



# Wynn's Pharmacy, Inc. Employee Handbook

*Welcome to Wynn's Pharmacy!*

We are so glad you are a part of the Wynn's family! We pride ourselves on having the best employees and we know you will be no exception.

Wynn's Pharmacy is a retail pharmacy that provides all the services your "hometown drug store" would. However, in addition to providing OTC products and prescription services, we also provide medication consultations, diabetes education, mastectomy fittings, durable medical equipment, immunizations, prescription compounding, and much more. We also provide excellent customer service. This customer service allows us to know our customers by name and build relationships with them that continue on for generations. We provide care for the entire family from the newborn child to the grandparents!

We hope you will come alongside us to continue our tradition of pride and excellent customer service.

**Brett & Annette Duncan**

# ORGANIZATIONAL STRUCTURE CHART

The following is an Organizational Structure Chart depicting the managerial and personnel structure of Wynn's Pharmacy.

## OWNERSHIP

- Pharmacy Owner/CEO/Pharmacist in Charge: Annette Duncan, PharmD
- Owner/Manager: Brett Duncan

## MIDDLE MANAGEMENT

Staff Pharmacist(s):

- Crystal Bartlett, Pharm D, CDE, DME/DSME Coordinator
- Stephanie Nemyer, PharmD
- Jasper Eubanks, Pharm D

## PHARMACY PERSONNEL

Certified Pharmacy Technician(s):

- Taylor Pearl
- Spencer Edens
- Melissa Ellington
- Jay Royals
- Cathy Sheffield
- Kayla Tate

Technician(s):

- Jan Long
- Jacob Joiner

Clerk(s):

- Alex Entrekin
- Amy Joiner
- Monce Rojas
- Joie Shelton

Couriers:

- Jackson Grogan
- Charlie Wynn

Contract Personnel:

- Quentin Lawson, RD
- Mary Grace Morris

## MISSION STATEMENT

Wynn's Pharmacy is committed to promoting wellness in our community. We strive to serve each of our customers as if they are our family and provide a high level of service to everyone who chooses Wynn's as their trusted pharmacy.

## SCOPE OF SERVICES

The following is information on the quality products and services offered by Wynn's Pharmacy Services. If you should have any questions, please contact the Pharmacy for more information.

Wynn's Pharmacy		Wynn's Pharmacy Services*
Monday	9am-6pm	9am-6pm
Tuesday	9am-6pm	9am-6pm
Wednesday	9am-6pm	9am-6pm
Thursday	9am-6pm	9am-6pm
Friday	9am-6pm	9am-6pm
Saturday	9am-2pm	Closed
Sunday	Closed	Closed
Holidays	We will be closed on the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. (We will close early on Christmas Eve)	

\*closed each day from 12-2pm for lunch

### Products

Diabetes Testing Supplies, Insulin, Ostomy Supplies, Nebulizers and Supplies, Post-Mastectomy Prosthesis and Bras, Walkers, Rollators, Canes, Wheelchairs, Crutches, Bedside Commodes, Diabetic Shoes, Braces and Splints, Heat Wraps, Compression Garments and more. This is a list of commonly dispensed items. If you need a particular item that is not on the list, please ask.

### Services

Retail and Compounding Pharmacy, Immunizations, Blood Pressure Monitoring, Diabetes Education, Prescription Medication Review and much more

# EMPLOYEE EXPECTATIONS

## Dress Code

We expect our employees to dress with pride and professionalism. Scrubs may be worn by employees in addition to other business casual attire options. Some facets of dress code may not reflect our personal preferences; however, our goal is for all our customers to feel comfortable and confident in our employees. All employees, full-time and part-time are expected to abide by the dress code:

- No pants with holes
- No jeans that are faded or torn or low-cut pants,
- No flip-flops
- No short skirts, short shorts, or revealing clothing
- No clothing worn to which exposes undergarments
- No leggings preferably. If leggings are worn, shirt must at least be finger-tipped length
- No clothing worn that depicts images or text which may contain profanity or controversial phrases
- No piercings other than ears
- Good hygiene is imperative. Please wear clean clothes and deodorant daily.
- Hair color must be a naturally occurring color (not necessarily YOUR naturally occurring color...)
- If hats are worn, they must be worn facing forward
- Tattoos
  - We prefer for tattoos to not be visible. However, if you have visible tattoos, the following must be true:
    - Tattoos on the face or neck are not allowed
    - Tattoos that bash a specific religion, race or gender are not allowed
    - Tattoos with profanity or controversial phrases are not allowed
    - Tattoos of political figures are not allowed
    - Tattoos of weapons or threats of physical or emotional harm are not allowed
    - Tattoos of nudity or sexual innuendos are not allowed
    - Tattoos that promote drug or alcohol use are not allowed
    - Excessive tattoos- for example tattoo sleeves- are not allowed.
    - Before adding new tattoos that will be visible, check with the owners
  - Headphones or earbuds may not be worn without permission from the owners

If at any time the owner feels you are dressed inappropriately you may be asked to go home and change.

Any purses or bags that employees bring into the pharmacy must be left in the designated space below the front counter.

## Work Day

Unless agreed upon otherwise, business hours are from 9:00am until 6:00pm. Employees are expected to arrive no later than 8:45am and must understand that the workday typically extends beyond 6:00pm in order to fulfill the responsibilities needed to finish the day. Employees will not be paid for clocking in earlier than 30 minutes before their expected work time unless it is approved by the owners.

## Expected Behavior

**Wynn's employees are expected to greet and serve each customer with a smile and a pleasant attitude.** Without customers, our employees do not have jobs! We do everything in our power to take care of the individuals and families who entrust their health to us. Please acknowledge customers when they come in, even if you cannot help them immediately.

Wynn's employees understand that when we succeed as individuals, we succeed as a group. We will celebrate the accomplishments of our coworkers and treat each other better than we would like to be treated. We will also pitch in and help each other as needed and accept that help graciously. Employees are expected to treat their coworkers with respect at all times. Failure to do so may result in termination of employment. Employees are expected to speak with the owners if they have problems or concerns in regard to other co-workers, work environment, procedures, etc. A toxic work environment will not be tolerated. Employees who choose to promote this sort of environment will be subject to corrective action.

All full-time employees receive an hour for lunch. For our day to run smoothly, it is imperative that everyone be conscientious about returning to work in a timely fashion. There may be days where we are understaffed or extraordinarily busy and are not able to take lunch breaks as usual. There may also be days where we plan training opportunities for our staff during the lunch hour.

If you have completed your responsibilities and have down time, it is your responsibility to be productive and find other ways to help in the pharmacy.

## **BENEFITS PACKAGE (Full-Time Employees Only)**

### Policy

- Fulltime Employees: Working average of 32 hours or more per week.\*
  - Part time Employees: Working less than 32 hours per week in a six-month period.
- \*PTO time is not to be considered in this equation.

The Benefit package is offered to all full-time employees. Benefits may be offered to part time employees at the owner's discretion. (Hardship status, etc.)

### Procedure

Benefit package to include:

- A Medical Insurance Plan
- Paid Time Off (PTO)
- Retirement Plan
- Bonuses as deemed appropriate
- Holiday Pay

Benefit package may be amended as needed by owners.

EFFECTIVE DATE: Friday, January 1, 2021

LAST UPDATE: Wednesday, January 3, 2023

## **BENEFITS EXPLANATION (Full-Time Employees only)**

### Medical/Dental Plan

An appropriate Medical/Dental plan will be offered to full time employees. Family plans will be offered when necessary. This may be offered at either a cost or no cost to the employee. The owner will make every effort to make these plans cost effective for everyone involved. Cobra benefits may be offered to employees on leave or that are terminated.

### Paid Time Off (PTO)

Time away from work is needed. Any time away from work should be added back to the employee's payroll by using Paid Time Off (PTO). This will take the place of vacation, sick time, bereavement, or any other excused absence. It is the employee's responsibility to request PTO in advanced when possible.

Time will be accrued in the following manner:

- 90 days to 12 month employment: 1.8hrs per pay period
- 12 months-3yr: 3.7hrs per pay period
- 3yrs plus: 5.25 hrs per pay period

In addition, full time employees will be paid 8 hours wages for holidays that fall on an employee's normally scheduled day to work. Holidays include New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and employee's birthday. For an employee to be paid for any holiday, the holiday must fall on a day the employee would normally work AND the employee must work either the day before or day after holiday. Example: Employee will not be paid for the holiday if the employee takes vacation the week of the holiday. Holiday must then be paid for out of PTO time.

PTO is given per calendar year and cannot be rolled over. Available PTO for the year is calculated in January, or when a new employee begins accruing PTO. All time should be used, or already approved by the owners, by December 1<sup>st</sup> of each year. Unused PTO may be cashed in, in full. In June, employees may "cash in" up to half of their available PTO. In December, employees may cash in the remaining half of their available PTO. Once you have used all your PTO time for the year, time off will not be approved except in the case of an emergency. Employees are expected to budget their time effectively throughout the year. If you are requesting to be absent for a portion of the work day, please put in a PTO request. Requests should be in thirty-minute intervals.

PTO must be submitted in writing two weeks in advance if possible. If an emergency arises, please contact Brett or Annette as soon as possible to arrange for PTO to be used. PTO will be approved at the discretion of the owners. When requesting PTO, please be considerate of your coworkers and your unique responsibilities. To request time off, to be paid holiday pay for your birthday, or to request a specific day off if you are working Saturday, please complete the PTO form beside the doorway to Brett and Annette's office. They will review the request, add it to the calendar if approved, and pass it along to Cathy.

In the event of long-term medical situations that will require an extended absence from the pharmacy, employees should work with the owners to come to an agreement regarding the use of PTO time.

Part-time employees do not accrue PTO; however, it is requested that notice be given two weeks in advance if time off is requested.

### Saturdays

Full-time employees who are scheduled to work on Saturday will be given a day off during the week. It is the responsibility of the employee to check the schedule and complete a time-off form for the day they would like to be off at least two weeks in advance. If a form is not completed, management will determine the day off. If an employee works the Saturday following a week containing a holiday, it is at the employee's discretion concerning whether or not they take another day off.

### Dues/Travel Expenses

Professional dues are required for many job descriptions at Wynn's Pharmacy. All dues will be paid by Wynn's Pharmacy when deemed appropriate and approved by the owners. All expenses must get prior approval. Do not expect to get reimbursement if you fail to get prior approval.

### Maternity Leave

An employee will qualify for up to 12 weeks of maternity leave without the loss of job when they return. This leave will begin from the day they stop full time status. Eight weeks of this leave, the employee may be absent from work. The remaining 4 weeks, the employee must work part time as arranged prior to the absence. They may use any remaining PTO time as agreed upon during this time of leave.

### Retirement Funds:

You must be at least 21 yrs old, and a full-time employee to be eligible for retirement benefits, with employment at Wynn's for at least 1 year. All funds are directed by the employee and will be handled through a Brokerage Company. The total dollar amount is determined by the percentage of salary chosen by the employee, with partial funding by Wynn's Pharmacy. (This amount will be reviewed on a yearly basis.) You become vested after ten years of employment.

### Evaluation/Bonus:

Evaluations will be done on or before the first 90 days of employment, and at least once yearly thereafter. Bonuses/raises will be done at the discretion of the owner. This is done per individual and is not up for discussion among other employees.

### Jury Duty Service:

Wynn's Pharmacy encourages civic duties, including Jury Duty. We expect you to serve when called upon. You may be out (with notice) for the time you are needed until you are dismissed from duty. PTO may be used for time spent on jury duty. You are expected to call in each day to give us the progress of your time so we may plan for scheduling the next day. You will be allowed to keep money paid to you by the court.

## CALL-IN POLICY

### Policy

The employee shall make direct notification in the event they are either not able to come to work or going to be late.

### Procedure

The employee shall notify Annette or Brett, or another pharmacist if they are out of town, as soon as they are aware they are not going to be at work or are going to be late. This should be done directly. Be sure to log PTO time upon your return on the PTO request form.

\*Note: Facebook or other social media messages are not appropriate communication. Please notify Annette at 770-584-6344 or Brett at 404-944- 3069

EFFECTIVE DATE: 01/01/24

## CORRECTIVE ACTION

### Policy

Pharmacy personnel are expected to follow the Pharmacy's policies and procedures and perform their duties in accordance with the Pharmacy's Code of Ethics. Violations of the Pharmacy's policies and procedures, shall be investigated by the pharmacy owners. If warranted, corrective action will be taken.

### Procedure

#### *Investigation*

- Pharmacy Owners and Management shall investigate all suspected violations of the Pharmacy's policies, procedures and Code of Ethics.
- The investigation of the violation shall be documented on the Pharmacy Personnel Investigation/Sanctions Form.

#### *Sanctions*

- The investigation of a suspected violation shall include a review of the following:
  - Appropriate Pharmacy Personnel File (focusing on previous sanctions or investigations)
  - Circumstances of the violation
  - Previous sanctions or actions for similar violations
- Pharmacy Owner shall consult with the Pharmacy Management to establish the appropriateness and legality of enforcing sanctions against the individual(s), up to, and including, termination.
- Below is a course of corrective action measures for general information.
  - Verbal Warning
  - Written Warning
  - Probation
  - Suspension
  - Demotion
  - Final Written Warning
  - Termination



This above Corrective Action as stated above is only a suggestion and will be followed according to the discretion of the Owner. It may be amended, or action will result in immediate termination of employee according to the nature of violation.

NOTE: Based on the violation and investigation findings, additional Pharmacy personnel training may be required to prevent repeated violations. The Pharmacy's Corrective Action process must be enforced equitably for all Pharmacy personnel.

#### *Employee Notification*

- Pharmacy Owner shall meet with the appropriate Pharmacy personnel to inform his/her, of the incident, outcome of the investigation and the sanctions, which will be levied. This meeting shall be documented on the Pharmacy Personnel Investigation/Sanctions Form.
- At the conclusion of the meeting, the Pharmacy Personnel Investigation/Sanctions Form must be completed and signed by the individual. (NOTE: If the incident involves multiple Pharmacy personnel, an individual Pharmacy Personnel Investigation/Sanctions Form for each party must be completed and signed.)

#### *Documentation*

- Each completed and signed Pharmacy Personnel Investigation/Sanctions Form is maintained in the appropriate Pharmacy Personnel File.

LAST UPDATED: 01/01/24

## **BACKGROUND INVESTIGATION**

### Policy

Prior to hiring prospective Pharmacy personnel, the Pharmacy has the right to perform a background investigation.

### Procedure

- During the hiring process, the Pharmacy Owner (or interviewer) shall have the prospective Pharmacy personnel complete the *Permission to Conduct Background Investigation Form*.
- Once the Form is completed, the Pharmacy Owner (or interviewer) may conduct the background investigation.
- Background checks will be conducted with the Spalding County Sheriff's Dept and/or The Griffin Police Dept. Background checks will be conducted on all new hires prior to hiring and for all current employees if has not already been done. The results will be kept in the appropriate personnel file.

EFFECTIVE DATE: Friday, January 1, 2021

FORM 1

# DRUG TESTING PROTOCOL

## Policy

The Pharmacy is a drug free work place. Illegal drug use will not be tolerated. This puts our employees as well as the customers we serve at great risk. All new hires and existing employees may be required to a submit drug test at the owners discretion. A refusal to do so may result in the applicant not being hired or immediate termination of existing employee.

The following are examples of violations of this policy:

- Any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in illegal use of drugs on or off the job.
- Any employee to report to work under the influence of or while possessing in his or her body, blood, urine illegal drugs in any detectable amount.
- Any employee to work under the influence of or impaired by alcohol.
- For any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than prescribed. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)

As a condition of employment, employees must abide by the terms of this policy and must notify Wynn's Pharmacy in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such a conviction.

Violations of this policy are subject to disciplinary action up to and including termination.

## Procedure

With the instructions of the owner, the applicant or existing employee will be instructed to submit a drug test. It will be at the owner's discretion if the employee should return to work before pending test results. Once the test results are back, they will be reviewed by the owner, and discussed with the applicant or existing employee. All results will be maintained in the appropriate personnel file.

## Employee Assistance

The company offers resource information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is located in the owner's office. In addition, we will distribute this information to employees for their confidential use.

## General Procedures

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next, the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the

employee will be sent home or to a medical facility by taxi or other safe transportation alternative - depending on the determination of the observed impairment – and accompanied by another employee. An impaired employee will not be allowed to drive.

#### Opportunity to Explain or Contest Results

Employees and job applicants who have a positive confirmed test result may explain or contest the result to the Company within five (5) working days after the Company contacts the employee or job applicant and show him/her the positive test results as it was received from the laboratory in writing.

#### Confidentiality

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

#### Pre-Employment

All job applicants may be subjected to drug testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by this Company and, by signing a consent agreement will release this Company from liability.

If the physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

This company will not discriminate against applicants for employment because of a past history of drug abuse. It is the *current* abuse of drugs, preventing employees from performing their job properly, that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the Company after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other test selected by this Company.

#### Employee Testing

This company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to abuse testing under the following circumstances:

- When there is reasonable suspicion to believe that an employee is using illegal drugs or abusing alcohol. “Reasonable Suspicion” is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer’s policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:

- Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse.
  - Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
  - A report of substance abuse provided by a reliable and credible source
  - Evidence that an individual has tampered with any substance abuse test during his/her employment with the current employer
  - Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
- When employees have caused or contributed to an on-the-job injury that resulted in a loss of work-time, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. The company may also send employees for a substance abuse test if they are involved in on-the-job accidents where personal injury or damage to company property occurs.
  - As part of a follow-up program t treatment for drug abuse when an employee has involuntarily entered a rehabilitation program because of a positive confirmed test result. The frequency of such a testing shall be a minimum of at least once a year for a two-year period after completion of the rehabilitation program. Advance notice of testing shall not be given to the employee.
  - When a substance abuse test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.
  - Random testing is conducted without individualized suspicion of a violation of the company's Substance Abuse Policy. Selection is made by neutral criteria so that all employees eligible for testing have equal opportunity of being tested.

Employees with a confirmed positive test result may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit a second specimen for testing.

If the physician, official, or lab personnel have reasonable suspicion to believe that the employee has tampered with the specimen, the employee is subject to disciplinary action up and including termination.

### Alcohol Abuse

The consumption or possession of alcoholic beverages on this Company's premises is prohibited. (Company sponsored activities outside of business hours that may include serving of alcoholic beverages are not included in this policy.) An employee whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level tests 0.8, while on duty/company business shall be guilty of misconduct and shall be subject to disciplinary action up

to and including termination. Failure to submit to a required substance abuse test also is misconduct and shall be subject to disciplinary action up to and including termination.

It is the responsibility of the Company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug or alcohol problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug or alcohol problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs, or the abuse of alcohol are incomparable with employment at Wynn's Pharmacy.

EFFECTIVE DATE: 1/1/2021

Amended: 1/3/2011

## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

To ensure the finest care possible, as a patient receiving Durable Medical Equipment (DME) and our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

### Patient Rights

- To select those who provide you with DME and Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your DME and Pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality

- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law

### Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Pharmacy personnel
- To notify your Physician and the Pharmacy with any potential side effects and/or complications

## **CONFIDENTIALITY OF PATIENT INFORMATION**

### Policy

Patients and customers have the right to have their Private Healthcare Information (PHI) kept confidential. The pharmacy is dedicated to protecting the privacy, integrity, and availability of PHI. No PHI shall be shared, revealed, or discussed in any form outside of the Pharmacy. Violation of this policy may result in immediate termination

### Procedure

For complete detailed information on protecting PHI, refer to the pharmacy's HIPAA Policy and Procedure Manual.

FORM 2

## **ANTI-KICKBACK VIOLATION**

### Policy

The Pharmacy or its personnel shall not “knowingly and willfully offer, pay, solicit, or receive remuneration in order to induce or reward business payable (or reimbursable) under the Medicare or other Federal health care programs” as stated in 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)).

### Procedure

If Pharmacy personnel believe that this policy is being violated, they shall immediately notify the Pharmacist In Charge, DMEPOS Coordinator and/or Pharmacy Owner. Pharmacy personnel who report a violation shall be protected from retaliation. Once a violation is reported, the Pharmacy Owner shall take immediate action; violators may be subject to corrective action, up to, and including termination.

**EFFECTIVE DATE:** 01/01/2021

# CULTURAL AWARENESS

## Policy

The Pharmacy values diversity and believes that diversity of backgrounds brings a variety of ideas, perspectives and experiences that will create a productive work environment in which talents are fully utilized. All Pharmacy policies, remuneration opportunities, hours of work, performance reviews, corrective or other procedures are designed to promote equal opportunity and protection for all Pharmacy personnel. Religious or cultural beliefs and background, or other issues of diversity are recognized, respected and are considered when providing services, supplies and care to Beneficiaries.

All Pharmacy personnel, regardless of their position, are expected to comply with this policy and take appropriate measures to ensure that improper conduct with co-workers and Beneficiaries does not occur. Appropriate corrective action will be taken against any Pharmacy personnel who violate this policy.

## Definition

Diversity is a collection of individuals bringing together varied demographic, cultural, human, intellectual and philosophical differences to help create an environment that honors and respects those differences in a safe and supportive environment.

Most characteristics of diversity are interdependent and may even seem to overlap. Diversity describes people, which is an inexact science. Strict characterization, differences and separations, as well as, the degree to which some aspects are more valued than others, are the result of cultural influences and an individual's fixed point-of-view; they are not a part of the definition of diversity, which is naturally all-inclusive.

## Characteristics

- Visible Diversity
  - o Characteristics over which a person has little or no control, but that contribute to assumptions, expectations, opportunities and identities
  - o Includes race, ethnicity, gender, age, sexual orientation and disability
- Cultural Diversity
  - o Characteristics over which a person has more control. Can impact behaviors, communication, attitudes and identities
  - o Includes geographic location, socio/economic status, education, relationship status, parental status, values, beliefs and faith/religion

## Diversity of Thought and Behavior

- Unique characteristics that emerge from visible and environmental diversity and manifest as thoughts, ideas and behaviors. Directly impacts view of self and others and the ability to successfully interact with others.
- Includes talents, skills, knowledge, strengths, capabilities, intellect, emotions, thinking styles, learning styles, communication styles, work styles, habits, hobbies and appearance

### Organizational Diversity

- Characteristics that describe a person's place within an organization
- Includes length of service, role, position, team, department, business unit, hierarchy and work location

### Procedure

The Pharmacy will provide training to all Pharmacy personnel in diversity and issues of respect and dignity, as required.

EFFECTIVE DATE: 6/3/2008

## **CONFLICT OF INTEREST**

### Policy

The Pharmacy and all Pharmacy personnel shall operate and maintain ethical business practices ensuring no conflicts of interest compromise the Pharmacy's integrity.

### Definition

Conflict of Interest is defined as any Pharmacy personnel entering into an understanding with Co-workers, Vendors, Clients, Caregivers, or Beneficiaries that may impart financial or other personal benefits to the said personnel, and as such, may adversely affect the judgment of the aforementioned individual in regards to preferential treatment of the Co-workers, Vendors, Clients, Caregivers or Beneficiaries.

### Procedure

- Disclosure of Potential Conflicts
  - o For current agreements or understandings: All Pharmacy personnel shall disclose to Pharmacy Owners and management any agreements that the Pharmacy may currently be involved in, which may constitute a conflict of interest as defined above. Corporate officers must make disclosure to their Board of Directors.
- For potential agreements or understandings:
  - o All Pharmacy personnel shall disclose to Pharmacy Owners and management any agreements they may potentially become involved in, which may constitute a conflict of interest as defined above.

### Possible Conflicts

If any Pharmacy personnel believe an Owner, Manager or Co-worker has entered into a personal agreement or understanding, which may lead to a conflict of interest, then said personnel shall notify the Pharmacy Owner or Management.



Should the conflict of interest not be adequately resolved, the said Pharmacy personnel may contact the appropriate State Board of Pharmacy.

Note: Pharmacy personnel reporting a suspected conflict of interest are protected by federal law, Whistleblower Protection Act, in regards to continued employment.

#### Review of Potential Conflicts

Pharmacy Owners, Management or Board of Directors shall review all disclosures associated with a potential conflict of interest. Said individuals shall convene a meeting to assess a disclosure regarding a potential conflict of interest. The meeting, review process, findings and outcomes shall be documented on company letterhead.

#### Review Results

If it is determined that **no conflict of interest** exists, then: The agreement or understanding shall be permitted to begin or continue.

If it is determined that there **is a conflict of interest**, then: Pharmacy Owners shall review the Pharmacy personnel's conduct to determine if the agreement or understanding has compromised the employee's judgment.

If the Pharmacy personnel have compromised his/her judgment in regards to the conflict of interest, corrective action, up to and including, termination shall be taken against the individual.

If it is found that no compromise of judgment exists, the said Pharmacy personnel shall be removed from all decision-making processes, which may perpetuate the existing conflict of interest.

If the above action cannot be instituted, the Pharmacy Owner shall instruct the said personnel to terminate the agreement or understanding.

**EFFECTIVE DATE:** 6/3/2008

*Form 3*

## **INFECTION CONTROL**

### Policy

The Pharmacy shall ensure the health and wellbeing of its employees along with Beneficiaries/Caregivers, while taking appropriate steps to identify, prevent and control infections. Such steps will not interfere with the service provided to Beneficiaries/Caregivers.

### Blood-Borne Pathogens

In addition to blood, OSHA defines *Other Potentially Infectious Materials* as "The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial

fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (OSHA Standard 1910.1030).”

Based on the OSHA standards, the following infections can be transmitted by blood or other bodily fluids:

- Human Immunodeficiency Virus (HIV)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other communicable diseases

### Procedure

Pharmacy personnel are adequately trained to aseptically handle DMEPOS products and to avoid potential infectious hazards. Pharmacy personnel are also instructed to limit potential exposure time. If there is an accident, resulting in exposure of any Pharmacy personnel to blood-borne pathogens, the individual shall complete a *Blood-Borne Pathogen Incident Report* with a full investigation of the incident to follow.

### Protective Gear

The Pharmacy shall provide all personnel, who may come in contact with Blood-Borne Pathogens, with the following supplies:

- Disposable gloves
  - o Latex
  - o Latex-free
- Disposable mask, goggles and/or face shield
- Hand washing products
- Impervious bags for contaminated equipment
- Labels
- Disinfecting solutions
- Cloth, sponge and other supplies

### Hand Washing

A major reason many diseases are spread is due to improper hand washing. Proper hand washing is critical to infection control. The Pharmacy ensures hand-washing supplies are readily available at the work site and in vehicles. Hands are washed prior to and after handling of DMEPOS products. Germicidal hand sanitizer is used/located in all delivery vehicles.

### General DMEPOS Equipment Handling

Refer to Section 4: Consumer Services – *DMEPOS Product Setup and Delivery* for additional details.

Contamination during use of DMEPOS equipment shall be kept to a minimum. To achieve this goal, Pharmacy personnel shall be properly trained on the most aseptic use of the DMEPOS

equipment. The Pharmacy personnel shall train the Beneficiary/Caregiver in the same techniques. These techniques include, but are not limited to, the following:

To preserve maximum cleanliness of the DMEPOS equipment, the following unpacking and handling protocols are utilized.

- Use of gloves, as appropriate
- Thoroughly washing hands
- Avoiding contact with interior surfaces
- Avoiding sneezing, coughing or excessive talk, while equipment surfaces are exposed
- Equipment shall be covered when not in use
- When possible, equipment shall be stored away from high traffic areas
- All procedures involving blood or other potentially infectious materials shall be performed in a manner which minimizes spraying, splashing or generation of droplets
- All contaminated equipment shall be bagged and labeled upon pick up. These labels shall:
  - o Include the universal biohazard symbol
  - o Be fluorescent orange or orange-red with lettering or symbols in a contrasting color
  - o Be securely fastened to the container/bag so as not to become dislodged or lost
  - o All returned DMEPOS equipment shall be properly disinfected following manufacturer's guidelines. Refer to Section 6: Product Safety – *DMEPOS Product Cleaning*

#### At-Risk Employees

Prior to any potential exposure to blood-borne pathogens, Pharmacy personnel at high risk to such exposure shall undergo proper training. The OSHA standard for such training is [OSHA Standard 1910.1030](#). All such testing is properly documented in each Personnel File.

#### Hepatitis Infections

Hepatitis B Vaccine is offered at no charge to appropriate Pharmacy personnel. Acceptance of the vaccine is appropriately documented in the proper Personnel File. If any Pharmacy personnel decline, that individual must sign the *Letter of Declination (Hepatitis B Vaccination)*. This letter shall be maintained in the Pharmacy Personnel File.

#### Tuberculosis (TB) Infections

If Pharmacy management has determined the population serviced is a high-risk area for TB, the following guidelines are instituted:

- The Pharmacy shall develop and implement the OSHA Respiratory Protection Plan. (OSHA 29 CFR 1910.134, Respiratory Protection Standard.) Respiratory Protection Plan
- All Pharmacy personnel at risk of exposure must have a TB skin test and medical evaluation
- Pharmacy personnel at risk of exposure shall be trained on the Respiratory Protection Plan and the training documented in their Personnel File
- HEPA Filter masks shall be made available to Pharmacy personnel that are at risk of exposure

- Pharmacy personnel at risk of exposure shall receive OSHA TB training. All training shall be documented and maintained in each Personnel File.

### Employee Infection

Pharmacy personnel who have a potentially infectious disease shall immediately notify the Pharmacy Owner. The Pharmacy personnel shall not have contact with any Beneficiaries/Caregivers. Said personnel shall not have contact with any other Pharmacy personnel who deal directly with Beneficiaries/Caregivers until the Pharmacy personnel is no longer infectious. Once said personnel is no longer considered infectious, The DME Coordinator shall be notified. Upon direction of the Pharmacy Owner, said personnel shall resume his/her regular duties.

EFFECTIVE DATE: 01/01/2021

*Form 4*

## **COMPANY VEHICLE**

### Policy

The Pharmacy shall maintain each company vehicle in clean and proper working condition.

### Procedure

- Each Delivery Driver of the Pharmacy's vehicle is responsible for the following:
  - o Notifying management of any needed repairs or maintenance
  - o Following all local traffic laws
  - o Maintaining valid driver's license, (class specific to job needs.)
  - o Notifying management of any accidents as soon as is safely possible
  - o Ensuring that the vehicle is clean, inside and out
  - o Maintaining regular scheduled maintenance
  - o Ensuring the following:
    - hand disinfectant dispenser is full
    - latex and non-latex gloves are present
    - First Aid Kit contains all items
    - Documentation that contains PHI is secured

### Vehicle Files

The Pharmacy shall maintain all pertinent documents for each company vehicle in an easily accessible file. Documentation shall be reviewed periodically for accuracy and updating.

### Vehicle Insurance

A vehicle designated as a "work vehicle" is to be driven only for work related activities. All company vehicles are insured by, Georgia Farm Bureau. Employees that job description may require driving the vehicle shall be listed on the policy. No unauthorized persons shall drive the vehicle at any time.

## Vehicle Maintenance and Repair

- Regularly Scheduled Maintenance
  - o The vehicle will be taken for regularly scheduled maintenance every 4,000 miles.
- Preventative Maintenance
  - o Preventative Maintenance shall be done every 6 months, or as prompted by mechanic during regular scheduled Maintenance
- Repair
  - o The Pharmacy repairs each vehicle, as needed, to maintain the safety and reliability of the delivery process to Beneficiaries.
- Documentation
  - o All vehicle documentation shall be completed by appropriate personnel and filed in Vehicle File Log.
- Routine Vehicle Check
  - o Pharmacy management shall inspect all company vehicles on a monthly basis.

Employees who incur traffic violations while using the company vehicle will be responsible for paying any fines accrued.

## **DMEPOS MANUAL TRAINING**

### Policy

The Pharmacy shall train all appropriate personnel in regard to the Pharmacy's DMEPOS Manual.

### Procedure

#### DMEPOS Manual Training

After thoroughly familiarizing him/herself with the DMEPOS Manual, the DMEPOS Coordinator shall ensure the following Pharmacy personnel are trained:

- Pharmacist-in-Charge
- Staff Pharmacists
- Pharmacy Technicians
- All members of the Leadership Committee according to their role on the committee

Upon completion of training, the DMEPOS Coordinator shall have Pharmacy personnel sign the *DMEPOS Manual Training Acknowledgement Form*. The completed form shall then be maintained in each applicable employee's Personnel File.

NOTE: The DMEPOS Coordinator shall ensure changes to the DMEPOS Manual are communicated with the necessary Pharmacy personnel in a timely manner.

### DMEPOS Pricing:

CMS determines the allowables for any equipment/service billed to Medicare. The 20% Co-Pay is determined by these allowables. As an accredited Medicare provider, we are not to sell an item/service for less than the Medicare allowable. All cash purchase prices must be equivalent to, or greater than the Medicare allowable. Even if our cost is much lower. We cannot cut the price to make special deals.

EFFECTIVE DATE: 01/01/2021

## DMEPOS PRODUCT TRAINING

### Policy

All Pharmacy personnel trained on specialized equipment, items and services are under the supervision of a credentialed or licensed individual, practicing within their scope of professional practice.

The Pharmacy shall provide DMEPOS product trainings to applicable Pharmacy personnel. Documentation of such trainings shall be maintained in each employee's Personnel File. DMEPOS product training updates/refreshers will be performed as needed, and at a minimum, annually.

### DMEPOS PRODUCT BENEFICIARY/CAREGIVER TRAINER DEFINITION

Said Trainer shall be defined as any Pharmacy personnel who, after being properly trained, instructs the Beneficiary/Caregiver concerning the proper use and care of DMEPOS products supplied by the Pharmacy. All trainers are supervised by a credentialed or licensed individual in said area of practice. All training is documented as indicated below.

### Procedure

#### DMEPOS Training

- Based on an employee's job function, the DMEPOS Coordinator, Pharmacy Owner and/or licensed or credentialed healthcare provider shall determine the appropriate level of DMEPOS product trainings needed.
- The DMEPOS Coordinator shall:
  - Document all training on [DMEPOS Product Training Verification \(Pharmacy Personnel\) Form](#) and maintain this completed form in each employee's Personnel File.
  - Retrain Pharmacy personnel annually, documenting this training properly.
  - Maintain a master list of Pharmacy personnel DMEPOS product specific training on [DMEPOS Product Specific Training Overview \(Pharmacy Personnel\) Form](#) reflecting all updates.

#### Beneficiary/Caregiver Trainers

- DMEPOS Coordinator, along with the Beneficiary/Caregiver Trainer, shall receive DMEPOS product specific training from either the manufacturer or authorized representative, certified to provide such training.
- Based upon the specific need of a Beneficiary/Caregiver, the appropriate Pharmacy personnel shall provide training to this individual on the correct use and care of the applicable DMEPOS product. In compliance with any applicable laws and regulations, training may be provided to

Beneficiaries/Caregivers by non-licensed or credentialed Pharmacy personnel, who are trained and supervised by a credentialed or licensed individual.

- For currently stocked DMEPOS products, the Beneficiary/Caregiver Trainer shall demonstrate their product specific training expertise to the DMEPOS Coordinator every six months.
- For new DMEPOS products, the Beneficiary/Caregiver trainer shall:
  - o Be correctly trained on their proper use and care
  - o Be able to demonstrate this training to the DMEPOS Coordinator at a minimum of every six months

The training demonstrations shall be documented on [DMEPOS Product Training Verification \(Pharmacy Personnel\) Form](#).

#### Documentation

All training documentation shall be maintained for 10 years.

#### Forms

[DMEPOS Product Training Verification \(Pharmacy Personnel\) Form](#)

[DMEPOS Product Specific Training Overview \(Pharmacy Personnel\) Form](#)

EFFECTIVE DATE: 01/01/2021

## **CONTINUING EDUCATION**

#### Policy

The Pharmacy shall provide mandatory Continuing Education (CE) resources, as well as, make available, recommended CE materials on an ongoing basis. Said CE shall reflect the needs of the changing healthcare environment

#### Procedure

Based on a Pharmacy personnel's job function, the Pharmacy Owner and/or DMEPOS Coordinator shall determine which CE should be provided or recommended for each Pharmacy personnel to complete or attend.

- Mandatory
  - o The Pharmacy shall reimburse all costs associated with a mandatory CE to all Pharmacy personnel required to attend said CE.
- Pharmacy Recommended
  - o The Pharmacy shall reimburse all costs associated with a Pharmacy recommended CE to all Pharmacy personnel who attend said CE.
- Pharmacy Personnel Request
  - o The Pharmacy may reimburse all/some costs associated with a CE attended by Pharmacy personnel who request participation in said CE program.

Continuing Education Tracking

The Pharmacy shall maintain a *Continuing Education Tracking Log* for all CEs attended. This log shall be reviewed on a quarterly basis to ensure Pharmacy personnel are compliant with this policy

Documentation

Pharmacy personnel who attend a CE shall present a copy of their CE certificate to the Pharmacy Owner or DMEPOS Coordinator. The CE certificate shall be maintained in the applicable Pharmacy personnel file.

EFFECTIVE DATE: 01/01/2021

\*All policies are subject to change at the owner's discretion.



# Wynn's Health Services

## PERMISSION TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize **Wynn's Health Services** or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

_____ Name of Applicant (Print)			_____ Other Name(s) Used During Education/Career		
_____ Current Address			_____ Social Security Number	_____ Date of Birth	
_____ 			_____ Professional License/Certification # and State (current and inactive)		
_____ City	_____ State	_____ ZIP	_____ Professional License/Certification # and State (current and inactive)		
_____ Applicant Signature		_____ Date	_____ Witness Signature		_____ Date

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Addresses for the past seven years: (If different from above)

(2) _____ Address	(4) _____ Address
_____ City                      State                      ZIP	_____ City                      State                      ZIP
(3) _____ Address	(5) _____ Address
_____ City                      State                      ZIP	_____ City                      State                      ZIP

**Form 2**

**PF CARES HIPPA Acknowledgement Form**

I, \_\_\_\_\_, acknowledge that I received, read, and understand Wynn’s Pharmacy’s HIPAA training program. I know that if I have any questions concerning my job or this policy, I can discuss this with a company representative Failure to comply with this policy is subject to correct discipline, including but not limited to termination of employment.

Wynn’s Pharmacy NCPDP- 1127388

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Non Compete Clause**

**Non Transfer of Information**

**I agree that I will use knowledge or skills learned while at Wynn's Pharmacy or Wynn's Pharmacy Services or trained skills or knowledge payed for by Wynn's Pharmacy or Wynn's Pharmacy Services only while I am employed at the above locations. I can not use these skills or knowledge at any other location within 10 square miles of these locations for up to 2 years unless written authorization is given by the current owner. I cannot become a consultant for any other company or business dealing with knowledge or skills for 2 years upon leaving the above business unless written authorization is given.**

**Name: \_\_\_\_\_ Date: \_\_\_\_\_**

# Wynn's Health Services

## LETTER OF DECLINATION (Hepatitis B Vaccination)

I, \_\_\_\_\_ (Pharmacy Personnel Name), understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Reference: OSHA Standard 56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996

\_\_\_\_\_  
Pharmacy Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacy Personnel Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorizing Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Personnel Printed Name

\_\_\_\_\_  
Title

**DMEPOS Training Acknowledgement**

I, \_\_\_\_\_, acknowledge that I have read and understand the Medicare Part B DMEPOS Policy and Procedure Manual of Wynn's Pharmacy Services. It has been communicated to me in terms whereby I understand its content. I have been given ample opportunity to ask questions. By signing this, I commit to following the standards and protocol contained within the Medicare Part B DMEPOS Policy and Procedure Manual of Wynn's Pharmacy Services.

Wynn's Pharmacy NCPDP- 1127388

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DMEPOS Coordinator Signature

\_\_\_\_\_  
Date

**PF CARES FRAUD, WASTE AND ABUSE ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge that I received, read, and understand Wynn's Pharmacy's Fraud, Waste, & Abuse training program. I know that if I have any questions concerning my job or this policy, I can discuss this with a company representative. Failure to comply with this policy is subject to correct discipline, including but not limited to termination of employment.

Wynn's Pharmacy NCPDP- 1127388

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Compliance of Billing Issues

I understand that there is now a law in Georgia requiring that I report any and all irregular billing issues to my supervisor. This should be done in a timely manner. It should be done in writing with full disclosure on my part. Failure to do so will keep me from reporting this to the Department of Community Health or any other regulatory offices upon my leaving the company. I understand and agree with this policy.

Wynn's Pharmacy NCPDP- 1127388

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Form 8

I have read and understand the information provided in the Wynn's Pharmacy Employee Handbook. I understand the expectations of a Wynn's Pharmacy employee. I also understand the consequences of not following the guidelines set forth in the handbook.

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Employee Name (Please Print)

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Employee Signature

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Date