The ADA Practical Guide to
Creating and Updating an
Employee Policy Manual

Policies for Your Practice
• Hiring and Terminating Employees
• Employee Conduct
• Social Media, the Internet, and
Electronic Communications
• Compensation and Benefits

ADA American Dental Association®
America’s leading advocate for oral health
How to Write an Office Policy

Maybe you need some guidance in crafting the perfect policy from the templates in this book. Or perhaps you require a policy that wasn’t included. In either case, you may need to draft a policy yourself. The following process to develop a policy has been adapted from recommendations by the American Medical Association:

1. Define the issue, problem or task
2. Develop a draft of a policy
3. Review and analyze the policy draft
4. Revise the policy draft
5. Conduct a final review and make final revisions
6. Adopt and implement the policy
7. Evaluate and revise the policy on an ongoing basis

Here are some additional guidelines to keep in mind:

- Use clear, simple language. The easier it is to understand a policy, the easier it is to follow — and this gives violators fewer excuses for not adhering to office rules.

- Personalize your policies. The sample policies in this book are not “one size fits all.” Every practice is unique in its rules and culture.

- Keep policies firm but flexible. No policy will cover every possible situation, but it should cover most plausible scenarios.

- Define any terms that you use in your policy. For example, if you use the acronym “FMLA,” be sure to note that it stands for Family and Medical Leave Act.

- Seek staff input since the policies directly affect them. Once you have drafted the policy, run it by one or two trusted colleagues to ensure that it is comprehensive and fair.

- All policies should be approved by the practice owner, dentist or office manager before distribution to staff.

- Have a legal professional review any policy you add to your office manual. This is good advice for any policy, whether you have written it yourself or you used a template.

- Review and revise your employee policy manual at least once a year.
Office Manager

Reports to:_______________________________________________________________________

PRIMARY RESPONSIBILITIES

Responsible for administering the day-to-day activities of the business office, including: patient and employee relations; staff interviewing/dismissal; management of marketing and communications efforts; ensuring regulatory compliance; staff training and motivation. Assist the dentist with other tasks as assigned.

SPECIFIC DUTIES

• Manage day-to-day operations of dental office
• Manage and direct staff assignments and activities, in accordance with office policies and applicable laws
• Manage compliance with OSHA, state and federal regulations
• Know and follow dental office contingency plan
• Stay current with trends, legislation and regulations in the dental profession
• Manage patient financial accounts
• Manage the hiring and ongoing performance of staff
• Manage and update office computer systems

Patient Management

• Oversee patient relations and handle patient complaints
• Help explain office policy to patients
• Help support staff as needed (i.e., appointment scheduling, collections, insurance, etc.)
• Monitor patient relations with regular patient satisfaction surveys

Staff Management

• Assign, direct and manage staff duties, as assigned by the dentist
• Determine staff schedules
• Recruit, interview and hire employees as directed by the dentist
• Orient and train new staff
• Organize staff training on OSHA and HIPAA compliance
• Display any posters required by federal, state or local law
• Monitor staff performance
• Conduct staff and salary reviews
• Coordinate team meetings
• Engage in conflict resolution
• Help arrange for staff CE
• Make business travel arrangements for dentist and staff

FIGURE 1.7 SAMPLE JOB DESCRIPTION: OFFICE MANAGER
FIGURE 1.14 SAMPLE APPLICATION FOR EMPLOYMENT

Application for Employment

This practice does not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Opportunity Employer.

PERSONAL INFORMATION

Today's Date:________________________________________
Name:________________________________________________________________________________________________
Telephone:____________________________________________________________________________________________
Address:________________________________________________________________________________________________
Cell:____________________________________________________ Email:________________________________________
Are you at least 18 years of age?_____________ Are you eligible to work in the U.S.? ______________
Have you served in the military?______________ Reserves?_____________________ Branch?_____________________
Have you previously worked at this practice or an affiliate?____________________________________________________

POSITION INFORMATION

Title of position:_________________________________________ Salary Desired:________________________________
How did you hear about this position?_______________________________________________________________________
Date available for work:___________________________________________________________________________________
Type of work desired (i.e., full time, part time, etc.):___________________________________________________________
List special skills, CE coursework, and experience related to this position:________________________________________

EDUCATION

High School:___________________________________________ Graduation Date:____________________________
Business/Technical School:______________________________ Date:__________________ Degree:_______________
College:_______________________________________________ Date:__________________ Degree:_______________
Graduate School:________________________________________ Date:__________________ Degree:_______________
Additional Skills and Training:____________________________________________________________________________

WORK HISTORY (Use additional sheets if necessary)

Company Name:________________________________________ Address/Phone:________________________________
Dates:________________________________________________ Position:__________________________________________
Supervisor:____________________________________________ Pay rate:________________________________________
Duties:________________________________________________ Reason for leaving:______________________________
Company Name:________________________________________ Address/Phone:________________________________
Dates:________________________________________________ Position:__________________________________________
Supervisor:____________________________________________ Pay rate:________________________________________
Duties:________________________________________________ Reason for leaving:______________________________
Company Name:________________________________________ Address/Phone:________________________________
Dates:________________________________________________ Position:__________________________________________
Supervisor:____________________________________________ Pay rate:________________________________________
Duties:________________________________________________ Reason for leaving:______________________________
Reference Check Worksheet

Applicant: _______________________________ Date: ____________________

Reference Person Contacted: __________________________________________

Position: __________________________________________________________

Phone: _____________________________________________________________

Introduce yourself with your name, affiliation and title.

What were (applicant’s) dates of employment? __________________________

List (applicant’s) title and principal duties. ________________________________

What was (applicant’s) final rate of pay? _________________________________

Was (applicant’s) work performance satisfactory? __________________________

Why did (applicant) leave your company? ________________________________

Would you rehire (applicant)? Why or why not? ____________________________

What were (applicant’s) strongest characteristics? Weakest? _________________

How well did (applicant) work with others? ________________________________

Could you comment on (applicant’s):

Punctuality and attendance: ____________________________________________

Potential for advancement: _____________________________________________

Amount of supervision needed: _________________________________________

Attitude: ____________________________________________________________________

Signature of the person who did this reference check: ________________________
Employee Attendance

Because the contribution of every team member leads to quality care for patients in the practice, a clear and strongly worded attendance policy is a must. Conversely, a weak or inconsistent attendance policy punishes your most dedicated employees, because they may assume the work of those who aren't in attendance. The sample policy below is strong, reasonable, and clear.

SAMPLE POLICY #14

EMPLOYEE ATTENDANCE

Our practice places a high value on regular attendance. Frequent absences diminish the quality of care that we are able to provide to our patients. Excessive absence or tardiness may be reflected in performance evaluations. It may also result in disciplinary action and eventual termination.

Time and Attendance Reports

A time and attendance report policy can help prevent misunderstandings regarding hours worked and pay periods. For obvious reasons, this policy should be absolutely clear to employees.

SAMPLE POLICY #15

TIME AND ATTENDANCE REPORTS

All employees report their attendance/actual hours worked on a two-week attendance report approved by both the employee and the office manager or dentist. Time reports for the previous two-week period must be submitted to the business manager no later than Tuesday of the week following a payday.
Workplace Violence

Workplace violence is a serious issue that should be addressed in your employee handbook. OSHA defines workplace violence as “violence or the threat of violence against workers.” Healthcare workers are an especially vulnerable population because of their close interactions with patients, some of whom may be unpredictable. A dental practice is at special risk because money and drugs may be on the premises.

Workplace violence is typically divided into four categories:

1. Violence by strangers
2. Violence by co-workers
3. Violence by clients or customers
4. Violence by people with whom staff have relationships

Workplace violence prevention training and pre-screening job candidates using criminal background checks are some ways you can help prevent workplace violence. If you do not already offer workplace violence training, you may consider encouraging it as a way for staff to earn continuing education credits.

Additionally, an incident of workplace violence may expose your practice to liability. It is important to have a workplace violence policy so you are prepared and your practice is protected in the event of an emergency.

SAMPLE POLICY #37

WORKPLACE VIOLENCE

Employee and patient safety is one of the most important concerns of this practice. We are committed to working with our employees to maintain an environment free from violence, threats of violence and other types of disruptive behavior, such as intimidation and harassment. Such behavior will not be tolerated from strangers, patients, colleagues or other people with whom employees have personal relationships.

This behavior — violence, threats, intimidation, gestures, and written or oral statements or expressions that communicate a direct or indirect threat of physical harm — will not be tolerated. Employees and other individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, up to and including termination, reported to law enforcement, or both.

If you observe or experience such behavior, report it to the dentist or office manager immediately. If a threat or assault requires immediate medical or police attention, CALL 911!
Personal Time

Personal days may be given off with pay for employees to conduct personal business and as paid time off for other religious or cultural holidays. The employee is not required to describe or justify the reason for the request of a personal day. However, advance notice of the scheduling of the personal day may be required.

SAMPLE POLICY #45

PERSONAL TIME
All full-time employees with at least three months of service are eligible to take two personal days with pay each year at a time agreed upon by the dentist or office manager. Personal days must be approved a week in advance of the day off.

Sick and Emergency Leave

As mentioned previously, employers have great flexibility in setting office policy for such paid days off as sick and emergency leave. However, you cannot discriminate. If you give paid sick days off to some employees, you must give them to all employees in that category. For example, if you give paid sick days to one full-time employee, you must extend this benefit to all full-time employees.

SAMPLE POLICY #46

SICK AND EMERGENCY LEAVE
A full-time employee is eligible for five days of paid sick/emergency leave each year after three months of employment. A part-time employee is eligible for two days of paid sick/emergency leave each year after three months of employment. Unused sick leave may not be carried from one calendar year to another. Emergency leave will be approved for such reasons as a funeral or a critical illness of a family member. Please report your absence to the office manager by phone or email by 10:00 a.m.

If you give paid sick days to some employees, you must give them to all employees in that category. For example, if you give paid sick days to one full-time employee, you must extend this benefit to all full-time employees.
1. Drug-free Workplace Policy

A drug-free workplace policy should clearly state why the policy is being implemented (i.e., “The practice is committed to the safety of its employees and its patients.”). It should include a clear description of prohibited behaviors, and a thorough explanation of the consequences of violating the policy.

Because the issue of employee substance use is legally complex, you should review your drug-free workplace policy with a qualified attorney prior to implementing it.

While drafting your policies, you will want to draw up your own list of prohibited behaviors. Here are some topics you may want to address for your own office’s policies:

- Staff are not to drink alcohol or abuse drugs on the job or in the office
- Staff are not to take controlled substances from office stock for their own use or the use of others
- No criminal activity will be tolerated in the office. This may include phoning in fraudulent prescriptions in the dentist’s name; participating in scams with drug-seeking patients; and ordering controlled substances from pharmaceutical companies without the dentist’s knowledge, etc.
- Nitrous oxide is never to be used by staff
- Staff are not to ask the dentist for a prescription for personal use
- The dentist should not write a prescription for staff or their family members unless it is for a dental procedure or treatment, the individual is a patient of record and there is appropriate documentation in the patient record
- Staff should not engage any patients in discussions about illegal drug activity, such as where to obtain drugs, how to sell pharmaceuticals on the street, etc.

Other components of the policy may include provisions such as the following:

- Off-duty use of drugs, alcohol or any other substances which results in impaired work performance (such as absenteeism, tardiness, poor work performance, damage to the employer’s reputation, or inferior quality of work), is prohibited and is cause for discipline, up to and including termination. (Some states prohibit employers from taking any action against an employee for their off-duty use of legal substances, such as alcohol, tobacco, etc. Consult a qualified attorney for information about implementing an off-duty behavior policy.)
- Any employee with patient care responsibilities who is taking a prescribed or over-the-counter narcotic or drug with the potential to cause practice impairment must advise the dentist. The dentist will determine whether the employee can continue to work and may, in some instances, need to consult with the employee’s physician regarding the potential for impairment.
- Employees are required to notify you if they are convicted of a drug offense.
- You may require drug testing of job applicants after an employment offer has been made but before employment begins. The employment offer may be contingent on passing the drug test. Test results must remain confidential.