

SECTION 3: HUMAN RESOURCES	POLICY: 3.32
POLICY: ATTENDANCE AND TARDINESS – CLINICAL STAFF	PAGE: 1 OF: 3

PURPOSE:

- Attendance and punctuality are critical to patient care and efficient business operations; however, it is understood that there will be times you are unable to make a previously confirmed visit due to illness, car trouble, etc. To ensure that timely and consistent care, treatment, and services are provided to the patient population served by Helms Home Care, LLC, this policy is designed to ensure consistency and fairness.

DEFINITIONS:

- **Absence:** any episode in which a staff member is scheduled to provide patient services and is unable to do so at the scheduled time.
- **Occurrence:** If there are multiple visits scheduled in one day or if a single infusion spans multiple days, a call out for that day/days is considered a single occurrence.

POLICY:

- Clinical staff shall communicate any absence or tardiness to the Agency immediately upon knowing such will occur.
- Excessive Absenteeism and/or Tardiness may result in disciplinary action, up to and including termination, and may have an adverse effect on a staff member's opportunity for wage increase, transfer request, promotion, or continued employment.
- Three (3) occurrences within one rolling year will be allowed without any disciplinary action; all occurrences are recorded in the employee file.
- Each occurrence of Absenteeism or Tardiness will be maintained for a rolling one-year period. Minimum disciplinary action is noted below, but may exceed dependent on recurrence, overall employee evaluation, and other extenuating factors.

# of Absences	Disciplinary Action
4th	Verbal warning
5th	Written warning
6th	Possible Suspension and/or Termination

SECTION 3: HUMAN RESOURCES	POLICY: 3.32
POLICY: ATTENDANCE AND TARDINESS – CLINICAL STAFF	PAGE: 2 OF: 3

- **Excused / Non-Recorded Absence:** If the agency is notified at least 48 hours prior to a scheduled visit, that they will not be able to complete the visit, it is considered an Excused / Non-recorded absence. If the staff member is able to reschedule patient services for another suitable date & time or schedule services with another qualified staff member, within an acceptable time frame it is considered an Excused / Non-recorded absence.
 - Absences in which a staff member reschedules services with self or another staff member, must be communicated to the Agency at the time it is rescheduled to ensure the coverage is suitable and so that the patient’s calendar can be updated accordingly.
 - Excused / Non-recorded absences are not documented in the employee file

- **Unexcused Absence:** If the agency is notified less than (within) 48 hours prior to a scheduled visit, that they will not be able to complete the visit, it is considered an Unexcused Absence. If there are multiple visits scheduled in one day or if a single infusion spans multiple days, a call out for that day/days is considered one (1) occurrence/absence.
 - Unexcused Absences are recorded in the employee file with notes regarding specific circumstances.
 - An Unexcused Absence may be re-classified as an Excused Absence at the discretion of the Agency

- **No Call / No Show Absence:** Absence for a confirmed visit that is not communicated to the Agency. A No Call / No Show absence is grounds for immediate termination upon any occurrence, however, minimum disciplinary action is noted below, but may exceed dependent on recurrence, overall employee evaluation, and other factors.

# of No Call/No Show Absences	Disciplinary Action
1 st	Written warning
2 nd	Possible Suspension and/or Termination

A No Call / No Show absence may be re-classified as an Unexcused absence in at the discretion of the Agency if the staff member is able to provide written documentation regarding the reason for their absence that reflects the **inability to contact** and advise in advance of the impending absence.

SECTION 3: HUMAN RESOURCES	POLICY: 3.32
POLICY: ATTENDANCE AND TARDINESS – CLINICAL STAFF	PAGE: 3 OF: 3

- **Tardy Arrival**: Any arrival to a patient’s home after the confirmed visit time range.
 - Visits should be confirmed with a minimum 30-minute to one-hour arrival window. For example, instead confirming a visit for 9a, we communicate to the patient to expect nurse arrival between 9a - 10a to allow for unforeseen circumstances that may affect your estimated time of arrival.
 - When a nurse realizes arrival time will be outside of the confirmed window, the patient should be notified immediately and given an updated arrival time. If the nurse is unable to reach out to the patient, they should contact the Agency immediately so that a Care Coordinator can notify the patient.
 - Notification must be made PRIOR to the confirmed arrival time to both the patient and the Agency. Provided both are notified in advance of late arrival, it is not considered a Tardy Arrival occurrence.
 - Two (2) Tardy Arrivals within one rolling year will be allowed without any disciplinary action; all occurrences are recorded in the employee file. Minimum disciplinary action for tardiness is noted below, but may exceed dependent on recurrence, overall employee evaluation, and other factors.

# of Tardy Arrivals	Disciplinary Action
3 rd	Verbal warning
4 th	Written warning
5 th	Possible Suspension and/or Termination