# **AHC.L52 Cell Phone Usage and Electronic Media Players Policy**

# Copy of version 3.0 (approved and current)

Last Approval or Periodic Review Completed 4/2/2024

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Next Periodic Review Needed On or Before

4/2/2026

**Location** SGMC, GEC, WOMC

Adventist HealthCare

Organization

Effective Date 4/2/2024

### **Approval and Periodic Review Signatures**

Туре	Description	Date	Version	Performed By	Notes
Approval	Lab Service director	4/2/2024	3.0	Robert SanLuis Robert SanLuis	
Periodic review	Lab Service director	12/2/2022	2.0	Robert SanLuis Robert SanLuis	
Approval	Lab Service director	11/20/2020	2.0	Robert SanLuis Robert SanLuis	
Approval	QA approval	11/13/2020	2.0	Leslie Barrett	
Periodic review Captured outside MediaLab	Designated Reviewer	12/14/2018	1.0	Robert SanLuis	Recorded on 12/19/2018 by Leslie Barrett (104977) when document added to MediaLab
Approval Captured outside MediaLab	Lab Director	12/27/2016	1.0	Nicolas Cacciabeve	Recorded on 12/19/2018 by Leslie Barrett (104977) when document added to MediaLab

Approvals and periodic reviews that occurred before this document was added to the MediaLab Document Control system may not be listed.

## **Version History**

Version	Status	Туре	Date Added	Date Effective	Date Retired
3.0	Approved and Current	Major revision	3/25/2024	4/2/2024	Indefinite
2.0	Retired	Major revision	11/13/2020	11/23/2020	4/2/2024
1.0	Retired	First version in Document Control	12/19/2018	1/30/2017	11/23/2020

Adventist HealthCare
Site: All Laboratories

Title: Cell Phone Usage and Electronic Media
Players Policy

#### Non-Technical SOP

Title	Cell Phone Usage and Electronic Media Players Policy		
Prepared by	Leslie Barrett	Date: 1/30/2013	
Owner	Robert SanLuis	Date: 12/12/2016	

Laboratory Approval						
Print Name and Title	Signature	Date				
Refer to the electronic signature page for						
approval and approval dates.						
Local Issue Date:	Local Effective Date:					

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### 1. PURPOSE

This policy has two intentions:

- To maintain a safe working environment focused on quality
- To minimize the risk of wireless communications equipment interfering with or disrupting the function of life support, diagnostic, and treatment medical devices

### 2. SCOPE

This policy applies to all laboratory employees.

### 3. RESPONSIBILITY

All Laboratory employees must comply with this policy.

Laboratory leaders must serve as role models for proper compliance and ensure their employees are made aware of these responsibilities.

SOP ID: AHC.L52 SOP version # 3 Adventist HealthCare Title: Cell Phone Usage and Electronic Media
Site: All Laboratories Players Policy

#### 4. **DEFINITIONS**

Electronic Media Players – portable electronic devices that play music or display media (cell phones, MP3, iPod, iPads, Kindles, etc.)

#### 5. PROCEDURE

- 1. Hospital leaders determine which areas or equipment will be impacted by the use of electronic devices.
- Personal cell phones are not permitted within the Laboratory areas.
   Note: Cell phones may be utilized by Management Team leaders. within office spaces.
  - a. **Personal** cell phone use, including text messaging and use of remote Bluetooth headset (air pods) is prohibited while driving on Company business and **at all workstations**.
  - b. Use of the photography capability of a picture phone is also not permitted and may result in disciplinary action if the photo option is used in an inappropriate manner.
  - c. Employees are permitted to use cell phones in break rooms, certain public areas (such as the cafeteria or lobby) and outside of the building. Cell phones may not be used in the hospital hallways. Use is limited to official break times and conversations should be brief and not disruptive to those in surrounding areas.
  - d. Out of courtesy to other employees, phone ringers should be turned to mute or vibrate mode during work hours.
  - e. Failure to comply is subject to progressive discipline under the performance management policy.
- 3. Personal electronic media players are not permitted within the laboratory areas. These devices can detract an employee's attention away from work. This includes cellular phones and smart phones.

#### 6. RELATED DOCUMENTS

NA

### 7. REFERENCES

- Wireless Devices, Adventist Healthcare, Inc Corporate Policy AHC4.20
- Personal Phone Call, Cell Phone and Electronic Device Policy, Quest Diagnostics, https://questdiagnostics.ehr.com/us/en/Career/Pages/Policies.aspx

SOP ID: AHC.L52 SOP version # 3 Adventist HealthCare Title: Cell Phone Usage and Electronic Media
Site: All Laboratories Players Policy

# 8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	12/15/16	Update owner	L Barrett	R SanLuis
		Header: add other sites		
		Section 5: prohibit use in hospital hallways		
		Footer: version # leading zero's dropped due to new		
		EDCS in use as of 10/7/13		
1	11/13/20	Header: changed WAH to WOMC	L Barrett	R SanLuis
		Section 7: updated Quest policy		
2	2/21/24	Section 4 and 5. Added verbiage to include more	H Genser	R SanLuis
		examples of electronic devices Section 5: changed	D Collier	
		failure to comply "is" subject to discipinary action		
		from "may be"		
		Header: Changed site to All Laboratories		
		Footer: Changed SOP prefix to AHC		

# 9. ADDENDA AND APPENDICES

None

SOP ID: AHC.L52 SOP version # 3

# **AHC.L21 Employee Conduct**

# Copy of version 8.0 (approved and current)

4/2/2026

Last Approval or 4/2/2024 **Periodic Review Completed** 

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Location SGMC, GEC, WOMC

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Organization Adventist HealthCare

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### **Approval and Periodic Review Signatures**

Туре	Description	Date	Version	Performed By	Notes
Approval	Lab Service director	4/2/2024	8.0	Robert SanLui	o
Periodic review	Lab Service director	5/8/2023	7.0	Robert SanLui	o a
Approval	Lab Service director	5/6/2021	7.0	Robert SanLui	s
Approval	QA approval	5/5/2021	7.0	Leslie Barrett	
Approval	Lab Service director	12/22/2020	6.0	Robert SanLui	o
Approval	QA approval	12/21/2020	6.0	Leslie Barrett	
Approval	Lab Director	2/5/2019	5.0	Nicolas Cacciabeve	
Approval	QA approval	2/1/2019	5.0	Leslie Barrett	
Approval Captured outside MediaLab	Lab Director	6/1/2018	4.0	Nicolas Cacciabeve	Recorded on 12/20/2018 by Leslie Barrett (104977) when document added to MediaLab
Periodic review Captured outside MediaLab	Designated Reviewer	6/1/2018	4.0	Nicolas Cacciabeve	Recorded on 12/20/2018 by Leslie Barrett (104977) when document added to MediaLab

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### **Version History**

Version	Status	Туре	Date Added	Date Effective	Date Retired
8.0	Approved and Current	Major revision	3/25/2024	4/2/2024	Indefinite
7.0	Retired	Major revision	5/5/2021	5/26/2021	4/2/2024
6.0	Retired	Major revision	12/21/2020	1/11/2021	5/26/2021

5.0	Retired	Major revision	2/1/2019	3/1/2019	1/11/2021
4.0	Retired	First version in Document Control	12/20/2018	6/6/2018	3/1/2019

Non-Technical SOP

Title	<b>Employee Conduct</b>	
Prepared by	Leslie Barrett	Date: 2/23/2009
Owner	Robert SanLuis	Date: 5/24/2018

Laboratory Approval					
Print Name and Title	Signature	Date			
Refer to the electronic signature page for					
approval and approval dates.					
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### 1. PURPOSE

Employment is "at will" and subject to termination by either employer or employee at any time, for any reason. There are no contractual relationships between these two parties and letters, benefit statements, performance appraisals or employee handbooks cannot be interpreted as such. To monitor this "at will" relationship, the Laboratory has developed guidelines and discipline methods to track performance.

Performance Management and related tools (i.e. Corrective Action Documents) are an important part of our approach called **Performance Excellence**, for optimizing individual performance to achieve business results. Performance Excellence provides important tools/resources and defines roles for optimizing individual performance to help ensure the success of all employees.

Performance Management is designed specifically for situations where our Performance Excellence tools have failed and there are serious performance decencies that require immediate focus.

ite: All Laboratories Title: Employee Conduct

### 2. SCOPE

This procedure applies to all Laboratory employees.

### 3. RESPONSIBILITY

All Laboratory employees are expected to conduct themselves professionally, responsibly and according to the company's values. Employees must be able to state the Adventist Healthcare mission, vision, and values. Each employee must model their behavior accordingly.

Managers and supervisors are expected to provide documentation and enforcement of this policy. Management may, but does not need to, seek approval of a Summary of Discussion, Written Warning, or Performance Improvement Plan (PIP) from the Human Resources Service Center. (There may be approval steps within a functional or leadership group.) All Final Written Warnings and terminations must be reviewed and approved by the Human Resources Service Center.

### 4. **DEFINITIONS**

PD&R – Performance Development and Review

HRSC - Human Resources Service Center

### 5. PROCEDURE

#### A. General Information and Standards

Step	Action		
1	Employees are expected to conduct themselves professionally and responsibly in accordance with the Quest Diagnostics at Adventist Healthcare values.		
2	performing day	f Behavior for Adventist Healthcare are used as a guide for to day activities. These standards encompass the core values cronym RISES and are the support for achieving the hospitals'	
	Value	Standard	
	Respect	We recognize the infinite worth of each individual.	
	Integrity	We are <b>conscientious</b> and <b>trustworthy</b> in everything we do.	
	Service	We <b>care</b> for our patients, their families and each other with compassion.	
	Excellence	We do our best every day to exceed expectations.	
	Stewardship	We take ownership to efficiently and effectively extend God's care.	
	Employees commit to modeling these standards and will encourage others to do the same. Awareness and agreement to these standards is documented via electronic acknowledgement.		

	Action  ars are the framework to achieve the vision "We will experience to every person, every time."  Explanation		
provide a world-class patient  Pillar  People	experience to every person, every time."  Explanation		
People	•		
-	· · · · · · · · · · · · · · · · · · ·		
Quality and Safety	Best place to work and grow		
	Best place to receive care		
Experience	Best experience in receiving care		
Finance	Long-term financial viability		
Three strategic themes assist	with achieving the vision:		
<ul> <li>Bigger – sustainably e</li> </ul>	expand the mission		
• Better – consistently p	perform with excellence		
Beyond – promote collaborative innovation			
The Adventist Healthcare Mission is the overall goal of the company "We extend God's care through the ministry of physical, mental, and spiritual healing"			
To enhance patient experiences and promote a personal connection, Adventist Healthcare utilizes the AIDET system. Staff must follow this process with every encounter and every person, including other employees.  Acknowledge:  Connect with the person Put down paperwork Make the patient your focus Use eye contact, a pat on the shoulder, and a smile Introduce:  Let the patient know who you are Give your name Say your job title What is your role or experience  Duration Set expectations Give an accurate time for service Provide update on delays or changes  Explanation Give information to lessen patient anxiety Step by step instructions of what will happen Answer questions Thank you Make sure the patient knows they are appreciated			
	Three strategic themes assist  Bigger – sustainably e Better – consistently p Beyond – promote col The Adventist Healthcare Mit God's care through the minist  To enhance patient experienc Healthcare utilizes the AIDE encounter and every person, i Acknowledge:  Connect with the pe Put down paperwork Make the patient yo Use eye contact, a p Introduce:  Let the patient know Give your name Say your job title What is your role or Duration Set expectations Give an accurate tin Provide update on d Explanation Give information to Step by step instruct Answer questions Thank you		

> Step Action 5 Ten Five (10/5) Rule is an additional part of AIDET Cont. • Acknowledge any person with whom you come within 10 feet of (eye contact and a smile) • Greet any person with whom you come within 5 feet of (hello, good day, Employees hired after January 1, 2016 are not to use tobacco products during 6 their employment with Adventist Health Care. Employees found to have used nicotine products after hire or rehire may be subject to disciplinary action, up to and including termination of employment. Employees hired before January 1, 2016 are prohibited from using tobacco products during works hours. 7 There may be occasions when an employee's conduct deviates from these standards or adversely affects the business of Ouest Diagnostics. In those situations, corrective action will be taken, up to and including discharge.

### **B.** Components of Performance Management

Step	Action			
1	Informal Performance Management should be done regularly and be ongoing and			
	pactive. During informal Performance Management supervisors / managers			
	st:			
	Set clear expectations and identify specific development areas			
	b. Provide ongoing coaching and feedback			
	c. Measure performance behaviors and results			
	d. Conduct one-on-one discussions			
	e. Retain notes of discussions, agreements and dates for more structured			
	discussions			
	f. May develop a Performance Improvement Plan (PIP)			
2	Formal Performance Management is a structured process comprised of the			
	following components of corrective action, which may include a Performance			
	nprovement Plan:			
	a. Summary of Discussion			
	b. Written Warning			
	c. Final Written Warning			
	d. Termination of Employment			
3	Performance Improvement Plan (PIP)			
	a. A PIP may be developed collaboratively between the supervisor and the			
	employee at any stage, including either the formal or informal process. The			
	PIP does not take the place of formal performance management but can be			
	utilized in conjunction (Summary, Written or Final Written Warning) with			
	this process.			
	b. The purpose of the PIP is to clearly outline the areas needed for			
	improvement and specify the actions required to help bring the performance			

or behavior to an acceptable level. The employee and the supervisor each retain a copy of the PIP. Progress against the PIP must be reviewed regularly with the employee and the discussion documented on the PIP form.

c. This status will last for a predetermined amount of time not to exceed ninety (90) days. Within this ninety-day period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and/or work requirements as specified by the manager/supervisor and the organization.

At the end of the performance improvement period, the employee will either be returned to regular employee status or if established goals are not met,

## C. General Guidelines Related to Performance Improvement

dismissal may occur.

Step	Action
1	Performance Management is intended to help the employee identify what his or her deficiencies are and to develop a plan to improve to a satisfactory level. This process will generally be followed, but management may vary from any or all of these steps in its sole discretion as it deems appropriate based upon the circumstances of the situation.
2	<ul> <li>During all aspects of performance management, and with each component, the supervisor will continue to ensure regular feedback about performance as it improves, or deficiencies that are continuing.</li> <li>Issues arising from integrity, such as Compliance violations, theft, workplace violence, as well as; other types of misconduct deemed to be serious by the Company, are subject to immediate termination, without prior Performance Management being issued. Performance encompasses all expectations of a position, such as productivity, quality of work, conduct, compliance, safety, and attendance.</li> </ul>
3	Patterns of an employee going on and off of Performance Management may be addressed through the PD&R process and/or individual management of the situation.
4	The supervisor should, in most circumstances, discuss the situation with the employee prior to making a decision about whether formal performance improvement is warranted and at what level.
5	Generally, a Summary of Discussion, Written Warning or Final Written Warning will remain in effect for a minimum of six months. The time frame may be less or more at the sole discretion of management.

> Step Action Managers / supervisors should ensure that the following criteria is met when 6 delivering any component of Performance Management: a. Specify, in writing as applicable, the policy, rule or expectation that the employee is not meeting; b. Ensure accuracy, specificity and completeness with regard to all dates, times and other details; c. Be objective – i.e., rely on objective facts, not subjective feelings or impressions; d. Include all basis for the action being taken; e. Do not consider any protected classifications when evaluating performance (this includes race, gender, disability, age, pregnancy, etc.) f. Have a consistent and fair approach g. Ensure that any written warning is clearly written and grammatically correct.

### D. Components of Formal Performance Management

Step	Action			
1	The processes below are guidelines and will generally be followed, but management may choose any of these components in its sole discretion as it deems appropriate based upon the circumstances of the situation.			
2	Summary of Discussion  a. Supervisor discusses performance deficiency with employee.			
	b. Supervisor prepares a summary of that discussion after meeting has concluded.			
	c. Supervisor arranges a follow up meeting with employee to review the Summary of Discussion.			
	d. Employee receives a copy of the Summary from supervisor. Employee signature is not required.			
	e. Written documentation is kept in the department file and is provided to Human Resources as a part of the documentation in the event the employee moves to Written Warning or above.			
	f. A Performance Improvement Plan (PIP) may be developed.			
3	Written Warning			
	a. May be issued at first instance of violation of the cell phone use policy.			
	b. If performance does not improve after issuance of a Summary of			
	Discussion, this written account of an employee's failure to meet			
	performance standards is utilized. c. Supervisor discusses performance deficiency with employee.			
	d. Supervisor prepares a Written Warning based on discussion after meeting			
	has concluded.			
	e. Supervisor arranges a follow up meeting with employee to review the			
	Written Warning and ensure employee understands expectations.			
	f. The original Written Warning is maintained in the employee's personnel			

Step	Action
_	file in Employee Services. Copy of the document is given to employee. g. Supervisor provides Written Warning to HRSC once administered. h. A Performance Improvement Plan may be developed.
	, , ,
4	<ul> <li>Final Written Warning</li> <li>a. A final written account of an employee's failure to meet performance standards states that additional occurrences within the period outlined may result in termination.</li> <li>b. This notice must be signed by the employee's supervisor and reviewed and approved by Human Resources Service Center (HRSC) before it is issued to the employee.</li> <li>c. Supervisor discusses performance deficiency with employee. Employee receives a copy of the Final Written Warning from supervisor. Employee signature is required on document. If the employee refuses to sign the document, the supervisor will note "Employee refused to sign" on the</li> </ul>
	employee signature line.  d. The original Final Written Warning is maintained in the employee's personnel file in Employee Services. Copy of document is given to employee.  e. Supervisor provides Final Written Warning to HRSC once administered. f. A Performance Improvement Plan may be developed.
5	Termination of Employment
	a. If non-compliance continues or if misconduct is egregious, the supervisor may progress to this final stage.
	<ul><li>b. Supervisor discusses performance deficiency with employee.</li><li>c. Employee may be placed on paid administrative leave pending the outcome of an investigation.</li></ul>
	d. Supervisor prepares the Termination Recommendation document. It must be signed by the employee's supervisor, manager and department head, and reviewed and approved by Human Resources Service Center (HRSC) <b>before</b> the action is taken.
	This document summarizes the events leading to the employee's termination.  The description of the events leading to the employee's termination.
	<ul> <li>Employee signature is <u>not</u> required.</li> <li>It is <u>not</u> provided to the employee upon departure and is intended to document the events leading to the termination and remains a record in the personnel file.</li> </ul>
	e. Once HR approves, the supervisor and HR conduct termination discussion with the employee.

# 6. RELATED DOCUMENTS

Performance Management Guidelines, 1/1/18; Quest Diagnostics intranet, HR Service Center, Career & Development tab

Mission, Vision, Values and Success Factors, Adventist Healthcare Corporate policy (AHC 1.1)

Title: Employee Conduct

Employee Conduct, Adventist Healthcare Corporate policy (AHC 2.20)
Attendance Policy, Laboratory policy
AIDET Training (AG.F380)
Nicotine-Free Hiring Policy, Adventist Healthcare Corporate policy (AHC 2.64)
Cell Phone Use policy (SGAH.L52)

# 7. REFERENCES

Your Employee Handbook, Quest Diagnostics, Quest Diagnostics intranet

### 8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L027.01		
000	3/10/201	Updated owner	L. Barrett	L. Loffredo
	0	Section 5: item 3 updated		
		Section 6: added document		
		Section 7: updated to current version		
001	2/21/201	Section 4: add PD&R	L. Barrett	L. Loffredo
	4	Section 5: add AHC Standards of Behavior, add		
		AIDET. Update to corrective action guidelines		
		Section 6: update document titles, add intranet		
		site		
		Footer: version # leading zero's dropped due to		
		new EDCS in use as of 10/7/13.		
2	5/25/201	Section 4: remove ES, add HRSC	L. Barrett	L. Loffredo
	6	Section 5: replace corrective action with		
		performance management throughout, add		
		criteria for improvement steps		
		Section 6: update Quest intranet document		
3	5/24/201	Updated owner	L Barrett	R SanLuis
	8	Header: added other sites	S Codina	
		Section 3: added expectation for stating AHC		
		mission, vision, values		
		Section 5: added detail for RISES; added vision,		
		pillars and mission; added 10/5 rule to AIDET		
4	0/1/2010	Section 6: added AIDET training form	I.D.	D.C. I.
4	2/1/2019	Section 5: remove separation of work and	L Barrett	R SanLuis
		attendance discipline; update formal	S Codina	
		performance management steps to match QD		
		policy; remove redundant information		
	10/01/00	Section 6: update QD policy	I.D.	D.C. I.
5	12/21/20	Header: changed WAH to WOMC	L Barrett	R SanLuis
		Section 5: updated AHC vision and pillars,		
		added strategic themes		
	5/4/01	Section 6: updated AHC policies	D C III	D.C. I.
6	5/4/21	Section 5: added smoking policy standard	D. Collier	R. SanLuis
	l	Section 6: updated AHC policies		

Version	Date	Reason for Revision	Revised By	Approved By
7	2/21/24	Section D.3 Inserted immediate use of written warning for violation of Cell Phone Use policy. Body: Grammatical revisions Header: Changed site to All Laboratories Footer: Changed SOP prefix to AHC	CBowman- Gholston DCollier	RSanLuis

# 9. ADDENDA AND APPENDICES

None

SOP ID: AHC.L21 SOP version # 8 CONFIDENTIAL: Authorized for internal use only.
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