or fire alarm is activated during nonworking hours, pre-designated SCPH personnel may be deployed to assess the situation at the alarmed facility. This policy defines the roles and responsibilities of the SCPH personnel when alerted to a situation occurring at their assigned facility. Detailed procedures on after-hours alarm responses are contained in Section 12.21.
- C. Panic Buttons.** Panic buttons are installed at public reception desks at Fairway, Graham Road, and Arlington facilities. When an employee feels personally threatened or observes a person with a weapon on the premises and the employee is unable to dial 911 safely, a panic button should be used to summon the police. Upon receiving the alarm, SCPH’s monitoring agent (identified below) will call the applicable police dispatcher (911) to notify them of the situation. The monitoring agent will then call the SCPH Point of Contact(s).
1. During operating hours, the call will ring multiple phones within the Fiscal Department until an answer is received. The Fiscal staff member who answers the phone will ask for clarification regarding the location and specific area of the panic. The employee in the Fiscal Department who receives the call from the monitoring agent will notify the first available person in the following order: Director of Administrative Services, Director of Community Health, Director of Environmental Health, and Health Commissioner. Note: If all of the above are unavailable, any SCPH Supervisor should be notified of the incident.
 2. Emergencies. If the location of the emergency is obvious, the Director /Supervisor accepting responsibility for assessing the situation should immediately proceed to a location from which the situation may be safely observed and assessed or call to ascertain the situation. Note: Extreme caution should be exercised at all times before entering a potentially volatile situation.

- a. When an emergency is present, call 911 and provide the necessary/additional information to the police dispatcher.
 - b. The director/supervisor assessing the situation may direct people to evacuate the building or relocate to a safer location.
 - c. If the director/supervisor finds that there is no emergency, notify the monitoring agency of that fact.
3. Accidental Pushing of Panic Button: If a panic button is accidentally pushed, the person who pushed it should immediately call 911 and the Fiscal Department (330-812-3911) to inform them that there is no emergency. The Fiscal Department will notify the monitoring company.
 4. Reporting: Any breaches in the security of the building are to be documented on an Incident/Accident/ Occupational Illness form in Section 13.19. All breaches in security should be reported to all employees to reinforce the necessity to conform to policy. A failure to adhere to the terms of this policy may result in disciplinary action.
 5. After Hours: Emergency Contacts. After hours notification is received by the agency's after hours Point of Contacts. These individuals and their contact information have been previously provided to the monitoring agency.
 6. Monitoring Agencies:
 Fairway: US Protective Services (1-216-404-1500)
 Graham Road: Video Security Inc. (1-800-722-1788)
 Arlington: ADT (1-800-238-2727)

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9.07 TORNADO/WIND STORM WARNING

- A. **In General.** Tornado warnings are issued by the National Weather Service based on eyewitness reports or clear signatures from remote sensing devices. A tornado warning indicates that the hazard is imminent. All employees must take immediate shelter during a Wind Storm/Tornado Warning. Emergency flipcharts containing emergency procedures are reviewed annually by the Health and Safety Committee and are posted (with emergency evacuation maps) throughout SCPH's operating facilities.

- B. **Procedure:** When Front Desk personnel are alerted of severe weather, wind storm/tornado warning via the NOAA Weather Radio (Tone Alert), they will announce via email that threatening weather conditions exist. If email is unavailable, an air horn will be utilized to notify staff and the public of threatening conditions. Staff must immediately proceed to designated tornado shelter areas at each SCPH site subject to the weather warning. Front Desk personnel are to take the weather radios with them to the Board Room to monitor weather conditions and warning expirations. If a tornado strikes, or winds begin to increase, assume the "tornado safe" position. If life-threatening damage occurs, dial 9-1-1 for emergency assistance.

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9.08 FIRE EMERGENCY

- A. **In General.** When a fire has been identified and/or reported, immediately report to a Fire Alarm Pull Station and activate the alarm. In most SCPH facilities, the Fire Alarm Pull Station is located next to an exit or located in an interior hallway. Emergency flipcharts containing emergency procedures are reviewed annually by the Health and Safety Committee and are posted (with emergency evacuation maps) throughout SCPH's operating facilities and in Section 12.21 of this Manual.

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9.09 EMERGENCY NOTIFICATION OF STAFF

- A. **In General.** Contact information for employees, for purposes of emergency notifications, will be maintained in the web-based Wireless Emergency Notification System (WENS) for after-hours contact, and in the Daytime Emergency Notification List on the L: drive for workday notifications. Alternate means of notification may be necessary given a particular circumstance.
- B. **Policy.**
1. The Personnel Office will provide updated employee information to the designee of the Office of Emergency Preparedness (OoEP) upon any change in employee status, i.e., new hire, termination, change of contact information.
 2. Employee information will be maintained in WENS and the Daytime Emergency Notification List only by designated personnel within the OoEP. If an employee

has a change in contact information, they should notify the Personnel Office as soon as possible in writing (email).

3. WENS is to be the primary method of staff notification for use after-hours.
4. The Daytime Emergency Notification List may be used as a back-up if WENS is not available.
5. The Daytime Emergency Notification List may be used for workday notification.

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9.10 24/7/365 EMERGENCY RESPONSE AVAILABILITY OF STAFF

- A. **In General.** In Summit County, Ohio, public health staff that perform or support functions specified in the SCPH Emergency Operations Plan (EOP) are considered first responders for a public health event and therefore must be available to respond on an as-needed basis.
- B. **Policy.** All SCPH employees have the obligation (as set forth by the SCPH Emergency Operations Plan (EOP) and within the scope of their employment), to be available for emergency service during routine and non-routine hours of operation, including 24/7/365 availability. All employees must provide their afterhours emergency contact number for such purposes. Services may include responsibilities within the scope of the employee's qualifications, outlined in the SCPH EOP, or in a support capacity to assist other SCPH functions and/or services. SCPH employees who are unavailable to respond to any public health request for services must notify their supervisor and give good cause as to why they are unavailable.
- C. **Procedure.**
 1. Staff will be notified for public health emergency response via the daytime emergency notification list and/or the Wireless Emergency Notification System (WENS).
 2. Staff will be instructed where to report for emergency response.

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9.11 AFTER HOURS ALARM RESPONSE

- A. **In General.** In the event of an after hours alarm, employees should consult the Standard Operating Procedure for After Hours Alarm Response in Section 12.21.

9.12 HAZARD COMMUNICATION PROGRAM

- A. **In General.** The SCPH Health and Safety Committee is responsible for the implementation, operation, maintenance, and revision of the Hazard Communication Program. Program Supervisors and/or Coordinators are responsible for their respective areas and will assist the Health and Safety Committee in complying with all directives pertinent to this policy.
- B. **Policy.** The Hazard Communication Program is intended to convey the following information regarding workplace hazardous chemicals / substances:
- Written Hazard Communication Program (Plan)
 - Listing of Hazardous Chemicals
 - Container Labeling
 - Material Safety Data Sheets
 - Employee Information and Training
 - Hazardous Non Routine Tasks
 - Multi-Employee Workplace Environments
- C. **Written Program:** A Hazard Communication Plan will be implemented and maintained for each of the operating SCPH facilities. The Hazard Communication Plan will address the following sections in compliance with 29 CFR 1910.1200:

Hazard Communication Plan

1. Location of Plans
2. Regulating Authority
3. Plan Maintenance and Revision
4. Container Labeling
 - a. Receiving of Hazardous Materials
 - b. Missing Label Procedures
 - c. Portable Container Procedures
5. Material Safety Data Sheets (MSDS)
 - a. Location of MSDS (per facility)
 - b. Hazard Determination
 - c. MSDS Data Entry
 - d. MSDS Required Information

- e. Missing MSDS Procedures
- 6. Employee Information and Training
 - a. Initial Employment Training
 - b. Retraining
 - c. Record Keeping
 - d. Standard Training Format
- 7. Hazardous Non Routine Tasks
 - a. Specific Training
 - b. Non-Routine Tasks
- 8. Piping Content
 - a. Piping Content (per facility)
- 9. Multi-Employee Work Sites
- 10. List of Hazardous Chemicals / Substances
- 11. Application of Policy

E. **Information Accessibility:** The SCPH Hazard Communication Program Information will be available at the following locations:

Printed Material:

- Master Copy: Personnel Office
(1867 West Market Street, Akron OH 44313)
- Facility Copy: Arlington
*Front Desk / Receptionist
(1400 South Arlington St., #28, Akron OH 44306)*
- Facility Copy: Barberton
*Front Desk / Receptionist
(542 West Tuscarawas Ave, Barberton, OH 44203)*
- Facility Copy: Fairway Center
*Building A: Administration Front Desk
(1867 West Market Street, Akron OH 44313)*
- Facility Copy: Macedonia
Front Desk / Receptionist

(9691 Valley View Rd., Macedonia, OH 44056)

- Facility Copy: Stow
Front Desk / Receptionist
(1100 Graham Road Circle, Stow, OH 44224)
- Facility Copy: Summit Lake
Front Desk / Receptionist
(380 West Crosier St, Akron, OH 44311)

Electronic Material:

- Facility Copy: *L:\Hazard Communication Program*

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9.13 HEARING PROTECTION PROGRAM

- A. **In General.** All supervisors are responsible for identifying which specific job functions, if any, require the use of hearing protection. Proper hearing protection will be provided to meet the needs of each specific job function. Affected employees will be provided with adequate training and education to ensure that they understand the need for a hearing conservation program as it applies to their job duties. Employees are responsible for wearing the appropriate safety equipment, following proper instructions, and maintaining the equipment in a clean and operable condition.
- B. **Supervisor Responsibility.** The program supervisor is responsible for ensuring that all personnel know the program requirements for the duties they perform and the areas in which they work. The program supervisor is also responsible for ensuring that affected employees comply with all aspects of the hearing conservation program. The program supervisor is also responsible for overall program administration. This includes selection of hearing protection, issuing the equipment, instruction, training, periodic hearing evaluation check-ups by medical professionals, and the collection of all necessary documentation for verification and record keeping purposes.

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9.14 RESPIRATORY PROTECTION PROGRAM

- A. **In General.** The guidelines in this program are designed to help reduce employee exposures to occupational dusts, mists, gases, vapors, and pathogens. The primary objective is to prevent excessive exposure to such contaminants. Where feasible, exposure to contaminants will be eliminated by engineering controls (example, general and local ventilation, enclosure or isolation, and substitution of a less hazardous process or material). When effective engineering controls are not feasible, use of personal respiratory protective equipment may be required to achieve this goal. Summit County Public Health will provide the respirators and the respirator fit testing and/or evaluation at no cost to the employee.
- B. **Administration.** The designated Respiratory Protection Program Supervisor will be named by the agency administration and is responsible for overall program administration. This includes identifying and contracting with an external service provider for fit-testing and medical evaluation, knowing all SCPH work hazards that necessitate respirator use, maintaining an updated list of all respirator products used at SCPH, maintaining an updated list of SCPH employees approved for respirator use, and working with the Program Supervisors on training needs and documentation.
- C. **Supervisor Responsibility.** It is the Program Supervisor's responsibility to determine the work hazard that requires a respirator and the appropriate respirator. Management must also provide the proper respiratory equipment to meet the needs of each specific application. Employees must be provided with adequate training and instructions for all equipment.

Supervisors will also ensure that staff who has been identified as needing to use respirator equipment complete the Occupational Safety and Health Administration (OSHA) respirator medical evaluation questionnaire and submit it to the Medical Director for review. The supervisor should not view the employee's questionnaire and it should be submitted to the Medical Director in a confidential manner.

The Supervisor will be responsible for scheduling appointments for respirator fit testing and/or evaluation at an approved external service provider designated by Summit County Public Health.

The Supervisors will annually provide to the agency Respiratory Program Administrator and the Medical Director a list of respirators being used in their program and staff approved for respirator use.

Supervisors are also responsible for insuring that all personnel under their control are completely knowledgeable of the respiratory protection requirements for the duties which they perform and areas in which they work. The supervisor is also responsible for insuring that their staff complies with all aspects of the respiratory program.

- D. **Employee Responsibility.** It is the employee's responsibility to honestly complete the respirator medical evaluation questionnaire and respond to any inquiries by the Medical Director. The employee is also responsible for keeping any appointments for respirator fit

testing/evaluation. The employee must have an awareness of the respiratory protection program requirements and attending any training required by the supervisor. Employees are also responsible for wearing the appropriate respiratory equipment according to instructions, for maintaining the equipment in a clean and operable condition, reusing and/or disposing of the respirator as indicated by the manufacturer, and informing the supervisor if the employee notices has any medical problems using the respirator or any problems with the respirator itself.

E. **Role of Medical Director.** The Medical Director is responsible for evaluating the respirator medical evaluation questionnaires for all employees identified as needing respiratory protection; provide documentation about the employees suitability for respirator use based on the respirator medical questionnaire evaluation; determining if additional evaluation is needed; re-evaluating employees as needed; and maintaining the questionnaires in a confidential manner.

F. **Approved Respirators, Distribution, and Training.** Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. N95 respirators are available for contact tracing, disease investigation, and patient contact/care when Airborne Precautions are required. For work dealing with chemical exposures, the level of respiratory protection recommended by the chemical manufacturer will be followed.

Supervisors shall assign the appropriate respirators to authorized personnel prior to the work assignment.

Mosquito Program: Approved respirators shall be worn during pesticide applications whenever the product labels recommend doing so. Each employee is responsible for knowing and understanding the product labeling prior to the use of any pesticide. If an employee has known allergies to chemicals, they are to be put in the non-chemical surveillance program.

Clinical Program: Approved respirators shall be worn during contact with individuals having suspected or confirmed active TB where sterile sputums have not been verified, or where otherwise required by SCPH policies and procedures.

Air Quality: Approved respirators shall be worn during inspections of demolition sites for asbestos or where otherwise required by SCPH policies and procedures. Staff performing inspections of other sources of air pollutants shall follow respiratory protection procedures as required by the facility.

Emergency Preparedness: Respiratory protection will be provided to health department staff responding to public health emergencies as required by the situation.

G. **Employee Training:**

Each employee authorized to carry out tasks that may warrant the use of a respirator shall participate in a respirator training program prior to the first use of the respirator. The training will include:

1. Purpose of respiratory protection.
2. Types of protection available and the limitations of each.
3. How to properly don the equipment and check the fit.
4. How to properly clean, inspect and store the equipment.
5. Discussion of the Summit County Health District's written respiratory protection program.
6. Instructions outlining when respiratory protection is required.

- I. **Employee Fit Testing:** Annual instruction and fit testing is required for all employees issued respirators. Fit testing may be conducted by an approved external service provider.

Employees required to wear a respirator must be fitted properly and tested for a proper seal to face prior to use of the respirator (a person who has hair stubble, mustache, sideburns, beard, low hairline and bangs which passes between the face and the sealing surface of the face piece of the respirator will not be fit tested). Manufacturers provide fitting instructions and use limitations on the product packaging.

- J. **Medical Evaluation:** Employees will complete a respirator medical evaluation questionnaire which will be reviewed by the Medical Director to assess their medical status as it relates to respiratory protection, and to ensure that they are physically able to perform the work while wearing a respirator. The Medical Director may contact the employee for additional information. Based on the responses to the respirator medical evaluation questionnaire and possible interview, a physical examination may be required prior to being granted approval to use a respirator and being assigned to tasks which would necessitate the use of a respirator. The requirement for a physical examination shall be determined by the SCPH Medical Director. The medical evaluation may be performed by an approved external service provider.

The Medical Director will annually review the medical status of all employees who use respiratory protection or as needed by changes in employee health status.

- K. **Respirator Inspection and Maintenance:** The following points should be considered for respirator inspection and maintenance.
1. All respirators must be inspected, maintained, worn, and discarded per manufacturers' recommendations.
 2. The wearer of a respirator will inspect it daily whenever it is in use.
 3. Supervisors or group leaders will conduct monthly spot-checks of respirators for usage and condition (during periods when they are in use).
 4. Respirators not discarded after one use will be cleaned after each use according to the manufacturer's instructions by the assigned employee.

5. Respirators not discarded after one shift use will be stored in a suitable container away from areas of contamination.
6. Whenever feasible, respirators not discarded after one shift use will be marked or stored in such a manner to assure that they are worn only by the assigned employee. If use by more than one employee is required, the respirator will be cleaned between uses.

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CHAPTER TEN: INFORMATION TECHNOLOGY

10.01 COMPUTER HARDWARE/SOFTWARE

- A. **In General.** The purpose of this policy is not only to prevent copyright infringement and its consequences, but also to protect the integrity of our computer environment from viruses. The Information Technology (IT) department will have primary responsibility for safeguarding computer hardware and software, including data files, belonging to Summit County Public Health. It will be responsible for administration, setup, and troubleshooting of the SCPH network infrastructure (hardware and software).
- B. **Service calls.** Service calls for the equipment will be coordinated through the SCPH Help Desk (unless otherwise noted, such as copier and printer maintenance). See Section 10.07 for more information.
- C. **Use of Software.** SCPH employees will respect all computer software copyrights and will adhere to the terms of all software licenses to which it is a party. The use of software on local area networks or on multiple machines must be only in accordance with applicable license agreements. When Summit County Public Health purchases software products or programs, that purchase only provides a license to use that software. Unless specifically noted in the purchase agreement or contract, SCPH does not own the software. Such software is normally copyrighted by the software developer and, unless expressly authorized to do so, neither SCPH nor any of its employees has any right to make copies of the software except for backup or archival purposes. *Furthermore, when illegal or "free" copies of software are obtained and inserted into a computer, the risk of viral infection increases dramatically.*
- D. **Responsibilities of Management and IT.**
- Managers and Supervisors must:
1. Ensure that all appropriate personnel are aware of and comply with this policy.
 2. Create appropriate control practices and procedures designed to provide reasonable assurance that all employees observe this policy.
- The IT department must:
1. Develop and maintain written standards and procedures necessary to ensure implementation of and compliance with these policy directives.
 2. Provide appropriate support and guidance to assist employees to fulfill their responsibilities under this directive.
- E. **Prohibited Activity.** SCPH employees shall not:
1. Duplicate any licensed software or related documentation for use, either on SCPH premises or elsewhere, unless expressly authorized to do so by the IT department.

2. Give licensed software to anyone unless expressly authorized to do so by the IT department.
3. Bring software from home and load it on SCPH computers.
4. Download software from the Internet without the approval of the IT department.

If an assignment or job function requires an employee to use software at home, SCPH will arrange for a "home" copy or will purchase a separate package. Such software shall remain SCPH property and it will be recorded as an asset in the software inventory.

- F. **Monitoring.** Each employee is ultimately responsible for compliance with this policy. The IT department is charged with the responsibility for monitoring and reporting compliance. Periodic audits will be conducted. Individual managers may, at any time, call for an audit of those computers for which they are responsible. The purpose of an audit is not limited to determination of compliance only, but will also search for and eliminate any viruses that may be present. The cooperation of everyone is expected.
- G. **Employee Responsibility.** All staff working with computers will adhere to the guidelines for the protection and use of personal computers whether standalone or in a networked environment. Each individual user of a personal computer is responsible for the day-to-day operation of that computer and ensuring SCPH data is properly safeguarded. This responsibility includes compliance with all IT policies and procedures, proper care of equipment, and reasonable safeguards to eliminate theft of laptops and/or notebooks. Misuse of SCPH software and/or data may result in discipline, but may also result in violations of state and federal law. See, for example, paragraphs J and K of this section.
- H. **Internet Conduct.** The Internet is recognized as a valuable resource for information and communication. Its use as a tool for a more effective means of serving the employees of Summit County Public Health is encouraged. However, the potential for abuse of the Internet and associated online services is real and will be addressed in the following guidelines. All staff working with the Internet will adhere to the guidelines for the use of the Internet.

All employees who use the Internet under the auspices of SCPH act as representatives of that office and should conduct themselves accordingly. Use of the Internet should be treated in the same manner as any other SCPH resource and that use should only be to conduct SCPH business.

The decision as to who shall be given Internet access by SCPH rests with the Health Commissioner and Division Directors. Continued use shall also be determined by management. All Internet users within SCPH shall use the email address provided by SCPH only.

Examples of inappropriate Internet use can be found in Section 10.02. The examples are not all inclusive of inappropriate use. Employees are expected to use common sense and professional judgment when using the Internet.

I. **Software Purchasing Procedure.** Please see the purchasing procedure contained in Section 12.23.

J. **Legal reference.**

SCPH and its employees are legally bound to comply with the Federal Copyright Act (Title 17 of the U. S. Code) and all proprietary software license agreements. Noncompliance can expose SCPH and the responsible employee(s) to civil and/or criminal penalties.

K. **Civil penalties.**

Violations of copyright law expose SCPH and the responsible employee(s) to the following civil penalties:

Liability for damages suffered by the copyright owner
Profits that are attributable to the copying
Fines up to \$100,000 for each illegal copy

L. **Criminal penalties.**

Violations of copyright law that are committed “willfully and for purposes of commercial advantage or private financial gain” expose SCPH and the employee(s) responsible to the following criminal penalties:

Fines up to \$250,000 for each illegal copy
Jail terms of up to five years

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10.02 COMPUTER/INTERNET/EMAIL ACCEPTABLE USE

A. **In General.** This policy provides instructions for the appropriate use of SCPH, electronic mail (email), and instant messaging (IM) systems. Employees are advised that all electronic communications sent or received by SCPH employees are subject to the SCPH public records policy Section 6.05.

B. **Improper Websites.** Categories blocked by Web Filter*:

- Violence/Hate/Racism
- Intimate Apparel
- Nudism
- Pornography
- Weapons
- Adult/Mature Content
- Gambling
- Hacking/Proxy Avoidance Systems
- Personals and Dating
- Pay to Surf Sites
- Advertisement
- Malware
- Streaming Entertainment (YouTube videos, music stations, etc.)
- Other Sites Deemed Inappropriate for Work Activity

*If work-related information is blocked by the web filter, Supervisors should contact the IT department to grant access to the required website(s).

C. Prohibited Activity – General. All prohibited activity included in this manual is also prohibited in cyberspace, and all policies regarding employee conduct apply to employee uses of electronic communications. Please also be advised that your use of Internet access provided by SCPH expressly prohibits the following:

1. Game playing.
2. Distribution of destructive programs (i.e., viruses and/or self-replicating code).
3. Hateful, threatening, or other antisocial behavior.
4. Intentional damage or interference with others (for example, “hacking” and distributing viruses).
5. Making obscene files publicly accessible.
6. Commercial usage of SCPH business or information.
7. Dissemination or printing of copyrighted materials (including articles and software) in violation of copyright laws.
8. Sending, receiving, printing or otherwise disseminating proprietary data, trade secrets or other confidential information of SCPH in violation of company policy or proprietary agreements.
9. Offensive or harassing statements or language including disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religious or political beliefs.
10. Sending or soliciting sexually oriented messages or images.
11. Operating a business, usurping business opportunities or soliciting money for personal gain.
12. Gambling or engaging in any other activity in violation of the law.
13. Streaming audio and video unrelated to SCPH or public health.
14. Any other activities not related to the business of SCPH or public health.

D. Electronic Mail – Acceptable Use.

The electronic mail system has been installed by SCPH to facilitate business communications. Communications over the email system shall be professional and appropriate for the workplace or group setting. Although each employee has an individual password to access this system, all email messages are company record and belong to SCPH. Employees have no privacy interest in emails or other electronic communications sent or received through the SCPH network. The contents of email communications may be subject to periodic unannounced inspections. All system passwords and encryption keys must be available to the Network Administrator and to your Manager.

The contents of email, properly obtained for legitimate business purposes, may be disclosed within Summit County Public Health without your permission. Therefore, you should not assume that messages are confidential, unless using the “secure” email encryption program. Archive copies of email may be maintained and referenced for business and legal reasons.

E. Personal Use of email. Because SCPH provides the email system to assist you in the performance of your job, you should use it for official SCPH business only. Use of a personal email is prohibited on SCPH equipment during assigned work hours.

F. Prohibited Activity – Email. Please be advised that your use of the email system, provided by SCPH, expressly prohibits the following:

1. Personal solicitations or advertising.
2. Propagating chain letters.
3. Falsifying mail headers or routing information so as to obscure the origins of mail or mail routes. Concealing or misrepresenting your name or affiliation to mask irresponsible or offensive behavior is a serious abuse. Using identifiers of other individuals as your own constitutes fraud.
4. Altering the content of a message attributed to another unless the changes are explicitly noted.
5. Using the passwords and encryption keys of other employees to gain unauthorized access to the other employee’s email messages.
6. Transmitting confidential information, including attachments, without the use of proper encryption services.

G. Secure Email. To send a secure email outside SCPH, type the word “secure” in the subject line. On internal emails you will see a line at the end of the message that states, "Message secured by Google Message Encryption, powered by ZixCorp." For external emails the recipient will be taken to a secure website to view the message.

H. Violation of SCPH’s Electronic Mail Use Policy. Violation of SCPH’s Electronic Mail Use Policy may include disciplinary action, up to and including dismissal. The measure of discipline will correspond to the gravity of the offense as weighed by its potential

effect on the organization, its operations, fellow employees and the public. When you utilize electronic mail it should be for SCPH business-related activity.

H. Instant Message Policy. This section details employees' general and specific responsibilities for their use of instant messaging systems (IM), in addition to those set forth elsewhere in this policy. Although subject to changes, SCPH has adopted Google Talk as its instant messenger application. All agency PCs will have Google Talk pre-installed by the IT Department.

1. The instant message system has been installed by SCPH to facilitate business communications. Communications over the IM system shall be professional and appropriate for the workplace or group setting. Although each employee has an individual password to access this system, all IM messages are company record and belong to Summit County Public Health. The contents of IM communications may be subject to periodic unannounced inspections. All system passwords and encryption keys must be available to management upon request.

2. The contents of IM, may be disclosed within Summit County Public Health without your permission. Therefore, you should not assume that messages are confidential. Archive copies of messages may be maintained and referenced for business and legal reasons.

3. Employees may only use the agency's internal or external IM client and services to communicate with fellow employees or business associates on matters related to agency business. IM messages relayed via agency data systems for personal reasons are prohibited.

I. Acceptable Use – Instant Messaging. In addition to the prohibitions on IM use set forth above, IM users must adhere to the following standards for IM use:

1. IM users cannot discuss confidential or sensitive agency business or information through any IM services.
2. IM users cannot open or accept confidential IM attachments transmitted through an IM service. All confidential attachments/files must be sent via the agency email encryption services.
3. IM conversations on the agency's network system are not private.
4. If you think that your IM username or session has been compromised, shut down your session immediately and call the Help Desk as soon as possible.
5. Employees, contractors, consultants, temporaries, and other users at SCPH, including those users affiliated with third parties that use SCPH data systems or IM equipment and represent SCPH, are responsible for ensuring that the equipment or IM service is used in an effective, ethical, and lawful manner.

6. All messages created, sent, or retrieved over SCPH's IM system are the property of SCPH and may be regarded as public records. SCPH reserves the right to access the contents of any messages sent over its systems if the agency believes, in its sole judgment, that it has a business need to do so.

J. Compliance with Applicable Laws and Licenses. Employees must comply with all software licenses, copyrights, and all other laws governing intellectual property and online activity.

K. Waiver of Privacy. Summit County Public Health has the right, but not the duty, to monitor any and all aspects of its computer system, including, but not limited to, monitoring sites employees visit on the Internet, reviewing material downloaded or uploaded by employees, and reviewing email sent and received by employees. SCPH, in its discretion, may disclose the results of any access or monitoring, including the contents and records of individual communications, to appropriate personnel or law enforcement agencies and may use those results in appropriate disciplinary proceedings. Employees waive any right to personal privacy in anything they create, store, send, or receive on the computer or the Internet. See also Section 10.03.

Review Date:

Revision Date:

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Next Review Date:

10.03 MANAGEMENT'S RIGHT TO ACCESS INFORMATION

A. In General. SCPH reserves the right to access or monitor the activity and accounts of individual users of computing resources, including individual log in sessions and communications, without notice, when:

1. It is necessary for work and business-related reasons (e.g. a person is on vacation or sick leave and access to some files is needed to further organizational business);
2. It reasonably appears necessary to do so to protect the integrity, security, or functionality of computing resources or to protect the organization from liability;
3. There is reasonable cause to believe that the user has violated any SCPH policy;
4. An account appears to be engaged in unusual or unusually excessive activity, as indicated by the monitoring of general activity and usage patterns;
5. It is otherwise required by law; or

6. When management requests monitoring and/or access of any account(s) for QA or for any other reason relating to management of employees.

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Next Review Date:

10.04 VIRUS, SPYWARE, MALWARE DETECTION

- A. **In General.** All material downloaded from the Internet or from computers or networks MUST be scanned for viruses and other destructive programs before being placed onto SCPH's computer systems. If a downloaded file or program prevents a PC from running properly, the IT Department will make an attempt to resolve the problem. If the problem cannot be resolved in a reasonable amount of time, the user's PC will be restored to the original baseline. This baseline will not include any software, directories or files that have been added to the local drive (C:\) over time. If a user suspects a virus, spyware, or malware has been downloaded, they should notify the Help Desk immediately (see Section 10.07).
- B. **IT Department Responsibilities.** The IT Department shall:
 1. Install and maintain appropriate antivirus software on all computers.
 2. Respond to all virus attacks, destroy any virus detected, and document each incident.
- C. **Employee Responsibilities.**
 1. Employees shall not knowingly introduce a computer virus into SCPH computers.
 2. Employees shall not load media of unknown origin.
 3. Incoming media shall be scanned for viruses before they are read.
 4. Any associate who suspects that his/her workstation has been infected by a virus shall IMMEDIATELY POWER OFF the workstation and call the Help Desk (see Section 10.07).

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Next Review Date:

10.05 PASSWORD POLICY

- A. **In General.** Passwords are the entry point to IT resources. Protecting access to IT resources is pivotal in ensuring that Summit County Public Health (SCPH) systems

remain secure. Passwords which meet the standards articulated in this policy must be maintained by all employees.

- B. **Handling of Passwords.** Passwords for all systems are subject to the following rules:
- 1.No passwords, including system encryption, are to be spoken, written, emailed, hinted at, shared, or in any way known to anyone other than the user involved or management.
 - 2.No passwords are to be shared in order to "cover" for someone out of the office. Contact the Help Desk and it will grant access if there are resources you need to access.
 - a. The only exception to this policy is that passwords may be temporarily shared between Supervisors or Directors for the time that a Supervisor or Director is out of the office for the limited purpose of personnel management. Supervisors or Directors sharing their password shall change their password upon their return to work and understand that they may be accountable for actions taken on their account while their password was shared.
 - 3.Passwords are not to be your name, address, date of birth, username, nickname, or any term that could easily be guessed by someone who is familiar with you.
 - 4.Passwords are not to be displayed or concealed in your workspace.

- C. **Password Composition.** All passwords must meet the following criteria:

Password may not contain all or part of the user's account name.

Password is at least 10 characters long.

Password contains characters from three of the following four categories:

English uppercase characters (A...Z)

English lowercase characters (a...z)

Base 10 digits (0...9)

Non-alphanumeric (exclamation point [!], dollar sign [\$], pound sign [#], percent sign [%], space [], etc.)

For example: Welcome57!

Administrative passwords are subject to stringent composition, frequent change, and limited access. This includes passwords for routers, switches, WAN links, firewalls, servers, Internet connections, administrative-level network operating system accounts, and any other IT resource.

Passwords for administrative resources must meet the following criteria:

Password is at least 14 characters long.

Password contains characters from three of the following four categories:

English uppercase characters (A...Z)

English lowercase characters (a...z)

Base 10 digits (0...9)

Non-alphanumeric (exclamation point [!], dollar sign [\$], pound sign [#], percent sign [%], space [], etc.)

- D. **Scope of Password Protection.** Summit County Public Health’s password policy will address the passwords for the following IT systems:
1. Network and client operating system: Windows username and password (Users will automatically be prompted at login to change the password every 180 days.)
 2. Mobile devices: All mobile devices (phones and tablets) will require at least a 4 digit numeric passcode.
 3. Third-party accounts: Credentials to external resources and databases. Although SCPH cannot manage these resources password, best practices as stated in this policy should be used.

Review Date:11/15/2017

Revision Date: 1/11/2018

Effective Date: 1/25/2018

Next Review Date: 2019

10.06 IT SECURITY POLICY

- A **In General.** Everyone in SCPH is responsible for protecting computer hardware, software, data, and documentation from misuse, theft, unauthorized access, and environmental hazards.
- B. **SCPH Responsibilities.**
1. Supervisor responsibilities. Managers and supervisors should notify the Help Desk immediately whenever an employee leaves SCPH so that his/her access can be revoked. Involuntary terminations must be reported concurrently with the termination.
 2. Personnel Office responsibilities. The Personnel Office will notify the Help Desk immediately of staff transfers and terminations. Involuntary terminations must be reported concurrently with the termination.
 3. Employee responsibilities. The directives below apply to all employees:
 - a. Digital media (such as flash drives, compact discs, etc.) should be stored out of sight when not in use. If containing highly sensitive or confidential data, it must be locked up.
 - b. Digital media should be kept away from environmental hazards such as heat, extreme cold, direct sunlight, and magnetic fields.
 - c. Critical computer equipment, e.g., file servers, must be protected by an uninterruptible power supply (UPS). Other computer equipment should be protected by a surge suppressor.

d. Environmental hazards to hardware such as food, smoke, liquids, high or low humidity, and extreme heat or cold should be avoided.

e. Since the IT department is responsible for all equipment installations, disconnections, modifications, and relocations, employees are not to perform these activities. This does not apply to temporary moves of portable computers for which an initial connection has been set up by IT.

f. Employees shall not take shared portable equipment such as laptop computers out of the office without the informed consent of their department manager. Informed consent means that the manager knows what equipment is leaving, what data is on it, and for what purpose it will be used.

g. Employees should exercise care to safeguard the valuable electronic equipment assigned to them. Employees who neglect this duty may be accountable for any loss or damage that may result.

h. Employees must ensure that all electronic devices are password protected up to the standards set by the IT Department.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

10.07 HELP DESK POLICY

A. **In General.** Employees are responsible for making the Information Technology (IT) department aware of an issue as quickly as possible in order to ensure that all problems are reviewed and resolved responsibly and efficiently and to mitigate potential damage.

B. **Incident Awareness.** When an employee first becomes aware of an incident during their normal job functions, whether the incident is an e-mail outage or something perceived to be an incident, they should take steps to notify SCPH's Information Technology staff of the issue. The incident should be reported by anyone who experiences or notices the issue to make sure that it does not go unreported.

C. **Reporting Incidents.** Please refer to the Standard Operating Procedure on Reporting Issues to the Help Desk in Section 12.24.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

10.08 SCPH SOCIAL MEDIA OUTREACH

- A. **In General.** SCPH has an overriding interest and expectation in regulating what is “spoken” on behalf of SCPH on its social media platforms, and in ensuring that employee time and resources are utilized efficiently.
- B. **Scope of Policy.** All employees will be subject to and held accountable for any conduct outlined in this policy. This policy works in conjunction with other related personnel policies and procedures (e.g., discriminatory harassment).
- C. **Definitions.** “Social Media Outlets” refers to social networking websites, blogs, and/or other Internet forums of communication which may be accessed by electronic device including access from a personal mobile device (e.g., BlackBerry device, smartphone, iPhone, etc.) and includes sites including, but not limited to, Facebook, Myspace, Twitter, LinkedIn, blogs and internet forums. Nothing in this policy is meant to prohibit access to any Social Media Outlets which are work-related (see Section 10.08).

“Authorized personnel” means any person or vendor specifically authorized to post information on Social Media Outlets on behalf of SCPH by the Health Commissioner (see (D)(4) below).

- D. **Policy.**
1. Postings by Authorized Personnel Only. Postings to Social Media Outlets on behalf of or in any way relating to SCPH shall be made by authorized employees and/or vendors and shall only be made once proper approvals for social media outreach have been acquired (see No. 4 below).
 2. Professionalism. Employees shall not disclose any information relating to SCPH patients/clients unless authorized to do so or required by law. Clients protected by HIPAA must sign an authorization form prior to having their information or picture posted on social media. At no time shall employees engage in any unprofessional or disrespectful conduct when referring to employees, partners or clients/patients of SCPH or which could otherwise put SCPH in a negative light in the community. Employees must remain professional at all times on social media and shall not post unprofessional, inaccurate, irrelevant, or controversial information on any SCPH social media account or page.
 3. Implementing Social Media Outreach. Certain programs or grants may desire or require activities to be performed via Social Media Outlets. Employees desiring to create a new social media outreach page or account shall complete the Social Media Approval form in Section 13.20. Social Media Outlets that are already active must comply with this policy.

4. Outsourcing. If feasible, Social Media Plans or other internet-based outreach activities (such as internet-based advertising) may be contracted out to third parties, subject to Health Commissioner approval.
5. Records. All postings and materials posted on authorized SCPH social media accounts shall be the property of SCPH or shall be posted in compliance with copyright laws. All posts must be retained in accordance with Ohio public records laws. Direct messages shall be retained in accordance with Ohio public records laws.
7. Discipline. Employees found to have violated any part of this policy may be subject to discipline up to and including termination.
8. Exceptions to Policy. Any deviation from the above policy shall be approved in advance by the Health Commissioner.

Review Date: 9/20/17

Revision Date: 10/12/2017

Effective Date: 10/26/2017

Next Review Date: 2018

10.09 PERSONAL USE OF SOCIAL MEDIA

- A. **In General.** The purpose of this policy is to make employees aware of their privacy rights and of prohibited conduct with respect to their actions and the impact on SCPH when using social media sites on and off duty. SCPH has an overriding interest and expectation in deciding what is “spoken” on behalf of SCPH on social media sites. Employees must remember that SCPH is paid by public funds and the public holds it to a high standard of professionalism.
- B. **Scope of Policy.** All employees will be subject to and held accountable for any conduct outlined in this policy. This policy works in conjunction with other related personnel policies and procedures (e.g., discriminatory harassment). All work-related social media activity is regulated by Section 10.08.
- C. **Definitions.** “Social Media Outlets” refers to social networking websites, blogs, and/or other Internet forums of communication which may be accessed by electronic device including access from a personal mobile device (e.g., BlackBerry device, smartphone, iPhone, etc.) and includes sites including, but not limited to, Facebook, Myspace, Twitter, LinkedIn, blogs and internet forums. Nothing in this policy is meant to prohibit access to any Social Media Outlets which are work-related (see Section 10.08).
- D. **Policy.**
 1. Private Use of Social Media While on Duty Prohibited. While at work, SCPH workforce members may only access Social Media Outlets for private purposes during non-working time.

2. No Expectation of Privacy for Personal Postings: The workforce enjoys no iron-clad expectation of privacy regarding information posted into cyberspace, such as Social Media Outlets, *even when posted off duty and/or posted to personal accounts*. Although information may be posted to a “private” webpage, the workforce should be aware that this information can still be accessed by the public and by other sources in a number of ways. Moreover, it can be very difficult, if not impossible, to control or delete information once it has been released into cyberspace. Persons who have seen or have access to a workforce member’s private postings may report inappropriate posts to SCPH. Because of this, workforce members need to use “common-sense” when posting comments, photos, opinions, or any other information related to his or her employment. This policy is not meant to infringe upon an individual’s First Amendment rights. **Any activity protected by the NLRA shall not be prohibited by this policy.**
3. Work-Related Comments: Workforce members must not engage in speech which puts SCPH or its policies in a negative light. Workforce members should address work-related complaints with SCPH according to internal complaint procedures. They shall not express or imply that they are speaking on behalf of SCPH in their private posts and shall include a clear disclaimer when speaking about matters relating to SCPH or working at SCPH. For example, an employee should state that the post is “strictly my personal opinion and does not reflect the positions of policies of SCPH.”
4. Professionalism. Workforce members shall not disclose any information relating to SCPH, coworkers, patients/clients or community partners unless authorized to do so or required by law. At no time shall workforce members engage in any unprofessional or disrespectful conduct when referring to SCPH, coworkers, community partners or clients/patients of SCPH.
5. Examples of Prohibited Conduct. Examples of prohibited conduct include, but are not limited to, the following:
 - a. Posting one’s photograph while wearing the SCPH uniform/insignia (or other similar attire, which could be misidentified as the official uniform).
 - b. Posting or otherwise communicating confidential or sensitive information in the possession or control of SCPH.
 - c. Posting or otherwise disseminating comments, documents, videos, recordings, or other information in cyberspace which would not be permitted by SCPH policies in real space.
 - d. Posting pictures, videos, recordings or comments that constitute or could be construed as unlawful behavior.

- e. Knowingly or recklessly posting false or misleading information about the Board, Health Commissioner, supervisors, coworkers, public officials, or those who have a relationship with SCPH. This also includes disparagement of a fictitious character or computer-generated likeness that resembles the above.
 - f. Posting, transmitting, or disseminating any pictures or videos of discussions, official trainings, activities, or work-related assignments without the express permission of a supervisor.
 - g. Posting pictures, videos, or comments that are sexually suggestive, violent, offensive, harassing, or pornographic in nature along with any reference, express or implied, to SCPH, coworkers, community partners or patients/clients.
 - h. Disclosing any work-related confidential or proprietary information on any social networking website, blog, or other Internet forum of communication. This can include information that could eventually be obtained through a valid public records request.
6. Discipline. Any workforce member found to have violated any part of this policy may be subject to discipline up to and including termination.
7. Exceptions to Policy. Any deviation from the above policy shall be approved by the Health Commissioner and the Board.
8. Further Questions. Any questions regarding the policy should be directed to the workforce member's supervisor.

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Revision Date: 10/12/2017
Effective Date: 10/26/2017
Next Review Date: 2018

CHAPTER ELEVEN: MISCELLANEOUS

11.01 AGENCY CREDIT CARDS

- A. **In General.** Agency credit cards may be used by the Health Commissioner, division directors, supervisors and/or their designees to make purchases when merchants do not accept purchase orders, or when expedited payment or delivery of goods is required.

The use of agency credit cards is not intended to avoid or bypass the agency purchasing policy, competitive bid requirements, procurement approval process, or payment process. Rather, the program complements the existing processes. For procedures on using agency credit cards, see Section 12.23.

Review Date:

Revision Date:

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Next Review Date:

11.02 GRANT FUNDING APPLICATIONS

- A. **In General.** Grants from local, state, and federal funding sources, as well as from private funding sources, are frequently available to local Health Districts. Sometimes SCPH is asked to serve as the fiscal agent for grant-funded activities that are conducted in part or in total by persons who are not SCPH employees. In applying for such grants, SCPH assumes the responsibility to meet grant requirements. When serving as a fiscal agent, SCPH also assumes the responsibility to ensure that grant funds are used for the intended purposes and within the funder's regulations and guidelines and other applicable laws and regulations. Grant coordinators within SCPH bear the responsibility for ensuring that all grant requirements are satisfied and for monitoring the performance of vendors.
- B. **Locating Funding Opportunities.** The Health Commissioner and staff are authorized and encouraged to seek grant funding (private and/or public) and/or to serve as fiscal agent for activities and programs consistent with the mission and goals of SCPH. Staff members are encouraged to discuss potential grant funding opportunities with their Supervisor or Division Director. Grant funding may require an agency commitment of matching funds, staff, and other resources. Inherent in any decision to apply for grant funding is the willingness to commit existing resources to the support of the funded programs or managing the grants.
- C. **Procedure.** The Division Director will discuss particular grant funding opportunities with the Health Commissioner and/or other Division Directors to determine whether to proceed, and determine who within SCPH should most appropriately pursue the funding opportunity.

Review Date:

Revision Date:

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Next Review Date:

11.03 PURCHASE PROCEDURES

- A. **In General.** All requests for purchasing of supplies, commodities, materials, equipment, furnishings or general services shall be submitted on approved purchase request forms. Purchase requisition forms shall be approved and signed by the Division Director. Information that is on the purchases requisition form shall include documented evidence of obtained quotes or competitive bidding as required.

Upon receipt of a purchase requisition form, the Fiscal Department will issue a purchase order. **(No individual shall authorize work or accept delivery of items without a duly issued purchase order.)**

Competitive bidding or the obtaining of quotes shall not be required for contracts in any amount for the following purposes:

1. Labor, materials, supplies or services furnished by other government units.
 2. Contracts for emergency repairs or services involving danger to the health and safety of employees or the public. Upon the activation of the Incident Command System, the Incident Commander/Health Commissioner will have authority to approve necessary purchases and/or delegate purchasing authority as the need arises. Purchase requisitions will still require final authorization by the assigned Finance/Administration representative.
 3. Contracts for unique services or professional services, including consultants, attorneys, physicians, or financial consultants.
 4. Contracts for materials, services or equipment from sole suppliers or single sources.
 5. Contracts for utilities, materials, services or equipment obtained through a contract offered by the Ohio Department of Administrative Services or the County University and Educational Cooperative and Purchasing Association (CUE) or other public cooperative purchasing associations, including but not limited to US communities, National Intergovernmental Purchasing Alliance, Federal General Services Administration (GSA), Northeast Ohio Sourcing Office and utility aggregation services. Proof of such public cooperative agreements must accompany requisitions made for vendors involved in such agreements.
 6. Grant contracts.
- B. **Awards:** All bids or quotes shall be considered and examined to determine compliance with Board of Health policies. Purchase contracts shall be awarded to the lowest, responsive, and responsible bidder. Responsive and responsible bids shall be compliant to all request specifications in material respects. The factors will be considered whether

the bidder on the contract is responsive and responsible shall include the experience of the bidder, financial condition, conduct and performance on previous contracts, facilities, management skills, recognized product quality, and ability to execute the contract properly and in a timely manner.

- C. **Competitive Bidding:** Competitive bidding is required for purchase contracts when the amount of the contract exceeds the fifty thousand dollars (\$50,000). The competitive bidding process shall be conducted in a manner and protocol consistent with that established by Summit County under Council Ordinance 2003-780.
- D. **Purchase Contracts Not Exceeding \$50,000:** For purchases of supplies, commodities, materials, equipment, furnishings or services, for which the estimated cost is between three thousand dollars (\$3,000) and fifty thousand dollars (\$50,000), three written quotes must be obtained and attached to the purchase requisition form.
- E. **Purchase Contracts Not Exceeding \$3,000:** For purchases of supplies commodities, materials, equipment furnishings or services, for which the estimated cost is between five hundred dollars (\$500) and three thousand dollars (\$3,000), three verbal or written quotes must be obtained and attached to the purchase requisition form.

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Revision Date: 7/13/2017

Effective Date: 7/27/2017

Next Review Date: 2018

11.04 INVENTORY CONTROL

- A. **In General.** Each SCPH employee has a general obligation to safeguard and make appropriate use of property owned by or accountable to SCPH.
- B. **Definition of Equipment.** “Equipment” is defined as any item of tangible property having a useful life of one year or greater, costing \$300 or more, or any item where tracking is necessary for grant or administrative purposes. Real property, such as land, buildings or improvements other than buildings, is not classified as equipment. Equipment includes, but is not limited to, machinery, tools, motor vehicles, computers and furniture.
- C. **Inventory Control System.** SCPH maintains an inventory control system and has established procedures for the management and control of equipment owned by or in the possession and custody of SCPH. This includes the acquisition, identification, recording, use, location, disposition and reporting of equipment held by SCPH. This policy and related procedures are established to comply with state and federal regulations, with respect to government equipment, for which the health district is responsible and accountable.
- D. **Responsibility for Inventory Control.**

1. Division of Administrative Services

The Division of Administrative Services is charged with assuring that organizational processes related to maintaining, reporting and disposing of equipment represent sound business practices and are compliant with procedures outlined in this policy. Basic functions provided by the Division are:

- Maintain electronic inventory database.
- Issue new inventory numbers and inventory tags.
- Provide quarterly reconciliation of equipment purchases and new inventory tag requests.
- Provide oversight to physical inventory conducted once every two years.
- Maintain insurance coverage on agency equipment at a level commensurate with documented values.
- Respond to questions and concerns regarding the policies and procedures governing inventory control.

2. Division Directors (all Divisions)

Division Directors have the responsibility of maintaining proper accountability and control over equipment within their Division. Fulfillment of these responsibilities on behalf of the Division Director may be delegated, but the ultimate responsibility remains with the Division Director. Specific responsibilities follow:

- Designate one or more division representatives to receive training on the electronic inventory system.
- Know the location of all equipment in their inventory and ensure that equipment is adequately safeguarded and secured from possible theft and other hazards.
- Record location changes when equipment moves within the division.
- Provide assistance as needed during the scheduled physical inventory.
- Assure that assigned equipment is being used for health district business only.
- Assure division personnel are informed that property acquired for a specific individual's use remains SCPH-owned property after the individual's position is terminated.
- Coordinate with Human Resources the return of all SCPH equipment before final compensation is available to terminated employees.
- Assuring adequate training for staff and maintenance of any specialty equipment.

3. Personnel Office

The Personnel Office is responsible for coordinating with all appropriate departments the return of all SCPH equipment, keys, and identification badges, as well as ensuring that IT is informed and computer user accounts are deactivated.

4. Information Technology (IT) Department

The IT Department is responsible for coordinating any request for inventory action regarding electronic equipment, such as, but not limited to, computers, monitors, printers, copiers, fax machines and audio-visual equipment. Inventory action is defined as the transfer, storage or disposal of electronic equipment. IT is also responsible for the assignment of notebook/laptop computers and mobile printers to individual employees. Each person to whom a notebook/laptop computer is assigned will sign an agreement form acknowledging receipt and acceptance of responsibility for the equipment. IT will retain the original signed agreement and scan a copy to the inventory database. IT will also maintain a sign out log for notebook/laptop computers that are borrowed for temporary use.

E. Inventory Control Procedures.

1. Equipment Purchase(s)

- Computer Equipment

The IT department will coordinate the purchase of all computers, monitors, printers, copiers, fax machines and audio-visual equipment to ensure items meet minimum configuration and security requirements. Requests for computer related equipment (regardless of funding source) should be sent to the IT help desk at helpdesk@schd.org.

- Non-Computer Equipment

Any member of the staff may initiate the purchase of non-computer equipment with the appropriate Supervisor and Director approval. See Section 12.26 and 12.23 for Purchase Procedures.

2. Recording and Tagging

The receiving division is responsible for inspecting delivered equipment orders to determine if the equipment is in acceptable condition and in the correct quantity ordered. If the equipment received is in good order and complete, a *New Inventory Form* (located at L:\Inventory\inv01-New Inventory Form.pdf) must be completed and signed by the employee receiving the equipment. The *New Inventory Form* should be completed within 30 days of receipt and emailed to inventory@schd.org for processing.

When feasible, equipment should be tagged within 30 days of receipt. All inventory tags should be uniformly located. When practical, affix the inventory tag to the equipment item in a highly visible location, preferably near the manufacturer's nameplate indicating serial and model number. Inventory tags should also be placed where they can easily be seen and scanned, but where they will not interfere with the use of the equipment. For file cabinets, inventory tags should be placed inside the top drawer on the outer wall (facing out) so as not to obscure visibility when cabinets are placed side by side or up against a wall.

3. Acceptance of Donated Equipment

Donated Equipment shall be accepted only if it has a valid use. Any equipment that is donated must be in working order, free of viruses in the case of computer equipment and be of immediate use to a program or Division. Thus, equipment that is obsolete, non-working or old should not be accepted. All donated equipment that meets the definition of taggable equipment with an estimated value of \$300 or more becomes SCPH property for inventory purposes and thus, becomes subject to SCPH inventory control procedures. Donated equipment is recorded at its estimated value on the date of acquisition.

4. Transfer of Equipment

There are times when equipment will need to be moved from one place to another. Location transfers are handled within each Division by the Division's designated inventory representative who has received inventory system training. Staff members wishing to initiate a transfer need to complete the Transfer Inventory Form located at L:\Inventory\inv03 –Inventory Transfer or Location Update Form.pdf and forward the completed form to the Division office manager or designee who will review all forms for accuracy and completeness and record location changes in inventory database.

5. Disposal

There are times when equipment has exceeded its useful life and has no further utility to operations. Items may be "Marked for Disposal" using the transfer process outlined above and listing the transfer location as "Marked for Disposal-Pending Board Approval". Administration reviews items in the "Marked for Disposal-Pending Board Approval" status on a monthly basis and prepares the necessary reports to obtain Board approval on disposal. If the item marked for disposal is grant purchased, additional approval from the funding organization may also be required. Until such authorizations are obtained, equipment may either be held at its current location or may be moved to a surplus storage area. Under no circumstances should equipment be placed in hallways or left in unsecured areas awaiting disposal. Once Board of Health and grantor approval (if applicable) have been obtained, Administration will notify the Division and arrange pick up and disposal of the item(s). If the equipment has any residual

value, efforts will be made to donate to local government, non-profit and charitable organizations who have expressed interest in receiving donated items. Organizations may express interest by sending a letter to SCPH Administration. In the case of IT equipment, all hard drives and data must be properly wiped clean prior to donation.

6. Physical Inventory

A physical inventory is taken and the results reconciled with property records at least once every two years to verify the existence, current value, location, utilization and continued need for equipment. Administration will oversee the physical inventory with support from Division representatives. At the conclusion of the inventory, each Division will receive a report containing a listing of any equipment not found/located. The Divisions are required to review this report and to determine the disposition of any not found items. Each Division is expected to complete the review within 30 days and report the status of the items to Administration. All missing items noted on the report will remain on the department's inventory record until funders are notified, a decision is made regarding replacement. Once complete, the missing items may be removed from inventory. Administration will maintain records of missing items and their dispositions for a period of 5 years.

If you have questions about these procedures, contact the Director of Administrative Services, (extension 5707).

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

11.05 CONTRACT PROCESSING AND APPROVALS

- A. In General.** All contracts and agreements must be submitted through a centralized administrative process in order to ensure that: SCPH has adequate resources to achieve its objectives; that its resources are managed in a fiscally sound manner; and that all contracts and agreements are approved by the County Prosecutor.
- B. Policy.** All contracts, grants, memoranda or other agreements between SCPH and other public, private or non-profit entities, with limited exceptions (such as routine purchase orders, bills of sale and invoices which do not contain terms and conditions and are of low value) must be approved by the County Prosecutor and scanned into the contracts database. Original, hard copies shall be stored pursuant to current records retention rules. Contracts or amendments to contracts exceeding \$25,000 in value must be approved by resolution of the Board of Health. *All staff must be aware of submission deadlines to ensure timely Board approval of contracts.*

C. Contract Requirements. The following general rules apply to the submission of contracts for processing:

1. Contract Owners. A person employed by SCPH who is responsible for getting a contract or agreement processed is referred to as the “contract owner.” Each contract submitted must have a contract owner.
2. Substance of Agreements. Contract owners are responsible for the substance of their contracts/agreements, i.e., for negotiating terms and conditions. If the contract/agreement is made pursuant to a grant or program, contract owners must verify that the contract/agreement is consistent with grant requirements. Contract owners requiring assistance in drafting contracts or agreements should contact Legal. Templates may be available on request.
3. Renewing Contracts. If a contract or agreement was originated by SCPH and executed on the same subject matter the previous year, the contract owner is expected to request a Word copy of the fully executed version of the contract or agreement from Legal in order to minimize confusion over using the proper version of the document. The previously approved version must also be submitted for Legal to compare to the present version.
4. Scope of Legal Review. Without further instructions on the top sheet (see below), legal reviews by the County Prosecutor involve reviewing the legality and basic terms and conditions of the contract or agreement only. If an error is readily apparent, it will be flagged by legal for follow-up with the contract owner. This may delay approval and/or execution of the contract or agreement.
5. Timing of Submissions. Contract owners are responsible for submitting contracts and agreements for processing well in advance of program or grant deadlines, when possible.
6. Errors in Submissions. The contract owner must prepare the contract or agreement for submission to the contract owner’s Office Manager. *Any contract or agreement that does not include the appropriate supporting documents, contains errors, or is missing information will be sent back to the contract owner for corrections.* This may delay approval or execution of the contract or agreement.
7. Top Sheets. A top sheet is to be submitted with every contract or agreement. The top sheet must be filled out completely and correctly, or it will be returned with the contract or agreement to the contract owner. Top sheets can be located on the (L:) Drive under the Contracts Forms and Templates folder.
8. Attachments. The Top Sheet prompts the contract owner to include necessary information and attachments to the contract or agreement. Common examples of supporting attachments are: Business Associate Agreements, W-9’s, and Assurance Forms. All supporting documents can be located on the (L:) Drive under the Contracts Forms and Templates folder. Whether attachments are needed depends on the type of contract. Contract owners should contact their Office Manager or Legal for assistance.

9. Purchase Orders. Contract owners are also responsible for preparing and submitting purchase orders to the Fiscal Office in order to ensure payment, where applicable. Do not send purchase orders to Legal.
10. Type of Contract. Contract owners need to determine whether their contract or agreement requires Board approval or not. The procedures below describe the process for processing Board and non-Board contracts.

D. Contracts Requiring Board Approval:

1. Contracts or contract amendments in the amount of \$25,000 or greater must be approved by the Board of Health. After a proposed contract or other agreement between the Board of Health and another entity has been received from that entity or originated by the Board of Health, it must be sent to the division Office Manager for processing.
2. Once received, the Office Manager will send an email to contracts@schd.org containing the necessary documents and attachments, where applicable. If the contract owner receives a contract or agreement not originated by SCPH which has original signatures, then the original copies must be submitted to Legal for processing.
3. The Office Manager will notify the Executive Assistant of the contract and provide the Executive Assistant with language for the Board resolution. Contract resolution language should be drafted with the language “pending Prosecutor approval.”
4. The Executive Assistant will reserve a place for the contract in the Board’s consent agenda according to submission deadlines.
5. The contract owner’s Division Director and the Health Commissioner shall review all contracts and agreements prior to presentation before the Board.
6. The County Prosecutor must approve contracts and agreements before they are signed by the Health Commissioner or another authorized person. It should be noted that approval by the County Prosecutor may take several weeks depending on circumstances. If review must be completed on an urgent basis, the contract owner may request that the contract be processed on a “RUSH” basis.
7. All Board contracts and agreements must be assigned a prosecutor opinion number.
8. Following approval by the Board of Health, the Board President and/or the Health Commissioner shall be authorized to sign the contract or agreement. Only after Board approval is obtained and the contract or agreement is executed will the contract or agreement be sent out for signature.
9. In the event that a contract or agreement requires immediate action prior to a regularly scheduled meeting of the Board of Health, the Health Commissioner shall be authorized to sign such a contract or agreement as an emergency measure, pending approval from the Board President. Said agreement or contract shall be presented to the Board at the next regularly scheduled meeting for the Board of

Health's ratification. Such contracts should be submitted on a "RUSH" basis through the contracts process.

10. When the contract or agreement is fully executed, the contract owner will be notified. The fully executed contract will be uploaded into the contract database.
11. Board-approved originals shall be maintained in a file in Administration in accordance with Section 6.16, Records Retention. Copies may be requested as needed.

E. Contracts Not Requiring Board Approval.

1. Any contracts or agreements under the value of \$25,000 are considered Non-Board contracts/agreements and do not require Board of Health approval. After a proposed contract or other agreement between the Board of Health and another entity has been received from that entity or originated by SCPH, it must be sent to the division Office Manager for processing.
2. The contract owner's Division Director shall review the contract or agreement to verify the contract/agreement does not require Board approval.
3. The contract owner's Office Manager will email the contract/agreement and any additional documents to contracts@schd.org.
4. If the contract/agreement was originated and signed by another entity, the hard copy of the agreement should be submitted to the Office Manager and to Legal. Legal should always receive original copies of contracts/agreements.
5. In the event that a contract or agreement requires immediate action, it should be submitted to legal on a "RUSH" basis through the contracts process by the Office Manager.
6. The County Prosecutor will review and approve the contract/agreement and forward for execution. In most cases, the Health Commissioner executes non-Board contracts. Unless otherwise instructed on the Top Sheet by the contract owner, the contract/agreement will be mailed to the vendor once it is executed. If a contract owner wishes to manage the execution of the contract or agreement personally, or other submission instructions are required, then such instructions must be placed on the Top Sheet.
7. Once the Vendor has returned an original signed copy of the contract/agreement to Legal, it will be uploaded into the MYSCHD Database. The SCPH contract owner will be notified upon execution.
8. All original, fully executed contracts/agreements shall be filed in Administration and uploaded to the contracts database.
9. Contract files shall be maintained in accordance with Section 6.16, Records Retention.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

11.06 MEDICAL DENTAL FEE POLICY

- A. **Rationale:** The purpose of this policy is to provide information on SCPH's fees, discounts, and billing and collections practices for medical and dental services.
- B. **Policy:** Fees are charged to cover costs associated with providing services and to assure the financial viability and sustainability of SCPH's medical and dental programs. Fees are charged on either a sliding or a fixed rate basis. No Summit County resident is denied service because of inability to pay. SCPH has established ability to pay parameters based on federal poverty guidelines which are used as eligibility criteria for a sliding fee discount program. Payment plans are also available in some cases.

1. Fee Schedule:

The Board of Health establishes fee schedules based on the actual cost of providing services. Fees are set to cover reasonable costs and are consistent with local prevailing rates. Copies of SCPH's fee schedules for medical, dental and lab services are available to patients upon request.

SCPH reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal programs. Sexually Transmitted Infection (STI) testing and treatment are provided free of charge to patients under the age of 18.

2. Sliding Fee Discount Program:

The Board of Health authorizes the reduction of fees for medically necessary services for uninsured and underinsured patients based on household income thresholds established by the Federal Poverty Guidelines (sliding fee scale) which are updated annually.

The structure of the sliding fee scale progresses from a nominal charge (\$25.00) per visit for patients at or below 100% of the federal poverty level to full charges for patients at or above 200% of the federal poverty level. Exclusions and discount limits apply in some cases (outlined below).

In order to qualify for the Sliding Fee Discount Program, patients are required to complete an application and show proof of gross annual income for all family members living in the household. Acceptable proof of income documents include: one month of most recent paycheck stubs, bank deposits, social security determination letter, prior year tax return, W-2, or self-attestation through completion of a Statement of Sustainability Form in Section 13.25. Patients who, based on income, appear to be eligible for Medicaid (childless adults with household incomes at or below 138% of poverty or children in households at or below 200% of poverty) are assisted with a Medicaid application. In these cases,

a Medicaid denial letter is required prior to determining eligibility for a sliding fee discount. Charges are placed in a “pending” status until Medicaid determination is made. If denied, eligibility for sliding fee discount is assessed retroactively back to initial date of service.

Patients who qualify for the Sliding Fee Discount Program are eligible for one year from the date of qualification. Updated financial information is required annually in order to maintain qualification for the sliding fee discount program.

Patients who fail to provide documents necessary to determine Medicaid or Sliding Fee eligibility are ineligible for discounts. Proof of income must be provided within 2 weeks of service date.

The Sliding Fee Discount Program only applies to services provided by our clinic. Outside lab services billed by our clinic may be reduced but will not be charged at less than our cost. Dental services are not discounted below 20% of actual fees regardless of income eligibility. An individual services minimum fee of \$25.00 applies. Dentures, crowns and bridgework (and associated repairs) are billed at 60% of actual charges regardless of discount eligibility due to time involved and lab costs. All laboratory fees and extractions must be paid in full prior to the seating (placement) of dentures. The services listed below may not be discounted any lower than the fee to the right regardless of income:

Extractions-non-surgical (per tooth)	\$30.00
Cleaning, exam and diagnostic x-rays (bitewings only)	\$50.00
Emergency walk-in exam, x-ray and extraction	\$65.00

Adult vaccines and elective procedures (those that are not medically necessary) are excluded from the sliding fee discount program. The sliding fee discount program does not apply to out-of-county residents, except where contractually required.

No Summit County resident is denied service based on inability to pay for mandatory childhood immunizations, STI treatment, tuberculosis (TB) control or dental emergencies. Payment arrangements may be made in accordance with this policy. Fees may be waived entirely in cases of extreme hardship upon signature of the Health Commissioner.

3. Insurance:

SCPH is a Medicaid/Medicare provider as well as a network provider for many private insurance programs operating in Summit County. Every effort is made to work with patients to maximize their insurance benefits where applicable.

SCPH prepares treatment estimates so patients can understand the estimated cost of their recommended treatment prior to its start. Estimates are based on

insurance information provided by the patient. Patients are informed that benefits may be higher or lower than estimated. In all cases, patients are responsible for amounts not covered by insurance, unless prohibited by law or contractual agreement.

All co-pays are collected at the time of service (if required). Upon submission and adjudication of claims, patient accounts are adjusted and no statements are sent to patients if there is no balance on the account. If a patient is responsible for part of the claim, the patient is billed for the balance in accordance with this policy.

If an insured patient requests a service that may not be covered by insurance, the appropriate Advance Beneficiary Notice (ABN) form is completed and signed by the patient prior to the service. If the insurer denies payment for the service included on the ABN form, the patient is billed in accordance with this policy. The sliding fee scale cannot be applied to individuals that have exhausted their insurance benefits as prohibited.

4. Billing and Collections:

Outstanding balances are discouraged, and must be cleared before the next appointment or within 90 days of treatment, whichever comes first. Appointments for non-emergency treatment may need to be postponed pending payment of outstanding balances.

Invoices are sent monthly to all patients with an active account balance, with the exception of STI patients who will sign a 90 day payment agreement at the time of service. For the purpose of this policy, an “active” account is defined as an account with activity over the past three months. Any patient accounts that become inactive are suspended. An “inactive” account for the purposes of this policy is an account where no payments on a balance have been received in the past three months. Statements are discontinued when a patient account becomes inactive. If a patient resumes payment, the suspended account is considered active and statements will resume.

If an account is suspended, a note is placed in the patient’s electronic file with the dates of invoices not paid and the amount of the delinquent balance.

Additionally, a notice of suspension of account is mailed to the patient informing them of the action taken regarding their account. The notice of suspension serves as the final invoice and no further statements are mailed. If a patient with a suspended account returns at a later date for services or calls to schedule an appointment, the patient is informed of the balance and payment of the delinquent balance is expected prior to or at the time of service. No patient is denied service regardless of their account status for mandatory childhood vaccinations, STI treatment, TB control or dental emergencies.

5. Adjustments:

The Board of Health authorizes all non-contested insurance adjustments that are required per contract, out-of-network fee acceptance waivers, bankruptcies, other contractual obligations and adjustments necessary to correct staff errors. Additionally, required fee discounts or waiver of balance billing based on a contractual agreement may also be adjusted from patient accounts. Patient records reflect the reason for all adjustments.

6. Acceptable forms of Payment:

SCPH accepts cash, personal checks, Visa, MasterCard, American Express, Discover and assigned insurance benefits.

7. Refunds:

Patients may discontinue treatment and request a refund from SCPH at any time. SCPH will refund any amount paid for treatment that was not received.

All refunds are processed back to the original form of payment, except cash payments which are refunded by check.

In all cases, credit balances existing on accounts after 180 days of inactivity are refunded through the original form of payment, except that cash payments will be refunded by check. Account holders are sent a letter notifying them of the refund.

a. Cash or Check Payment Refunds

Upon receipt of a request for refund, Summit County Public Health will confirm all payments have cleared the bank (may take up to 15 business days). Once the credit is confirmed, SCPH will issue a refund check within 20 business days.

b. Major Credit Card Refunds

Any refund of payment originated through a credit card company must be refunded to the originating credit card account. SCPH will issue credit card refunds within three business days. It may take up to 7 business days for the credit card company to post the payment to the cardholder's account.

8. Exceptions:

The Health Commissioner may make exceptions to the above policies on a case by case basis. This authority may not be delegated. Exceptions by the Health Commissioner are documented in the patient record. One exception to policy does not create a precedent for other like situations.

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Revision Date: 7/13/2017
Effective Date: 7/27/2017
Next Review Date: 2018

11.07 STUDENT OUTREACH

SCPH supports collaboration with diverse academic, community and professional programs to encourage both consideration of public health as an attractive career choice and the development of students in public health and related fields. Collaborations include a broad spectrum of activities including, but not limited to: presentations, guest lectures, observations, clinical rotations, pre-professional practice and projects. Student experiences may vary in length and depth, ranging from less than one hour at a minimum to more than one academic semester. The number and type of student experiences, available funding (or lack thereof) for projects, and types of schedules for students are determined by both the division and by SCPH administration, based upon staffing and budget.

SCPH partners with identified local academic institutions to provide clinical/practicum/intern opportunities for students. All such academic partners must execute an affiliation agreement with SCPH before students will be permitted to participate in any such student experience. Moreover, all students must receive appropriate training and/or orientation for experiences involving contact with SCPH clients and/or with any form of confidential information.

Non-partner academic entities may direct interested students to an opportunity to register for an “Introduction to Public Health” session, offered periodically at SCPH. During their experience at SCPH, all students must conduct themselves according to the guidelines and policies of SCPH. In order to participate in experiences, students and/or their academic institution must provide documentation as requested by SCPH to ensure the safety of the students and the safety and confidentiality of SCPH clients, and to support both the evaluation and improvement of the student program. Any failure of a student to abide by this policy may be grounds for removal from the student experience.

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Revision Date:
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Next Review Date:

11.08 RESEARCH POLICY

- A. **In General.** Summit County Public Health (SCPH) recognizes the benefits of research participation. SCPH staff may initiate research in the agency as the principal investigator (PI) or collaborate with partners in hospitals, community agencies, and/or academic institutions. The ethical responsibilities and duties are of utmost importance to carry out research and SCPH will ensure that researchers in SCPH will meet training requirements and conduct the research to the highest ethical standard possible. Research should support the SCPH strategic goals.

B. Definitions.

1. **Research.** The Federal Policy for the Protection of Human Subjects (Common Rule) defines research as “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge”.
 - a. Research generally does not include operational activities such as routine outbreak investigation and disease surveillance and studies for internal management purposes such as program evaluation, quality assurance, financial or program audits, marketing studies or contracted for services.
 - b. Surveys may be research if they contribute to generalizable knowledge and are not being used for program evaluation or customer satisfaction.
2. **Systematic investigation.** a predetermined method for studying a specific topic, answering a specific question(s), testing a specific hypothesis(es), or developing theory.
 - a. **Generalizable knowledge:** Information where the intended use of research findings can be applied to populations or situations beyond that studied. Developing or contributing to generalizable knowledge means that intent or purpose of the systematic investigation is dissemination of findings. Common ways of disseminating results include publishing or presenting.
 - b. **Human Subject:** The Federal Policy for the Protection of Human Subjects defines a human subject as a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information
 - i. Research on cadavers, autopsy specimens or specimens/information on subjects now deceased is not considered human subjects research.
 - ii. Research involving death certificates is not considered human subjects research.

C. Research Committee. SCPH will maintain a Research Committee that will set the standards for research conducted by SCPH staff. The committee will decide the minimum human subjects training requirements, develop protocols for the research and institutional board approval, review and approve possible research projects being considered at SCPH, track all research done by SCPH staff, develop and promote research based training to improve the competencies of SCPH staff, review research projects status (continuation, reapprovals, project closures) promote the presentation and publication of program results and research findings to public health and scientific partners, and serve as a resource for staff with questions about research or research project development.

D. Conduct of Research Committee. The Research Committee will be composed of members from all the SCPH divisions, the medical director, the legal counsel, and at least one member of the epidemiology unit.

1. There will be a minimum of eight (8) members on the Research Committee with at least one representative from each SCPH Division. A quorum will be needed to review and approve a research project.
- E. No research will be conducted at SCPH or by SCPH staff using SCPH data or clients without review and approval by the SCPH Research Committee.
- F. The Research Committee will meet monthly to review any proposed research projects, review status of SCPH research projects, update or develop any SCPH Research policies and procedures, and help any SCPH staff with research issues.
- G. The Research Committee will provide SCPH staff with the forms and tools that are required for presentation of a research project to the Research Committee and project continuation/reapproval and closure
 1. Reapprovals will be done annually unless there is a specific reason why an alternate reapproval schedule is needed.
- H. Planned research by SCPH staff should be submitted to the research committee for review and to ensure that all the required elements for the ethical and scientific completion of research are met. This includes research generated internally as well as research being conducted externally with SCPH staff as co-investigators.
- I. All research will be entered into the SCPH research database located on the SCPH Intranet.
- J. SCPH will use the Ohio Department of Health Institutional Review Board (IRB) for approval of research involving human subjects.
 1. Research involving external academic or healthcare partners may require additional IRB approval from that specific institution.
- K. Any presentations or publications published in peer review journals will be entered into the SCPH research database.
- L. The Research Committee will create an annual report of all research that was conducted by SCPH staff within the previous year and present it to SCPH Administration and make it available on the Research site on the SCPH Intranet
- M. The Research Policy will be reviewed every three years or as new information needs to be added.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

11.09 FORMATTING POLICY

All documents developed by Summit County Public Health must be dated and identified with the Summit County Public Health logo and/or the Summit County Public Health name. All Summit County Public Health Board of Health policies and procedures must be signed by the Health Commissioner or designee, dated and be identified with the Summit County Public Health logo and/or Summit County Public Health name. Flyers and promotional materials shall be dated upon initial development and with the most recent review date when the item has been reviewed and updated. If a policy or procedure proposed for adoption has been developed by an outside organization, it shall be signed and dated by an authorized Summit County Public Health staff member to reflect the date the policy/procedure was adopted by Summit County Public Health.

Review Date:

Revision Date:

Effective Date: 2/23/2017

Next Review Date:

11.10 DEVELOPING AND IMPLEMENTING HEALTH DISTRICT PROGRAM ACTIVITIES

A. **In General.** SCPH has an interest and responsibility to assure all new programs and interventions, including health promotion program activities, are aligned with agency and community priorities and include design components necessary for success. All proposals for new programs and interventions, health promotion programs, must:

- Address one of the priority areas outlined in the SCPH strategic plan or the Summit County Health Improvement plan. In some cases, where a documented health crisis or outbreak occurs, health promotion activities may be approved to address other urgent issues.
- Include a justification of need or priority. This may include the number of people affected; the degree to which the problem leads to death, disability or impairs one's quality of life; the degree to which specific populations are disparately affected by the issue; the importance of the problem to the community and the consequences of inaction.
- Identify the intended participant group that the intervention is designed to influence.
- Identify community factors that discourage/encourage good health. This includes social determinants, policies, physical and built environment and access to resources.

- Ensure the inclusion of health equity factors. This means strategies to address health differences that are driven largely by social, economic, and environmental factors.
- Ensure Culturally and Linguistically Appropriate Services in Health Care (CLAS) Standards are considered in the development of strategies to align with SCPH's commitment to cultural competency (see Section 13.27).
- Include evidence-based or promising practices. Programs need to be designed and implemented using the best information available. Evidenced-based or promising practices are strategies, activities, or approaches which have some scientific research or data showing positive outcomes. The primary way to identify an existing practice is to conduct thorough research into those practices that have been identified and validated by national organizations, other health organizations and academics. Summit County Public Health has developed a procedure to ensure that programs and interventions are designed and revised using the best available evidence, how to locate available evidence and best practices, and documenting evidence-based review.
- Include clear goals and objectives.
- Engage the target population in program design as applicable
- Include collaboration with community partners and stakeholders
- Include an evaluation component.

B. All proposals for new programs or interventions, including health promotion program activities, require supervisor review and approval prior to submission (to funders) or implementation. Supervisors are responsible ensuring minimum design requirements are met. Supervisors may utilize the Health Promotion Program Audit Tool (see Section 13.28) to assist in this process.

Review Date: 3/21/18

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Effective Date: 4/26/2018

Next Review Date: 2020

CHAPTER TWELVE: STANDARD OPERATING PROCEDURES/GUIDELINES

12.01 COMPLAINT INVESTIGATION PROCEDURE

Standard Operating Procedure

Policies 2.01-2.04, 6.14, 8.04 Complaint Investigation Procedure

Step-by-Step Actions to Complete Task

1. **Review Complaint.** Review complaint form for completeness. Obtain any additional information or clarifications where necessary.
2. **Determine whether interim relief is necessary.** Taking action before the investigation is complete may be necessary for health or safety reasons, or in situations that are very disruptive or emotionally charged. Temporary transfers, reassignments, or paid leave are examples of interim relief that can be used when necessary.
3. **Determine who should conduct the investigation.** Generally, it is the supervisor unless the supervisor is the subject of the complaint in which case the investigation would move up the chain of command.
4. **Collect Statements from the Subject of the Complaint and All Witnesses.** The investigator should have the person who is the subject of the complaint and all witnesses complete the Compliant Response -Employee Respondent Form to document their response to or any knowledge of the incident(s). Generally, a copy of the complaint is included to aide their response.
5. **Obtain and review any additional relevant documents.** The investigator should ask witnesses if they have any relevant documents, including e-mails, notes and personal documents to supplement their statements. Also, obtain any additional documentation in the form of surveillance tapes, phone/computer logs etc. from the IT dept., where applicable.
6. **Review potential legal issues.** Consult Division Director and legal counsel as necessary to discuss any legal issues.
7. **Complete the Summary of Investigation Form.** After carefully documenting the facts gathered during the investigation, the investigation report should summarize what happened, identify relevant policies and procedures, provide important factual findings, analyze inconsistent or conflicting information, and conclude by indicating any necessary course of action.
8. **Submit Summary of Investigation Form for Approval.** Once complete, the Summary of Investigation Form and all supporting documentation should be submitted to the Division Director for review and preliminary approval. The Division Director will make any necessary changes and forward to the Health Commissioner for final approval. Upon approval by the Health Commissioner, the Summary of Investigation Form and all supporting documents should be sent to the Personnel Office for the personnel file. A copy of the approved Summary of

Investigation Form will be returned to the investigator to be provided to the complainant.

9. **Take Appropriate Action.** If the summary of Investigation included any actions to be taken, documentation of those actions must take place. Documentation of actions taken should also be forwarded to the Personnel Office to complete the complaint file.
10. **Provide a Copy of the Summary of Investigation to the Complainant.** This can be done in-person or via email, regular mail or interoffice.

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Revision Date:

12.02 COMPLAINT PROCEDURE

Standard Operating Procedure

Policies 2.01-2.04, 6.14, 8.04 Complaint Procedure

Step-by-Step Actions to Complete Task

1. All formal complaints shall be documented on the proper complaints form and be submitted to the personnel office.
2. The Personnel Office will forward the complaint to the appropriate Supervisor and Division Director and submit a copy to the Health Commissioner.
3. The supervisor will immediately acknowledge receipt of the complaint to the complainant.
4. Upon receipt of a formal complaint the supervisor will conduct an investigation of the allegation(s) and complete the Summary of Investigation Form within 5 business days. If, for any reason, the supervisor is unable to complete the Summary of Investigation within 5 business days he/she must request an extension from the Division Director.
5. Submit the Summary of Investigation Form to the Division Director for review and approval.
6. Division Director will forward the completed Summary of Investigation form to the Health Commissioner and Personnel Office.
7. Upon approval by the Health Commissioner, the complainant will be sent a copy of the Summary of Investigation Form.

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Revision Date:

12.03 REQUEST FOR REASONABLE ACCOMMODATION

Standard Operating Procedure

Policy 2.02 Requests for Reasonable Accommodations

Step-by-Step Actions to Complete Task

A. Requests for Reasonable Accommodations from Employees.

Supervisors are primarily responsible for accepting requests and gathering information regarding requests for reasonable accommodations for employees. The process involves several stages: receiving a request; investigating the request; and making a determination regarding the request. It is essential that supervisors engage in an interactive process, as described below, in investigating requests for reasonable accommodations.

1. Receiving a Request

- a. Requests May Be Made Verbally or in Writing to the Supervisor. A request does not have to include any special words, such as “reasonable accommodation,” “disability,” or “Rehabilitation Act.” A request is any communication in which an individual asks or states that she needs SCPH to provide or to change something because of a medical condition. A supervisor should ask an individual whether she is requesting a reasonable accommodation if the nature of the initial communication is unclear. A request may also be made by a family member, health professional or personal representative (in which case the request should be confirmed with the employee where possible).
- b. Initial Processing of Request. Generally, the supervisor is responsible for receiving, investigating and, where appropriate, approving requests for reasonable accommodations. Where practicable, supervisors are to provide employees with a Reasonable Accommodation Request Form in order to document the nature of the request. This form should especially be completed if the request was initially made verbally or by a third party.

2. Investigating Request

- a. If a requestor’s disability and/or need for accommodation are not obvious or already known, SCPH is entitled to ask for and receive medical information showing that the requestor has a covered disability that requires accommodation. A disability is obvious or already known when it is clearly visible or the individual previously provided medical information showing that the condition meets the Rehabilitation Act definition. It is the responsibility of the employee to provide appropriate medical information requested by the supervisor where the disability and/or need for accommodation are not obvious or already known. The supervisor must keep all medical information confidential pursuant to Section 6.11.
- b. The supervisor should work closely with the employee in responding to the request. Particularly where the request involves performance of the job, the supervisor will likely need to consult with other staff, including but not limited to the office manager, the facilities manager, and/or IT to gather relevant information necessary to respond to a request and to assess whether a particular accommodation will be effective and

will not pose an undue burden to SCPH. Supervisors should review policy 3.12 regarding the possibility of reassignments as a possible form of reasonable accommodation. SCPH expects that all staff will give a high priority to responding quickly to a supervisor's request for information or assistance.

- c. Within ten days of the employee making a request for accommodation, the supervisor and employee should begin the interactive process to determine what, if any, accommodation should be provided. This means that the individual requesting the accommodation and the supervisor (with the assistance of senior management if needed) must communicate with each other about the request, the precise nature of the problem that is generating the request, how a disability is prompting a need for an accommodation, and alternative accommodations that may be effective in meeting the requestor's needs. **Communication is a priority throughout the entire process**, but is particularly important where the specific limitation, problem, or barrier is unclear, where an effective accommodation is not obvious, or where the parties are considering different forms of reasonable accommodation. Both the individual making the request and the supervisor should work together to identify effective accommodations. The supervisor may need to check with other SCPH staff or management regarding the ability to provide an accommodation without it becoming an undue burden to SCPH. If agreement cannot be reached during this stage, the supervisor should seek guidance from her Division Director.

3. Final Determination

- a. Once the supervisor has made a determination, it should be submitted to the employee in writing. No reasonable accommodation will be provided without first reviewing the supervisor's written determination with the employee's Division Director and the EEO/ADA Officer, who must each approve and sign off on the supervisor's proposed determination. The process should ordinarily be completed within 30 days of receiving the initial request.
- b. If the employee is dissatisfied with the supervisor's determination, the employee may request a reconsideration of the determination by the EEO/ADA Officer within ten calendar days. As an employee's medical condition changes, he or she may make additional or subsequent requests for reasonable accommodations.

B. Requests for Reasonable Accommodations from the Public.

1. **Fielding Requests.** All Summit County Public Health staff persons are authorized to receive requests for reasonable accommodations. For example, a deaf person who may require an in-person meeting at the initial intake stage can make a request for a sign language interpreter directly from the SCPH receptionist.
2. **Ascertaining Nature of Disability.** The staff person should initially ascertain the qualified disability which might necessitate the reasonable accommodation, and what reasonable accommodation is available, if any.
3. **Confer with Supervisor.** The staff person shall then confer with his or her supervisor. If determined that a disability exists for which a reasonable accommodation can be provided, the reasonable accommodation shall be provided for or arranged within a reasonable time period. Decisions about who advises the applicant/client and arranges the accommodation shall be determined by the supervisor.

4. **Gathering Further Information (if needed).** If there are questions about the right, need or the reasonableness of the accommodation or if the information that the client has provided is insufficient to make a determination, the supervisor (or specified designee) shall assume responsibility to resolve the matter by obtaining further information from the client verbally or in writing and/or by taking other necessary steps. The client may be asked to present medical documentation or authorize release of medical information to Summit County Public Health as necessary to determine either the existence of a disability or the need for accommodation. The process need not be overly formal; verbal or written communications may be used in narrowing or refining issues, attempting to resolve the matter, etc. The supervisor (or specified designee) shall confer with the EEO/ADA Officer as needed.
5. **Communication of Decision.** When the supervisor (or specified designee) has assumed responsibility, and has received adequate information to make a determination, a decision shall be communicated to the client within ten working days. The aforementioned timelines may be extended by the EEO/ADA Officer for good cause.
6. **Documentation of Decision.** In each case, all processes and decisions carried out pursuant to this procedure shall be documented in kept on file with the EEO/ADA Officer.
7. **When an Individual Disagrees with Decision.** An applicant/client may file a complaint to appeal an adverse decision in accordance with the Client Rights Policy. In addition, clients should be provided with the Client Rights Policy which advises clients of complaints which made to other entities such as the Department of Health and Human Services Office of Civil Rights.
8. **Postings.** To help ensure that individuals are aware of Summit County Public Health's compliance with the ADA, Summit County Public Health will provide and maintain notice of its non-discrimination policy in its reception areas and on its website.

These Procedures create no new enforceable rights under section 501 of the Rehabilitation Act, any other law, or any collective bargaining agreement.

Effective Date: 2/23/2017
 Revision Date:

12.04 JOB POSTING/NEW HIRE PROCEDURES
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Standard Operating Procedure

Policy 3.05 Job Posting / New Hire Procedures

Step-by-Step Actions to Complete Task

1. Supervisor will complete job posting template and submit to SCPH Personnel Office.
2. SCPH Personnel Office will initiate job posting requisition process in PeopleAdmin application by contacting County Human Resources contact.
3. Supervisor will complete requisition in PeopleAdmin, and forward to SCPH Payroll in workflow.

4. The PeopleAdmin review-and-approval workflow will continue as follows: 1) SCPH Payroll, 2) SCPH Fiscal Officer, 3) Division Director, 4) Health Commissioner 5) County Human Resources.
5. County Human Resources will notify SCPH Personnel Office that posting is ready for final posting verbiage.
6. SCPH Personnel Office will complete posting for publication by adding any additional verbiage, such as Wonderlic testing instructions/links, etc.
7. SCPH Personnel Office will notify County Human Resources that posting is ready.
8. County Human Resources will approve, post and email County agencies announcing posting.
9. SCPH Personnel Office will send notification of posting to Indeed job search web site (County uses Monster) and any other recruitment sources suggested by initiating supervisor.
10. After 10 business days, posting will automatically close.
11. The selection process includes a review of applications, resumes, test results, and other written documentation provided by applicants.
12. Supervisor and Director will review all applications to determine those applicants who possess the minimum qualifications as stated on the position description (e.g., licenses, certifications, experience, etc.). From that subset of applicants, the Director and Supervisor will select candidates for a first round of interviews.
13. During interviews, the Director and Supervisor will consider each applicant's:
 - a. Knowledge, skill, and ability to perform the essential functions of the position.
 - b. Work experience in positions comparable to the vacant position.
 - c. Work history (i.e., length of past employment, reasons for leaving, etc.).
 - d. Work record (i.e., attendance, performance, disciplinary actions, etc.).
 - e. Content and quality of application.
14. Director and Supervisor will recommend candidates for final interview and approval by Health Commissioner, unless Health Commissioner elects not to conduct final interview.
15. Once an applicant is selected, and the applicant accepts offer of employment, Director or a designee will mark candidate as "Recommended to Hire" in PeopleAdmin software.
16. Candidate will be approved by SCPH Board of Health.
17. All other applicants will be notified of the status of their rejection electronically via PeopleAdmin software.

18. SCPH Personnel Office will identify candidate in Hiring Proposal section of PeopleAdmin software.
19. Supervisor will complete the following two forms, "Employee Payroll Info Sheet" and "Employee # Request" and forward these to Fiscal and Information Systems.
20. SCPH Personnel Office will check candidate against registries for compliance, per Policy 7.14.
21. SCPH Personnel Office will send the candidate an offer letter, along with a "New Hire Forms packet, which will include: Employee Information Sheet, Employment Eligibility Verification (Federal Form I-9,) Statement Concerning Employment in a Job not Covered by Social Security (Federal Form SSA-1945,) Employee's Withholding Allowance Certificate (IRS Form W-4,) and Employee's Withholding Exemption Certificate (Ohio Form IT-4)
22. SCPH Personnel Office will send a separate email to candidate for background check (Note: this is not required to be completed prior to the candidate's first day of work.)
23. Prior to the first day of work, SCPH Personnel Office will coordinate with the candidate to pick up drug test forms. When candidate arrives at SCPH, Personnel Office also will make a copy of the candidate's driver's license and SSN card. The candidate then will sign a consent form for drug screening. SCPH Personnel Office then will supply the candidate with the testing form necessary to take to the drug test location.
24. SCPH Personnel Office also will provide the candidate the New Hire forms and paperwork, if they have not yet been completed.
25. SCPH Personnel Office will send the candidate to Summit County Educational Services Center for fingerprinting (for the purpose of background checks.)
26. When the results of the background checks are received from the County, a hard copy will be placed in the candidate's personnel folder.
27. On the morning of the first day of work, SCPH Personnel Office will meet with the newly hired employee to review his/her "New Hire Packet." This includes the review of benefits available to the new employee.
28. SCPH Personnel Office will notify County Human Resources of the new hire.
29. SCPH Personnel Office will set meeting appointments for the new hire to go to County benefits presentations.
30. SCPH Personnel Office will create an ID badge for the new employee.

Effective Date: 2/23/2017

Revision Date:

12.05 IMMIGRATION REFORM AND CONTROL ACT

Standard Operating Procedure

Policy 3.07 Immigration Reform and Control Act

Step-by-Step Actions to Complete Task

A. Pre-employment Requirement:

1. All applicants to be hired, as a condition of employment, shall be required to complete the biographical information requested by Form I-9. All applicants shall attest that they are eligible for employment and have presented authentic, original documentation of identity and employment eligibility by placing an X in the appropriate box in Section 1 of the form. The applicant shall sign the signature space of Section 1 of the form and shall submit the form to the SCPH for review and verification.
2. A current I-9 form and instructions are available online from the U.S. Citizenship and Immigration Services at www.uscis.gov.

B. Post-Hiring Requirements:

1. Within three (3) business days after the appointment of the applicant, the SCPH shall physically examine the documentation presented by the employee to ensure that the documents presented appear accurate and related to the individual, then complete the remaining portions of Form I-9.
2. The SCPH shall retain Form I-9 and photocopies of the supporting documentation for three (3) years after the effective date of hire or for one (1) year from the date of the employee's separation from service, whichever is later.
3. Form I-9 and copies of supporting documentation shall not be used for any purpose or provided to any agency or person other than for the purpose of complying with the requirements of the act.
4. Should an employee be rehired or reinstated by the SCPH within one (1) year of the date of separation, the SCPH may use the original I-9 form and supporting documentation for the purpose of complying with the act.

Effective Date: 2/23/2017

Revision Date:

12.06 PERFORMANCE APPRAISAL

Standard Operating Procedure

Policy 3.10 Performance Appraisals

Step-by-Step Actions to Complete Task

Performance appraisals will be completed annually using the PeopleAdmin Performance Module. The following steps must be completed:

In January:

31. “Planning Meeting” - Supervisor will schedule a planning conference with the employee. The employee and supervisor will meet to discuss upcoming goals and training needs for the next year.
32. “Complete Plan Form” - Supervisor will complete the plan that reflects the discussion in the Planning Meeting.
33. “Employee Acknowledges Plan” - Employee will review the plan and acknowledge that they understand the goals and training needs set for them.

In July:

1. “Check-In Meeting” - Employee and supervisor will meet mid-year and review the progress of goals and training needs previously set on the Plan Form. Supervisor will provide employee with feedback about their current performance for the year.

In January of the following year:

1. “Supervisor/Subject Evaluation Discussion” - Employee and supervisor will meet to discuss employee’s completion of goals, training needs and current evaluation.
2. “Supervisor Evaluation” - Supervisor will complete the evaluation that reflects the discussion in the Evaluation Discussion Meeting.
3. “Reviewing Officer Approval” - The reviewing officer will review the evaluation and approve the evaluation or make recommendations for changes.
4. “Review Meeting” - If necessary, a follow-up review meeting may be held to clarify any ratings or goals that vary significantly from the original meeting between the supervisor and employee.

5. "Employee Acknowledgement" - The employee acknowledges that they have received the performance evaluation. Signing the document does not indicate agreement with the ratings.
6. "Appointing Authority Acknowledgement" - The Appointing Authority will acknowledge that they have received and reviewed the evaluation.

Effective Date: 2/23/2017
Revision Date:

12.07 TERMINATING EMPLOYEES

Standard Operating Procedure

Policy 3.15 Terminating Employees

Step-by-Step Actions to Complete Task

1. Upon receipt of an Employee Resignation Form, the Termination Summary Form is to be completed and signed by the Division Director and/or supervisor from which the employee was last assigned. Completion of this form will provide Administration with the necessary information when responding to requests for employee references, and for calculating prior service time and/or unused sick leave balances.
2. The Division Director will forward the Termination Summary form to the Fiscal Office and will provide a copy to the Personnel Office.
3. The Fiscal Office will complete Section II of the Termination Summary form and forward the form to the Personnel Office.
4. The Personnel Office will file the completed Personnel Summary form in the personnel folder, placing the form on top of all personnel documents for easy access for future reference.
5. The Personnel Office will offer the employee the opportunity for an exit interview.
6. On the employee's last day of work, the supervisor will collect the employee's photo identification badge, building key, Emergency Operations Manual, and any other property of SCPH that may be in the employee's possession. The supervisor will give the: 1) badge to the Personnel Office, 2) Employee Response Guide to the Emergency Preparedness Administrator, and 3) cell phone to the Information Technology Department.

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Revision Date:

12.08 HOURS OF WORK

Standard Operating Procedure

Policy 4.04 Hours of Work

Step-by-Step Actions to Complete Task

1. Employees should electronically complete and authorize a “Paid Time Off (PTO) Request” in MySCHD - for sick leave, personal leave, vacation, jury duty, military duty, Family Medical Leave, leave of absence, or comp time used. The Health Commissioner must approve all leaves of absence.
2. Employees who work an alternate schedule or who earn compensatory time or overtime should electronically complete and authorize an “Alternate Schedule/Comp Time/Overtime” form in MySCHD.
3. All Health District employees are required to account for time worked or released time (vacation, sick leave, personal leave, etc.). This is done electronically by entering work activities and other paid hours into MYSCHD. The MYSCHD forms should reflect the hours as actually worked. Hours may total more or less than seven for a particular workday. Employees should electronically authorize (“sign and notify”) their recorded hours and mileage for the workweek. All MYSCHD entries for the workweek must be completed by 4:00 p.m. Friday or earlier if required by the employee’s supervisor. If a holiday falls in a pay week it may necessitate time entry in MYSCHD at an earlier date. Notice will be given prior to allow sufficient time to meet the changed deadline.
4. Supervisors shall carefully review and approve the activities, hours, and mileage recorded by employees under their supervision. Any questions or discrepancies in the recorded information are to be addressed with the employee immediately. Supervisors should verify and approve any Paid Time Off Request forms and Alternate Schedule/Comp Time/Overtime forms their employees have electronically submitted. The supervisor should enter other paid hours (sick leave, vacation leave, comp time used and personal leave) into the County Kronos system. Fiscal Department staff will enter compensatory time earned and overtime. If subsequent changes are necessary, the Fiscal Department is to be notified immediately.
5. All Kronos entries for the workweek must be completed by 9:00 a.m. on the following Monday. Kronos entries at the end of the second week of the pay period must be “approved” by the supervisor by using the approval button.
6. Fiscal Department staff will compare time entries in MySCHD with the County Kronos system entries. Discrepancies and questionable entries will be verified with the supervisor.

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Revision Date:

12.09 ALTERNATE WORK SCHEDULE

Standard Operating Procedure

Policy 4.06 Alternate Work Schedule-Employee Initiated Requests

Step-by-Step Actions to Complete Task

1. Eligible employees (per policy 4.06) may request an Alternate Work Schedule (AWS). A formal request shall be submitted, in writing, on the Alternate Work Schedule Agreement Form (located in Section 13.11), to the employee's immediate supervisor for review and consideration. The request shall be submitted not less than two weeks (10 business days) before the expected start of the AWS. The supervisor shall review and submit their recommendation to the Division Director for final review and decision.
2. All employee AWS requests shall be submitted to the Human Resources Office for processing after approval or denial by the Division Director. Those authorized to participate in an AWS are required to comply with all Board policies and procedures, including, but not limited to, the requirements of this policy, the Personnel Manual policies, and/or all other work related policies.
3. In the event that multiple requests are submitted for the same or similar schedules that affect the same program areas, requests will be evaluated based on the timeliness of the request, employee performance and seniority.
4. Participation in compressed or 5-day AWS does not eliminate any of the work rule requirements mandated in this policy or the Personnel Manual.
5. If approved, the AWS will be valid until either the specified end date or 6 months from the start date, whichever is sooner, as approved by the Division Director. Thirty days prior to the expiration of the AWS, the employee is responsible for submitting a written request for a continuation of the alternate work schedule, if so desired by the employee.

Employee-Initiated AWS Options:

OPTION #1

Set Compressed AWS - Permits employees to request alternate work hours within a set schedule in order to meet employee needs. The employee's work week totals 35 hours over the course of 4 days. An employee will not be permitted to work less than four (4) hours or more than ten (10) hours on a scheduled day. An employee's start time may begin as early as 7:00 AM and an employee's end time may be as late as 8:00 PM. All employees are required to be working during the "core hours" of 12:00PM to 3:00PM unless it is deemed necessary for Board operations and approved by the Health Commissioner.

OPTION #2

Set 5-Day AWS - Permits employees to request alternate work hours within a set

schedule in order to meet employee needs. The employee's work week still totals 35 hours over the course of 5 days. An employee will not be permitted to work less than 4 hours or more than 10 hours on a scheduled day. An employee's start time may be as early as 7:00AM and an employee's end time may be as late as 8:00PM. All employees are required to be working during the "core hours" of 12:00PM to 3:00PM unless it is deemed necessary for Board operations and approved by the Health Commissioner.

Effective Date: 2/23/2017

Revision Date:

12.10 FMLA PROCEDURE

Standard Operating Procedure

Policy 5.14 Family Medical Leave (FMLA) Procedure

Step-by-Step Actions to Complete Task

1. Employees seeking to take leave that might qualify under the FMLA must notify their supervisor and the Personnel Office 30 days in advance or as soon as practicable after the need becomes known. This applies to intermittent FMLA leave as well as regular FMLA leave. If applicable, employees must also inform their supervisor and the Personnel Office if the requested leave is for a reason for which FMLA leave was previously taken or certified.
2. The employee requesting leave shall submit a completed Certification of Health Care Provider Form to the Personnel Office within fifteen (15) calendar days from receipt of the Notice of Eligibility and Rights & Responsibilities.
3. The Personnel Office will initially review all information and determine if the leave requested qualifies for Family Medical Leave. After the Personnel Office reviews the information, it will be forwarded to the Health Commissioner for their final review and approval. If the certification form submitted by the employee is incomplete or insufficient, the Personnel Office shall notify the employee, and the employee shall have seven (7) calendar days to cure the deficiency. If the employee fails to cure the deficiency or fails to authorize the Personnel Office to contact the employee's doctor in order to cure the deficiency, the leave may be denied.
4. Within five (5) business days of the Personnel Office receiving satisfactory certification, the Personnel Office shall complete the Designation Notice Form and send it directly to the employee with a copy to the employee's supervisor (**Note that FMLA requires this employer designation and notification even if the employee does not want to "count" a specific absence as FMLA leave*).
5. Employees on FMLA leave will need to designate their FMLA time within MySCHD accordingly and must comply with normal call-off procedures.

Effective Date: 2/23/2017
Revision Date:

12.11 TRAVEL REIMBURSEMENT

Standard Operating Procedure

Policy 6.01 Travel Reimbursement Procedure

Step-by-Step Actions to Complete Task

A. Local Mileage (within Summit County):

1. Mileage reimbursement may be requested for work-related travel incurred after the employee's first official work stop during the work day and before the employee's last official work stop before going home. IRS Regulations around mileage reimbursement define an employee's "official work stop" by geographical area within a general commute area. The "general commuting area" for SCPH is defined as any location within the geographical boundaries of Summit County, Ohio.
2. Employees should document local job-related mileage electronically in MySCHD along with the documentation of their work activities and other paid hours. Employees should electronically sign and submit their timesheets showing the recorded hours and reimbursable mileage for the workweek to their supervisor. All MySCHD entries for the workweek must be completed by 4:00 p.m. on the Friday of that week.
3. Supervisors shall carefully review the activities, hours, and mileage recorded by employees under their supervision. Any questions or discrepancies in the recorded information are addressed with the employee immediately. Changes are made, as necessary, and the Fiscal Department is notified immediately if a correction in the electronic database is needed. Supervisors shall electronically authorize the mileage totals on each MySCHD form to show that the mileage is approved.
4. Local mileage is reimbursed monthly.

B. Out-of-County Travel Expenses (including local parking expenses):

1. All requests for out-of-county travel should be submitted on the two-part Request to Attend Meeting form. The Division Director and Health Commissioner will review all out-of-county travel requests prior to presenting them to the Board of Health.
2. All job-related travel expenses other than local mileage (e.g., parking, expenses for out-of-county travel) should be reported on the Travel Request and Reimbursement form (Section 13.26). Itemized receipts for all travel expenses other than mileage should be attached to the Travel Expense Report form. The actual mileage driven in a personal vehicle and the

employee's usual commuting distance should be reported on the Travel Expense Report form. Any unusual mileage due to detours, picking up other employees, etc., should be noted on the form. The form should be submitted to the employee's supervisor for approval. The supervisor will review and, if acceptable, approve the travel expenses and forward the Travel Expense Report to the Fiscal Officer who will verify the calculations and give to the Fiscal staff for payment processing.

C. Travel Reimbursement Rates (effective 1/1/2017).

Mileage Reimbursement \$.535/mile

Meal Reimbursement In-State: Maximum \$40.00/Day

12:01 a.m. - 8:00 a.m.	Breakfast	\$ 9.00
8:01 a.m. - 6.00 p.m.	Lunch	\$ 12.00
6:01 p.m. - 12:00 a.m.	Dinner	\$ 19.00

Meal Reimbursement Out-of-State: Maximum \$60.00/Day

12:01 a.m. - 8:00 a.m.	Breakfast	\$12.00
8:01 a.m. - 6.00 p.m.	Lunch	\$18.00
6:01 p.m. - 12:00 a.m.	Dinner	\$ 30.00

Lodging Reimbursement: Whatever is determined to be reasonable and prevailing.

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12.12 PUBLIC RECORD REQUEST PROCEDURE

Standard Operating Procedure

Policy 6.05 Public Records Policy

Step-by-Step Actions to Complete Task

1. Each division shall designate three Records Administrators (RA) to fulfill public records requests. These persons shall rotate in their role as Records Administrator. One person may be designated as the main Records Administrator, but all three (3) records administrators must regularly fulfill requests.
2. The Records Administrators shall attend SCPH training for how to respond to records requests prior to fulfilling any records request.
3. Upon receipt of a records request, the SCPH staff person receiving the request shall forward the request to the Records Administrator within one (1) business day.
4. The RA will complete the following steps:
 - a. **If the request does not contain a subpoena.**

- i. Upon receipt of the request, the Records Administrator shall determine whether the request:
 - 1. Asks for records for a long of length of time
 - a. Longer than retention schedule
 - b. Or would produce voluminous records
 - 2. Asks for information that is confidential (ex: HIPAA or other medical information).
 - 3. Asks for information that we do not keep regularly (requires us to create record) (ex: spreadsheet of how many emails are sent and received each day).
 - 4. Asks for something that does not document SCPH and our work here (your emails about lunch).
 - 5. Asks for a broad category of records that would produce a large volume of records that would be time consuming for us to produce. (ex: All emails from May 2017).
 - ii. If the record includes any of the above, refuse the request and tell the requester why.
 - iii. If not, fulfill the request and send it to the requester.
- b. If the request contains a subpoena.**
- i. Send the request to the Legal Division.
 - ii. The Legal Division will review the request and approve or deny.
 - 1. If approved, RA fulfills request and sends it to requester.
 - 2. If denied, RA tells requester why.
5. Document response in electronic log. The log must include:
- a. the name of the person making the request (if provided);
 - b. the date request was made;
 - c. the content of the request;
 - d. the nature of the response made to the request;
 - e. the name of the employee who responded to the request; and
 - f. the date of the response.
6. Retain copies of records request per retention schedule. If more than \$1.00 (see Policy 6.05), forward the amount to Fiscal for invoicing. The fee is waived if the cost for copies and/or postage is \$1.00 or less. Division Directors may also waive fees larger than \$1.00 at their discretion (e.g., copies for the press or for other public entities).

Review Date: 9/20/17

Revision Date: 10/12/2017

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Next Review: 2018

12.13 DATA BREACH PROCEDURE

Standard Operating Procedure

Policy 6.13 Data Breach Procedure

Step-by-Step Actions to Complete Task

A. Identifying Suspicious Activity. In the course of caring for patients or other recipients of SCPH services, SCPH staff may encounter inconsistent or suspicious documents, or other information or activity that may signal identity theft. **Suspicious activity, when identified, is to be brought to the immediate attention of a direct supervisor or director for referral for investigation by the Privacy Officer.** SCPH considers the following nonexhaustive list of examples as potential signs of identity theft and/or potential data breaches:

1. A complaint or question from a patient based on the patient's receipt of:
 - a) A bill for another individual;
 - b) A bill for a product or service that the patient denies receiving;
 - c) A bill from a health care provider that the patient never patronized; or
 - d) A notice of insurance benefits (or explanation of benefits) for health care services never received.
2. Records showing medical treatment that is inconsistent with a physical examination or with a medical history as reported by the patient.
3. A patient or health insurer report that coverage for legitimate treatment is denied because insurance benefits have been depleted or a lifetime cap has been reached.
4. A dispute of a bill by a patient or recipient of SCPH services who claims to be the victim of any type of identity theft.
5. A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.
6. A notice or inquiry from an insurance fraud investigator for a private health insurer or a law enforcement agency, including but not limited to a Medicare or Medicaid fraud agency.
7. Actual or potential unauthorized access of confidential information or protected health information by a staff member of SCPH or a third party.

B. Detecting Potential Identity Theft: SCPH staff shall take reasonable steps to verify patient identity, address and insurance coverage at the time of patient registration/check-in.

1. When a patient calls to request an appointment, the patient will be asked to bring the following at the time of the appointment:
 - a) Driver's license or other photo ID;
 - b) Current health insurance card; and
 - c) Utility bills or other correspondence showing current residence if the photo ID does not show the patient's current address.

If the patient is a minor, the patient's parent or guardian should bring the information listed above.

2. When the patient arrives for the appointment, the patient will be asked to produce the information listed above. This requirement may be waived for patients who have visited the health district within the last six months, unless more stringent requirements are necessary to fulfill grant/contract obligations.
3. If the patient has not completed the registration form within the last six months, registration

staff will verify current information on file and, if appropriate, update the information.

4. Staff should be aware of the possibility of identity theft in the following situations:
 - a) The photograph on a driver's license or other photo ID submitted by the patient does not resemble the patient.
 - b) The patient submits a driver's license, insurance card, or other identifying information that appears to be altered or forged.
 - c) Information on one form of identification the patient submitted is inconsistent with information on another form of identification or with information already in SCPH's records.
 - d) An address or telephone number is discovered to be incorrect, non-existent or fictitious.
 - e) The patient fails to provide identifying information or documents.
 - f) The patient's signature does not match a signature in SCPH's records.
 - g) The Social Security Number or other identifying information the patient provided is the same as information contained in another individual's records, or the Social Security Number is invalid.
5. When detected, suspicious activity should be brought to the attention of an immediate supervisor, and referred to the Privacy Officer for investigation.

If a patient claims to be a victim of identity theft:

- A. The matter should be referred to the immediate supervisor and to the Privacy Officer for investigation.
- B. The patient should be encouraged to file a police report for identity theft if he/she has not done so already.
- C. The patient should be encouraged to complete a Federal Trade Commission Identity Theft Affidavit and provide supporting documentation (Forms on file with Privacy Officer).
- D. SCPH will compare the patient's documentation with personal information on record.
- E. If following the SCPH investigation, it appears that the patient has been a victim of identity theft SCPH will promptly consider what further remedial act/notifications may be needed under the circumstances.
- F. The Medical Director will review the affected patient's medical record to confirm whether documentation was made in the patient's medical record that resulted in inaccurate information in the record. If inaccuracies due to identity theft exist, a notation should be made in the record to indicate identity theft.
- G. SCPH staff will determine whether any other records and/or ancillary service providers are linked to inaccurate information. Any additional files containing information relevant to identity theft will be removed and appropriate action taken. The patient is responsible for contacting ancillary service providers.

H. If following investigation, it does not appear that the patient has been a victim of identity theft, SCPH will take whatever action it deems appropriate.

C. Responding To Suspicious Activity or Potential Data Breaches:

1. If an employee of Summit County Health District detects potential breaches, suspicious activity or if a patient claims to be a victim of identity theft, SCPH will respond to and investigate the situation. If the activity involves protected health information (PHI) covered under the HIPAA security standards, SCPH will also apply its existing HIPAA security policies and procedures to the response.

D. Investigation Procedure:

1. The employee should gather all documentation and report the incident to his or her supervisor and the Privacy Officer.
2. The Privacy Officer will determine whether an investigation is required under SCPH policy and existing law.
3. The Privacy Officer will review all reasonably available documentation and make reasonable efforts to contact persons with actual knowledge of the maintenance of and/or access to records.
4. At the close of an investigation, the Privacy Officer will determine whether the activity is fraudulent or authentic, and/or whether there is cause to believe a breach occurred requiring notification. The Privacy Officer shall provide factual support for the determination.
5. If the activity is determined to be fraudulent and/or to constitute a breach requiring notification, SCPH shall take reasonable action as necessary under the circumstances and according to the results of its investigation. Actions may include:
 - a) Cancelling the transaction;
 - b) Notifying appropriate law enforcement and/or regulatory agency;
 - c) Notifying the affected patient;
 - d) Notifying affected physician(s); and
 - a) Assessing impact to SCPH services.

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Revision Date:

12.14 SUBSTANCE ABUSE TESTING PROCEDURE

Standard Operating Procedure

Policy 7.05 Substance Abuse Testing Procedure

Step-by-Step Actions to Complete Task

A. At the Time of Hire

1. All prospective new employees are required to undergo substance abuse testing at the time of hire.
2. Pre-employment drug testing is managed by the Personnel Office.
3. The Personnel Office will make arrangements for the prospective employee to go to one of the county's contract drug screening contract facilities.
4. Results are returned directly to the Personnel Office.
5. If the test is positive, the Personnel Office will notify the supervisor and candidate to let them know they have not satisfied pre-employment requirements.
6. If the test is negative, the Personnel Office proceeds with on-boarding the new employee.

B. Post-Hire

An employee will be required to submit to testing for alcohol and/or controlled substances under the following circumstances:

1. **Post-Accident Testing:** All employees who may have caused or contributed to an accident on the job, as defined below, may be required to submit to drug and/or alcohol testing. The test will be administered as soon as possible after the employees involved have received the necessary medical treatment. An accident is defined as an unplanned, unexpected, or unintended event that occurs during the conduct of SCPH business or during work hours, including but not limited to, an event in the course of SCPH business that results in a fatality, bodily injury requiring off-site medical treatment, or major property damage.
2. **Reasonable Suspicion Testing:** A trained supervisor or official may require an employee to undergo testing for alcohol and/or controlled substances based upon specific, objective facts and reasonable inferences drawn from these facts in light of experience and training. Further information about Reasonable Suspicion Testing is contained in the materials provided in the Summit County Substance Abuse Prevention Program Training Program for Managers & Supervisors.
3. **Return-to-Duty Testing and Follow-Up Testing:** Before an employee who has been found to be in violation of this policy may return to duty, the employee must undergo testing for alcohol and controlled substances. The employee will also be subject to a minimum of four (4) unannounced follow-up tests, in addition to the return-to-duty test, within the first twelve (12) months following the employee's return to duty. The results of the alcohol tests must show a blood alcohol concentration of less than 0.02 from a breathalyzer test, and the controlled substance test must be negative, or such employee will not be permitted to return to duty and shall be terminated.

All records relating to an employee's testing shall be maintained as confidential medical records. A tested employee must provide written authorization before his or her test results may be

provided to any person other than the employer.

The cost for all testing under this policy shall be the responsibility of SCPH. However, if a tested employee disagrees with the results of a test and desires an additional test, the employee may have an additional test conducted at the employee's own time and expense.

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Revision Date:

12.15 PROCEDURES FOR DEALING WITH NEWS MEDIA

Standard Operating Procedure

Policy 7.11 Procedures for Dealing with News Media

Step-by-Step Actions to Complete Task

1. In an emergency situation, SCPH will go into the Incident Command System (ICS) in response to the situation. A Lead Public Information Officer (PIO) will be appointed by the Incident Commander (usually the Health Commissioner) to assume all PIO duties for SCPH. The Lead PIO may appoint other PIOs to assist in the field, to serve in a Joint Information Center (JIC) with other agencies, or to assist the Lead PIO in gathering and monitoring information. The Lead PIO has complete authority over all information released in consultation with the Incident Commander. When the emergency situation has ended, public information duties will automatically revert to the system in place for daily operations.
2. During daily operations, each SCPH division will maintain its own divisional PIO, who will work in conjunction with the Division Director to develop and release timely and relevant information about divisional activities to the media. Contact initiated by the media should be directed to the divisional PIO, who will consult with the Division Director if the matter does not require instant response. In instances when media requires a real-time response, the divisional PIO will use his/her best judgment on how to most effectively and appropriately respond to the media request. When information is released to the media, copies of the release must be sent to the SCPH Health Commissioner, to the lead agency PIO, all SCPH staff and to all Division Directors to ensure that they are aware of what has been provided to the media. The media release should also be posted to the SCPH website.
3. Any SCPH employee who is contacted by a media representative should immediately contact their divisional PIO to handle the media request for information. SCPH staff should not initiate media contact or provide information proactively to the media without prior approval from their Division Director.

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Revision Date:

12.16 CREDENTIALING PLAN FOR LICENSED STAFF

Standard Operating Procedure

Policy 7.14 Credentialing and Compliance Plan for Professional Staff

Step-by-Step Actions to Complete Task

A. At the Time of Hire:

3. SCPH Personnel Office will verify professional license/certification at the time of employment for those staff required to be licensed or certified.
4. Licenses maintained through the Ohio License Center at <https://license.ohio.gov/lookup/default.asp> or <https://elicense.ohio.gov> will be verified electronically. Licenses and certification documents available in paper format will be verified with a copy of the license. A copy or screen print will be filed in the employee's personnel file.
5. In addition, if a new employee has been hired at the Professional (P1-P7) class level, the Personnel Office will check to verify the individual has not been excluded, barred or suspended from any federal programs by checking the following six screening databases and printing a copy of search results (to be placed in the individual's personnel file):

Office of the Inspector General Exclusion Database

<http://exclusions.oig.hhs.gov/>

System for Award Management

<https://www.sam.gov/>

Ohio Department of Developmental Disabilities Abuser Registry

https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx

Ohio Auditor of State –Findings for Recovery Database

<https://ohioauditor.gov/findings/search.aspx>

National Sex Offender Registry

<https://www.nsopw.gov/>

Ohio Nurse Aide Abuse Registry

https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx

B. Annual Requirements:

5. Supervisor will verify licensure/certification at the time of renewal, forwarding a copy for the personnel file.
6. If an employee is paid at the Professional (P1-P7) class level, the Supervisor will check to see if the employee has been barred, excluded, or suspended from participation in federal programs by checking the six screening databases identified in A3 above. A copy of the screening results will be forwarded for the personnel file to demonstrate compliance.

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Revision Date:

12.17 WHISTLEBLOWER REPORTING PROCEDURE

Standard Operating Procedure

Policy 7.15 Whistleblower Reporting Procedure

Step-by-Step Actions to Complete Task

1. Every person wishing to report a violation included in any part of the Ohio Whistleblower Act policy shall immediately make a written and verbal report of the violation to their direct supervisor. Upon the occasion that their direct supervisor is the subject of the report, the reporter shall report to the supervisor's supervisor.
2. If the report involves Criminal Violations Involving the Environment, employees should report the violation to the appropriate agency which has regulatory authority over the person or entity being reported. In these instances, reporters should adhere to the requirements of this SOP and use the Violation Reporting form.
3. Written reports should be made using the Violation Reporting Form. A reporter may remain anonymous, but should provide sufficient detail to identify and describe the violation so that an investigation shall be made.
4. Upon receipt of an oral or written report, the supervisor must immediately forward the report to the Health Commissioner with the time and date of receipt clearly noted in writing.
5. From the receipt of the report, the Office of the Health Commissioner has 24 hours of until the close of business on the next regular business day following the day of notification, whichever is later, to comply with the provisions of this procedure.
6. Upon receipt of the report, the Office of the Health Commissioner shall make an investigation of the report and make a good faith effort to resolve the asserted violation in the report within the allotted time.
7. The Office of the Health Commissioner shall communicate the good faith effort to correct the asserted violation or the absence of a violation to the reporter in writing within the allotted time.
8. If the reporter does not believe that a good faith effort has been made to correct the asserted violation at the expiration of the allotted time, the reporter may file a written report of the violation with the county prosecuting attorney, law enforcement, or any governmental entity that has regulatory authority over the employer or to the inspector general.
9. If the written report is of sufficient detail to identify and describe the violation, the report

shall be protected from disclosure.

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Revision Date:

12.18 INCIDENT/ACCIDENT/OCCUPATIONAL ILLNESS REPORTING PROCEDURE

Standard Operating Procedure

Policy 9.03 Incident/Accident/Occupational Illness Reporting Procedure

Step-by-Step Actions to Complete Task

A. Incidents Involving Clients, Client Care or Visitors

1. It is the responsibility of the supervisor, or other person in charge of area of the building, to complete an incident report in Section 13.19 immediately following an occurrence.
2. The incident report should state what action was taken and what advice was given to the client, as well as any preventative recommendations to avoid future incidents.
3. The completed incident report should be forwarded to the appropriate supervisor for review and response.
4. The supervisor should then forward the incident report to the Division Director, who will sign the report and forward it to the Health Commissioner for administrative review, evaluation and permanent filing.

B. Incidents and Accidents Involving SCPH Employees

1. Employees of SCPH must complete an Incident and Accident Report within two business days of any incident or accident occurring while on duty.
2. An Accident Report and a Bureau of Worker's Compensation report should be completed within twenty-four hours in cases of physical injury or vehicular accidents involving damage.
3. In the event an employee is unable to complete the required reports, it is the responsibility of the employee's immediate supervisor to prepare all appropriate documents in a timely manner.
4. The report forms should be given to the supervisor for review, response and signature.
5. The supervisor should forward the completed reports to the Division Director who will review and sign them. The Division Director should then forward the reports to the Personnel Office. The Personnel Office will report employee accidents and injuries to the County of Summit Workers Compensation representative. The Personnel Office will then

forward the reports to the Health Commissioner for administrative review, evaluation and permanent filing.

6. In the event there is further follow-up pertaining to the incident/accident, such as lab test results, physician consultation, the supervisor is to take a copy for his/her use to continue further documentation and forward the original to the Division Director for review. The chain of responsibilities and guidelines set forth by the Occupational Health and Safety Act must continue. Do not hold reports for follow-up information. Any follow-up information may be attached to the original as an addendum.
7. The Health Commissioner will forward the incident report to the Personnel Office for recording on the Public Employment Risk Reduction Program Form (PERRP) 300P Log of Work-Related Injuries and Illnesses (if necessary), the Health and Safety Audit, the monthly report to the County of Summit OSHA/PERRP Records Coordinator, and filing.

Effective Date: 2/23/2017

Revision Date:

12.19 MEDICAL EMERGENCY PROCEDURE

Standard Operating Procedure

Policy 9.04 Medical Emergency Procedure

Step-by-Step Actions to Complete Task

1. Call 9-1-1 immediately.
2. If further harm is imminent to the victim, move the victim to a safer location. Keep the victim comfortable and calm until emergency services arrive. If necessary, administer CPR, apply pressure to severe cuts, etc. Use of the Automated External Defibrillator by trained staff may be used if the situation warrants itself. The Medical Director may be contacted for assistance.
3. Involving an Employee: The employee's immediate supervisor must notify the emergency contact person of the employee designated in the personnel record, as well as the Summit County Health District Medical Director. (Emergency contact information can be retrieved from the employee's personnel file by the Personnel Office or the Fiscal Department staff. The Medical Director is accessible by mobile phone, which is listed on employee telephone directory.). An incident/accident report in Section 13.19 should be completed as soon as possible while details are fresh and accurate.
4. Involving a Visitor/Client: Ask the visitor/client if they wish for anyone to be notified of the emergency. An incident/accident report should be completed as soon as possible while details are fresh and accurate. The Medical Director must be notified as soon as possible of any incident.

5. Retrieve first aid box from one of the following areas:

Environmental Health Reception Desk
Employee Lounge Kitchen
Lab
WIC

6. If necessary, request assistance from clinical health supervisor/personnel.
7. Administer first aid treatment appropriate to level of training.
8. Be sure to note the supplies removed from the first aid kit so it can be properly restocked. Return first aid kit to pre-determined location.

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Revision Date:

12.20 BUILDING SECURITY/VISITOR PROCEDURE

Standard Operating Procedure

Policy 9.06 Building Security -Visitor Procedure

Step-by-Step Actions to Complete Task

1. Visitors who have business in “Employee Only” areas of an SCPH facility will be required to sign in at the respective front desk(s)/reception area and provided a visitor badge to be worn while in the facility. The receptionist must record on the sign-in sheet the following information:
 - Visitor Name
 - Visitor Agency / Organization, etc.
 - SCPH Point of Contact (person the visitor intends to see, meeting organizer, etc.)
 - Reason for being at SCPH (meeting, consultation, etc.)
 - Time In and Time Out
2. Receptionists are required to confirm the appointment with the identified SCPH employee. If the employee is unavailable, the receptionist must confirm the appointment via an appointment log, daily meeting schedule, or the identified employee’s supervisor. The identified employee is responsible for escorting the individual through “Employee Only” areas. Approved contractors are exempt from escort requirements, however a visitor badge must be issued and worn in a clearly visible manner at all times. It is ultimately the responsibility of the employee receiving the visitor to ensure their guest has signed-in and obtained a visitor badge. Failure to follow identified procedures may be grounds for disciplinary action.

3. If an individual is identified in an “Employee Only” area without a visitor badge, employees are required to ask the individual the reason and confirm with the identified SCPH Point of Contact. If the individual does not have permission to be in an employee only area, escort the individual to a SCPH Supervisor. SCPH Supervisors are to escort the individual out of the facility. Supervisors must obtain the individual’s name prior to their departure. If issues or security concerns arise, employees are instructed to contact their Supervisor, and if applicable 911 regarding the security concern.

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Revision Date:

12.21 FIRE EMERGENCY PROCEDURE

Standard Operating Procedure

Policy 9.08 Fire Emergency Procedure

Step-by-Step Actions to Complete Task

1. Upon notification, immediately evacuate the building via the closest and safest escape route and report to the facility-designated evacuation area.
2. If fire and/or smoke impede evacuation, attempt to exit via an alternative escape route. If an alternative escape route is unavailable, crawl underneath the smoke towards the exit. DO NOT attempt if fire impedes the route.
3. Test doors with the back of your hand before opening them. If the door is warm or smoke is visible use an alternative escape route. Close all doors once the room has been evacuated to contain the fire.
4. If you are trapped during a fire, close all doors separating yourself from the fire. If possible, stuff the cracks of the doors to keep out as much smoke as possible. Signal or call for help (911), notifying them of your exact position in the building.
5. Employees are asked to check areas of the building on their way out where potential visitors and staff may be located (i.e., restrooms, clinic rooms, waiting rooms, meeting rooms). If occupied, escort the occupants to the nearest exit and facility-designated evacuation area.
6. Employees are asked to assist individuals with functional needs during the evacuation process.
7. Employees and visitors are asked to remain in the evacuation area until instructions are provided by a supervisor or first responder.

8. Directors and supervisors are responsible to account for all members and visitors of their department. Facility receptionists will be required to take any registration/visitor books to assist in the accounting process.
9. If an employee or visitor is missing, all attempts should be made to locate the missing person(s). If unknown, immediately inform a first responder of the missing person(s).

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12.22 AFTER HOURS ALARM RESPONSE PROCEDURE

Standard Operating Procedure

Policy 9.11 After Hours Alarm Response Procedure

Step-by-Step Actions to Complete Task

A. Alarm Notification

1. When an alarm is activated at an SCPH facility, the contracted security monitoring agency will notify the designated SCPH After Hour Points of Contacts regarding the activation of the alarm. Notification will occur using the agency's after hour point of contact notification list.
2. The first SCPH employee to answer the notification is responsible for deploying to the SCPH facility.
3. The employee receiving the notification should obtain, and record in writing, the following information from the alarm company (including but not limited to):
 - Nature of the alarm (smoke detector, motion sensor, etc.)
 - Location of the alarm / sensor (i.e., building – provide address, hallway, room, etc.)
 - Time of the alarm
 - Have multiple alarms been tripped, if so how many / locations.
 - Have first responders been notified / dispatched (Fire, Law Enforcement, etc.). If not, the SCPH employee is responsible for notifying 911 and conveying the above-mentioned information.

Note: If the alarm pertains to a smoke detector, the local fire department will be dispatched by the monitoring agency. If the alarm pertains to a security sensor (i.e., motion sensor, etc.), law enforcement deployment is based on their availability and/or protocol. The following deployment policy for law enforcement agencies is as follows:

- Fairway and Arlington Location: Akron police will respond if multiple security sensors have been tripped (more than two).
- Graham Road Location: Stow police will respond if one security sensor has been tripped.

B. Fire Incident – Response Procedures

1. The SCPH employee deploys to the alarmed SCPH facility. The employee must have their Employee ID and agency-provided cellular telephone when responding.
2. The SCPH employee, upon arrival, makes contact with first responders.

Note: The responding SCPH employee must follow the instructions of the first responders. This is required for employee safety.

3. The SCPH employee requests a brief from the fire department regarding the situation.
 - If a false alarm occurs, the SCPH employee will notify the monitoring agency to place the alarm system in “test mode” until 0700.
 - If a fire is present, the SCPH employee will remain on scene and assist the fire department. The SCPH employee will notify the following SCPH personnel:

Health Commissioner
Administration Division Director
Medical Director

C. Security Incident – Response Procedures

1. The SCPH employee deploys to the alarmed SCPH facility. The employee must have their Employee ID and agency provided cellular telephone when responding.
2. The SCPH employee inspecting the facility must notify the local law enforcement prior to arrival. This is required for safety reasons. The SCPH employee should notify law enforcement via 911 (or alternate non-emergency number) regarding the alarm and their deployment to the facility. The employee should convey the following information to law enforcement prior to arrival (including but not limited to):
 - Alarm Information (see Alarm Notification Section)
 - Personal Vehicle Information
 - Emergency Contact Information
3. If law enforcement has been or will be deployed, inform the dispatcher the employee will park, with their vehicle lights on, near the main entrance to the facility. The employee should park away from the facility at the periphery of the parking lot. The SCPH employee must remain in their vehicle and await instructions from the responding law enforcement. SCPH employees are instructed to follow the instructions of law enforcement at all times.
4. **When law enforcement is dispatched**, the responding SCPH employee is instructed to assist local law enforcement.

- If a false alarm occurs, the SCPH employee will notify the monitoring agency to place the alarm system in “test mode” until 0700.
- If a security issue exists, the SCPH employee will remain on scene and assist local law enforcement as instructed. The SCPH employee will notify the following SCPH personnel regarding the incident:

Health Commissioner
Administration Division Director

5. **When law enforcement has NOT been dispatched**, the SCPH employee will conduct an exterior inspection of the property. The SCPH employee will conduct a drive by assessment using their vehicles lights to inspect the location (viewable interior / exterior). **At no time is an employee permitted to exit their vehicle.** Vehicle doors should be locked with the windows rolled up. The SCPH employee will check for the following (including but not limited to):

Doors propped open / ajar
Broken glass (doors and windows)
Excess lights on in the facility / flashlights
Items (supplies, equipment, etc.) piled near entry way
Non-agency vehicles in parking lot
Individuals outside of the facility

6. If a false alarm is suspected, the SCPH employee will wait 20 minutes (in their vehicle) to see if additional alarms have been tripped. If uneventful, the SCPH employee will notify the monitoring agency to place the alarm system in “test mode” until 0700.
7. If suspicious activity is identified, the SCPH employee is instructed to park in an exterior location on the periphery (edge) of the property and dial 911 and report the activity. The SCPH employee will provide/obtain the following information to/from the 911 dispatcher (including but not limited to):

Provide: Location of the facility (provide address)
Provide: Suspicious activity being reported
Provide: Information regarding the SCPH employee’s vehicle and present location
Obtain: Instructions on what to do when law enforcement arrives on the scene.

8. The SCPH employee will notify the following SCPH personnel regarding the incident:

Health Commissioner
Administration Division Director

9. The SCPH employee will remain on scene unless additional instructions are provided by law enforcement and/or relieved. *If a safety concern exists, employees are instructed to exit the facility parking lot to a safe location, dial 911, and await the arrival of law enforcement.*

10. The following monitoring agencies may be contacted by the employee:

Fairway: US Protective Services: 1-216-741-0470 / 1-800-233-9500

Graham Road: Video Security Inc.: 1-800-722-1788

Arlington: ADT: 1-800-238-2727

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Revision Date:

12.23 SOFTWARE PURCHASING PROCEDURE

Standard Operating Procedure

Policy 10.01 Software Purchasing Procedure

Step-by-Step Actions to Complete Task

1. All software acquired by Summit County Public Health must be purchased in accordance with standard purchasing policies and be recommended by the IT department. Software acquisition channels are restricted to ensure SCPH has a complete record of all software purchased and can register, support, and upgrade such software accordingly.
2. Software obtained in the course of business through other contacts, agencies or consultants should be submitted to the IT department for inspection and approval prior to loading into any SCPH computer.
3. Shareware software is copyrighted software that is distributed through bulletin boards and other online systems. Shareware software is to be acquired only through the IT department. If a fee is requested by the author, the acquisition will be accomplished in the same way as commercial software products.
4. When equipment or software is received, it must first be delivered to the IT department to ensure that registration and inventory requirements are met. The IT department is responsible for completing the asset registration. All software must be registered in the name of SCPH. The IT department shall maintain an inventory of SCPH's software and shall keep a library of software licenses.
5. After the registration requirements have been met, the software must be installed by the IT department or a person assigned by the IT department. Manuals, tutorials and other user materials will be provided to the user. Once installed on a computer, the original media shall be securely stored by the IT department.
6. When software becomes obsolete or is no longer needed on a particular machine, the IT department should be notified so the software can be removed (along with the accompanying documentation).

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12.24 REPORTING TO THE HELP DESK

Standard Operating Procedure

Policy 10.07 Reporting Issues to the Help Desk Procedure

Step-by-Step Actions to Complete Task

1. When reporting incidents, use one of the following methods:
 - a) Email – send an email to the Help Desk (helpdesk@schd.org) so a ticket can be opened to alert IT staff to the incident. Email is the preferred method of notification because everything is documented.
 - b) Telephone/Voicemail – call the Help Desk (330-926-5620) and alert the IT staff to the issue, if necessary leave a voicemail and call-back information so that someone can get back to you.
2. An incident report should include as much information about what the user noticed as possible. Screenshots should be included where appropriate to best describe the issue and allow the IT department to work on the issue more quickly. Employees should also include what they were doing or attempting to do when they noticed the incident. This will help pinpoint the cause of the issue and allow the IT department to assist in providing alternate steps to the employee to correct the problem where necessary.
3. When an employee sends an incident report to the IT department, they should also let others within their own department know of the incident. This will help reduce the number of calls to the Help Desk for assistance with the same incident.
4. Once an incident is submitted to the Help Desk it will be worked on in the order it has been received. If the item is critical to the function of Summit County Public Health's business, the item will be escalated in priority.
5. When an incident is submitted to the Help Desk, a technician will review the incident and request further information as needed. The incident will remain open for two days, waiting for more information. If no information is received, the incident will be closed to prevent items from being left open for longer than necessary. If an incident happens again after it had been initially resolved, respond to the closed ticket email notification to re-open the case and preserve the incident's history (as opposed to creating new tickets each time for the same issue). No email acknowledgement of a closed ticket is otherwise required (as doing so may inadvertently re-open the ticket).

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12.25 AGENCY CREDIT CARD PROCEDURE

Standard Operating Procedure

Policy 11.01 Agency Credit Card Procedure

Step-by-Step Actions to Complete Task

1. When a credit card purchase is indicated from a local vendor who has issued us a store credit card, authorized or designated staff shall request the credit card from the Fiscal Department. An approved requisition with an assigned number must be presented before the card is released. At the time that the card is given, the employee shall record their name, the date, the type of card issued, and an estimated amount of the intended transaction on the credit card log in the Fiscal Department office.
2. The employee is responsible for the vendor credit card while it is in their possession, and for maintaining confidentiality of all information relating to the card such as the account number and expiration date. The vendor credit card can be used for in-store purchases as well as Internet orders. The card is to be used only by the employee to pay for authorized, work-related expenses.
3. The employee shall return the credit card the same day. Exceptions will be made only when there are extenuating circumstances and with approval of the Health Commissioner. The credit card log in the Fiscal Department office shall be updated to reflect the date/time the card was returned and the actual amount of the transaction recorded. The receipt of items purchased shall be turned in at the time the card is returned. The receipt must contain the vendor's name, date of purchase, itemized description of purchase, per unit price and extended price.
4. The employee is not allowed to lend the credit card to someone else. The card may not be used to pay for personal transactions.
5. Procurement cards issued in the name of SCPH employees are limited to one card per individual. Procedures for the use of this card must observe County policy, as described in Chapter 198 of the County's Codified Ordinances, unless more restrictive policies are adopted by SCPH Board Resolution. This includes the requirement that authorized procurement card users complete County training in the use of such cards and these same participants must sign cardholder applications and acknowledgement forms to adhere to County procurement card policies.
6. Authorized requisitions must be presented before the procurement card is used. Department procurement cards are subject to the following maximum limits:

Annual spending per card: Limited to Legal Appropriation

Daily spending per card: \$ 5,000

Monthly spending per card: \$ 10,000
Single transaction limit: \$ 3,000
Daily number of transactions per card: 4

7. Cardholders are required to complete monthly procurement card logs detailing individual purchases. Detailed receipts or itemized statements must be attached to the log and submitted to Fiscal no later than 5 days after the month closes for reconciliation to monthly procurement card statements. In the case where purchases are made to serve SCPH program clientele, clientele must also sign an SCPH form indicating receipt of the purchased material.
8. The Master Card is to be used by the Fiscal Officer only. Online orders must be placed on a specified computer in the Fiscal Office. The required signed and numbered requisition must be presented before the ordering begins. At the end of ordering the Fiscal Officer will enter the credit card number and complete the transaction. A separate log will be kept for Master Card usage.
9. When agency credit cards are used to purchase goods over the Internet, the purchases must be evidenced by an order confirmation along with either the original packing slip that accompanied the purchased goods or an itemized receipt. When using the Internet, the employee must make sure the web site where the card information is being placed is secure, and that all account numbers are encrypted while being passed electronically. A cardholder can determine if the web site address is secure in two ways:

An Internet web site is secure when the address changes from <http://www> to <https://www>. The “s” stands for secure.

A symbol resembling a “lock” will appear at the bottom of the browser. The “lock” symbol signifies that the web site is secure and that all card numbers will be encrypted when passed.

10. Fiscal Department personnel shall process the requisition and purchase order following the normal cycle. Receipts and invoices shall be matched with the credit card statements for account reconciliation and a voucher shall be prepared for each purchase. Checks shall be mailed with a copy of the invoice or credit card statement.

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12.26 PURCHASE ORDER REQUISITION PROCEDURE

Standard Operating Procedure

Policy 11.03 Purchase Order Requisition Procedure

Step-by-Step Actions to Complete Task

7. The appropriate division director or program manager must authorize all requisitions, approve vendors, and assign program numbers. Any requisitions for non-routine expenses exceeding \$2,000.00 require prior authorization from the Board of Health before processing.
8. A requisition may be initiated by any member of the staff. It will be given to the immediate supervisor (where appropriate) who will, if approved, give it to the division director or program manager for approval.
9. Upon receipt by the division director or program manager, the requisition, if to be approved, will be assigned an expense account number, program number and vendor number. At this point the requisition is given to the accounting department for further processing.
10. The requisition is sent to the fiscal administrator for review. After final approval, the accounting department will assign a purchase order number, confirm the vendor number and check the expense and program accounts to determine if there are sufficient funds for the purchase. Approval is then indicated by assigning a PO number in the PO log, located in SCPH's Google drive.
11. Hard copies of an approved PO are available, if necessary, such as by a vendor's request.

FILLING OUT THE REQUISITION:

1 –The Purchase Order Log is found on Google Drive. It is very important that you reference the log line number so that fiscal can find it, and make note of whether the PO is ready, or if additional info is needed.

2 – By entering the date when you logged the PO, you help us to prioritize the approval of POs.

3 – If there are multiple items you plan to order, and they cannot fit in the space provided, please attach a separate list so that we can match the PO to the invoice, when it is received.

4 –You must include shipping and handling, even if it is an estimate.

5 – Purchase requisitions must precede invoices, however we all make an occasional mistake. If there was no PO in place, the Fiscal Officer has to issue what is referred to as a “Then & Now” certificate, meaning, as Fiscal Officer, I certify that we had the fund then to pay the invoice now.

6 – Please enter the exact name of the vendor; otherwise it can cause an error when the requisition is created.

7 – If you have the Tax ID number, this will insure that we select the correct vendor, but we do not require this as we recognize it can be difficult for you to take the added steps of looking it up on the County's web site.

8 – Vendors can be set-up in the County’s accounting system with multiple addresses, so it is important to know which mailing address is to be used.

9 – In case we need to contact someone to set them up as a new vendor. Remember that the county uses its own alternate W-9, and it is available here (along with the vendor listing that has vendor Tax ID numbers):

<https://fiscalportal.summitoh.net/index.php/forms/viewcategory/3-accounting>

10 – This is more important to the program supervisor than Fiscal, however it is sometimes needed to explain a purchase when being audited.

11 -- If a purchase meets exception criteria and competitive quotes are not included, please state the reason on the comparison line of the requisition form. If it is because the vendor is part of a special purchasing collective program, then YOU MUST LIST THE CONTRACT NUMBER UNDER WHICH THAT VENDOR FALLS.

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12.27 STUDENT ONBOARDING

Standard Operating Procedure

Definitions:

“Student” an individual currently enrolled in school at an affiliated College/University or Hospital Residency program

“Student preceptor” SCPH employee overseeing the student during their student experience

“Student Liaison” SCPH means the divisional SCPH staff person overseeing the process for a specific division

“Student Coordinator” SCPH employee overseeing the student experience process for the agency

“Affiliated College/University”/Hospital institution of higher learning that have a formal written agreement with Summit County Public Health (SCPH) which is limited to the following institutions:

- University of Akron
- Kent State University
- Case Western Reserve University
- Northeast Ohio Medical University
- Akron Children’s Hospital
- Summa Barberton Family Practice
- Cleveland Clinic/Akron General Family Practice

“Influenza Shot” the annual flu immunization which is required for students under Policy 353, if applicable. (during months October through April)

“Valid Background Check” a background check performed within the last calendar year according to SCPH’s Accepted Terms for Verification.

“Accepted Terms for Verification” the acceptable terms under which proof of a clear background check will be accepted by SCPH. For many student experiences, students should be able to submit a Valid Background Check from their Affiliated College/University/Hospital. If the student is unable to do so, the student must pay for a background check from the Ohio BCI and the FBI, which must be received by SCPH prior to the student’s start date.

“Onboard Materials” documents to be completed by student prior to the beginning of student experience at SCPH. Students are given a link to a google document where they complete the following documents and trainings:

1. Student information
2. Travel consent
3. Confidentiality form
4. HIPAA training and HIPAA attestation form
5. Blood Borne Pathogen training and Blood Borne Pathogen attestation form

“Student Records” all records provided to SCPH by the Affiliated College/University/Hospital, any and all Onboard Materials, any and all records of program performance, evaluations, and attendance records, and any other relevant records documenting the student’s experience at SCPH. These records include, but are not limited to, those documents generated on Google Drive or in email records.

Step-by-Step Actions to Complete Task

1. Student Coordinator receives a Request from students, college/universities, colleagues, medical students or residents. Requests from medical students and resident programs skip to 1b.
 - a. Does the student attend one of the affiliated colleges/universities?
 - i. Yes - skip to step 2.
 - ii. No - refer to SCPH website to enroll in Public Health 101
 - b. Is the resident from Summa?
 - i. Yes - Transfer call/request to Medical Director
Medical Director will arrange for one on one meeting with the resident for an overview of public health

No - Is the individual a resident from Barberton Hospital, Children’s Hospital #1(WIC/Well Newborn Public Health), or Children’s Hospital#2 (Refugee Clinic/Environmental Health), or a medical student from NEOMED?

- a. Yes - proceed to 2b.
- b. No - refer to SCPH website for Public Health 101

2. Student Coordinator to forward the request to appropriate division (Nursing and Public Health- Population Health liaison, Social Work- Community Health liaison, Environmental Health- Environmental Health liaison, medical students and residents- Medical Director)
 - a. Is there capacity?
 - i. No - refer to SCPH website for Public Health 101
 - ii. Yes - Schedule an interview
 - A. Is the student accepted?
 - a. No - refer to SCPH website for Public Health 101
 - b. Yes - proceed to 2b
 - b. Have student complete the onboard materials at <https://goo.gl/forms/jpXfyqlMqwmdKa5g2>
 - c. Does the student need access to IT?
 - i. Yes - Student Liaison to complete Request for IT Access at <https://docs.google.com/a/schd.org/forms/d/e/1FAIpQLScJu13TCBkWkAVIV72pYMGPD0LqXIQoiP-wVllhOEK7K6oweQ/viewform>
 - ii. No - proceed to 2d
 - d. Student Coordinator to check Google Docs link to verify that all student onboard documentation is complete prior to student's first day:

<https://docs.google.com/spreadsheets/d/1oxXel2vWqhzVtnalGuHYpsBULaD0bnNDTuNQ5XAvWJo/edit#gid=1603644360>

This includes:

- i. Student information
- ii. Travel/Confidentiality consent
- iii. HIPAA Training and attestation form
- iv. BBP Training and attestation form
- v. Receipt of clear background check
- vi. Receipt of documented flu shot/if required
- e. Student arrives at agency for first day and meets with Student Liaison
- f. Student is given ID badge
 - i. If experience is less than one day, provide visitor badge
 - ii. If experience is greater than one day, provide agency badge through Personnel office
- g. Student given building and division orientation by Student Preceptor

3. Completion of Student Experience

Student will:

- a. Complete evaluation at <http://goo.gl/forms/NCHecykwT7>
- b. Return ID badge to Student Preceptor

Student preceptor will:

- a. Return ID badge to Personnel office

Student Liaison will:

- a. Submit Request for IT Access form to helpdesk to cancel their IT access at <https://docs.google.com/a/schd.org/forms/d/e/1FAIpQLScJu13TCBkWkAVIV72pYMGPD0LqXIQoiP-wVllhOEK7K6oweQ/viewform>

4. Records Retention

All student records shall be retained in either paper or electronic format by in accordance with the current SCPH record retention schedule. Files will be kept in a password protected file on the S drive.

Review Date: 11/15/2017

Revision Date: 1/11/2018

Effective Date: 1/25/2018

Next Review Date: 2019

12.28 SCPH VEHICLE RESERVATION AND USE PROCEDURE

Standard Operating Procedure

Policy 7.02 Vehicle Policy

Step-by-Step Actions to Complete Task

1. To reserve an agency car send requests to carrequests@schd.org. If there is a vehicle available for the date you requested, you may sign out the vehicle at the main reception desk in Building A.
2. You will receive the keys and a clipboard containing; the gas cards (City Garage and Voyager) and sign out sheet, pertaining to the vehicle. You must fill out the Vehicle Sign-Out Sheet on the clipboard completely. Return clipboard, cards and keys to the front desk upon your return. You must also return the complete paperwork when returning the car.
3. With regard to parking, please remember SCPH pool cars must be parked in the lot behind the building.

Some Things to Know:

- Each vehicle has an envelope in the glovebox that contains instructions on how to use the fuel card at the pump; the Health District vehicle policy; and paperwork to be completed in the event of an accident.
- If you are involved in an accident, contact your Supervisor immediately.
- Passengers who are not related to Health District business are not allowed in the car. A liability waiver form must be completed if a non-employee is a passenger in a Health District vehicle, such as a client. These forms may be picked up at the front desk when signing out the vehicle.

- When returning a car, remove any food or trash. Leaving a place better than when you found it is always good idea.
- All cars are to be returned with at least a half tank of fuel.
- Please make a note on the sign out sheet on the clipboard if there were any mechanical issues you encountered while using the vehicle. Also, inform the Facility and Fleet Coordinator, so the issue can be addressed as soon as possible.
- Should you dent, scratch or damage a vehicle please let the Facility and Fleet Coordinator know so that we can take care of it as soon as possible.
- As a rule, vehicles may not to be taken home. Exceptions need approval you're your supervisor.
- The packet of information located in the pool car glove box contains information on the procedure for flat tires and other mechanical issues or towing.

If you have questions, please contact the Facility and Fleet Coordinator.

Effective Date: 7/27/2017

Revision Date: 7/13/2017

Review Date: 5/17/2017

12.29 PRESCRIPTION PADS

Standard Operating Procedure

Step-by-Step Actions to Complete Task

Overview/Rationale:

Although SCPH maintains medications to treat clients, occasionally the clinician needs to write a prescription for a medication that SCPH does not carry. SCPH has prescription pads for dentists, physicians and nurse practitioners to use to write a prescription to treat a SCPH clinic client if the clinic does not carry a necessary medication.

Policy/Guidelines:

SCPH prescription pads will follow all the requirements for prescription pads as outlined by state and federal authorities. SCPH currently has blank prescription pads (can be written for any medication) and pre-printed prescription pads (each for a specific medication).

1. Prescription pads will be kept locked in the safe at the Graham Road clinic site and the Fairway clinic sites at all times. In the dental clinic the prescription pads will be kept in a secure area.
2. The Summit County Medical Director or the Summit County dentist may keep a prescription pad in a secure area in her/his office for after-hours emergencies.
3. Prescriptions can only be written for SCPH clients.

4. Nurse practitioners can only write for prescriptions that are indicated in the formulary attached to their Standard Care Arrangement.
5. When the clinic physician or nurse practitioner needs to write a prescription in the clinic, she/he will ask the clinic nurse to get a prescription pad from the secure location. If the prescription will be for a medication for which a pre-printed prescription pad exists, then that prescription pad will be used.
6. When the clinic dentist needs to write a prescription in the clinic, she/he will get a prescription pad from the secure location.
7. After the prescription is written, the prescription pad will be immediately returned to the secure location.
8. Any prescription pads that are used off-site will be returned to the secure location at the respective clinic at the end of the day or the next day at the latest.
9. Prescription pads will not be carried by the physician or nurse practitioner during the clinic hours.
10. The dental clinic and the medical clinic Office Managers will be responsible for ordering prescription pads and tracking the number of prescription pads.

Getting Help:

If you have questions about these procedures, contact the Clinical Health Supervisor or Director of Clinical Health.

Review Date: 9/20/2017

Revision Date: 10/12/2017

Effective Date: 10/26/2017

Next Review: 2018

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

CHAPTER 13: FORM LIBRARY

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.01 POLICY MANUAL ACKNOWLEDGEMENT FORM



Receipt and Acknowledgements

You are responsible for reading and understanding the following documents being provided to you today. Your signature on this form confirms that you have been provided with a copy of such documents on the date noted, and that you are responsible for reading, understanding and complying with their contents. No policy handbook can cover every situation; therefore, when a question does arise, please consult with your supervisor for clarification. Updates to the policy and procedures manual can be found on the internal L drive.

Workforce Confidentiality Statement: I realize my ethical and legal obligation to protect the confidentiality of any and all records, information (including computer data files) and client identity which I may come to know in the course of my duties. I also realize that this obligation is a critical performance standard of my job and if breached may jeopardize my employment standing and lead to disciplinary action including possible termination of employment. I agree to follow all SCPH policies related to privacy and will do all within my power to protect private and confidential information from either covert or inadvertent disclosure.

- CLAS STANDARDS
- CONFIDENTIALITY STATEMENT
- OHIO ETHICS LAW
 - I understand and will comply with the provisions in R.C. 102.02 – 102.04 and R.C. 2921.42-2921.43.
- POLICY AND PROCEDURES MANUAL
 - **Fraud, Abuse, and Whistleblower:** I understand and will comply with the provisions contained in the Fraud and Abuse Policy and the Ohio Whistleblower Act Policy. I have been informed of the provisions in R.C. 117.103(A) and 124.341 as well as the procedures of reporting a violation related to those provisions of law.
- SUBSTANCE ABUSE POLICY

Signature

Date

Witness Signature

Date

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.02 VIOLATION REPORTING FORM

SUMMIT COUNTY PUBLIC HEALTH

VIOLATION REPORTING FORM

This form is to be utilized to report a violation of a Federal Law, State Law, Local Law, Local Ordinance, Local Regulation, Local Rule, or Policy Violation by a fellow employee or SCPH. Reporters are protected by the Ohio Whistleblower Protection laws and may be protected by various federal provisions.

1. Person reporting the actual or suspected wrongful conduct (do not complete this section if you wish to remain anonymous)

Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____ Tel _____

Email _____

2. Person against whom the report of actual wrongdoing is being made

Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____ Tel _____

Email _____

3. Type of report

Federal Law State Law Local Law Local Ordinance Local Regulation

Local Rule Policy Violation Criminal Violations Involving the Environment

Other: _____

4. Have you made a report to any other agency or person? If so, explain below.

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.03 PROFESSIONAL LIABILITY INSURANCE REIMBURSEMENT FORM

SUMMIT COUNTY PUBLIC HEALTH

REQUEST FOR PROFESSIONAL LIABILITY INSURANCE PREMIUM REIMBURSEMENT

CHARGE TO : _____ EMPLOYEE NO: _____
(Fund) (Program)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (ZIP)

POLICY PERIOD: _____

TYPE OF COVERAGE/PROFESSION (IE, REGISTERED NURSE) : _____

LIMITS OF LIABILITY: EACH INCIDENT/OCCURANCE _____ AGGREGATE _____
(Maximum Reimbursable - 1,000,000 Each Incident / 6,000,000 Aggregate)

INSURANCE COMPANY OR REPRESENTATIVE BROKER: _____

PREMIUM PAID: _____

A RECEIPT AND A COPY OF A VALID POLICY DECLARATIONS PAGE MUST ATTACHED FOR ITEMS TO BE REIMBURSED.

ACKNOWLEDGEMENT:

I UNDERSTAND THAT THE AMOUNT REIMBURSED FOR INDIVIDUAL PROFESSIONAL LIABILITY COVERAGE CONSTITUTES A TAXABLE FRINGE BENEFIT UNDER INTERNAL REVENUE SERVICE (IRS) CODE AND THAT SUCH PAYMENT WILL BE REFLECTED AS TAXABLE INCOME IN THE APPLICABLE TAX YEAR.

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED BY: _____ AMOUNT APPROVED: _____
SUPERVISOR

DIVISION DIRECTOR

FISCAL

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.05 COMPLAINT RESPONSE FORM



SUMMIT COUNTY PUBLIC HEALTH
1867 WEST MARKET STREET · AKRON, OHIO 44313 · 330-923-4891 · WWW.SCPH.ORG



Summit County Public Health
FORMAL COMPLAINT RESPONSE FORM
(Employee Respondent)

You are receiving this form because a formal complaint has been filed against you, or you may have witnessed the alleged incident(s). Enclosed with this form is a copy of that complaint. You have ten (10) calendar days from the time you receive the complaint to fill out and return this form. This form must be returned to the Director of Administration.

Employee Name
Primary Location
Email
Phone Number
Name of Supervisor

Please respond below to the formal complaint by specifying any knowledge you have of the incident(s). Include any additional evidence or other witnesses relating to the alleged incident. Be sure to sign and date this form before returning it to the Director of Administration.

By entering your name and date below, you are certifying that, to the best of your knowledge, you have provided a truthful and accurate response to the complaint against you.

Signature

Date

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.07 ADA ACCOMMODATION REQUEST FORM



ADA Accommodation Request Form

Completely Fill in the Following

Name of the Requesting Party (First Middle Last)

Street Address

Phone number

City, State, ZIP

Email

A. Questions to clarify the type of accommodation requested

What kind of accommodation are you requesting? _____

- a. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? _____
- b. Is your accommodation request time-sensitive? _____

B. Questions to Document the Reason for the Accommodation Request

What if any job function are you having difficulty performing (if applicable)? _____

What if any SCPH facilities or services are you having difficulty accessing (if applicable)? _____

What limitation is interfering with your ability to perform your job or with accessing facilities or services? _____

Have you had any accommodations in the past for this same limitation? _____

If yes, what were they and how effective were they? _____

If you are requesting a specific accommodation, how will that accommodation assist you? _____

C. Other

Please provide any additional information which might be useful in processing your accommodation request. _____

I declare that I have read the above responses and that they are true to the best of my knowledge, information and belief.

Individual's Signature Date

December 2016

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13.08 RESIGNATION FORM



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558
www.scphoh.org

EMPLOYEE RESIGNATION FORM

Last Name _____ First Name _____ M.I. _____

Position or Title _____

Resignation effective at close of business on (mm/dd/yyyy): _____

2 weeks' notice 4 weeks' notice Other _____

Reason for resignation

Have you received tuition reimbursement within the last two years? Yes No

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee Signature _____ Date _____

Please print and sign this completed form and submit it to your supervisor.

Supervisor signature _____ Date _____

Please be aware that your final W-2 tax statement will be sent to the address on file with Summit County Public Health (SCPH). Should your address change, you will need to provide the updated address to SCPH to ensure timely receipt of this document.

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.09 REFERENCE CHECK FORM



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558
www.scphoh.org

To be completed by applicant:

I, _____, hereby release all persons or entities listed on my application from all liability or damages for giving such information to Summit County Public Health and its authorized agents. This release also extends to persons or entities that have information that is relevant to any position I am considered for. I also release Summit County Public Health from any sharing such information with relevant offices and staff persons.

To: _____

The above named individual has applied for a position with Summit County Public Health and indicated previous employment with your company. The information requested below will help us evaluate the applicant. We will hold your comments in strict confidence. Thank you for your cooperation.

Please indicate:

Job Title: _____ Dates of Employment: _____

Ending Pay Rate: _____ Would you rehire? Yes No

Reason for leaving: _____

How many days was the employee absent from work for reasons other than paid vacation during the past 12 months of employment? _____

Please rate the applicant on the basis of his/her employment with your company (Excellent, Good, Fair or Poor):

Ability: _____ Conduct: _____ Attitude: _____

Efficiency: _____ Attendance: _____ Punctuality: _____

Completed by: _____ Signature: _____

Date: _____ Title: _____

Please return completed form to personnel@scph.org

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.11 ALTERNATE WORK SCHEDULE REQUEST FORM



SUMMIT COUNTY PUBLIC HEALTH
1867 WEST MARKET STREET • AKRON, OHIO 44313 • 330-923-4891 • WWW.SCPH.ORG



Alternative Work Schedule (AWS) Agreement

Employee Name: _____ Employee ID: _____

Requested Start Date: _____ Requested End Date: _____

Note: The start date must coincide with the beginning of a payroll period and end date with the end of a payroll period. Period of time must be no less than three months and no longer than six months.

Two types of AWS may be requested, check the choice you are requesting:

_____ Set Compressed AWS (35 hours/week, 4 days/week) _____ Set 5-Day AWS (35 hours/week 5 day/week, but working outside the standard operating hours of 8 am to 4 pm)

Monday	Start Time: _____	End Time: _____
Tuesday	Start Time: _____	End Time: _____
Wednesday	Start Time: _____	End Time: _____
Thursday	Start Time: _____	End Time: _____
Friday	Start Time: _____	End Time: _____
Saturday	Start Time: _____	End Time: _____
Sunday	Start Time: _____	End Time: _____

Comments (include any stipulations, explanations of schedule rotations, etc. :

By signing this Agreement, the employee named herein, agrees to abide by the alternative work schedule policy, all other SCPH policies and procedures, and/or all other work related policies. In the event of a conflict between policies, the employee agrees to bring the potential conflict to the attention of the immediate supervisor and seek a written decision on which policy will be enforced.

Employee Signature: _____ Date: _____

Supervisor's Name: _____ Approved: _____ Disapproved: _____

Reason(s) for Denial: _____

Supervisor Signature: _____ Date: _____

Director's Name: _____ Approved: _____ Disapproved: _____

Reason(s) for Denial: _____

Director Signature: _____ Date: _____

Copies to: Employee, Supervisor, and Division Director

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.12 FMLA CERTIFICATION FORM

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 5/31/2018

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, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination 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. 29 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. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: () Fax: ()

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.13 TUITION REIMBURSEMENT FORM

**SUMMIT COUNTY PUBLIC HEALTH
GENERAL REQUEST FOR TUITION REFUND**

COMPLETE A FORM TO REPORT EXPENSES FOR EACH COURSE. RECEIPTS MUST BE ATTACHED FOR ALL ITEMS TO BE REIMBURSED.

ACCOUNT NO: _____ EMPLOYEE NO: _____
(Fund) (Program)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (Zip)

COURSE TITLE(S) AND DESCRIPTION OF CONTENT: _____

DESCRIBE HOW CLASS CONTENT RELATED TO YOUR POSITION: _____

COLLEGE/UNIVERSITY: _____ LOCATION: _____

COURSE WORK FOR: DATE(S): ____ / ____ / ____ THROUGH ____ / ____ / ____

CERTIFICATION: _____

ADVANCED DEGREE: _____

FINAL GRADE AND COPY ATTACHED: _____

EXPENSES: (List actual amounts)

TUITION \$ _____.

COURSE WORK FEES \$ _____.

BOOKS \$ _____.

TOTAL \$ _____.

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.14 HIPAA AUTHORIZATION FORM

Form 6



1867 West Market Street • Akron, OH 44313
Phone: (330) 923-4891 • Toll-free: 1 (877) 687-0002 • Fax: (330) 923-7338
www.scohoh.org

**SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, hereby authorize the Summit County Combined General Health District ("Health District") to release obtain the records from the designated records set of _____ as described below. I understand that this authorization is voluntary and that I may revoke the authorization in writing addressed to the Health District Privacy Officer at 1100 Graham Road Circle, Stow, OH 44224. This authorization may not be revoked where the Health District has reasonably acted in reliance hereupon.

Patient Name: _____ **Birthdate:** _____

Party (parties) in Possession of the Information (i.e., who is being requested to produce records)

Agency _____ Agency _____
Phone number _____ Phone number _____
All records Other All records Other

Agency _____ Agency _____
Phone number _____ Phone number _____
All records Other All records Other

Agency _____ Agency _____
Phone number _____ Phone number _____
All records Other All records Other

Party receiving the Information: _____

Purpose [ex: "At the request of the patient"]: _____

Expiration date or event: _____

I have been offered the District's Notice of Privacy Practices and understand that these explain how the medical information of the patient may be used and disclosed. Except for research-related treatment and treatment solely for the purpose of disclosure to a third party, treatment or payment, enrollment or eligibility for benefits may not be conditioned on execution of this authorization. I am aware that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Signature of Patient or Patient's Representative: _____

Patient's Representative (print): _____

Authority of Representative: _____

Date: _____

REVOCAION (Signature and Date) _____

PROVIDE COPY TO PATIENT AND COPY TO FILE

Revised 3/4/2016

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.15 REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT/ ACTIVITIES



SUMMIT COUNTY PUBLIC HEALTH

1867 West Market Street ♦ Akron, Ohio 44313-6901
 Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558
 www.scphoh.org

REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Initial Request Revised Request Renewal Date Filed:

Employee Information	
EMPLOYEE NAME (Last, First, MI)	
DIVISION	PROGRAM
TITLE	SALARY
OFFICE PHONE	CELL PHONE
SUPERVISOR NAME	SUPERVISOR PHONE

Outside Activity Information				
NATURE OF THE OUTSIDE ACTIVITY				
Please indicate the type of activity for which you request prior approval, and describe fully the specific duties or services to be performed.				
Professional or Consultative	Teaching, Speaking Writing, or Editing	Board Service	Expert Witness	Other
Describe:				
SELF-EMPLOYED/INDEPENDENT CONTRACTOR				
If you will provide personal services or products directly to multiple clients, patients, customers, or others, as a self-employed individual or as an independent contractor, alone or jointly with others, check the box below and specify the type of activity or business in which you propose to be engaged, such as legal, medical, accounting, or sales (specify industry or economic sector) and identify any partners or others with whom you provide services or products jointly. Estimate the total number of clients, patients, customers, or persons to whom you would provide services or products during the activity period.				
Specify:				

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.16 NOTICE OF DISCIPLINARY ACTION FORM

**SUMMIT COUNTY PUBLIC HEALTH
NOTICE OF DISCIPLINARY ACTION**

Name of Employee

Date

SECTION I:

INAPPROPRIATE CONDUCT (Provide detailed description of violation of established rules and/or regulations.
Use separate sheet of paper if necessary.)

DISCIPLINE:

Proceed to **Section II** if one of the following:

Instruction and Caution Written Reprimand

Proceed to **Section III** if one of the following:

Recommendation for Suspension Recommendation for Reduction Recommendation for Termination

Copies to: Employee, Supervisor, Division Director, Assistant Health Commissioner, Health Commissioner, Personnel File

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.17 CORRECTIVE ACTION PLAN FORM



CORRECTIVE ACTION PLAN FORM

Employee Name:

Division:

Date:

Supervisor:

Subject: Corrective Action Plan

Reason for Performance Improvement Plan:

During the past month, during the following dates, _____, it has become increasingly evident to me that you have not been performing your assigned work in accordance with what is expected of a _____. On the following dates _____, you were counseled about this unacceptable performance. To date, there has not been any significant improvement. Summit County Public Health values you as an employee, and it is our intent to make you fully aware of this situation and to assist you in improving your work performance. However, it is important that you realize the responsibility to improve is yours alone.

You are being placed on a written improvement plan. For the next _____ days, during _____ to _____, your work will be closely monitored by me. You must demonstrate immediate improvement in the following areas:

Performance Improvement Plan:

- Create a time management tool (outlook calendar, setting reminders on your computer, cell phone, etc.) to keep track of all assignments and review it daily by checking off completed assignments and adding new tasks as needed.
- Keep personal workspace tidy and well organized to ensure that supervisor or others can find things you have organized or moved.
- Eliminate work errors resulting from being unclear in communicating.
- Draft internal documents free of typographical and spelling errors.
- Improve communication skills with supervisor to best meet program demands and improve problem solving skills.
- Obtain assistance/guidance through counseling or appropriate job training.
- Other: _____

- Other: _____

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.18 WORKERS COMPENSATION FORM



COUNTY OF SUMMIT
THE HIGH POINT OF OHIO
RUSSELL M. PRO, EXECUTIVE

DEPARTMENT OF INSURANCE & RISK MANAGEMENT
CAROLYN STEVENSON
175 S. MAIN STREET, ROOM #103
AKRON, OHIO 44308
330.643.8761 * FAX: 330.643.8625

INJURY/ILLNESS REPORT

FORWARD ORIGINAL OF THIS REPORT
TO: SUMMIT COUNTY PUBLIC HEALTH
1867 WEST MARKET STREET
AKRON, OHIO 44313
PHONE/FAX: 330.926.5602

PART I: EMPLOYEE'S STATEMENT (PLEASE PRINT, USE BLACK OR BLUE INK ONLY)

NAME _____ ADDRESS HOME _____
CITY _____ ZIP CODE _____ PHONE # (HOME) _____ PHONE # (WORK) _____
SS# _____ DATE OF BIRTH _____ AGE _____ MALE/FEMALE _____
AGENCY/DEPARTMENT EMPLOYED BY _____
JOB TITLE _____ COMPLETE ADDRESS OF WHERE YOU REGULARLY
REPORT TO WORK _____

DATE OF INJURY/ILLNESS _____ TIME OF INJURY/ILLNESS _____ AM/PM
DID THE INCIDENT OCCUR: BEFORE, DURING OR AFTER YOUR WORK SHIFT? _____
DID THE INCIDENT OCCUR WHILE AT WORK ON A NORMAL SHIFT OR WHILE ON OVERTIME? _____
DID THE INCIDENT OCCUR WHILE ACTUALLY ENGAGED IN WORK FOR THE COUNTY, WHILE COMING TO WORK, ON BREAK
OR LEAVING WORK? _____
COMPLETE ADDRESS OF LOCATION OF INJURY/ILLNESS _____

WAS THIS LOCATION ON THE EMPLOYER'S PREMISES? _____ YES _____ NO
DESCRIBE INJURY/ILLNESS (PART OF BODY EFFECTED AND NATURE OF INJURY OR ILLNESS) _____

IDENTIFY THE DUTIES PERFORMED WHEN THE ACCIDENT OR EXPOSURE OCCURRED _____

DESCRIBE IN DETAIL THE EVENTS WHICH RESULTED IN THE INJURY OR ILLNESS (FOR AN INJURY: WHAT WERE YOU DOING? HOW DID IT
HAPPEN? INCLUDE SPECIFIC OBJECTS, SUBSTANCES AND/OR MACHINES INVOLVED. IF YOU WERE LIFTING AN OBJECT, GIVE APPROXIMATE SIZE, WEIGHT AND DISTANCE
LIFTED. FOR AN ILLNESS: DESCRIBE THE SUBSTANCE AND DETAILS OF HOW YOU WERE EXPOSED TO THE SUBSTANCE AND TYPE OF WORK YOU WERE DOING.)

WAS THERE ANY PROPERTY DAMAGE? _____ YES _____ NO IF YES, WHAT PROPERTY WAS DAMAGED? _____

WERE THERE INJURIES TO OTHER EMPLOYEES OR THE PUBLIC? _____ YES _____ NO IF YES, WHO WAS INJURED?
(INCLUDE PHONE # WHERE INJURED PARTY CAN BE REACHED) _____

DID YOU RECEIVE MEDICAL TREATMENT? _____ YES _____ NO IF YES, DESCRIBE _____

NAME, COMPLETE ADDRESS AND PHONE # OF DOCTOR, HOSPITAL OR OTHER FACILITY PROVIDING SERVICE _____

NAME OF WITNESS(ES), COMPLETE ADDRESS AND PHONE # _____

WITNESS(ES) STATEMENTS ATTACHED? _____ YES _____ NO WHEN DID YOU REPORT THE INJURY/ILLNESS?

____/____/____ TO WHOM DID YOU REPORT THE INJURY/ILLNESS? _____

DATE OF THIS REPORT ____/____/____ SIGNATURE OF EMPLOYEE _____

* IF YOU RECEIVE MEDICAL TREATMENT FOR YOUR INJURY/ILLNESS, PLEASE SUBMIT YOUR MEDICAL DOCUMENTATION TO YOUR SUPERVISOR WHEN YOU RETURN TO WORK.

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.19 INJURY/ACCIDENT/OCCUPATIONAL ILLNESS FORM

SUMMIT COUNTY PUBLIC HEALTH
1867 West Market Street
Akron, Ohio 44313

INCIDENT/ACCIDENT/OCCUPATIONAL ILLNESS REPORT

Employee: _____ Visitor: _____ Time: _____ Date: _____
Last Name: _____ First: _____ Mi: _____ DOB: _____
Street: _____ City: _____ Zip _____ Phone: _____

Facility where incident/accident/illness exposure occurred (include name, address and phone if available):

Specific location within the facility of occurrence:

Facility and Division where employee normally works:

Report of incident/accident/illness/injury (What happened, give witness names and contact information, describe cause, include witness statements or any condition or circumstance that may have impacted the incident/illness):

Describe the injury/illness and indicate part(s) of body affected (Be as specific as possible):

Action taken (Include initial and follow-up treatment received and by whom):

Your suggestions for how this incident/accident/illness could be prevented from occurring in the future:

Name and division of person reporting incident/accident/illness:

DATE:

(MUST BE COMPLETE AND FORWARDED TO SUPERVISOR WITHIN 48 HOURS)

S:\Personnel Policies\Forms-Chapter 13\Incident Accident Illness Form.doc
Revised: 11/30/12-3p

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.20 SOCIAL MEDIA PLAN FORM

**SUMMIT COUNTY PUBLIC HEALTH
SOCIAL MEDIA AUTHORIZATION FORM**

Name of Social Media Platform _____

Program Requesting Social Media Access _____

Person Responsible for Social Media Account _____

Description of Social Media Usage:

Username: _____ Password: _____

Website Address _____

Acknowledgment:

I am aware that I am responsible for the content on this social media account and that I may be terminated for posts or comments generated by this account that violate SCPH policies. I also understand that posts, comments, and messages are public record. I acknowledge that I am not permitted to post any information that is not scientifically accurate nor any journal articles that are not from a peer-reviewed journal.

Requester Signature: _____

All Social Media must conform to the SCPH branding standards. Please contact Jeff Kraus at X5624.

Branding Approval Signature: _____

Supervisory Approval:

Supervisor Signature _____

Director Signature _____

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.21 PURCHASE ORDER REQUISITION FORM

SUMMIT COUNTY PUBLIC HEALTH
1867 WEST MARKET STREET, AKRON, OH 44313 (330) 923-4891 FAX (330) 923-7558

REQUISITION FOR PURCHASE

PO LOG LINE: _____ DATE ENTERED: _____

MATERIAL NEEDED: _____

PLEASE NOTE: WHENEVER APPLICABLE SUPPLIER MUST INCLUDE MATERIAL SAFETY DATA SHEET. IF ORDERED BY PHONE BE CERTAIN YOU REQUEST THE MSDS AS WE MUST KEEP THEM ON FILE PER OSHA.

TOTAL COST: _____ CHECK TO ACCOMPANY ORDER (No / Yes): _____
(If Yes, ATTACH INVOICE WITH ADDRESS)

SUPPLIER: _____ TAX ID NO.: _____

ADDRESS: _____ TELEPHONE: _____

CITY, STATE, ZIP: _____

CONTACT NAME/E-MAIL ADDRESS FOR W-9: _____

JUSTIFICATION FOR PURCHASE: _____

COMPARISONS: _____

ACCOUNT NO: _____ - 9451 - _____
FUND **ORG** **AMOUNT** **PROGRAM** **AMOUNT**

ACCOUNT NO: _____ - 9451 - _____
FUND **ORG** **AMOUNT** **PROGRAM** **AMOUNT**

IS THIS A GRANT FUNDED PURCHASE? (YES/NO): _____ END DATE OF GRANT YEAR: _____

HOW LONG WILL SUPPLY LAST? _____ DATE OF LAST PURCHASE: _____

REQUESTED BY: _____ DATE REQUESTED: _____

SPECIAL INSTRUCTIONS: _____

APPROVED BY: SUPERVISOR: _____ DATE: _____

DIVISION DIRECTOR: _____ DATE: _____

FISCAL OFFICER: _____ DATE: _____

(FOR FISCAL ONLY)

PURCHASE ORDER NO.: _____ DATE ISSUED: _____

DATE RECEIVED: _____ DATE ENTERED ON PO LOG: _____

ORDER COMPLETED: _____ L:ADMIN/AD/AC05 ERB:2/4/13 REV

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.22 AUTO ACCIDENT REPORT FORM



DEPARTMENT OF
LAW, INSURANCE & RISK MANAGEMENT
175 S. MAIN STREET, ROOM 103
AKRON, OHIO 44308
330.643.2709 • FAX: 330.643.8625

AUTOMOBILE ACCIDENT REPORT

CLAIM NUMBER
THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

CLAIMANT/EMPLOYEE LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH (YEAR/MONTH/DAY)	
HOME ADDRESS STREET			CITY/TOWN		STATE	ZIP CODE
HOME TELEPHONE NUMBER		INSURANCE COMPANY NAME/POLICY NUMBER				
INSURANCE COMPANY ADDRESS STREET			CITY/TOWN		STATE	ZIP CODE
INSURANCE COMPANY NUMBER						
MAKE OF VEHICLE	YEAR	MODEL	SERIAL NUMBER	LICENSE NUMBER/STATE		
DESCRIBE DAMAGE					ESTIMATE OF DAMAGE	
NAME OF DRIVER OF YOUR VEHICLE			AGE	DRIVER'S LICENSE NUMBER		
RESIDENCE ADDRESS STREET			CITY/TOWN		STATE	ZIP CODE
HOME TELEPHONE NUMBER						
DATE OF ACCIDENT (YEAR/MONTH/DAY)		TIME	WERE YOU WEARING A SEAT BELT?			
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION OF ACCIDENT						
PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT			WEATHER CONDITION		ROAD CONDITION	
YOUR SPEED	DIRECTION		OTHER'S SPEED		DIRECTION	
POLICE INVESTIGATION BY				CHARGES		
HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WHO WAS RESPONSIBLE FOR THE ACCIDENT? (REASON)						
OWNER OF OTHER VEHICLE			OWNER OF OTHER VEHICLE			
HOME TELEPHONE NUMBER			HOME TELEPHONE NUMBER			
HOME ADDRESS			HOME ADDRESS			
MAKE OF VEHICLE	YEAR		MAKE OF VEHICLE		YEAR	
MODEL	LICENSE NUMBER/STATE		MODEL		LICENSE NUMBER/STATE	
NAME OF INSURANCE COMPANY			NAME OF INSURANCE COMPANY			
DESCRIPTION OF DAMAGE			DESCRIPTION OF DAMAGE			
NAME OF DRIVER	HOME TELEPHONE NUMBER		NAME OF DRIVER		HOME TELEPHONE NUMBER	
HOME ADDRESS			HOME ADDRESS			

PAGE 1 OF 2

COMPLETE BOTH FRONT AND BACK SIDES BEFORE SENDING.

REV 3.12

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.23 EMPLOYEE INFORMATION FORM

SUMMIT COUNTY HEALTH DISTRICT - EMPLOYEE INFORMATION SHEET

NEW HIRE CHANGE OF INFORMATION

ORIGINAL: Fiscal
COPY: Personnel
 Emergency Prep

(NOTE: For Change of Information, complete the NAME, EMP. NO. AND SOCIAL SECURITY NO. areas as well as any information to be updated.)

DIVISION _____ SUPERVISOR _____

WORK LOCATION _____ EMP. NO. _____

DISTANCE FROM PRIMARY WORK LOCATION: _____ MILES

SOCIAL SECURITY NO. _____ BIRTHDATE (mm/dd/yy) ____ / ____ / ____

NAME _____
(Last) (First) Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL DISTRICT _____ POL SUB-DIV OF RESIDENCE _____

HOME PHONE # _____ WORK PHONE # _____

PERSONAL CELL # _____ AGENCY CELL # _____

IN CASE OF EMERGENCY (during regular work hours), NOTIFY:

1. Name _____ Place where usually available _____
Phone (____) _____ Relationship _____
2. Name _____ Place where usually available _____
Phone (____) _____ Relationship _____

NEW EMPLOYEES ONLY: To comply with OSHA/PERRP Regulations, give dates.

Hepatitis B _____ Rubella _____

TB Skin Test Date _____ Results _____

Tetanus _____ Other _____

Summit County Health District (SCHD) uses the Wireless Emergency Notification System (WENS) to notify staff in case of emergency. The WENS system may be used to simultaneously send an alert to up to 5 methods of contact, including text messaging, for each employee. By signing below, you authorize SCHD to contact you via the information provided on this sheet for the purposes of emergency notification and testing of the WENS system.

Employee signature

Date

Admin/PEF/pef03
Revised: 5/9/11 - msmith

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.24 ETHICS IS EVERYBODY'S BUSINESS

ADVISORY OPINIONS

The Ohio Ethics Commission issues advisory opinions in response to questions relating to conflicts of interest or financial disclosure. Advisory opinions interpret the law and are available to public servants who are considering, but have not yet undertaken, an activity that may involve a conflict of interest. Staff reviews requests for advice with an Advisory Committee of the Commission.

An opinion issued by the Commission provides the official or employee, and any other public servant similarly situated, who follows the opinion with immunity from civil action, criminal prosecution, and removal from office actions. A public official or employee who fails to follow an opinion of the Commission is subject to potential civil and criminal action and removal from office for violating the Ethics Law. Advisory opinions are available, with search capability, on the Commission's Web site.

ETHICS EDUCATION AND PUBLIC INFORMATION

The Ethics Commission provides a wide variety of ethics education and public information free of charge. The Commission presents classes and other educational opportunities for groups of public officials, public employees, and private citizens. In addition, it provides pamphlets on a number of ethics issues. Each public agency is required to provide a copy of the Ethics Law to the officials and employees who serve the agency. The Commission can provide a master copy of the law to any agency, to assist it in complying with this law. Helpful materials are also available on the Web site.

For more information, to request an Ethics Commission speaker, or for answers to questions, write, call or view our Web site:

OHIO ETHICS COMMISSION
William Green Building, 30 West Spring St., L3
Columbus, Ohio 43215-2256
Phone: (614) 466-7090
Fax: (614) 466-8368
www.ethics.ohio.gov

[Rev. Feb. 2012]

Ethics Is Everybody's Business



The Ohio Ethics Commission

"No man is allowed to be a judge in his own cause, because his interest would certainly bias his judgment, and, not improbably, corrupt his integrity."

- James Madison in *The Federalist*

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.26 TRAVEL REQUEST AND REIMBURSEMENT FORM

Travel Request Form Part 1

Please complete part 1 of the travel request form and retain one copy for yourself. Once your travel request has been approved by the Board and you are ready to submit your reimbursement form, complete form 2 (Request for Reimbursement) and submit to Fiscal. Make sure to submit your copy of form 1 with your reimbursement request. Fiscal will need a copy to match up with the approved Board amount. Please refer to Personnel Policy No. 521/ Travel Reimbursement for more detailed information.

Employee Name(s) :

Employee # : _____

Name of Conference : _____

Name of Sponsor: _____

Location: Address _____ City: _____ State: _____

Dates Attending : _____ Time: _____ Multiple Mtgs?(Total#) _____

List ways in which this meeting will be of value to you in your particular job.

Estimated Expenses:

Airfare = _____

Shuttle/Car Rental= _____

Parking = _____

Lodging _____ days _____ rooms at \$ _____ per day = _____

Mileage = _____

Registration = _____

Meals =

(Breakdown \$ amount of meals by day)

TOTAL COST OF EXPENSES: _____

Board approval date: _____

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Director Signature _____

Date _____

Current mileage rate for 2016 is .535 mile

Current meal rates are:

In state: \$40 a day max

- Breakfast- \$9
- Lunch- \$12
- Dinner- \$19

Out of State: \$60 a day max

- Breakfast- \$12
- Lunch- \$18
- Dinner- \$30

*Please note rooms should be shared when multiple employees are staying overnight unless otherwise approved by supervisor

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.27 CLAS STANDARDS

The Need for Culturally Competent Health Care Providers

In 2000, almost 15 percent (more than 1.3 million) of the people in the State of Ohio were ethnically diverse. The United States Census Bureau estimates that by the year 2015, Ohio's minority population will grow to more than 2.1 million people, nearly 20 percent of the state's population.¹

With the face of Ohio continuing to diversify, the role of culture and its effect on the needs of patients/consumers in the health care world becomes increasingly important. In our quest to provide our communities with the highest quality services, we must have a heightened understanding of how beliefs and traditions related to culture or ethnic identity can affect a patient's/consumer's attitude toward health care. These cultural beliefs and traditions can affect attitudes about food, gender roles, folk healing methods, appropriate methods of disciplining children and the definition of family.²

Cultural competence is the ability to adapt service delivery to meet the diverse needs of the communities that we serve. The first step in successfully adapting service is recognizing that our own values may conflict or be inconsistent with those of other cultural or ethnic groups. Knowing the cultural makeup of family planning agencies' communities is undoubtedly important, but simply not enough. Appropriate cultural competence training and policies give staff, at all levels, the knowledge and the ability to treat the diverse populations.

Cultural competence is a set of behaviors, attitudes and policies aimed at bridging linguistic and cultural gaps between patients/consumers and caregivers. When attempts are made to successfully bridge these gaps, improved health care outcomes are expected. Increased understanding on the part of the provider will allow for more specific and complete information to be obtained from the patient/consumer that will in turn lead to improved diagnoses and treatment plans. Patients/consumers who are able to successfully communicate with their caregiver will be more likely to comply with those treatment plans and experience fewer delays in seeking care.³

Enclosed you will find the following:

- Tips for improving the caregiver/patient relationship across cultures.
- A summary of the National Standards for Culturally and Linguistically Appropriate Services taken from a self-assessment based on the National Standards for Culturally and Linguistically Appropriate Services in Health Care compiled by the U.S. Department of Health and Human Services Office of Minority Health.

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

In 1997, the U.S. Department of Health and Human Services Office of Minority Health initiated a project to develop recommended national CLAS standards that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The CLAS standards reflect input from a broad range of stakeholders including hospitals, community-based clinics, managed care organizations, physicians, nurses and other providers, state and federal agencies, accreditation and credentialing agencies, educators, patient advocates, advocacy groups and consumers.

The following summary is based on the 14 national CLAS standards published in the OMH CLAS final report in March 2001.

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.28 HEALTH PROMOTION PROGRAM AUDIT FORM
--

HEALTH PROMOTION PROGRAM AUDIT TOOL

This tool is intended to assist supervisors in reviewing proposals for new health promotion program activities to ensure minimum policy requirements are met.

Date of Review:	
Program Title:	
Division:	
Health Issue Addressed:	
Strategic Plan or Community Health Improvement Plan Link	
Intended Participants/Target population:	
Setting:	
Proposed Start Date:	
Project Period:	
Total Budget:	
Staffing Requirements:	
Funding Source:	
Is the Health District the entity best positioned to implement the intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Justification of Need Included?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Are community factors that affect the health issue discussed?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Does the proposed intervention include strategies to address health equity factors?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Goals and objectives are clear and measurable?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Includes promising or evidenced based practices?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Ways in which the target population has been or will be included in planning:	
List Community Partners:	
Ways in which the project will collaborate with or include community partners:	
Project includes an evaluation plan?	<input type="checkbox"/> Yes Page # _____ <input type="checkbox"/> No
Reviewer Name and Signature:	

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.29 LEAVE DONATION APPLICATIONS



**Summit County Combined General Health District
Leave Donation Program – Recipient Application**

Recipient Employee:

Name of Recipient (please print)

Social Security Number

Division

Employee Number

I hereby request eligibility to become a Leave Donation Program Recipient. I understand that I must establish that a medical necessity exists in accordance with the policy and have provided medical verification. I also understand that I must comply with all other terms of the Leave Donation Program Policy.

___ I authorize the release of my name to potential Donors.

___ I DO NOT authorize release of my name to potential Donors.

I understand that I must use all my accrued sick leave and vacation time before becoming eligible for donated leave. I anticipate that this will occur on approximately _____.

Signature of Recipient

Date

DIVISION DIRECTOR RECOMMENDATION FOR APPROVAL:

Recommend for Leave Donation _____
Does not recommend for Leave Donation _____

Recommended by: _____
Division Director

Date

AUTHORIZATION:

Meets criteria _____
Does not meet criteria _____

Personnel Officer

Date

Authorized by: _____
Health Commissioner or Designee

Date

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.30 ACKNOWLEDGEMENT OF UNCLASSIFIED EMPLOYEE STATUS FORM



Summit County Combined General Health District

ACKNOWLEDGEMENT OF UNCLASSIFIED EMPLOYEE STATUS

I, _____, understand that I am not a classified employee pursuant to R.C. 124.30(B) because I am a temporary or intermittent employee. I understand that this means that I am an at-will employee and may be terminated for any reason. I further understand and agree that I shall not pursue any rights of classified employees or claims based on rights of classified employees at SCPH or in front of any tribunal, court, or administrative body.

SIGNED:

Print Name: _____

Signature: _____

Date: _____

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.31 PERSONNEL FILE REQUEST FORM

PERSONNEL FILE INSPECTION/COPY REQUEST FORM

Employee Name: _____

I am requesting to: Inspect my personnel file Obtain a copy of my personnel file

I am designating, in writing, the following representative, _____, to:

Inspect my personnel file Obtain a copy of my personnel file

I understand the following:

- If I am inspecting my personnel file, I may not add, remove or revise any documents.
- I am waiving any claim pursuant to any privacy or confidentiality law or rule, including R.C. 3701.17 and HIPAA.
- Unless both parties agree to extend this date, SCPH has 30 calendar days from receipt of my written request to comply with my request.
- I may be required to reimburse SCPH for the actual cost of reproduction of my personnel file.
- SCPH may verify any representative designated by me.
- A Personnel Office or Fiscal Office staff employee must be present during inspection review.

Signature

Date

To be completed by the Personnel Office:

Date request received: _____

Date of review of file with
employee/representative: _____

Date on which a copy of the
personnel file was provided
to the employee/representative: _____

Personnel Office Representative

Date

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.32 TERMINATION SUMMARY FORM

**SUMMIT COUNTY HEALTH DISTRICT
TERMINATION SUMMARY**

SECTION I: DIVISION

NAME _____ EMP. NO. _____

DID EMPLOYEE GIVE ADEQUATE NOTICE OF TERMINATION? YES ___ NO ___

LAST POSITION HELD _____

WHAT WAS EMPLOYEE'S ATTENDANCE RECORD DURING EMPLOYMENT?

EXCELLENT ___ GOOD ___ FAIR ___ POOR ___

WOULD HE/SHE BE CONSIDERED FOR REHIRE? YES ___ NO ___

IF ANSWER IS NO, GIVE EXPLANATION _____

OTHER COMMENTS: _____

EFFECTIVE DATE _____

TYPE OF TERMINATION ___ VOLUNTARY ___ LAYOFF ___ RETIREMENT ___

OTHER _____

COMPLETED BY _____ DATE ___/___/___

SECTION II: BOOKKEEPING

JOB TITLE _____ DIVISION _____

HIRE DATE ___/___/___ ADJUSTED SERVICE DATE ___/___/___

TERMINATION DATE ___/___/___ UNUSED SICK LEAVE BAL (HRS) _____

LAST DAY EMPLOYEE WAS PAID ___/___/___

DATE REMOVED FROM COMPUTER ___/___/___

COMPLETED BY _____ DATE ___/___/___

ATTACHMENT: RESIGNATION LETTER (Except for failed to return from LOA)

ORIGINAL: BOOKKEEPING
COPY: PERSONNEL
INFORMATION SYS

DOUBLE CLICK THE FORM TO VIEW OR FILL IN

13.33 AFFIDAVIT OF DOMESTIC PARTNER



COUNTY OF SUMMIT
DEPARTMENT OF LAW, INSURANCE
& RISK MANAGEMENT
175 S. MAIN STREET, ROOM #103
AKRON, OHIO 44308
P: (330) 643.2621

**AFFIDAVIT OF
DOMESTIC PARTNER**

I. AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____ (print employee name) and _____ (print domestic partner name) being first duly sworn, do hereby state the following:

We certify that ALL of the following are true:

1. We are adults who have first-hand knowledge of all facts set forth in this affidavit.
2. We are each other's sole Domestic Partner for the purposes described in section 169.15 of the Codified Ordinances of Summit County.
3. We share a residence.
4. We are in an exclusive relationship and intend to remain so indefinitely.
5. Neither of us is married to or legally separated from another person.
6. We share responsibility for each other's common welfare.
7. We are both at least 18 years of age, mentally competent and not related to each other to a degree of closeness that would prohibit marriage.
8. We understand that if there is a change in the status of our domestic partnership, that the County employee must complete an Affidavit of Termination of Domestic Partnership within 30 days of that change.
9. We understand that we are responsible to determine the taxability of any benefits provided to us as a result of our domestic partnership and that the County does not in any way provide advice on the taxability of benefits, nor is the County liable for any tax consequences of our decision to receive any benefit based on our domestic partnership.

With this affidavit we are providing proof of our domestic partnership in the form of at least two of the documents listed below (please underline which documents are being provided), however, if we provide a certificate of marriage or registration of domestic partnership, that will be the only document provided or required in addition to this affidavit:

- ✓ Joint mortgage, deed or lease
- ✓ Both of our drivers' licenses showing the same residence
- ✓ Recent tax returns showing the same address
- ✓ A common bill (e.g. utility bill, car loan, credit card)
- ✓ Evidence of a joint asset (investment account, automobile) or bank account
- ✓ Beneficiary designation on a life insurance policy
- ✓ Registration of the Domestic Partnership with a state or other political subdivision

FMLA (please initial if using this form to apply for FMLA coverage)
_____ We have shared a residence for the preceding 12 months.

II. DOMESTIC PARTNER DEPENDENTS

If we are enrolling a dependent of the Domestic Partner, we declare that the Domestic Partner or both of us is/are the court appointed guardian or legal custodian of the dependent or the Domestic Partner is the biological parent of the dependent.

If we are covering a dependent of the Domestic Partner, with this affidavit we are submitting proof of the relationship in one of the following forms (please underline which document is being provided):

- ✓ Birth certificate
- ✓ Adoption decree
- ✓ Order of guardianship or legal custody

III. ACKNOWLEDGEMENT

We understand that if we provide false or misleading information in this affidavit, or if we fail to notify the County of Summit Department of Law, Insurance and Risk Management that the Domestic Partnership has terminated, that the County employee may be subject to discipline up to and including termination and either, or both of us may be required to repay any benefits that were improperly paid.

I affirm under penalty of perjury that the above statements are true and correct.

EMPLOYEE _____ DATE _____
Summit County)
State of Ohio)
Sworn before me this _____ day of _____, _____ by _____ (employee)
SIGNATURE OF NOTARY PUBLIC _____ DATE _____

DOUBLE CLICK THE FORM TO VIEW OR FILL IN