OO21: The Policies and Procedures that Address the Identification and Management of Problems Related to Incompetent, Unsafe or Unprofessional Practice or Conduct.

One of our guiding principles, to maintain the highest standards of patient care delivery, (OOD 1) is the foundation for expectations of performance at Massachusetts General Hospital (MGH) that benefit the patient, family, nurse, all healthcare providers, and the community at large. As members of the MGH community and in the service of its mission, employees are held to the highest professional and ethical standards. The MGH policy on Standards of Behavior (Attachment OOD 21.a) includes specific behaviors for all employees that work at MGH:

The MGH has set forth a mission, credo and boundaries that shall address the expected behaviors of staff. This information will be reviewed and attested to at the time of hire and then annually at the performance appraisal for weekly paid staff and biannually at the appointment process for Professional Staff.

All employees sign the MGH Mission, Credo and Boundaries statement at the time of their employment and during their annual performance evaluation. (Attachment OOD 21.b)

Identification and Management

Identification and management of performance and behaviors that do not conform to the high standards set for MGH employees are reflected in the policies listed below. Inherent in the response to a performance or behavioral concern is the premise of a just cause approach, which is defined for MGH as every effort will be made to ensure that any action, including discharge, is fair and reasonable and that every effort will be made to hear the employee’s side prior to determining if any corrective action is appropriate.

Substance Abuse: (Attachment OOD 21.c)
Excerpt from policy statement:
1.2 Massachusetts General Hospital is committed to maintaining a safe, healthy and efficient environment that enhances the welfare of its employees, patients and visitors. It is the policy of the Hospital to maintain an environment that is free from impairment related to substance abuse by any of its employees.

Violence in the Workplace: (Attachment OOD 21.d)
Excerpt from policy statement
1.1 It is the policy of MGH to provide all employees a safe, comfortable working environment, one that is free from all types of threatening behavior and violence, and one that is in compliance with Federal, State and local laws.”

Sexual Harassment: (Attachment OOD 21.e)
Excerpt from policy statement:
1.1 It is the goal of MGH to promote a workplace that is free of sexual harassment. Sexual harassment of employees occurring in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by MGH. Further, any retaliation against an individual who has complained about sexual harassment or retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is also unlawful and will not be tolerated.

Breaches of Confidentiality: (Attachment OOD 21.f)
Excerpt from policy statement
1.2 Access to confidential data is permitted only when authorized and only in order to perform assigned tasks. Unauthorized access to confidential data is prohibited. Inappropriate use and disclosure of confidential data is prohibited. Malicious modification of data and/or malicious destruction of data are prohibited.

Corrective Action: (Attachment OOD 21.g) Excerpt from policy statement
1.1 If an employee's conduct interferes with the orderly and efficient operation of the Hospital, through poor performance, poor attendance, or inappropriate behavior, corrective action will be taken.

Professional Conduct
Responding to an increasing number of safety report submissions in 2011 for unprofessional conduct among health care team members, the MGH Center for Quality and Safety identified an opportunity for improving patient safety and staff satisfaction by developing a program to restore teamwork following an episode of unprofessional behavior. Recognizing that patient safety can be adversely impacted by these events and drawing from the July 9, 2008 Joint Commission’s Sentinel Alert # 40 Behaviors that Undermine a Culture of Safety strategy to develop a system of non-confrontational interventional strategies, the MGH has implemented a structured, interdisciplinary approach to resolve issues between teammates. This program will be further delineated in EP 28.
APPLIES TO: Weekly paid employees and Professional Staff

1. Policy
   1.1 The MGH has set forth a mission, credo and boundaries that shall address the expected behaviors of staff. This information will be reviewed and attested to at the time of hire and then annually at the performance appraisal for weekly paid staff and biennially at the appointment process for Professional Staff.
   2.1 Any violation of the mission, credo and boundaries will be subject to corrective action in accordance with applicable Hospital policies and by-laws.

2. Mission
   2.1 Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.

3. Credo
   3.1 As a member of the MGH community and in service of our mission, I believe that:
   3.1.1. The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
   3.1.2. Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
   3.1.3. My colleagues and I are MGH’s greatest assets.
   3.1.4. Teamwork and clear communication are essential to providing exceptional care.
   3.2. As a member of the MGH community and in service of our mission, I will:
   3.2.1. Listen and respond to patients, patients’ families, my colleagues and community members.
   3.2.2. Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
   3.2.3. Share my successes and errors with my colleagues so we can all learn from one another.
   3.2.4. Waste no one’s time.
   3.2.5. Make wise use of the hospital’s human, financial and environmental resources.
   3.2.6. Be accountable for my actions.
   3.2.7. Uphold professional and ethical standards.

4. Boundaries
   4.1. As a member of the MGH community and in service of our mission, I will never:
   4.1.1. Recklessly ignore MGH policies and procedures.
   4.1.2. Criticize or take action against any member of the MGH community raising or reporting a safety concern.
   4.1.3. Speak or act disrespectfully toward anyone.
   4.1.4. Engage in or tolerate abusive behaviors.
Attachment OO21.a continued

4.1.5. Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
4.1.6. Work while impaired by any substance or condition that compromises my ability to function safely and competently.

Related Policies:
Confidential Information
Corrective Action
Electronic Communications
Harassment
Sexual Harassment
Substance Abuse
Violence in the Workplace

Last Revision: 2009 General Executive Committee

Last Review: 2012   MGH Human Resources Committee
Massachusetts General Hospital
Mission, Credo and Boundaries Statement

Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; to advance care through innovative research and education; and, to improve the health and well-being of the diverse communities we serve.

As a member of the Massachusetts General Hospital (MGH) community and in service of our mission, I believe that:

1. The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
2. Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
3. My colleagues and I are MGH’s greatest assets.
4. Teamwork and clear communication are essential to providing exceptional care.

As a member of the MGH community and in service of our mission, I will:

1. Listen and respond to patients, patients’ families, my colleagues and community members.
2. Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
3. Share my successes and errors with my colleagues so we can all learn from one another.
4. Waste no one’s time.
5. Make wise use of the hospital’s human, financial and environmental resources.
6. Be accountable for my actions.
7. Uphold professional and ethical standards.

As a member of the MGH community and in service of our mission, I will never:

1. Knowingly ignore MGH policies and procedures.
2. Criticize or take action against any member of the MGH community raising or reporting a safety concern.
3. Speak or act disrespectfully toward anyone.
4. Engage in or tolerate abusive behaviors.
5. Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
6. Work while impaired by any substance or condition that compromises my ability to function safely and competently.

________________________________  ______________________
Signature       Date

________________________________
Print Name
Trove WebServer Print

Library: MGH1

Folder: Human Resources Policy and Procedures

Document: Substance Abuse (2012)

Print Date: 04/18/2012 15:25

User name: LA878

Search criteria: substance abuse

APPLIES TO: Weekly paid employees and Professional Staff

1. POLICY

1.1. Employees are Massachusetts General Hospital’s most valuable resource and, for that reason, their health and safety are of paramount concern.

1.2. Massachusetts General Hospital is committed to maintaining a safe, healthy and efficient environment that enhances the welfare of its employees, patients and visitors. It is the policy of the Hospital to maintain an environment that is free from impairment related to substance abuse by any of its employees.

1.3. Our patients and the Hospital expect employees to arrive for work in a condition free from the influence of alcohol and drugs, and to remain so while they are on the job and to refrain, except as noted below, from their use, possession, sale or unlawful distribution on Hospital property. All new employees must sign the MGH Drug-free Workplace Statement upon hire.

2. DEFINITIONS

2.1. Unfit for Duty means, for the purposes of this Policy, that the employee is affected by a drug or alcohol, or the combination of a drug and alcohol, in any detectable manner wherein such use or influence may affect the safety of the employee, co-workers, patients, members of the public, the employee's job performance or the safe or efficient operation of the Hospital. The symptoms may be exhibited in the employee's behavior and/or job performance.

2.2. Legal Drug includes prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured.

2.3. Illegal Drug means: Any drug (a) which is not legally obtainable; or (b) which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for the prescribed purposes.

3. PROCEDURE

3.1. On-The-Job Use or Possession of Drugs or Alcohol

3.1.1. Legal Drugs

3.1.1.1. Employees are permitted to take legally prescribed and/or over the counter medications consistent with appropriate medical treatment plans while performing their jobs. However, when such prescribed or over the counter drug therapies affect the employee's job performance, safety or the efficient operation
of the Hospital, the Senior Vice President of Human Resources, or his/her
designee, or in the case of a member of the professional staff, the chief of
service or department head or his/her designee, should be consulted to
determine if the employee is capable of continuing to perform his/her job or if
action, including corrective action or a leave from the work site, may be required.

3.1.2. Illegal Drugs

3.1.2.1. The use, sale, purchase, distribution, transfer or possession of an illegal drug by
any employee while performing Hospital business or while on Hospital property
is prohibited.

3.1.3. Alcohol

3.1.3.1. The consumption of alcohol, or being unfit for duty due to consumption of
alcohol, by any employee while performing Hospital business or while on
Hospital property is prohibited. The moderate consumption of alcohol on
Hospital property when it is served during Hospital sponsored or approved
events is permitted, provided that the employee will not be subsequently
performing any patient care activities, and provided further that this does not
relieve an employee from meeting reasonable and acceptable standards of
conduct.

3.2. Corrective Action

3.2.1. Violation of this Policy may result in corrective action up to and including discharge,
even for a first offense. With respect to a member of the professional staff, corrective
action will be taken in accordance with the bylaws of the professional staff (bylaws) and
any other governing documents. To the extent that an employee is handicapped by
virtue of his or her addiction to drugs or alcohol, this factor will be taken into account in
any corrective action decisions.

3.3. Reports of Incompetence

3.3.1. The Patient Care Assessment Plan of the Hospital sets forth certain requirements for
reporting conduct of a licensed health care provider that includes incompetence or
conduct which might be inconsistent with, or harmful to, good patient care and safety.
This includes such conduct that may be the result of substance abuse.

3.3.2. If the provider is a member of the professional staff, the report should be directed to the
chief of service. If the provider is not a member of the professional staff, the report
should be directed to the head of the clinical department in which the provider works,
and the Senior Vice President of Human Resources, if the provider is believed unfit for
duty.

3.4. Alcohol and Drug Screening

3.4.1. The Hospital may require a medical assessment, blood test, urinalysis, or other
alcohol/drug screening of those employees suspected of using or being unfit for duty by
drug or alcohol use. For members of the professional staff, any such examination shall
be required in accordance with Section 3.05 of the bylaws. This screening, based on
reasonable suspicion, will be conducted in the following manner:

3.4.1.1. The Hospital must have reasonable suspicion based on specific, objective facts
and/or observed behaviors that the employee is unfit for duty on the job because
of the consumption of alcohol or drugs. (See 3.5 below.)

3.4.1.2. The employee must be given the opportunity to have the test sample evaluated
at an independent laboratory if sufficient specimen remains; and

3.4.1.3. The employee is to be informed of the results and given an opportunity to justify
or to explain the test results.

3.5. Procedures to be Followed Before Request of Alcohol and Drug Screening

3.5.1. The supervisor (or, in the case of a member of the professional staff, the Chief of Service or Department, or his/her designee) who observes or to whom it is reported that an employee appears unfit for duty must confirm the observations or report, by establishing that reasonable suspicion of being unfit for duty by drugs or alcohol is manifested in the employee's job performance using the visual observation checklist (Attachment B).

3.5.2. Except in the case of a member of the Professional staff prior to initiating questioning relative to use or possession, the supervisor is to first consult with a Human Resources generalist, if one is available. The supervisor is to have another Hospital supervisor present (in the case of a member of the professional staff, this is optional in the discretion of the supervisor) and limit questioning to that which will determine the appropriateness of the employee's condition for work.

3.5.3. The supervisor is to follow the procedures outlined in Attachment A and the "Opinion based on observations and questioning by supervisor" (Attachment C). They (A and C) must be fully completed and signed by both the supervisor and witness prior to initiating medical assessment and any obtaining of specimen.

3.5.4. If the employee refuses to be assessed after the supervisor has determined the need by the process outlined in 3.5.3 above, the employee should be placed on Investigatory Absence and told that, after further investigation, appropriate corrective action may be taken, up to and including discharge. With respect to a member of the professional staff, the professional staff (or, in his/her absence, the chief of service or department head) shall place the individual on immediate Medical Leave of Absence or Summary Suspension, and other appropriate corrective action shall be taken in accordance with the bylaws.

3.5.5. Pending return of any test results, the employee should be placed on Investigatory Absence and told that appropriate corrective action may be taken once the test results are available. This corrective action could be up to and including discharge. With respect to a member of the professional staff, the professional staff (or, in his/her absence, the chief of service or department head) shall place the individual on immediate Medical Leave of Absence or Summary Suspension, and, once the test results are available, other appropriate corrective action may be taken in accordance with the bylaws.

3.5.6. At the point that the employee has been placed on Investigatory Absence to await the results of the tests or because the employee has refused testing, the Senior Vice President of Human Resources (or, for a member of the professional staff, the chief of service or department head) will assume responsibility for the further direction of the incident.

3.5.7. In order to maintain strict confidentiality, management and supervisors are to restrict communications concerning possible violations of this Policy to those who are participating in any questioning, evaluation, investigation or corrective action, and to those who have a need to know about the details of the alcohol/drug investigation. As with any other circumstance involving an employee issue, every good faith effort should be made to protect the employee's privacy. Nothing in this policy shall prohibit the making of a report to the Patient Care Assessment Committee, Patient Care Assessment Coordinator, Quality Assurance Committee for a Service or Department, or other appropriate body as required by the Patient Care Assessment Plan.

3.5.8. The Hospital recognizes that substance abuse may occur outside the work place. If the suspected substance abuse is not affecting the job performance or behavior, (i.e. the
employee appears fit for duty), the supervisor may not request a medical assessment nor can corrective action be utilized at any time. However, the supervisor may inform the employee of the availability of the Employee Assistance Program. With respect to a member of the professional staff, substance abuse outside the workplace may be the basis for a request for medical assessment or corrective action as appropriate and consistent with the bylaws and any other governing rules or procedures.

3.6. Relationship to Employee Assistance Program

3.6.1. The Hospital maintains an Employee Assistance Program (EAP) that provides confidential help to employees who abuse alcohol or drugs and/or have other personal or emotional problems.

3.6.2. However, it is the responsibility of each employee to seek assistance from the Employee Assistance Program before alcohol and drug problems lead to corrective action, which can include discharge for a first offense. Once a violation of the Policy occurs, subsequent use of the EAP on a voluntary basis will not necessarily lessen corrective action and may, in fact, have no bearing on the determination of appropriate corrective action.

3.6.3. Should an employee choose to make it known, his/her decision to seek prior assistance from the Employee Assistance Program will not in itself be used as a basis for corrective action and will not be used against the employee in any disciplinary proceeding. On the other hand, using the EAP will not necessarily be a defense to the imposition of corrective action.

3.7. Rehabilitation

3.7.1. Employees who are under treatment at approved rehabilitation programs acceptable to the Massachusetts General Hospital may protect their employment status at the Hospital as follows:

3.7.1.1. The Hospital has paid time off benefits and a leave of absence policy whereby, among other things, an employee, by his/her own volition, may request a leave from the work site to confidentially correct an alcohol or drug abuse problem before overall performance is affected. Employees must notify their supervisor as required by the Earned Time or Leave of Absence policy or other applicable policy. Employees may keep their substance abuse problem and treatment confidential from the Hospital if they wish to pursue this option. Because of the confidential nature of the EAP, the employee may still use the EAP.

3.7.1.2. Employees who have been determined by the Hospital to have a substance abuse problem and who agree to go through an approved alcohol and/or drug rehabilitation program for the first time will be conditionally reinstated to a job provided they:

3.7.1.2.1. Immediately enroll, and

3.7.1.2.2. Successfully complete an approved substance abuse rehabilitation program and maintain the preventive course of conduct prescribed by the employee’s drug or alcohol program; and

3.7.1.2.3. Supply on-going documentation that indicates they are remaining free of impairment.

3.7.1.2.4. The period of eligibility for conditional reinstatement shall not exceed six months from the last day of work.

3.7.1.3. Employees returning from a rehabilitation absence will be required to sign the Conditional Reinstatement Agreement (Attachment E) or other appropriate documents or agreements as determined by the Senior Vice President of
Human Resources (or, for a member of the professional staff, by the chief of service or department head) on a case-by-case basis.

3.7.1.4. Employees who do not follow preventative maintenance treatment recommended by their drug or alcohol programs and/or engage in drug or alcohol abuse within three years of discovery of the problem will be subject to immediate discharge. For a member of the professional staff, corrective action shall be taken in accordance with the bylaws.

3.7.1.5. An employee whose lack of fitness for duty status was discovered under conditions potentially endangering his/her own, patients' or other employees' safety, or involving theft or other major malfeasance will not be permitted to use the above options.

3.8. Involvement of Law Enforcement Agencies/Licensing Agencies/Granting Agencies

3.8.1. The use, sale, purchase, transfer, theft, possession or distribution of an illegal drug is a violation of the law, which will be reported by the Hospital to law enforcement agencies as appropriate. All such referrals will be done only after appropriate senior management and the Senior Vice President of Human Resources (or, for a member of the professional staff, the chief of service or department head) are informed. Furthermore, the Hospital will comply with legal requirements for making reports to various licensing and credentialing authorities regarding certain incidents, disciplinary actions, or licensed professionals who practice while impaired.

3.8.2. Those employees whose work involves federal grants or contracts must notify the Senior Vice President of Human Resources or his/her designee, of any conviction of a drug offense occurring in the workplace within five days of such conviction. The Hospital will notify the granting agency within ten days of such conviction as required by law.

3.8.3. As part of the Omnibus drug legislation enacted in November of 1955, Congress passed the Drug-Free Workplace Act of 1988. This statute requires federal grant and contract awardees to certify that they will provide drug-free workplaces for their employees. This policy meets the Hospital's obligation under the law as requested by the U.S. Public Health Service.

4. PRE-PLACEMENT SCREENING

4.1. The Hospital does not conduct pre-placement drug screening except for those employees for which this is required by regulation or department policy. Pre-placement drug screening is provided specifically to those employees hired as drivers for certain Hospital vehicles per the MGH Motor Carrier Safety Policy and specific employees working in the Department of Anesthesia and Critical Care. In the event of a positive screening, the employee would be considered ineligible for placement.

4.2. If Occupational Health Services (OHS) finds evidence of substance abuse during a screening, the employee may be denied clearance to work until the employee is evaluated and cleared by the OHS physician.

5. RESPONSIBILITY

5.1. The administration of this policy is the responsibility of each department head and supervisor working in conjunction with the Senior Vice President of Human Resources, or, for a member of the professional staff working in conjunction with the chief of service or department head.

Related Policies:
Confidential Information  
Corrective Action  
Health and Safety  
Motor Vehicle Operator Safety  
Standards of Behavior  
Work Health Clearance

Last Review: 2012  
Last Revision: 2012

Attachments Index  
A. Procedures To Be Followed By Supervisor Who Suspects An Employee Is Unfit For Duty.  
B. Visual Observation Checklist  
C. Opinion Based On Observation And Questioning By Supervisor  
D. Agreement To Submit To Medical Assessment And Authorization For The Release Of Medical Information By The Hospital's Laboratory Or Emergency Department/Occupational Health Services  
E. Refusal To Submit To Medical Assessment  
F. Attachment F

Attachment A - Procedures To Be Followed By Supervisor Who Suspects An Employee Is Unfit For Duty.  
In an effort to establish if a violation of Hospital rules and regulations occurred, all inquiries should conform to the following procedure:

1. Determine, in person, if an employee's behavior appears to be unfit for duty using Attachment B.

2. When possible, get another supervisor or management representative to assist in escorting the employee to a private area. Never use force in order to obtain agreement from the employee. Contact Police and Security if necessary.

3. If requested by the employee, bring in any other MGH employee readily available that the employee chooses to be present during the investigation.

4. The supervisor's role at this point is to determine if the employee should be referred to Occupational Health Services for further assessment. Ask only those questions necessary to determine the employee's fitness for duty, and avoid questions and/or statements that diagnose if a drug test is needed. The employee should be asked if he or she has consumed any alcohol and/or drugs in the last 24 hours. If possible, contact the Human Resources generalist to assist you in determining the proper line of questioning. At all times, give the employee a chance to respond to all allegations.

5. During the investigation with the employee, and with representative still present, complete the "Opinion Based on Observation and Questioning" (Attachment B), sign and have management witness.

6. If you conclude that the employee appears to be fit for duty, and is able to perform work duties, then have the employee return to his/her workstation.

7. If you have reasonable suspicion that the employee is unfit for duty, and the employee admits to being under the influence, then pending final determination, place the employee on Investigatory Absence. Indicate that appropriate corrective action, up to and including discharge, may be taken. With respect to a member of the professional staff, the employee shall be placed on
Medical Leave of Absence or Summary Suspension and told that corrective action may be taken in accordance with the bylaws. At all times, give the employee a chance to respond to all allegations.

8. If you have reasonable suspicion that the employee is unfit for duty and denies this, then ask the employee to consent to a medical assessment, including the taking of the appropriate specimen for drug and alcohol screen. From that point, until arrival at the medical assessment site, the supervisor should remain in the presence of the employee at all times. For screenings outside of the regular office hours of Occupational Health Services, contact the Paging Operator to reach the Occupational Health Nurse Practitioner on-call.

9. If the employee refuses the medical assessment, drug/alcohol screen, and/or test, the employee should be placed on Investigatory Absence and be told that, after further investigation, appropriate corrective action may be taken, up to and including discharge. With respect to a member of the professional staff, the individual shall be placed on Medical Leave of Absence or Summary Suspension and told that corrective action may be taken in accordance with the bylaws.

10. A manager and/or supervisor is never to use force in seeking compliance with requests. Both the drug and alcohol screen, and the signing of any forms, are voluntary on the part of the employee. Police and Security should be called if the supervisor determines that the employee should not be allowed to remain in the work area and the employee refuses to leave.

11. Make the necessary arrangements to have the employee taken home. Do not permit him/her to go home or drive alone. If the employee refuses assistance, make sure you can document that the employee refused such assistance. The management witness should co-sign any documentation. However, if an employee represents a danger to him/herself or others, then all good faith efforts should be made so as not to allow the employee to leave without assistance. You must call Police and Security for assistance and they will handle the matter pursuant to established procedures.

Attachment B – Visual Observation Checklist

DIRECTIONS:
Check pertinent items based on your visual observation of the employee. This section must be completed regardless of the outcome of the interview conducted pursuant to 3.5.1.

1. **Walking/Standing**
   - Normal
   - Stumbling
   - Staggering
   - Falling
   - Swaying
   - Unsteady
   - Holding on
   - Unable to

2. **Speech**
   - Normal
   - Shouting
   - Silent
   - Whispering
   - Slow
   - Rambling/incoherent
   - Slurred
   - Slobbering

3. **Demeanor**
   - Normal
   - Sleepy
   - Crying
   - Silent
   - Talkative
   - Excited
   - Fighting

4. **Actions**
   - Normal
   - Resisting
   - Communications
   - Fighting
   - Threatening
   - Drowsy
   - Hostile
   - Profanity
   - Hyperactive
   - Erratic

5. **Eyes**
   - Normal
   - Bloodshot
   - Watery
   - Glassy
   - Droopy
   - Closed

6. **Face**
   - Normal
   - Flushed
   - Pale
   - Sweaty
7. **Appearance/Clothing**
   - unruly
   - dirty
   - messy
   - Normal
   - partially dressed
   - stains on clothing

8. **Breath**
   - alcoholic odor
   - faint
   - no alcoholic odor

9. **Movements**
   - fumbling
   - jerky
   - slow
   - Normal
   - nervous
   - hyperactive

10. **Eating/Chewing**
    - gum
    - candy
    - mints
    - Other-identify if possible

11. **Other Observations:**
    **Attachment C - Opinion Based On Observation And Questioning By Supervisor**

1. Appears unfit for work: Yes No Uncertain

2. Recommend for medical assessment which may include a drug/alcohol screen: Yes No

   If yes, ask the employee the following questions:
   Would you submit to a medical assessment to include a blood and urinalysis by Hospital staff, if the clinician deems it necessary? _______Yes No

   If yes,
   1. Have employee sign Agreement to Submit to Medical Assessment (Attachment D).
   2. Contact Occupational Health Services. For screenings outside of the regular office hours of Occupational Health Services, contact the Paging Operator to reach the Occupational Health Nurse Practitioner on-call.
   3. Take, or make appropriate arrangements for, employee to be taken to Occupational Health Services/Emergency Department.
   4. Send completed attachments to the testing site in a sealed envelope.

3. If the employee refuses to sign the Statement for Medical Assessment (Attachment D), the employee should be told that by refusing s/he may be submitted to further corrective action, up to and including discharge. (See Attachment E)

**REMARKS:**

Signed: ___________________________ Date: ______________

Supervisor

Witnessed by: ______________________ Date: ______________
Attachment D: This Should Be Read Aloud To The Employee

AGREEMENT TO SUBMIT TO MEDICAL ASSESSMENT AND AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION BY THE HOSPITAL’S LABORATORY OR EMERGENCY DEPARTMENT/OCCUPATIONAL HEALTH SERVICES

I have been informed that the Massachusetts General Hospital, based on my behavior and appearance, is concerned that I may be unfit for duty. My ability to perform my job duties is therefore in question; and as a result, I have been requested to submit to a Medical Assessment which may include a drug and/or alcohol screen by blood and/or urine tests which is to be administered by the Occupational Health Services/Emergency Department and Laboratory.

I have been informed and I understand, that my agreement to submit to the Medical Assessment is completely voluntary on my part, and that I have the right to refuse to submit to a drug/alcohol test, as deemed appropriate by Occupational Health Services. I understand that my refusal to submit to the Medical Assessment or drug and/or alcohol screen by blood and/or urine tests may be grounds for corrective action against me, up to and including discharge.

I have also been informed, am aware, and hereby authorize that the results of this Medical Assessment and related tests may be released to the Senior Vice President of Human Resources and/or his/her designee, who may determine it is necessary to disclose such information. I understand that the information so released to the Senior Vice President of Human Resources will be used to determine whether I was fit to perform my job duties, and/or whether I had violated the Hospital’s policies concerning substance abuse and that the results of such test(s) may form the basis for corrective action against me, up to and including discharge. With respect to a member of the professional staff, this information will be released to the chief of service, or the Head of the Department for their handling.

With full knowledge of the above information, I have decided to voluntarily submit to the requested Medical Assessment which may include a drug and/or alcohol screen by Occupational Health Services/Emergency Department Physician and Laboratory and in recognition of this agreement do sign this consent.

____________________________  ______________________________
Date  Employee Signature
(NOTE: A witness other than the supervisor who has requested that the employee submit to a medical assessment should also sign the consent form)

____________________________  ______________________________
Date  Witness

Attachment E: Refusal To Submit To Medical Assessment

I hereby refuse to submit to a Medical Assessment, which may include testing of my blood and urine for alcohol or drugs. I understand that such refusal will require a review of the facts by management, which may necessitate corrective action, up to and including discharge.

____________________________  ______________________________
Employee Signature  Witness

____________________________  ______________________________
Date  Supervisor
Employee refused to sign form.

________________________  _______________________
Supervisor                  Witness

Attachment F

The undersigned parties (Massachusetts General Hospital) and 
Employee’s Name 
herein referred to as "employee" hereby agree as follows:

1. The employee recognizes that the Massachusetts General Hospital has assisted him/her by 
   its Human Resources policies to deal with his/her substance abuse problem.

2. The Massachusetts General Hospital will conditionally reinstate the employee after s/he 
   successfully completes an approved rehabilitation program. The Employee will be 
   conditionally reinstated provided she/he agrees to perform the following:
   
   • (Here insert conditions applying to rehabilitation treatment).
   • Meets requirements of state board for licensed personnel.

3. If within the next three (3) years, the employee becomes unfit for duty due to substance 
   abuse, or fails to continue his alcohol/drug rehabilitation program or meet the conditions set 
   forth above as outlined in item 2, s/he will be discharged.

4. Employee understands and agrees that if s/he has to be admitted to a hospital or rehabilitation 
   center again within the next three (3) years for substance abuse, s/he may be discharged.

________________________  _______________________
Employee Signature         Senior Vice President of Human Resources

________________________
Date

OR

________________________  _______________________
Professional Staff Employee  Chief of Service or Department Head
MASSACHUSETTS GENERAL HOSPITAL

Violence in the Workplace (2012)

APPLIES TO: Weekly paid employees

1. POLICY

1.1. It is the policy of MGH to provide all employees, a safe, comfortable working environment, one that is free from all types of threatening behavior and violence, and one that is in compliance with Federal, State and local Laws.

2. DEFINITIONS AND REGULATIONS

2.1. Threatening behavior is behavior that creates a work environment that a reasonable person would find intimidating, threatening, violent or abusive; regardless of whether the behavior may affect a person's psychological or physical well being.

2.2. Examples include but are not limited to:

2.2.1. Threats - Words or actions that either create a perception that there may be intent to harm a person or property or that result in harm or similar consequences. Some examples include:

   2.2.1.1. An act of physical aggression, such as, an assault or attempted assault on another employee, patient or visitor.

   2.2.1.2. Statements which could be reasonably perceived as an intent to cause harm to an employee, patient, visitor or the organization.

2.2.2. Use or possession of explosives, firearms or other weapons on MGH property.

2.2.3. Deliberate destruction of MGH property, or the property of others.

2.2.4. Theft of property.

2.2.5. Stalking - willfully, maliciously and repeatedly following or harassing another employee, patient or visitor, whether on or off MGH premises.

3. PROCEDURE

3.1. An employee who feels s/he has been a victim of workplace violence, or who has been subjected to such types of behavior outside of work by an employee and thinks such incidents could intrude into the workplace, has several ways to make his/her concerns known:

3.2. If the employee can comfortably do so, s/he should inform the person(s) engaging in the threatening behavior that the conduct is offensive and must stop.
3.3. If the employee is not comfortable communicating with the person, or if communication has not brought desired results, the following process should be used:

**Type of Situation**

**Person/Department to Call**

Immediate fear for safety

Security

No immediate fear for safety

Supervisor of Human Resource Generalist or Security or Employee Assistance Representative, or same as above

Any management person the employee feels comfortable telling

3.4. The person initially receiving the complaint should inform the Human Resource Generalist who will assure that an appropriate investigation and subsequent resolution occurs. The investigation may include convening a Critical Response Team that may be comprised of representatives from The Police and Security Department, the Employee Assistance Program, Corporate Employee/Labor Relations, the Office of the General Counsel and/or other specialties, depending upon the circumstances of the incident.

4. **CORRECTIVE ACTION PROCESS**

4.1. An employee who has been found in violation of this policy will be subject to the MGH Corrective Action Policy. MGH may, at its discretion, determine that a first offense will result in immediate termination.

4.2. In the event that MGH learns that an employee has been arrested, or criminal charges have been filed against him or her for any type of behavior described above, MGH reserves the right to examine the circumstances of the arrest or criminal charges and may take corrective action up to and including termination. MGH may do so regardless of whether the arrest or criminal charges results in a conviction and regardless of whether the behavior in question occurred at MGH. Each case will be reviewed on an individual basis.

5. **RESTRAINING ORDER**

5.1. Employees should be encouraged to notify his/her Manager, Police and Security Department, Human Resources Generalist or a staff member of the Employee Assistance Program if they have taken out a restraining order against another individual even if that individual is not an employee. The person receiving the report should notify Security. This notification will not reflect negatively on the employee and will aid in safety planning for all involved.
6. **CONFIDENTIALITY**

6.1. All attempts to maintain an employee's confidentiality will be made by sharing information only with those individuals deemed to have a need to know. Safety of employees, patients and visitors will be the overriding concern. When appropriate, MGH will refer relevant information to law enforcement authorities for possible action.

7. **RETAIATION**

7.1. There will be no retaliation toward an employee bringing forward a complaint in good faith.

8. **PROCEDURE FOR DEPARTMENT MANAGERS: INCIDENTS OF VIOLENCE AND/OR THREATS OF VIOLENCE**

8.1. These guidelines have been developed to assist Managers and Supervisors in responding to incidents of violence or threats of violence that occur in the work setting.

8.2. Incident Occurs

8.2.1. If an employee believes s/he is a victim of workplace violence and/or threats of violence, or observes such an act, the incident should be reported immediately to either his/her Supervisor/Manager, Human Resources, Police and Security Department, Employee Assistance Program or any member of management with whom the employee feels comfortable talking.

8.2.2. If the situation presents an immediate fear of safety, Police and Security Department should be called immediately. Any employee(s) posing a safety risk and/or thought to be responsible for the incident may be suspended, per personnel policies, until an investigation is completed.

8.2.3. The person receiving the initial report should contact the appropriate Human Resource Generalist, who will ensure an investigation takes place, which includes a recommendation for resolution of the incident and follow-up. The investigation may include convening a Critical Response Team that may be comprised of representatives from The Police and Security Department, the Employee Assistance Program, Corporate Employee/Labor Relations, the Office of the General Counsel and/or other specialties, depending upon the circumstances of the incident.

8.3. Manager's Role in Investigation

8.3.1. The Manager receiving the complaint should provide the investigator, who may be a Human Resource or Security Professional, the following information in as much detail as possible, including any written documentation:

8.3.1.1. Name/position/department of victim, alleged perpetrator and any witnesses.

8.3.1.2. What specifically happened? When and where did incident take place?
8.3.1.3. Was there physical contact? Injury?
8.3.1.4. What triggered the incident?
8.3.1.5. How did the incident end?
8.3.1.6. Any history leading up to the incident?
8.3.1.7. A review of any corrective action.
8.3.1.8. Work status of perpetrator (Is s/he currently working?)
8.3.1.9. Anyone else notified such as Security, Employee Assistance, Occupational Health or Domestic Violence Coordinator?

8.4. The Department Manager should facilitate setting up appointments with the employees to be interviewed.

8.5. Resolution of Incident

8.5.1. Once the investigation is completed, Human Resources will review the results with the Department Manager who, in consultation with Human Resources, will determine the type of Corrective Action, if any, that occurs. The Department Manager will meet with the affected employee(s) and inform them of the decision. If there is any fear for safety, Police and Security should be called to be in the area.

8.5.2. Communication With Victim/Coworkers/Witnesses. After the investigation is concluded, the Manager should inform the victim, witnesses and coworkers (if they know about incident) about the outcome, as appropriate. Managers should consult with Human Resources and, if necessary, Legal about what information is appropriate to communicate. Confidentiality must be considered and only those “with a need to know” may be informed.

8.5.3. Communication With Other Members of Management. Depending on the type of situation, it may be appropriate for the Manager to communicate the incident to Senior Management, Public Affairs, Risk Management. The Manager should consult with Human Resources, if necessary, about what information is appropriate to communicate.

8.5.4. Communication With External Agencies. Depending upon the type of situation, it may be appropriate for the Manager to communicate with external agencies, such as Law Enforcement, OSHA, DPH. (Human Resources and Legal must be consulted before these agencies are contacted.)

8.6. Referrals

8.6.1. Employee Assistance Program. The employee should be informed that the Employee Assistance Program, which is a confidential, free service, is available.
8.6.2. Police and Security Department. If an individual requests security for themselves or others, they should be referred to the Police and Security Department.

8.6.3. Any representative of the institution must be careful about making any commitments to provide additional security or counseling services.

8.7. Confidentiality

8.7.1. The individual reporting an incident must be told that the institution takes such a report very seriously and will maintain confidentiality as practicable. Information will be shared with only those individuals with a need to know, and anyone participating in the investigation will be required to maintain confidentiality.

8.8. Retaliation

8.8.1. Anyone involved in the incident should be informed that retaliation against anyone who files a legitimate complaint or participates in any investigation, will not be tolerated and will lead to corrective action.

8.9. Documentation

8.9.1. Documentation is critical and should be specific. All notes, including original notes, and statements must be signed, dated and include time, location and persons present. Notes should be factual, objective, legible, record what was said, what actions were taking place, and be devoid of personal opinions.

Related Policies:

Confidential Information
Corrective Action
Harassment
Standards of Behavior

Last Revision: 2012
Last Review: 2012
APPLIES TO: Weekly paid employees, Professional Staff and Volunteers

1. **POLICY**

1.1. It is the goal of MGH to promote a workplace that is free of sexual harassment. Sexual harassment of employees occurring in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by MGH. Further, any retaliation against an individual who has complained about sexual harassment or retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is also unlawful and will not be tolerated.

1.2. Because MGH takes allegations of sexual harassment seriously, it will respond promptly to complaints of sexual harassment, and where it is determined that such inappropriate conduct has occurred, the Hospital management will act promptly to eliminate the conduct and take corrective action.

2. **DEFINITIONS**

2.1. In Massachusetts, the legal definition of sexual harassment is sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

2.1.1. Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or a basis for employment decisions, such as promotions, or scheduling vacations; or

2.1.2. Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performance by creating an intimidating, hostile, humiliating, or sexually offensive work environment.

2.2. Sexual harassment may occur regardless of the intention of the person engaging in the conduct. While it is not possible to list all those circumstances that constitute sexual harassment, the following are some examples of conduct, which, if unwelcome, may constitute sexual harassment, depending upon the totality of the circumstances, including the severity of the conduct and its pervasiveness:

2.2.1. Sexual advances whether or not they involve physical touching;

2.2.2. Requests for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment;

2.2.3. Sexual jokes;

2.2.4. Use of sexual epithets, written or spoken references to sexual conduct, gossip regarding one’s sex life, comment on an individual’s body, comment about an individual’s sexual
activity, deficiencies, or prowess;
2.2.5. Displaying sexually suggestive objects, pictures, or cartoons;
2.2.6. Leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
2.2.7. Inquiries into one’s sexual experiences;
2.2.8. Discussion of one’s sexual activities; and
2.2.9. Assault or coerced sexual acts.
2.3. Either sex may be the harasser.

3. PROCEDURES
3.1. Complaints: Any employee who feels s/he has been sexually harassed has several ways to make his/her concerns known:

3.1.1. If the employee can comfortably do so, s/he should inform the employee engaging in the harassment that the conduct is offensive and must stop.

3.1.2. If the employee does not wish to communicate directly with the person or if communication has not brought results, the employee has the right to file a complaint with MGH.

3.1.3. Complaints may be filed in writing or verbally. The employee should contact Bonnie Welch, Sexual Harassment Officer at 617-724-0932. If an employee feels more comfortable initially speaking to his/her Human Resources Generalist or a representative of management, s/he may do so. The management representative receiving the complaint should inform the appropriate Human Resources Generalist who will ensure an investigation takes place. Members of the professional staff may also contact their chief of service, Principal Investigator, the Office for Women’s Careers, the Chief Medical Officer or the Sr. VP of Human Resources.

3.2. Sexual Harassment Investigation
3.2.1. When MGH receives a complaint, it will investigate the allegation fairly and promptly. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation will include a private interview with the person filing the complaint and with witnesses, if any. MGH will also interview the person alleged to have committed sexual harassment. When the investigation is completed the person filing the complaint and the person alleged to have committed the conduct will be informed of the results of that investigation to the extent appropriate.

3.2.2. If it is determined that inappropriate conduct has occurred, the Hospital will act promptly to eliminate the offending conduct and take corrective action.

3.3. Corrective Action: An employee who has been found in violation of this policy by engaging in sexual harassment or by falsely accusing another employee of doing so, will be subject to the Corrective Action Policy. MGH may, at its discretion, determine that a first offense will result in immediate termination.

3.4. State and Federal Agencies
3.4.1. Federal discrimination enforcement agencies:

The United States Equal Employment Opportunity Commission
3.4.2. State discrimination enforcement agencies:

The Massachusetts Commission Against Discrimination

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<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Boston Office</td>
<td>One Ashburton Place - Room 601</td>
<td>(617) 994-6000</td>
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<tr>
<td></td>
<td>Boston, MA 02108</td>
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<tr>
<td>Springfield Office</td>
<td>436 Dwight Street – Room 220</td>
<td>(413) 739-2145</td>
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<tr>
<td></td>
<td>Springfield, MA 01103</td>
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<tr>
<td>Worcester Office</td>
<td>22 Front Street, 5th floor</td>
<td>(508) 799-8010</td>
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<tr>
<td></td>
<td>PO Box 8038</td>
<td></td>
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<td></td>
<td>Worcester, MA</td>
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</table>

Related Policies:
Corrective Action
Electronic Communications
Harassment
Standards of Behavior

Last Revision: 2008
Last Review: 2008
2. **DEFINITIONS AND REGULATIONS**

2.1. The terms "information" and "data" are used here in the broadest sense. MGH patient and employee records, business proprietary information and knowledge are transmitted and stored in many forms: verbal, handwritten, printed, electronic, and on or via other media as technologies evolve. The “information” and “data” stored in these many forms fall under this policy.

2.2. Access to patient data is governed by the regulations of the Patient Records Committee and the Human Studies Committee, as well as by other relevant MGH policy and by statutes.

2.3. An employee may review his/her employment record. Per state law, an employment record includes information maintained in the employee's department as well as in Human Resources. Supervisors should contact Human Resources prior to releasing information maintained in their own department records.

2.4. Employees who violate confidentiality may be subject to corrective action up to and including discharge.

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Related Policies:

Computer Software Use and Acquisition

Corrective Action

Electronic Communications

References

Standards of Behavior

Substance Abuse

Violence in the Workplace

Last Revision: 2012

Last Review: 2012

MGH Electronic Communications (Privacy and Security Manual)
MASSACHUSETTS GENERAL HOSPITAL
Corrective Action (2012)

APPLIES TO: All employees who have completed a 90-day probationary period, excluding top level management such as assistant department heads, department heads, and executive management.

1. POLICY

1.1. If an employee's conduct interferes with the orderly and efficient operation of the Hospital, through poor performance, poor attendance, or inappropriate behavior, corrective action will be taken. In order to ensure due process prior to any action being taken, the supervisor must contact their Human Resources generalist prior to taking written corrective action with the employee. In general, all employees are employees at will. Nothing in this or any policy is intended to imply a contract. As a general policy matter, however, the Hospital will usually follow the steps of the corrective action process. Top-Level management will be held to the highest standard of ethics, behavior and performance and serve at the discretion of the hospital. While it is the intent of the Hospital to consistently follow these guidelines with all employees, the procedures and steps of this policy may be altered due to the facts and circumstances of each case. For the first 90 days of employment, employees are considered to be on probation and the corrective action guidelines do not apply.

2. DEFINITIONS AND REGULATIONS

2.1. Corrective Action: The purpose of corrective action is to provide significant notification to the employee that there is a need for, and provide the opportunity to, alter job performance, attendance, or behavior in a way that meets Hospital and departmental expectations.

2.2. Just Cause: Every effort will be made to ensure that any action, including discharge, is fair and reasonable. Every effort should be made to hear the employee's side prior to determining if any corrective action is appropriate.

2.3. Due Process: Corrective action that is consistent with Hospital practice.

2.4. Behavior Requiring Correction: Conduct, whether by act or omission, which interferes with, or affects in any way, the orderly and efficient operation of the Hospital. It includes, but is not limited to, job performance, attendance, and behavior issues. Behavior includes off-duty and on-duty behavior that adversely affects the employment relationship or the rights of patients or other employees.

2.5. Investigatory Absence: An investigatory absence is a non-punitive, imposed absence from work for an unspecified period of time, pending investigation of suspected or alleged seriously inappropriate behavior, attendance, or job performance. It is utilized primarily when considering a final written warning with a disciplinary suspension, when considering discharge, or when an employee's immediate removal from the work area is necessary. Pay during an investigatory absence is based on the facts and circumstances of the case and in conjunction with Human Resources.

If the employee is found not accountable for the inappropriate behavior, attendance, or job performance, the employee will be paid regular pay retroactively, including
differentials per the differential policy, for any missed shifts during the investigatory absence. Attention should be paid to preserving an employee’s dignity; when possible, agreement should be made which explains his/her absence. An investigatory absence must be brought to the attention of the Human Resources generalist. An investigatory absence, although for an unspecified period of time, should be as short as possible (generally no more than three days) and ultimately converted to:

2.5.1. Employee returns to work with no loss of pay, or
2.5.2. Final Written Warning or Final Written Warning with Disciplinary Suspension, or
2.5.3. Discharge

2.6. Human Resources generalists are available to employees, as well as management, to explain the corrective action and grievance processes. Human Resources generalists will provide information, options and a recommendation for further action. The supervisor makes the final determination as to what action s/he takes. Human Resources generalists are available to mediate and/or provide alternative resolutions and points of view. No corrective action resulting in written warning, disciplinary suspension, final written warning, or discharge may be taken without the prior review with Human Resources. Employees should be referred to their Human Resources generalist early in the process, particularly at the counseling stage, as written warnings will prevent an employee from gaining a transfer. Employees should be made aware that utilizing the services of Human Resources is voluntary and confidential.

The Employee Assistance Program (EAP) is available to assist employees with personal problems which may be affecting their overall work performance. A referral to the Employee Assistance Program needs to be considered, especially at the first signs of issues with performance, attendance, or behavior, when counseling is being done. The staff of the EAP is available to assist supervisors in making referrals.

Employees should be made aware that utilizing the services of the EAP is voluntary and confidential. Any referrals to either the Human Resources generalist or EAP should be documented, particularly in any written warnings.

2.7. If an employee improves job performance, attendance, and/or behavior to an acceptable level following application of corrective action, and the job performance, attendance, and/or behavior requiring correction does not recur over a reasonable period of time, a letter citing the improvement may be given to the employee. A copy should be sent to Human Resources for addition to the employee’s employment record.

2.8. In cases where an employee is in agreement, and where it is operationally sound, the department may choose demotion instead of corrective action. In all cases involving demotion, Human Resources must be consulted.

2.9. Progressive Corrective Action: Corrective action should usually proceed in the following progressive steps:

1st step Oral counseling
Corrective action is considered active for twelve months from the date on which it is given. Note: corrective action progresses within the separate tracks of job performance, attendance, or inappropriate behavior.

This progressive approach may be modified based on the facts and circumstances of each case. Some job performance, attendance, or inappropriate behavior may be so serious as to advance through the corrective actions steps or cause immediate discharge. Also, progressive corrective action does not apply to employees who have not completed their initial 90 day probationary period.

All steps in this progressive corrective approach should be applied in a timely and consistent manner. (Please see the attached Performance Tracking Sheet as a suggested tool to track corrective action).

3. PROCESS

3.1. First Step Counseling: A supervisor may elect to orally counsel an employee. However, if this has been done, and/or the situation warrants, consider proceeding with an oral warning or with the following steps as appropriate.

3.2. Second Step - Oral Warning: A supervisor identifies negative behavior, performance deficiency, or attendance problems; expectations; and supervisor ensures that the employee is aware of both the impact of the inappropriate behavior, performance deficiency, or poor attendance on department and Hospital operations and what must be done to avoid further corrective action. The discussion must be identified as an oral warning which could lead to further corrective action, up to and including discharge. A note documenting the oral warning should be retained by the manager.

3.3. Third Step - Written Warning: A written warning should be in the form of a memorandum from the supervisor to the employee. One purpose of the written warning is to notify the employee, in a more significant way, of the cause for concern regarding attendance, performance, or inappropriate behavior. Another purpose is to indicate further corrective action may occur if there is no improvement. A copy of the written warning should be sent to Human Resources.

3.4. Fourth Step - Final Written Warning or Final Written Warning With Disciplinary Suspension: The choice of action depends on circumstances present.

One purpose of the final written warning is to notify the employee in a significant way of cause for grave concern regarding attendance, job performance, or inappropriate behavior. Another purpose is to indicate that further corrective action may occur if there is no improvement.
Final Written Warning/Suspension: There is one type of suspension - a Disciplinary Suspension. Disciplinary Suspension without pay is a very serious form of corrective action. It should be used in combination with an original final written warning or the reissuing of a final written warning only when a supervisor believes the employee will correct the conduct as a result of the suspension. It is given in tandem with a final written warning when it is believed that a final written warning, in and of itself, is not sufficient to signify the seriousness of the situation. A Disciplinary Suspension should be for a stated period of time, but only of duration sufficient to demonstrate extreme concern for the employee's behavior, job performance, or attendance.

An investigatory absence may be used during an investigation while determining appropriate corrective action.

3.5. Fifth Step - Discharge: Discharge is used when it is concluded that attempts to correct the employee's behavior have failed or when the improper conduct is of such a serious nature that the employment relationship should not be continued.

3.6. Grievances: An employee who disagrees with a written warning, final written warning, final written warning with disciplinary suspension, or discharge may utilize the Grievance Procedure in order to have the action reviewed and potentially revised or overturned.

4. DOCUMENTATION

4.1. The warnings and any disciplinary suspension should be documented in a memorandum to the employee and should state the nature of the inappropriate behavior, performance deficiency, or attendance problem, what is required to change the conduct, when the change must be made, and the consequences if the change is not made. The memorandum should state:

"This is a written warning (or final written warning, or final written warning with a disciplinary suspension)"

and indicate that the employee's side was heard and considered prior to the taking of this action. (If giving a final written warning with a disciplinary suspension, the length of the suspension should be clearly indicated.) The memorandum should also indicate:

"Human Resources is available as a resource. If interested in obtaining information regarding the MGH grievance process, please contact Human Resources within 10 working days of receiving this warning."

The memorandum should be given to the employee and a copy sent to Human Resources for the employee's employment record. The employee is not required to sign the written (or final written) warning.

Sample written warning and final warning memoranda are available through Human Resources.

Documentation of a discharge also should be given in the form of a brief memorandum. The reasons for the discharge should be stated, indicating that the employee's side was heard and considered. The memorandum should also indicate:

"Human Resources is available as a resource. If interested in obtaining information regarding the MGH grievance process, please contact Human Resources."

Attachment OOD 21.g continued
Resources within ten (10) business days of receiving this document.”

The memorandum should be reviewed by Human Resources. A copy should be sent to Human Resources for inclusion in the employee's employment record. The employee does not have to sign the discharge letter.

5. **PROCEDURE**

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Supervisor</td>
<td>1. Investigate the circumstances surrounding the behavior requiring correction as completely as possible. Include a discussion with the employee to obtain his/her viewpoint of the facts. Consider impact of Family and Medical Leave Act on attendance issues. Review with Human Resources to obtain options and a recommendation. Make the employee aware of the impartial and confidential service of both Human Resources and the Employee Assistance Program.</td>
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<td>2. If immediate removal of the employee from Hospital premises is necessary to prevent injury, disruption of work, or other serious consequences, place the employee on investigatory absence. If considering a disciplinary suspension or discharge, place the employee on investigatory absence.</td>
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<td>3. Determine appropriate corrective action in consultation with Human Resources.</td>
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<td>4. Give a clear explanation to the employee concerning the inappropriate behavior, performance deficiency, or attendance problem and the reason for and nature of the corrective action. If the explanation is in writing, send a copy to Human Resources for the employee's employment record. Refer the employee to Human Resources for review of options and clarification of Hospital policies.</td>
</tr>
<tr>
<td>Human Resources</td>
<td>5. Provide advice and counsel to supervisors and employees regarding the corrective action and grievance policies. Review all corrective action and documentation involving written warning, suspension, investigatory absence, final written warning, or discharge prior to action being taken. Retain written documentation of corrective action in employee's employment record.</td>
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**Related Policies:**

Attendance
Attachment OOD 21.g continued

Computer Software Use and Acquisition
Confidential Information
Conflict of Interest
Dress Code
Electronic Communications
Employee Rights and Patient Care Nondiscrimination
Employment At Will
Gifts and Gratuities
Grievance Procedure
Harassment
Health and Safety
Motor Vehicle Operator Safety
Pay – Earned Time
Property and Packages
Recruitment, New Hire and Termination Process
Sexual Harassment
Standards of Behavior
Substance Abuse
Telephone Calls
Transfers and Promotions
Violence in the Workplace
Work Health Clearance
Worksite

Last Revision: 2012
Last Review: 2012
PERFORMANCE TRACKING SHEET

NAME: ________________________________

Instructions:

5.1. After each employee contact, enter the date, and the code for the action you took, and the reason for the contact. When you determine that the problem has been solved, advise the employee and draw a circle around the action code. Use the following codes:

P  Positive Feedback
1  Counseling Session (Step 1)
2  Oral Warning (Step 2)
3  Written Warning (Step 3)
4  Disciplinary Suspension/Final Written Warning (Step 4)
Q  Quit or Voluntary Termination
D  Discharged or Involuntary Termination (Step 5)
PE Performance Evaluation

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