

YUMA DISTRICT HOSPITAL
Policy and Procedure
 (Employee and Public Relations)

Title/Description Standards of Personal Appearance		Filing Number 8371-560	
Effective Date Jan. 18, 2007 Revised 7/16/2010 Revised 6/21/2019	Applies To All entities of Yuma District Hospital and Clinics	Written by Gini Adams	
Director Approval Signature	Date	Final Approval Signature	Date

STATEMENT OF PURPOSE:

To establish guidelines regarding appropriate dress and personal appearance.

STATEMENT OF POLICY:

YDHC employees are expected to project a professional image to the community they serve. An employee should present a neat and clean appearance whenever employee is on duty.

PARTICIPANTS INVOLVED:

All employees of Yuma District Hospital and Clinics

REGULATORY DOCUMENTS:**DOCUMENTS REQUIRED:**

Dress Code and Surgical Attire Policy #6210-306
 Artificial Nail-CoP (Hand Hygiene) Policy #8372-057

POLICY NARRATIVE:

Yuma District Hospital recognizes that good employee appearance contributes significantly to each patient's feeling of confidence and well-being. Managers have the responsibility to apply these guidelines. In the interests of safety, function and patient welfare departments may establish additional rules of attire.

1. Those required to wear uniforms must wear clean and complete uniforms.
 - a. Accessories for uniforms are limited to the employee badge, professional pins and patches, and service award pins.
 - b. Other badges, patches or pins or uniforms are prohibited, unless approved by the appropriate manager.
2. Only approved YDHC issued name badges must be worn above the waist and easily visible to patients and guests while on Yuma District Hospital and Clinic premises. Breakaway lanyards are the only accepted lanyards at Yuma District Hospital and Clinics and may not be worn in direct patient care areas.
3. Shirts, blouses and dress necklines should maintain modesty even when bending or reaching. Shirts and blouses should be long enough to cover your stomach and

backside at any time and should be heavy enough so that underclothing does not show through.

4. Skirts must be of reasonable length to permit bending while still maintaining modesty. Material should be heavy enough so that underclothing does not show through or a slip should be worn.
5. Tank tops and spaghetti straps are permitted with a jacket or over garment.
6. Leggings and jeggings are permitted as long as the shirt/blouse/sweater cover your frontside and backside and not look like you are wearing activewear.
7. Shorts, dressy or casual, are not permitted at any time.
8. Blue jeans that are neat, clean and intact (no holes, shreds or frayed) may be worn on Fridays or on other special days as designated by Employee and Public Relations and Administration. Appropriate jeans must be worn with a Yuma District Hospital and Clinics shirt or magnet. Exception to this rule: Plant and Facilities, Materials Management, Information Services and the Hospitality Representative may wear jeans at all times due to the nature of their jobs.
9. Personnel must assure personal cleanliness at all times.
 - a. Hair must be clean and neatly groomed. In keeping with appropriate attire for a healthcare professional environment, unconventional hair styles and hair color (yellow, green, pink, purple, etc.) will not be permitted. However, natural-looking highlights, peek-a-boo colors, colored tips, and colored strands, provided they are not extreme, are acceptable. Hair coverings are required to be worn in some areas.
 - b. Beards must be neatly trimmed.
10. Employees may not attach, affix or display objects, articles, jewelry or ornamentation to or through the tongue, lip, or eyebrow. Single hole nose piercing is allowed but only a small stud no larger than 1.5 mm may be worn. Absolutely no nostril screws, L-shaped nose pins, nose hoops, circular barbells or captive bead rings will be allowed while on duty. Ear gauges of any size or kind are not permitted. However, new employees hired with ear gauges must plug gauges while working at Yuma District Hospital and Clinics. If at any time piercings pose a potential customer relations issue, piercings must be removed or covered immediately upon request.
11. Tattoos are permitted, however, tattoos that are obscene, or advocate sexual, racial, ethnic or religious discrimination are prohibited. Tattoos that pose a potential customer relations issue must be covered immediately upon request.
12. Clean appropriate shoes must be worn at times.
 - a. Comfortable shoes, appropriate for the work area, are acceptable. Comfortable shoes may include flats, booties, heels, dress shoes, and/or sandals with or without a back strap. However, Flip-flops (any flat shoe regardless of material, with a toe divider and no back strap) are not allowed to be worn at any time while on duty.

- b. Shoes must be closed toe if working in clinical areas of the hospital, Environmental Services, Materials Management and Food Services.
- 13. Perfumes and colognes are to be used in moderation due to possible allergic/asthmatic responses of both patients and staff.
- 14. The following are prohibited at all times:
 - a. Midriff shirts/tops
 - b. Mini-skirts
 - c. Shorts
 - d. Flip flops/thong shoes
 - e. Hooded sweatshirts
 - f. Sweats, yoga pants, exercise pants.
- 15. Caps, hats and/or head coverings are not allowed inside Yuma District Hospital facilities unless they pertain to job duties, illness or for religious observance. Nurses' caps are acceptable.
- 16. Employees who are in doubt, or have questions about specific personal appearance standards, should consult with Employee and Public Relations or their supervisor. If an employee reports to work improperly dressed or groomed, their manager will be responsible for instructing employee to change clothes or to take other appropriate corrective action. The employee will not be compensated during such time away from work and repeated violation of the policy will be cause for disciplinary action. Exceptions to uniform dress codes may be made to accommodate religious practice.

Yuma District Hospital reserves the right to amend or discontinue any or all of the provisions of this policy. Decisions to modify or discontinue this policy shall be made by the CEO of the Yuma District Hospital.



Yuma District Hospital
1000 W. 8th Avenue
Yuma, Colorado 80759
970-848-5405

SHADOW/STUDENT CONTRACT

Name of Student:

School:

Date: _____

Dates (Time Frame) for Shadowing Experience:

Department Interested in Shadowing: _____

Items Discussed:

1. **CONFIDENTIALITY – STRICT ADHERANCE TO YDH P&P.** Any suspected or confirmed breach and this agreement is null and void. The shadow/student will be dropped from the program immediately.
2. Immunizations (Hepatitis B, Varicella, Measles, Mumps and Rubella (MMR), and Tdap) must be up-to-date, including annual flu shot, at shadow's expense. Proof of all immunizations must be provided prior to first day of shadow experience.
3. On the first day of shadowing, the shadow/student must check in with Director of Employee & Public Relations.
4. Three no-shows and shadow/student will be dropped from the program.
5. Cell phones are not permitted during the shadow experience.
6. The shadow/student will have a routine set schedule, along with a set preceptor who signs on accepting full responsibility for the shadow. The shadow/student will sign in and out each day, with department employee also signing off on the attendance sheet.
7. Department Staff must ask permission of patient for shadow to enter room and observe treatment, care, etc.
 - a. If patient or their family/representative declines, then shadow/student will not enter room.
 - b. The shadow/student is to stand back and observe **ONLY**.
 1. As time progresses, at the discretion of the department director/manager and with the school representative and Employee and Public Relations Director having knowledge and giving approval, the student may be assigned administrative/paper work duties within the department during their shadow shift.
 - c. **NO** direct patient care or involvement in patient care shall occur at any time by the shadow/student.
8. Appropriate attire and a YDHC issued name tag will be worn throughout the shadowing experience.
 - a. Nice pants and top (business casual) according to YDHC Dress Code or attire specific for the type of shadow experience. Open toed shoes or sandals, jeans and shorts are not to be worn.
 - b. The shadow/student may be asked to wear PPE(Personal Protective Equipment) according to the observed task/care and the known or perceived potential for exposure to blood and/or body fluids, communicable disease, etc.
 - c. The shadow/student may wear a lab coat or scrub top, at their expense.
 1. Lab coats, scrub tops, etc must be clean at all times,
9. Any questions or concerns about attendance, arriving late, leaving early, inappropriate attire, indifferent attitude, disrespectful behaviors/language, etc will

be addressed with the shadow/student and the school representative by the department director and the Director of Employee and Public Relations.

10. YDHC reserves the right to dismiss or ask the shadow/student to leave the premises for

- a. Inappropriate attire
- b. Shadow/Student appears ill
- c. Inappropriate language
- d. Inappropriate behaviors
- e. Disrespectful behaviors
- f. Etc.

The school contract representative will be immediately notified should this occur.

11. The shadow/student shall set at least three goals, within the scope of the shadow experience, that they would like to achieve during this experience. The goals are to be presented to the Director of Employee and Public Relations and the department director on the first day.

- a. The goals will be reviewed during a "conference" between the shadow/student and the department director in an effort to have the experience be one of value and deemed as a true learning experience for the shadow/student. The shadow/student shall note progress in achieving goals, questions, revising goals, etc every 4 weeks.

A. My hours of shadowing will be (days and times of shadowing)

Days of Week: _____

Time Period each Day: _____

B. The school contact representative for the shadow/student is:

Name

Phone Number

The above items have been discussed with myself, the school contact representative and a parent/representative along with the Department staff member(s) that I am to shadow. I understand the above and any questions I had, have been answered.

Signature of Shadow/Student

Date

School Contact Representative

Date

Parent/Representative Signature

Date

Department Director Signature

Date

Employee and Public Relations Director

Date



"A Great Place to Work"
An Equal Opportunity Employer

PLEASE FILL OUT COMPLETELY

Position Applied For: _____ / ____ / ____
Date of Application

Referred by: _____

Name _____
First Last Phone number

Address _____
Street City State Zip

E-mail Address _____

We do not discriminate on the basis of race, color, religion, gender, age, marital or veteran status, disability, or any other legally protected status. All applicants will be given equal opportunity and selections will be based on job-related factors.

Have you ever been employed at Yuma District Hospital?	YES	NO
Are you 18 years old or older ?	YES	NO

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?
Yes _____ NO _____ Proof of citizenship or immigration status will be required upon employment.

Date you are available to begin work if hired: ____ / ____ / ____

Are you available to work: Full-time _____ Part-Time _____
Days _____ Evening _____ Nights _____

Educational Background:

Educational Institution	Name of School/Address	Diploma/Degree Major
High School/GED		
College		
Vocational		

Employment History:

Account for all periods of time, including military services and periods of unemployment. A resume may be attached but cannot replace this section. Please provide complete names and addresses.

- List most recent employer first.
- Employment may be contingent upon references from current and former employers.

Employer Name Address & Phone Number	Start Date	End Date	Position Title	Reason For Leaving

May we contact your present employer? Yes _____ No _____

List Two Personal References - *Not Relatives or Employers*

Name	Address	Phone #

IMPORTANT: PLEASE READ THE STATEMENT AND SIGN BELOW BEFORE SUBMITTING YOUR APPLICATION.

I hereby certify that the facts set forth on my application for employment are true and complete, and I authorize the Yuma District Hospital and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Yuma District Hospital with any information that it requests in connection with this application. I hereby release all of these persons and institutions and the Yuma District Hospital from any and all liability for any damages arising from the investigation. I understand that, if employed, false statements on this application or omissions of material information may result in my termination. If employed, I agree to abide by all Yuma District Hospital rules and regulations as they now or may exist.

I understand that my employment is contingent upon my successful completion of a pre-employment, post offer, physical examination which may include drug testing. I further understand that, within the time frame specified by the Yuma District Hospital, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

I understand and agree that, if employed, either the Yuma District Hospital or I will be free to terminate the employment relationship at any time, without cause and without notice. I understand and agree that this writing shall constitute the entire agreement between the Yuma District Hospital and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of the Yuma District Hospital, other than its Chief Executive Office, has the authority to enter into any future agreement, either express or implied, restricting in any way the Yuma District Hospital's right to terminate employment and, that to the extent the Chief Executive Officer enters into such a future agreement, it may only be in writing.

In the event that I am dissatisfied or disagree with any action or failure to act by the Yuma District Hospital, its employees, agents or representatives, I agree to submit the matter to the Yuma District Hospital's grievance and arbitration procedure for final and binding resolution and will not initiate a law suit, thereby waiving any right I might have to a jury trial.

I do understand that excellent customer service is an expectation of employment at Yuma District Hospital. By signing this application, I agree to give excellent customer service, internally as well as externally.

Social Security Number

Driver License Number and State Issuing License

Signature of Authorization

Date

_____/_____/_____