

STUDENT PACKET

NAME: _____

DATE: _____

LOCATION: _____

SOCIAL SECURITY NUMBER: _____

DOB: / / _____

SUPERVISOR: _____

START DATE: _____

END DATE : _____

EMERGENCY NOTIFICATION LIST

Employee Name: _____ Date: _____

Phone # _____ Location/Supervisor: _____

In case of an emergency while I am working at Desert Medical Group, Inc.

dba Desert Oasis Healthcare please notify the following family member or alternate name listed.

PLEASE PRINT

CONTACT 1:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

CONTACT 2:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMPLOYEE AUTOMOBILE INFORMATION

(El Cielo Staff Only)

Employee Name: _____

Date: _____

Department: _____

VEHICLE #1

MAKE/CAR: _____

MODEL: _____

COLOR: _____

YEAR: _____

LICENSE PLATE #: _____

VEHICLE #2

MAKE/CAR: _____

MODEL: _____

COLOR: _____

YEAR: _____

LICENSE PLATE #: _____

VEHICLE #3

MAKE/CAR: _____

MODEL: _____

COLOR: _____

YEAR: _____

LICENSE PLATE #: _____



Your Health. Your Life. Our Passion.

ACKNOWLEDGEMENT OF POLICIES & PROMISE TO COMPLY

I acknowledge that I have been provided with a copy of Desert Medical Group, Inc. dba Desert Oasis Healthcare (DOHC) policies listed below and I promise to comply with all aspects of all DOHC's policies.

Policies
Confidentiality & Privacy Agreement
Conflict of Interest
Dress Code
Elder/Dependent Adult/Child Abuse
Harassment in the Workplace
Customer Service Etiquette
Sexual Harassment Pamphlet

Name (Print)

Signature

Date

DISCLOSURE OF CONFLICT OF INTEREST

Desert Medical Group, Inc. dba Desert Oasis Healthcare (DOHC) entities wish to determine whether employees have any actual, potential, or apparent conflicts of interest. In order to make this assessment, current and prospective employees must answer the following questions for review:

1. Do you or any member of your immediate family have any financial or other interest in, or affiliation with, any corporation, organization, business, or enterprise other than a passive investment of less than 1%? ☐ Yes ☐ No

If yes, please list details:

2. Do you have any outside employment or perform any outside work or services for compensation or are you contemplating seeking outside employment or other engagements? ☐ Yes ☐ No

If yes, please list details:

3. During the past year, have you received any fee, commission, or compensation for any outside activity, or engaged in any outside work or activity, that conflicts or might be construed as being in conflict with Desert Medical Group, Inc. dba Desert Oasis Healthcare? ☐ Yes ☐ No

If yes, please list details:

4. Are you now or are you planning to perform services, functions, or activities while employed by Desert Medical Group, Inc. dba Desert Oasis Healthcare for any other employer, organization, partnership, association, person or enterprise, or for yourself where you earn or expect to earn additional income? ☐ Yes ☐ No

If yes, please list details:

5. Do you or your immediate family members have any relationship with any person, employer, enterprise, organization, partnership or association that, in your judgment is of such a nature that it is **not** in conflict with Desert Medical Group, Inc. dba Desert Oasis Healthcare related companies or our clients, but which you wish to make known in the interests of full disclosure? ☐ Yes ☐ No

If yes, please list details:

I, _____, as a current or prospective employee (contractor or agency included), certify that I have answered the questions set forth above to the best of my knowledge, and have included my spouse, children and other immediate family members in my answers, as well as responses that apply to me as an individual. I hereby agree to promptly inform Human Resources or the Compliance Officer of any future change in the status of my affairs, activities or relationships with respect to the areas covered by the questions set forth above. Additionally, I understand that failure to report any current or future conflicts of interests (actual or potential) will result in disciplinary actions up to and including termination.

Employee Signature

Date

Elder and Dependent Abuse Reporting Requirements
Employee Acknowledgment Form
(Welfare & Institutions Code §15630)

Section 15630 of the Welfare & Institutions Code requires physicians and most other medical practitioners and certain non-medical practitioners who, within the scope of their employment, have observed or have knowledge of an incident that reasonably appears to be elder or dependent abuse, to report such information to the appropriate authorities. A report must be made when the person:

- (1) Observes or had knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect;
- (2) Is told by an elder or dependent adult that he or she has experience behavior constituting any type of such abuse; or
- (3) Reasonably suspects any type of such abuse.

Physical abuse which must be reported includes, in addition to physical or sexual assault or battery, the use of physical or chemical restraints or psychotropic medication 1) for punishment; 2) for a period of time significantly longer than that for which the restraint or medication was authorized by the instructions of a physician providing medical care to the elder or dependent adult at the time of the instructions were given; or 3) for any purpose not consistent with that authorized by the physician.

Abuse, which may be reported, includes known or reasonably suspected instances of other types of abuse, or when the elder or dependent adult's emotional well-being is endangered in any other way.

The report must be made immediately by telephone and include: the name of the person making the report, the name and age of the victim, the present location of the victim the date, time and place of the incident, the names and addresses of family members or any other person responsible for the victim's care (if known), the nature and extend of the victim's condition, and any other information including information that led the person to suspect abuse. A written abuse report must be sent within two working days of the telephone report. The written report should be made on the special form available for that purpose.

I hereby attest that I have knowledge of Section 15630 of the Welfare & Institutions Code and understand my obligation to report elder and dependent adult abuse as described above and in Section 15630, and will fulfill this obligation.

Employee Name (please print)

Employee Signature

Date

Child Abuse Reporting Requirements Employee Acknowledgement Form

(Penal Code §11166)

Section 11166 of the Penal Code requires any child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, employee of a child protective agency, or child visitation monitor who had knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

For purposes of this section, "child care custodian" includes teachers; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employee of any public or private school; administrators of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs, or youth organizations; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators, and employees of licensed community care of child day care facilities; headstart teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers, or parole officers; employees of a school district police or security department; any person who is an administrator or a presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of this code, who is not otherwise described in this section.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family, and child counselors; emergency medical technicians I or II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease of any other condition; coroners; and paramedics.

"Child visitation monitor" means any person as defined in Section 11165.15.

I hereby attest that I understand my obligation to report child abuse as described above and will fulfill this obligation.

Employee Name (please print)

Employee Signature

Date

CONFIDENTIALITY & PRIVACY AGREEMENT

Desert Medical Group, Inc. dba Desert Oasis Healthcare (DOHC) acknowledges a legal and ethical responsibility to protect the privacy of both patients and employees. Consequently, all individually identifiable information and health information will be treated as confidential and protected health information.

I understand that:

1. It is strictly prohibited by law to remove any records from this institution unless authorized to do so as a duly appointed representative of this institution, such as a courier, or in response to a valid court order.
2. As an employee of DOHC, I am accountable for the protection of the record and its contents while it is in my possession.
3. Protected health information in any form that is revealed to me through my job duties or through incidental disclosure may not be re-disclosed to any persons outside this office, including my family or friends, unless I am specifically authorized to do so by the patient's written consent. This restriction extends to revealing information over the phone, and to all other forms of communication.
4. Indiscriminate or unauthorized review, use, or disclosure of health information regarding any patient or employee is strictly prohibited. I may at no time access information of family and/or friends for personal use.
5. Health records must be visibly available and accessible for patient care purposes at all times. Records may not be left in drawers, cabinets, or in other secluded locations.
6. Records must be returned promptly to the Health Information Services Department.
7. If I forward a record to any location other than that indicated on the routing slip, I am responsible to notify HIS of the change in location.
8. The Director of Health Information Services should be notified of any unusual circumstances involving the patient's medical record.
9. I need to take extra precautions to avoid being overheard when discussing patient care with another member of the health care team.
10. Reasonable precautions must be taken to protect patient privacy & confidentiality at all times when using copiers, fax machines, telephones, printers, voice mail, e-mail, and other methods of communication.
11. Policies and procedures must be followed for discarding, destroying, or deleting all individually identifiable and patient identifiable health information.
12. I will not be financially incentivized to encourage denials of coverage or service.

I have read the above statements and understand my responsibility to protect the privacy and confidentiality of all Heritage Provider Network, Inc. patients and employees. I understand that as a staff member I am personally accountable for confidentiality and information privacy and security.

I further understand that privacy and confidentiality violations are subject to sanctions up to and including termination of employment. In addition, any unauthorized use or disclosure of protected health information, whether or not for profit or gain, may result in civil or criminal prosecution, fines, or imprisonment.

I AGREE TO ADHERE TO STATED POLICY, AND TO ABIDE BY THE GUIDELINES SET FORTH IN THE ABOVE STATEMENTS.

Signature

Print Name

Date

Witness

Date

**TITLE: CONFLICT OF INTEREST**

Department/Departments Primarily Affected: All areas

Authored by: Cindy Schmall

Date: 07/02/07

Reviewed by: Kay Etsell

Date: 06/30/16

Revised by: N/A

Date:

Supersedes: N/A

Approved by Name: Kay Etsell VP Operations

Signature: 

QIC/UMC Approval Date: 11/18/16

POLICY:

Desert Oasis Healthcare (DOHC) is engaged in a variety of activities that have the common goal to provide access to health care services to its members. The activities of DOHC and other Heritage Provider Network (HPN) entities are conducted in locations around San Bernardino and Riverside counties and are often performed in conjunction with programs and contractual arrangements that involve other parties and provider organizations. It must therefore, be understood that DOHC's reputation and relationships with outside organizations, community members and other parties as well as its relationships with its members and employees are of the utmost importance. In addition, these relationships are often the product of long-standing relationships and/or substantial investments in resources, energies and the efforts of DOHC representatives. DOHC therefore, has a substantial interest in all of its programs and activities and must maintain policies that are designed to protect the interests of the organization and individuals it serves, as well as the employees of DOHC who depend upon our ongoing relationships and success as a means of providing a basis for continued employment. Employees at all levels throughout the organization are therefore required to comply with this conflict of interest policy.

PROCEDURE:

Employers have the right to insist upon an employee's undivided loyalty throughout the employee's employment. In keeping with this right, DOHC requires the following commitments from all employees and contractors subject to the provisions of all applicable federal, state and local laws.

1. Every employee (includes contract and/or agency personnel) of DOHC and other HPN entities has a legal and ethical responsibility to promote DOHC's best interests and those of the organization and the individuals it serves throughout the period of his/her employment with DOHC. No employee may engage in any conduct or activities that are inconsistent with DOHC's best interests or that in any manner disrupts, undermines or impairs DOHC's relationships with any outside organization, person or entity with which DOHC has or proposes to enter into an agreement, arrangement or contractual relationship of any kind.
2. Employees must also agree that, both during and subsequent to their employment

TITLE: CONFLICT OF INTEREST

Page 2


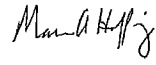
with DOHC, they will not interfere with, disrupt or impair any relationship between DOHC and any employee, consultant, representative or outside organization with which DOHC has or proposes to enter into a contractual relationship, arrangement or program.

3. The protection of confidential information and trade secrets is essential both to DOHC and the future security of its employees. To protect such information, employees may not disclose any trade secrets or confidential information. Employees who are exposed to confidential, sensitive, or proprietary information about DOHC, its clients or its programs may be required to sign a trade secret and non-disclosure agreement as a condition of employment or continued employment. Employees who improperly disclose any sensitive information, confidential information or trade secrets are subject to disciplinary action up to and including termination.
4. DOHC requires complete commitment of all employees not to engage in any outside activity or aspect of work in any outside position that interferes with their ability to devote their full and best efforts to avoiding the possible appearance of a conflict of interest. Employees who have any questions whatsoever regarding this policy or the potential impact of outside employment or outside activities on their position with DOHC should contact the Human Resources Director before accepting any outside employment or engaging in such activity.
5. DOHC reserves the right to determine that other relationships that are not specifically covered by this commitment represent actual or potential conflicts of interest. In any case where DOHC determines, at its sole discretion that a relationship between an employee and non-employee or an employee and an outside organization or individual presents an actual or apparent conflict of interest, DOHC may take whatever action it determines to be appropriate to avoid or prevent the continuation of actual, potential or apparent conflict of interest. Such action may include, but is not limited to, transfers, reassignments, change of shifts or responsibilities or where it deems such action appropriate, disciplinary action up to and including termination.

REFERENCES

ATTACHMENT A--- Disclosure Statement

ATTACHMENT B--- Commitment to avoid Conflicts of Interest

 <p>DESERT OASIS HEALTHCARE Your Health. Your Life. Our Passion.</p>	TITLE: Customer Service Etiquette - Telephone	
	Department/Departments Primarily Affected: All areas	
	Authored by: Date: 1/23/18	
	Reviewed by: Dr. Hoffing	Date: N/A
	Revised by: Dr. Hoffing	Date: 10/10/2018
	Supersedes: 08/02/17, 01/23/18	
	Approved by Name: Dr. Hoffing	Signature: 
	QIC/UMC Approval Date: 11/09/2018	

POLICY:

It is the policy of Desert Oasis Healthcare (DOHC) / Family Hospice Care (FHC) to deliver appropriate and efficient telephone etiquette with every encounter. Calls will be reviewed by the Quality Communications Analyst with the intention of providing feedback to management with recommendations.

PURPOSE:

Each department within DOHC / FHC will treat every customer in a courteous, timely, and helpful manner which will assist each department in achieving the goals of providing exceptional and quality customer service. All employees are responsible for providing "Best in Class" customer service utilizing the Service Excellence Standards and Telephonic Communications Metric & Expectations outlined below. The Quality Communications Analyst will review and report results to management.

Recommendations from the Quality Communications Analyst may include suggestions such as additional training in particular Service Excellence Standards, use of specific Language Of Caring modules, or in potentially egregious instances, elevated disciplinary levels in accordance with existing Human Resources policy such as: Formal Training recommendation, Verbal Counseling, Written Counseling, Disciplinary Suspension or Probation.

Directors are requested to provide feedback of results/outcomes to the Quality Communications Analyst on "actionable" reports.

If the Quality Communications Analyst observes a call whose quality is so poor as to warrant immediate attention, the Medical Director and the Director of Human Resources will be alerted in real time via email, along with the Director and Senior Manager of the area in which that employee resides.

PROCEDURE:

Inbound Calls:

1. All employees shall answer the telephone with no more than three rings whenever possible.

TITLE: Customer Service Etiquette - Telephone

Page 2

2. All employees are to answer the telephone in a friendly and helpful tone of voice, and in a normal speaking volume.
3. All employees shall answer by stating "Good Morning/Afternoon/Thank you for calling (DOHC/FHC), (Department Name). This is (First name of employee. {if there is more than one employee in their department with the same first name a last initial or last name should be used to identify them}, how may I help you?"

Outbound Calls:

1. All employees shall confirm the patient's name and begin the call by stating Good Morning/Afternoon may I please speak to Mr./Mrs. Ms. (name)
2. Hi Mr./ Mrs./Ms. (name), my name is (First name of employee.) {if there is more than one employee in their department with the same first name, a last initial or last name should be used to identify them} and I am calling from (Desert Oasis Healthcare / Family Hospice Care) (name of department). Please be aware, this call may be recorded.
3. I am calling today to talk to you about (reason for call).
4. All employees are to respond to inquiries/questions in a friendly and helpful tone of voice.

SAMPLE CALLS:

GREETING: DOHC is striving to create a personalized and memorable experience. Here is a sample script to help with a warm and caring opening conversation:

Good Morning/ Good afternoon/ Thank you for calling Desert Oasis Healthcare/ Family Hospice Care (name of your department), this is (employee first name {and last initial if there is more than one person in your department with the same first name}), how may I help you?

Callers should always be addressed by their title (Mr./Mrs./Ms./Dr.) Last Name. First name use should be reserved until invited to address them by their first name.

PLACING A CALL ON HOLD: When it is necessary to place a caller on hold, all personnel shall ask, "May I place you on hold?", and wait for a response. All personnel should continuously keep the caller apprised of his/her status. When returning to the line, all personnel shall thank the caller for holding.

CALL TRANSFERS: When transferring a call to another employee, department or hunt group, a "warm transfer" with an introduction of who you are transferring over, and why you are transferring them to this person or department specifically is expected. This will help to ensure the caller does not have to repeat themselves. Additionally, if the staff member needs to re-direct because they are not the appropriate person to speak to, that can happen before the caller has to be transferred multiple times.

TITLE: Customer Service Etiquette - Telephone

Page 3

FAREWELL: Provide a fond farewell. Remember, the response to “Thank You” is “You are welcome”, not “OK” or “No problem”. We want to say it again with heart and make sure there are no outstanding questions before ending the call.

Are there any other questions I can answer for you?/ Is there anything else I can assist with?

Have a great day!! Feel better soon/ We'll see you soon.

MONITORING METRICS:

It is the responsibility of the Quality Communication Analyst to evaluate, track and make recommendations to improve both inbound and outbound calls to assist with increasing patient satisfaction. Employees will be randomly monitored to ensure they are following the Telephonic Communications Metric & Expectations which are defined as:

GREETING

- Warm salutation: Good morning/ Good afternoon/ Thank you for calling DOHC
- Employee introduced themselves and role/reason for the call
- First name given/Last Name given if requested or necessary
- Extension given/ Department name if applicable
- Outbound calls: Good Morning/ Afternoon may I please speak to Mr./ Mrs./ Ms. Inform call may be recorded

IMPRESSION

- Employee demonstrated knowledge about their job/role
- Offered to assist caller/ How may I help you?
- Maintained composure at all times
- Demonstrated a positive tone of voice
- Employee explained their positive intent to the caller
 - stated purpose, highlighted benefit to the caller, how actions are for the sake of the caller

FOLLOW UP

- Did what he/she said would do, took ownership and followed through on promises
- Let caller know what to expect

RESPECT

- Gave others full attention
- Assumed neutral position and suspended judgement of others
- Addressed caller as Mr./Mrs./Ms. until invited to do otherwise
- Request permission to place calls on hold

TEAM PLAYER

- Accountable for their work
- Acknowledged others hard work and gratitude if applicable
- Shared knowledge and gave timely information to help others

TITLE: Customer Service Etiquette - Telephone

Page 4

- Warm transfers are expected

EMPATHY

- Listened and learned what was important to the patient/caller
- Used a heart-head-heart response in responding to the caller
- Acknowledged the caller's feelings, if appropriate, using statements such as "You sound...", "You seem...", "I imagine..."
- Expressed compassion, empathy and concern
- Showed sensitivity to factors that influenced caller's situation
 - i.e. age, gender, culture, race, religion and/or socioeconomic status

COMMUNICATE

- Listened without interruption, actively listened, validated to ensure understanding
- Spoke clearly and used understandable language (avoided medical jargon/slang)
- Summarized key information and offered to provide written materials if applicable
- Used the words "for you" and "with you" when possible and appropriate
- Used open ended questions to engage the caller
- Used blameless apologies if needed
- Observed others' social cues (emotions) and responded appropriately
- Expressed thanks, and appreciation to the caller for their time/input/etc.

ATTITUDE

- Spoke positively about their work, co-workers, DOHC and FHC
- Saw the positive in situations and in others

FAREWELL

- Specifically asked if caller had any additional questions or if there was anything else they could assist with
- Informed caller of how/when/who to contact under normal circumstances or when unforeseen issues arise (Department phone numbers, email, Immediate Care and Help Line information, for example)
- Thanked them for choosing DOHC/FHC as their healthcare provider if appropriate
- Closing statement: I hope you have a good day/ Feel better soon/ We'll see you soon

FOLLOW UP:


Please remember, Directors are requested to provide feedback of results/outcomes to the Quality Communications Analyst on "actionable" reports.

If the Quality Communications Analyst observes a call whose quality is so poor as to warrant immediate attention, the Medical Director and the Director of Human Resources will be alerted in real time via email, along with the Director and Senior Manager of the area in which that employee resides.

TITLE: Customer Service Etiquette - Telephone

Page 5

Evaluation feedback will be provided on the staff reports for individuals who receive less than a 2.5 as their overall average score. This added feedback will highlight what areas of LOC and Standards of Excellence an individual can work on to improve their score.

 <p>DESERT OASIS HEALTHCARE Your Health. Your Life. Our Passion.</p>	TITLE: DRESS CODE POLICY	
	Department/Departments Primarily Affected: All areas	
	Authored by: Martha Trujillo	Date: 03/08/18
	Reviewed by: Martha Trujillo	Date: 03/08/18
	Revised by: Martha Trujillo	Date: 03/08/18
	Supersedes: 06/22/17	
	Approved by Name: Kay Etsell VP Operations	Signature: on file
QIC/UMC Approval Date: 03/09/2018		

POLICY:

The purpose of this policy is to define the personal appearance and dress code guidelines for DOHC and FHC. These guidelines are designed to ensure the professional appearance of DOHC/FHC staff conveys confidence in our professionalism and competence to our patients, members and business colleagues. Complying with these personal appearance and dress code requirements is a condition of employment.

These personal appearance and dress guidelines consider both the administrative as well as clinical aspects of our healthcare environment, including safety and infection control, as well as our local climate. The requirements listed below are divided into three categories: Patient Care, Clinical Field and Professional Staff.

Employees are expected to follow this dress code and report for work clean and well-groomed, maintaining an appropriate and professional appearance at all times. Employees are required to dress in a manner suitable to a business atmosphere and the healthcare profession. Individual departments may set higher dress code standards for its employees, however no department can allow dress and appearance that is in conflict with these guidelines.

The dress code information included in this policy is meant to establish general minimum guidelines for acceptable dress and appearance and is not an all-inclusive description of inappropriate dress or grooming. Because of the numerous styles, anything not specifically defined in this policy as acceptable is not approved. Questions concerning acceptability of a person's appearance should be directed to the employee's supervisor, manager or director.

Any employee determined to be inappropriately dressed will receive a verbal counseling for the first offense and at management discretion be sent home to change without pay. The second infraction will be in writing and the employee will be sent home to change without pay. Multiple dress code infractions will result in further disciplinary action up to and including termination.

BLUE JEAN EXCEPTIONS:

DOHC/FHC may, at its sole discretion, designate specific days to allow employees to wear blue jeans. Notifications will be sent to employees to advise when jeans are allowed.

If DOHC/FHC specifically designate a non-clinical off Palm Springs El Cielo Campus as an administrative only site, Senior Management has elected to allow employees permanently located at those sites to wear acceptable blue jeans. Acceptable clothing includes blue jeans, skirts, and dresses. Radical styles or fit will

not be acceptable such as very baggy or extremely tight jeans. Jeans must be unwrinkled and un-faded. Ripped, torn or fringed jeans are unacceptable.

**Except as set forth in this policy, jeans are not permitted while conducting DOHC / FHC business at any business partner location, hospital, provider office or patient home.*

**Management and Human Resources reserves the right to determine if any employee is inappropriately dressed for the business day.*

Transitional Clothing:

Employees may arrive or leave their workstation wearing transitional clothing, e.g. biking, walking or less formal attire. During their shifts or scheduled work hours, workforce members must follow the professional appearance expectations relevant to their work areas.

Company Dress Code Exceptions:

Family Hospice Care and Home Health clinical staff may choose from the DOHC/FHC Scrubs uniform, Shorts uniform, or the professional dress code clothing but cannot be combined.

Standards: Professional staff

Item	Acceptable	Unacceptable
Dresses and Skirts	<ul style="list-style-type: none"> Dresses and skirts Dress strap should be at least 1" width Sundresses and tank dresses less than 1" width worn under jacket, cardigan, sweater or lab coat 	<ul style="list-style-type: none"> Blue denim, backless, strapless sheer or revealing dresses or skirts Any uncovered spaghetti straps, or sleeveless tank style with strap less than 1" width
Jackets	<ul style="list-style-type: none"> Suit-like jacket styles and casual jackets DOHC/FHC logo jackets 	<ul style="list-style-type: none"> Sweatshirts with hoods Jackets around the waist
Pants/Shorts	<p><u>Pants</u></p> <ul style="list-style-type: none"> Solid color leggings in neutral colors (i.e., black, charcoal) Slacks, pants or trousers Calf length professional pants Colored denim (e.g., red, black, green) <p><u>Shorts</u> *</p> <ul style="list-style-type: none"> Solid, navy, black, brown, white, tan, or grey Knee length when standing up <p>*Shorts must be worn with a DOHC Shirt, socks, and sneakers</p>	<p><u>Pants</u></p> <ul style="list-style-type: none"> Sweats and flannel pants Baggy pants worn below the hip or exposing underwear <p>Blue denim, except as follows:</p> <ul style="list-style-type: none"> With advance approval for specified event (e.g., fund-raising event or company function) With advance approval from department director for a limited duration or project (e.g., physical move of office) <p><u>Shorts</u></p> <ul style="list-style-type: none"> Cut-off shorts

Tops	<ul style="list-style-type: none"> • Sleeveless tops must have at least 1" width straps • Sleeveless tops with less than 1" width straps must be worn under a jacket, cardigan, sweater, lab coat • Long or short sleeve shirts including polo and dress shirts • Company polo shirt 	<ul style="list-style-type: none"> • Tops that reveal the midriff when the employee lifts or bends over • Tops exposing the cleavage, bra, back, lower back or undergarments • Tops made of sheer or revealing fabric that expose undergarments • T-shirts, t-shirt material tank tops or other athletic shirts
Shoes	<ul style="list-style-type: none"> • Business professionals: Shoes in good, clean condition appropriate to an office environment 	<ul style="list-style-type: none"> • No rubber slippers, flip flops • Stained shoes
Body art and tattoos	<ul style="list-style-type: none"> • Visible forms of body art and tattoos appropriate in content 	<ul style="list-style-type: none"> • Tattoos with graphics or wording that may be considered obscene and offensive must be covered
Piercings	<ul style="list-style-type: none"> • Ear and small facial piercings are acceptable (i.e. nose, eye, etc.) • Gauges must be flesh colored and no more than ½" 	<ul style="list-style-type: none"> • Extreme facial piercings and other visibly extreme body modifications
Glasses	<ul style="list-style-type: none"> • Regular glasses of all styles • Computer (yellow) glasses 	<ul style="list-style-type: none"> • Sunglasses worn indoors unless medically necessary
Hair	<ul style="list-style-type: none"> • Hair should be neat and clean 	<ul style="list-style-type: none"> • Extreme hair colors, for example red, blue, purple and pink • Excessive hair styles such as Mohawks and long spiked hair
Identification badges	<ul style="list-style-type: none"> • Photo identification badge issued by Human Resources • ID badge holders should be clean • Name, title, department and photo should be visible • Badges must be worn in a clearly visible location above the waist 	<ul style="list-style-type: none"> • Clips with logos of DOHC/FHC competitors • Badges worn in non-visible location or below the waist • Faded, damaged or obstructed badges
Perfumes, colognes and lotions	<ul style="list-style-type: none"> • Limit use of perfumes, colognes and lotions 	<ul style="list-style-type: none"> • Direct patient care areas should not use perfumes, colognes and lotions due to patient allergies or asthma which condition can be aggravated • Clothing and body with smoke odor
Hats and head coverings	<ul style="list-style-type: none"> • Hats or head coverings worn for religious or medical purposes 	

Standards: Patient Care staff

Item	Acceptable	Unacceptable
Scrubs / Lab Coats	<ul style="list-style-type: none"> • Company issued scrubs / lab coats • Plain color scrubs may be worn prior to new employee receiving DOHC / FHC issued scrubs / Lab Coats 	<ul style="list-style-type: none"> • Personal scrubs other than company issued • Scrubs with logos from other health facilities or schools, except for contracted schools or facilities
Smocks	<ul style="list-style-type: none"> • Company issued smocks • Plain color smocks may be worn prior to new employee receiving DOHC / FHC smocks 	<ul style="list-style-type: none"> • Personal smocks, other than company issued • Smocks with logos from other health facilities or schools, except for contracted schools or facilities
Shoes	<ul style="list-style-type: none"> • Closed toe shoes only • Business professionals: Shoes in good, clean condition appropriate to an office environment • Tennis shoes 	<ul style="list-style-type: none"> • Open toed shoes • No rubber slippers, flip flops • Stained shoes
Body art and tattoos	<ul style="list-style-type: none"> • Visible forms of body art and tattoos appropriate in content 	<ul style="list-style-type: none"> • Tattoos with graphics or wording that may be considered obscene and offensive must be covered
Piercings	<ul style="list-style-type: none"> • Ear and small facial piercings are acceptable (i.e. nose, eye, etc.) • Gauges must be flesh colored and no more than ½" 	<ul style="list-style-type: none"> • Extreme facial piercings and other visibly extreme body modifications
Glasses	<ul style="list-style-type: none"> • Regular glasses of all styles • Computer (yellow) glasses 	<ul style="list-style-type: none"> • Sunglasses worn indoors unless medically necessary
Hair	<ul style="list-style-type: none"> • Hair should be neat and clean • Long hair must be tied back to avoid patient contact 	<ul style="list-style-type: none"> • Extreme hair colors, for example red, blue, purple and pink • Excessive hair styles such as Mohawks and long spiked hair
Identification badges	<ul style="list-style-type: none"> • Photo identification badge issued by Human Resources • ID badge holders should be clean • Name, title, department and photo should be visible. • Badges must be worn in a clearly visible location above the waist 	<ul style="list-style-type: none"> • Logos of DOHC/FHC competitors • Badges worn in non-visible location or below the waist • Faded, damaged or obstructed badges
Perfumes, colognes and lotions		<ul style="list-style-type: none"> • No scented perfumes, colognes or lotions should be worn
Hats and head coverings	<ul style="list-style-type: none"> • Hats or head coverings worn for religious or medical purposes 	

Standards: Clinical Field staff

Item	Acceptable	Unacceptable
Scrubs / Lab Coats	<ul style="list-style-type: none"> • Company issued scrubs / lab coats • Plain color scrubs may be worn prior to new employee receiving DOHC / FHC issued scrubs / Lab Coats 	<ul style="list-style-type: none"> • Personal scrubs other than company issued • Scrubs with logos from other health facilities or schools, except for contracted schools or facilities
Smocks	<ul style="list-style-type: none"> • Company issued smocks • Plain color smock may be worn prior to new employee receiving DOHC / FHC issued smock 	<ul style="list-style-type: none"> • Personal smocks, other than company issued • Smocks with logos from other health facilities or schools, except for contracted schools or facilities
Shoes	<ul style="list-style-type: none"> • Closed toe shoes only • Business professionals: Shoes in good, clean condition appropriate to an office environment • Tennis shoes 	<ul style="list-style-type: none"> • Open toed shoes • No rubber slippers, flip flops • Stained shoes
Tops	<ul style="list-style-type: none"> • Sleeveless tops not worn under a jacket, cardigan, sweater, lab coat or strap must be at least 1" width • Sleeveless stops with less than 1" width straps must be worn under a jacket, cardigan, sweater, lab coat • Long or short sleeve shirts including polo and dress shirts • Company polo shirt 	<ul style="list-style-type: none"> • Tops that reveal the midriff when the employee lifts or bends over • Tops exposing the cleavage, bra, back, lower back or undergarments • Tops made of sheer or revealing fabric that expose undergarments • Tops or shirts with silkscreen logos or printing of any kind, excluding DOHC/FHC approved logos • T-shirts, t-shirt material tank tops or other athletic shirts
Dresses and Skirts	<ul style="list-style-type: none"> • Dresses and skirts • Sundresses and tank dresses worn under jacket, cardigan, sweater or lab coat or the strap is at least 1" width 	<ul style="list-style-type: none"> • Blue denim, backless, strapless sheer or revealing dresses or skirts • Any uncovered spaghetti straps, or sleeveless tank style with strap less than 1" width

Pants/Shorts	<p><u>Pants</u></p> <ul style="list-style-type: none"> • Solid color leggings in neutral colors (i.e., black, charcoal) • Slacks, pants or trousers • Calf length professional pants • Colored denim (e.g., red, black, green) <p><u>Shorts *</u></p> <ul style="list-style-type: none"> • Solid, navy, black, brown, white, tan, or grey • Knee length when standing up <p>*Shorts must be worn with a DOHC/FHC Shirt, socks, and sneakers</p>	<p><u>Pants</u></p> <ul style="list-style-type: none"> • Sweat and flannel pants • Baggy pants worn below the hip or exposing underwear <p>Blue denim, except as follows:</p> <ul style="list-style-type: none"> • With advance approval for specified event (e.g., fund-raising event or company function) • With advance approval from department director for a limited duration or project (e.g., physical move of office) <p><u>Shorts</u></p> <ul style="list-style-type: none"> • Shorts of any length unless worn with company shirt • Cut-off shorts
Body art and tattoos	<ul style="list-style-type: none"> • Visible forms of body art and tattoos appropriate in content 	<ul style="list-style-type: none"> • Tattoos with graphics or wording that may be considered obscene and offensive must be covered
Piercings	<ul style="list-style-type: none"> • Ear and small facial piercings are acceptable (i.e. nose, eye, etc.) • Gauges must be flesh colored and no more than ½" 	<ul style="list-style-type: none"> • Extreme facial piercings and other visibly extreme body modifications
Glasses	<ul style="list-style-type: none"> • Regular glasses of all styles • Computer (yellow) glasses 	<ul style="list-style-type: none"> • Sunglasses worn indoors unless medically necessary
Hair	<ul style="list-style-type: none"> • Hair should be neat and clean • Long hair must be tied back to avoid patient contact 	<ul style="list-style-type: none"> • Extreme hair colors, for example red, blue, purple and pink • Excessive hair styles such as Mohawks and long spiked hair
Identification badges	<ul style="list-style-type: none"> • Photo identification badge issued by Human Resources • ID badge holders should be clean • Name, title, department and photo should be visible • Badges should be worn in a clearly visible location above the waist 	<ul style="list-style-type: none"> • Clips with logos other than DOHC/FHC • Personal decorations • Badges worn in non-visible location or below the waist • Faded, damaged or obstructed badges
Perfumes, colognes and lotions		<ul style="list-style-type: none"> • No scented perfumes, colognes or lotions should be worn
Hats and head coverings	<ul style="list-style-type: none"> • Hats or head coverings worn for religious or medical purposes 	



275 N. El Cielo Rd., Palm Springs, California 92262 (760) 320-8814

Department
HUMAN RESOURCES

Harassment in the Workplace

TITLE: HARASSMENT IN THE WORKPLACE

POLICY:

Desert Oasis Healthcare (DOHC) is committed to providing a work environment free of any form of harassment. Our policy prohibits sexual harassment and harassment because of pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin, ancestry, physical or mental disability, medical condition, marital status, sexual orientation, age, gender or any other basis protected by federal, state or local law or ordinance or regulation. All such harassment is unlawful. Our harassment prevention policy applies to all persons involved in our operations and prohibits unlawful harassment by any employee of our organization, including supervisors and co-workers, as well as by or of any person doing business with or for our Company including subcontractors, suppliers and volunteers.

Prohibited unlawful harassment because of sex, race, ancestry, physical handicap, mental condition, marital status, age, religion, or any other protected basis includes, but is not limited to, the following behavior:

- a. Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- b. Visual conduct such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, e-mail and faxes or gestures;
- c. Physical conduct such as assault, unwanted touching, blocking normal movement or interfering with work because of sex, race or any other protected basis;
- d. Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return for sexual favors; and
- e. Retaliation for having reported or threatened to report harassment.

If you believe that you have been unlawfully harassed, provide a complaint to the Director of Human Resources as soon as possible after the incident. Your complaint should include details of the incident or incidents, names of the individuals involved and names of any witnesses. Alternatively, you may also direct your complaint to a supervisor. Supervisors will refer all harassment complaints to the Director of Human Resources. Upon receipt of a complaint, the Company will undertake a thorough, objective and good-faith investigation of the harassment allegations.

REFERENCE

Attachment A---Acknowledgement of Harassment Policy and Promise to Comply

Departments/Units Primarily Affected:

Effective date: 07/02/07

Supersedes: 07/02/07

Approved:

Revised date: 10/02/09

Prepared by: Cindy Schmall, HRD

TITLE: HARASSMENT IN THE WORKPLACE

If the Company determines that harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by the Company to be responsible for harassment will be subject to appropriate disciplinary action, up to and including termination.

You will not be retaliated against for filing a complaint and/or assisting in a complaint or investigation process. Further, we will not tolerate or permit retaliation by supervisors or co-workers against any complainant or anyone assisting in a harassment investigation.

This policy covers conduct in the workplace, at social functions sponsored by the organization (such as holiday celebrations, picnics, etc.,) and all business functions such as trade shows and conventions. Further, DOHC prohibits the use of company property or facilities for any personal use such as private parties, solicitation or promotional activities to ensure our commitment to a harassment free workplace.

Any messages or communications sent or received through electronic communications systems are subject to DOHCs' anti-harassment, anti-discrimination and non-solicitation policies. All company computers and electronic devices are prohibited from having screensavers or other media which promote or project a personal philosophy or belief system which may be offensive to others. The use of information systems such as email, intranet or internet for the display or transmission of sexually explicit images, messages, off-color jokes or anything that may be construed as harassment or showing disrespect for others, is prohibited.

We encourage all employees to report any incidents of harassment prohibited by this policy immediately so the complaints can be quickly and fairly resolved. You also should be aware that the federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book.

ATTACHMENT A

**DESERT OASIS HEALTHCARE
Acknowledgement of Harassment Policy and Promise to Comply**

I acknowledge that I have received a copy of the Desert Oasis Healthcare Harassment Policy against unlawful harassment and I understand that DOHC has zero tolerance for unlawful harassment by any employee. I recognize that the only way an employer can achieve its goal of providing a discrimination and harassment free work environment is with the assistance of its employees. Therefore, DOHC and its employees must work together in the commitment to provide a work environment that is free of unlawful harassment or discrimination.

I agree to comply with all aspects of this policy against unlawful harassment and promise I will not violate the law or DOHC's Policy. I also promise to fulfill all of my responsibilities under the policy and the law, including the responsibility to immediately report any unlawful harassment either to my supervisor or to the Human Resources Director.

Signature: _____

Date: _____

Print Name: _____

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.



SEXUAL HARASSMENT

1 *Unwanted sexual advances*

2 *Offering employment benefits in exchange for sexual favors*

3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*

4 *Derogatory comments, epithets, slurs, or jokes*

5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*

6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.

② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

FOR MORE INFORMATION

Department of Fair Employment and Housing

Toll Free: (800) 884-1684

TTY: (800) 700-2320

Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, the DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact

the Communication Center at

(800) 884-1684 (voice) or via relay operator 711)

or (800) 700-2320 (TTY)

or by email at contact.center@dfeh.ca.gov.

The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact the DFEH at (800) 884-1684 (voice) or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.

CIVIL REMEDIES



ALL EMPLOYERS MUST TAKE
THE FOLLOWING ACTIONS TO
PREVENT HARASSMENT AND
CORRECT IT WHEN IT OCCURS

- 1 Damages for emotional distress from each employer or person in violation of the law
- 2 Hiring or reinstatement
- 3 Back pay or promotion
- 4 Changes in the policies or practices of the employer

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).
 - Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
 - ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - ⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.