



August 7, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Human Resources Committee meeting at 1:00PM on Tuesday, August 15, 2023 in the Support Services Building Copper Conference Room 520 W. Mineral King Ave., Visalia, CA 93291.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <https://www.kawahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:
Governing Board
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<http://www.kawahdelta.org>



**KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS
HUMAN RESOURCES COMMITTEE**

Tuesday, August 15, 2023

Support Services Copper Conference Room
520 W. Mineral King Ave, Visalia, CA

ATTENDING: Directors: Lynn Havard Mirviss (chair) & Garth Gipson; Gary Herbst, CEO, Keri Noeske, Chief Nursing Officer, Dianne Cox, Chief Human Resources Officer, Brittany Taylor, Director of Human Resources, Raleen Larez, Director of Employee Relations, Hannah Mitchell, Director of Organizational Development, JC Palermo, Director of Physician Recruitment/Relations, George Ortega, Recording

1. **OPEN MEETING – 1:00PM**
2. **CALL TO ORDER** – *Lynn Havard Mirviss, Committee Chair*
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **PHYSICIAN RECRUITMENT** – Review of the physician recruitment report – *JC Palermo, Director of Physician Recruitment/Relations*
5. **KAWEAH CARE STEERING COMMITTEE** – Verbal update - *Dianne Cox, Chief Human Resources Officer*
6. **POLICIES** – Review of edits/changes – *Dianne Cox, Chief Human Resources Officer*
 - 6.1. [EHS. 01 Infection Prevention Guidelines](#) {reviewed}
 - 6.2. [EHS. 02 Employee Exposure to Bloodborne Pathogens](#) {reviewed}
 - 6.3. [EHS. 03 Ergonomics](#) {delete}
 - 6.4. [EHS. 05 Influenza Prevention](#) {revised}
 - 6.5. [EHS. 04 Infectious Disease Guidelines for Employees](#) {reviewed, no changes}
 - 6.6. [EHS. 06 Work Related Injury and Illness and Workers' Compensation](#) {revised}

- 6.7. [EHS. 07 Tetanus, Diphtheria and Pertussis](#) {reviewed, no changes}
- 6.8. [EHS. 08 Employee Health Standing Orders](#) {reviewed, no changes}
- 6.9. [EHS. 10 Hepatitis A Exposure](#) {reviewed, no changes}
- 6.10. [EHS. 11 Immunization Requirements](#) {revised}
- 6.11. [EHS. 13 Respiratory Protection Program](#) {reviewed, no changes}
- 6.12. [EHS. 14 Covid 19 Prevention Program](#) {revised}
- 6.13. [EHS. 16 Employee Health Services Medical Emergencies](#) {reviewed, no changes}
- 6.14. [EHS. 17 Aerosol Transmissible Diseases Exposure Control Plan](#) {revised}
- 6.15. [HR. 01 Purpose and Scope of Manual](#) {reviewed, no changes}
- 6.16. [HR. 02 District Commitment and Staff Member Relations](#) {reviewed, no changes}
- 6.17. [HR. 03 Just Culture Commitment](#) {reviewed, no changes}
- 6.18. [HR. 04 Special Pay Practices](#) {revised}
- 6.19. [HR. 12 Equal Employment Opportunity](#) {revised}
- 6.20. [HR. 13 Anti-Harassment and Abusive Conduct](#) {reviewed, no changes}
- 6.21. [HR. 14 Non-English, Limited English Speaking and/or Hearing Impaired](#) {reviewed, no changes}
- 6.22. [HR. 15 Request for Reconsideration of Work Assignment based upon Religious and or Cultural Reasons](#) {reviewed, no changes}
- 6.23. [HR. 16 Reasonable Accommodation & Medical Fitness for Work](#) {reviewed, no changes}
- 6.24. [HR. 17 Language Resource Assistance Program](#) {reviewed, no changes}
- 6.25. [HR. 28 Recruitment and Selection of Staff Members](#) {revised}
- 6.26. [HR. 31 Transfers](#) {revised}
- 6.27. [HR. 34 Employment of Relatives](#) {reviewed, no changes}
- 6.28. [HR. 36 New Hire Processing](#) {revised}
- 6.29. [HR. 37 Introductory Period](#) {reviewed, no changes}
- 6.30. [HR. 46 Orientation of Kaweah Delta Personnel](#) {reviewed, no changes}
- 6.31. [HR. 47 Professional Licensure and Certification](#) {reviewed, no changes}
- 6.32. [HR. 49 Education Assistance](#) {revised}
- 6.33. [HR. 61 Status Classification of Employees/Concurrent Jobs](#) {reviewed, no changes}
- 6.34. [HR. 62 Exempt Employees Pay/Salary](#) {revised}
- 6.35. [HR. 63 Timekeeping of Payroll Hours](#) {revised}
- 6.36. [HR. 65 Payment of Wages](#) {reviewed, no changes}
- 6.37. [HR. 66 Payroll Deductions](#) {reviewed, no changes}
- 6.38. [HR. 70 Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation](#) {revised}
- 6.39. [HR. 71 Overtime Pay](#) {reviewed, no changes}

- 6.40. [HR. 74 Telecommuting](#) {reviewed, no changes}
- 6.41. [HR. 75 Differential Pay-Shift, Holiday, and Weekend](#) {reviewed, no changes}
- 6.42. [HR. 78 Salary Administration Program](#) {reviewed, no changes}
- 6.43. [HR. 80 Docking Staff](#) {reviewed, no changes}
- 6.44. [HR. 94 Employee Handbook/Human Resources Policies](#) {reviewed, no changes}
- 6.45. [HR. 95 Job Descriptions](#) {reviewed, no changes}
- 6.46. [HR. 96 Personnel Files and Employee Health Records](#) {reviewed, no changes}
- 6.47. [HR. 98 Employment References and Personnel File Access](#) {reviewed, no changes}
- 6.48. [HR. 128 Employee Benefits Overview](#) {reviewed, no changes}
- 6.49. [HR. 131 Employee Recognition and Acknowledgement Programs](#) {reviewed, no changes}
- 6.50. [HR. 141 Employee Parking](#) {reviewed, no changes}
- 6.51. [HR. 145 Family Medical Leave/CA Family Rights Act Leave of Absence](#) {revised}
- 6.52. [HR. 147 Pregnancy Disability Leave of Absence](#) {reviewed, no changes}
- 6.53. [HR. 148 Personal Leave of Absence](#) {reviewed, no changes}
- 6.54. [HR. 149 Bereavement Leave](#) {revised}
- 6.55. [HR. 151 Short Term \(Reserve\) Military Training Leave and Military Leave of Absence](#) {reviewed, no changes}
- 6.56. [HR. 156 Witness Duty](#) {reviewed, no changes}
- 6.57. [HR. 169 Jury Duty](#) {reviewed, no changes}
- 6.58. [HR. 173 Employee Emergency Relief](#) {reviewed, no changes}
- 6.59. [HR. 183 Identification Badges](#) {reviewed, no changes}
- 6.60. [HR. 184 Attendance and Punctuality](#) {revised}
- 6.61. [HR. 188 Personal Property and Valuables](#) {reviewed, no changes}
- 6.62. [HR. 197 Dress Code – Professional Appearance Guidelines](#) {reviewed, no changes}
- 6.63. [HR. 200 Drug Free Work Place and Drug/Alcohol Testing](#) {reviewed, no changes}
- 6.64. [HR. 213 Performance Management and Competency Assessment](#) {revised}
- 6.65. [HR. 215 Grievance Procedure](#) {reviewed, no changes}
- 6.66. [HR. 216 Progressive Discipline](#) {revised}
- 6.67. [HR. 218 Notification Requirements, Pre-Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More Than Five Days and Demotion](#) {reviewed, no changes}
- 6.68. [HR. 220 Separation from Employment](#) {reviewed, no changes}
- 6.69. [HR. 221 Employee Reduction in Force](#) {reviewed, no changes}

- 6.70. [HR. 233 Non-Employees](#) {reviewed, no changes}
- 6.71. [HR. 234 PTO EIB and Healthy Workplace](#) {revised}
- 6.72. [HR. 236 Computer and Communication Devices and Social Media Code of Conduct](#) {reviewed, no changes}
- 6.73. [HR. 239 Extended Illness Bank Donations](#) {revised}
- 6.74. [HR. 241 Paid Time Off Cash Out](#) {revised}
- 6.75. [HR. 242 Personal Medical Leave](#) {reviewed, no changes}
- 6.76. [HR. 243 Leave of Absence](#) {reviewed, no changes}
- 6.77. [HR. 244 Paid Family Leave](#) {reviewed, no changes}
- 6.78. [HR. 245 Event Participation](#) Pay {reviewed, no changes}

7. ADJOURN – *Lynn Havard Mirviss, Committee Chair*

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

Policy Number: EHS 01	Date Created: 10/07/2020
Document Owner: Shawn Elkin (Infection Prevention Manager)	Date Approved: 11/11/2020
Approvers: Dianne Cox (Chief Human Resources Officer), Gloria Simonetti (Per Diem RN-Employee Health)	
Infection Prevention Guidelines for Pregnant Healthcare Workers	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy:

Certain diseases are detrimental to the development of an unborn child. Therefore, pregnant women must be protected from the transmission of these diseases. The approach for the prevention of disease transmission is broad. These guidelines are based on CDC recommendations for pregnant Health Care Workers.

Pertinent facts to guide occupational exposures to infectious agents

Disease	Modes of Transmission	Prevention	Comments
Covid 19 Coronavirus	Respiratory secretions	Standard, Airborne and Droplet precautions	<i>Reassign pregnant HCW.</i>
Cytomegalovirus (CMV)	Urine, blood, vaginal secretions, semen and saliva	Standard precautions	<i>No additional precautions for pregnant HCW.</i>
Hepatitis B	Blood and body fluids	Standard Precautions Vaccine available HBIG to infant if exposure of non-immune personnel	<i>No additional precautions for pregnant HCW. Hepatitis B vaccine strongly recommended for all HCWs including pregnant HCWs.</i>
Hepatitis C	Blood and body fluids	Standard Precautions	<i>No additional precautions for pregnant HCW.</i>
Herpes Simplex	Contact with lesion	Standard precautions or contact precautions	<i>No additional precautions for pregnant HCW.</i>
HIV	Blood and body fluids	Standard precautions	<i>No additional precautions for pregnant HCW. Report any blood/body fluid exposure immediately to Employee Health.</i>
Influenza	Respiratory secretions	Droplet precautions Yearly vaccine	<i>No additional precautions for pregnant HCW. Vaccination (safe during pregnancy)</i>

Disease	Modes of Transmission	Prevention	Comments
Parvovirus B19 (Fifth's Disease)	Respiratory secretions (and rarely blood)	Droplet precautions	Reassign pregnant women
Pulmonary or Laryngeal Tuberculosis	Airborne droplet Nuclei	Airborne precautions	<i>No additional precautions for pregnant HCW. Report any unprotected exposure.</i>
Rubella	Respiratory secretions	Droplet precautions Vaccine Contact precautions for congenital rubella	<i>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for rubella patients until vaccination is complete. The MMR vaccine and its component vaccines should not be given to women known to be pregnant.</i>
Rubeola (Measles)	Respiratory secretions	Airborne precautions Vaccine	<i>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for rubeola patients until vaccination is complete. The MMR vaccine and its component vaccines should not be given to women known to be pregnant.</i>
Varicella (Chickenpox)	Respiratory secretions and lesion contact	Airborne and contact precautions	<i>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for varicella patients. Non-immune women should be evaluated for post exposure prophylaxis.</i>
Varicella Zoster, Disseminated or localized in Immuno-compromised patient	Respiratory secretions and lesion contact	Airborne and contact precautions	<i>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for varicella zoster patients. Non-immune women should be evaluated for post exposure prophylaxis.</i>
Varicella Zoster (Shingles), localized	Contact with lesions	Standard precautions	<i>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for varicella patients. Reassign to avoid risk of exposure. Non-immune women should be evaluated for post</i>
Pertussis	Respiratory	Droplet Precautions Vaccination	<i>No additional precautions for pregnant HCW. Pregnant HCW should receive a dose of Tdap during each pregnancy irrespective of prior history of receiving Tdap.</i>

Additional Guidelines

1. For some infectious agents, there is no vaccine available, and pregnant HCW must rely on Standard Precautions, including the appropriate use of hand hygiene, masks, gown, glove and eye protection, and respiratory protection, when exposure to potentially infectious blood and body fluids is likely. Restricting pregnant HCP from caring for patients with certain known infections (e.g., CMV) is not recommended (APIC, 2014, 104: 3-12)
2. Pregnant health care workers may consult with Employee Health if immune status is unknown.
3. Radiation Safety: For those pregnant employees who provide a Declaration of Pregnancy, every effort will be made to provide an accommodation to not work with the I 131 patients.

Related Documents:

None

References:

APIC Text of Infection Control and Epidemiology; June 2014, 4th Edition, Volume 3, 104:3-12

[cdc.gov/coronavirus/2019-ncov/hcp/faq.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html)

[Cdc.gov/niosh/topics/repro/infectious.html](https://www.cdc.gov/niosh/topics/repro/infectious.html)

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

Policy Number: EHS 02	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 04/18/2022
Approvers: Dianne Cox (Chief Human Resources Officer)	
Employee Exposure to Bloodborne Pathogens	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

Kaweah Health Care District is committed to providing a safe work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Blood borne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Needle sticks and other sharps-related injuries may expose workers to bloodborne pathogens. Also, though it is a lower risk of transmission, blood from a positive source can also be a risk when it enters the body via open wounds, cuts, and by splashing in the face, eyes, and mouth.

Because the infectious status of patients is often unknown, healthcare workers are to observe precautions when dealing with potentially infectious materials at all times. Most important is the avoidance of blood contaminated penetrating injuries from sharp needles and scalpels, etc. The use of Standard Precautions is therefore to be practiced in all circumstances.

The purpose of this policy is to:

1. Establish individual responsibilities to minimize the risk for healthcare workers of acquiring bloodborne disease due to occupational exposure.
2. Comply with OSHA Bloodborne Pathogen Standard.

EXPOSURE DETERMINATION:

A component of the Exposure Control Plan is a listing of all job classifications in which employee may have occupational exposure.

This exposure determination shall be made without regard to the use of personal protective equipment.

- CATEGORY I: Jobs with tasks that routinely involve exposure or potential exposure to blood, body fluids or tissues.
- CATEGORY II: Jobs with tasks that do not routinely involve exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.
- CATEGORY III: Jobs with tasks that do not routinely involve exposure to blood, body fluids or tissues, (persons in this category are not called upon to perform or assist in emergency medical aid or to be potentially exposed in any other way as a condition of employment).

Exposure Determination:

- A. The following job (employee) classifications will be included as having occupational exposure:
1. All nurses, RN, LVN, CNA
 2. Cardiopulmonary technicians
 3. Environmental Services and Plant Operations employees
 4. Laboratory Personnel
 5. Physicians
 6. Radiology personnel
 7. Surgery Personnel
 8. Physical Therapy Personnel
- B. The following are examples of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure may occur:
1. Assisting in Code Blue
 2. Assisting in delivery of newborn
 3. Assisting in surgery or other diagnostic testing
 4. Cleaning blood or other infectious spills
 5. Handling of contaminated equipment
 6. Handling of contaminated sharps
 7. Handling of laboratory specimens
 8. Handling of medical waste
 9. Handling of soiled linen
 10. Performing or assisting in invasive procedures
 11. Performing or assisting in treatment procedures
 12. Post-mortem care

The District shall:

- Provide appropriate types and supplies of protective gear, which includes gloves, goggles, masks, gowns, etc. Protective equipment shall also include ventilation devices for CPR. Ensure that personnel use appropriate personal protective equipment.
- Ensure that personnel, students, and volunteers affiliated with the District receive education and training in the District Standard Precautions and Infection Control policies and procedures that are specific to their responsibilities prior to assuming these duties on an annual basis.
- Ensure that personnel wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Monitor and document individual compliance with the practice of the District Standard Precautions and infection control policies and procedures in a fair and equitable manner.
- Include compliance with District Standard Precautions and infection control policies and procedures as part of each employee's performance review.
- Provide appropriate retraining and progressively discipline, if necessary, individuals who fail to comply with department procedures for Standard Precautions and infection control.

Department Managers and Supervisors shall:

- Direct exposed staff member to report exposure to supervisor and then complete "Report of Work Related Injury/Illness" form, located on Kaweah Compass under Forms/ KH Work Injury Report. Exposed Staff Member should then go to Employee Health Services (EHS) or if outside of EHS operating hours, report to the Nursing Supervisor for evaluation of need for emergency medical attention.
- Submit an incident report for all instances where an individual's technique is not consistent with District Standard Precautions and infection control policies and procedures.
- Ensure that this Policy is accessible to personnel and to the healthcare professional evaluating an employee after an exposure incident.

Each Employee shall:

- Understand the principles of Standard Precautions and infection control policies and procedures, with specific knowledge of the tasks that they may assume. Know what tasks to perform that may have occupational exposure.

- Routinely apply the practices of Standard Precautions and infection control policies and procedures to each task they perform. This includes the appropriate use of personal protective equipment.
- Report incidents to their Supervisor or Manager and Employee Health Services of actual exposure to blood or body fluid.
- Report incidents to their supervisor when other individuals are noncompliant with Standard Precautions and infection control practices.
- Complete the bloodborne pathogens educational information contained in New Hire Orientation and in MAT Module.

METHODS OF COMPLIANCE:

- **General** - Standard precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials
- **Engineering and Work Practice Controls** - used to eliminate or minimize employee exposure.
 - Handwashing facilities (or antiseptic hand cleaners and towels or antiseptic towelettes), which are readily accessible to all employees who have potential for exposure.
 - Lancets
 - Needleless IV System
 - Safety Syringes
 - Containers for contaminated disposable sharps which are puncture resistant, labeled with biohazard warning and leak-proof on sides and bottom.
 - Specimen containers and secondary containers are leak-proof, labeled with a biohazard warning and puncture-resistant, when necessary.
 - Contaminated needles or sharps are not bent, recapped or removed unless there is no reasonable alternative or the action is required by specific medical procedures (i.e., following injection of radio isotopes). If recapping or needle removal is necessary, it is accomplished through the use of a medical device or a one handed technique.
 - Food and drink are not kept in refrigerators, freezers, on counter tops or in other storage areas when blood or potentially infectious fluids are present.

- Suctioning of blood or other infectious materials is prohibited
- All procedures involving blood or other infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these materials.
- Handwashing. Following any contact of body areas with blood or any other infectious materials, personnel shall wash their hands or any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with water.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well. All specimen containers used for shipping will have a biohazard warning label attached.)
- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontamination as necessary (unless it can be demonstrated that decontamination is not feasible).
- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
- Information regarding the remaining contamination is conveyed to all affected personnel, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping

PERSONAL PROTECTIVE EQUIPMENT:

Personal protective equipment is required for protection of bloodborne pathogens. Because of this, the District provides (at no cost to our employees) the personal protective equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves
- CPR masks
- Gowns
- Hoods
- Face shield/masks
- Shoe covers
- Safety glasses
- Goggles
- Mouthpieces
- Resuscitation bags

- Hypoallergenic gloves and similar alternatives are available to employees who are allergic to the gloves normally used.

- Any garments penetrated by blood or other infectious materials are to be removed immediately, as soon as feasible, after contamination exposure.
- All personal protective equipment is removed prior to leaving a work area
- In addition to patient care requirements, gloves are worn in the following circumstances:
 - Whenever personnel anticipate hand contact with potentially infectious materials
 - When handling or touching contaminated items or surfaces
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier.”
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials
- Protective clothing (such as gowns and aprons) are worn whenever potential exposure to potentially infectious material is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where “gross contamination” is anticipated (such as autopsies and/or orthopedic surgery).

WHEN AN EXPOSURE OCCURS:

Employee:

- Clean wound with soap and water, flush mucous membrane with cool water
- Complete Work Injury Report, found on Kaweah Compass under forms- fax to Employee Health at 559-635-6233
- If outside of EHS hours, report incident to House Supervisor immediately
- Report to Employee Health in person. If EHS is closed, report next business day to complete Sharps Log paperwork, and go over Source patient lab results as applicable.

Source Patient:

- Nurse will notify Source Patient’s Physician of exposure, and have Physician order Source Pt labs under ‘ID Exposure Source Patient’. These will include: Hep C titre, Hep B SAG, and HIV. If source patient labs result + for HIV or Hep C, lab will run a viral load.
- If Source Patient labs are + for HIV, Hep B, and/ or Hep C, EHS may contact UCSF PEP (Post Exposure Prophylaxis) line 888-448-4911, as well as the Medical Director or Infection Preventionist to determine best evidence course of treatment for the exposed employee.

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Policy Number: EHS 03	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 12/17/2020
Approvers: Dianne Cox (Chief Human Resources Officer)	
Ergonomics	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

Kaweah Delta Health Care District (KDHCD) has adopted this ergonomic program to minimize repetitive motion injuries (RMIs) through worksite evaluations, appropriate modification of work stations and equipment, and educating employees.

Policy:

Definitions:

- RMIs: Musculoskeletal injuries resulting from a job, process or operation of identical work activity which have been the predominant cause of objectively identified and diagnosed musculoskeletal RMIs to more than one employee reported within a twelve-month period. A licensed physician must perform the identification and diagnosis of a RMI.
- Identical work: Employee performs the same repetitive motion tasks, such as typing.
- Potentially Exposed Employee: An employee working a job, process or operation of identical work activities in which more than one RMI has been reported within a 12-month period.
- Predominant cause: Means that 50% or more of the injury was caused by a repetitive job, process or operation of identical work activity.

Worksite Evaluation:

Where more than one RMI is reported as described above, the applicable job, process, or operation of identical work will be evaluated. The evaluation identifies potential exposures and determines methods the District will use to control or minimize the exposures. Potentially exposed employees will be informed of the potential exposure and provided with education.

Control of Exposures Which Have Caused RMIs:

It is the District's policy to timely correct exposures that have caused RMIs, or if the exposure is not capable of being corrected, it is the District's policy to minimize the exposure to the extent feasible.

It is the District's policy to consider engineering and administrative controls determining how to correct or minimize exposures. These may include, but are not limited to work station redesign, adjustable fixtures, or alternative work breaks. The District may also consider any other reasonable, cost-effective engineering or administrative controls, and/or the District will consider minimizing exposure through the use of personal protective equipment (monitor risers, chairs, etc.).

Education:

All employees will be provided with training that includes an explanation of:

- A. The Ergonomics Program
- B. Exposures which have been associated with RMI
- C. The symptoms and consequences of injuries caused by repetitive motion
- D. The importance of reporting injuries
- E. The methods used by the employer to minimize RMIs

Education Frequency:

Education is provided to potentially affected employees as follows:

- A. Initial education is provided as part of the District's General Orientation.
- B. Upon completion of a worksite evaluation which identifies exposures which may have caused RMIs.

Employee Reporting Obligation:

To ensure that the District supports and maintains a healthy work environment and workforce compliance with Cal OSHA guidelines for our Workplace Injury and Illness Prevention Program, all employees are required to report any injury immediately to their supervisor, manager, or director, or a House Supervisor, and Employee Health.

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."



Policy Number: EHS 05	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 05/11/2021
Approvers: Dianne Cox (Chief Human Resources Officer)	
Influenza Prevention	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy:

All Kaweah health care personnel are required to receive the seasonal influenza vaccine and disease prevention education annually. This mandatory requirement is a condition of employment. Kaweah Health recognizes a limited number of clearly defined exemptions from this policy.

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Definitions:

Influenza: An acute viral upper respiratory illness which is characterized by nasal congestion, fever, cough, headache, myalgia, coryza, sore throat, and malaise. Transmission is by droplet spread or hand to mouth contact with respiratory secretions of an infected person. Incubation period is short, usually 1-3 days.

Influenza vaccine: The seasonal vaccine product licensed for use and manufactured in accordance with the Advisory Committee on Immunization Practices (ACIP) recommendations for the strains selected for a given season. The vaccine procured will be subject to availability. Manufacturing and supplier constraints may cause this policy to be altered or amended as required during unforeseen disruptions of supply.

Health Care Personnel (HCP): All Kaweah Health employees, medical staff, volunteers, students from training programs using our facilities for clinical instruction, and licensed independent practitioners affiliated with Kaweah Health. It may also include contracted personnel and registered vendors.

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Licensed independent practitioners (LIP's): Physicians (MD, DO) and midlevel providers who are affiliated with the healthcare facility, but are not directly employed by it.

Procedure:

1. The Influenza Prevention Program is coordinated by Employee Health Services.
2. Employee Health will collaborate with the Kaweah Health Marketing team to promote influenza vaccination with the goal of increasing awareness and vaccination rates amongst Kaweah Health HCP's
3. All Kaweah Health employees, volunteers and physicians will be offered the seasonal influenza vaccine, free of charge.
4. All vaccinated Health Care Personnel will be provided and wear a designation on their badge, indicating that they have received a current influenza vaccination.
5. New employees who begin during the Influenza season must be vaccinated at the

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time of their post-offer physical, present documentation of current seasonal vaccine or submit an exemption application prior to starting work. In the event that Employee Health Services does not have the flu vaccine at time of new hire appointment, the employee will be contacted and scheduled to come back in when vaccine is available. They may also receive the vaccine elsewhere and provide record of vaccination to Employee Health Services by the timeframe determined by Employee Health Services, usually November 1st.

6. The scheduled annual influenza timeframe begins November 1 and ends March 31st unless otherwise determined by the Infection Prevention Team and/or Public Health Officer.
7. Individuals who are vaccinated through services other than Employee Health Services (i.e. private physician offices, public clinics, other hospitals) are to provide record of vaccination to Employee Health Services by beginning of flu season, date to be determined yearly. Students must provide proof of current vaccination through their program.
8. Any employee who refuses available seasonal influenza vaccine and does not provide a signed declination by November 1st of each year will be subject to disciplinary action up to and including termination.
9. Influenza outbreak will be identified by Tulare County Health Officer and/or Daniel Boken, M.D. of Infection Control.

EXEMPTIONS:

Consideration for exemption from receiving the influenza vaccine will be given to:

- A. Individuals with documented contraindications to receiving the influenza vaccine due to allergies to components, previous severe adverse reactions, history of an episode of Guillain-Barre syndrome within 6 weeks of a past influenza vaccination, and/or other medical condition.
- B. Individuals may request an exemption from the mandatory vaccination as an accommodation to a sincerely held religious or philosophical belief or practice.
- C. Healthcare Personnel (HCP) who have been granted an exemption and do not receive the current influenza vaccination, must take other precautions, including wearing a mask during the defined influenza season.
- D. The mask must be worn on all Kaweah Health properties, during all working hours, except during meal breaks, and may be removed once the individual leaves the premises at the end of the shift.
- E. The mask shall be disposed of in the regular trash and shall not be worn around the neck or other part of body once used. A new mask must be applied upon return to the defined work area if the mask becomes soiled or damp during normal wear.
- F. Department managers, supervisors, team leaders and house supervisors will be responsible for monitoring and enforcing compliance with the masking requirement for non-vaccinated HCP's.

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PROCEDURES:

Education: Employee Health Services will provide current Vaccine Information Sheet (VIS) from the Center for Disease Control and Prevention (CDC) for review prior to vaccination.

Illness: Health Care Personnel who have symptoms of febrile respiratory tract infection suggestive of influenza will be removed from duties regardless of vaccine status. e.g. temperature of 100.4° or greater and respiratory symptoms.

A. An employee who is afebrile with symptoms of respiratory tract infection will be evaluated by their manager and may work but must follow strict respiratory hygiene precautions while at work regardless of vaccine status.

B. Employees with acute influenza are encouraged to see their primary care physicians within 24 hours of onset to consider using antiviral treatment.

Vaccinations: Seasonal influenza vaccination campaign will begin once sufficient vaccine supplies are available (usually September or October).

All **Kaweah Health** employees, volunteers and medical staff will be offered the seasonal influenza vaccine free of charge.

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In the event of a vaccine shortage, immunization will be prioritized by risk group.

Badge Indicator, indicating a current influenza vaccination, must be worn at all times while in **Kaweah Health** facilities or performing **Kaweah Health** services by vaccinated HCP's.

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- 1) Badge indicator will be obtained from Employee Health Services upon verification of vaccination status.
- 2) Badge Indicator must be visible.

HCP's not displaying the designated badge indicator will be required to take all other influenza precautions, including wearing a mask during the defined influenza season.

Consent:

- 1) Flu consent form must be signed prior to receiving the flu vaccine.
- 2) HCP receiving seasonal influenza vaccine at **Kaweah Health** Employee Health Services will receive a document that confirms receipt of the vaccine upon request.

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Contraindications:

- 1) Hypersensitivity to any component of the vaccine.
- 2) Other contraindications as listed in the manufacturer's information. Immunization will be delayed due to the following: Acute febrile illness until temporary symptoms and/or signs have abated.

Dosage and administration:

- 1) Dosage and the administration of the influenza vaccine will be given per Manufacturer's instructions, Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC) guidelines.

References:

Benenson, AS. Control of Communicable Diseases in Man, 16th ed. APHA. 1995. p. 245.

Centers for Disease Control and Prevention, Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009, MMWR, 58 (2009) 1-52.

Centers for Disease Control and Prevention, Influenza vaccination of health-care personnel, MMWR, 55 (2006) 1-16.

Centers for Disease Control and Prevention, Interventions to increase influenza vaccination of health-care workers- California and Minnesota, MMWR, 54(08) (2005) 196-199.

Joint Commission on Accreditation of Healthcare Organizations, New infection control requirement for offering influenza vaccination to staff and licensed independent practitioners, Joint Commission Perspectives, 26 (2006) 10-11.

National Quality Forum. National Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations.
[Http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx](http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx) 1-68.
2008. Washington DC, National Quality Forum. 8-12-2009.

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Policy Number: EHS 06	Date Created: 06/01/2007
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Set
Approvers: Dianne Cox (Chief Human Resources Officer)	
Work Related Injury and Illness and Workers' Compensation	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide the employee with Workers' Compensation benefits in the event of employment-related injury or illness. To comply with California Code of Regulations, Title 8, 342, Reporting Work-Connected Fatalities and Serious Injuries and Occupational Safety and Health Administration (OSHA) Regulation 1904.39: Reporting fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA.

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POLICY:

Kaweah Health provides coverage under the Workers' Compensation Act of the state of California for employees who are injured in the course of employment. Workers' Compensation is a no-fault insurance designed to provide employees with compensation for work-related injuries or illness, regardless of fault. Workers' Compensation covers all employees of Kaweah Health for work-related injuries and illnesses. Kaweah Health contracts with a Third-Party Administrator, to provide claims management services for injured workers, i.e. medical claims, temporary disability wages, mileage to medical appointments, etc.

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A Transitional Work Program (TWP) may be available to employees who have suffered an on-the-job injury or have temporary limitations rendering them unable to return to their regular positions, but have released to restricted duty by their provider(s).

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BENEFITS:

1. Medical bills are paid as long as the bills were incurred for services that were reasonable and necessary to cure or relieve the effects of the work-related illness or injury.
2. If an employee cannot work, temporary disability compensation is paid directly to the claimant through Kaweah Health's Third Party Administrator, in compliance with the state of California requirements. The maximum that can be paid is set by the state of California and is not determined by Kaweah Health. The employee may use accrued Extended Illness Bank (EIB) and Paid Time Off (PTO) to supplement their pay to equal base earnings each pay period, exclusive of any shift differentials.

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PROCEDURE FOR WORK RELATED INJURY/ILLNESS:

1. If medical care is required for an employee who has sustained a work-related injury or illness, the supervisor or employee is required to contact Employee Health Services, house supervisor, or in the case of a clear emergency, the Emergency Department. If treated in the Emergency Department or Urgent Care Facility, the employee must contact their manager and Employee Health Services the next business day. Employee Health Services is open.
2. Employees may pre-designate a medical provider for work related injuries or illnesses. These forms are maintained in the employee's employee health file.
3. If the injury involves a sterile (unused) sharp object, no treatment or testing is usually necessary. If injury/exposure involves contact with blood or body fluids, refer to EHS 02: Employee Exposure to Bloodborne Pathogens Policy when treating the employee. The supervisor or employee is required to contact Employee Health Services, house supervisor, or in the case of an emergency, the Emergency Department. If treated in the Emergency Department, the employee must contact their manager and Employee Health Services on the next business day. Employee Health Services is open.
4. It is the supervisor or manager's responsibility to have the employee complete and sign the Work-Related Injury/Illness Report Form within 24 hours of knowledge of injury if they are the first point of contact for the injured employee. This form is located on the organization's intranet site and in Employee Health Services. A DWC-1 claim form must also be completed in Employee Health if it is believed that this injury will be more than first aid treatment. These forms must be completed and provided to Employee Health immediately so the claim filing process can begin. If Employee Health is not open at the time of the injury, management shall report the injury by email to Employee Health Services, on the Employee Health Services voicemail by calling extension 2458, or by faxing the forms to Employee Health Services at 559-635-6233. In the event that the injury is such that the employee must be seen by a provider, immediately, the house supervisor will instruct the employee to report to Kaweah Health Clinic to be seen by Work Comp provider, or in an emergency, to the Emergency Department.
5. The supervisor or manager is to notify Employee Health regarding any lost time from work by an employee so disability payments can be determined. Any employee sent home the day of an injury will be paid his/her full base wage for that day if the provider determines the employee is not able to return to work at that time. Employee Health will also notify the supervisor or manager of any information received directly.
6. Employees must keep their supervisor or manager and Employee Health informed with a written statement from the treating provider for time lost from work for job related illnesses/injuries. They must present to Employee Health a provider's written statement allowing them to return to work giving specific

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Work Related Injury and Illness and Workers' Compensation

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limitations, if any. The Employee Health nurse may contact the provider if clarification is needed on the work limitations.

7. Employees must schedule appointments with providers, physical therapy, and any special testing during off duty time, whenever possible. Employees must give their manager a minimum of 24 hours of notice if an appointment must be scheduled during work time. Employees must clock in and out for appointments and may use available Paid Time Off (PTO) for appointments.

8. The manager will record the days missed on the employee's timecard so accurate records are maintained and reflect scheduled days missed.

9. Employee Health will coordinate all claims with the Workers' Compensation Third Party Administrator.

PROCEDURE FOR TRANSITIONAL WORK PROGRAM (TWP):

1. Employees returning to work with specific limitations must contact employee health.
2. An employee who is released to return to work with specific limitations may be accommodated. Employee Health Services and/or Human Resources will work with the employee's manager to establish a Transitional Work Program for the employee. A Transitional Work Program contract must be signed.
3. Every attempt is made by the accommodating RN case manager to place the TWP employees in their home department; however, an employee may be placed in an alternative department. If an employee refuses a TWP placement, they may not be eligible for benefits.
4. TWP employees are assigned and must comply with specific work duties within their provider-set limitations.
 - a. Employees participating in the TWP are responsible to report to the assigned work area at the designated time, dressed appropriately for the job, and work the designated hours. Employees must comply with all Kaweah Health policies and procedures.
 - b. The TWP manager is responsible for ensuring that an employee's transitional position does not exceed the specific restrictions of duties or time limits of the TWP position. The employee is also responsible to ensure that they work within those restrictions.
 - c. The TWP manager will provide the training and orientation of the TWP employee. He/she will supervise the employee as regular staff.
 - d. Once assigned, failure to report for TWP or to contact the designated manager may result in the same counseling for progressive discipline process as applicable to all other employees.

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- e. The TWP assignment is a temporary assignment and Kaweah Health reserves the right to terminate assignments at any time.
- 5. Employees released from the TWP to full duty by their provider will be reinstated in their former position, at the same rate of pay, or to a comparable position for which the employee is qualified, unless circumstances have changed which make it impossible or unreasonable to reinstate the employee. If the employee cannot be reinstated, the employee will be placed on Workers' compensation leave of absence.

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PROCEDURE FOR WORKERS' COMPENSATION LEAVE OF ABSENCE:

1. Reason for Leave:

Kaweah Health will grant a Workers' Compensation Disability Leave to employees with occupational illnesses or injuries in accordance with state law. As previously stated, as an alternative, Kaweah Health will try to reasonably accommodate such employees with transitional work. A Workers' Compensation Disability Leave will be concurrently charged as a Medical Leave under the federal and state Family Medical Leave laws (FMLA and CFRA) if the injury qualifies as a "serious health condition."

2. Notice and Certification Requirements:

a. Notice:

If, as a result of the injury, the attending provider directs the employee to remain off work, the off-work order must be brought to Employee Health Services immediately. Employee Health Services will monitor status and follow-up with employee as appropriate. Provider "return to work orders" must be brought to Employee Health Services 24-48 hours prior to the employee's first day back to work following an injury. If, as a result of the injury, the provider directs the employee to return to work with restrictions the employee needs to immediately communicate this to Employee Health Services. This will begin the process for the employee to request a reasonable accommodation under the Americans with Disabilities Act (ADA).

b. Certification:

Kaweah Health requires a written statement from a provider, which must include the following:

- i. That the employee is unable to perform the regular job duties;
- ii. The date on which the impairment commenced; and
- iii. The expected date of the employee's ability to return to work.

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3. Compensation During Leave

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information.

- a. If injured on the job employees will be paid full scheduled shift for that day of injury. If subsequent days off are needed from scheduled shifts prior to the third calendar day waiting period, accrued Extended Illness Bank time may be utilized up to 24-hours. If additional hours of non-productive hours are needed Paid Time Off hours may be used at the discretion of the employee. PTO may be utilized for pre-approved appointments and intermittent leave requests. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB.

4. Benefit Accrual:

The employee will continue to accrue PTO/EIB as long as he/she is being paid using accrued PTO hours by Kaweah Health (receiving a paycheck).

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5. Performance Review Date:

The performance review date will remain unchanged when on a leave of absence. Review dates occur annually between the common review date, mid-October of each year

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6. Benefits During Leave:

- a. An employee taking leave will continue to receive the same level of coverage they had prior to taking leave under the Kaweah Health's employee benefit plans for up to a maximum of 16 weeks in a rolling calendar year. Kaweah Health will continue during that maximum of 16 weeks on leave to make the same premium contribution as if the employee had continued working.

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- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to leave, for a maximum of 16 weeks in a rolling calendar year period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay the Kaweah Health his/her portion of the premiums while on a leave of absence for a total of 16 weeks. After 16 weeks, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability.
- e. An employee may cancel his/her insurance within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches 16 weeks of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

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7. Reinstatement:

- a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a Workers' Compensation Leave of Absence. Upon the submission of a medical certification that the employee is able to return to work, the employee will be reinstated in accordance with applicable law. If an employee is disabled due to an industrial injury, the Kaweah Health will attempt to accommodate the employee. If the employee is returning from a Workers' Compensation Disability Leave that runs concurrently with a Family and Medical Leave,

then the provisions of the Family and Medical Leave policies will also apply.

b. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS and TB testing, as applicable) prior to a return to work. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all Kaweah Health policies, rules and procedures.

c. Kaweah Health reviews job status while an employee is on a leave of absence and may replace positions when a leave extends to beyond 16 weeks. In this case, the employee on a leave of absence due to a work injury remains employed for up to two years. When able to return to work, we review opportunities and options with the employee if available.

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PROCEDURE FOR GUILD MEMBERS AND VOLUNTEERS INJURED WHILE VOLUNTEERING AT KAWEAH HEALTH:

1. If a guild member sustains an injury while on the job, the guild member will immediately report to his/her supervisor, the House Supervisor, and Employee Health. The Work Injury Report will be completed and injured guild member will report to Employee Health Services with the completed form. Employee Health Services will provide first aid treatment and, if necessary, refer the injured guild member to either the Emergency Department or to a Kaweah Health Clinic.
2. Charges incurred as a result of first aid provided in Employee Health Services, Kaweah Health Clinics, or where indicated, an initial Emergency Department visit, will be covered under this program. Charges incurred as a result of additional or follow-up care will be the responsibility of the injured individual's personal insurance.

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PROCEDURE FOR SERIOUS INJURY OR WORK-RELATED DEATH REPORTING:

1. Reporting Work-Connected Fatalities and Serious Injuries:
 - a. Every employer shall report immediately to the Division of Occupational Safety and Health (OSHA) any serious injury or illness, or death, of an employee in a place of employment or in connection with any employment.
 - b. Death of an employee must be reported to OSHA within 8 hours of the fatality. Refer to California Code of Regulations, Title 8, Section 342 and OSHA Regulation 1904.39 for more details.

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- c. In-patient hospitalization, an employee's amputation, or an employee's loss of eye, as a result of a work-related incident must be reported within 24 hours to OSHA.
- d. When an employee suffers serious injury, illness or death, the Employee Health Services manager or designee will be notified via email through daily admissions report or by phone or email from the employee's supervisor. Employee Health manager or designee will report immediately to the Division of Occupational Safety and Health. If the Employee Health manager is not notified right away of the fatality, in-patient hospitalization, amputation or loss of eye, report must be made within the following timeframe after Employee Health Manager or designee learns of the incident: 8 hours for fatality, 24 hours for hospitalization, amputation, and eye loss.
- e. Report can be made by telephone call to OSHA (1-800-321-6742), or by electronic submission on OSHA's public website (www.osha.gov). Refer to OSHA Regulation 1904.39 for more details.
- f. TPA will be notified by EHS.

PROCEDURE FOR EXPOSURES TO COMMUNICABLE DISEASES:

1. Employees exposed, or believed to have been exposed to any communicable disease from work, shall report the exposure to their supervisor or manager and Employee Health Services. The Infection Prevention department will be advised or consulted as necessary. Employees exposed to highly communicable diseases for example: Pertussis, Meningococcal Meningitis, Pulmonary Tuberculosis, Viral Hepatitis), Chickenpox, and Covid 19 must be reported as guided by Infection Prevention Department in accordance with California Department of Public Health Code of Regulations. The Employee Health nurse will determine the necessity of further treatment or referrals to a provider. The susceptible employee may be taken off of work or away from patient care as guided by EHS 04: Infectious Disease Guidelines For Employees Policy.

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NON-WORK RELATED INJURY OR ILLNESS:

1. Kaweah Health, or its insurance carrier will not be liable for the payment of Workers' Compensation benefits for any injury which arises out of any employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not part of the employee's work-related duties.
2. Falsification of any facts regarding an incident or injury, or failure to report an incident promptly may be grounds for progressive discipline, up to and including termination of employment. Furthermore, the law requires that the Kaweah Health notify the Third Party Administrator of any concerns of false or fraudulent claims. Any person who makes or causes misrepresentation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a

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felony. A violation of this law is punishable by imprisonment for one to five years, or by a fine. Additional civil penalties may be in order.

References:

Department of Industrial Relations Cal/OSHA Title 8 Regulations: Ch 3.2 California Occupational Safety and Health Regulations (CAL/OSHA), Subchapter 2 Regulations of the Division of Occupational Safety and Health, Article 3 Reporting Work-Connected Injuries, 342 Reporting Work-Connected Fatalities and Serious Injuries URL: https://www.dir.ca.gov/title8/342.html

United States Department of Labor: Occupational Safety and Health Administration Regulation Standard 1904.39 Reporting fatalities, hospitalizations, amputations, and losses of eye as a result of work-related incidents to OSHA URL: https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.39

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Reason for Leave:
The District will grant a Worker’s Compensation Disability Leave to employees with occupational illnesses or injuries in accordance with State law. As an alternative, the District will try to reasonably accommodate such employees with transitional work. A Worker’s Compensation Disability Leave will be concurrently charged as a Medical Leave under the federal and state Family Medical Leave laws (FMLA and CFRA) if the injury qualifies as a “serious health condition.”
Notice and Certification Requirements:
Notice:
If, as a result of the injury, the attending physician directs the employee to remain off work, the off-work order must be brought to Employee Health Services immediately. Employee Health Services will monitor status and follow-up with employee as appropriate. Physicians’ “return to work orders” must be brought to Employee Health Services 24-48 hours prior to the employee’s first day back to work following an injury. If, as a result of the injury, the attending physician directs the employee to return to work with restrictions the employee needs to immediately communicate this back to Employee Health Services. This will begin the process for the employee to request a reasonable accommodation under the Americans with Disabilities Act (ADA).
Certification:
The District requires a written statement from a physician, which must include the following:
That the employee is unable to perform the regular job duties;
The date on which the impairment commenced; and
The expected date of the employee’s ability to return to work.
Compensation During Leave
Refer to the pamphlet from the Employment Development Department (EDD) entitled “For Your Benefit: California’s Program for the Unemployed” for more information.
If injured on the job employees will be paid full scheduled shift for that day of injury. If subsequent days off are needed from scheduled shifts prior to the third calendar day waiting period, accrued Extended Illness Bank time may be utilized up to 24-hours. If additional hours of non-productive, hours are needed Paid Time Off hours may be used at the discretion of the employee. PTO may be utilized for pre-approved appointments and intermittent leave requests. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers’ Compensation Temporary Disability Payments; PTO time may be used only after all EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.

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Policy Number: EHS 07	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 06/30/2021
Approvers: Dianne Cox (Chief Human Resources Officer)	
Tetanus, Diphtheria and Pertussis (Tdap) Policy	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy:

Pertussis (whooping cough) is highly contagious. Tetanus, Diphtheria and Pertussis (Tdap) vaccination can help protect Health Care Workers (HCW) against Pertussis and help prevent them from spreading it to their patients. The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend the administration of a onetime dose of TDAP for all HCW’s. Health Care workers (HCW) include but are not limited to Physicians, Nurses, Aides, Respiratory Therapists, Radiologists, Technicians, Social Workers, Chaplains, Volunteers, Dietary and Clerical Workers.

Procedure:

- I. KDHCDC will offer a onetime dose of Tdap to Employees working in high risk areas caring for Infants and children. Tdap vaccination is a requirement for these high risk areas. If the Employee has already received one dose of Tdap, documentation must be provided to Employee Health Services.
- II. Priority should be given to those who have direct contact with babies younger than 12 months (CDC, June 2015), as they are at greatest risk for severe or fatal pertussis. At Kaweah Delta these high risk areas include the Neonatal Intensive Care Unit (NICU), Labor & Delivery, Mother Baby, Pediatrics, Emergency Department, Sequoia Prompt Care, Urgent Care, Visalia Medical Clinic Pediatrics, Kaweah Kids Center, and Rural Health Clinic Pediatric Departments.
- III. New Hire Employees: During New Hire Physical, Employee Health will request documentation of prior adult vaccination with the Tetanus, Diphtheria and Pertussis (Tdap) vaccine, regardless of when the HCW last received a tetanus booster and regardless of their age. Tdap vaccine will be offered to those working in high risk areas. The vaccination will be offered at the time of the New Hire Physical Exam and consent must be signed. All documentation will be part of Employee Health Record. Each person who is to receive a vaccination must receive a copy of the current Vaccine Information (VIS). The vaccination will be offered free of charge.

- IV. All Tdap vaccinations should be administered by the intramuscular route (IM). The preferred injection site in older children and adults is the deltoid muscle in the upper arm. Use a needle length appropriate for the age and size of the person receiving the vaccine.
- V. There are no contraindications to the co-administration of diphtheria, tetanus, and pertussis vaccines. DTaP, DT, Td, and Tdap may be administered with other indicated vaccines during the same visit. However, each vaccine should be administered using a separate syringe and, if possible, at a different anatomic site.
- VI. Exposure to Pertussis: If a healthcare worker (HCW) receives Tdap vaccine and is then exposed to someone with pertussis, KDHCDC should follow the post-exposure prophylaxis protocol for pertussis exposure recommended by CDC.
- VII. Employees may sign a declination for the Tdap vaccination, but they will then be required to wear a mask in high risk areas.
- VIII. Pre and post vaccination testing for antibodies is not recommended.

References:

CDC (<https://www.cdc.gov/vaccines/vpd/pertussis/recs-summary.html>)

[www.cdc.gov/pertussis/outbreaks/guide/index.html](http://www.immunize.org/askexperts/experts_per.asp)Reference:http://www.immunize.org/askexperts/experts_per.asp

Immunization of Health-Care Workers: Recommendations of the Advisory Committee for Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory (HICPAC). <https://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>

Immunization Action Coalition: www.immunize.org/askexperts/experts_per.asp

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

Policy Number: EHS 08	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 01/22/2021
Approvers: Dianne Cox (Chief Human Resources Officer)	
Employee Health Standing Orders	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy: Standing orders for provision of employee immunizations, TB tests, Covid 19 testing and vaccination, and lab draws by KDHC Employee Health nursing staff to Employees, Physicians, and Volunteers associated with Kaweah Health.

Procedure:

Vaccines may be administered by the Employee Health Nurses or qualified designees, according to CDC guidelines. Give the following doses of vaccines according to the employee's immunization records or titers.

1. Measles, Mumps, Rubella (MMR) Vaccine
 - A. Route of administration: Subcutaneous
 - B. Standard dose: 0.5 ml, x 2
2. Hepatitis B Vaccine
 - A. Route of administration: Intramuscular
 - B. Standard Adult Dose: 1.0 ml, x 3
3. Varicella Virus Vaccine
 - A. Route of administration: Subcutaneous
 - B. Standard dose: 0.5 ml, x 2
4. Tdap Vaccine
 - A. Route of administration: Intramuscular
 - B. Standard dose: 0.5 ml
5. Flu Vaccination
 - A. Route of administration: Intramuscular
 - B. Standard dose: 0.5 ml
6. TB tests – two step TB test on hire or Quantiferon Gold, and annual TB test thereafter per CDC guidelines.
 - A. Chest X-ray to be ordered and obtained for any positive result.
 - B. If a person has a previously documented positive TB result, a TB test need not be done, but a baseline chest X-Ray shall be obtained.
7. Blood draws – draw titers for HBSAB, MMR, Hep A and Varicella as needed for new hire employees
8. Draw HIV, HEP C, HBsAg as needed for exposures
9. Meningococcal Vaccine –
 - A. Meningococcal A (Menactra) -1 dose IM, then booster in 5 years

Meningococcal B (Bexsero) – 2 doses IM one month apart

10. Covid 19 testing – to be ordered by EHS nurse or designee as needed based on symptoms reported by employee, or state regulation testing per California Department of Public Health (CDPH). Covid 19 symptom assessment shall be based on CDC guidelines.
11. Covid 19 vaccine – To be administered per Manufacturers Guidelines.

References:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdph.ca.gov>

<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

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Policy Number: EHS 10	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 11/09/2020
Approvers: Dianne Cox (Chief Human Resources Officer)	
Hepatitis A Exposure	

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POLICY: It is the policy of Kaweah Delta Health Care District to control Hepatitis A infections through appropriate follow-up and prophylaxis of staff members.

PROCEDURE:

I. DEFINITION

Hepatitis A is an infectious disease caused by the Hepatitis A Virus. It is an acute disease with gastrointestinal symptoms and is most often accompanied by jaundice.

II. TRANSMISSION

Transmission occurs through fecal-oral exposure to excretions from an individual infected with Hepatitis A. Incubation period is from fifteen to fifty days, average 28-30 days.

III. OCCUPATIONAL EXPOSURE

If a staff member has had **direct fecal-oral exposure** to excretions from a patient/child found to have been incubating Hepatitis A, Employee Health shall consult with the Medical Director and Infection Prevention Doctor to determine if prophylaxis is needed.

V. PROCEDURE FOR MANAGEMENT OF NON WORK-RELATED EXPOSURE

Any staff member who has had close contact with a person with Hepatitis A shall notify Employee Health Service as soon as possible. If it is determined that treatment is recommended the staff member will be referred to their physician or the Tulare County Health Department.

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

REFERENCES:

CDC. Prevention of Hepatitis A Through Active or Passive Immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006: 56 (No. RR-4).

The Advisory Committee on Immunization Practices (ACIP) Adult Immunization Schedules United States, 2014

Rezents, KJ; Foster, RB; & Goldstein, MD. “The As, Bs, Cs, Ds, & Es of Hepatitis”. AAOHN Journal, April 1998, Vol. 46, No. 4. p. 207.



Policy Number: EHS 11	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Set
<u>Approvers: Dianne</u>	
Immunization Requirements for Health Care Workers	

Deleted: Approvers:Dianne Cox (Chief Human Resources Officer)

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Policy:

Healthcare Personnel (HCPs) are at risk for exposure to and possible transmission of vaccine-preventable diseases because of their contact with patients or infective material from patients. The Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) recommend the following requirements for all Healthcare Personnel Immunizations.

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Procedure:

Hepatitis B Vaccine:

- Documented evidence of complete hepatitis B series and a positive hepatitis B surface antibody titer (HBSAB titer) or positive HBSAB titer alone for all healthcare personnel who have an occupational risk for exposure to blood and/or other body fluids.
- Vaccination for hepatitis B can be either a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 in 6 months after dose #1) or a 2-dose series of Hepisav-B, with the doses separated by at least 4 weeks. Doses will be provided at intervals recommended per current CDC guidelines.

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If the HCP has had the complete series already but does not have evidence of a positive/reactive HBSAB titer, draw an HBSAB titer. If the HBSAB is nonreactive, meaning no or low immunity to the hepatitis B virus, give one hepatitis B booster, then recheck HBSAB in 4-8 weeks. If the healthcare personnel's HBSAB remains nonreactive, complete the full series of hepatitis B vaccine. Retest HBSAB 4-8 weeks following the completed series. HCP who are non-responders should be considered susceptible to HBV and are counseled regarding precautions to prevent HBV infection. If exposed to Hepatitis B antigen in the workplace, we will follow Blood Borne Pathogen exposure protocols including contacting the P.E.P. line for recommendations including possible HBIG prophylaxis.

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- Administration of more than two complete hepatitis B series is generally not recommended, except for people on hemodialysis.

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Influenza Vaccine:

- One dose of influenza vaccine annually. See Policy EHS 05: Influenza Prevention.

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Measles, Mumps, Rubella Vaccine (MMR):

- Proof of two documented doses of measles-and mumps-containing vaccine and 1 documented dose of rubella-containing vaccine or proof of positive titers.
- For healthcare personnel who do not have serologic evidence of immunity or prior vaccination, give 2 doses of MMR (4 weeks apart).

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- If the healthcare personnel provides proof of two documented measles-and mumps-containing vaccinations and also has a negative or equivocal titer(s) result for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine. Such people should be considered to have acceptable evidence of measles or mumps immunity; retesting is not necessary.
- If healthcare personnel (except for women of childbearing age) who have 1 documented dose of rubella-containing vaccine are tested serologically and have a negative or equivocal titer result for rubella, it is not recommended that they receive an additional dose of MMR vaccine. Such people should be considered to have acceptable evidence of rubella immunity.

Varicella Vaccine (Chicken Pox):

- Proof of two documented doses of varicella vaccine or a positive titer. If no evidence of vaccination or positive titer, draw titer. If results negative, give two doses of varicella 4 weeks apart. No follow up titer is necessary.
- Documented receipt of 2 doses of varicella vaccine supersedes result of subsequent serologic testing (commercial assays are not sensitive enough to always detect antibodies after vaccination).

Tetanus, Diphtheria, and Pertussis Vaccine (Tdap):

- One time dose of Tdap for high risk areas. See Policy EHS 07: Tdap Policy for Healthcare Personnel.

Covid 19 vaccine:

- Two dose series or approved one dose vaccine plus one booster.

Tuberculosis testing (TB):

- A two-step TB skin test is required for all new hire healthcare personnel, or one Quantiferon Gold (QFG), and then an annual TB test thereafter.
- If the healthcare personnel provides documentation of a TB skin test within the last year, it will be counted as #1 of the two step TB skin test. If documentation is provided of a second TB skin test that was placed and read within the last 3 months, it will be accepted as #2 TB skin test. Otherwise the healthcare personnel will need a current TB skin test placed and read to begin orientation.
- If the HCP has had a previous documented positive TB test, they will need a chest x-ray performed (proof of chest x-ray within the last year is acceptable) and annual TB symptom questionnaire completed.

Declinations of Vaccines:

- HCP's who require a vaccination will be provided the CDC Vaccine information sheets. If a HCP declines the MMR, Varicella, or Hepatitis B vaccines after receiving information of the benefits, they will be provided a declination form to sign for each of the vaccines and this information will be recorded in their Employee Health record. For HCP's declining the Influenza or TDap vaccines please refer to policies (EHS 07 and EHS 05) specific to these vaccines.

References:

Immunization of Health Care Personnel: Recommendations of the Advisory Committee in Immunization Practices (ACIP) November 25, 2011 / 60(RR07); 1-45 (<https://www.cdc.gov/mmwr/pdf/rr/rrr6007.pdf>)

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Immunization Requirements for Health Care Workers

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Centers for Disease Control and Prevention Website: Recommended Vaccines for Healthcare Workers. Last Reviewed May 2, 2016. (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>)
Health Care Personnel Recommendations www.immunize.org www.vaccineinformation.org

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Policy Number: EHS 13	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: 01/22/2021
Approvers: Dianne Cox (Chief Human Resources Officer)	
Respiratory Protection Program	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy: It is the policy of Kaweah Delta Health Care District to provide its employees with a safe and healthful work environment. The purpose of this program is to reduce employee exposure to infectious agents in the workplace through the proper use of respirators during an influenza pandemic or other infectious respiratory disease emergency. Respiratory protection is provided at no cost to the employees. This policy includes the implementation of this respiratory protection program as a means of providing the highest levels of protection to employees during an influenza pandemic, as defined by OSHA.2 Specific details of this guidance appear in the Appendix. Program Administration

Procedure: Responsibilities:

The following Department has ultimate total and complete responsibility for the administration of the respiratory protection program:

Name: Employee Health Services
 Telephone: 1-559-624-2458

This Department has the authority to act on any and all matters relating to the operation and administration of the respiratory protection program. All employees, operating departments, and service departments will cooperate to the fullest extent. This department is referred to as the Respiratory Protection Program Administrator. This department will also be responsible for monitoring the ongoing and changing needs for respiratory protection (Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers; OSHA 3328-05, 2007).

Roles and Responsibilities:

Employee Health Services: The Respiratory Protection Program Administrator is responsible for administering the respiratory protection program. Duties of the RPPA include:

- Identify work areas, processes, or tasks that require respiratory protection. For this model program, this means identifying patient care areas and other circumstances likely to present a pandemic influenza transmission risk.
- Monitor Cal/OSHA policy and standards for changes and make changes to agency's policy
- Select respiratory protection products.
- Monitor respirator use to ensure that respirators are used in accordance with their certification.
- Distribute and ensure completion of the medical clearance questionnaire (RFT)
- Provide required information to the physician or other licensed health care provider who will do medical evaluations of respirator users
- Ensure that respirator users have received a medical evaluation and are medically qualified to use a respirator
- Evaluate any feedback information or surveys.
- Arrange for and/or conduct training and fit testing.
- Ensure proper storage and maintenance of respiratory protection equipment.
- Annually review the implementation of the program in consultation with employees and their representatives.

Supervisor: Directors and Managers: Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular units. Supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and worksite procedures are followed.
- Enforcing/encouraging staff to use required respirators.
- Ensuring employees receive training and medical evaluations.
- Coordinating annual retraining and/or fit testing.
- Notifying the RPA with problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
- Ensure proper storage and maintenance of all respirators.

Employee: It is the responsibility of the employee to have an awareness of the respiratory protection requirements for their work areas (as explained by management). Employees are also responsible for wearing the appropriate respiratory protective equipment according to proper instructions and for maintaining the equipment in a clean and operable condition.

Employees should also:

- Participate in all training.
- Maintain equipment.
- Report malfunctions or concerns.

Program Scope and Application: This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during routine work operations in the event of an influenza pandemic or other infectious respiratory disease emergency. Some of the types of work activities required to wear respirators are outlined in the table below:

Direct Patient Care: N95 / PAPR

Housekeeping: N95 / PAPR

Maintenance: N95/ PAPR

Identifying Work Hazards:

The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with patients who could be infected with a potentially airborne infectious agent such as the influenza virus. Respirator Selection Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.

Those in use at this facility:

‡ N95 respirators are available for patient contact/care.

‡ A powered air-purifying respirator (PAPR) is available for patient contact/care (if your facility has purchased or obtained one). A PAPR may be selected for use if:

- The N95 respirator choice(s) does not fit;
- Employee has facial hair or facial deformity that would interfere with mask-to-face seal (facial hair such as a mustache must fit within the seal of the mask);
- The N95 respirator choice(s) are unavailable; or,
- Desired for high-risk aerosol-generating procedures Respiratory Protection Equipment Respirators: Respirators differ from surgical masks. They are designed specifically to ensure the capture of particles of the size that can be inhaled into the respiratory tract, including the entire range of nasopharyngeal, tracheobronchial and alveolar-sized particles. N95 Respirators: "N95" refers to respirators designed for non-oil based respiratory hazards which have an efficiency of 95% (stopping 95% of particles).
- PAPR (Powered Air Purifying Respirator): A respirator that provides cleaned air to the inside of a light-weight hood, purifying the air by means of a battery powered blower which pulls the air through a filter cartridge. PAPRs are worn by people who do not fit test to an N95 respirator, and by anyone with facial hair (which interferes with the seal needed for an N95).

Respirator Training and Fit Testing:

Training: Workers will be trained prior to the use of a respirator, at least annually thereafter, and whenever supplemental training is deemed necessary by the Respiratory Protection Program Administrator, or when conditions in the workplace effecting respirator use change.

Training will cover:

- Identifying hazards, potential exposure to these hazards, and health effects of hazards.
- Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
- Inspecting, donning, removal, seal check and trouble shooting.
- Explaining respirator program (policies, procedures, Cal/OSHA standard, resources).

Fit Testing:

After the initial fit test, fit tests must be completed at least annually, or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection. As of 7/1/04 the Cal/OSHA Respiratory Protection Standard 8 CCR 5144 applies to health care workers. This template will be changed to reflect the most current OSHA regulations as new information becomes available. The fit testing procedure appears in Appendix A to this program. Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. Fit testing is required for tight fitting respirators.

Fit tests will be conducted:

1. Prior to being allowed to wear any N95 respirator.
2. If the facility changes respirator product.
3. If the employee changes weight by 10% or more, or if the employee has changes in facial structure or scarring.
4. If the employee reports that a respirator that previously passed a fit-test is not providing an adequate fit
5. If the RPPA or other supervisor notices a change in employee that would require an additional fit-test as Cal/OSHA standards require. Fit testing will not be done on employees with facial hair that passes between the respirator seal and the face or interferes with valve function. Such facial hair includes stubble, beards and long sideburns.

PAPRs: If it is determined that an individual cannot obtain an adequate fit with any tight fitting respirator, a loose fitting powered air purifying respirator may be provided instead.

Medical Evaluation: Persons assigned to tasks that require respiratory protection during an influenza pandemic or other respiratory disease emergency must be physically and psychologically able to perform the tasks while wearing a respirator. Employees who

are required to wear respirators during an influenza pandemic or infectious respiratory disease emergency must participate in a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until receiving medical clearance according to the process identified below. A mandatory medical evaluation questionnaire (specified in Section 5144(c)) must be used and reviewed by the physician or other licensed healthcare professional (PLHCP) specified below by the employer, or a medical evaluation with the same content must be provided by a PLHCP. If the PLHCP deems it necessary, the employee will receive an examination. The purpose of the medical evaluation is to determine if the employee is physically and psychologically able to perform the assigned work while wearing the respiratory protective equipment. Medical clearance should occur prior to fit testing. The medical evaluation may be kept with the PLHCP or with the employee's medical record. It should not be kept in an employee's personnel file.

Those employees that require further screening will be evaluated in person at Employee Health Services. Medical reevaluation will occur annually. A medical evaluation questionnaire (RFT) is provided in Appendix B for use by Employee Health Services. The medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in Appendix B. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, the facility will assist employees who are unable to read the questionnaire by providing the questionnaire in alternate languages. When this is not possible, the employee will be sent directly to the medical practitioner for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out. Employees will be permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by this program, and/or as deemed necessary by the medical practitioner.
- All employees will be granted the opportunity to speak with the medical practitioner about their medical evaluation, if they so request.

Re-evaluation will be conducted under these circumstances:

- Employee reports physical symptoms that are related to the ability to use a respirator, (e.g., wheezing, shortness of breath, chest pain, etc.)
- It is identified that an employee is having a medical problem during respirator use.
- The healthcare professional performing the evaluation determines an employee needs to be reevaluated.
- A change occurs in the workplace conditions that may result in an increased physiological burden on the employee. All examinations and questionnaires are to remain confidential between the employee and Employee Health Services. Medical reevaluation will occur every year.

Proper Respirator Use:

General Use: Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer. All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator. All employees shall leave a potentially contaminated work area to clean (PAPR) or change (N95 - disposable) their respirator if the respirator is impeding their ability to work. This means employees shall leave the contaminated area:

- If increased breathing resistance of the respirator is noted.
- If severe discomfort in wearing the respirator is detected.
- Upon illness of the respirator wearer, including: sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever and chills.
- To wash face to prevent skin irritation.

Additionally, employees will be required to immediately leave the contaminated or infected area:

- Upon malfunction of the respirator such as a reduction in air flow of a PAPR.
- Upon detection of leakage of contaminant into the respirator.
- Breathing through the respirator becomes more difficult.

Cleaning and Disinfecting N95 – disposable: Discard after use.

Discard if soiled, if breathing becomes more difficult, or if structural integrity is compromised. If patient is under Contact Precautions (e.g., MRSA, VRE, smallpox), discard the respirator after use with that patient.

PAPRs – Cleaning and disinfection differ based on brand and manufacturer. Clean according to the manufacturer's instructions. Wipe down with QT3 spray or Super Sani Purple wipes after each use. See Appendix C.

Respirator Reuse Disposable N95 respirators are not designed for reuse. However, concern about potential shortages of N95s during a pandemic has forced consideration of respirator reuse. Studying the issue, and in particular reference to N95s for healthcare worker use during a pandemic, the National Academy of Sciences offers this recommendation: Despite these findings about the constraints of reuse, the committee makes a recommendation for extending the life of disposable N95 respirators for individual users. This recommendation is consistent with the Centers for Disease Control and Prevention's Interim Domestic Guidance on the Use of Respirators to Prevent Transmission of SARS (CDC, 2003).

Recommendation 1: Avoiding Contamination Will Allow for Limited Reuse. If an individual user needs to reuse his or her own disposable N95 respirator, the committee recommends that it be done in the following manner:

- Protect the respirator from external surface contamination when there is a high risk of exposure to influenza (i.e., by placing a medical mask or cleanable face shield over the respirator so as to prevent surface contamination but not compromise the device's fit).
- Use and store the respirator in such a way that the physical integrity and efficacy of the respirator will not be compromised.
- Practice appropriate hand hygiene before and after removal of the respirator and, if necessary and possible, appropriately disinfect the object used to shield it.

Respirator Inspection, Maintenance, and Storage: Inspection: All types of respirators should be inspected prior to use.

N95 – disposable:

1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
2. Check the respirator straps to be sure they are not cut or otherwise damaged.
3. Make sure the metal nose clip is in place and functions properly (if applicable).
4. Disposable respirators are not to be stored after use. They are to be discarded.

PAPR:

1. Check battery level.
2. Inspect the breathing tube and body of the respirator, including the High Efficiency Particulate Air (HEPA) filter, if visible, for damage.
3. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Protection Program Administrator or the Respiratory Therapy Department).
4. Check for airflow prior to use.
5. Follow manufacturer's recommendations on maintenance, including battery recharging.

Repair: During cleaning and maintenance, respirators that do not pass inspection will be removed from service and will be discarded or repaired. Repair of the respirator must be done with parts designed for the respirator in accordance with the

manufacturer's instructions before reuse. No attempt will be made to replace components or make adjustments, modifications or repairs beyond the manufacturer's recommendation.

Storage: Respirators not discarded after one shift use will be stored in a location where they are protected from sunlight, dust, heat, cold, moisture, and damaging chemicals.

Evaluating and Updating the Program: The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program. They will:

- Evaluate any feedback from employees.
- Review any new hazards, case definitions, or other pandemic influenza guidance from public health agencies, or changes in policy that would require respirator use.
- Make recommendations for any changes needed in the respiratory protection program.

Related Documents:

References:

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/Pages/RespStd.aspx>

<https://www.dir.ca.gov/title8/5144a.html>

http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/CAHF_MRPP.pdf

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

APPENDIX A:

Fit Test Procedure Fit test procedures should be consistent with the fit testing equipment being used. Employee Health Services provides the 3M Qualitative Fit Test Instructions for Use. If equipment other than the 3M FT-10 or FT-30 apparatus is being used, please consult the manufacturer's instructions for fit test procedures. Fit testing equipment is usually sold in kits, with the ability to purchase individual components of the kit as specific supplies dwindle. Components typically include:

- A harmless chemical, used to allow each respirator's wearer to test the seal of their respirator;
- A means of dispensing or vaporizing a mist of that chemical; and,
- A hood in which the fit test can be performed. Fit test kits are sold by occupational health and safety companies such as 3M.

Qualitative Fit Test (QLFT)

A qualitative fit test (QLFT) may only be used to fit-test:

- Negative-pressure, air-purifying respirators, as long as they'll only be used in atmospheres where the hazard is at less than 10 times the permissible exposure limit (PEL).
- Tight fitting facepieces used with powered and atmosphere-supplying respirators.

QLFT is pass/fail and relies on the user's senses using one of four OSHA-accepted test agents:

- Isoamyl acetate (banana smell); only for testing respirators with organic vapor cartridges.
- Saccharin (sweet taste); can test respirators with a particulate filter of any class.
- Bitrex® (bitter taste); can also test respirators with particulate filters of any class.
- Irritant smoke (involuntary cough reflex); only for testing respirators with level 100 particulate filters.

Each QLFT method uses seven exercises performed for 1 minute each:

- Normal breathing.
- Deep breathing.
- Moving head side to side.
- Moving head up and down.
- Bending over (or jogging in place if fit test unit doesn't permit bending at the waist).
- Talking.
- Normal breathing again.

APPENDIX B

**KAWEAH DELTA HEALTH CARE DISTRICT
EMPLOYEE HEALTH SERVICES
Initial and Annual N-95 MASK FIT TEST**

Please Print

Last Name:	First Name:	Birthdate:
Emp ID:	Job title:	Dept:

Medical Questionnaire:
This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to wear a respirator (mask). We anticipate being able to approve most people for respirator fit testing based on this questionnaire alone. In some cases, we may ask for more information.

Have you ever had any of the following?

Lung Disease: Yes _____ No _____ **Asthma:** Yes _____ No _____
Heart Disease: Yes _____ No _____ **Hypertension:** Yes _____ No _____

Explain "Yes" answers: _____

Do you have a: Beard Goatee 5 O'Clock shadow at Work
Smoking History: Never Smoked Ex-smoker Presently a smoker

1. Do you get short of breath or wheeze with exertion? Yes No
2. Do you ever get chest pain? Yes No
3. Do you have any medical problems that might interfere with the wearing of a Respirator /mask? Yes No
4. Do you take any medications for treatment of cardiac, respiratory, or blood Pressure problems? Yes No
5. Have you ever had problems wearing a respirator/mask? Yes No

Explain "Yes" answers: _____

Employee Signature: _____ **Date:** 11/ /2020

<i>Brand & Model Number</i>	<i>3M 1860S</i>	<i>3M 1860</i>	<i>3M 1870</i>	<i>3M 9205+</i>	<i>Other:</i>
---------------------------------	-----------------	----------------	----------------	-----------------	---------------

Fitting:

Satisfactory Qualitative Saccharin Fit Test Instructions for use reviewed Donning and Removal

Pass

Fail -Explain: _____

Information given on PAPR

Signature of test administrator: _____ **Date:** 11/ /2020

Rvsd:11/1/20 vw

Appendix C - to Section 5144: Respirator Cleaning Procedures (Mandatory)

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators.

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.

NOTE

Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.



Employee Health



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Policy Number: EHS 14	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Set
Approvers: Dianne Cox (Chief Human Resources Officer), Gaby Robles (Employee Health Svcs Manager)	
Covid 19 Prevention Program	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy: COVID-19 Prevention Program (CPP) for Kaweah Health

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Procedure: This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Authority and Responsibility

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Employee Health Services has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

Identification and Evaluation of COVID-19 Hazards

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We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form as needed.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee participation

Employees are encouraged to participate in the identification and evaluation of COVID-19 hazards by: Bringing concerns forwards through scheduled safety meetings.

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Employee screening

Employees self-screen prior to coming to work. If symptomatic, employee will stay home and call manager to inform them they are sick. If the employee needs to get tested for covid-19 they will call employee health services

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to schedule covid-19 test. If employee health services is closed, employee can go to urgent care or testing location of their preference and call and update employee health services on the next business day.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows: The severity of the hazard will be assessed and correction time frames assigned, accordingly. Individual employees may identify and immediately correct hazards. If a hazard requires assistance, for example, maintenance, the employee will be responsible for notifying the leader. The leader will reassess the hazard to ensure its correction within a timely manner.

Control of COVID-19 Hazards

Face Coverings

Employees will be provided face coverings and required to wear them when required by a CDPH regulation or order. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors. Face coverings will be clean, undamaged, and worn over the nose and mouth. Face shields are not a replacements for face coverings, although they can be worn together for additional protection.

The following are exceptions to the use of face coverings in our workplace when required by CDPH regulation or order:

1. When an employee is alone in a room or vehicle.
2. While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
3. While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
4. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it. Alternatives will be considered on a case-by-case basis.
5. During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

If an employee is not wearing a face covering due to exceptions (4) and (5), above, the COVID-19 hazards will be assessed, and action taken as necessary. Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.

When face coverings are not required by this section or by sections 3205.1 through 3205.4, employers shall provide face coverings to employees upon request, regardless of vaccination status

Engineering controls.
We maximize the amount of outside air to the extent feasible, unless there is poor outside air quality (an Air Quality index of 100 or higher for any pollutant) or some other hazard to employees such as excessive heat or cold. It is Kaweah Health Medical Center's policy to test the following spaces for air exchange rates and pressure differentials on a semi-annual basis. Testing will be completed by a qualified professional. All spaces that do not meet the testing minimum requirements will be repaired and re-tested as soon as possible. See EOC Policy 1046 Air Pressure Relationship Testing. Newly converted negative pressure rooms are checked daily for negative air pressure per Policy IP 1.30 Tuberculosis Control Plan.

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Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

We identify and regularly clean frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels.

COVID-19 cleaning protocols will be implemented according to specified procedure by Environmental Services staff. Environmental Services Supervisor/designee will routinely conduct inspections. See Policy Covid 03 Covid Cleaning Protocols.

Should we have a COVID-19 case in our workplace, we will implement the following procedures: For staff members assigned to non patient care areas, EVS Supervisor will provide staff with pertinent work order and/or details relative to COVID -19 cleaning needs as requested. See Policy Covid 03.

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Shared tools, equipment and personal protective equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields. See Policy Covid 13 Covid PPE : Reuse and Storage.

Hand sanitizing

We implement effective hand sanitizing procedures by:

- Evaluating handwashing facilities.
- Determining the need for additional facilities.
- Encouraging and allowing time for employee handwashing.
- Providing employees with an effective hand sanitizer, and prohibit hand sanitizers that contain methanol (i.e. methyl alcohol).
- Encouraging employees to wash their hands for at least 20 seconds each time.

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Personal protective equipment (PPE) used to control employees' exposure to COVID-19

We evaluate the need for PPE, including but not limited to gloves, eye protection and respiratory protection as required by CAL/OSHA standards, (as required by CCR Title 8, section 3380, and provide such PPE as needed).

Deleted: (such as gloves, goggles, and face shields) as re

Upon request, employees are provided respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees who are working indoors or in vehicles with more than one person.

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Whenever an employer makes respirators for voluntary use available, under this section or sections 3205.1 through 3205.4, the employer shall encourage their use and shall ensure that employees are provided with a respirator of the correct size.

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We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

Investigating and Responding to COVID-19 Cases

In lieu of using Appendix C from the Covid-19 Prevention Plan Model, we will use Infection Prevention's Outbreak Investigation form in Policy IP 1.11 Outbreak Investigation Plan to investigate and respond to Covid-19 cases.

Employees who had potential COVID-19 exposure in our workplace will be:

- Offered COVID-19 testing at no cost during their working hours.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them via Policy Tech.

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- **How** employees should report COVID-19 symptoms and possible hazards to, and **how**: Report to Employee Health Services by calling the covid line at 559-624-2458.
- That employees can report symptoms and hazards without fear of reprisal.
- Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
- Where testing is not required, how employees can access COVID-19 testing
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test. Employee Health Services will call and notify Employees of their need to be tested, and schedule them, or provide details to self schedule. See Policy Covid 30 Covid Testing Workflow Clinics.
- Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.

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Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. Updates will be sent via district email and intranet site.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- This training will be done through Kaweah Health's Net Learning Online training program. Roster of trained employees can be obtained through Net Learning.

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Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and

Deleted: <#>Excluding employees with COVID-19 exposure from the workplace for 1014 days after the last known COVID-19 exposure to a COVID-19 case per CDC guidelines.¶¶

benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.

- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department **when** required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- In lieu of using CPP Model's Appendix C form to keep a record of and track all COVID-19 cases, Kaweah **Health** will use the Outbreak Investigation form in Policy IP 1.11 Outbreak Investigation Plan.
- Notification will be sent via email to employees, leaders, and vendors within 24 hours when exposures have been identified.

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Return-to-Work Criteria

- [Follow the most recent CDPH guidelines defined by Kaweah Health. Refer to most updated Kaweah Health flyer "Restrictions for Individuals with COVID-19 Infection of Exposure" for details.](#)

Dianne Cox, VP, Human Resources

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Deleted: <#>COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred.¶
<#>At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.¶
<#>COVID-19 symptoms have improved.¶
<#>At least 10 days have passed since COVID-19 symptoms first appeared.¶
<#>COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.¶
<#>A negative COVID-19 test will not be required for an employee to return to work.¶
<#>If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.

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Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person conducting the evaluation:

Date:

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation

Appendix B: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			

Covid 19 Prevention Program
8



Policy Number: EHS 17	Date Created: Not Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Set
Approvers: Dianne Cox (Chief Human Resources Officer)	
Aerosol Transmissible Diseases Exposure Control Plan	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

ATD Exposure Control Plan for Kaweah Delta Health Care District

Date Created: 2/5/21

Date of Last Review: 2/5/21

Our ATD Exposure Control Plan contains the following sections:

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List of All High Hazard Procedures	10
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3M 1860	51

Definitions

An aerosol transmissible disease (ATD) is a disease that is transmitted either by inhalation of infectious particles/droplets or direct contact of the particles/droplets with mucous membranes in the respiratory tract or eyes. Our employees have occupational exposure to ATDs in the course of conducting their job duties, whether at the work facility or offsite. In accordance with California Code of Regulations, title 8, section [5199](#), Aerosol Transmissible Diseases, we have implemented this written exposure control plan to reduce our employees' risk of contracting these infections and so that we may respond in an appropriate and timely manner when exposure incidents occur.

An AirID is the abbreviation for Airborne Infectious Disease.

An AIIR is the abbreviation for Airborne Infection Isolation Room.

PAPR is the abbreviation for a Powered Airway Purifying Respirator.

HEPA is the abbreviation for a high-efficiency particulate air filter.

PLHCP is the abbreviation for Physician or Licensed Health Care Provider.

RATD is the abbreviation for a reportable aerosol transmissible disease.

ATP-L is the abbreviation for an aerosol transmissible pathogen – laboratory.

Scope

This policy is both comprehensive and inclusive as it applies to all **Kaweah Delta Healthcare District** facilities and services to include, offsite facilities such as long-term, subacute/short-stay care, acute rehabilitation services, outpatient dialysis, mental health, rural health, and specialty clinic settings in addition to the acute care facility.

Designation of Responsibility

Employers are required to designate one person to have overall responsibility to administer this plan. We have ensured that this person is knowledgeable in infection control principles and practice as they apply to our facility, service, and operation.

The administrator of our ATD Exposure Control Plan is Employee Health Services.

Responsibilities

A. Employee Health

1. Assist in review of the Aerosol Transmissible Disease (ATDs) Exposure Plan and revise as necessary.
2. Ensure policy congruence between supporting Employee Health Policies and ATD Exposure Plan.
3. Conduct the monitoring, tracking, and documentation for TB testing program. Conduct the monitoring, tracking, and documentation for Aerosol Transmissible Disease vaccinations for susceptible healthcare workers.
4. Coordinate the post-exposure follow-up with Infection Prevention. Report results of post-exposure TB testing to Infection Prevention and the Infection Prevention Committee.
5. Assist with the development of the educational program for employees and staff.
6. Medical evaluation of all employees required to wear a respirator will occur by medical questionnaire and evaluation at New Hire Physical evaluation and annually after that with annual fit testing.
7. Direct the respiratory protection education and fit-testing program for hospital employees. Fit testing will occur at New Hire Physical evaluation, and every calendar year following that for all employees who come into contact with patients in isolation rooms. Fit testing of tight fitting respirators involves a medical questionnaire, and testing of respirator with a qualitative fit test method.
8. Qualitative fit testing is a pass/fail test method that uses your sense of taste or smell, or your reaction to an irritant in order to detect leakage into the respirator face piece. Whether the respirator passes or fails the test is based simply on you detecting leakage of the test substance into your face piece.
9. Procedure for proper use of respirators in routine and reasonably foreseeable emergency situations, including but not limited to N95's and PAPR's, will be taught, demonstrated, and documented at New Hire Physical evaluation, and every calendar year with fit testing.
10. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance, will occur at New Hire Physical evaluation and yearly. Training will also occur at Employee Health Services at any time an Employee is newly required to use a respirator.

11. Employee Health will use Agility/Net Health to manage recordkeeping and documentation of Respiratory Fit Testing for our employees.

B. Infection Prevention

1. Ensure policy congruence between supporting Infection Prevention Policies and ATD Exposure Control Plan.
2. Monitor departmental compliance with the TB Control Plan and ATD Exposure Control Plan.
3. Direct the TB education program for hospital employees and staff.
4. Initiate post-exposure reporting notification system and assist Employee Health with follow-up as necessary.
5. Report TB and reportable ATD to the local health department
6. Procedures for selecting respirator use, in conjunction with Employee Health Services.

C. Department Directors:

1. Ensure full compliance with the provisions of the ATD Exposure Control Plan.
2. Facilitate the required training for all employees and staff.
3. Compile and forward the post exposure list to Infection Prevention and Employee Health.
4. As part of our annual review process to update this ATD Exposure Control Plan, Department Directors will obtain the active involvement of their employees. Active involvement means more than merely having a form available that employees can fill out at their leisure. Directors, Managers, and Supervisors will actively ask employees for input in staff meetings, solicit input during unit safety huddles, and include employees on the committee to annually review and update the plan.
5. Ensure employee exposure notification and follow-up is completed in a timely manner.
6. Ensure cooperation of TB testing and respiratory health survey of all employees as scheduled.

D. Employees:

1. Comply with all elements of the ATD Exposure Control Plan, including the wearing of appropriate respirators and personal protective equipment (PPE).
2. Perform work practices and procedures in accordance with the ATD Exposure Control Plan.
3. Report all exposures, or suspected exposures, to your Supervisor or Manager, Infection Prevention and Employee Health.

E. Facilities Management:

1. Provide guidance for the use of engineering controls; for example, negative airflow, room exhaust to outside vent and air exchanges per hour, and portable HEPA filters.
2. Clinical Engineering will PM Powered Air Purifying Respirator (PAPRs) yearly.
3. Daily monitor negative airflow room used for ATD isolation.
 - a. Monitoring of negative pressure rooms is maintained via electronic and manual processes.
 - b. Nursing staff notifies Facilities Management after first checking door and anteroom and alarm does not reset.

F. Respiratory Department:

1. Ensure that Powered Air Purifying Respirator (P.A.P.R.) is made available to employees/staff that perform high-risk procedures or cannot be fitted with an N95 respirator. P.A.P.R's are located on various units throughout the hospital. Respiratory Therapy is aware of these locations. Call Respiratory Therapy to request from closest unit. Directions for use are inside P.A.P.R bags.
2. RT is responsible for procedure and schedule for cleaning, disinfecting, storing, repairing, and otherwise maintaining PAPR's. If PAPR's are loaned out to specific unit, they will be provided with a log in which to record the following: Date/ Time, Unit, Employee name, disinfection date, inspection of PAPR, and return date.

List of All Job Classifications in Which Employees Have Occupational Exposure

Employees are considered to have occupational exposure to aerosol transmissible diseases if their work activity or work conditions are reasonably anticipated to present an elevated risk of contracting these diseases without protective measures in place. "Elevated" means higher than what is considered ordinary for other employees who have direct contact with the general public in occupations that are not covered under the scope of this standard, such as bus drivers and retail employees.

We have conducted a risk assessment and determined that employees in the following job classifications have occupational exposure to aerosol transmissible disease while performing their job duties:

Jobcode Description
7040018 Aide
7010171 Anesthesia Tech

3000640 Assistant Nurse Manager
7011389 ASW/AMFT
7061586 Biomedical Technician I
7010384 Biomedical Technician II
7011511 Cardiac Sonographer-Registered
7011516 Cardiac Sonographer-Unreg
4001335 Case Management Supervisor
7010365 Cath Lab Tech
7010178 Certified Hemodialysis Tech
7040459 Certified Nursing Assistant
7011005 Chaplain
6021615 Charge Nurse
7010193 Clinical UR Specialist
7010321 CT Technologist
7010892 Diabetes Educator
7061545 Dialysis Equipment Technician
2000305 DON-Rehab and Skilled Nursing
7060543 Driver/Cust Sv Rep/Gurney Tran
7041276 ED Tech I
7040734 ED Tech II
4001929 ED Tech Supervisor
7010329 EEG Tech
7011431 EEG Tech- Registered
7061290 Environmental Services Aide
3001250 Environmental Services Manager
4000208 Environmental Svcs Supervisor
7061920 EVS Floor Tech
7061919 EVS-Operating Room
3001261 Facilities Manager
2001539 Director of GME
3001812 GME Manager
7011499 GME Program Coordinator
7091587 GME Resident
7011472 Health Educator
7010841 Health Promotion Instructor
7040033 Home Health Aide
7061057 Homemaker
4000293 House Supervisor
4001369 Imaging Office Supervisor
7011902 Imaging Procedure Coordinator
7041784 Imaging Services Aide
3001063 Imaging Services Manager
4001837 Imaging Services Supervisor
7041845 Imaging Services Tech Asst
7011234 Imaging Specialist
7011233 Imaging Tech-In Patient

7010333 Imaging Technologist
5041664 Imaging Transport Coordinator
3001600 Infection Prevention Manager
7051171 Interpreter
7051909 Interpreter II
3001308 Interpreter Services Manager
7051210 Interpreter Services Rep
4001943 KDMF Maintenance Supervisor
7011714 KDMF Sleep Lab Coordinator
7041314 Lab Aide I
7040571 Lab Aide II
3000588 Lab Manager
4001904 Lab Supervisor
7011907 Lab Support Services Educator
3001908 Lab Support Services Manager
7011841 Laboratory Technician
7010258 LCSW/LMFT
6010217 Lead Dialysis Equipment Tech
6010323 Lead Ultrasound Tech
7010750 Licensed Psych Tech
7030206 Licensed Vocational Nurse
7011585 Life Safety Coordinator
7031780 LVN Care Coordinator
7031515 LVN/CHT
4001648 LVN-Clinical Supervisor
7011631 LVN-Discharge Advocate
7061608 Maintenance I (driving)
7060155 Maintenance II
7061399 Maintenance II (d)
7061400 Maintenance III (d)
6061552 Maintenance Lead
7011232 Mammography Specialist
7041037 Medical Assistant
7041967 Medical Assistant II
7010241 Medical Social Worker
7041001 Mental Health Worker
7011781 MRI Safety Officer
7010390 MRI Technologist
7051118 Newborn Tech
7061486 NICU Nutrition Associate
3001033 Non-Invasive Cardiology Mgr
7010382 Nuclear Med Tech
3000886 Nurse Manager
7081783 Nurse Pract/Physician Asst-SIH
3001833 Nurse Practitioner Manager
7081924 Nurse Practitioner-Clinic Lead

7080861 Nurse Practitioner-Clinics
7020336 Nurse-Interim Permittee
7041993 Nursing Assistant
7010359 Occupational Therapist
7010399 Occupational Therapist II
7011418 Occupational Therapist II (d)
7010400 Occupational Therapist III
7011430 Occupational Therapist III (d)
3000663 OP Pharmacy Manager
7051998 OP Registration/Cust Svc Rep
3001869 Palliative Care Manager
3000910 Patient & Family Services Mgr
7050992 Patient Access Specialist
4001581 Patient Access Supervisor
7050117 Patient Account Specialist
7011755 Patient Care Pharmacy Tech
7041782 Patient Transport Aide
7040428 Personal Care Aide
7010360 Pharmacist-Clinical
3001983 Pharmacy Business Manager
7011927 Pharmacy Charge Integrity Tech
5011626 Pharmacy Coordinator
7091627 Pharmacy Resident
7040574 Phlebotomist I
7040589 Phlebotomist II
7010392 Physical Therapist
7010391 Physical Therapist II
7010387 Physical Therapist III
7010373 Physical Therapy Assistant
7011818 Physical Therapy Assistant II
7011819 Physical Therapy Assistant III
7081461 Physician Assistant
5050880 Physician/Clinic Office Coord
7010394 Polysomno Technologist-Reg
3001867 Psych Assessment Team Manager
7011363 PT Assistant- Lic Applicant
7010494 Recreation Therapist
7011407 Recreation Therapist (driving)
5011115 Recreation Therapy Coordinator
7020339 Registered Nurse
7021884 Registered Nurse (d)
7040166 Rehab Aide
7041414 Rehab Aide (driving)
3000846 Respiratory Care Manager
7010370 Respiratory Therapist
7010381 Respiratory Therapist-Reg

7021800 RN-Acute Wound Care Nurse II
7021801 RN-Acute Wound Care Nurse III
7011388 RN-Advanced Practice Nurse
7021921 RN-Cardiac First Assistant
7010608 RN-Case Manager
7010727 RN-Clinical Educator
7011240 RN-Clinical Educator with ACLS
7010702 RN-Employee Health Nurse
7011174 RN-Field Infection Prevention
7021082 RN-First Assistant
7011247 RN-Intake/Utilization
6021865 RN-Lead Mentor
7011439 RN-NICU Care Coordinator
7010346 RN-Nurse Liaison
7081541 RN-Nurse Practitioner
7021798 RN-PICC Procedure Nurse II
7021799 RN-PICC Procedure Nurse III
7021852 RN-Rapid Response Nurse
3001855 Safety Officer/Life Safety Mgr
7011880 Safety Specialist
7061333 Security Officer
6061542 Security Officer Lead
3001332 Security Services Manager
4001435 Security Services Supervisor
3000327 Sleep/Neurodiagnostics Manager
7051195 Social Work Assistant
7010242 Social Worker-Nephrology
7090170 SP Tech Certified
6090176 SP Tech Certified Lead
7090164 SP Tech I Non-Certified
7091571 SP Tech II Non-Certified
7011359 Speech Path- Temporary RPE Lic
7010377 Speech Pathologist
7011071 Speech Pathologist II
7011288 Speech Pathologist III
7090034 Student Nurse Aide
7090177 Student Nurse Intern
7040568 Surgical Team Assistant
7010189 Surgical Tech
3000361 Therapy Manager
4001656 Therapy Supervisor
7060965 Transport Driver
7010467 Ultrasound Tech-Registered
7051411 Unit Sec/ CNA- Skilled Nursing

List of All High Hazard Procedures

High hazard procedures are procedures performed on an ATD case or suspected case where the potential for being exposed to an aerosol transmissible pathogen (ATP) is increased due to the reasonably anticipated generation of aerosolized pathogens. A procedure is also considered high hazard if generation of aerosolized pathogens is reasonably anticipated when performed on a laboratory specimen suspected of containing an aerosol transmissible pathogen-laboratory (ATP-L).

We have analyzed the job tasks that our employees perform and determined which are high hazard procedures. We have entered them in the list below.

Sputum induction

Bronchoscopy

Aerosolized administration of medications, and BiPAP

Pulmonary function testing

Autopsy, clinical, surgical, and laboratory procedures that may aerosolize pathogens

We have also determined the job classifications and operations in which employees are exposed to those high hazard procedures and entered them in the list below:

Jobcode Description

7040018 Aide

7010171 Anesthesia Tech

3000640 Assistant Nurse Manager

7011511 Cardiac Sonographer-Registered

7011516 Cardiac Sonographer-Unreg

7010365 Cath Lab Tech

7040459 Certified Nursing Assistant

6021615 Charge Nurse

7010321 CT Technologist

7060543 Driver/Cust Sv Rep/Gurney Tran

3001812 GME Manager

7011499 GME Program Coordinator

7091587 GME Resident

4000293 House Supervisor

7041784 Imaging Services Aide

3001063 Imaging Services Manager

4001837 Imaging Services Supervisor

7041845 Imaging Services Tech Asst

7011234 Imaging Specialist

7011233 Imaging Tech-In Patient

7010333 Imaging Technologist

7011841 Laboratory Technician
7010382 Nuclear Med Tech
3000886 Nurse Manager
7081783 Nurse Pract/Physician Asst-SIH
7081924 Nurse Practitioner-Clinic Lead
7080861 Nurse Practitioner-Clinics
7020336 Nurse-Interim Permittee
7041782 Patient Transport Aide
7010360 Pharmacist-Clinical
7040574 Phlebotomist I
7040589 Phlebotomist II
7081461 Physician Assistant
7010394 Polysomno Technologist-Reg
7020339 Registered Nurse
7021884 Registered Nurse (d)
3000846 Respiratory Care Manager
7010370 Respiratory Therapist
7010381 Respiratory Therapist-Reg
7021800 RN-Acute Wound Care Nurse II
7021801 RN-Acute Wound Care Nurse III
7011388 RN-Advanced Practice Nurse
7021921 RN-Cardiac First Assistant
7011240 RN-Clinical Educator with ACLS
7011174 RN-Field Infection Prevention
7021082 RN-First Assistant
7010346 RN-Nurse Liaison
7081541 RN-Nurse Practitioner
7021798 RN-PICC Procedure Nurse II
7021799 RN-PICC Procedure Nurse III
7021852 RN-Rapid Response Nurse
7090170 SP Tech Certified
6090176 SP Tech Certified Lead
7090164 SP Tech I Non-Certified
7091571 SP Tech II Non-Certified
7040568 Surgical Team Assistant
7010189 Surgical Tech
7010467 Ultrasound Tech-Registered

List of All Assignments or Tasks Requiring Personal or Respiratory Protection

We use feasible engineering controls and work practice controls to reduce employee exposure to aerosol transmissible pathogens. However, when those controls are not sufficient, we are also required to provide personal protection or respiratory protection to the employees performing those

tasks. In some cases, the minimum requirement of an N95 respirator is sufficient, but in other cases, higher-level protection is required, such as a powered air-purifying respirator (PAPR).

We require employees to wear personal or respiratory protection when conducting certain assignments or tasks, as listed in the following table:

Assignment or Task	Personal Protection required (<i>list type[s]</i>)	Respiratory Protection required (<i>list type</i>)
Routine patient care and support operations	Gloves, gown, mask	At least N95
High hazard procedures (see list above)	Gloves, gown, mask - N95 / PAPR	N95 / PAPR

Methods of Implementation

In this section, we describe our methods of implementing requirements for engineering and work practice controls, PPE, respiratory protection, medical services, training, and recordkeeping. The table at the end of this section, under the Summary of Control Measures subheading, lists specific control measures for each operation or work area in which occupational exposure occurs.

Engineering and Work Practice Controls and PPE

The best method to control employee exposure to aerosol transmissible pathogens is to use engineering controls and work practice controls. If those do not provide sufficient protection, then we are required to provide personal protective equipment (PPE) and/or respiratory protection and ensure that employees use them. For some tasks, use of both respiratory protection and engineering or work practice controls is required by the ATD standard.

Work practices will be implemented in accordance with [Appendix A](#) of section 5199, which categorizes pathogens as requiring either airborne or droplet precautions. Where Appendix A does not address the exposure, we will use protections in accordance with the CDC Guideline for Isolation Precautions for droplet and contact precautions. For airborne precautions, our procedures will be in accordance with the CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.

(See Infection Control Policies [IP 1.1 Standard and Transmission-Based Precautions](#); [IP.TBP 2014 A Transmission Based Precautions Table 2014](#); [IP 1.30 Tuberculosis Control Plan](#))

Where neither of these sources addresses the exposure or where special cases arise, we use the current recommendations of the CDC, the California Department of Public Health, and Cal/OSHA.

We use the following types of engineering and work practice controls to protect our employees from ATD exposures: Refer to Policy EOC 1046 Air Pressure Relationship Testing; [Policy M100135 Biosafety Cabinet](#).

When working with an AirID or suspected AirID case, our employees will wear proper personal protective equipment, including the following: disposable gowns, N95 disposable respirators, PAPRs, disposable gloves.

Surfaces may become contaminated with ATPs after contact with individuals with AirID. Contaminated surfaces enable the spread of infectious disease agents and can be a source of infection to employees until they are cleaned and disinfected. We ensure that employees use appropriate EPA-registered disinfectant(s) to clean and disinfect the following surfaces, vehicles, and equipment as soon as feasible after contact with infectious persons and during scheduled cleaning activities in accordance with hospital policy [EOC 1019 Equipment Cleaning and Low/Intermediate Level Disinfection](#).

At our facility, we use negative pressure airborne infection isolation rooms or areas (AIIRs) to isolate airborne infectious disease (AirID) patients from staff and other patients.

If our AIIRs are not available to accommodate a transfer, we will follow our procedures to transfer AirID cases and suspected cases to an AIIR at another facility. The procedures are described in detail in the "Referral and Transfer of AirID Cases" section of this program.

The location(s) of our airborne infection isolation rooms are:

NEGATIVE PRESSURE PATIENT ROOMS: 12 exchanges per hour	
Mineral King Intensive Care Unit Room #1	Mineral King 3E Room #9 (Peds)
Mineral King Intensive Care Unit Room #18	Broderick Pavilion 3E Room #17
Mineral King 3E Room #5 (Peds)	Acequia Wing Mother Baby Room #1357
Mineral King 3E Room #6 (Peds)	Acequia Wing 4T Room #1417
Mental Health Room #24	3 West Room #1
ED Zone 5 Room #50	Acequia Wing NICU Room #6
ED Zone 5 Room #51	Acequia Wing NICU Room #7
Acequia Wing CV ICCU Room #1517	Acequia Wing NICU Room # 17
Acequia Wing Cardiovascular Intensive Care Unit Room #1306	

All high hazard procedures performed on a confirmed or suspected AirID case are conducted in airborne infection isolation rooms or areas.

During high hazard procedures, employees may also need to use respiratory protection. See the "Respiratory Protection" section below for details.

Airborne infection isolation rooms must be kept at a negative pressure (at least -0.01 "H₂O) to prevent pathogens from escaping to the adjacent hallway or other rooms. The ventilation rate will be 12 air changes per hour (ACH).

AIIRs actually exhaust and resupply the room air 12 times per hour to maintain the required 12 ACH.

In the event that an AIIR is not available, alternative measures to enhance removal of pathogenic particles will be deployed using the following actions:

- Portable ventilation unit with HEPA filtration with room modifications to provide exhaust outdoors
- Portable ventilation unit with HEPA filtration (no exhaust) room door closed
- Reposition outdoor air dampers (increase outdoor inflow and outflow)

We also use other local exhaust control measures for certain procedures:

- Using outside tents for screening of patients with potential ATD

During the time that an AIIR is used for airborne infection isolation, its doors and windows will be kept closed except when the doors are opened for entering and exiting the room and when windows provide some of the ventilation to achieve the required level of negative pressure.

During the time that an AIIR is being used for isolation of an AirID patient, we perform daily visual checks of the airflow using smoke tubes or other equally effective method to ensure that the room is under negative pressure. To accomplish this, we use the following procedure:

Designated staff (i.e. Registered Nurse and/or Maintenance personnel will perform a "tissue test" to physically verify negative airflow is function properly at startup of precautions and every 24 hours while in active use with a patient in Airborne Precautions.

Maintenance personnel perform these visual checks monthly when the AIIR is not being used for airborne infection isolation.

Maintenance personnel perform inspection and maintenance on our airborne infection isolation rooms. This includes monitoring the performance of the

system, including exhaust, recirculation filter loading, and leakage. This is performed at least annually, whenever filters are changed, and more often if necessary to maintain effectiveness.

If any problems are found, we will ensure that they are corrected in a reasonable period-of-time. If the problem(s) prevent the room from providing effective airborne infection isolation, then we will not use the room for that purpose until the condition is corrected.

If HEPA filters are used, we change the filters after each use. Units are cleaned and new filters are installed.

We will also ensure that the AIIR and accompanying ductwork are installed in a manner consistent with requirements so that the equipment run properly and the air exhausts properly, away from people and HVAC air intakes, so we do not inadvertently expose more people to contaminants.

When an AirID case or suspected case vacates an AII room or area, we will ensure that the AIIR is ventilated for the minimum amount of time required for 99.9% of potential airborne contaminants to be exhausted or filtered from the air prior to allowing anyone to enter without respiratory protection. The minimum timeframes are listed in Table 1 of the CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings. At 12 air changes per hour, this requires running the ventilation system with no one in the room for a minimum of 35 minutes. Our policy is to ventilate the AIIR for 60 minutes.

We have employees who work in field operations or in settings where home health care or home-based hospice care is provided. In these settings, we are not required to place AirID cases or suspected cases in an AIIR. Instead, we have our employees working in these settings use the following engineering or work practice controls and/or respiratory protection:

- Use an N95 respirator that has been fit-tested to the employee.
- Social distancing when making a visit to the home.
- Opening windows in the home when weather allows and when it doesn't exacerbate the patient's condition.
- Switching on available fans in the home to improve air circulation.
- Allowing outside light into the home, external UV light from the Sun helps to inactivate/kill pathogenic microorganisms.

Respiratory Protection

When our employees must wear respiratory protection to guard against aerosol transmissible pathogens, we will ensure that they only use NIOSH-certified respirators that are approved for that purpose. We will also implement our written Respiratory Protection Program that meets the requirements of title 8 CCR 5144, including use, care, storage, and training procedures.

In most situations where respiratory protection is needed, we will ensure that employees use a respirator at least as protective as an N95 filtering facepiece respirator. However, for high hazard procedures (aerosol-generating procedures) performed on AirID cases or suspected cases and high hazard procedures performed on cadavers potentially infected with aerosol transmissible pathogens, we will utilize PAPRs with high-efficiency particulate air (HEPA) filters or equivalent or better unless we determine that this would interfere with the success of the procedure or task.

Any such determinations will be reviewed during our annual ATD exposure control plan review.

Cal/OSHA and the California Department of Public Health encourage health care employers to make N95 respirators available to employees for work in close proximity to patients requiring droplet precautions, though it is not required except in specific cases, such as Ebola. We also stay apprised of current recommendations for specific diseases.

We provide the following type(s) of respirator(s) to our employees for high hazard procedures performed on patients requiring droplet precautions: N95 respirators, PAPRs, gowns, gloves, face shields.

The diseases requiring droplet precautions for which we will use respiratory protection when conducting high hazard procedures include all those disease listed in [Appendix A](#) under droplet precautions.

We provide the following type(s) of respirator(s) to our employees for high hazard procedures performed on airborne infectious disease cases or suspected cases: N95's, PAPRs.

These types of respirators are provided to our employees for high hazard procedures performed on cadavers potentially infected with aerosol transmissible pathogens. Aerosol transmissible pathogens include pathogens for which droplet or airborne precautions are required.

We provide and require our employees to wear respirators at least as effective as N95 filtering facepiece respirators when conducting certain

procedures on or around ATD patients, as required by section 5199. Even when that standard does not require a respirator, such as in the case of high hazard procedures performed on patients requiring droplet precautions, we evaluate each situation, including the pathogens, to determine whether to require respiratory protection. We provide N95 respirators or PAPRs to our employees conducting the non-high hazard tasks where respiratory protection is required by either the ATD standard or by our management.

Procedure	Type(s) of Respiratory Protection Used
Entering AIIR in use for airborne infection isolation	N95 Respirator or PAPR
Being present during the performance of procedures or services for an AirID case or suspected case	N95 Respirator or PAPR
Repairing, replacing, or maintaining air systems or equipment that may contain or generate aerosolized pathogens	N95 Respirator
Working in an area occupied by an AirID case or suspected case	N95 Respirator or PAPR
Decontaminating an area after an AirID case or suspected case has left the area or being present during the decontamination	N95 Respirator
Entering an AIIR while it is being ventilated after an AirID case or suspected case has vacated	N95 Respirator or PAPR
Working in a residence where an AirID case or suspected case is known to be present	N95 Respirator
Being present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens	N95 Respirator or PAPR
Transporting an AirID case or suspected case within the facility or in an enclosed vehicle when the patient is not masked	N95 Respirator

Before having our employees use a respirator, we will provide them with a no-cost medical evaluation designed to determine if they are medically capable of wearing a respirator without overburdening them. This will be completed before the employee is fit tested.

Medical Evaluations for Respirator Use

We provide the medical evaluation to our employees by using the Respirator Medical Evaluation Questionnaire in [Appendix B](#).

We will have the medical evaluation questionnaire reviewed by the following physician or other licensed health care provider (PLHCP), medical facility, or department: Employee Health Services

If employees need a follow-up examination based on the questionnaire responses, we send them to the following PLHCP, medical facility, or department: Employee Health Services

We will provide the respirator medical evaluation to our employees by sending them to the following PLHCP, medical facility, or department: Employee Health Services

Fit Tests

We conduct fit testing for employees before they will be required to wear a respirator. An employee's fit test will be performed using the same size, make, model, and style of respirator that the employee would actually wear. The fit test is performed by Employee Health Services.

If done in-house, we will use a qualitative method. If fit testing single use respirators for multiple employees, we will ensure that each employee is fit tested using a new respirator.

We will conduct fit tests for each employee according to the following schedule:

- At the time of initial fitting;
- When a different size, make, model, or style of respirator is used;
- At least annually thereafter (unless a special allowance for extension is approved by CDPH); and
- When the employee reports, or when we, a physician or other licensed health care provider (PLHCP), supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit, such as facial scarring, dental changes, cosmetic surgery, or obvious change in body weight.

If after passing a fit test, an employee notifies us, the program administrator, supervisor, or PLHCP that the respirator is not acceptable, then we will provide the employee the opportunity to select a different respirator facepiece and to be re-fit tested.

We provide all employees required to wear a respirator with training on the following topics:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- What the limitations and capabilities of the respirator are.
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- What the procedures are for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- The general requirements of this section.

This training is provided to employees when they are initially required to wear a respirator and annually thereafter. We will also retrain employees if changes in the workplace or the type of respirator render previous training obsolete or if inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the information or skill.

Medical Services

We provide our employees with medical services in-house, including vaccinations, TB testing, and post-exposure medical services and follow-up. We make these available to the employees at no cost to them. Employees will be sent to this department: Employee Health Services

Details about the medical services related to ATDs that we offer to employees are in the "Medical Services" section of this written plan.

Laboratory Operations

We have employees engaged in laboratory operations that include procedures that may aerosolize aerosol transmissible pathogens-laboratory (ATP-L), as defined in section 5199. For these operations, our methods of implementation for subsection (f) are included in our separate written Bio-

Safety Procedure. We have conducted a risk assessment in accordance with the Biosafety in Microbiological and Biomedical Laboratories (BMBL) and determined that we must use Biosafety Level II.

Training

We provide training to our employees who have occupational exposure to aerosol transmissible diseases according to the following schedule:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually thereafter, not to exceed 12 months from the previous training;
- For employees who have received training on aerosol transmissible diseases in the year preceding the effective date of the standard, only training with respect to the provisions of the standard that were not included previously need to be provided;
- When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.

This training is provided by the following methods:

- Initial employee orientation.
- Live, in-person presentation by Employee Health Services.

Recordkeeping

We keep the following records in accordance with the aerosol transmissible diseases regulation:

Record	Location of Record
Vaccination status of employees including any signed declinations	Employee Health Services
PLHCP written opinions	Employee Health Services
Results of TB assessments	Employee Health Services
Copies of information regarding exposure incidents provided to the PLHCP	Employee Health Services & Infection Prevention
Training records	Employee Health Services
Record of annual review of ATD Exposure Control Plan/Biosafety Plan	Employee Health Services & Clinical Laboratory

Record	Location of Record
Records of exposure incidents (exposure analysis; any determinations of no post-exposure follow-up needed)	Employee Health Services & Infection Prevention
Records of unavailability of vaccines	Employee Health Services & Pharmacy
Records of unavailability of AII rooms or areas	Risk Management (Occurrence Reporting System)
Records of decisions not to transfer a patient to another facility for AII due to medical reasons	Risk Management (Occurrence Reporting System)
Records of inspection, testing, and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems	Facilities Maintenance & Clinical Engineering
Records of the respiratory protection program	Employee Health Services
Determinations that a PAPR would interfere with successful performance of certain high hazard tasks	Employee Health Services

Source Control Measures

Early identification of ATD cases or suspected cases is critical to ensure that employees have as little unprotected contact as possible, thereby reducing the risk of becoming infected. Our procedure for early ATD identification is described in Infection Prevention policy [IP 1.30 Tuberculosis Control Plan](#). Additionally routine surveillance for potential ATPs is performed by the Infection Prevention department and rapidly addressed through deployment of standard and transmission based precautions.

If we observe respiratory infection symptoms in a patient or other person in our care, we will utilize source control measures to protect our employees from contracting the illness while the suspected ATD case is in our facility. These include a combination of engineering controls, such as placing the patient in a separate room or area; procedures, such as providing and having the suspected ATD case wear a surgical mask; and work practice controls, such as limiting contact with the suspected ATD case.

We are a district health care organization with several facilities located throughout Tulare County. We incorporate the recommendations contained in the CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings. These recommendations are available on the CDC [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#) webpage and addressed in Infection Prevention Policy [IP 1.1 Standard and Transmission-Based Precautions](#). The same guidance is used in our Home Health, Private Home Care, and Hospice services to the extent that it is reasonably practicable.

Our employees utilize the following source control measures to prevent spread of aerosol transmissible pathogens. We use visual alerts (*e.g., signs telling people to cover their cough*). We will post a sign requesting that patients and persons accompanying them inform the receptionist if they have a persistent cough. We place the visual alerts at entrances. We ensure that the patient care access staff who may be the first employees to encounter a patient or other person entering the facility, are knowledgeable in observing for signs and symptoms of ATD. Facial tissues are made available in waiting areas with a waste receptacle for disposal of used supplies. Handwashing facilities including soap and water are accessible to patients and visitors, as is alcohol-based hand sanitizer or other antiseptic hand wash in waiting areas.

Individuals exhibiting symptoms of aerosol transmissible disease are provided with a surgical mask or procedure mask and instruction on proper use for wearing the mask.

We separate symptomatic individuals from others by distance in the same room (at least 3 to 6 feet away from others) because our facility does not have a separate room in which to temporarily place the individual(s). We always encourage limiting contact with symptomatic individuals.

Our source control procedures also include the following:

- Social distancing 3 to 6 feet between individuals
- Availability of a surgical/procedure masks and facial tissue to cover the nose and mouth

We inform patients and others who enter our facility of our source control measures using the following signage present on the respiratory etiquette/cough hygiene kiosks and displays.

If a patient who may have a droplet-transmitted disease refuses to or cannot comply with our source control measures, our employees will observe droplet precautions at a minimum, including wearing a surgical mask, if in close contact. We may also encourage staff to wear N95 respirators for which they have been medically evaluated and fit tested.

If a known or suspected AirID case refuses to or cannot comply with our source control measures, our employees will wear N95 respirators for which they have been medically evaluated and fit tested when in an area or residence where the known or suspected AirID case is or has been recently.

We are required to provide information about infectious disease hazards to contractors who provide us with temporary or contract employees who may be reasonably anticipated to have occupational exposure so that these employers may take precautions to protect their employees. Standard and transmission-based precautions are communicated and deployed for employees, contracted employees, and visitors to any of our district facilities.

Referral and Transfer of AirID Cases to AII Rooms or Facilities

In order to best protect our employees from contracting infections from AirID cases or suspected cases, the Infection Prevention department strives to identify these cases as quickly as possible through communicable disease and syndromic surveillance.

After identifying an individual as an AirID case or suspected case, we will continue to use the previously described source control measures and isolate

the patient by masking them or placing them in a location where they will not contact employees who are not wearing respiratory protection until we can transfer them to an airborne infection isolation room.

However, in field operations and settings where home health care or home-based hospice care are provided, we are not required to provide disposable tissues and hand hygiene materials to the AirID case or suspected case or mask them or place them in a manner to minimize employee exposure. In these settings, we are also not required to transfer the patient to an AIIR.

We will take the following measures to reduce the risk of ATD transmission to our employees. This includes constant observation of standard precautions as well as other protective measures.

We temporarily isolate the person requiring transfer or isolation in an airborne infection isolation room or area if we have one available. We will make sure this transfer occurs in a timely manner within five hours of identification of the case.

If the person requiring referral does not comply with our established source control measures, our employees will wear NIOSH-certified N95 filtering facepiece or PAPR when entering that room or area.

If we do not have an AIIR available in that timeframe, we will ensure that AirID cases and suspected cases are transferred to another suitable facility within five hours of being identified as a case or suspected case. If no suitable facility with AIIR is available to accommodate the patient, we will contact the local health officer at the end of the five-hour timeframe. We will continue to contact the local health officer and other medical facilities inside and outside of our local health officer's jurisdiction every 24 hours until an AIIR becomes available. When an AIIR becomes available, we will ensure that the patient is transferred to the AIIR.

With each unsuccessful attempt at transfer, we will document in the Occurrence Reporting System, at the end of the 5-hour period, and at least every 24 hours thereafter, each of the following:

- We have contacted the local health officer.
- There is no AII room or area available within that jurisdiction.
- Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.
- All applicable measures recommended by the local health officer or the Infection Control PLHCP have been implemented.

- All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with subsection (g) and section 5144, Respiratory Protection of these orders.

The following are exceptions to the requirement for timely transfer of AirID cases or suspected cases:

- Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case, we will ensure that employees use respiratory protection when entering the room or area housing the individual. The patient's condition will be reviewed at least every 24 hours to determine if transfer is safe, and the determination will be documented. Once transfer is determined to be safe, we will ensure that the transfer is made within the required timeframes described above.

In the event that the treating physician determines that a transfer would be detrimental to a patient's condition, we will document this determination using the Occurrence Reporting System.

- Where it is not feasible to provide AII rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, we will provide other effective control measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection.

The other effective control measures we will take during the period that the AirID case is not in an airborne infection isolation room include employees using an N95 respirator or PAPR when working with the patient. Additionally, the door to the room the patient is placed will remain close with Airborne Isolation signage affixed to the door and appropriate PPE made available at point-of-care.

The person responsible for contacting the local health officer and nearby medical facilities is Infection Prevention department personnel.

The phone number or other contact information for the local health officer is: Karen Haught, MD Tulare County Public Health Officer and/or Jeremy Kempf, RN, PHN Communicable Disease Coordinator, phone (559) 685-5720, After hours: (559) 471-7092.

These are the names and contact information for facilities with AII rooms or areas within the local area that will be contacted in the event of referral

Facility	Contact Information
Sierra View Medical Center	Admissions 559-791-4752
Hanford Central Adventist Medical Center	House Supervision 559-537-1712

These are the names and contact information for facilities with AII rooms or areas outside the local jurisdiction that will be contacted in the event of referral and no AII rooms are available within our local jurisdiction

Facility	Contact Information
Fresno Community Regional Medical Center	Transfer Center 559-459-5555
Clovis Medical Center	Transfer Center 559-459-5555

If we are unable to transfer the AirID case to an AIIR within five hours of identification, the Administrator (or designee) will document in the Occurrence Reporting System each attempt to locate a facility with an available AIIR to which to transfer the symptomatic individual.

Medical Services

We provide medical services at no cost to our employees who have occupational exposure to aerosol transmissible disease. These medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, will meet the following conditions:

- Performed by or under the supervision of a physician or other licensed health care provider (PLHCP).
- Provided according to applicable public health guidelines.
- Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.

Vaccinations

Vaccination is a safe, effective, and reliable method of controlling the spread of infectious diseases where a vaccine is available. When the number of susceptible health care workers is decreased by vaccination, it also helps to prevent transmission of illness to patients and others. Therefore, we make

vaccinations available to employees at no cost and encourage employees to receive them.

We are required to offer all vaccinations for aerosol transmissible diseases that are recommended by the CDPH to our susceptible health care workers. These vaccinations are listed in the table below along with the recommended dose schedule for each. We make them available to employees after they receive training and within 10 working days of initial assignment unless one of the following conditions exists:

- The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose.
- A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines.
- The vaccine(s) is contraindicated for medical reasons.

Vaccine	Schedule
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses

We send our health care worker employees to the following medical facility or department within our establishment to receive the vaccinations: Employee Health Services.

These will be provided at the doses and by the schedules recommended by the CDPH.

We will make additional vaccine doses available to employees within 120 days of the issuance of any new applicable public health guidelines recommending the additional dose.

We do not require our employees to participate in a prescreening serology program prior to receiving a vaccine unless applicable public health guidelines recommend prescreening prior to administration of the vaccine.

We train our employees on the benefits of receiving vaccinations and strongly encourage them to receive them. However, employees have the option to decline to receive any of the recommended vaccinations. If an employee declines a vaccination, they must sign the appropriate declination form, which will be kept in their employee file.

If an employee declines any of the vaccinations listed in the box above, we will have them sign the following declination statements: See Appendix A

LTBI Assessment

A latent tuberculosis infection (LTBI) is a condition when the individual infected with the *M. tuberculosis* bacteria does not exhibit symptoms and cannot spread the infection to others. However, approximately 5 to 10% of these people will develop active, potentially contagious TB disease if untreated. LTBI screening helps to ensure that employees are provided with appropriate treatment for new TB infections and to identify previously unidentified occupational exposures so that we may correct any deficiencies in our ATD exposure control plan.

We offer latent TB infection screening (the TB skin test, TB blood test, or TB screening questionnaire) annually to all employees with reasonably foreseeable occupational exposures to ATD. We include employees if their occupational exposure risk is greater than that of employees in public contact operations that are not included within the scope of the ATD standard.

The person responsible for implementing our TB screening procedures is Employee Health Services.

If applicable public health guidelines or the local health officer recommends more frequent testing, then we will comply with the recommendation.

We send our employees to this facility for the LTBI screening: Employee Health Services

Employees with a baseline positive TB test will receive an annual symptom screening questionnaire. If questionnaire results indicate further testing is needed, then we offer that employee a follow up screening (PPD, blood test,

or chest x-ray) using the following procedures: For newly positive TB test, Employees fill out a symptom questionnaire and are sent for a Chest Xray.

If employees experience a TB conversion, we will refer them to the following PLHCP knowledgeable about TB for evaluation: Infection Prevention, and the Infection Prevention Physician.

In the event of a TB conversion, we will also do the following:

1. Provide the PLHCP with a copy of this standard and the employee's TB test records. If we have determined the source of the infection, we will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
2. We will request that the PLHCP, with the employee's consent, perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
3. We shall request that the PLHCP determine if the employee is a TB case or suspected case, and to do all of the following, if the employee is a case or suspected case:
 - a. Inform the employee and the local health officer in accordance with title 17.
 - b. Consult with the local health officer and inform us of any infection control recommendations related to the employee's activity in the workplace.
 - c. Make a recommendation to us regarding precautionary removal due to suspect active disease, in accordance with subsection (h)(8), and provide us with a written opinion in accordance with subsection (h)(9).

The person who will receive information from the PLHCP regarding infection control recommendations related to employees who are TB cases or suspected cases is the Medical Director for Employee Health Services, who will then communicate the recommendations to the following managers or staff members, if applicable: Employee Health Services Manager.

In the event of a TB conversion, we will also record the case on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses by placing a check in the "respiratory condition" column and entering "privacy case" in the space normally used for the employee's name. We will also investigate the circumstances of the conversion and correct any deficiencies in the procedures, engineering controls, or PPE that were involved. The following staff are involved in investigating the circumstances of the conversion and correcting deficiencies that may have led to the conversion.

- Employee Health Services
- Infection Prevention Officer/designee
- Safety Officer/designee
- Risk Management
- Facilities Maintenance
- Clinical Engineering

We will also document the investigation using the following procedure:
Agility/ Net Health Software.

Exposure Incidents

In the event of an exposure incident, it is critical to inform exposed employees quickly and provide medical services in a timely manner to mitigate the severity of illness and limit the spread of infection. An “exposure incident” is an event where all of the following have occurred:

1. An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or equipment that is reasonably expected to contain an aerosol transmissible pathogen associated with a reportable ATD.
2. The exposure occurred without the benefit of applicable exposure controls required by the Cal/OSHA ATD regulation title 8 CCR 5199. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

A reportable ATD (RATD) is an aerosol transmissible disease that a health care provider is required to report to the local health officer, in accordance with title 17 CCR, Division 1, Chapter 4.

In the context of the ATD regulation, a “health care provider” is a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

The California Department of Public Health, [Division of Communicable Disease Control](#) home page includes the current list of RATDs. Contact information for the local health departments are also available on the CDPH webpage for the [California Conference of Local Health Officers](#).

We are a health care provider. Therefore, when we determine that a person is an RATD case or suspected case, we will report the case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.

Infection Prevention department personnel are responsible for reporting cases to the local health officer.

The person responsible for contacting the local health officer and nearby facilities is the hospital Administrator (or designee).

Contact information for the local health officer: **Thomas Overton**, MD
Tulare County Public Health Officer and/or Jeremy Kempf, RN, PHN
Communicable Disease Coordinator, phone (559) 685-5720, After hours:
(559) 471-7092.

We are required to notify our own employees who had significant exposure to the ATD case or suspected case. First, we conduct an analysis of the exposure scenario to determine which of our employees had significant exposure. This analysis will be completed within a timeframe reasonable for the specific disease, but no later than 72 hours after either our report to the local health officer or our receipt of notification from another facility or local health officer of the exposure. The Employee will be notified via email of the exposure.

Conducting the analysis of an exposure to a confirmed/suspected ATD is primarily the role of the Infection Preventionist; however, exposure investigations are often carried out as a dual process with the Infection Preventionist and Employee Health Nurse working from their own particular focus related to the exposure to determine if an exposure took place. There is an Employee Health provider and Infectious Disease provider available for consult regarding employee exposures.

Our procedures for conducting this analysis are available in the following policies: Infection Prevention policy [IP 1.32 Communicable Disease Exposure to Healthcare Workers and Patients](#) and [IP 1.11 Outbreak Investigation Plan](#).

We will document the analysis, recording the names and any other employee identifier used at the workplace of persons who were included in the analysis. We will also document the name of the person who made the determination and the identity of any PLHCP or local health officer consulted in making the determination.

If the analysis determines that either of the following conditions exist for an employee, then that employee does not require post-exposure follow-up, and we will also document the basis for the determination:

- The employee did not have significant exposure.
- Physician or other licensed health care provider (PLHCP) determined that the employee is immune to the infection.

We will make the exposure analysis available to the local health officer upon request.

We will also determine, to the extent that the information is available in our records, whether any employees of other employers may have been exposed to the case or suspected case. If so, we will notify the other employer(s) within a reasonable timeframe but no later than 72 hours after the report to the local health officer. This allows the other employer(s) time to conduct their own analysis to determine which of their employees had significant exposure and to provide their employee(s) with timely, effective medical intervention to prevent disease or mitigate the disease course.

See the “Communicating with Other Employers Regarding Exposure Incidents” section below for our procedures to notify other employers that their employees may have had significant exposure while working at our facility.

Upon determining which of our own employees had significant exposure, we will notify them of the date, time, and nature of their exposure, within a timeframe reasonable for the specific disease but no later than 96 hours of becoming aware of the potential exposure.

Our procedures to notify our Employee Health Services of any employees potentially having significant exposure to an ATD and other communicable diseases is available in Infection Prevention policy [IP 1.32 Communicable Disease Exposure to Healthcare Workers and Patients](#).

Employee Health Services notifies individual employees of their exposure upon receipt of a list of potentially exposed contacts provided by Infection Prevention.

As soon as feasible, we will provide all of our employees who had a significant exposure a post-exposure medical evaluation by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis, and treatment. For *M. tuberculosis* (the group of different bacterial species that cause tuberculosis) and for other pathogens where recommended by applicable public health guidelines, this includes testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.

We will notify employees that they have the right to decline to receive the medical evaluation from us, and we will ensure that the employee receives post-exposure evaluation and follow-up from an outside PLHCP.

We will send employees to the following PLHCP for post-exposure medical evaluation and follow-up unless the employee declines: Employee Health Services, and EHS Medical Director.

Employee Health Services will provide the following information to the PLHCP:

1. A description of the exposed employee's duties as they relate to the exposure incident;
2. The circumstances under which the exposure incident occurred;
3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee;
4. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity; and
5. A copy of title 8 CCR 5199 and applicable public health guidelines.

We will request from the evaluating PLHCP an opinion on whether precautionary removal from the employee's regular job assignment is necessary to prevent the employee from spreading the disease agent and what type of alternative work assignment may be provided. We will request that any recommendation for precautionary removal be made immediately by phone or fax and also in writing.

The person responsible for requesting and receiving the written opinion is: Employee Health Services Manager.

We will obtain and provide the employee a copy of the PLHCP written opinion within 15 working days of completion of all required medical evaluations.

This is our method of providing the copy of the written opinion to the employee: In person or via email.

If the PLHCP or local health officer recommends precautionary removal, we will maintain the employee's earnings, seniority, and all other employee rights and benefits until the employee is determined to be noninfectious. This includes the employee's right to return to their former job status as if they had not been removed or otherwise medically limited.

For TB conversions and all RATD and ATP-L exposure incidents, the written opinion will consist of only the following information:

1. The employee's TB test status or applicable RATD test status for the exposure of concern.
2. The employee's infectivity status.
3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment.
4. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that require further evaluation or treatment and that the employee has been informed of treatment options.
5. Any recommendations for precautionary removal from the employee's regular assignment.

Evaluation of Exposure Incidents

After ensuring that the exposed employees receive required medical evaluations and follow-up, we will also investigate the exposure incidents to determine the cause and to revise existing procedures in order to prevent recurrence of the incidents.

The personnel who will conduct the evaluation of exposure incidents includes:

- Employee Health Services
- Infection Prevention Officer/designee
- Safety Officer/designee
- Risk Management
- Facilities Maintenance
- Clinical Engineering

Our procedures to evaluate exposure incidents to determine causation and identify ways to prevent future exposures are as follows: Interviewing the Employee to discover exposure possibilities, inspecting equipment that was involved, reviewing whether proper procedures and policies were followed.

Upon completion of the evaluation, we will also revise our procedures to ensure that similar exposure incidents do not occur again. These are our procedures to revise our ATD exposure control plan:

Plan a meeting with:

- Employee Health Services
- Infection Prevention Officer/designee
- Safety Officer/designee
- Risk Management

- Facilities Maintenance
- Clinical Engineering

Discuss the areas which contributed to the exposure and make appropriate adjustments and changes.

Procedures to Communicate with Our Employees and Other Employers Regarding Infectious Disease Status of Patients

To ensure our employees use appropriate precautions, we will communicate with them regarding the suspected or confirmed infectious disease status of persons to whom they are exposed in the course of their duties. We will also communicate this status with other employers whose employees were also exposed to the individual, such as those involved with transportation or care of the patient.

To communicate with our own staff, we use the following procedures:

Making notes in the patient's chart and maintaining a policy that our employees are to check the patient's chart before proceeding with their tasks.

Staff huddle at the start of each shift where patient infectious status will be discussed.

When we place a patient in isolation, we communicate the isolation status of the patient with employees and visitors by posting a sign at the room. We also make a note of the isolation precautions in the patient's chart so that if the patient is transferred to another department, such as Radiology, then those employees in the other department will be notified of the extra precautions required.

To communicate with other employers regarding the infectious disease status of patients, we implement the procedures described in Infection Prevention policy [IP 1.21 Communicable Disease Exposure to Emergency Response Employee \(ERE\)](#).

Communicating with Other Employers Regarding Exposure Incidents

Upon establishing that a patient is a reportable ATD case or suspected case, we will determine whether any employees of other employers had contact with the individual, using the following policies: Infection Prevention policy [IP 1.32 Communicable Disease Exposure to Healthcare Workers and Patients](#), [IP 1.21 Communicable Disease Exposure to Emergency Response Employees \(ERE\)](#), [IP 1.7 Reporting Infection/Communicable Disease](#).

Upon making that determination, we will notify the other employer(s) within a timeframe that will allow reasonable time for them to promptly investigate to identify employees who had significant exposure and for those employee(s) to receive effective medical intervention. We will make the notification no later than 72 hours after our report to the local health officer.

Our notification will include the following information:

- Date and time of the potential exposure.
- The nature of the potential exposure.
- Any other information that is necessary for the other employer(s) to evaluate the potential exposure of their employees.
- The contact information for the diagnosing PLHCP.

The notification will not include the identity of the source patient due to privacy laws.

Infection Prevention department personnel notify other employers that their employee(s) may have had contact with an ATD case or suspected case. Information about whether an exposure occurred is shared without source patient identifiers.

Infection Prevention department staff will in accordance with policy [IP-Plan Infection Prevention Plan](#) (see section B.2 & 3) notify health care providers and receive notification from them regarding the disease status of patients referred or transferred between our facilities or care, in accordance with subsection (h) of 8 CCR 5199.

Ensuring Adequate Supply of PPE and Other Equipment

To ensure that employees wear the required PPE, such as gowns, gloves, and respiratory protection, we must ensure that we have adequate supplies under normal operations and in foreseeable emergencies.

These PPE will be stocked by Central Logistics and supplied to our employees using the following procedure: PPE will be maintained on the department par

level. Volumes will be adjusted up or down depending on usage. If the supplies are sourced outside of our normal inventory system, Central Logistics will manually maintain supplies and deliver to the departments as required. For areas that do not have par levels, they are asked to email or call Central Logistics giving the department 24 hours' notice. The supplies will be gathered and available for pickup. These supplies will be managed at the department level for distribution to employees.

These are our procedures for maintaining adequate supplies of PPE: Central Logistics works with our distributor to maintain and deliver supplies as requested, based on trended volumes. The distributor will deliver supplies when ordered during our normal ordering cycle. This occurs between 3-5 times a week. Central Logistics also maintains a backup supply of needed PPE for emergency needs. This is stored, managed and rotated, so that no product is wasted due to outdates. Current storage is located in several locations throughout Visalia. We continually monitor the types of PPE and other supplies for our emergency storage. If there is an emergency/pandemic, we review our inventory, adjust and order what is needed. During an emergency the supply levels are monitored 5 days a week. If our current distributor is not able to provide our needed volumes, we communicate with our secondary distributor. If they are not able to help, we work with our Group Purchasing Organization and our other traditional and non-traditional vendors to secure the needed supplies. For short term need we work with other hospitals.

These are our procedures for maintaining adequate supplies of other equipment necessary to minimize employee exposure to aerosol transmissible pathogens: HEPA filters are kept on site at all times. If more are needed, we are able to partner with local companies for rental of extra units.

Training

We will train all of our employees who have been determined to have potential occupational exposure to ATPs, as listed at the beginning of this program. This training will be provided to employees in those job categories when they are initially assigned to tasks where they may have occupational exposure and at least annually thereafter, within 12 months of the previous training.

This is how we ensure employees receive initial training: Training on ATD's is initially presented in New Hire Orientation when Employees are hired. For those who require RFT's, they are re-educated annually with RFT and medical evaluation questionnaire in Employee Health Services. They are

provided with a training hand out during the annual RFT. Training may also occur as needed when it is discovered Policies or Procedures are not being followed.

This is how we ensure employees receive their annual training within 12 months of their initial training: Required annual RFT.

If employees are absent on the day of their scheduled training, we use the following procedure to ensure that they receive a make-up training: The Employee is contacted by EHS or their Manager to make an appointment at EHS to come in for the annual RFT and training.

The trainings will include an opportunity for employees to ask questions.

The trainings are provided in-person and questions are answered during the training by the instructor, who is knowledgeable in the subject matter as it relates to our workplace and who is also knowledgeable in our ATD Exposure Control Plan.

Other methods of providing training, including an opportunity for interactive questions and answers during scheduled Safety Liaison Committee meetings.

Training includes the following:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation.
3. An explanation of the modes of transmission of ATPs or ATPs-L and applicable source control procedures.
4. An explanation of the employer's ATD Exposure Control Plan and/or Biosafety Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs or ATPs-L.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure to ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.
7. An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use,

location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.

8. A description of the employer's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for LTBI.

EXCEPTION: Research and production laboratories do not need to include training on surveillance for LTBI if *M. tuberculosis* containing materials are not reasonably anticipated to be present in the laboratory.

9. Training meeting the requirements of Section 5144(k) of these orders for employees whose assignment includes the use of a respirator.
10. Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
12. Information on the employer's surge plan as it pertains to the duties that employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including personal protective equipment and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies.

Recordkeeping

To ensure that we are taking all necessary steps to protect our employees, we are required to keep various records, including employee medical records, training records, and other records of implementation of this ATD Exposure Control Plan.

Medical records will be kept confidential. Employees will have access to their own medical records. Anyone with written consent of the employee, Cal/OSHA representatives, NIOSH, and the local health officer will also be given access to employee medical records in accordance with applicable regulations.

Medical Records

We will keep all required medical records for each employee with occupational exposure, including the following information:

1. The employee's name and any other employee identifier used at our workplace.
2. The employee's vaccination status for all vaccines required by title 8 CCR 5199.
3. All PLHCP's written opinions and results of TB assessments.
4. A copy of the information regarding an exposure incident that was provided to the PLHCP.

We will retain these records for the duration of the employee's employment plus 30 years. These records will be kept separately from the employee's non-medical personnel records. This is how employees may request copies of their records: In person at Employee Health Services.

Vaccination Records

We are required to keep vaccination records for all employees with occupational exposure. This includes both records of vaccinations that we provide them and that the employees received prior to employment with our organization. These records also include any signed declination forms.

We follow these procedures to ensure that we obtain employee ATD vaccination records from prior to their employment with us: Employee Health Services requests Immunization records at time of New Hire Physical. Any missing vaccinations are assessed, or titers to determine immunity are drawn at no cost to the Employee through Employee Health Services.

These are our procedures for keeping records of ATD vaccinations that we provide to our employees: Documentation through Agility/ Net Health, record keeping program in Employee Health Services.

PLHCP Written Opinions and Results of TB Assessments

When physicians or other licensed health care providers examine employees for either latent TB infection or post-exposure medical evaluation and follow-up after exposure incidents, they must provide us their written opinions, as required by 8 CCR 5199(h)(9). We will follow these procedures to ensure that we keep these records for each employee: Records are kept in the employees EHS chart.

Copy of Information Given to PLHCP Regarding Exposure Incidents

We will also ensure to keep a copy of the information we give to the PLHCP related to exposure incidents, following these procedures and storing the records in the following manner: Records are stored in the Employees paper chart in Employee Health Services.

Training Records

We will keep documentation of all trainings provided to our employees regarding ATD. Each training record will include the following information:

1. The date(s) of the training.
2. The contents or a summary of the training.
3. The names and qualifications of persons conducting the training or who are designated to respond to interactive questions.
4. The names and job titles of all persons attending the training.

These are the procedures we follow to document the trainings and maintain the records: Documentation on the Medical Evaluation Questionnaire that they employee was provided with training.

We will retain these records for three years from the date the training occurred.

Other Records

Annual review of our ATD Exposure Control Plan

Records of annual review of the ATD Exposure Control Plan will include the following information:

1. Names of the people conducting the review.
2. Dates the review was conducted and completed.
3. Names and work areas of employees involved.
4. Summary of the conclusions.

We will retain the record for three years using the following procedures: Through IP Liaison Committee notes.

Exposure incidents

In addition to maintaining medical records of employees involved in exposure incidents, we will maintain the following documentation of exposure incidents:

1. The date of the exposure incident.

2. The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation.
3. The disease or pathogen to which employees may have been exposed.
4. The name and job title of the person performing the evaluation.
5. The identity of any local health officer and/or PLHCP consulted.
6. The date of the evaluation.
7. The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.

We will maintain these records and ensure they are available to the employees as employee exposure records for at least 30 years, using the following procedures: Employee Health chart is stored for 30 years in Employee Health Storage. Charts are also scanned into a PDF file, stored in Employee Health's Computer files.

Unavailability of vaccines

We will retain records of the unavailability of vaccines. These shall include the following information:

1. Name of the person who determined that the vaccine was not available.
2. Name and affiliation of the person providing the vaccine availability information.
3. Date of the contact.

The person responsible for maintaining these records is: Employee Health Services Manager.

We will retain these records for three years, using the following procedures: Scanned into a Medication file in Employee Health G Drive.

Unavailability of AII rooms or areas (Appendix C)

Any time we require an AII room or area but are unable to locate an available one, we will document the unavailability. In these cases, we will record the following information:

1. Name of the person who determined that an AII room or area was not available.
2. Names and the affiliation of persons contacted for transfer possibilities.
3. Date of contacting the persons for transfer possibilities.
4. Name and contact information for the local health officer providing assistance.

5. Times and dates of contacting the local health officer.

We will not record a patient's individually identifiable medical information as a part of this record. We will retain these records for three years.

Decisions not to transfer a patient for AII (Appendix C)

We will maintain records of any decisions not to transfer a patient to another facility for AII for medical reasons. These will be documented in the patient's chart, and we will also provide a summary to the Plan Administrator providing only the following information:

1. Name of the physician determining that the patient was not able to be transferred.
2. Date and time of the initial decision.
3. Date and time of each daily review and identity of the person(s) who performed them.

This summary record will not include a patient's individually identifiable medical information. We will retain these records for three years.

Inspection, testing, and maintenance of non-disposable engineering controls

We will maintain records of inspection, testing, and maintenance of non-disposable engineering controls, including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems.

We will maintain these records for a minimum of five years, including the following information:

1. Name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance.
2. Date.
3. Any significant findings and actions that were taken.

Respiratory protection program

We will establish and maintain records of our respiratory protection program in accordance with title 8 CCR 5144, Respiratory Protection. These include records of employee medical evaluations, fit test records, and training records.

Obtaining Active Involvement of Employees to Update the Plan

As part of our annual review process to update this ATD Exposure Control Plan, we obtain the active involvement of employees and not just managers and supervisors. Active involvement means more than merely having a form available that employees can fill out at their leisure. Representatives from all departments/units throughout the healthcare district sit on the Safety Liaison Committee and perform an annual review of the ATD Exposure Control Plan in person.

Surge Procedures

Our employees will provide services in surge conditions, such as large outbreaks of aerosol transmissible disease or release of a biological agent. When the event arises, we will implement the surge procedures described below in Infection Prevention policy [IP 1.29 Management of Influx of Communicable Disease Patients](#) and policy [IP 31 Management of a Novel or Highly Infectious Disease Patient](#).

Related Documents: Appendix A



Employee Name: _____ **Employee ID #:** _____
D.O.B. _____ **Department:** _____

Varicella (chickenpox) is a highly contagious virus. Adults often experience longer, more severe cases of chicken pox, with mortality rates 15-25 times higher than in pediatric patients. Chickenpox can be disruptive and a significant cause of lost work days. Patient and staff nosocomial exposure can be costly.

The vaccine is a series of two injections given 1-2 months apart. The vaccine is a preparation of the strain of live, attenuated varicella virus.

Please initial the following below:

_____ **I am not pregnant nor do I plan on conceiving in the next 4 weeks.**
_____ **I consent to have the Varivax vaccine.**

#1 Merck Varivax Lot # _____ Exp: _____ Date/Time: _____

SQ _____ Arm HCP Signature: _____

#2 Merck Varivax Lot # _____ Exp: _____ Date/Time: _____

SQ _____ Arm HCP Signature: _____

_____ **I decline to have the Varivax vaccine.**

I understand that due to my occupational exposure to Varicella (chickenpox) I may be at risk of acquiring the disease. I have been given the opportunity to be vaccinated with Varivax, at no charge to myself. However, I decline the vaccine at this time. I understand that by declining this vaccine, I continue to be a risk of acquiring chickenpox. If in the future I continue to have occupational exposure to chickenpox and I want to be vaccinated with Varivax, I can receive the vaccination series at no charge as long as it is a requirement of my position with Kaweah Delta Health Care District.

Employee Signature

Date/Time

(VIS Given)

Rev: 8/29/19 VW



Print Name: _____ **ID#** _____

Dept: _____ **D.O.B.** _____

Please initial:

_____ **I am not pregnant nor do I plan on conceiving in the next 4 weeks.**

_____ **I consent to have the MMR vaccine.**

1.) Date/Time: _____ Mfg: _____ Lot# _____ Exp: _____

SQ: _____ HCP Signature: _____

2.) Date/Time: _____ Mfg: _____ Lot# _____ Exp: _____

SQ: _____ HCP Signature: _____

_____ I have elected NOT to receive the (MMR) vaccine at this time. I understand that I may elect to receive the MMR vaccine at a later date as long as it is a requirement of my position with Kaweah Delta Health Care District.

Employee Signature: _____ Date/Time _____

() VIS given

Rev: 3/10/20 VW



Tetanus, Diphtheria, and Pertussis (Tdap)

Employee Health Services
202 W. Willow, Ste. 305
Visalia, Ca. 93292
Phone: (559) 624-2458 Fax: (559) 635-6233

Name: (Print) _____

D.O.B: _____ Emp.ID# _____

I have had the opportunity to review the latest CDC VIS (Vaccine Information Sheet) and asked questions regarding the Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine.

Contraindications: If initialed, do not administer:

_____ Allergy to any component of the Tdap Vaccine.

_____ History of Guillain-Barre Syndrome (GBS)

_____ Currently I'll (wait until recovered)

_____ Any other disease of health issue as defined in **VIS** _____

Please initial one of the following:

_____ I consent to receive the Tdap Vaccination:

MFG: _____ Lot #: _____ Exp. _____

IM: _____ Date/Time: _____

HCP: _____

_____ I have elected NOT to receive the TDAP vaccine at this time. I understand that I will be required to wear a mask in all high risk areas (see Policy #EH 07). I understand that I may elect to receive the Tdap Vaccine at a later date if it is a requirement of my position with Kaweah Delta Health Care District.

Employee Signature _____ Date/Time: _____

() VIS Given

Rev: 8/29/19 VW

Declination of Seasonal Influenza Vaccination For Medical Contraindication or Philosophical declination

Employee Name (print)

Employee ID Number & D.O.B.

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Medical contraindication must be re-assessed each year and an updated declination form will be placed in the employee's file yearly.

This Medical Contraindication/Philosophical Declination form must be completed by the Employee and returned to Employee Health Services before November 1, 2020.

My employer, **Kaweah Delta Health Care District**, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve.

I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a scheduled shift through the duration of the influenza season (**2020-2021**).

I have one or more of the following contraindications:

- Documented severe allergy to eggs or egg products- **Egg Free is available.**
 - Personal history of Guillain-Barre Syndrome within 6 weeks of receiving influenza vaccine
 - Severe allergic reaction to previous influenza vaccine
 - Other: (please explain –
-
-

OR,

- I have a philosophical reason for declining the flu vaccination and understand I will have to wear a mask during any shift for the duration of the flu season.

Employee Signature

Date/Time

Rev: 9/24/20 ww

Appendix B:

**KAWEAH DELTA HEALTH CARE DISTRICT
EMPLOYEE HEALTH SERVICES
Initial and Annual N-95 MASK FIT TEST**

Please Print

Last Name:	First Name:	Birthdate:
Emp ID:	Job title:	Dept:

Medical Questionnaire:
This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to wear a respirator (mask). We anticipate being able to approve most people for respirator fit testing based on this questionnaire alone. In some cases, we may ask for more information.

Have you ever had any of the following?

Lung Disease: Yes _____ No _____ **Asthma:** Yes _____ No _____
Heart Disease: Yes _____ No _____ **Hypertension:** Yes _____ No _____

Explain "Yes" answers: _____

Do you have a: Beard Goatee 5 O'Clock shadow at Work

Smoking History: Never Smoked Ex-smoker Presently a smoker

1. Do you get short of breath or wheeze with exertion? Yes No
2. Do you ever get chest pain? Yes No
3. Do you have any medical problems that might interfere with the wearing of a Respirator /mask? Yes No
4. Do you take any medications for treatment of cardiac, respiratory, or blood Pressure problems? Yes No
5. Have you ever had problems wearing a respirator/mask? Yes No

Explain "Yes" answers: _____

Employee Signature: _____ **Date:** _____

<i>Brand & Model Number</i>	<i>3M 1860S</i>	<i>3M 1860</i>	<i>3M 1870</i>	<i>3M 9205+</i>	<i>Other:</i>
---------------------------------	-----------------	----------------	----------------	-----------------	---------------

Fitting:

Satisfactory Qualitative Saccharin Fit Test Instructions for use reviewed Donning and

Removal

Training information given

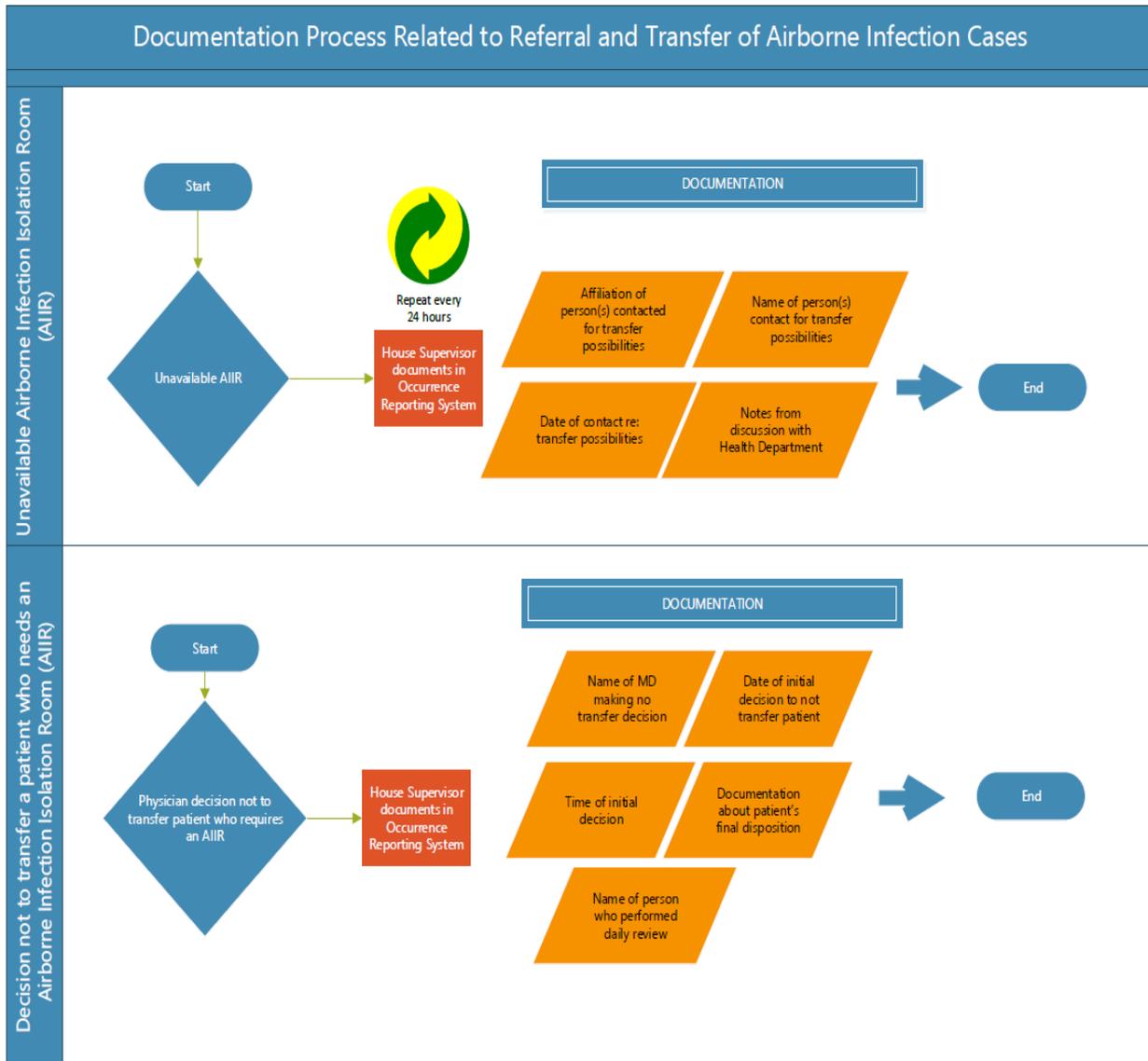
Pass

Fail -Explain: _____

Information given on PAPR

Signature of test administrator: _____ **Date:** _____
Rvsd:3/4/21 sa

Appendix C:



References:

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Policy Number: HR.01	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Purpose and Scope of Manual	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

This manual provides Kaweah Health management, supervisors, and staff with a single reference source for all policies and benefits information relating to Human Resources management. Current policies will supersede all previous policies.

Policies and procedures contained in additional Kaweah Health manuals and relating to topics covered in this manual will be consistent with the policies stated herein. To the extent there is a conflict between this manual and Kaweah Health policies stated in other sources, the policies stated in this manual will override all such inconsistent policies.

In the interest of addressing its mission to provide high quality, comprehensive, cost effective health care services for its community, Kaweah Health reserves the right to direct the supervision of its personnel; to discipline personnel appropriately, including termination of employment; to assign staff to different schedules, working hours, and/or job responsibilities; and to establish and modify its policies and procedures.

PROCEDURE:

I. The policies outlined in this manual apply to all Kaweah Health facilities and personnel. The Employee Handbook and this manual provide detailed information in the following areas:

- Recruitment
- Employment
- Transfer
- Employee Relations
- Compensation
- Benefits
- Attendance
- Leaves Of Absence
- General Information

II. Definitions

An employee is an individual who is hired directly by Kaweah Health to work for wages or salary to perform services subject to the will and control of Kaweah Health, including both management and non-management personnel. These individuals may be eligible to receive District-provided benefits. An employee may be full-time, part-time, per diem, or temporary.

Although the exact title of a job classification may vary, a manager is an individual who, on a regular basis, has supervisory responsibility for a department or a distinct operation similar to a department.

Personnel include employees, students, interns, volunteers, and other non-employees who provide work via a controlled basis. Policies that refer to personnel may reference benefits or rights. The mere inclusion of personnel in policies does not constitute a right by non-employees to the benefits or rights of an employee.

III. Policy Additions/Changes and Updates

This manual cannot anticipate every situation or answer every question about employment; it is not an employment contract or a legal document. To retain necessary flexibility in the administration of policies and procedures, Kaweah Health reserves the right to change or revise policies, procedures and benefits described in this manual, other than the employment-at-will provisions, without notice whenever Kaweah Health determines that such action is warranted.

Any questions regarding the interpretation of this manual should be referred to the Chief Human Resources Officer.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

Policy Number: HR.02	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	
District Commitment & Staff Member Relations	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

The District believes that the best and most rewarding employment atmosphere results from a direct relationship between management and staff members. The District prefers to deal with staff members directly. It is the responsibility of management to encourage staff members to bring their problems and suggestions to their department management team or another member of management, listen to staff member's concerns with respect, make every effort to help solve staff member's problems, and accept constructive criticism with an open mind and without any retribution.

The District will implement fair and effective Human Resources policies and procedures to:

- employ individuals on the basis of their qualifications and with assurance of equal opportunity (Refer to policy HR.12).
- provide salaries and benefits which bear a fair and reasonable relationship to the work performed;
- establish reasonable hours of work; and,
- maintain a work environment that is safe, healthy, and free from harassment.

Kaweah Health promotes staff awareness of appropriate rest and fitness to provide patient care services.

Kaweah Health recognizes that staff may be requested to work additional hours beyond their regularly-scheduled work hours in the event of a staffing short, patient emergency and/or activation of the District's disaster plan.

Kaweah Health expects all personnel to:

- work productively to the best of their abilities and skills;
- arrive at their assigned work area and begin work on time;

- demonstrate a considerate, friendly, and constructive attitude to other personnel, patients, and visitors; and,
- comply with Behavioral Standards and Code of Conduct.
- adopt and display the Organization Values in all interactions with others including:

Vision - We plan for and act to produce an ever-improving future.

Integrity - We are completely honest, candid, and transparent in our dealings.

Care - The patient must be at the center of all we do.

Accountability - We are completely responsible for our results – no excuses.

Respect - We collaborate effectively with others and are socially and interpersonally skilled.

Excellence - We accept nothing less than our very best efforts and expect the same of others.

Kaweah Health retains the right to:

- assign, supervise, discipline, and terminate employees at any time;
- determine and change working conditions, hours and schedules; and,
- establish, change, and delete its policies and procedures.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

Policy Number: HR.03	Date Created: 11/19/2019
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/24/2021
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Just Culture Commitment	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

Kaweah Delta is committed to building, maintaining, and supporting a Just Culture. In a Just Culture, we all share the responsibility for safety, and we work together to improve both our systems and our behaviors. It is a learning environment that encourages and empowers individuals to report errors, risky behaviors, near misses, adverse events and system issues, including gaps in our processes and unsafe conditions, by treating individuals in a fair and just manner and using the information to identify changes that will improve the safety and quality of care and services we deliver. Just Culture supports our Kaweah Care commitment to personal, professional and compassionate experiences for every person, every time through patient-centered, employee and physician-driven continuous improvement.

Policy:

To foster this culture, Kaweah Delta will utilize a fair and systematic approach that balances a non-punitive learning environment with the equally important need for accountability and continuous improvement toward safety goals. This shall include assessing the quality of a choice based on intent toward the action and recognition of risk, evaluating for system contributors that allow or encourage the behavior and making reasonable efforts to work with physicians, staff, leaders and volunteers to redesign the system or its components to prevent and/or mitigate unintended risks or harm.

Individuals will not be disciplined or retaliated against for reporting an error, risky behavior, near miss, adverse event or system issue. Kaweah Delta’s response will be consistent with Just Culture principles and the disciplinary policy and procedures of Kaweah Delta (refer to policy HR.216 Progressive Discipline). Instead of holding individuals accountable for outcomes that may be outside of their control due to system issues, Kaweah Delta will look at how their actions fit within the core behaviors listed in the following table and respond accordingly to the system and individual.

CORE BEHAVIORS	RESPONSE TO SYSTEMS AND INDIVIDUALS
Human Error (unintended action or mistake where something else should have been done)	<ul style="list-style-type: none"> • Assess for contributing factors, and redesign the system to prevent and/or mitigate risk (as applicable). • Console the individual. • Continued human error of a similar nature that has been unresponsive to changes in choices and/or systems may result in additional training, reassignment of tasks, or disciplinary action (as applicable).
At-Risk Behavior (i.e. drift, choice where the risk was not fully recognized or where the choice or is mistakenly believed to be justified)	<ul style="list-style-type: none"> • Assess for contributing factors, and redesign the system to prevent and/or mitigate risk (as applicable). • Coach the individual to help them better recognize the risk and the right choice in the future. • Continued at-risk behavior of a similar nature that has been unresponsive to coaching and/or system improvements may result in additional training, reassignment of tasks, or disciplinary action (as applicable).
Reckless Behavior (choice to take a substantial and unjustifiable risk)	<ul style="list-style-type: none"> • Assess for contributing factors, and redesign the system to prevent and/or mitigate risk (as applicable). • Take immediate steps to stop the individual from engaging in further reckless behavior and consider disciplinary action to strongly discourage this type of choice in the future.

This policy applies to anyone working at any Kaweah Delta department or facility including but not limited to: regular and contingent employees, physicians, agency staff, volunteers and contract workers.

This policy does not replace existing organizational policies and procedures related to reporting, responding to, investigating, and documenting any observed or reported errors, near misses, adverse events, complaints or safety/quality concerns.

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of operational leadership in conjunction with Human Resources, Quality/Risk leadership and other departments where necessary.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”



Human Resources

Policy Number: HR.04	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Human Resources)	
Special Pay Practices	

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Designated departments may have special pay practices which provide for competitive compensation and/or incentives for employees to work varying shifts or additional shifts. All special pay practices are approved by the Hospital and are subject to change at any time. In all cases, Wage and Hour Law will apply.

Pay Practices:

Other Hours- Base rate of pay for additional hours or shifts worked.

Eligible Job Codes:

- Pharmacy: 0360, 0972, 1940
2094, 2093 (hours)
- RN-Nurse Practitioner: 1541 (shift)
- Nurse Practitioner Manager: 1833 (shift)

MICN \$1.50 for active MICN cert
\$1.50 for active TNCC cert

Eligible job codes:

- RN: 0339, 0746 in ED
- Charge Nurse: 1615 in ED
- Assistant Nurse Manager: 0640 in ED

Sleep Pay Hourly rate paid to Surgery and Cath Lab employees for those who require an 8-hour gap between the current shift worked and the next scheduled shift. The employee will be paid at the start of the next scheduled shift but is not expected to work until the 9th hour after finishing prior shift

Private Home Care Holiday Rate is based on where the employee travels. Holiday differential is received for Kaweah Health observed holidays, in addition to Mother's Day and Easter.

Private Home Care On-Call

Eligible Job Codes:

- PHC Staffing Coordinator: 0123 (Base rate of pay for a minimum of 1-hour for on-call)

- Deleted:** <#>House Supervisor: 4000293 (hours)
- Deleted:** <#>Throughput Supervisors: 4002110 (hours)
- Deleted:** 701
- Deleted:** 601
- Deleted:** 701
- Deleted:** 300
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Policy Number: HR.12	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 09/03/2020
Approvers: Board of Directors (Administration)	
Equal Employment Opportunity (EEO)	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah [Health](#), maintains a policy of nondiscrimination with employees and applicants for employment, student interns and volunteers. Kaweah [Health](#) policy prohibits unlawful discrimination or retaliation based on race, color, ancestry, religion, religious creed (including religious dress and grooming), sex, (including breastfeeding and related medical conditions), [an individual's reproductive health decision making](#), sexual orientation (including those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity), sexual harassment, victim of domestic violence, sexual assault or stalking, [hate imagery](#), national origin, disability, medical condition, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), marital status, pregnancy, age, military and veteran services, or any other characteristic protected by law.

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This policy applies to all employees and individuals involved in the operations of Kaweah [Health](#), including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service, unpaid interns, students, or volunteers, and others doing business with Kaweah [Health](#).

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Retaliation is prohibited:

- a. against an individual for filing a charge of discrimination, participating in an investigation, opposing discriminatory practices, and/or coverage under the State's Whistleblower Statute (prohibiting employers from retaliating against employees who report a violation to their employer, rather than the government, protecting employees from "anticipatory retaliation," expanding the protections of the law to include individuals who disclose the information/make the complaint as part of their job duties, covering employees who report violations of local laws, and covering employees who provide information to public bodies).
- b. against an employee who is a family member of a person who has or is perceived to have engaged in protected activities such as managing complaints about working conditions, pay, or whistleblowing;
- c. against employees who request an accommodation regardless of

whether the accommodation is granted;

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All aspects of pre-employment and employment within Kaweah [Health](#) will be governed on the basis of merit, competence, and qualifications. Decisions made with respect to recruitment, hiring and job placement for all positions will be made solely on the basis of the individual qualifications related to the requirements of the position. Likewise, the administration of all other personnel matters such as compensation, assignment, or classification of employees; transfer, promotion, termination, layoff, or recall; job advertisements; testing; use of company facilities; training and apprenticeship programs; fringe benefits; pay, retirement plans, and disability leave; discharge; or other terms and conditions of employment will be free from illegal discriminatory practices.

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- a) Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, including traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, defined as braids, locks and twists, age, religion, or ethnic group, or individuals with disabilities;
- b) Denying employment opportunities to a person because of marriage to, or association with, an individual protected by this policy. Discrimination is also prohibited because of participation in schools or places of worship associated with a particular racial, ethnic, or religious group;
- c) In accordance with California AB 1443 Kaweah [Health](#) will not tolerate discrimination against any person in the selection, termination, training, or other terms or treatment of that person in an unpaid internship, or another limited duration program to provide unpaid work experience for that person, or the harassment of an unpaid intern or volunteer because of any of the protected categories.
- d) Any other consideration made unlawful by Federal, State or local laws.

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To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah [Health](#) will make reasonable accommodations for known physical or mental limitations whether an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation is needed to perform the job. Kaweah [Health](#) will take steps to identify the barriers that make it difficult for the applicant or

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employee to perform the job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of the job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

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Kaweah Health is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the operations of Kaweah Health and prohibits unlawful discrimination by any employee of Kaweah Health, including management personnel, supervisors, co-workers and third parties.

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If an employee believes that they have been subjected to any form of unlawful harassment or discrimination, they are to report their concerns to any Kaweah Health department head, manager, supervisor, Compliance Officer (or directly through the Compliance Call Line), Vice President, the Chief Executive Officer or the Chief Human Resources Officer as soon as possible after the incident. The concerns should include details of the incident or incidents, names of the individuals involved and names of any witnesses. It is helpful that any such reports of harassment be in writing so that there is no misunderstanding as to the nature of the conduct in question. Department heads, managers or supervisors will refer all harassment complaints to the Chief Human Resources Officer or the Chief Executive Officer. Kaweah Health will immediately undertake an effective, thorough and objective investigation of the harassment or discrimination allegations and provide:

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- Confidentiality to the extent possible
- Timely response
- Impartial and timely investigations by qualified personnel
- Document and tracking for reasonable progress
- Options for remedial actions and resolutions
- Timely closure

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If Kaweah Health determines that a violation of this policy has occurred, effective remedial action will be taken in accordance with the circumstances involved.

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Any employee determined by Kaweah Health to have violated this policy will be subject to appropriate Disciplinary Action, up to and including termination of employment. Kaweah Health will not retaliate against an employee for filing a complaint and will not tolerate or permit known retaliation by management, employees or co-workers.

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Kaweah Health encourages all employees to report any incidents of harassment or discrimination forbidden by this policy immediately so that complaints and concerns can be quickly and fairly resolved. Complaints may also be made to the Department of Fair Employment and Housing and/or the Equal Employment Opportunity Commission.

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ADDITIONAL INFORMATION:

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- I. Human Resources will be responsible for formulating, implementing, coordinating and monitoring all efforts in the area of EEO. Human Resource duties relating to EEO compliance will include, but is not necessarily limited to:
 - A. assisting management in collecting and analyzing employment data;
 - B. collecting necessary information and completing an Employer Information Report (EEO-4) for annual submission to the government;
 - C. developing policy statements and recruitment procedures designed to comply with Kaweah [Heath's](#) equal employment philosophy; and
 - D. complying with various reporting requirements and posting notices required to ensure full compliance with all employment-related laws and regulations.

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- II. Human Resources will also provide all applicants for employment a California Employment Applicant Data Form and maintain those forms in a place separate from applications and/or Personnel files.
- III. Any communication from an applicant for employment, an employee, a government agency or an attorney concerning any Equal Employment Opportunity (EEO) matter will be referred to the [Chief Human Resources Officer](#).
- IV. Any questions regarding the interpretation of this manual should be referred to the [Chief Human Resources Officer](#). No changes will be made in any policy and procedure or any deviations authorized without the express written permission of the Chief Executive Officer.

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Policy Number: HR.13	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/18/2020
Approvers: Board of Directors (Administration)	
Anti-Harassment and Abusive Conduct	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Kaweah Delta to provide a work environment free from abusive conduct, sexual or unlawful harassment, and/or any behaviors that undermine a culture of safety. This includes, but is not limited to, race, color, ancestry, religion, religious creed (including religious dress and grooming), sex (including breastfeeding and related medical conditions), sexual orientation (including those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity), sexual harassment, victim of domestic violence, sexual assault or stalking, national origin, disability, medical condition, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), marital status, same-sex marriage, pregnancy, age, military and veteran services, or any other characteristic protected by law.

This policy applies to all employees and individuals involved in the operations of Kaweah Delta, including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service agency, unpaid interns, students, or volunteers, and others doing business with Kaweah Delta.

Harassment and Abusive Conduct as defined is prohibited by Kaweah Delta and is against the law. All must be aware of:

- a. What Sexual Harassment and Abusive Conduct is;
- b. Steps to take if harassment occurs;
- c. Prohibition against retaliation for reporting

Kaweah Delta management and supervisors have a responsibility to maintain a workplace free of all forms of abusive conduct and sexual or unlawful harassment. Kaweah Delta will take all reasonable steps to prevent abusive conduct and harassment from occurring.

Sexual harassment is defined as any unwelcome sexual advances, or visual, verbal, or physical harassment of a sexual nature. It is critical to note that it is the perception of the receiver rather than the intention of the offender that will define behavior which constitutes Sexual Harassment. This definition includes various forms of offensive behavior:

1. **Verbal Harassment Examples:**
Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body.
2. **Physical Harassment Examples:**
Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, when directed at an individual.
3. **Visual Harassment Examples:**
Displaying sexual pictures, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects obscene letters or invitations, staring at an employee's anatomy, leering, sexually oriented gestures, mooning, unwanted love letters or notes.

It is impossible to define every action or all words that could be interpreted as Sexual Harassment. The examples listed above are not meant to be a complete list of objectionable behavior nor do they always constitute Sexual Harassment.

Sexual Harassment does not typically refer to behavior or occasional compliments of a socially acceptable nature. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and unreasonably interferes with work effectiveness.

Abusive Conduct is conduct of an employer or employee, in the workplace, with malice that a reasonable person would find hostile, offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating or the gratuitous sabotage or undermining of a person's work performance.

Abusive conduct behaviors foster medical errors, contribute to poor employee and patient satisfaction, contribute to adverse outcomes, increase the cost of care, and cause employees, and individuals to seek new positions in more professional environments.

Those who are affected or witnesses of Abusive Conduct are encouraged to report any such incidences.

Examples of abusive conduct, intimidating and/or disruptive behaviors include but are not limited to:

- a. Condescending language or voice intonation;
- b. Profane or disrespectful language;
- c. Angry outbursts or yelling, raised voice, name calling;
- d. Disruption of meetings;
- e. Refusal to complete a task or carry out duties;
- f. Intentional failure to follow Kaweah Delta's policies;
- g. Retaliation against any person;
- h. Derogatory remarks about others;
- i. Inappropriate touching or assault;
- j. Starting false rumors about others; gossip
- k. Exclusion or social isolation;
- l. Throwing instruments, charts or other things;
- m. Bullying or demeaning behavior;
- n. Abusive treatment of patients or coworkers;
- o. Sexual harassment; sexual comments/innuendos;
- p. Racial, ethnic, or socioeconomic slurs;
- q. Physical attacks, pinching, patting, slapping, or unwanted touch;
- r. Non-constructive criticism to intimidate, undermine confidence, belittle;
- s. Persistent hostility toward a co-worker;
- t. Blames or shames others for possible adverse outcomes;
- u. Threatening to get someone fired;
- v. Unnecessary sarcasm or cynicism;
- w. Threats of violence or retribution;
- x. Criticizing other caregivers in front of patients or others

Overt and passive behaviors undermine team effectiveness and can compromise the safety and satisfaction of patients and employees. Disruptive behaviors are unprofessional, and are subject to Progressive Discipline (see HR.216) up to and including termination.

Unlawful harassment or abusive conduct in any form, including verbal, physical, or visual behaviors, threats, demands or harassing conduct that affect tangible job benefits, that interfere unreasonably with an individual's work performance, or that create an intimidating, hostile, or offensive working environment, is strictly prohibited. Retaliation for reporting such conduct is also prohibited.

KAWEAH DELTA'S RESPONSIBILITY

Kaweah Delta has an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory, abusive and harassing conduct.

Every department must assure that the work environment is free from all types of unlawful discrimination – including abusive conduct and sexual harassment.

Awareness of sexual harassment and abusive conduct requires prompt corrective action from supervisors and managers.

By law, management is held responsible and has personal liability regardless of whether the employer knew or should have known and/or did not do anything about the harassment, and for the actions of their staff members.

In accordance with California AB 1825, all management will receive at least two (2) hours of Sexual Harassment prevention training every two (2) years. Management who is hired, or personnel promoted to management positions will complete the training within six (6) months of hire or promotion.

In accordance with California AB 2053, abusive conduct training has been incorporated into the sexual harassment prevention training for Kaweah Delta management in order to prevent abusive conduct in the workplace. In addition, in compliance with SB1343, all employees are required to complete a dedicated one-hour training module every other year.

In accordance with SB425- Kaweah Delta will report any written complaint of sexual abuse or misconduct to the appropriate licensing board within 15 days of receiving the written complaint. Individuals may not be aware that their behavior is offensive or potentially harassing.

GENERAL INFORMATION

Once advised of the offending behavior the problem may resolve. If an employee is found to have engaged in sexual harassment, or if a manager is aware of harassing conduct of an employee or individual doing business with the company and does nothing, condones or ratifies it, they may be personally liable for monetary damages. Kaweah Delta will not pay damages assessed against an individual personally. Kaweah Delta takes seriously its obligation to take all reasonable steps to prevent discrimination and harassment from occurring and recognizes its own responsibility and potential liability for harassment by its supervisors or agents.

If harassment does occur, Kaweah Delta will take effective action to stop any further harassment and to correct any effects of the harassment. Whenever possible personnel who feel harassed should inform the harasser that the behavior is unwelcome and unwanted. If this does not resolve the problem, or if the person feels uncomfortable in expressing their concern, they should follow the following procedure:

PROCEDURE:

- I. Any individual who believes that the actions or words of management, fellow personnel, or another person in the workplace constitutes unlawful harassment or abusive conduct, even if there is no loss of job or economic benefit, has a responsibility to report or complain as soon as possible to their chain of command or to the Vice President of Human Resources or designee or Chief Executive Officer.

Anyone with knowledge and certainly anyone in a supervisory or management role has a responsibility to inform the Vice President of Human Resources or designee as soon as possible of any complaint made consistent with this policy.

Individuals can raise concerns and make reports without fear of reprisal or retaliation. All allegations of sexual harassment will be investigated. To the extent possible, confidentiality of the reporting personnel and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure.

- II. The Vice President of Human Resources or designee will inform the

complainant of their rights under appropriate law and the staff member's obligation to secure those rights. Staff members can contact the Department of Fair Employment and Housing for additional information at 800-884-1684 or at www.dfeh.ca.gov

- III. The Vice President of Human Resources or designee will conduct a thorough, objective, timely and complete investigation of the complaint and recommend imposition of appropriate disciplinary actions, up to and including immediate termination of employment, against violator(s).

The investigation process will include but not be limited to the following:

- A. A timely response;
 - B. An investigation performed by qualified personnel in a timely and impartial manner;
 - C. Documentation and tracking for reasonable progress;
 - D. Appropriate options for remedial actions and resolutions;
 - E. Closure in a timely manner
- IV. Results of the investigation will be communicated to the complainant, to the alleged harasser, and, as appropriate, to all others directly concerned.
- V. If an investigation reveals that a member of Kaweah Delta's Medical Staff is involved or implicated, the matter will be investigated by the Vice President of Human Resources or designee in consultation with the Medical Staff Leadership. The appropriate Kaweah Delta Vice President, Chief Medical Officer and Chief Executive Officer will be kept informed as appropriate.

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Policy Number: HR.14	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 01/20/2022
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Non-English/Limited English Speaking, and/or Hearing Impaired Individuals- Non Discrimination	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Kaweah Delta that no otherwise qualified individual shall, solely by reason of his/her inability to either speak English, or solely as a result of his/her hearing impairment, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any Kaweah Delta program or activity. This policy is pursuant to Section 504 of the Rehabilitation Act of 1973.

PROCEDURE:

I. Employees and Applicants for Employment

All aspects of employment with Kaweah Delta will be governed on the basis of merit, competence, and qualifications. However, because instant and coherent communication skills are mandated by the critical nature of patient care needs, fluency in the English language will be required of all employees having patient contact or with the potential of having patient contact. All employees, however, are free to speak in the language of their choice during meal and break periods.

II. Complaints and/or Reports of Discrimination

Complaints and/or grievances regarding this policy from applicants for employment and/or from employees should be directed to the Vice President of Human Resources or designee. Complaints and/or grievances regarding this policy from patients, their family members, and/or members of the public should be reported in accordance with the guidelines outlined in the Administration Policy Manual, AP.88.

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Policy Number: HR.15	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Request for Reconsideration of Work Assignment Based Upon Religious and/or Cultural Reasons	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Through the appropriate staffing of a highly skilled and professional workforce, Kaweah Health will ensure that the needs of all patients are met. It is the responsibility of management to ensure that the needs of each patient are given the highest priority.

An employee of Kaweah Health may request not to participate in an aspect of patient care, including treatment, where there is a perceived conflict with the employee's cultural values, ethics, and/or religious beliefs.

Example: An employee whose religion does not believe in the transfusion of blood products may request to be removed from this aspect of care.

Example: An employee caring for a terminal vegetative patient may have personal ethical differences with a family's decision to remove nutrition support and may ask to be removed from this assignment.

To ensure that the needs of the patient are met, when an employee requests reconsideration of a work assignment based upon religious and/or cultural reasons it is expected that the employee will continue to provide care until arrangements can be made.

PROCEDURE:

- I. To provide uninterrupted quality care to our patients, a staff member is encouraged to speak directly with his/her department supervisor prior to being assigned or prior to any potential assignment about any aspect of patient care, including treatment s/he believes is in conflict with his/her cultural values, ethics, or religious beliefs.

This discussion will include:

- A. The specific concern and aspect of patient care that the staff member finds in conflict with his/her cultural values, ethics, or religious beliefs;

- B. Possible alternative which may be put into place to allow the patient to remain assigned to the staff member;
- C. Reassignment of the patient to another staff member; and/or,
- D. Transfer of the staff member to a vacant position in another department where the conflict does not exist.

The staff member may be asked to put into writing any concern regarding the specific aspect(s) of patient care, including treatment, which are in conflict with his/her cultural values, ethics, or religious beliefs. Where this is the case, the written copy provided will become a part of the staff member's Human Resources record.

Management will ensure that any conflict will be resolved and any action taken pursuant to this policy will not negatively affect a patient's care, including treatment. To the extent necessary, this will be done by assigning another qualified employee to provide the patient's care.

- II. An employee does not have the right to refuse to care for a patient due to the patient's race, color, sex (including breastfeeding and related medical conditions), gender expression, sexual harassment, religion, religious creed (including religious dress and grooming), national origin, genetic information (GINA Act of 2008), pregnancy, age, physical or mental disability, sexual orientation, or any other characteristic protected by law;
- III. A staff member's request for reconsideration of work assignment will likely result in limiting or reducing the types of assignments and/or departments to which the employee may be scheduled. This limitation may result in fewer employment opportunities with Kaweah Health for the employee. Any such actions will be considered to be a voluntary choice on the employee's part.
- IV. Kaweah Health will make every effort to accommodate an employee's request for reconsideration of work assignment based on religious and/or cultural differences. However, there may be times when the employee's request may not be accommodated. Where this is the case, the employee will be required to continue to provide care to the patient in a courteous, caring, and professional manner.

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Policy Number: HR.16	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Reasonable Accommodation & Medical Fitness for Work	

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POLICY:

It is the policy of Kaweah Health to comply with the Americans with Disabilities Act (ADA), the Fair Employment and Housing Act (FEHA), and the comprehensive civil rights laws that prohibit discrimination against a qualified applicant or employee because of his/her disability. Under the ADA and FEHA, qualified individuals with disabilities must have equal access to all aspects of employment that are available to employees without disabilities. The District also complies with the Labor Commissioner's office with regard to the rights of victims of domestic violence, sexual assault and stalking.

Pursuant to the ADA and FEHA, Kaweah Health will provide reasonable accommodation to a qualified applicant and/or employee with a disability to allow him/her to perform the essential functions of his/her job, unless the accommodation would create an undue hardship for the employer.

Kaweah Health will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability.

Kaweah Health will take steps to ensure that all staff members are medically able, with or without reasonable accommodation, to perform the duties and responsibilities expected of and assigned to him/her. At any time during the employment relationship, if management has reason to believe that the District personnel is not free of communicable disease, or is not able to perform the duties and responsibilities to which s/he is assigned, s/he may be asked to report to Employee Health Services and/or to a licensed medical practitioner of the District's choice for a medical examination. The District will be responsible for the cost of this examination.

DEFINITIONS:

Reasonable Accommodation: Reasonable accommodation can be considered as the logical adjustment to a job or work environment that enables a disabled person or an individual who is a victim of domestic violence, sexual assault or stalking to perform the essential functions of his/her job Kaweah Health is required to provide reasonable accommodation for qualified individuals with physical or mental limitations including

mental health conditions such as depression and post-traumatic stress disorder. Reasonable accommodation includes, but is not limited to:

- Modifications or adjustments to an application, examination, or interview process that will enable a qualified applicant with a disability to be considered for the desired position; or
- Modifications or adjustments to the work environment, or to the method under which the position held or desired is routinely performed, that enables a qualified individual with a disability to perform the essential functions of that position; or
- Modifications or adjustments that will enable an employee with a disability to enjoy the same benefits and privileges of employment as those enjoyed by similarly situated employees without disabilities.

Kaweah Health may choose to provide an alternative accommodation other than the one requested by the employee, as long as it is effective in assisting the employee in performing his/her essential job functions.

Each reasonable accommodation situation is evaluated on a case-by-case basis; so that the accommodation provided meets the needs of the individual with the disability, and will allow him/her to perform the essential functions of his/her job. Examples of Reasonable accommodation may include any or all of the following:

- Purchase of an assistive device
- Worksite modifications
- Job restructuring
- Reassignment to another position
- Removal of an architectural barrier
- Purchase of assistive services
- Modified work schedule
- Removal of communication barrier
- Special testing/Interview arrangements
- Leave of absence

Essential Functions: Essential functions are the tasks that are fundamental to the job. A job function may be considered essential for any of the following reasons:

- The position exists to perform the function.
- The function is highly specialized and the employee in the position was hired for his/her expertise in performing the function.
- There are a limited number of employees to whom the performance of the function can be assigned.

Individual With a Disability: An individual is considered to be disabled if he/she:

- Has a permanent physical or mental impairment that limits the performance of one or more major life activities; or
- Has a record of such an impairment; or
- Is regarded as having such impairment.

Physical or Mental Impairment: Physical or mental impairment includes, but is not limited to any physiological disorder or condition, cosmetic disfigurement, anatomical loss affecting one or more of the body systems, or any mental or psychological disorder. Examples of conditions that would constitute disabilities because they limit a major life activity include paralysis, hearing or vision loss, epilepsy, and cancer.

Major Life Activities: Major life activities include self-care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The list of major life activities is not exhaustive.

Functional limitations: Determining whether a functional limitation in performing essential functions exists due to a physical or mental impairment is the first step in establishing whether an individual is entitled to a reasonable accommodation. Many impairments do not affect a person's life to the extent of limiting a major life activity. An impairment rises to the level of limiting a major life activity when it makes the performance of a major life activity difficult. When evaluating a reasonable accommodation request, Kaweah Health considers several factors in assessing the functional limitation(s) a physical or mental impairment causes in performing essential functions:

- The specific physical or mental limitation or medical condition which requires an accommodation;
- The duration or expected duration of the impairment; and
- The permanent or long-term impact, or the expected permanent or long-term impact of, or resulting from, the impairment.

REQUESTING REASONABLE ACCOMMODATION¹:

- I. Notice: Kaweah Health has established procedures for requesting a reasonable accommodation to ensure there is an interactive process with the individual requesting such an accommodation. However, written requests for accommodation are not required.

An applicant or employee who believes that s/he is in need of an accommodation must notify his/her department manager or director and/or a Human Resources Director. A department manager or director who receives a request for accommodation from an employee shall then notify a Human Resources and/or Employee Health. All requests for reasonable accommodation, whether written or verbal, must provide the following information:

- A. The type of accommodation requested;
- B. An explanation of the limitation for which the accommodation is needed; and
- C. A description of how the accommodation will allow the individual to perform the essential functions of his/her job.

If an employee notifies their manager or director of their disability without an explanation or request for a reasonable accommodation the manager/director must notify Human Resources and/or Employee Health to insure notice of the disability is appropriately documented and the employee is assessed to determine if an accommodation is appropriate or feasible. There may be times where the District may be unable to provide an accommodation, including situations which impose an undue hardship on the District or present an undue risk to the health and safety of the individual, other employees or patients.

If a manager or director encounters an employee situation where he/she suspects the employee has a problem that may require reasonable accommodation but, where there has not been a request for reasonable accommodation, the manager/director must notify Human Resources and/or Employee Health to assess the employee to appropriately document any disability and to determine if an accommodation is appropriate or feasible.

II. Medical Documentation

- A. The applicant or employee seeking reasonable accommodation may be required to provide Human Resources with medical documentation from his/her treating health care provider regarding the medical condition for which the employee is requesting accommodation in order to evaluate his/her eligibility for an accommodation. The documentation must include the following information regarding the employee's medical condition:
 - 1. major life activities hindered and the manner in which each activity is hindered;
 - 2. whether the medical condition is permanent or temporary;
 - 3. the estimated length of the medical condition (if the medical condition is temporary);
 - 4. the functional limitations as they relate to the employee's job duties and the impact on the individual's ability to perform the

5. essential job functions; and
the type(s) of reasonable accommodation requested for the employee and how it will help the employee to perform his/her essential job duties.
 - B. The documentation should not include the underlying medical condition at issue unless specifically requested by a physician working on behalf of the District.
 - C. The medical documentation must be written/typed on the official letterhead stationary of the health professional or health professional's organization. The documentation must identify the health professional's credentials (e.g., M.D., D.O, N.P., P.A.) and practice specialty (e.g., Physician, Nurse Practitioner, Physical Therapist) and be signed and dated by the health professional.
- III. The Director of Human Resources and the Manager of Employee Health will provide guidance to managers, directors, and persons requesting reasonable accommodation at all stages of the process. The Director of Human Resources will evaluate each reasonable accommodation request on a case-by-case basis. The decision to grant or deny a request for accommodation will be made only after considering all essential information, including but not limited to input from the employee, his/her supervisor, and his/her health professional. The individual requesting an accommodation is not automatically entitled to the accommodation he/she requests; however, an individual may refuse an accommodation offered by Kaweah Health.

Current employees are expected to continue to perform all essential job functions while a request for reasonable accommodation is being considered. If that is not possible, the employee may request a leave of absence. A request for a leave of absence which is granted is considered an accommodation.

- IV. Interactive Process: As soon as reasonably possible upon receiving a request for reasonable accommodation by a disabled employee or applicant, Kaweah Health and its representatives must engage in a timely, good faith, interactive process to determine effective reasonable accommodations. To ensure that all effective accommodations have been considered, the Director of Human Resources and the employee's manager must discuss the request with the employee. This is particularly important when the specific limitation, problem, or barrier is unclear; where effective accommodation is not obvious; where modifications to the request may be appropriate; where the parties are choosing between different possible reasonable accommodations; or in other situations where the interactive process can further promote resolution of the request for accommodation. The interactive process should take place in person, unless it is impractical to do so. The interactive process with the employee or applicant shall include, but is not limited to:
- A. Discussing the purpose and the essential functions of the specific position;
 - B. A review of the medical documentation and other documentation related to the request;
 - C. Reviewing how the functional limitations of the disability can be overcome with reasonable accommodation;

- D. Identifying potential accommodation options;
- E. Evaluating the effectiveness of each potential accommodation option;
- F. Documenting all options discussed and reasons for selecting particular option(s);
- G. Implementing the most appropriate option(s), Keeping the applicant or employee informed until accommodation is provided or denied.
- H. Whether the reasonable accommodation would impose an undue hardship on the District or present an undue risk to the health and safety of the individual, other employees or patients.

- 1. The applicant/employee is expected to cooperate in the interactive process, in good faith, by submitting medical information as necessary and participating in discussions regarding possible accommodations. Failure to comply with this policy will result in denial of an accommodation request and/or a determination that the employee is unable to perform the essential functions of his or her job.

V. THE ONGOING INTERACTIVE PROCESS

Kaweah Health is required to make reasonable accommodations for qualified persons with disabilities. The duty to accommodate is a continuing duty that is not exhausted by one effort. If Kaweah Health becomes aware that an accommodation is not working, it must consider alternative accommodations. The Chief Human Resources Officer or his/her designee and the manager must further engage in the interactive process with the employee to identify appropriate accommodations, as discussed above. Prior to any substantive modification or adjustment of a previously granted accommodation, the Chief Human Resources Officer must be consulted. Furthermore, prior to the denial of any newly requested accommodation, the Chief Human Resources Officer must also be consulted.

VI. GRIEVANCE PROCESS

Any persons who believe that he or she has been subjected to discrimination on the basis of disability and/or has been treated in a manner that is contrary to the policy stated above, may file a complaint with the Human Resources department. Complaints should be in writing and set forth the problem or action alleged to be discriminatory as well as the remedy or relief sought by the complainant. Human Resources will conduct an investigation of the complaint and take any and all necessary action arising out of the complaint.

The District will not retaliate against anyone who files a complaint or cooperates in the investigation of a complaint.

¹ This procedure is neither exhaustive nor exclusive. The District is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA, FEHA and all other applicable federal, state, and local laws.

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Policy Number: HR.17	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Language Resource Assistant Program	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health maintains interpretation options to facilitate communication in many languages. Kaweah Health staff members who have been evaluated for their bilingual skills are identified as Language Resource Assistants.

PROCEDURE:

I. Language Resource Assistants (LRA)

If an employee or health care provider determines that an "in person" interpreter is either necessary or preferred when communicating with a patient or a member of a patient's family, the staff member may contact the Interpreter Services Department for a listing of participants in the Language Resource Assistant Program. This listing is also available through Kaweah Compass, Directories, and Interpreter Directory.

Kaweah Health provides a system to identify and compensate qualified interpreters who interpret in situations involving patient care and hospital services. To be eligible for participation the staff member must first fill out a Language Resource Application to Test to demonstrate their competence through:

- A. Language assessment through Kaweah Health Interpreter Services Department; or,
- B. Language assessment through an identified agency qualified to provide assessment for any particular language.

Once the staff member has gone through the evaluation process, he/she will be identified as having general or clinical/advanced skills. The new LRA will be issued an

orange pin for general skill level or a dark blue pin for clinical skill with the words Language Resource Assistant imprinted on it. This pin will be worn on their employee identification badge.

To be eligible for compensation for interpretation services, staff members must have been determined as qualified and as a participant in the Language Resource Assistant program prior to the interpretation.

This compensation will be provided only for actual time of interpretation if the LRA is pulled outside their regular line of work or work area. Interpretation must be directly related to patient care and/or hospital business. Staff members will record all time spent interpreting on LRA Log Sheet and secure the requesting supervisor's approval and signature on the sheet prior to submission to the Interpreter Services Department for data retrieval prior to it being sent to the Payroll Department for payment. The log must be submitted on a weekly basis; by 9am on Monday. An LRA will lose his/her ability to be paid if any fraudulent occurrences are documented.

The Language Resource Assistant will read and agree to abide by the National Code of Ethics and Standards of Practice which is available at

<https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Code%20of%20Ethics.pdf>

In addition, a Language Resource Assistant fully understands that they may be scheduled for or receive information for additional training and receive resources that will assist them in improving their bilingual skills.

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Policy Number: HR.28	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/31/2019
Approvers: Board of Directors (Administration)	
Recruitment and Selection of Staff Members	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health, personnel will be employed on the basis of their training, experience, skill, aptitude, reliability, past performance and other indications of their ability to perform the essential functions and requirements of the job, and their willingness to partner with Kaweah Health, in the provision of high quality patient care in accordance with established employment policies.

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It is the policy of Kaweah Health, to select the strongest candidates for employment by ensuring that the following steps are taken prior to extending an offer of employment:

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- A. Ensure a complete and accurate Job Description, including Physical Requirements, is on file with Human Resources;
- B. Ensure the essential functions of the job have been identified;
- C. Ensure the prospective employee meets the minimum requirements of the position.

Further, it is the policy of Kaweah Health, to adhere to the philosophy and principles of Equal Employment Opportunity and comply with all local, state, and federal laws applicable to recruiting, interviewing, and selecting employees. All candidates for employment, internal and external, must apply through the Human Resources Department in order to ensure proper screening and consideration, as well as to maintain the appropriate applicant documentation. Further, management will refer all contacts with applicants and employment agencies to Human Resources. (See HR.12- Equal Employment Opportunity.)

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All offers of employment will be contingent upon successful completion of a background screening, employer sponsored post offer/pre-employment medical examination, including drug screen, and proof of candidate's legal ability to work in the United States. (See HR.36- New Hire Processing.)

PROCEDURE:

I. Responsibility of Management/Human Resources

- A. Hiring Manager must submit a request for a job requisition, with approvals from appropriate Manager, Director and Chief Officer, for recruitment of new and replacement positions.
- B. Upon receipt of an approved requisition, Human Resources will post position and source qualified applicants, including internal candidates. External candidates apply through the career site and internals apply through Workday on the Jobs

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- C. New and replacement positions will be posted online for a minimum of five days to allow equal opportunity for applicant consideration. Internal departmental postings are acceptable when position is limited to current employees within the department or include changes in Shift or Status. The internal posting will allow departments to adjust to changing staffing needs within the department.
- D. Human Resources will maintain a recruitment program that meets the needs of the organization and will continually search for new means and sources to expand our workforce and support patient care.
- E. Human Resources will ensure that all job applicants complete an application for employment. (Will provide accommodation to any applicant who experiences difficulty with the application process and requests reasonable accommodation.)
- F. Human Resources will review qualified applicants and forward selected candidates to the appropriate hiring manager.
- G. Hiring Manager will interview, assess and select candidates to determine the preferred candidate utilizing effective and legal practices. During the interview process, hiring leader will ensure application for employment is complete and accurate, as well as confirm prospective candidate meets minimum position requirements. (An interview panel must be coordinated for all management and director vacancies.)
- H. Following interviews, the hiring manager will notify Human Resources of selection decision.
- I. Human Resources will be responsible for extending the contingent offer to the selected candidate, including hourly rate, benefit eligibility, start date and other relevant information. Human Resources will provide an appropriate starting pay rate based on Kaweah Health's current Compensation Program.
- J. Human Resources will notify the hiring manager on job offer acceptance and pre-employment clearances and start date.
- K. Human Resources will validate job requirements (licensure/certification, degree, driving record, etc.) and will ensure that post-offer background screening (including regulatory components, criminal convictions, employment verifications and professional references), pre-employment medical examination and drug screen are satisfactorily completed prior to the employee's start date.
- L. The Hiring Manager will notify candidates who have been interviewed and not chosen for the position.
- M. Human Resources will maintain internal/external applications, received and appropriate records of the selection process for two years from application date.

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II. Eligibility for Rehire

If a qualified applicant has been employed previously by Kaweah Health, a review of the former Human Resources file must be completed to determine eligibility for re-employment. Review will include assessment of employment record and circumstances of the termination

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Applications from former employees will be considered case-by-case with consideration of the job opening and other relevant factors.

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Policy Number: HR.31	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Transfers	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Employees of Kaweah Delta Health Care District who have successfully completed one year of employment in their current position may request a transfer to a posted position. Employees must complete an online [transfer application](#). The one-year employment requirement may be waived with approval of both departments leadership.

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Employees may initiate a transfer [application](#) when in Disciplinary Action, as long as the potential department leader is made aware of all performance issues. [The potential leader must review employee's HR personnel file and connect with current manager to discuss candidacy before selection decision is determined.](#)

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Each [application](#) for transfer will be reviewed, [and evaluated](#) comparing the employee's qualifications with the requirements of the job. If two or more applicants are equally qualified for the position, preference will be given to in-house employees. When two or more equally qualified in-house employees are being considered for the position, past performance and length of service will contribute to the final decision.

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PROCEDURE:

1. Employees who have successfully completed one year of employment may apply for any posted position by completing a [transfer application](#). [Current employees will apply within their Workday account by searching Jobs Hub and completing an application for the applicable position.](#) The one-year period may be waived with the approval of the involved departments leadership.

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2. All employee transfers will be processed in the following manner:

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A. Each [application](#) will be [screened by Recruitment for the minimum job requirements and if qualified will be sent to the hiring department leader.](#) [The hiring department leader will evaluate the employee's qualifications with the requirements of the job. The leader's application review will include a Human Resources personnel file check for past performance and current or previous disciplinary action.](#) [The hiring leader will contact HR employee records to schedule the file review.](#) [In addition, the hiring](#)

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manager must connect with current manager to discuss job performance and adherence to behavioral standards. This review must be completed before final candidate selection/offer. This requirement does not apply if transfer is to a new position with the same leader

- B. The most qualified candidates will be contacted for interview.
- C. It is the employee's responsibility to notify his/her current department leaders that he/she is a final candidate when confirmed a pending job offer. This discussion must occur prior to finalization of the transfer request.

1. A minimum of two to four weeks written notice will be given by the employee to the present department leader. The actual length of time between written notice and the transfer will be determined jointly by the employee's prior and new department leaders.

2. The rate of pay for the transfer position will be determined in accordance with the current Compensation Program.

A. If internal equity indicates a reduction of \$.25 or less, no reduction will apply. If the employee is moving to a different leader or substantially different position, the prior leader must complete a performance evaluation to meet Title XXII requirements. Refer to the Intent to Demote Policy.

B. If the employee receives a promotion between July 1-October 14, their promotional rate will take into account that their next merit will be effective October of the following year. Question What constitutes a promotion? Example an employee moves up 2 grades but receives no increase due to experience in the new position, Employee moves to a new position in the same pay grade but receives an increase due to additional applicable experience in the new position. Question; The employee promotes to a position with a higher pay grade but due to experience compensation is lower. Do we offer any level of pay protection – seems harsh to exclude them from merit

C. If the employee is moving to a position that is within 4% of the current grade (as measured by the midpoints), the pay rate will be evaluated for internal equity. If the employee is moving to a different leader or substantially different position, the prior leader must complete a performance evaluation to meet Title XXII requirements.

3. The hiring manager is responsible for initiating a job change to transfer the employee.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human

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Transfers 2¶

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OR-
Do we need a more clear definitions of Demotion/Promotion?

Also, with our common review date, are we eliminating the requirement of the prior leader completing the short PFP form?

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Deleted: If a demotion or voluntary move to a position that has a grade that is at least 4% lower, the evaluation date will be adjusted to one year from the date of the transfer. A pro-rated merit may not apply based on internal equity.

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Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."

Policy Number: HR.34	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Employment of Relatives	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Kaweah Health to provide the most professional staffing possible by minimizing employment situations which may and /or has resulted in problems of supervision, safety, security, morale, or a conflict of interest. Employment of relatives, regardless of status, refers to the immediate family of an employee, which for the purposes of this policy, includes the following:

Wife	Mother	Mother-in-Law	Aunt	Son-in-Law
Husband	Father	Father-in-Law	Uncle	Daughter-in-Law
Daughter	Sister	Sister-in-Law	Niece	First Cousin
Son	Brother	Brother-in-Law	Nephew	"Step" Relationships
Grandparents	Domestic Partners			

An individual will not be hired, nor promoted or transferred into the same department in which one of the above family members would have supervisory authority over the other, evaluate the work performance, make or recommend salary decisions, or audit the work of the other. Relationships where employees are supervised by the same department management or supervisor will be considered on a case by case basis for appropriateness; final decisions will be made by the Department Leader and Vice President, in consult with the Vice President of Human Resources and the CEO.

PROCEDURE:

1. No individual will hold a job in which he/she would be supervised by a family member. If two employees marry or become related after being employed and the potential problems stated in this policy exist, a decision will be made by the Hospital on which employee will remain in the department. Criteria generally used may include performance, experience, department need and length of service.
2. The affected employee will have the following options:

- a. Transfer to another section of the department under a different supervisor (if there is a vacancy or the department is able to exchange employees), or
 - b. Transfer to a different shift (if the department has a vacancy or the department is able to exchange employees), or
 - c. Transfer from the department to a vacant position in another department, if qualified.
3. The employee must actively seek a transfer and must comply with the transfer procedure established by Human Resources. If none of the options listed above or if reasonable accommodations cannot be made to eliminate actual or potential problems that arise when two employees marry or become related in a reasonable time frame, the District reserves the right to terminate the affected employee. The Department Leader and the Chief Human Resources Officer will develop appropriate interim measures.

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Policy Number: HR.36	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 11/04/2019
Approvers: Board of Directors (Administration)	
New Hire Processing	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

All applicants who have accepted an offer of employment with Kaweah Health, will be required to successfully complete all steps of the new hire process prior to their first day of work, including background check, post offer/pre-employment medical exam, drug screen, and new hire paperwork. This process maintains compliance with The Joint Commission, Title XXII, OSHA requirements, The Americans with Disabilities Act, and all Federal, State and Local regulations. Applicants who refuse any part of the medical exam, drug screen or new hire processing will not be hired.

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PROCEDURE:

I. Background Check Results

After the contingent job offer is extended and accepted, applicants are asked to disclose information to Human Resources concerning criminal conviction history. Analysis of criminal convictions will be individually assessed by Human Resources based on the nature and gravity of the offense or conduct, the time that has passed since the offense, conduct and/or completion of the sentence, and the nature of the job held or sought.

Deleted: At the time of employment application submittal, applicants are provided with appropriate legal notifications concerning consumer reports (background check) and submit authorization allowing Kaweah Delta to submit the background check to a third-party vendor.¶

Following acceptance of the contingent job offer, a third-party background check is initiated for completion. Applicants are then provided with an electronic email link from the background vendor providing their legal rights concerning consumer reports (background check), and submit authorization allowing Kaweah Health to run background check.

When background results are returned to Human Resources, they are reviewed for consistency with the information disclosed by applicant within the disclosure form and employment application. If results are consistent with what was disclosed and if the criminal history results are not relevant to employment at Kaweah Health, Human Resources will clear the background check and continue with the new hire process.

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When background results are not consistent with what was disclosed by applicant, or if the report contains information that raises concern regarding work performance, an assessment will be undertaken by Human Resources. If the results of the assessment determine that the offer may be withdrawn, the adverse action process may be initiated.

II. Adverse Action Process

The third-party vendor completing the background check is considered a consumer reporting agency. As such, per the federal Fair Credit Reporting Act, before taking an adverse action based on information contained in a consumer report (background check), Human Resources will:

1. Provide the subject of the report a "Pre-Adverse Action" notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state law notices.
2. Allow ~~ten (10)~~ days for the applicant to review the report and contact the third-party background company to dispute any information the consumer believes to be inaccurate or incomplete.
3. If the applicant does not file a dispute (or based on the results of a dispute investigation), Human Resources may take adverse action. The applicant will be provided with a "Final Adverse Action" Notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act". Adverse action will result in the withdrawal or rescission of the job offer.

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III. Medical Exam and Drug Screen

Upon clearance of the background check, prospective new hires will be scheduled for a post-offer/pre-employment medical examination at Employee Health Services within 30 days of start date.

The exam is performed utilizing the physical requirements outlined in the job description. The exam will include but not be limited to: drug screen, TB skin test (PPD), diagnostic lab work and immunizations if determined to be necessary by the position to be hired for and the examining practitioner. (See Policy EHS 11- Immunization Requirements for Health Care Workers.) In the event that Employee Health receives a report indicating temporary or permanent work restrictions or presence of a communicable disease, the Employee Health Services Manager, with Medical Director guidance, will make the decision as to whether or not the individual is cleared to be hired for the position offered. If the applicant is deemed to be unable to perform his/her job duties, the applicant will be given the opportunity to request a reasonable accommodation that would allow the new hire with a qualified disability to perform the essential functions of the job, unless the accommodation would create an undue hardship for the organization. (Please refer to HR.16 Reasonable Accommodation & Medical Fitness for Work.)

Employee Health Services notifies Human Resources of clearance or non-clearance results after completion of the post-offer/pre-employment medical examination and drug screen. Prospective new hires will receive notification from Human Resources if it is determined that they are not fit for employment as a result of the medical exam and/or drug screen.

IV. New Hire Processing

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Upon clearance of the background check, prospective new hires will be scheduled for a processing meeting in Human Resources. New hires will be required to show proof of their right to work in the United States, provide social security card (for payroll and tax purposes only), as well as original licenses, certifications or registrations required for their job.

Deleted: This meeting will include completion of all paperwork required for new hires.

Electronic new hire paperwork will become available for the new hire to complete in Workday in advance of their start date and is expected to be completed no later than day one of employment.

V. Rescinded Job Offers

Job offers may be withdrawn or rescinded due to reasons including results of the background report or drug screen, failure to verify ability to work in the United States, failure to fulfill all components of the employment process in a timely professional manner, and in some cases, the results of the post-offer/pre-employment medical examination (per HR.16- Reasonable Accommodation & Medical Fitness for Work).

VI. Proof of right to work in the United States

Kaweah Health will comply with the Immigration Reform and Control Act of 1986 which prohibits the employment of unauthorized aliens and requires all employers to implement an employment verification system.

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VII. E-Verify

Kaweah Health participates in E-Verify (effective 7/10/2023) and will provide the federal government with Form I-9 information from each new hire to confirm work authorization.

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Policy Number: HR.37	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 11/21/2017
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Introductory Period	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

All newly hired and rehired must serve a six (6) month introductory period. This will give the District an opportunity to evaluate the employee’s performance and will also provide the employee with an opportunity to gain experience and to determine whether s/he wishes to continue employment with the District.

Completion of the introductory period does not guarantee continued or permanent employment with the District and, notwithstanding the completion of the “Introductory Period” employees will continue to be “at will” and may be terminated from their employment in accordance with Health and Safety Code Section 32121(h): that is “at the pleasure of the Board of Directors.”

PROCEDURE:

- I. At the time of hire, all newly hired and rehired staff members are notified of the introductory period. The introductory period shall be for six (6) months from the date of hire.
- II. The introductory period is applicable to all District policies, unless specifically excluded as stated in this policies and procedures manual.
 - A. Employees of the District are “at will” which means that they serve at the pleasure of the Board of Directors. The District maintains a review process for certain disciplinary actions taken by the District and this process is available to employees who have successfully completed the introductory period. Access to the review process does not change the “at will” nature of employment at the District.

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Policy Number: HR.46	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 01/29/2019
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Orientation of Kaweah Delta Personnel	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Delta Health Care will conduct a structured General Orientation program for all new employees to ensure employees are knowledgeable of important topics and to assist them in adjusting to their new work environment. All newly hired and rehired employees of Kaweah Delta are required to attend General Orientation as their first day of employment and to complete any additional Kaweah Delta orientation requirements (Patient Care, Nursing Services, RN orientations, etc.) within thirty (30) days of their initial day of employment.

Exceptions may be allowed based on staffing needs and must be approved by Human Resources.

All rehires must comply with the above mandated Kaweah Delta orientation requirements, with the exception of employees who have had a break in service equaling less than 12 months and have also completed Orientation/Annual Competencies for the job they are being hired into within the 12 months preceding their rehire date. General Orientation is organized by Human Resources and the Organizational Development Department and is offered routinely. Additional Kaweah Delta orientation for clinical staff is organized by the Clinical Education Department.

Each department will conduct a department specific orientation for all personnel joining their department. (This includes new hires, re-hires, transfers, forensic staff, contracted/temporary agency staff, volunteers and clinical students).

Management of the department will also provide a specific orientation for personnel new to management/leadership positions.

All non-employee categories, including but not limited to Temporary staff, Travelers, Registry, Volunteers, Students, Agency and Contracted Staff are required to be oriented to Kaweah Delta and department. Refer to HR Policy 233 Non-Employees for further detail.

PROCEDURE:

Scheduling

Scheduling of employees in General Orientation will be coordinated by Human Resources and attendance monitored by Organizational Development. Managers and supervisors will be responsible for ensuring that all employees attend the orientation as scheduled.

Orientation Compensation

All orientation programs for employees will be considered as regular hours. Such hours will be included in computing hours worked and overtime, as well as hours toward qualification for benefit accruals.

Department Orientation Checklist

Within forty-eight (48) hours of the first day of work at their assigned location, each staff member will complete, have signed, and submit to Human Resources, the original copy of the KDHCD Department Orientation Checklist.

Management Orientation Checklist

Each staff member new to a management role will work with their direct supervisor to plan their management orientation using the Management Orientation Checklist. The completed checklist must be signed and submitted to Human Resources within 60 days of the date of assuming the management role.

Non-Employee Orientation Requirements

As required by Joint Commission all personnel completing work on Kaweah Delta premises are required to be oriented to Kaweah Delta and department. These Orientation packets are available in Human Resources and should be completed prior to the start of their work assignment.

Clinical Student Interns/Externs Orientation Requirements

All student interns seeking clinical experience with Kaweah Delta must have a fully executed student affiliation agreement contract on file in Human Resources. As required by Joint Commission and DHS, all interns must be oriented to Kaweah Delta and department. Department management is responsible to ensure Orientation occurs. Clinical Student Orientation packets and badges are available in Human Resources.

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Policy Number: HR.47	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/26/2022
Approvers: Board of Directors (Administration)	
Professional Licensure and Certification	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To ensure appropriate licensure and certification on all employees and contracted staff (not subject to the medical staff privilege process, e.g., Allied Health Professionals) in compliance with appropriate licensing agencies. Employee Health requirements for immunizations and PPD are available for Licensed Independent Practitioners and Physicians who practice at the Kaweah Delta.

It is the policy of Kaweah Health to employ only those individuals and/or to utilize contract services staff that meet all job requirements (TB Screening/PPD testing, etc.) and have proper licensure, certification or registration by the appropriate licensing agency in those jobs requiring such status. Current employees who provide direct patient care will have a Heart Saver card on file with Human Resources (or in the nursing office or applicable department if Contract Staff). Employees and Contract Staff working in positions with a requirement for ACLS, NRP, and PALS, etc., will also provide proof of certification. Employees driving their own vehicles for ongoing business will be required to produce proof of current California Driver's License.

All job requirements and current status of documentation shall be maintained by the employee/contract staff member. The employee will furnish proof of this status with original documents before employment or service begins and Human Resources will photocopy the document which will be placed on record in the Personnel file. At each time the status requires updating and/or renewal, the employee will provide further documentation to Human Resources as proof of update and/or renewal.

For employees on a Leave of Absence, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (i.e., updated competencies, TB testing, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, TB Testing, as applicable) prior to returning to work. Competency-related documentation must be completed within two weeks of the employee's return to work.

Current job requirement documentation will be maintained by Human Resources and by those department heads responsible for such individuals.

Failure on the part of the employee to provide such documentation or proof of current status, or failure to meet any job requirement will result in Progressive Discipline, up to and including, termination of employment. In addition, the employee will be ineligible for participation in the Educational Assistance Program for one year.

PROCEDURE:

I. Definitions

Licensure/certification: Refers to any license/certifications required for an employee's job from the time of hire going forward. Examples are: CA RN License, Clinical Dietitian Registration, and Radiology Tech Certification. BLS (Basic Life Support for Healthcare Providers), Heartsaver AED (Automated External Defibrillator). Licensure /Certification requirements are listed in job descriptions, employee offer letters, and also can be found in HRIS.

II. Verification Licensure/Certification at Time of Hire/Transfer/Renewal

- a. It is the responsibility of the Human Resources Department to print the primary source verification prior to hire date. Renewals of Licensure/Certifications will be tracked, verified and printed by the Human Resources Department prior to the expiration date.
- b. Human Resources will process the hire/transfer/renewal of an employee to a job that requires valid licensure/certification only after obtaining printed or verbal clearance from the appropriate licensing board. This verification must be from a primary source website or documented if obtained by phone.
- c. Primary source verification applies only to licensure/certifications required to practice a profession. It is not required for organizational requirements such as advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or clinical certification such as peripherally inserted catheter (PICC) line certification.
- d. Only the American Heart Association (AHA) or American Red Cross (ARC) certification programs will be acceptable for employment or continued employment. KDHCDC has established appropriate paid time for hourly employees, upon approval of your supervisor. Classes taken outside of Kaweah Health must be AHA or ARC courses and documentation of completion must include the following:

1. Course completion card from AHA or ARC training center

OR

2. Paperwork from the AHA or ARC training center stating the following:

- i. Student's name
- ii. Type of course
 - 1. AHA HSAED (Heart Saver Automated External Defibrillator)
 - 2. AHA BLS for Health Care Providers
 - 3. ARC CPR/AED adult, child & infant
 - 4. ARC CPR for the Professional Rescuer or CPR for the health care provider
- iii. Date of Course
- iv. Successful Completion
- v. Name of Training Center
- vi. Signature of training center representative

For option 2 above, the provider course card must be submitted to Human Resources within 30 days of course completion to avoid suspension and disciplinary action.

- A. Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation defined as the following:
 - 1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
 - 2. If class is on Monday, cancel prior to 23:59 on Saturday
 - 3. Classes need to be cancelled through our Learning Management System (LMS)
 - 4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
- B. Any employee that allows their required licensure/certification to lapse for any reason will be given a Disciplinary Action and removed from the schedule.

Employees may return to work once they have shown proof of renewed licensure/certification from a primary source.

Exception for MICN Certification: If regional EMS agency cancels MICN certification class, the employee will be permitted to work without updated certification and no disciplinary action. Employee will be required to attend the next scheduled regional MICN class.

III. Manager's Responsibilities

- A. Management is responsible to ensure that all licensed/certified staff

has current licensure at all times while working and is not working if license/certification has expired. If the employee has missed two weeks of work from the expiration date, the manager will place the employee on an administrative leave of absence and the employee is subject to termination.

- B. Managers and Directors may also be subjected to Disciplinary Action, including suspension and possible termination should licensed/certified employees within their responsibility be working without proper licensure/certification.

IV. Employee's Responsibilities

Employees who have failed to renew their required license or certification, by the expiration date will not be permitted to work. In addition, if the employee has missed two weeks of work from the expiration date, the employee will be placed on a personal leave of absence and is subject to termination. Employees who allow required licensure/certification to expire will be given a written warning. Refer to Progressive Discipline policy HR 216.

V. Interim Permit or Temporary License Processing

Employees must obtain licensure in accordance with the requirements of the applicable licensing board. Employees whose temporary license or interim permit expires, or is otherwise invalidated will be placed on a personal leave of absence for a maximum of 12- weeks. During the 12-weeks period, if licensure is obtained, current employees may apply for a transfer to an open position. If licensure and/or transfer to an eligible position is not obtained, employment will be terminated at the end of the 12-week leave of absence.

VI. Employees on Leave of Absence

Employees on a Kaweah Health approved Leave of Absence are responsible for being in compliance with all license/certification requirements prior to their return to work. .

VII. Display of License/Certification

As required by law, some licensure/certifications must be displayed in the department.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."



Policy Number: HR.49	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources)	Date Approved:
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources)	
Education Assistance	
<ul style="list-style-type: none"> - Tuition, Books and Fees Reimbursement or Loan Repayment - Educational Programs and Compensation - Continuing Education and Conferences - Professional Certification Fee Reimbursement and Awards 	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health recognizes the importance of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and in support of the recruitment and retention of qualified employees, Kaweah Health offers a number of programs and opportunities as described in this policy.

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Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation. Monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Loan Repayment is currently excluded from wages through 12/31/2025 due to the CARES Act. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

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Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

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Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs applicable to positions at Kaweah Health. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before submitting a request for Tuition, Books, and Fees or Loan Repayment. Employees who have received a performance evaluation below an overall "Successful" rating or a Level II or III Performance Correction Notice within the prior 12 months are not eligible for that year, even if they had been previously eligible. If performance in a subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments will be made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

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Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to \$2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Health.
 - Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time-benefitted status.
 - Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time-benefited status. If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program *only applicable to certain approved specialites and must be Primary Care*
- Public Service Loan Forgiveness

In no case will an employee receive more than \$5,000 in a calendar year.

An employee may request pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is granted, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement.

Reimbursement or Loan Repayment Forms are due upon course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah

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Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the designated Human Resources Director.

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Kaweah Health Sponsored Programs

Kaweah Health has partnership agreements in place with several school programs for difficult to fill positions. Kaweah Health employees selected for sponsorship are subject to the details of the applicable program agreement.

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Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Commented [MJT2]: BIG QUESTION: Do we want to start a Service Commitment requirement for installments? I.e. Once installment is made must remain with KH 1 year or must repay all or prorated monies received?

Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation will be provided in accordance with regulatory and Kaweah Health established guidelines.

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Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Chief Officer, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Health. Education hours will be considered productive time and as such will be paid in compliance with applicable wage and labor regulations and policy and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)
- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

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- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- Employees are to give 48 hours' notice for cancellation of any class or program in which they are enrolled, voluntary or mandatory. Failure to give advance notice or arrive on time may count as an occurrence under the Attendance policy. (See HR.184 – Attendance and Punctuality)
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

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COMPENSATION FOR KAWEAH HEALTH ASSIGNED JOB REQUIREMENTS

Employees who participate in courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.

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Commented [MJT3]: Per Rich, " Question: if they attend a Kaweah Health course and clock in and out can we require them to have passed? What would apply if Manager approved off site course? I believe we have to pay for their time but not reimburse the cost of an outside course. "

- **Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.**
- **If the course is offered at Kaweah Health, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.**
- **Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.**
- **Computer based courses/testing completed onsite will be paid for actual time spent completing the course/test. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.**
- **Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.**

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Employees must use the current time keeping system to record actual time for instructor led training and previously established hours for online training in order to receive compensation for education hours.

Established compensation for successful completion of online training includes but is not limited to the following:

Online Training	Hours Paid
HeartCode BLS	3
ACLS/PALS required pre-course self-assessment	2
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Off Duty completion of performance evaluation – self evaluation	1
Off Duty completion of NetLearning Modules/Testing	Variable based on module length, TBD prior to module release
Completion of Peer Evaluations	Not eligible – Must be done on duty

CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

Many different methods are utilized for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self- learning modules, and conferences. Reference materials for staff education are available within their respective departments, Kaweah Health Library, KDCentral and/or KNet and resources online.

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Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, any payment or reimbursement of expenses and time for attendance will be determined by the department leader.

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Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Chief Officer, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area. Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

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Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books and fees and Loan Repayment is under \$5,250. Expenses which are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification. Reimbursement monies will be included on the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxable in accordance with employee exemptions on file.

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Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

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All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or **Chief Officer** for Directors submitting for reimbursement, and the Director of Human Resources.

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Any exceptions to this policy must be approved by the Chief Human Resources Officer.

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Exhibit A

Note: Attach Current Form Updated 02.07/2020 probably need to review the form as well

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Deleted: REQUEST FOR PROFESSIONAL CERTIFICATION BONUS AND/OR REIMBURSEMENT

Kaweah HealthCare District

Name: ___ Employee Number: ___ Job Title: ___ Department: ___ Professional Certification: ___ Certifying Organization: ___

Eligibility for Reimbursement:
- Full and part time must be employed for six (6) months
- Must not be a requirement for employee's current job code

- Must be a national certification
- Must require a test to earn certification
- Must be submitted within 30 days of obtaining certification
- Must enhance the employee's current role with Kaweah Health

For examples and information regarding payment, please see reverse side

Reimbursement Details:

Examination Expenses: \$ ___

RECEIPTS MUST BE ATTACHED

This represents:
Examination Expenses (Maximum \$250.00 for Full-Time and Part-Time employees) Certification Bonus (Maximum \$500.00 for Full-Time and Part-Time employees)

In accordance with the provisions of Human Resources policy HR.49, Professional Certification, I hereby request reimbursement for examination fees and/or payment of a one-time bonus. I certify that all statements and submissions in support of this reimbursement/payment are true and correct to the best of my knowledge. Further, I understand that the certification I've received and sponsoring certifying body must be on the approved listing in order to qualify for reimbursement.

Staff Member's Signature

Date

Approvals: (all signatures required)

Supervisor: (sign) (print) Date: Director: (sign) (print) Date: HR: (sign) (print) Date: ___

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Reimbursement Procedure: Reimbursements and bonuses will be included in your paycheck. A completed Professional Certification Reimbursement Form must be submitted to Human Resources. Once approved, your reimbursement will be included in your next paycheck.

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Imaging Tech is not eligible to receive reimbursement for obtaining or maintaining their CRT since this is required for all Imaging Techs.
A Cook who earns Phlebotomy Certification is not eligible to receive reimbursement for obtaining or maintaining this certification because it

Policy Number: HR.61	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Status Classification of Employees/Concurrent Jobs	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY: Each Kaweah Health employee has a current status designation that is used to determine compensation, benefits, and status. It is Kaweah Health’s policy to comply with the Fair Labor Standards Act (FLSA).

PROCEDURE: I. Exempt/Non-Exempt Status

Each position (not individual) will be designated as either exempt or non-exempt under the FLSA for overtime purposes. The Human Resources Department will conduct a job evaluation to determine whether the position has exempt or non- exempt status.

A. Exempt Status

1. Full-time employees occupying positions designated as exempt under the FLSA are exempt from overtime payments under federal law.
2. To qualify for an exemption from overtime, employees must be paid on a salary basis. For further information, refer to policy (HR.62) EXEMPT EMPLOYEE PAY/SALARY BASIS SAFE HARBOR PROVISION.
3. Employees categorized as exempt are expected to work hours necessary to accomplish their job duties. Compensatory time off will not be authorized.

B. Non-Exempt Status

Employees occupying positions designated as non-exempt under the FLSA are eligible for compensation of overtime for hours worked in excess of 40 hours per week under federal law. Compensatory time off will not be authorized.

II. Employment Status

Individuals will be designated as full-time, part-time or per diem.

A. Full-time Status- Benefits Eligible

Employees occupying positions designated as full-time are normally and regularly scheduled to work 36 to 40 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
36-40	72-80	Full Time Benefits Eligible

B. Part-time Status- Benefits Eligible

Employees occupying positions designated as part-time are normally and regularly scheduled to work 24-35 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
24-35	48-71	Part Time Benefits Eligible

C. Part Time- No Benefits

Employees occupying positions designated as part-time are normally and regularly scheduled to work less than 24 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
0-23	0-47	Part Time No Benefits

D. Per Diem Employees

Per Diem Employees who work as needed are not eligible to participate in employee-sponsored benefit programs, unless eligible for medical insurance in compliance with the ACA. Active Per Diem job codes are determined by Human Resources.

Note: Regardless of status, all employees are eligible to participate in the Retirement Plans 401(k) and 457(b).

III. Employee Acknowledgement

Upon initial hire and/or change in employment status of an existing employee from full or part time to Per Diem, the employee will sign a Per Diem Agreement form indicating that they have read and acknowledged the requirements and commitments they make in order to remain a Per Diem employee.

IV. Performance Management Program

Per Diem employee will be evaluated annually to assure performance standards are being met.

V. Paid Time Off (PTO)

In the event a full or part time employee changes to Per Diem status, all accrued PTO Time in their bank at the time of status change will be paid out to the employee at the hourly rate prior to the change. Any accrued EIB Time will be held in abeyance in the event the employee returns to regular full or part time status.

VI. Concurrent Jobs

Employees may, with permission from department leaders, work at more than one Kaweah Delta job or department. Additional jobs are referred to as concurrent jobs. Employees apply for concurrent jobs by following the same process used for transfer requests. (HR.31) Transfer Policy.

One department leader must agree to be the primary manager of the employee. This leader confirms the employee's payroll.

For Timekeeper, the employee clocks in for all hours worked using the transfer function in HR Timekeeper or on the wall clock, adjusting their job code or department as appropriate.

- If an employee's primary and concurrent jobs are both non-exempt, overtime will be paid for combined hours worked in excess of 40 hours in a week.
- If an employee has one job that is exempt and one job that is non-exempt, all hours worked over 40 will be paid at overtime any week in which the non-exempt duties exceed 50% of the hours

worked in that week.

- If an employee's primary job and concurrent job are classified as exempt, no overtime will be paid for hours exceeding 40 hours in a week.

The department that schedules the concurrent hours is responsible for paying any overtime unless an alternate agreement has been reached between the primary and concurrent managers. The primary manager confirms all hours to be paid after verifying with the appropriate manager(s) the hours worked in the concurrent department(s).

Changes in Employment Status

Changes in employment status (e.g., from full-time to part-time and back to full-time) may be made as warranted and will be effective on the first day of a pay period. Changes in employment status which result in the employee becoming eligible or ineligible for benefit coverage (e.g., from non-benefits eligible to benefits-eligible,) will be as follows:

- A. Non-benefits eligible employees who change status to benefits-eligible may apply for insurance coverage for themselves and their eligible dependents within thirty (30) days of that eligibility. Coverage will be effective on the first day of the following month.
- B. Benefits-eligible employees who change status to become non-benefits eligible lose their eligibility for insurance benefit coverage unless eligible under the Affordable Care Act for medical insurance. Coverage terminates the end of the month in which the status occurred. Accrual rates for PTO/EIB adjust according to status and eligibility. Coverage for some benefits may be continued by eligible employees under COBRA. For more information, see HR.128 Employee Benefits Overview.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures.”



Policy Number: HR.62	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 01/20/2022
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Exempt Employees Pay/Salary Basis Safe Harbor Provision	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

In accordance with the Fair Labor Standards Act exempt employees of Kaweah Health are required to be paid on a salary basis. That means that an exempt employee must regularly receive a predetermined amount of compensation each week without regard to the number of days or hours worked in a day (subject to the exceptions below). The District has a general expectation that regular business hours are 8:00am-5:00pm Monday through Friday. Arrival and departure time for exempt staff are determined by business needs and schedules of each department. Exempt employees need not be paid for any workweek in which they perform no work.

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Exempt employees may hold concurrent jobs within Kaweah Health but may not work more than twenty (20) hours of non-exempt work in a week.

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PROCEDURE:

I. Exceptions to the Salary Basis Rule

The requirement to provide a predetermined amount of compensation each week, is subject to the following exceptions:

- A. Accrued and unused Paid Time Off (PTO) must be utilized for absences of a full day. If the employee does not have PTO accrued to cover the absence the employee will be allowed to go into the negative for a short time, until accrual is earned back in successive pay periods.
- B. The District can offset any amounts received by the employee as jury or witness fees or military pay for a particular week against the salary paid that week by the District for the leave in question.
- C. Deductions from pay may be made for unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule

infractions. Employees with accrued and unused PTO may utilize this benefit during a disciplinary suspension.

- D. The District is permitted to pay a proportionate part of an exempt employee’s full weekly salary for the time actually worked in the first and last week of employment.
- E. Partial day deductions are only allowed for unpaid leave taken in accordance with the Family and Medical Leave Act. Managers/timekeepers have the ability to enter this time for payroll purposes.

II. Deductions from an exempt employee’s pay during a work week cannot be made as a result of absences due to the circumstances listed below.

- A. Jury duty.
- B. Attendance as a witness in a court proceeding.
- C. Temporary military leave.

III. All exempt employees accrue Paid Time Off (PTO) and Extended Illness Bank (EIB) time beginning on the first pay period of employment.

IV. Managers, Directors, Executives, and Executive Assistants may take one day of “flextime” between January 1 and June 30, and July 1 and December 31 of each calendar year.

V. An exempt employee will be required to use accrued Extended Illness Bank (EIB) for time off from work when applicable (i.e. EIB-Kin and coordination with temporary disability or state disability insurance).

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¶ Absences of less than a full week caused by the operating requirements of the business.¶

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Human Resources



Kaweah Delta Health Care District

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Policy Number: HR.63	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Timekeeping of Payroll Hours	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Kaweah Health to pay employees according to applicable State and Federal regulatory requirements. To ensure accuracy and timeliness of timekeeping, all Directors will be accountable for review of staff member's timecards each pay period, including the appropriate use of pay codes. Delegation of this accountability may only occur if Directors are certain their delegates are trained (pay codes and employee sign offs).

All employees must record their time worked for payroll and benefit purposes. Kaweah Health utilizes the automated time and attendance TimeKeeper system with exception of Hospice, Private Home Care, Interpreters, and Home Health Employees.

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The Timekeeper system records all productive and non-productive hours for the pay period. Each staff member is required to verify these hours for accuracy. Access to the TimeKeeper system is available through wall readers using the staff member's ID badge or network computers using their network login. Non-exempt staff members must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason. Staff members must clock out and in for off-duty meal periods. Staff members may also enter all non-productive time as preferred by the leader in the work area (PTO, Jury Duty, Bereavement, etc.).

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Employees are not allowed to work off the clock. Work should not be performed until the actual start of the shift nor after the end of the shift. It is expected that employees will be ready to work at their expected work time. Clocking in early may be considered a violation of this policy. It is expected that employees will clock in and out as close to their start and end times as is physically possible. Clocking in late may be considered a tardy.

Staff members are not allowed to clock in or out for others. Altering, falsifying, or tampering with time records is prohibited and will result in disciplinary action up to and including termination of employment.

Exempt employees are required to record and report full days of absence from work for reasons such as Paid Time Off, etc.

PROCEDURE:

I. Payroll Period Calendar

The payroll period consists of two weeks. The pay period starts on Sunday at 00:00 and ends 14 days later at 23:59. Payday is the following Friday (unless it falls on a holiday). Each work week starts on Sunday at 00:00 and ends on Saturday at 23:59.

II. TimeKeeper

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TimeKeeper shows the hours worked (regular time and overtime, callback time, etc.) that the staff member actually clocked in and out of the TimeKeeper system. When the TimeKeeper system

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Timekeeping of Payroll Hours

is not functional, employees may not be able to clock using a computer, but will be able to clock using a wall reader.

If the Timekeeper system is down, the wall reader is not available, or the staff member forgets to clock, they are required to submit a missed punch/time entry correction form in Workday. It is expected that employees use the wall readers or computers to clock in and out.

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Leaders are expected to communicate their expectations of how to enter/code other unproductive hours; standby time, Paid Time Off/Extended Illness Bank, jury duty time, bereavement, other hours, other dollars etc. Employees can input their own PTO/PSL and EIB codes to ensure compliance with annual limitations.

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III. Failure to Clock

Employees are required to use the Timekeeper system consistently for recording their hours worked and for meal periods. After communication and education on the use of the system, more than one missed punch per pay period may be considered excessive. Continuous failure to clock may result in disciplinary action up to and including termination of employment.

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IV. Authorizing Hours

Time must be approved utilizing the sign-off tab by all employees at the end of their last shift for the pay period. Approval can be made at the wall reader but due to time it may take to review their pay period entries, it is encouraged to approve using Workday system. The authorizing leader must assure that all time has been entered correctly.

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All time must be approved by leaders or their designees by 11:00 a.m. on a payroll processing Monday. Final lockout for managers is 11:00 a.m. In special situations, payroll processing on weeks when holidays occur may require a different deadline be established by the Payroll department.

Under regulatory requirements, employers must keep certain records for nonexempt employees, including hours worked each day and total hours worked each workweek. For this reason, employers have the ability to change staff member time records but must ensure that the records accurately reflect the time actually worked. Comments explaining the reason for making the changes are to be noted.

Discrepancies found after the time approving deadline will be reported through a payroll correction by the manager or designee. There may be no "red boxes" noted in any prior or current timecard of a staff member. Manual edit reports are to be reviewed each pay period by leaders. Failure to appropriately review, correct, and approve staff member timecards by leaders may lead to disciplinary action.

"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Deleted: "Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the staff member's responsibility to review and understand all Kaweah Health Policies and Procedures."

Policy Number: HR.65	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Payment of Wages	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Employees of Kaweah Health are paid bi-weekly for all the time worked during the past pay period the Friday after the end of each 14-day work period. There are 26 pay periods per year. Employees may elect to receive their paycheck by direct deposit, pay card, or paper check. The preferable payment method is direct deposit.

PROCEDURE:

- I. All employees receive their pay stub notification via email shortly after the bi-weekly payroll process is complete on Wednesday evenings or Thursday morning before pay day. The notifications are emailed per the pay stub delivery set up employees have entered in HRONLINE.

Supplemental pay given to employees is paid with paper checks unless a pay card has been agreed upon between the employee and the payroll department. All Employees that possess a pay card are instructed to keep their cards for future use if the need arises. The issuance of pay cards is determined by the payroll department.

- II. When payday falls on a holiday observed by Kaweah Health and banking institutions, paychecks will be distributed one-day earlier
- III. Employees who resign providing at least seventy-two (72) hours-notice will receive their final pay after the end of their last worked shift. If termination occurs on a weekday, the final pay will be ready for pick up at Human Resources by 4:00 pm. If termination occurs on a weekend or legal holiday and the required notice has been submitted by the employee, payroll will process the check and the manager or supervisor on duty will deliver the final payment to the employee after the end of their last work shift. Employees who provide less than seventy-two (72) hours-notice will have their final pay available within forty-eight (48) hours of their last hour worked.

Employees who are terminated, as a result of disciplinary action will receive their final pay upon notice of termination.

Final pay will include all hours worked and accrued Paid Time Off bank. Deductions from final pay will include statutory deductions, insurance premiums, voluntary deductions and any amounts the employee owes the District through sign-on bonus, etc. that the employee has agreed to repay in writing.

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Policy Number: HR.66	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/29/2019
Approvers: Board of Directors (Administration)	
Payroll Deductions	

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POLICY:

To inform employees of the requirements regarding the different categories of payroll deductions and our responsibilities as an employer.

As required by law, there are deductions that employers are required to withhold from employees' wages.

I. Statutory Payroll Deductions

1. Federal Income Tax - (Determined by employee's W-4 Form and current Federal Tax Tables)
2. F.I.C.A. - Social Security and Medicare - Determined by Current Year federal rates.
3. S.D.I.- California State Disability Insurance - Determined by Current Year CA rate.
4. S.I.T. - State Income Tax – (Determined by employee's W-4 Form or DE 4 Form and current CA Tax Tables)

Wage Garnishments / Earnings Withholding / Tax Levies / Child & Spousal Support Orders:

As an employer, Kaweah Delta must comply with all written notices received according to instructions issued by the respective agency. The employee will be mailed a copy of the notice received and it is their responsibility to act quickly if they wish to obtain a release, modification, or termination of the withholding order. Kaweah Delta cannot stop an order to withhold prematurely unless the issuing agency instructs us to do so in writing. Voluntary wage assignments will not be honored by Kaweah Delta.

II. Voluntary Payroll Deductions

Voluntary payroll deductions include:

Retirement benefits such as 401k and 457b, medical, dental, vision, FSA, life, short term and long term disability and other benefits offered by employer usually during open enrollment, when there is a change in family status, or for new hired staff. Some of these deductions may when there is a change in family status, or for new hired staff. Some of these deductions may be taken pre-tax and some after-tax.

Other voluntary payroll deductions include: cafeteria, pharmacy, Kaweah Korner, Gift Shop, TLC membership and purchases, as well as KD Foundation donations.

Any balance owed to Kaweah Delta will be deducted from the final paycheck. Deductions taken from an employee's final paycheck must be pre-authorized in writing by the employee.

- III. If an employee believes an improper deduction was withheld from their pay, or has questions regarding payroll deductions, he or she should contact the payroll department.

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[Human Resources](#)

Policy Number: HR.70 Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer) Date Approved: 12/22/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)

Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

It is important that Kaweah Health employees receive their meal periods and rest breaks. These assist staff in attending to personal matters as well as downtime. Kaweah Health will facilitate meal periods and rest breaks by relieving employees of duties for specified amounts of time. In addition, Kaweah Health will provide rest and recovery periods related to heat illness for occupations that may be affected by same (i.e. Maintenance employees who work outdoors). Kaweah Health supports new mothers who desire to express milk for their infants while at work. Kaweah Health will provide the use of a room, or other location to the nursing mothers work area for expressing milk.

MEAL PERIOD POLICY AND PROCEDURE:

For non-exempt employees working more than five hours per day, including 8-, 9-, or 10-hour shift employees, Kaweah Health will provide, and employees are expected to take a 30-minute duty-free meal period. The meal period will be scheduled to start within the first five hours of each shift, i.e. the meal period must start before the end of the fifth hour in the shift. An employee who works routinely six hours or less per day may voluntarily choose to waive the meal period in writing.

For non-exempt employees working more than ten hours per day, including 12-hour shift employees, Kaweah Health will provide, and employees are expected to take a second 30-minute duty-free meal period; this meal period must start before the end of the tenth hour of the shift. Employees working more than ten hours, but less than twelve hours may choose to waive, in writing, one of the two meal periods provided. If one of the two meal periods is waived, the single meal period will be scheduled approximately in the middle of the workday as practicable. An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period.

Meal periods will be made available and provided by Kaweah Health Leaders; it is each employee's responsibility to ensure that they are taking appropriate meal periods as set forth in the policy. If an employee voluntarily delays a meal period that is permitted. Kaweah Health retains the right to set work schedules, including meal periods and rest break schedules.

Meal periods will be unpaid only if the employee is relieved of all duty for at least 30 minutes and the employee is not interrupted during the meal period with work-related requests. Non-exempt employees may leave the organization premises during meal periods, but are to notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute meal period of uninterrupted time in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy must,

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on the day of the missed and/or interrupted meal period complete a time adjustment sheet and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note that if the employee voluntarily delays their meal period, no additional pay of one hour will be paid.

In particular circumstances and based solely on the nature of the work, and with approval of Human Resources, a revocable On-Duty Meal Period Agreement can be completed by the employee and Kaweah Health. This typically applies when there are few employees in a department or night shift is limited.

The beginning and end of each meal period must be accurately recorded on the time card or timekeeping system.

REST BREAK POLICY AND PROCEDURE:

By way of this policy non-exempt employees are also authorized, permitted and expected to take a 10-minute rest break for every four hours of work or major fraction thereof. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

Rest breaks are considered paid-time, and employees do not clock-out and clock-in for taking such breaks. Leaving the organization premises is not permitted during a rest break.

If for some reason, an employee's rest break is not authorized or permitted, the employee will be entitled to one hour of pay at their regular rate of pay. An employee who is not authorized or permitted to take a rest break according to policy must, on the day of the unauthorized rest break complete a time adjustment sheet and notify their leader. Only one premium payment per day will be paid for missing one or more rest breaks.

ADDITIONAL INFORMATION:

An employee may be entitled to no more than two hours of premium pay per day (one for a meal period that was not provided and one for one or more rest breaks that were not authorized or permitted). Employees are required to submit time adjustment sheets on the day of the missed or interrupted meal break or unauthorized rest break listing the reason or reasons for a missed or shortened meal period or a missed rest break.

Employees may not shorten the normal workday by not taking or combining breaks, nor may employees combine rest breaks and meal periods for an extended break or meal period

Non-Exempt employees are entitled to rest breaks as follows:

- Less Than 3.5 Hours: An employee who works less than three-and-a-half is not entitled to a rest break.
- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.
- More than 6 Hours: An employee who works more than six hours is entitled to two ten-minute rest periods, for a total of 20 minutes of resting time during their shift.
- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.

- And so on... An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

- 5 Hours or Less: An employee who works five hours or less is not entitled to a meal break.
- More than 5 Hours: An employee who works more than five hours is entitled to one 30- minute meal break.
- More than 10 Hours: An employee who works more than ten hours is entitled to a second 30-minute meal break.

BREASTFEEDING AND/OR LACTATION ACCOMMODATION

Kaweah Health is compliant with the Pregnant Workers Fairness Act (PWFA) requirements and the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act). Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any rest break or meal period time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

Kaweah Health will make reasonable efforts to provide the nursing mother with the use of a room or other location in close proximity to their work area for the nursing mother to express milk in private. If a refrigerator cannot be provided, Kaweah Health may provide another cooling device suitable for storing milk, such as a lunch cooler.

There are several designated lactation rooms that may be found throughout Kaweah Health. Their locations are the following:

- Mineral King Wing, 1st Floor MK lobby by Lab Station
- Mineral King Wing, 2nd Floor on the left heading to ICU
- Mineral King Wing, 3rd Floor on the left just past the stairwell
- Acequia Wing, Mother/Baby Department
- Support Services Building, 3rd Floor, (Computer available)
- South Campus, next to Urgent Care Lobby
- Imaging Center/Breast Center Office (Computer available)
- Mental Health Hospital, Breakroom Suite
- Visalia Dialysis, Conference Room, (Computer available)
- Exeter Health Clinic, Family Practice Department, (Computer available)
- Woodlake Health Clinic, (Computer available)
- Dinuba Health Clinic, (Computer available)
- Lindsay Health Clinic, (Computer available)
- Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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Policy Number: HR.71	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/31/2019
Approvers: Board of Directors (Administration)	
Overtime Pay	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide leadership with appropriate guidelines for overtime scheduling.

POLICY:

When patient care or other operating requirements or other needs cannot be met during regular working hours, employees may be scheduled to work overtime hours. When possible, advance notification of these assignments will be provided. Unless a strict emergency, or where patient care is necessary without interruption, all overtime work must receive the supervisor or department leadership's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified for the work.

Overtime compensation is paid to all nonexempt employees in accordance with Federal wage and hour requirements. As required by law, overtime pay is based on actual hours worked, including orientation and workshop hours that are scheduled by the manager. Time off for sick, vacation, holiday, Jury Duty, Bereavement, or other non-productive time, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Using Fair Labor Standards Act guidelines, overtime pay is calculated at one and one-half times the employee's regular rate for all hours over 40 hours in one work week.

Failure to work scheduled overtime, or overtime worked without prior authorization from the supervisor may result in Disciplinary Action, up to and including termination of employment.

Employees who are characterized by Kaweah Delta as exempt from the overtime provisions federal law are paid a salary that is intended to fully compensate them for all hours worked each week. The salary consists of a predetermined amount constituting the exempt employee's compensation. That amount is not subject to reduction because of variations in the quality or quantity of the employee's work.

PROCEDURE:

Unless a strict emergency, or where patient care is necessary without interruption, employees are to obtain supervisor or department leadership's approval in advance of working any overtime hours and record overtime hours during the pay period in which they worked.

Concurrent Jobs

The employee clocks in for all hours worked using the transfer function in HR Timekeeper or on the wall clock, adjusting their job code or department as appropriate.

- If an employee's primary and concurrent jobs are both non-exempt, overtime will be paid for combined hours worked in excess of 40 hours in a week.
- If an employee has one job that is exempt and one job that is non-exempt, all hours worked over 40 will be paid at overtime any week in which the non-exempt duties exceed 50% of the hours worked in that week.

- If an employee's primary job and concurrent job are classified as exempt, no overtime will be paid for hours exceeding 40 hours in a week.

The department that schedules the concurrent hours is responsible for paying any overtime unless an alternate agreement has been reached between the primary and concurrent managers. The primary manager confirms all hours to be paid after verifying with the appropriate manager(s) the hours worked in the concurrent department(s).

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Policy Number: HR.74	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/21/2022
Approvers: Board of Directors (Administration)	
Telecommuting	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY

This policy on telecommuting applies to affected employees and provides for security for all records by limiting and monitoring access to the communication and computer systems.

Kaweah Health considers telecommuting to be a viable work option for certain employees which, benefits both Kaweah Health and the telecommuter. A telecommuter is an employee who works for Kaweah Health from a home, or other remote office for some part of the regularly scheduled workweek. Telecommuting does not change the basic terms and conditions of employment with Kaweah Health. All Kaweah Health employees, including telecommuters, are subject to Kaweah Health's employment policies and procedures. A telecommuter will be required to sign a copy of this Policy as a condition of being a telecommuter. These documents will be kept in the employee's Personnel file.

Kaweah Health may change the conditions under which the telecommuter is authorized to telecommute or it may cancel the privileges of telecommuting with or without cause and with or without notice.

PROCEDURE:

The employee may request to be considered for telecommuting privileges and/or department leadership may request the employee to work remotely according to the needs of the department.

General

1. Employees entering into a telecommuting agreement may be required to forfeit use of a designated onsite workstation in favor of a shared arrangement to maximize office space needs.
2. Telecommuters who request a change in telecommuting status to return to work onsite must provide a written notice to their manager before returning to work onsite in order to provide management time to arrange for a work station. Kaweah Health will consider the request and if agreed, will ensure a transition within a reasonable timeframe. Kaweah Health reserves the right to deny the request.

Eligibility

The management team will determine which position/roles qualify for telecommuting. Telecommuters must be able to perform functions of their job in a remote setting.

1. The telecommuter must be proficient in all aspects of their assigned job functions. Department quality and productivity standards may be a condition of approval for telecommuting.
2. The telecommuter must have the ability to work independently with minimal assistance and/or supervision.
3. The telecommuter must demonstrate familiarity with computer operations and software and must be able to troubleshoot computer and technical issues and communicate effectively with the management team, ISS Helpdesk and other technical support personnel.
4. Remote opportunities may not be extended/offered to employees who are currently in disciplinary action or have low scores on a performance evaluation.
5. Department management will establish the manner and frequency of communication.

Telecommuter Scheduled Workweek:

1. The telecommuter agrees that he or she will be accessible during their regularly scheduled hours while working from his or her home office or any other remote office. A non-exempt telecommuter must also take his or her required meal periods and rest breaks and must obtain pre-approval to work any overtime in accordance with Kaweah Health policy. Changes to the telecommuter's work schedule must be approved by department management.
2. Telecommuters may be scheduled a portion of their time to routinely work onsite at the discretion of management.
3. Telecommuters will continue to utilize KRONOS to clock in and out or other timekeeping protocol as per existing policies. Worked hours may be verified by examining the production reports as well as computer log-in and log-out times. Falsification of any records will be grounds for progressive discipline up to and including termination of employment.
4. Telecommuters will request management approval for time off by completing the department PTO process.

Telecommuter Workplace:

1. The telecommuter is responsible for designating and maintaining a workplace that is free from recognized hazards and that complies with all occupational

safety and health standards, rules and regulations.

2. To ensure that safe work conditions exist, the telecommuter will allow representatives of Kaweah Health to have prompt access to and to inspect the telecommuter's designated workplace at any reasonable time on any regularly scheduled workday. The telecommuter is responsible for setting up and maintaining an ergonomically correct workstation. Employees requiring assistance in this regard should contact Human Resources.
3. The telecommuter agrees that he or she is responsible for any tax implications related to his or her home workspace.

Telecommuter Equipment:

1. Kaweah Health may provide the telecommuter with equipment to be used in his or her home office. The telecommuter agrees to use all equipment for its intended purpose, in accordance with the manufacturer's instructions and in a safe manner, and in accordance with the Kaweah Health Equipment Use Security Agreement, and Acceptable Use Policy (ISS.001)
2. Kaweah Health may install one or more telephone lines in the telecommuter's designated work space to be used by telecommuter for making and receiving business phone calls and for use with the computer and facsimile machine that may be provided by Kaweah Health. All phone lines installed in the telecommuter's home office by Kaweah Health shall be in the name of Kaweah Health, unless another arrangement has been made. The telecommuter shall have no right in, or title to, Kaweah Health phone lines.
3. Kaweah Health shall be responsible for the installation, repair and maintenance of all organization-owned telecommuting equipment, office equipment, and furniture. The telecommuter agrees to promptly notify Kaweah Health if any of the office equipment described above malfunctions or performs improperly or unsafely.
4. All office equipment, telecommuting equipment, furniture and any other items used in the performance of Kaweah Health business shall be located within the work space designated by the telecommuter and may be used only by authorized employees. Kaweah Health shall not be liable for any loss, damages, or wear of any equipment, furniture, or supplies owned by the telecommuter. The telecommuter is responsible for insuring their equipment under his or her homeowner's or renter's insurance policy.

Telecommuter Internet/Intranet Access:

1. Internet or Kaweah Health intranet access may be provided by Kaweah Health to the telecommuter for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the telecommuter to connect to information and other resources within and outside Kaweah Health.

2. When accessing Kaweah Health's own intranet, the telecommuter agrees to do so only for business purposes. Accordingly, all such communications should be for professional, business reasons and should not be for personal use. Electronic mail may be used for non-confidential business contracts. Kaweah Health's intranet should not be used for personal gain or advancement of individual views. Solicitation of non-Kaweah Health business is strictly prohibited.
3. The Telecommuter will be given an Active Directory user name and password when granted access to Kaweah Health's intranet. The Human Resources and the Information Systems department will further be able to access all Kaweah Health computer equipment and electronic mail. All passwords issued will be kept confidential and are not be used by any other person. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

Equipment Ownership and Usage:

1. All telecommuting systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or even though located in the telecommuter's home or at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health, and should be considered public information. Kaweah Health reserves the right to retrieve and read any message composed, sent or received on Kaweah Health's computer equipment electronic mail system or voicemail system. The telecommuter should be aware that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages cannot be ensured. Accordingly, the telecommuter expressly consents to electronic monitoring of these systems. Furthermore, all communication including text and images can be disclosed to law enforcement or other third parties without the prior consent of the sender or receiver.
2. Kaweah Health will provide access to all necessary programs, systems, and software necessary to perform job functions.

Telecommuter Confidentiality:

1. The telecommuter agrees that all trade secrets, confidential information, and business records that come into his or her possession, or that he or she prepares, are the property of Kaweah Health. During his/her employment with Kaweah Health the telecommuter agrees not to disclose, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health to any other individual or entity, including the telecommuter's family, except as required in the course of his/her employment. In addition, the telecommuter agrees not to use, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health for the

benefit of any other individual or entity, including the telecommuter's family, except as required in the course of his or her employment. In furtherance of these principles, telecommuter agrees to file all business records in a locked filing cabinet or otherwise take all other steps necessary to protect the confidentiality of information.

2. The telecommuter is responsible to protect any and all Patient Health Information from disclosure to anyone that does not have a business or clinical reason to have such information.
3. Only email via Kaweah Health email system shall be utilized for purposes of communicating patient information to and from the facility.

Telecommuter Liability for Injuries:

1. Kaweah Health and the telecommuter agree that any injury that occurs while the telecommuter is performing work on behalf of Kaweah Health from his/her home office shall be covered by Kaweah Health's Workers' Compensation insurance. The telecommuter agrees to promptly report any work-related injuries to his or her manager or Employee Health.
2. The telecommuter agrees that he or she will conduct all business meeting at Kaweah Health's offices. The telecommuter further agrees not to invite third parties to visit his or her home office for the purpose of conducting Kaweah Health business.
3. The telecommuter shall hold harmless and otherwise indemnify Kaweah Health for any injuries that occur to third parties, including members of telecommuter's family, on the telecommuter's premises.

Telecommuter Harassment and Discrimination:

1. The telecommuter understands that any form of discrimination or harassment is strictly prohibited. The telecommuter further agrees to take all reasonable steps to prevent discrimination and harassment from occurring while conducting Kaweah Health business or while acting on behalf of Kaweah Health. The telecommuter also agrees that he or she will immediately report all instances of discrimination or harassment occurring at the telecommuter's workplace to Kaweah Health.

Workplace Violence:

The telecommuter agrees that he or she will immediately report all instances of violence, harassment, sexual or otherwise, occurring at the telecommuter's workplace to Kaweah Health.

Scheduled/Unscheduled System Downtime:

1. Equipment malfunction must be reported immediately to management, and if

applicable, the ISS Help Desk. The technician on duty will inform the telecommuter when systems are back and running.

2. Telecommuters may not be paid for equipment/system downtime. The telecommuter must be available to work onsite during an equipment failure expected to exceed two hours, unless other arrangements are approved by management. Other options may include a flex schedule to make up this time, or used Paid Time Off at the discretion of management.

Leave of Absence or Termination of Employment:

1. Upon extended leave of absence or termination of employment, the telecommuter agrees to return or have returned Kaweah Health-owned office equipment, furniture, business records, files and supplies.
2. The Information Systems Department will be notified immediately of the leave of absence or termination by Human Resources. The employee's access will be deactivated upon an extended leave of absence or date of termination.

Terms and Conditions of Participation Agreement

1. The Department Director must review any telecommuting requests with their Vice President and the Vice President of Human Resources before telecommuting begins.

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Policy Number: HR.75	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 08/28/2020
Approvers: Board of Directors (Administration)	
Differential Pay-Shift, Holiday, and Weekend	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY: Differentials will be paid to eligible employees who are scheduled for and work non-business-hour shifts.

PROCEDURE: I. Employee Eligibility

Employees with qualifying job codes are eligible for differential pay. Job codes with M-F 8:00 am - 5:00 pm (or approximate) schedules are not eligible for any differentials, unless needed to work by leadership.

II. Shift Differential Eligible Hours

Evening: 10% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 3:00 p.m. and 11:00 p.m.

Nights: 15% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 11:01 p.m. and 6:30 a.m.

Weekends: 10% of the minimum of the grade will be paid to all eligible licensed clinical job codes. This differential will be paid only for hours worked between 6:00 p.m. Friday and 6:30 p.m. Sunday; and the employee must work more than one hour within that time period.

Exception:

Pharmacists are eligible for all shift differentials.

III. Holiday Differential

25% of the minimum of the range will be paid to employees who are required to work on the following holidays.

For New Years, Memorial Day, Labor Day, Thanksgiving and Christmas: Differential will only be paid for hours worked between 6:00 p.m. the night before the holiday until 6:30 p.m. the night of the holiday.

For Independence Day, the differential will only be paid for hours worked from 6:00 a.m. on July 4th through 6:30 a.m. July 5th.

Exception:

Private Home Care will receive a different hourly holiday differential based on where they travel. The differential will be paid for Mother's Day and Easter, in addition to all Kaweah Delta recognized holidays.

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Policy Number: HR.78	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Salary Administration Program	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health has established and maintains a compensation program to govern the fair and competitive administration of wages and salaries. This program was implemented to provide salary consistency and internal equity throughout all Kaweah Health departments and jobs. This program will be reviewed annually and updated as necessary. We strive to have, wages and salaries that are:

1. Internally Equitable: Fairly reflecting the scope and complexity of each position in relation to all other positions in the organization; ensuring fair and equitable wages between individuals with the same job class.
2. Externally Competitive: Enabling Kaweah Health to attract, retain and motivate qualified employees through compensation and benefits that are positioned fairly within the competitive labor market as defined by Human Resources. Exceptions to this philosophy may be made in cases where there are significant imbalances in the demand and supply for staff. Kaweah Health participates in and/ or purchases results of salary surveys. The results of these surveys are used in the job evaluation process used to assign salary grades to each job. In no case should managers or employees participate in or initiate salary surveys. Any requests for established salary grades for any position are to be forwarded to Human Resources. Kaweah Health's policy prohibits formal or informal sharing or receipt of salary grade information outside the context of salary surveys conducted by third parties.
3. Cost Effective: Consistent with Kaweah Health's needs, financial goals and ability to pay.
4. Effective January 1, 2023, ranges of pay will be included on job descriptions on the Kaweah Health Careers website in accordance with California State Law.

Job Evaluation Process used for assigning salary grades:

Human Resources uses input from department leaders as needed to assure market competitiveness when evaluating the appropriate salary grade for a job. Human Resources uses a market based system and the results of salary surveys to evaluate the market value of a job and to assign a

salary grade. Using the market based system, each job is either a "benchmark job" or a "linkage job". A "benchmark job" is one typically found in published surveys. Jobs that are not "benchmark jobs" are linked to a benchmark job with similar levels of duties and responsibilities within a similar job family. These jobs are called "linkage" jobs.

This linkage process helps ensure internal equity while at the same time acknowledging the salaries paid for the same or similar positions with the local job market.

Salary survey data is reviewed initially when a job is established and then at least annually. Jobs are assigned to a salary grade based on the survey results. When an employee's job is assigned to a different grade, the hourly rate may be adjusted to preserve internal equity. Pay adjustments may be given based on the survey data results and annual budget considerations.

DEFINITIONS:

Minimum Wage:

The minimum wage complies with Federal and California minimum wage guidelines.

Equal Pay:

The equal pay standard requires that male and female workers receive equal pay for work requiring equal skill, effort, and responsibility and performed under similar working conditions.

Child Labor:

"Minor" means any person under 18 years of age. Only minors under age 18 who have graduated from high school or who have been awarded a certificate of proficiency may be employed.

Discrimination:

Kaweah Health is an "Equal Opportunity Employer" and is committed to a policy which establishes individual qualifications and merit as the only conditions for employment. Refer to HR.12 (Equal Employment Opportunity)

Job Code:

A code which identifies an employee's position title, pay grade, salary range, and associated pay practices.

Pay Grade:

Job codes reflecting jobs with requirements, duties and responsibilities of similar complexity are grouped by pay grade. The pay grade is a code which identifies a salary range.

Salary Range:

The range of pay between the minimum and maximum of a salary grade.

Minimum Rate:

The minimum hourly rate of pay within the salary range.

Midpoint:

The pay rate that is midway between the minimum and maximum of the salary range.

Maximum Rate:

The maximum hourly rate of pay within the salary range.

Base Rate:

The employee's current hourly rate, which is based on relevant experience, excluding differentials. The employee's education and/or performance may be considered as well.

Performance Evaluation/Competence Assessment:

The process from date of hire through employment used for formal evaluation by the department head or supervisor for appraising an employee's job performance. This process includes performance evaluations, skills checklists and competency assessments. Refer to HR.213 Performance Management and Competency Assessment Program.

Merit Review Date:

This normally corresponds with the date of hire with exceptions made for unsatisfactory performance, leaves of absence, promotions, demotions, or transfers, and/or failure to comply with job requirements.

Merit Increase:

An increase based on the employee's current rate and determined by the overall performance evaluation.

Promotional Increase:

A change in position to one that is at least one grade higher than the current grade.

Downgrade/Demotion:

A downgrade/demotion is considered to be a change in position to one that is at least one grade lower than the current grade.

a. Demotion - Generally an involuntary action taken by Kaweah Health, based on unacceptable performance by an employee. Refer to HR.221 Employee Reduction in Force

- or- Reassignment Resulting in Demotion

b. Downgrade - Generally a voluntary action taken by an employee, or taken Kaweah Health due to a restructure.

Exempt:

An exempt employee is paid on a "salary" basis, which means that he/she will receive a pre-determined amount each pay period constituting all or part of his/her compensation, and the amount will not be subject to reduction because of variations in the number of hours worked in the work day or week, except in accordance with "Leave of Absence" Policy or Paid Time Off (PTO) Policy. Refer to HR.62 Exempt Employees Pay/Salary Basis Safe Harbor Provision and HR.234 Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014

Non-exempt:

Employees in this classification are paid on an hourly basis and are subject to overtime under Federal Labor Standards Act (FLSA).

Productive Hours Worked:

Includes all regular, overtime, call back and orientation and workshop hours.

Non-Productive Hours Paid:

Any time for which the employee is paid while not at work (i.e., Paid Time Off (PTO), Bereavement Leave, Jury Duty, Employee Illness Bank (EIB), or Leave of Absence).

Overtime Hours:

Productive hours worked in excess 40 hours per week; applies only to non-exempt employees.

Overtime Pay:

The overtime rate times the overtime hours, applied with Fair Labor Standards Act calculations. Employees classified as non-exempt by the Fair Labor Standards Act will receive overtime after 40 hours in a 7-day work week at one and one-half times the employee's regular rate.

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Policy Number: HR.80	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/29/20
Approvers: Board of Directors (Administration)	
Docking Staff	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY: The fluctuating workload and census inherent with hospitals and health care may occasionally cause need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department’s management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Delta’s goals for effective resource management. Employees who report to work, and are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

PROCEDURE:
At times the workload or census may require that employees who are scheduled to work but indicated to dock be put on Standby. In these cases employees will stay on Standby until called back into work or subsequently docked until their shift ends. Employees will not have the right to refuse Standby for regularly scheduled shifts. Pay for Standby and Callback will be in accordance with policy entitled STANDBY AND CALLBACK PAY (HR. 72). Additionally, dock time will be documented in the timekeeping system to allow appropriate application of hours.

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

- II. Mandatory dock time will be applied in the following order
 - A. Overtime shifts
 - B. Employees who volunteer to be docked
 - C. Per Diem
 - D. Part-Time Staff
 - E. Full-Time Staff

Docking Staff

Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

If no employee desires time off, then leaders will apply the mandatory dock time as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

Timekeeping

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or per-diem.

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Policy Number: HR 94	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/09/2020
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Employee Handbook/Human Resources Policies	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE: The purpose of this policy is to familiarize employees with the policies, rules, and other key aspects of Kaweah Health related to employment.

POLICY: All employees will receive this listing of all Human Resources' Policies located in Kaweah Health's PolicyTech System upon hire. Employees will receive written periodic updates via email as pertinent policies and procedures are modified.

PROCEDURE:

1. Kaweah Health employees are expected to read and familiarize themselves with the information included in the policies noted. Employees with questions regarding items in the policies are encouraged to discuss their questions with management or a Human Resources Department representative.
2. Kaweah Health reserves the right to modify, rescind, delete, or add to the provisions of the Policies from time to time in its sole and absolute discretion. Every attempt will be made to provide all employees with notification of such changes when they occur. Revisions will be distributed to all employees through the Kaweah Health email system.

Also Reference: Kaweah Health Code of Conduct, HR. 236

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Policy Number: HR.95	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Job Descriptions	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

This policy provides department heads with appropriate guidelines for defining the qualifications and performance expectations for all staff positions. The Job Description is combined with and used as a part of the annual Performance Evaluation form. Department heads are responsible to create and maintain current Performance Evaluation/Job Descriptions for each position in their department. Each job description will contain a job summary, job duties and performance standards, and minimum position qualifications including education, experience, required certification and/or registration, and the position's essential functions and physical demands.

PROCEDURE:

1. Each employee is entitled to a copy of the most recent Job Description for his/her position and will be required to sign an Acknowledgment of receipt upon hire and upon a change in position.
2. Human Resources will assist department heads in updating existing Job Descriptions and creating Job Descriptions for new positions.
3. Human Resources will maintain the most current copy of each Job Description in the Human Resources' system. Department heads must notify Human Resources of any changes in Job Descriptions in order to update these files.

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Policy Number: HR.96	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 7/27/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Personnel Files and Employee Health Records	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

This policy provides guidelines on the appropriate retention and review of Personnel Files and Employee Health Records, ensures the confidentiality of same, and indicates access requirements for an employee or previous employee of their own Personnel File and/or certain Employee Health Records.

Kaweah Health maintains a system for retaining employee Personnel Files and Employee Health Records to assure compliance with all Federal and State regulatory requirements and to serve as reference documents when needed. Personnel Files are retained after an employee leaves employment; Employee Health records, including Workers' Compensation Files, are retained for at least 30 years post-employment.

The Human Resources and Employee Health departments maintain a Personnel File and separate Employee Health Record for each employee. The Personnel File includes such information as the employee's job application, resume, W-4's, records of training, records of benefit plan enrollment, documentation of performance appraisals and salary increases, and other employment records. The Employee Health Record includes the post-offer health history and related documentation as well as ongoing immunization records, such as TB screenings.

Personnel Files and Employee Health Records are the property of Kaweah Health and are confidential. Access to the information contained in these files is restricted. Only supervisors and management personnel of Kaweah Health who have a legitimate reason to review information in a file are allowed to do so. Employee Health Records are maintained by the Employee Health Manager or designee. These records are available to employees of the Human Resources and Employee Health departments for purposes of responding to employee requests for documentation or other job-related reasons. Review and/or removal of a Personnel File from Human Resources will be controlled within Human Resources; the same for Employee Health Records which are controlled by Employee Health. A File may only be requested and/or removed from Human Resources or Employee Health by authorized individuals.

Authorized Individuals:

1. The following individuals are authorized to review an employee's Personnel file within Human Resources:
 - a. Current or former employee - review and research, may request a copy
 - b. Human Resources or Employee Health staff for their respective files and records - review, research, filing
 - c. Supervisor or department management – review of their staff or if considering an employee for transfer to their department
 - d. Kaweah Health legal counsel - review for appropriate legal action
 - e. State and Federal agencies - for subpoena of records, inspection of file for compliance with regulations as and law; The Joint Commission, CMS, and the State Department of Health.

PROCEDURE:

The following procedures apply to files of current and terminated employees:

1. The employee may request to inspect or have a copy made of his/her Personnel file by completing the form "Request to Inspect or Copy Personnel File" in Human Resources. For copies of Employee Health Records, the employee must complete the "Employee Health Records Information Release" Form. For current employees, Human Resources has 48 hours to complete the request. For terminated employees, Human Resources attempts to provide the copied files within 4-5 days, but reserves the right to complete the request within 30 days. The employee must review the file in Human Resources and is not allowed to remove the file under any circumstances.
2. Employee Health Records are not contained in the Personnel File. These records are confidential; Kaweah Health will safeguard them from disclosure and will disclose such information only as allowed by law or as required for Workers' Compensation or regulatory agency purposes.
3. A file removed from Human Resources or Employee Health must be hand carried to the requesting party by the authorized individual or designee. A representative from Human Resources or Employee Health will typically remain with the file and ensure the return.
4. Files and records must be returned within a timely manner. A Human Resources Representative or designee will monitor the tracking form to ensure the file is returned.
5. To keep Personnel records up to date, employees are required to notify the Human Resources department in writing of any changes in personal status including:
 - a. name
 - b. address

- c. telephone number
- d. marital status and dependents if covered under employee benefits
- e. beneficiary designation for any of the insurance plans
- f. persons to be notified in case of emergency

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Policy Number: HR.98	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Employment References and Personnel File Access	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health is concerned with protecting confidential information on current and former employees. Human Resources will respond to all requests for employment references and verifications. All inquiries for information, whether verbal or written, concerning current or former employees are to be directed to Human Resources. Human Resources will not release any information (except as noted below) regarding current employees without their prior written authorization.

Any supervisor or employee may give a personal reference for another employee, provided the reply is not on Kaweah Delta stationary and that the individual states that the opinions expressed are solely those of the employee. All communications from government agencies that affect the Human Resources area will be referred to the Chief Human Resources Officer.

PROCEDURE:

1. Routine references checking job title and length of time on the job can be verified only by a representative of Human Resources.
2. Human Resources will report employee incidents, issues, or misconduct as required to State or Federal licensing or other agencies.
3. Kaweah Health will cooperate with Federal, State, and local government agencies which are investigating an employee if the investigators furnish proper identification and proof of their legal authority to conduct the investigation.
4. Employees, supervisors and department heads are required to refer all inquiries or requests for Personnel information from any governmental agency to the Vice President of Human Resources. Where appropriate, Human Resources will respond to inquiries, requests for data, claims, charges, etc., received from an agency.

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Policy Number: HR.128	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration)	
Employee Benefits Overview	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Eligible Kaweah Health Employees are provided a wide range of employee benefits. A number of the programs, such as Social Security, Workers' Compensation, and Unemployment Insurance, cover all employees in the manner prescribed by Federal or State law. Hospital-sponsored benefits eligibility is dependent upon a variety of factors, including employee classification. Human Resources maintains a listing of current benefits available. The controlling terms and conditions of all benefits are contained within the plan documents which define each benefits plan. In the event of discrepancies between other printed material and formal plan provisions describing Kaweah Health employee benefits programs, the official plan documents and instruments provisions govern.

Employees will be responsible for paying their insurance premiums and those for their enrolled dependents based on status and the date of eligibility. Enrollment in most plans must be completed within 30 days of the date of eligibility for the plan. Benefit eligible employees may also apply for offered benefits during Open Enrollment, normally offered in fall of each year for a January 1st effective date. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only. Please review Summary Plan Documents for each plan for complete information.

PROCEDURE:

General:

1. Insurance premiums for medical, dental, vision, supplemental life, dependent life, etc., are deducted each pay period (24 per calendar year) from paychecks.
2. Eligible employees may opt to cover eligible dependents with timely enrollment and financial responsibility for any dependent coverage. If a spouse or registered domestic partner has coverage through his or her own outside employer (not KH); the KH plan will pay only as a secondary insurance.
3. If an event occurs which will change the amount of premium the employee pays, the employee will either be required to pay back premiums or will receive reimbursement for premiums already deducted, depending on the nature of the event.

4. All premium contributions for medical, dental and vision are deducted on pre-tax basis. The conditions of Internal Revenue Service Code, Section 125, specifically prohibit employees from changing their insurance benefit coverage until an Open Enrollment period is offered or unless there is a major life change or qualifying event. Certain qualifying events may permit an employee to apply for late enrollment or changes in the employee's enrolled dependents.

Normal Waiting Period:

1. Coverage for health benefits begin the first of the month following a status change to a benefit eligible position.

Status Change:

1. The department head will submit a Status Change Form to Human Resources when an employee changes employment status. The effective date of the status change is the first day of the pay period in which the status change occurs.
2. Human Resources will notify the employee of changes in eligibility and/or applicable premium levels for eligible benefits. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only.
3. The premiums to be deducted are dependent on the date of the status change and may apply to the portion of the premium covering the employee as well as the dependent coverage.
4. If a Per Diem employee with coverage converts to Benefitted status, premiums deducted will be appropriately adjusted.
5. A newly eligible employee, i.e., one who converts from Part Time No Benefits or Per Diem (because of a qualifying event) to Benefitted or benefits eligible status, who has already satisfied the waiting period will not have to satisfy an additional waiting period.
6. An employee who was previously eligible and enrolled in the insurance plans and subsequently changed to a non-benefit eligible status, who has now converted to a benefits eligible status will not be subject to the waiting period.
7. An eligible employee who was eligible for, and declined benefits because of other coverage and then loses the other coverage is eligible to enroll in benefits with no waiting period under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The employee must enroll within 30 days of the loss of other coverage and provide a Certificate of Creditable Coverage from the other plan.
8. An employee who loses medical, vision, dental coverage or a medical spending account due to conversion to an ineligible status or termination of employment will be offered continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), except in the case of discharge for gross misconduct. Eligibility, payment of premiums, and length of available coverage are determined by COBRA regulations.

9. In the case of a Leave of Absence, if an employee is on paid status (utilizing PTO/EIB), the employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Delta his/her portion of the premiums bi-weekly/monthly while on a leave of absence for a total of four months combined within a rolling 12 months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

Procedures for COBRA:

- a. At the time of the qualifying event, Human Resources or the COBRA Administrator will forward the Employee Notice and Election Form to the employee via US mail.

COBRA qualifiers: Death of a covered employee, divorce or legal separation, a covered employee becoming eligible for Medicare, or a covered dependent child who is no longer eligible for coverage under the group plan.

- b. The employee, the separated or divorced spouse, or covered dependent will have no more than 60 days from the date of receipt of the COBRA letter to apply for continuance of medical, dental, or vision coverage. Notification is accomplished by completing the Employee Notice and Election form. If the employee, separated or divorced spouse, or covered dependent wishes to continue with medical, dental, or vision coverage, the initial premium payment to the COBRA Administrator must be received within 45 days of the date the employee signs the Employee Notice and Election Form and must be paid in full, back to the date of COBRA coverage.
- c. Upon receipt of the initial payment, the COBRA Administrator will begin the COBRA coverage and will expect future premiums due. The employee or eligible dependent must continue payments each month in order to continue coverage. COBRA coverage will be terminated if payments are not made within the guidelines set forth.

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Policy Number: HR.131	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/26/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Employee Recognition and Acknowledgment Programs	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health values competent and caring employees and maintains programs for recognizing excellent performance and achievement through the use of rewards and recognition. The organization has a number of employee recognition programs and incentives based on goals and objectives and these may be changed or discontinued at any time.

Taxability of Rewards and Recognition:

All employee recognition and rewards must be processed through Human Resources. The appropriate payroll taxes will be withheld through payroll during the normal bi-weekly payroll cycle for employees receiving rewards as follows:

- a. Cash and gift cards (combined amount of \$25 or more per day)
- b. Non-cash items given to or won by an individual in excess of \$100 (the entire value is taxable; not just the amount over \$100)

Non-Taxable:

De Minimis fringe benefits.

- a. occasional snacks or meals provided to a department or area
- b. holiday gifts, other than cash, with a low fair market value
- c. occasional movie tickets or small event tickets

Types of Recognition:

- II. Job Well Done – Taxable (cash equivalent award of \$25 or more)

Budgeted Funds used by departments for recognizing exemplary performance. Goods and services purchased for the benefit of employees and staff appreciation must be within preapproved budget fund limits.

- a. Employee may redeem voucher at Kaweah Korner.
- b. Once voucher is redeemed, gift cards or gift certificates with a value of \$25 or more in aggregate, will be included as income on the employee's next paycheck and regular income taxes will apply.

- III. Employee of the Month – Taxable (cash equivalent award of \$25 or more)

A monthly employee service excellence award wherein selected employees are awarded a monetary gift and recognized by the Board of Directors for their outstanding performance.

- a. The winner receives a packet that may include gift cards and/or gift certificates. The value of these will be grossed up to the recipients current tax exemptions to allow for the recipient to receive the net reward.

IV. Kaweah Care – Non-Taxable (cash equivalent award of \$15)

Recognition of fellow employees who have exemplified Kaweah Care Values. A monthly drawing is held with five individuals recognized.

- a. Employees are nominated by fellow employees via paper application or the District Daily.
- b. Human Resources selects five random monthly winners.
- c. Winners receive \$15 in gift cards.

V. Wellness

There are various Organization-wide events or incentives that present employees with awards, prizes, raffles, etc.

VI. Service Awards

Longevity is awarded through the Service Awards program recognizing Employees' service to the Organization.

- a. All employees are eligible for and will be presented service awards upon completion of five (5) years thereafter.
- b. Service awards are presented bi-annually for employees who meet those anniversary dates during the year (15 or more years of service).
- c. The Human Resources Department is responsible for determining and identifying those employees to be honored and for ordering and ensuring the arrival of service awards prior to the presentation date.

VII. Departmental Programs

Organization-wide or departmental programs where selected employees are presented with various types of awards for outstanding performance.

Individual divisions and/or departments of the Organization are encouraged to develop and maintain award programs recognizing outstanding performance. Awards, including, dinner certificates, gift certificates, award certificates, movie tickets, etc. may be presented to the selected employees on a quarterly and/or annual basis.

In addition, the Organization promotes special recognition programs by which employees can recognize co-workers special contributions or outstanding work.

VIII. Retirement Recognition

The Organization observes the retirement of its employees. The manager of the retiring employee, with the assistance of Human Resources, coordinates the observance, which is to be held within the department of the retiree.

- a. A reception or recognition may be held for an employee with 10 or more years of service, and at least 62 years of age, retiring from the Organization (not leaving for another position) with the employees agreement.
- b. If a reception is planned, management is responsible for arranging a room, making catering arrangements with Dietary Services, issuing appropriate invitations and serving as host or hostess.
- c. A Organization provided tangible gift may be given by management based on \$10 for each year of service by the employee. Management will need to request the tangible gift from HR. (NO GIFT CARDS, GIFT CERTIFICATES)
- d. HR will prepare a Board Resolution Plaque and the retiring employee will be invited to a Kaweah Health Board Meeting for presentation. If the employee chooses not to attend, the plaque will be mailed to the employee's home address.

IX. Service Recognition upon Voluntary Resignation (not retiring)

- a. Upon voluntary resignation, an employee with 25 years' of service or more will qualify for a Board Resolution Plaque and the employee will be invited to a Kaweah Delta Board Meeting for presentation. If the employee chooses not to attend, the plaque will be mailed to the employee's home address.

Employees may be excluded from participating in any of these programs if they are on a Leave of Absence of any duration.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Policy Number: HR.141	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Employee Parking	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Parking permits are issued to each employee entitling them to park in designated Kaweah Health employee parking lots at no cost. Additionally, various parking lots owned and operated by the City of Visalia are available for all day parking. As a condition of employment, all Kaweah Health employees must properly utilize lots that are designated for employee parking. Kaweah Health assumes no responsibility for theft or damage involving vehicles parked in the District or City parking areas.

PROCEDURE:

- I. Parking permits are available through Human Resources.

Permits shall be hung from the rear view mirror. Employees may obtain two parking permits if they have two vehicles. Employees must submit their license plate number(s) to obtain each permit. Carpool slots will be designated. A Carpool permit will be required.

Employees who do not have permits on their rear view mirrors are not permitted to park in any District lot while working. Violations will result in citations and/or towing of the vehicle as well as disciplinary action. There will be a \$5.00 charge to replace lost permits.

- II. Bike racks are available for employees arriving to work via bicycle.

- III. Non-Employees

Non employee's, with the exception of GME Residents and Medical Students must obtain parking permits from the GME Coordinator and may park in designated Kaweah Delta spaces.

- IV. Parking spaces specifically marked for physicians are not to be utilized by staff.

- V. Employees are not permitted to park in the visitor parking lots.

- VI. If appropriate, employees who are temporarily disabled may apply to the Security Services Manager for a temporary pass to permit parking near their place of work.

- VII. Questions concerning parking rules and regulations should be addressed to the Security Services Manager. (See AP policy 142, Traffic and Parking Regulations and AP 143 Parking Citation Appeal).

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”



Policy Number: HR.145	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/26/2023
Approvers: Board of Directors (Administration)	
Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) Leave of Absence	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To allow time off to eligible employees. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department heads and employees.

PROCEDURE:

This policy is based on the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and is intended to provide eligible employees with all of the benefits mandated by these laws. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. Reason for Leave

Family leaves are subject to the eligibility requirements and rules set forth in this policy statement, and as provided by State and Federal regulations.

- a. FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
 - i. For incapacity due to pregnancy, prenatal medical care or childbirth;
 - ii. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.
 - iii. To care for the employee's spouse, registered domestic partner, son or daughter, step son or daughter, or parent, step parent, grandparent, foster parent, adoptive parent, who has a serious health condition, including a son or daughter 18 years of age or older if the adult son or daughter has a disability as defined by the Americans with Disability Act (ADA); or
 - iv. For a serious health condition that makes the employee unable to perform the employee's job.
 - v. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status deployed to a foreign country may use Leave to prepare for short-notice deployment, attend military events, arrange for childcare, address financial and legal arrangements, attend counseling sessions, and allow for rest, recuperation and post-deployment activities, among other events.
 - vi. A special leave entitlement is available that permits eligible employees to take up to 26 weeks of leave to care for a covered service member who is the spouse, son, daughter, parent, or next of kin. Certain conditions apply.

CFRA: In addition to the protections listed above, CFRA allows an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to take care for a designated person (any individual related by blood or whose association with the employee is the equivalent of a family member (one per 12-month period)), grandparent, grandchild, sibling, spouse, or domestic partner. If Kaweah Health employs both of the parents of a child, both are covered by this policy if eligibility requirements are met. Kaweah Health will grant a request by an eligible employee to take up to 12 workweeks of unpaid protected leave during any 12-month period due to a qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child, or parent in the Armed Forces of the United States. Leaves for this reason are, for the most part, covered under the FMLA, so these leaves may run concurrently with leave under the FMLA if the leave qualifies for protection under both laws.

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b. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:

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- i. inpatient care (i.e., an overnight stay) in a medical care facility; or
- ii. continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.
- iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

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2. Employee Eligibility

Family leave is available to employees who have worked at least 12 months for Kaweah Health and have worked more than 1,250 hours during the previous 12 months.

Leave Available

An employee may take up to twelve (12) weeks of leave during a 12-month period. A 12- month period begins on the date of an employee's first use of FMLA/CFRA leave. Successive 12- month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. FMLA and CFRA counts against the amount of Medical Leave available and vice versa.

- a. If certified to be medically necessary, leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. See below for more information.
- b. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.

Employees with pregnancy-related disabilities may have the right to take a Pregnancy Disability Leave in addition to a Family Leave.

3. Intermittent or Reduced Leave Schedule:

- a. If certified to be medically necessary, for self or leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. Increments of time may not be less than one hour.

- b. Employees requesting intermittent leave or a reduced work schedule may be requested to transfer to an alternate job position. Such a transfer will be to a job position better able to accommodate recurring periods of absence but which provides equivalent compensation and benefits.
- c. In any case, employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.
- d. Leaves to care for a newborn child or a child placed for adoption of foster care may not be taken intermittently or on a reduced leave schedule under FMLA/CFRA.
- e. Exempt employees taking an intermittent or reduced leave will be paid for all hours actually worked. For example: An exempt employee is restricted to working three hours a day. The employee will be paid for three hours of productive time and five hours of PTO without impacting their exempt status. If the employee doesn't have PTO, the five hours will be unpaid.
- f. Accrued PTO hours are required to be used for intermittent leaves.

4. Notice, Certification and Reporting Requirements

a. Timing:

If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with Kaweah Health's normal call-in procedures.

If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of Kaweah Health.

b. Certification:

- i. An employee requesting leave to care for a family member with a serious health condition must provide a health-care provider's certification that it is medically necessary for the employee to assist in caring for the family member with the serious health

condition. The certification must include the following:

1. The date on which the serious health condition commenced;
 2. The probable duration of the condition;
 3. An estimate of the amount of time that the health care provider believes the employee needs to care for the individual requiring the care; and
 4. A statement that the serious health condition warrants the participation of a family member to provide care during a period of the treatment or supervision of the individual requiring care.
- ii. Upon expiration of the time estimated by the health-care provider needed for the leave, Kaweah Health may require the employee to obtain recertification in accordance with the above requirements as certifications expire.
- iii. In addition, an employee requesting an Intermittent Leave or reduced work schedule must provide a health-care provider's certification stating the following:
1. The date on which the treatment is expected to be given and the duration of the treatment.
 2. That the employee's Intermittent Leave or reduced work schedule is necessary for the care of a spouse, child or parent with a serious health condition or that such leave will assist in the individual's recovery; and
 3. The expected duration of the need for an Intermittent Leave or reduced work schedule.
- iv. Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health Services who may contact the provider.

c. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause Kaweah Health to apply a voluntary resignation from employment.

During an approved Intermittent Leave, the employee must call their department head or designee and Human Resources each day or partial day that is requested as Intermittent Leave time.

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5. Compensation During Leave:

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information. Also refer to the Paid Family Leave policy in the manual.

- a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial three 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.
- c. Applying the EIB utilization guidelines, EIB may be used for Kin Care for the same eligible members noted on page one. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise the utilization will be limited to 50% of the employee's accrued EIB. A maximum of 50% of accrued hours in a 12-month period may be utilized.

6. Benefit Accrual:

The employee will continue to accrue PTO as long as they are being paid by Kaweah Health (receiving a paycheck) during integration of benefits on continuous leave of absence.

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7. Merit Review Date:

The merit review date will not change during a leave of absence.

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8. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health 's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her

normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.

- d. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.
- e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.
- f. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

9. Reinstatement:

- a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.
- b. Under most circumstances, upon return from Family or Medical Leave,

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an employee will be reinstated to his or her previous position, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee returning from a Family or Medical Leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Family and Medical Leave would have been laid off had he/she not gone on leave, or if an employee's position is eliminated during the leave, then the employee would not be entitled to reinstatement.

- c. An employee's use of Family and Medical Leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using Family or Medical Leave.
- d. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Policy Number: HR.147	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/08/2019
Approvers: Board of Directors (Administration)	
Pregnancy Disability Leave of Absence	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To allow time off to employees who have no other recourse than to be away from work for 17 1/3 weeks. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the District will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. The District will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, the District will meet the request.

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with state and federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by Department Heads and employees.

PROCEDURE:

1. Reason for Leave

The District will grant an unpaid pregnancy disability leave to employees disabled due to their pregnancy, child birth, or related medical conditions. This can include an employee who is unable to perform any one or more of the essential functions of her job or to perform them without undue risk to herself, to her pregnancy's successful completion, or to other persons; the employee is suffering from severe morning sickness; and/or the employee needs to take time off for prenatal or postnatal care, bed rest, gestational diabetes, pregnancy-

induced hypertension, preeclampsia, post-part depression, childbirth, loss or end of pregnancy, or recovery from childbirth, loss or end of pregnancy.

2. Leave Available

- a. An employee disabled due to pregnancy, childbirth, or a related medical condition may take up to a maximum of four (4) months leave. As an alternative, the District may transfer the employee to a less strenuous or hazardous position if the employee so requests, with the advice of her physician, if the transfer can be reasonably accommodated.
- b. Refer to FMLA Intermittent Leave.
- c. Leave taken under the pregnancy disability policy runs concurrently with the Family and Medical Leave Act (FMLA) under Federal law, but not Family and Medical Leave under the California Family Rights Act (CFRA).

3. Notice and Certification Requirement

- a. Notice:
Employees planning to take a pregnancy disability leave must provide the District with reasonable advance notice.

- b. Certification of Disability:

The District requires a written statement from a physician or other licensed health-care practitioner which must include the following:

- i. That the employee is unable to perform the essential job duties or that the employee is unable to perform these duties without undue risk to herself or other persons;
- ii. The date on which the disability commenced; and
- iii. The expected date of the employee's ability to return to work.

- c. Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause The District to apply a voluntary resignation from employment.

4. Compensation During Leave:

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit California's Program for the Unemployed" for more information.

- a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial three 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination

with SDI or Workers' Compensation Temporary Disability

Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.

- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.

5. Benefit Accrual:

The employee will continue to accrue PTO and EIB as long as he/she is being paid by the District (receiving a paycheck).

6. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

7. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under the District's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. The District will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and the Hospital, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay the District his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. See FMLA HR.145 #d, page 9 of 7.
- e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.
- f. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months, or seven months when PDL combines with CFRA, of

leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.

- h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by the District while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

8. Reinstatement

A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a Pregnancy Disability leave of absence.

Upon the submission of a medical certification from a health care provider that an employee is able to return to work, the employee will, in most circumstances, be offered the same position held at the time of the leave or an equivalent. However, an employee returning from a Pregnancy Disability Leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Pregnancy Disability Leave would have been laid off had he/she not gone on leave, or if an employee's position is eliminated during the leave, then the employee would not be entitled to reinstatement. Similarly, if the employee's position has been filled in order to avoid undermining the District's ability to operate safely and efficiently while the employee was on leave, and there is no equivalent position available, then the reinstatement would be denied.

Otherwise, the District will comply with the agreed upon date of reinstatement. If no date was agreed or there is a change in the reinstatement date, the District will reinstate the employee within two business days, or as soon as reasonably possible.

9. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB Testing, as applicable) prior to return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

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Policy Number: HR.148	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Personal Leave of Absence	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To allow employees time off for personal reasons and time off not covered by legislative requirements.

Leaves not covered under legislative requirements may be considered to be personal leaves of absence and are subject to approval by the department head. Leaves may be approved for a period of up to one month, in the case of pending licensure, leave may be extended up to 12-weeks, based on the employee's length of service, performance, level of responsibility, reason for the request, and Kaweah Health's ability to obtain a satisfactory replacement during the time the employee will be away from work.

PROCEDURE:

1. Employees requesting a personal leave of absence are required to complete a request for Leave of Absence form. Requests and approvals for a personal leave of absence must indicate the specific beginning and ending dates. This request will be given to the employee's department head for approval. The employee will be send a pamphlet from the state Employment Development Department ("EDD") entitled "For your Benefit: California's Program for the Unemployed."
2. Employees have the option to use accrued Paid Time Off (PTO) during a personal Leave of Absence, and need to coordinate this with their timekeeper if they would like to utilize their accrued PTO time.
3. Efforts will be made to hold the employee's position open for the period of the approved leave. However due to business needs, there will be times when positions cannot be held open and it is not possible to guarantee reinstatement. If an employee's former position is unavailable when he/she is to return to work, a reasonable effort will be made to place the employee in a comparable position for which he/she is qualified. An employee who does not accept the position offered will be considered to have voluntarily terminated his/her employment effective the date the refusal is made. If Kaweah Health does not have any positions available for which the employee is qualified, the employee will be terminated.

4. Employee Benefits:

- a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plan for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums monthly while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes. The employee may have to provide proof of insurability.
- e. An employee may cancel his/her insurance(s) within thirty (30) days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within thirty (30) days of his/her return to work.
- f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.
- h. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related

documentation must be completed within two weeks of the employee's return.

5. Benefit Accrual:

The employee will continue to accrue Paid Time Off (PTO) and EIB as long as he/she is being paid by Kaweah Health (receiving a paycheck).

6. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

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Human Resources

Policy Number: HR.149	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/26/2023
Approvers: Board of Directors (Administration)	
Bereavement Leave	



Kaweah Delta Health Care District

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To allow employees who have experienced a death in the immediate family to take the time to make necessary arrangements and to observe a period of grieving.

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POLICY:

All Full-Time and Part-Time Benefitted employees shall be granted paid bereavement time in the event of a death in their immediate family. As of January 1, 2023, an employee may take up to five shifts of bereavement leave upon the death of a qualifying family member, 24 hours of which will be paid under prior Kaweah Health Policy for employees who receive benefits (the remaining shifts would be unpaid or paid through accrued PTO).

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An employee is eligible for bereavement leave once they have been employed for at least 30 days prior to the commencement of leave. A qualifying family member includes spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law. The five shifts of bereavement leave do not need to be taken consecutively; they can be intermittent.

The employee must complete the bereavement leave within three months of the family member's date of death. The employer may require that the employee provide documentation of the death of the family member including a death certificate, published obituary, funeral home, burial society, crematorium, religious institution, or governmental agency. The documentation, if requested by the employer, must be provided within 30 days of the first day of bereavement leave.

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PROCEDURE:

1. Immediate family can be defined with the list below; however, [the California Family Rights Act \(CFRA\) defines](#) there may be instances where a loss of a significant other, [designated person, and/or](#) close relative would be considered. [This classification, may be considered as one event for bereavement leave every 12 months and](#) will be left up to the discretion of each Director of Executive.

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Immediate Family Members:

Mother	Reg. Domestic Partner	Mother-in-law	Daughter-in-law
Father	Child	Father-in-law	Step Child
Sister	Grandchild	Sister-in-law	Step Parent
Brother	Grandparent	Brother-in-law	Step Brother
Spouse	Legal Guardian	Son-in-law	Step Sister
Miscarriage			

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2. The employee must notify their leader of the need for time off.
3. For full-time and part-time benefitted employees, bereavement time is to be recorded via timekeeping as Bereavement pay up to 24 hours. PTO-Bereavement for the 25 hour through the 5th shift, Bereavement-No Pay if preferred. For Per-Diem or non-benefitted employees, Bereavement time is coded as Bereavement-No Pay.
4. Additional leave utilizing Paid Time Off (PTO) or unpaid time off may be arranged upon request and with approval of management.
5. Bereavement time is to be recorded via timekeeping in Workday.
6. Where a pattern of use is established, documentation of death may be required. Failure to provide such documentation upon return to work may result in the leave being considered as an unauthorized absence without pay.

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Policy Number: HR.151	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Short Term (Reserve) Military Training Leave and Military Leave of Absence	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To allow employees who are members of the Armed Forces time off to fulfill their military obligations.

PROCEDURE:

1. Reason for Leave:

Leave without pay is provided to employees who enter uniformed military service of the Armed Forces of the United States for active duty or training. Employees returning from Military Leave are afforded certain rights and benefits upon reemployment in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 as well as any applicable state law. Employees seeking Military Leave must bring their military service orders to the Human Resources Department for a review of their individual situation prior to commencement of the leave.

2. Employee Eligibility:

Regular full-time and part-time benefit eligible employees are eligible for Military Leave regardless of their length of employment.

3. Leave Available:

Employees will receive Military Leave in accordance with the requirements of their military service orders and in accordance with the requirements of applicable State and Federal law in effect at the time the leave is granted.

4. Notice:

Employees requiring Military Leave must notify and submit a copy of their military orders to the Human Resources Department as soon as the need for the leave becomes known to the employee.

5. Compensation During Leave:

Military leave is without pay. However, employees have the option to use accrued Paid Time Off during the leave.

6. Benefit Accrual:

The employee will continue to accrue benefits (Paid Time Off and Extended Illness Bank) as long as he/she is being paid by the District (receiving a paycheck).

7. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

8. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under the District's employee benefit plans for up to a maximum of twenty four months at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. The District will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and the District, under the same conditions as existed prior to the leave, for a maximum period of twenty four months. After 4 months, an employee may continue insurance coverage for himself and dependents by paying the full cost of the premium for 20 additional months.
- c. If on paid status (utilizing PTO), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay the District his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employee will pay the full cost of coverage.
- d. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period or pre-existing provisions. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.
- e. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by the District while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

9. Reinstatement:

- a. To be reinstated, an employee returning from military leave must submit an application for reemployment within a certain period of time, depending on the employee's length of leave. If the service was less than 31 days, the employee must report for reemployment no later than the beginning of the first full regularly scheduled work period on the first calendar day following completion of service and the expiration of eight (8) hours after a time for safe transportation back to his or her residence. If reporting within that

period is impossible or unreasonable through no fault of the employee, he or she should report as soon as possible. If the period of military service was for 31 days or more, but less than 181 days, the employee must submit an application for reemployment no later than 14 days following completion of service. For military service over 180 days, the employee must submit an application for reemployment no later than 90 days after the completion of service. An employee, who is hospitalized for, or convalescing from, and illness or injury incurred during the performance of military duty has certain additional time to allow for recovery before reapplying for employment.

- b. An employee returning from military service (or released from hospitalization that continued following discharge) in accordance with the above time requirements will be offered the position that he or she would have attained if continuously employed. If the employee is not qualified for this position, then the same position held at the time of leaving will be offered, unless the employee is not qualified to perform the duties of his or her former position. If this is the case, the employee will be afforded all rights under applicable Federal and State law.

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Policy Number: HR.156	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration)	
Witness Duty	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

An employee who is required by law to appear in court to testify on behalf of the Organization will be paid for this time. If required to appear as a witness in a case unrelated to his/her employment the employee, may elect to take this time as unpaid or paid through his/her Paid Time Off (PTO) bank. A request for time off should be submitted to the employee's department management as soon as possible.

PROCEDURE:

1. Evidence of the subpoena to testify on behalf of Kaweah Health is to be presented to the Risk Management or Human Resources Department as soon as the employee receives the subpoena and becomes aware of a court date. The employee will be paid for this time if the attendance is related to his/her employment at Kaweah Health. A KD-affiliated attorney may meet with the employee in advance and/or represent the employee when testifying.
2. At no time will the employee receive compensation for regular work duty and witness duty for the same hours.
3. If the witness duty is not related to employment, the employee must notify his/her department management or supervisor of the need for time off as soon as a notice or summons from the court is received.
 - a) The employee may be requested to provide written verification from the court clerk of having served.
 - b) If not related to employment, the employee may elect to be paid through his/her Paid Time Off (PTO) bank or take the time as unpaid.

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Policy Number: HR.169	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Jury Duty	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide employees with guidelines regarding time off and pay for jury duty.

POLICY:

All Full-Time and Part-Time benefit eligible employees may be granted pay to serve as a juror. Kaweah Health will provide up to 10 days per calendar year. Employees will be paid at their base rate and without differentials. Employees are not required to reimburse any monies received by the court for Jury Duty.

PROCEDURE:

1. An employee summoned for Jury Duty should notify their management team as soon as the summons is received.
2. If the absence for jury service would impose a significant hardship on Kaweah Health, the employee will seek to be excused from service, or have such service deferred, as determined by the employee's department head. Letters to request to be excused may be obtained from Human Resources.
3. Employees who take time off for Jury Duty must present a certificate of attendance for each day served to his/her manager upon return to work. At no time will an employee receive compensation for regular work duty and Jury Duty for the same hours.
4. On the days that the employee is not in a courtroom or in the Jury room, he/she must report to work if scheduled. In the event the court dismisses the employee, the employee must call their department management to determine if they are to report to work.
5. Depending on length of service on a particular day, an evening shift employee may or may not be required to work their scheduled shift. Generally, an employee should not serve Jury Duty and work more than 10 hours in one day combined. If the employee fails to contact their department manager or designee regarding their work schedule, the hours paid for Jury Duty will be the actual hours at the Court, rather than a full evening shift.

6. Night shift employees must have a minimum of eight (8) hours between Jury Duty service before or after their shift. Employees normally scheduled to work 12-hour shifts will receive 12 hours of jury duty pay for each day served, up to the annual allowable amount.
7. If Jury Duty service extends beyond the time originally estimated, the employee will be responsible for keeping their department head informed and may use Paid Time Off (PTO) for such time.
8. Jury duty service is not considered time worked for the purpose of computing overtime pay.

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Policy Number: HR.173	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Employee Emergency Relief	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

This policy was developed to assist employees in time of personal financial emergency. The funding of this program is through unused Section 125 funds and donations by employees of Kaweah Health. The unused Section 125 funds will be donated to the Kaweah Health Hospital Foundation and restricted to use for the Kaweah Health Employee Emergency Relief.

PROCEDURE:

To seek assistance from the emergency fund, an application (attached Exhibit) must be fully completed and signed by the employee and department manager/director. The application must be submitted to the Human Resources Department.

Applications for assistance shall be reviewed by Chief Human Resources Officer. The decision as to whether to make an award as well as the amount of the award is solely within the discretion of the Chief Human Resources Officer.

I. Eligibility

- A. All full-time and part-time employees are eligible after successfully completing the introductory period of employment. Employees may not be in the Disciplinary Action Process with a Level II counseling or higher.
- B. One application per household.
- C. Requests must be submitted to Human Resources in writing by the employee needing assistance. A Manager/Director acknowledgment of submission for Human Resources review is required.
- D. Employees requesting assistance must meet at least one of the required criteria.

- E. Application must be submitted to Human Resources within sixty (60) days of the emergency event or condition resulting in a need for assistance.
- F. Application expires after 90 days of submission. If all required documentation is not provided within the 90 day timeframe the application must be resubmitted.
- G. Any misrepresentation on this application may be sufficient cause for rejection of the application, and disciplinary action up to and including termination of employment.

II. Criteria

The requesting employee may be asked to provide documentation for any of the criteria listed below (i.e. direct financial impact that creates a hardship for the household):

1. Expenses associated with a major medical emergency or condition of the employee or an immediate family member;
2. Expenses associated with the death of an immediate family member; and,
3. Expenses associated with a catastrophic event affecting the employee.

III. Definition of Immediate Family

For the purpose of this policy, immediate family is defined as current spouse, mother, father, sister, brother, child, (natural or legal guardian, domestic partner, current mother- or father-in-law, grandchildren and employee's grandparents.)

IV. Disbursement

Awards will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.

Awards are not to exceed a maximum of \$2,000.

Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer after review and approval.

V. Donations

Should the Employee Emergency Relief program be discontinued, the Kaweah Health Hospital Foundation and Human Resources will determine the use of the funds. No additional donations to the Employee Emergency Relief Fund will be accepted.

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Kaweah Health
Employee Emergency Relief Application
(Submit to the Human Resources Department)

Employee Name: _____ Date: _____ Department: _____
Title: _____ Employee # _____ Phone # _____
Amount of Request \$ _____

Emergency Criteria (Please check one)

- () Major medical emergency of the employee or an immediate family member.
- () Death of an immediate family member.
- () A catastrophic event affecting the employee. (Example: Fire or Natural Disaster)

****Funds may take up to one month to be distributed.***

(Brief explanation of your situation): _____ Date of Incident: _____

Our goal is to pay some of your expenses to help assist you with this unforeseen emergency. Please list expenses that you need assistance with as well as the amount of assistance needed. Please attach unpaid invoices. (Unfortunately, we can only make payments to third parties. We cannot write a check directly to you. Funds cannot be used to pay **Medical Insurance Premiums**.)

I certify that all statements above are true and correct. Any misrepresentation on this application may be sufficient cause for rejection of the application. I also certify that I have read the Employee Emergency Relief Policy HR 173.

Requestor's Signature _____ Date _____ Department Director/Manager Verification _____ Date _____

Human Resources use only

Date Received: _____ Approval Date: _____

Has employee applied and been awarded in the past three (3) years? ___ Date: _____ Amount: _____

Approved: (Amount) _____ Denied (Reason): _____

Given to the Foundation (Date): _____ Check to be ready on (Date): _____

Funds distributed to (Co. Name): _____ Date: _____

Policy Number: HR.183	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Identification Badges	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. Students, sales and service representatives, temporary help, contractors and construction workers, and volunteers will wear identification badges as a condition of being on District property. The badge is to be worn chest high or above, with the name and picture clearly visible to patients, visitors, co-workers, physicians, and volunteers. No other badges, buttons or insignias, other than the official I.D. Badge may be worn while on duty. Unauthorized stickers or pins cannot be placed on the ID Badge. In the event of a disaster, the official Kaweah Health Hospital identification badge must be worn to gain admittance to the property.

Some badges issued by Human Resources include access control. These badges are programmed for each employee to have access to certain locations of the District. Employees who do not have access via their badge may not enter these protected areas without specific permission from a member of management. Employees with specific access may not provide access to anyone else.

A \$10.00 replacement charge will occur if an employee requests an ID badge due to it being lost or forgotten. The \$10.00 charge is the actual cost of the badge, including the attachments that must also be replaced. There is no charge to replace a damaged or worn badge.

PROCEDURE:

1. Human Resources will prepare ID badges indicating the name and title.
2. Employees can make purchases using their ID Badge in the Gift Shop, Kaweah Korner, Pharmacy, and Cafeteria. All amounts will be paid via payroll deduction, including a final check if leaving employment.
3. If an individual loses his/her badge or the badge is damaged or worn, he/she must report to Human Resources immediately to have a new badge prepared. Individuals will be held financially responsible for purchases made with their ID Badge, even if the badge is lost or stolen. A \$10.00 replacement charge will occur if an employee requests an ID badge due to it being lost or forgotten. The \$10.00 charge is the actual cost of the badge, including the attachments that must also be replaced. There is no cost to replace a damaged or worn badge.

4. A new badge will be issued when an employee has a name change or title change. A name change will only be issued upon presentation of a Social Security Card with the new name, and required licensure is verifiable with the new name.
5. The Purchasing Department, via a Vendormate kiosk, will issue temporary badges to all sales representatives.
6. Upon termination of employment or if work or service will no longer be provided to the District, the ID badge must be turned in to the department. All ID badges must be returned to Human Resources.

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Policy Number: HR.184	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/26/2023
Approvers: Board of Directors (Administration)	
Attendance & Punctuality	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Attendance and punctuality is important to Kaweah Health’s mission to deliver high quality service to our patients and the community. It is each employee’s responsibility to maintain a good attendance record. Regular attendance and promptness are considered part of an employee’s essential job functions. Employees with excessive absenteeism may be subject to Progressive Discipline.

Employees with disabilities may be granted reasonable accommodation to assist them in meeting essential functions under any provision in this policy. In cases of disability, appropriate documentation from a healthcare provider is required. A Leave of Absence may be considered as a reasonable accommodation. Please refer to Leave of Absence and the Reasonable Accommodation Policy for more information.

All absences will be recorded on an attendance record (utilizing specific comments in the timekeeping system), which will be used to identify acceptable or unacceptable attendance patterns. The focus of this policy is on the frequency of absences and is to ensure reliability of employees to their work schedule and/or work requirements.

Employees are also expected to report to work punctually at the beginning of the scheduled shift and when returning from meals and breaks.

An employee who misrepresents any reason for taking time off may be subject to disciplinary action up to and including termination of employment. See HR.216 Progressive Discipline.

PROCEDURE:

Absenteeism is not being at work or attending a Kaweah Health paid workshop when scheduled unless the absence is protected by law.

The following number of occurrences, including full shift absences, tardies and leaving early, will be considered excessive and will be grounds for counseling and disciplinary action up to and including termination. During the new hire introductory period (see HR.37 Introductory Period), unacceptable attendance may result in the employee being placed in an advanced step of disciplinary action up to and including termination of employment.

Occurrence:

- An occurrence is defined as a full day or consecutive days of unscheduled, unapproved, unprotected time off. If makeup time is authorized on the same day or within the week of the occurrence, the absence is still counted as an occurrence.
- For the purpose of this policy, a "tardy" results when an employee fails to report to their work area ready for work at the start of their shift or fails to return from lunch or break at the appropriate time.
- Two tardies or leaving early that have not been pre-approved count as one occurrence. One tardy and one time leaving early can also count as one occurrence, as well as two unscheduled events of leaving early will count as one occurrence.
- An employee is required to call in absences two hours prior to the start of their scheduled shift.
- Please note that attendance and punctuality is considered an important factor of overall performance and will be considered in performance. As such, if an employee has or is to receive disciplinary actions other than attendance, the levels as noted below will escalate. The entire performance of an employee is considered when establishing levels and Kaweah Health may apply any level or immediate termination if warranted due to the circumstance.

Number of Occurrences in a Rolling 12-Month Period

Counseling	Occurrences	Introductory Period
Verbal Warning	4	4
Level I Written Warning	5	NA
Level II Written Warning	6	
Level III Written Warning	7	
Termination	8	5

Pattern Absenteeism:

Employees will be considered to have a pattern of unscheduled absences if their absences tend to occur immediately before or after scheduled days off, before or after holidays or weekends, occur at regular intervals or on consistent days, occur immediately following disciplinary action, or occur on days that the employee requested off but were denied such request. Patterned absences will be considered misconduct and will be grounds for Progressive Discipline.

Absences not to be considered under this policy are noted below. Reasonable notice of these absences is requested and in some cases required. Progressive Discipline

may apply where reasonable notice or requested proof of time off documentation is not provided.

- a. Work-related accident/illness.
- b. Pre-scheduled Paid Time Off (PTO).
- c. Pre-scheduled personal time.
- d. Time off to vote or for duty as an election official. This provision will be limited to federal and statewide elections exclusively and shall not be extended to include local, city or county elections. Employees requesting time off to vote will submit the request in writing. The request should state specifically why the employee is not able to vote during non-working hours. Unless otherwise agreed, this time must be taken at the beginning or ending of the employee's shift to minimize the time away from work.
- e. Time off for adult literacy programs.
- f. Time off if a victim of a crime, or if a family member is the victim of a crime, when they take time off following the crime. Protections are for an employee who is a victim of domestic violence, sexual assault, or stalking for taking time off from work for any specified purpose, including seeking medical attention, for injuries caused by the domestic violence, assault, or stalking and appearing in court pursuant to a subpoena. In addition, protections include taking time off from work to obtain or attempt to obtain any relief. Relief includes, but is not limited to, a temporary restraining order, restraining order, obtaining psychological counseling, engaging in safety planning, seeking other injunctive relief, and to help ensure the health, safety or welfare of the victim or their child. Furthermore, protections include if the employee provides certification that they were receiving services for injuries relating to the crime or abuse or if the employee was a victim advocate.
- g. Time off to attend judicial proceedings as a victim of a crime, the family member, registered domestic partner or child of a registered domestic partner who is a victim of a crime. Victim means any person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of specified crime or their spouse, parent, child, sibling, or guardian.
- h. Employees who enter uniformed military service of the Armed Forces of the United States for active duty or training.
- i. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation.
- j. Time off of up to fourteen (14) days per calendar year for volunteer

Attendance & Punctuality

firefighter, reserve peace officer, or emergency rescue personnel training or duties.

- k. Time off to attend school or child care activities for their children, grandchildren or guardians (limited to 40 hours per year not exceeding eight hours in any calendar month). Applies to children in grades 1 through 12 or in a licensed child care facility. Additional protections apply for required appearances after suspension of a child from school. Effective January 1, 2016, employees may take time off from work to find a school or a licensed child care provider and to enroll or re-enroll a child, and time off to address child care provider or school emergencies.
- l. Bereavement time related to Policy.
- m. Jury Duty or Witness Duty.
- n. Leaves pursuant to legislative requirements Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act of 1991 (CFRA); Pregnancy Disability Leave (PDL); Organ and Bone Marrow Donation Leave; and Workers' Compensation (WC).
- o. Kin Care: Kin Care authorizes eligible employees to use up to one-half (½) of the Extended Illness Bank (EIB) that they accrue annually, in a calendar year, to take time off to care for a sick family member. Employees who accrue EIB are eligible for Kin Care. Employees who are not eligible for EIB are not eligible for Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a calendar year period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

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Absence for Religious Observation

Kaweah Health will attempt to accommodate employees requesting absence for religious observation, however, in certain circumstances accommodation may not be possible or reasonable.

Attendance & Punctuality

Notification of Late Arrival

An employee is required to call in absences two hours prior to the start of their scheduled shift.

Workers' Rights in Emergencies

Kaweah Health is compliant with California SB1044 and prohibits taking adverse action against an employee for refusing to report to or leaving work during an emergency condition. prohibits from preventing an employee from accessing a mobile device during that time. This is specified as:

- Conditions of disaster or extreme peril to the safety of persons or property at the workplace or worksite caused by natural forces or a criminal act.
- An order to evacuate a workplace, a worksite, a worker's home, or the school of a worker's child due to natural disaster or a criminal act.

This paragraph does not apply to the following:

An employee or contractor of a health care facility who provides direct patient care, provides services supporting patient care operations during an emergency, or is required by law or policy to participate in emergency response or evacuation.

When feasible, an employee shall notify the employer of the emergency condition requiring the employee to leave or refuse to report to the workplace or worksite prior to leaving or refusing to report.

Schedules

- Employees are scheduled to work during specified hours. Unless approved by management, those hours may not be adjusted to accommodate early or late arrival or departure.
- Employees who arrive for work early may not leave before the end of their scheduled work period unless authorized to do so by their management. Employees may be subject to discipline for incurring unauthorized overtime by reporting to work prior to their scheduled start time. Employees who arrive for work late may not remain on duty beyond the regular scheduled work time to make up the lost time unless authorized to do so by their management. Employees who are absent without approval but are allowed to makeup time will continue to be subject to disciplinary action for lack of reliability.
- Employees are only paid for actual hours worked.
- Employees may not shorten the normal workday by not taking or by combining full meal periods and rest break periods and may not leave before the end of their scheduled shift without the authorization of a supervisor.
- Any employee who leaves Kaweah Health premises during work hours must notify and obtain approval from management and/or their designee prior to departure. Employees must clock out and in for their absence.
- Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for

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cancellation defined as the following:

1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
2. If class is on Monday, cancel prior to 23:59 on Saturday
3. Classes need to be cancelled through our Learning Management System (LMS)
4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.

g. Employees must be on time.

h. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.

i. Employees who are absent from work for three days and have not contacted their department manager or supervisor will be assumed to have voluntarily terminated their employment. Employees who are

Attendance & Punctuality

absent from work without authorization and without providing proper notification to management may be considered to have abandoned their job and will be terminated from employment.

- j. Weekend Makeup Policy – Employees who call in on weekends may be required to make up weekend shifts missed.^{1[1]} Weekend shifts will be scheduled for makeup on a successive schedule at the discretion of the scheduling coordinator/supervisor per staffing needs.
- k. Holiday Makeup Policy – Employees who call in on a ^{2[2]}holiday will be required to work another holiday or an extra weekend shift at the discretion of the scheduling coordinator/supervisor per staffing needs.

Loitering

Kaweah Health employees may not arrive to work greater than thirty (30) minutes prior to the start of their shift and may not remain within Kaweah Health facilities greater than thirty (30) minutes beyond the end of their shift without specific purpose and/or authorization to do so.

Clocking

Employees should not clock in, may not begin work before the start of their scheduled shift and must discontinue work and clock out at the conclusion of their scheduled shift, unless instructed otherwise by their management. Employees may not work off-the- clock, including use of electronic communication.

Further information regarding this policy is available through your department manager or the Human Resources Department

^{1[1]} Weekend shift starts Fridays at 1800 and ends Mondays at 0600.

^{2[2]} Holiday is from 1800 the day before the holiday and ends 0600 the morning after the holiday.

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Policy Number: HR.188	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Personal Property and Valuables	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health does not assume responsibility for personal articles lost or stolen on or about the District premises. Personnel are responsible for safeguarding their personal property while at work and are advised not to bring large sums of cash or other valuables to the workplace.

PROCEDURE:

I. Lost or Stolen Property

If personnel experiences loss of personal property while at work they should immediately notify department management and complete and submit the Occurrence Report form located on Kaweah Compass.

The Occurrence Report form is reviewed by department management and forwarded to and discussed with the Director of Risk Management.

II. Found Property

If personnel finds what appears to be personal property, notice should be made to department management immediately.

III. Lockers

Lockers may be assigned to an employee. Kaweah Health maintains ownership of the onsite locker and with appropriate reason has the right to access an employee's locker at any time.

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Policy Number: HR.197	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/15/2020
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Dress Code - Professional Appearance Guidelines	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

The professional appearance and conduct of our employees and contract staff are important parts of the experience for patients, their families and visitors in clinical and non-clinical areas. Dress and behavioral guidelines help Kaweah Delta employees and contract staff with expectations concerning appearance and conduct. This helps to ensure that our patients feel welcomed, respected, comfortable and safe. This policy provides expectations and guidelines for dress and personal appearance for employees, contract staff, and other individuals working at Kaweah Delta as well as while off duty.

PROCEDURE:

All individuals working at Kaweah Delta affect the overall image with patients, visitors, and the community. In as much, individuals are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Kaweah Delta has established the following criteria for personal appearance. These criteria are for the purpose of meeting our customers' and the community expectations and the image of what they expect of healthcare providers and administrative department personnel.

The following applies while at work and not at work if wearing any article that indicates "Kaweah Delta," or Kaweah Delta ID badge:

- a. Employees and contract staff are required to wear the official Kaweah Delta ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Delta recognition pins may be attached to the badge extender. If an employee or contract staff member is visiting Kaweah Delta while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.
- b. Attire must be neat, clean, appropriately fitting, matched and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrubs or jackets branded with another organization name or logo (including health care or a hospital) are prohibited.

1. Revealing clothing (such as see-through or showing cleavage), sun-dresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, casual denim or jeans, leggings, unprofessional casual capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing, and thong/flip-flop sandals (even with back straps) are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is business professional. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.
2. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.
3. With the exception of the front neck area above the collar line and the face, tattoos may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Delta reserves the right to judge the appearance of visible tattoos.
4. Hickeys can be considered offensive, unprofessional and distracting in nature, and must be covered by clothing or band-aids.
5. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings or body piercings (except for a pin-size nose adornment) are not allowed. Ear expanders must be plugged with a flesh color plug.
6. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Delta environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed toe shoes are required in the patient care areas and other areas in which safety requires closed toe shoes. Sandals or open-toed shoes are acceptable when safety does not dictate otherwise. Tennis shoes are appropriate if they apply to the position. Flip flops, thong shoes or locker-room sandals are not acceptable. High heels greater than three (3) inches and platform shoes are not safe in our work environment at Kaweah Delta and may not be worn.
7. Hair is to be kept neat and clean, and may not be of abnormal color (purple, pink, unusual reds, etc.); extreme trends such as Mohawks (completely shaved but for hair down the middle of the head) are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. Traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, defined as braids, locks and twists are allowed and must be secured. Beards, mustaches and sideburns must be clean and neat at all times.
8. Kaweah Delta is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e-cigarette/tobacco smoke or excessive makeup are examples of unacceptable personal grooming.
9. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must

comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:

- Nails must be kept clean, short and natural.
- Artificial nails, acrylics or other artificial materials (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
- Nail or Gel Polish is permissible in most areas if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. Polish is not allowed in Food and Nutrition Services.
- Nails should not be visible when holding the palm side of the hand up.

Non-direct caregivers (those employees without “hands on” patient contact) must comply, as follows:

- Nails (including artificial) must be kept clean and neatly trimmed or filed.
 - Short nail length is defined as the white nail tip not greater than 1/4 inch.
 - Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.
10. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Delta, within the following guidelines: attire limited to a general color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by Kaweah Delta will be provided to the employee at no cost.
 11. Employees attending Kaweah Delta staff meetings on Kaweah Delta premises may wear casual, but not inappropriate attire. It would be inappropriate to wear shorts, gym-wear, tank tops, nor anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Delta employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Delta leadership.
 12. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees' work environment.
 13. Kaweah Delta promotes organization-wide events and may allow Kaweah Delta-provided t-shirts for these days. These are allowed if appropriate for the employees' work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Delta does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Delta and require dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection under Standard Precautions are allowed to wear Kaweah Delta-provided, Kaweah Delta-laundered scrubs or uniforms furnished by Kaweah Delta laundry. These are to be returned to Kaweah Delta at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Delta or outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon

return to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.

14. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.
15. Employees may be placed into the Progressive Disciplinary Action process for violation of this policy.

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Policy Number: HR.200	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/24/2021
Approvers: Board of Directors (Administration)	
Drug Free Work Place and Drug/Alcohol Testing	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

As a part of our commitment to safeguard the health of our employees and volunteers and provide a safe work environment, Kaweah Delta Health Care District (KDHCD) has established this policy on the use or abuse of alcohol and illegal drugs or other controlled substances by employees, contract staff or volunteers (all three categories are referred to as employee in this policy for reference only). At work or otherwise, substance abuse seriously endangers the safety of the work environment, as well as our patients and the general public.

As a condition of employment all employees are required to abide by this policy. KDHCD has established this policy to detect users and remove abusers of drugs and alcohol and to prevent the use and/or presence of these substances in the workplace. Confirmed incidents of drug diversion will be reported to the appropriate licensing, regulatory, and/or law enforcement agencies. Confirmed incidents of potential violations of the Definitions below will be reported to any applicable agency. If an individual quits or leaves their assignment prior to a drug test or investigation, they will be reported to any applicable agency.

A violation of this policy by an employee or job applicant may subject the employee or applicant to Disciplinary Action up to and including termination of employment or rescission of the job offer. KDHCD may suspend employees without pay under this policy pending the results of a drug test or investigation.

Whenever a District employee observes evidence of possible impairment or diversion of drugs by a Provider/Practitioner while on hospital premises, the staff member must immediately inform his or her supervisor who shall inform the CEO or Designee. The CEO or Designee shall immediately inform the Chief of Staff/Designee.

DEFINITIONS:

The definitions of words and terms as set forth in this policy are as follows:

1. "Illegal drugs or other controlled substances" means any drug or substance that
 - a) is not legally obtainable; or
 - b) is legally obtainable but has not been legally obtained; or
 - c) has been legally obtained but is being sold or distributed unlawfully.

2. "Legal drugs" means any drug, including prescription drugs and over-the-counter drugs, that has been legally obtained and that is not unlawfully sold or distributed.
3. Marijuana or marijuana-related products are prohibited while on KDHCDC premises, or while conducting / performing district business.
4. "Abuse of any legal drug" means the use of any legal drug:
 - a) for any purpose other than the purpose for which it was prescribed or manufactured;
 - b) in a quantity, frequency, or manner that is contrary to the instructions or recommendations of the prescribing physician or manufacturer.
5. "Reasonable suspicion" includes suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech, or breath odor; information provided to management by an employee, by law enforcement officials, or by other persons believed to be reliable; or suspicion that is based on other surrounding circumstances, including but not limited to, protracted poor job performance, continued unexplained absences, chronic tardiness, and/or audit findings or charting issues.
6. "Possession" means that an employee has the substance on his or her person or otherwise under his or her control.
7. "Drug diversion" means to obtain, possess, prescribe or use any controlled substance or drug in violation of state or federal law.

ALCOHOL USE PROHIBITIONS:

It is against policy to report to work or to work if an employee's ability to work safely or efficiently may be impaired because the employee is under the influence of alcohol.

1. For the purpose of this policy, an employee is presumed to be under the influence of alcohol if a blood test shows forensically acceptable positive proof.
2. Any employee who is perceived to be under the influence of alcohol will be removed immediately from their work for evaluation of impairment and possible testing. KDHCDC may take further action (i.e., reporting to a licensing agency and/or-Disciplinary Action) based on medical information, work history and other relevant factors. The determination of what action is appropriate in each case rests solely with KDHCDC.
3. Refusal to submit to, efforts to tamper with, or failure to pass an alcohol test may result in Disciplinary Action, up to and including termination of employment.

Violation of any of the following will result in reporting the employee to a licensing board or agency, and/or Disciplinary Action, up to and including termination of employment:

1. The consumption of alcohol on KDHC property or while on duty is prohibited. There may be occasions, removed from the usual work setting, at which it is permissible to consume alcohol in moderation, on KDHC property or at KDHC sanctioned events authorized by the Chief Executive Officer or designee.
2. Off-duty abuse of alcohol which adversely affects an employee's job performance or adversely affects or threatens to adversely affect other interests of KDHC is prohibited.
3. The personal possession (i.e., on the person, or in a desk, or locker) of alcohol on KDHC property or on duty is prohibited.
4. The possession of alcohol in a personal vehicle while on duty or a KDHC-assigned vehicle is prohibited.
5. Employees arrested for an alcohol-related incident must immediately notify their department management and Human Resources of the arrest if the incident occurs in any of the following circumstances:
 - a) During scheduled working hours; or
 - b) While operating a KDHC vehicle on KDHC or personal business, or
 - c) While operating a personal vehicle on KDHC business.

DRUG USE PROHIBITIONS:

Violation of any of the following will result in reporting the employee or individual to certain agencies as appropriate, and/or Disciplinary Action, up to and including termination of employment. This applies if the employee or individual quits or leaves their assignment. The Director of Pharmacy or designee will determine the necessity of reporting to Drug Enforcement Agencies, the California Board of Pharmacy and police. Human Resources will report to the employee's licensing or certifying Board as necessary. The Risk Management department will report to the California Department of Public Health or law enforcement as appropriate.

1. The unlawful use, sale, purchase, possession, manufacture, distribution, or dispensation of any drug or un-prescribed controlled substance on property or during work time is against policy.
2. It is also against policy to report to work or work if a prescription or non-prescription medication may adversely affect the employee's ability to perform his/her normal job duties.
3. Prescription drugs or non-prescription drugs may also affect the safety of the employee or fellow employees or members of the public. Therefore, any employee who is taking any prescription or, non-prescription drug which might impair safety, performance, or any motor, cognitive functions must advise

his/her supervisor or department head before reporting to work under such medication. Employees will not be required to identify such medications or the underlying illnesses. If KDHCD determines that such use does not pose a safety risk, the employee will be permitted to work.

TESTING:

1. Testing of Applicants

- a. All applicants considered final candidates for a position will be tested for the presence of illegal or un-prescribed drugs as a part of the application process;
- b. Any job applicant who refuses to submit to drug or alcohol testing, refuses to sign the consent form, fails to appear for testing, tampers with the test, or fails to pass the post-offer employment drug test will be ineligible for hire and any job offer will be rescinded.

2. Testing of Current Employees

- a. Employees must submit to a drug test if reasonable suspicion exists to indicate that their ability to perform work safely or effectively may be impaired. Reasonable suspicion testing means drug testing based on a belief that an employee is using or has used drugs in violation of KDHCD policy. Among other things, such facts and inferences may be based upon:
 - 1) Direct observation of drug use or physical symptoms or manifestations of being under the influence of a drug.
 - 2) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
 - 3) A report of drug use, provided by a reliable and credible source.
 - 4) Evidence that an individual has tampered with a drug test during his/her employment with KDHCD.
 - 5) Information that an employee has caused or contributed to, or been involved in an accident while at work.
 - 6) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on KDHCD's premises or while operating KDHCD's vehicles, machinery or equipment.
 - 7) Audit findings or charting issues.

3. Actions to be taken by Management

There may be instances where supervisors/managers have reasonable cause to believe that an employee has consumed drugs on KDHCD's premises or reported to work under the influence of one or both. In these instances, management may request a drug test from the employee. If management has reason to consider requiring a drug or alcohol test, use the following process:

- a. Escort the employee personally to your office or other private area. Have another supervisor/ manager present as a witness.

- b. Discuss with the employee your reasons for suspecting drug and/or alcohol policy violations, including audit findings and charting issues if applicable. From your conversation with the employee, determine whether or not you believe the employee has either consumed drugs or alcohol on KDHCDC's premises or during work duty or is under the influence of either, or is diverting drugs.
- c. If you conclude the employee does not appear to be under the influence of alcohol or drugs, including controlled substances and prescription drugs, and the employee is able to perform regular work duties, have him/her return to the work unit and resume work. Please document incident and notify Human Resources.
- d. If you believe that the employee is under the influence of or has consumed drugs and/or alcohol on KDHCDC's premises or during work duty, report this to Human Resources or the House Supervisor. The employee will be advised that the policy may have been violated and that he/she is being requested to provide blood sample for testing. Provide a copy of this Policy and the Consent to Submit to Drug and Alcohol testing.
- e. Upon signing the Consent Form, if the employee is able, the employee is to be escorted to Employee Health Services to provide a sample. If the employee refuses to sign the consent or provide a sample, he/she will be subject to Disciplinary Action up to and including termination of employment.
- f. If you believe the employee is impaired, make arrangements to have the employee taken home or contact a cab company, which will be paid for by KDHCDC. Do not permit him/her to leave the premises or to drive alone. If the employee refuses any assistance, make sure the witnessing supervisor can verify that the employee refused such assistance.
- g. If the employee cannot control his/her actions and departs without assistance, call the local police or law enforcement agency immediately to inform them of the employee's condition and refusal of assistance. Tell the law enforcement agency the employee's name, and a description of the vehicle, including the license number.

DRUG-FREE CONTRACT AND FOLLOW-UP TESTING:

As a condition of employment and/or continued employment, participants in a rehabilitation program for drug and/or alcohol abuse must consent in writing via a KDHCDC Drug-Free Contract to periodic unannounced testing for a period of up to two (2) years after returning to work. An employee who has a positive, confirmed test is subject to Disciplinary Action, up to and including termination of employment.

1. Additional Testing

Additional testing may also be conducted as required by applicable State or Federal laws, rules, or regulations or as deemed necessary by KDHCDC, such as post-accident or injury testing.

2. Refusal to Test

Employees who refuse to submit to a drug and/or alcohol test are subject to Disciplinary Action, up to and including termination from employment.

TESTING PROCEDURE:

1. Job applicants and all employees will be provided with the Drug Free Work Place and Drug Testing Policy and must sign both the Employee Acknowledgment of Receipt and Understanding and Consent to Submit to Drug and/or Alcohol Testing.
2. Urine and/or blood samples will be used for the initial test and confirmation for all drugs and alcohol. Samples will be analyzed by a qualified laboratory selected by KDHCDC.
3. A specimen for a drug test will be taken or collected by:
4. Testing Laboratory
 - a. The laboratory used to analyze initial or confirmation drug specimens will be licensed to perform such tests.
 - b. All laboratory security, chain of custody, transporting and receiving of specimens, specimen processing, retesting, storage or specimens, instrument calibration and reporting of results will be in accordance with State and Federal laws.
 - c. The laboratory will provide technical assistance to the employee or job applicant or Medical Review Office ("MRO") for the purpose of interpreting any positive confirmed test results.
5. Applicants and employees will be given an opportunity via the testing laboratory and a Medical Review Office (MRO) prior to and after testing to provide any information they consider relevant to the test including listing all drugs they have taken recently, including prescribed drugs, to explain the circumstances of the use of those drugs in writing or other relevant medical information.
6. An employee injured at the workplace and required to be tested will be taken for immediate treatment of injury. If the employee is not at a designated collection site, the employee will be transported to one as soon as it is medically feasible and specimens will be obtained. If it is not medically feasible to move the injured employee, specimens will be obtained at the treating facility under the procedures set forth in this policy.
7. KDHCDC will pay the cost of initial and confirmation drug tests required of employees and job applicants. An employee or job applicant will pay the cost of any additional drug tests not required by KDHCDC.

TEST RESULTS:

1. Reporting Results

- a. The laboratory will report positive test results to the Medical Review Officer (MRO) results will be reported to the Employee Health Nurse. The MRO may request the laboratory to provide quantification of test results.
- b. The laboratory will report as negative all specimens which are negative on the initial test or negative on the confirmation test; results will be reported to the Employee Health Nurse.
- c. The laboratory will transmit results in a manner designed to ensure confidentiality of the information. The laboratory and MRO will ensure the security of the data transmission and restrict access to any data transmission, storage and retrieval system.

2. Medical Review Officer (MRO)

- a. Prior to the transmittal of the positive test results to KDHCDC, the test results shall be reviewed and verified by a MRO. The MRO shall be a licensed physician, under contract with KDHCDC, with knowledge of substance abuse disorders, medical use of prescription drugs and pharmacology and toxicology of illicit drugs.
- b. The MRO shall follow all of the requirements set forth in applicable State and Federal regulations. The MRO shall evaluate the drug test result(s), verify the chain of custody forms and ensure that the donor's identification number on the laboratory report and the chain of custody form accurately identifies the individual.
- c. The MRO shall notify the employee or the job applicant of a confirmed positive test result within three (3) days of receipt of the test result from the laboratory and inquire as to whether prescriptive or over-the-counter medications could have caused the positive test result. Within five (5) days of notification to the donor of the positive test result, the MRO shall provide an opportunity for the employee or job applicant to discuss the positive test result and to submit documentation of any prescriptions relative to the positive test result.
- d. The MRO shall properly identify the employee or job applicant, inform them that the MRO is an agent of KDHCDC whose responsibility is to make a determination on test results and report them to KDHCDC, inform them that medical information revealed during the MRO's inquiry will be kept confidential, unless the MRO believes the employee or job applicant is in a safety sensitive or special risk position with KDHCDC.
- e. Additionally, the MRO shall outline the rights and procedures for a retest of the original specimen and process any employee or job applicant requests for retest of the original specimen within one hundred, eighty (180) days of notice of the positive test result in another licensed laboratory selected by the

employee or job applicant. The employee or job applicant requesting the additional test shall be required to pay for the cost of the retest, including handling and shipping expense. The MRO shall contact the original testing laboratory to initiate the retest.

- f. Upon receipt of information and/or documentation from the employee or job applicant, the MRO shall review any medical records provided, authorized and/or released by the individual's physician, to determine if the positive test result was caused by a legally prescribed medication. The MRO shall inquire about over-the-counter medications which could have caused the positive test result. The donor shall be responsible for providing all necessary documentation (i.e., a doctor's report, signed prescription, etc.) within the five (5) day period after notification of the positive test result.
 - g. If the MRO determines that there is a legitimate medical explanation for the positive test result, the MRO shall report a negative test result to KDHCD.
 - h. If the MRO has any questions as to the accuracy or validity of a test result or has a concern regarding the scientific reliability of the sample, the MRO may request the individual to provide another sample. Once an MRO verifies a positive test result, the MRO may change verification of the result if the employee or job applicant presents information which documents that a serious illness, injury, or other circumstance unavoidably prevented them from contacting the MRO within the specified time frame and if they present information concerning a legitimate explanation for the positive test result.
 - i. If the MRO is unable to contact a positively tested donor within three (3) days of receipt of the test results from the laboratory, the MRO shall contact KDHCD and request that KDHCD direct the employee to contact the MRO as soon as possible. If the MRO has not been contacted by the employee or job applicant within two (2) days from the request of KDHCD, the MRO shall verify the report as positive.
 - j. If the employee or job applicant refuses to talk with the MRO regarding a positive test result, the MRO shall validate the result as a positive and annotate such refusal in the remarks section. If the employee or job applicant voluntarily admits to the use of the drug in question without proper prescription, the MRO shall advise them that a verified positive test result will be sent to KDHCD.
 - k. The MRO shall notify KDHCD in writing of the verified test result, negative, positive, or unsatisfactory and appropriately file chain of custody forms to KDHCD.
3. KDHCD Notification of Test Results
- a. Within five (5) working days after receipt of a positive confirmed test result, KDHCD will attempt to inform the employee or job applicant in writing of such positive test results, the consequences of such results, and the options available to the employee or job applicant.

- b. KDHCD will provide to the employee or job applicant a copy of the test results upon request.
- c. For all tests based on reasonable suspicion, KDHCD will detail in writing the circumstances which formed the basis of the determination that reasonable suspicion existed to warrant the testing. A copy of the report will be given to the employee upon request. The original report will be kept confidential and retained by KDHCD.

4. Challenges to Test Results

Within 5 (five) working days after receiving notice of a positive confirmed test result, the employee or job applicant may submit information to KDHCD explaining or contesting the test results. The employee or job applicant will be notified in writing if the explanation or challenge is unsatisfactory to KDHCD. The written notice will be given to the employee or job applicant, and will include why the employee's or job applicant's explanation is unsatisfactory, along with the report of positive confirmed test results. All such documentation will be kept confidential and will be retained by KDHCD.

5. Employee and Job Applicant Protection

- a. During the one hundred eighty (180) day period after written notification of a positive test result, the employee or job applicant will be permitted by KDHCD to have a portion of the specimen retested at the employee's or job applicant's expense. The retesting must be done at another State licensed laboratory. The second laboratory must test at equal or greater sensitivity for the drug in questions as the first laboratory. The first laboratory which performed the test for KDHCD will be responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody for such transfer.
- b. KDHCD will not request or receive from the testing facility any information concerning the personal health, habit or condition of the employee or job applicant.
- c. KDHCD will not discharge, discipline, refuse to hire, discriminate against, or request or require rehabilitation of an employee or job applicant on the sole basis of a positive test result that has not been verified by a confirmation test.
- d. KDHCD will not discharge, discipline, or discriminate against an employee solely upon the employee's voluntarily seeking treatment, while under the employ of KDHCD.

INVESTIGATION:

- 1. To ensure that illegal drugs and alcohol do not enter or affect the workplace, KDHCD reserves the right to search all vehicles, containers, lockers, or other items on KDHCD property in furtherance of the policy. Individuals may be requested to display personal property for visual inspection upon KDHCD

request. Searches will be conducted only where KDHCDC has reason to believe that the employee has violated KDHCDC's policy.

2. Failure to consent to a search or display of personal property for visual inspection will be grounds for Disciplinary Action up to and including termination of employment or denial of access to KDHCDC property.
3. Searches of an employee's personal property (purses, pockets, etc.) will take place only in the employee's presence, to the extent possible. All searches under this policy will occur with the utmost discretion and consideration for the employee involved.
4. In the course of the investigation, the patient care or work the employee or individual was assigned to will be reviewed and audited, including patient record audits if applicable. In addition, the Pharmacy will conduct a review of patient drug utilization trends if applicable to the position of the employee or individual.
5. Because the primary concern is the safety of its employees and their working environment, KDHCDC will not normally prosecute in matters involving illegal substances. However, KDHCDC may turn over all confiscated drugs to the proper law enforcement authorities. Further, KDHCDC reserves the right to cooperate with or enlist the services of proper law enforcement authorities in the course of any investigation subject to the confidentiality requirements in the statutes and regulations.
6. An Employee may be placed on Administrative Leave pending the results of the investigation.

ARREST OR CONVICTION FOR DRUG-RELATED CRIME:

1. If an employee is arrested for or convicted of a drug-related crime, KDHCDC will investigate all of the circumstances, and KDHCDC may utilize the drug-testing procedure if cause is established by the investigation. In most cases, an arrest for a drug-related crime constitutes reasonable suspicion of drug use under this policy. The following procedure will apply:
 - a. During investigation, an employee may be placed on leave. When the investigation is complete, the leave may be converted to a suspension or the employee may be reinstated depending upon the facts and circumstances.
 - b. If convicted of a drug-related crime, an employee will be terminated.
 - c. Because of the seriousness of such situations, KDHCDC reserves the right to alter or change its policy or decisions on a given situation depending upon its investigation and the totality of the circumstances.
2. As a condition of employment, an employee will notify Human Resources in writing of any criminal drug conviction, including manufacturing, distributing, dispensing, possessing, or using controlled substances. The employee must give notice to KDHCDC within five (5) calendar days of the conviction.

CONFIDENTIALITY:

All information, interview, reports, statement memoranda and drug test results, written or otherwise, received by KDHCDC as part of this drug testing program are confidential communications. Unless authorized by State laws, rules or regulations, KDHCDC will not release such information.

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”



Human Resources

Policy Number: HR.213	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration)	
Performance Management and Competency Assessment Program	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

It is the policy of Kaweah Health to assess, maintain, develop and improve employee performance and competence on an ongoing basis. Performance is formally evaluated on an annual basis through an employee self-evaluation, peer evaluations as appropriate, and a manager evaluation. Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required in a designated role or setting. Competency is verified through utilization of techniques such as demonstration, review of policy/procedure, verbalization, and/or written testing.

The performance evaluation and competency assessment process ensures that the requirements of the position are met, that each individual is provided opportunities for professional development, and allows for merit increase opportunities consistent with the compensation program in place at the time of the performance evaluation.

The performance evaluation process for all eligible employees will start in July of each year. Employees with a hire date on or before June 30 will included in the evaluation cycle.

Kaweah Health requires annual mandatory training in compliance with regulatory agency requirements as well as Kaweah Health policy. Documentation of completion is recorded in the HR systems and written documentation may be maintained in Human Resources or department employee's files. Management is responsible for ensuring employees complete the requirements and for obtaining and maintaining documentation of completion. However, employees are ultimately responsible for meeting job requirements and mandatory training by established due dates. Failure to complete requirements and mandatory training may result in suspension and Disciplinary Action up to and including termination of employment.

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PROCEDURE:

Annual Performance Evaluations:

1. The annual Performance Evaluation is a tool utilized by both management and the employee to identify and communicate the performance of the employee and the future annual expectations of the position, and to determine ways to improve performance or to gain advanced knowledge, including development opportunities. The Performance Evaluation is to be discussed with the employee in a face-to-face meeting. The employee is encouraged to provide additional feedback, written comments, and share development interests.
2. The Performance Evaluation includes an assessment of overall job performance, attendance, and behavioral standards of performance. It also includes comments, goals to be used for training and development, and to describe actions which will be used to develop skills and improve the employee's performance, such as additional training or work assignments.
3. Employees are required to complete an honest and timely self-evaluation of their performance. Management may also request peer evaluation for feedback of the employee's performance in their role and alignment of behaviors to the vision, mission and behavioral standards.
4. The final review will be electronically signed by both the employee and individual completing the evaluation. The evaluation must include feedback on clinical duties by a person who has the expertise at least equal to the individual being observed or tested.
5. At the completion of the annual evaluation, the overall performance rating will be consistent with the definitions noted on the performance evaluation tool. Failure to successfully meet expectations of performance may result in the employee being placed on Disciplinary Action, up to and including termination of employment.

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Review Date and Applicable Merit Increases:

1. Self-evaluations for all employees are sent out by HR in July and due no later than July 31. The manager evaluation and employee electronic acknowledgement is due by September 30. It is the responsibility of employees to complete a timely and thoughtful self-evaluation. After July 31, the self-evaluation will no longer be available for the employee to complete. It is expected that department management will complete evaluations on time to ensure merit increases are not delayed for eligible employees.
2. At the time the employee is hired or changes to a different position, he/she will be provided with a copy of the Job Description that will be used to evaluate his/her performance. The employee completes an electronic acknowledgment of receipt. For job changes/transfers that are considered a promotion and effective July 1 through the merit effective date, the merit increase will be

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pushed out to October of the following year.

3. Completion of the annual review is defined as the employee's electronic signature in the Human Resources system. Human Resources will process any associated merit increase. Merit increases are effective the first day of the second pay period in October for all eligible employees.
4. Merit increases are based on the salary range and merit increase percentages in effect on the due date of the evaluation, not the day the evaluation is presented to Human Resources. The merit increase will be paid retroactively if the evaluation is completed late.
5. Per Diem Employees on a Critical Flat will receive a performance evaluation, but will not be eligible for annual performance merit adjustment.
6. Per Diem Employees on the Range will receive a performance evaluation, and will be eligible for annual performance merit adjustments.
7. Merit increases that place an employee's rate at the maximum of the range will result in the application of a Merit Lump Sum amount, equivalent to the employee's productive and non-productive hours (excluding standby, overtime, double time or callback hours) multiplied by the hourly rate in place for the employee prior to the evaluation. An employee may receive a partial merit increase to the maximum of salary range and a partial Merit Lump Sum.

Competence Assessment:

1. During the first of 48 hours of employment, all employees will complete the 48-hour checklist for departmental orientation.
2. Competency is the demonstrated ability to integrate the knowledge, skills, and attitudes required for performance in a designated role or setting. Competency is verified through utilization of techniques such as demonstration, review of policy/procedure, verbalization, written testing, etc. For the initial competency evaluation at the time of hire or transfer, a face-to face discussion will occur to assess and document the initial competency of an employee who provides patient care. Initial competency documentation is maintained in the department files or Human Resources as determined by the department. All items must be reviewed, checked and signed for competency by a person who has the expertise at least equal to the individual being observed or tested. An employee must be deemed competent to perform a skill prior to them performing the skill independently.

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3. Patient care and related employees will complete an annual clinical competency assessment for their position as applicable. All items must be reviewed, documented and signed for competency by a person who has the expertise at least equal to the individual being observed or tested.
4. In addition, employees must be deemed competent when new procedures or equipment is introduced into the clinical setting, and this information will be maintained in the Human Resources or department file.

Remediation:

1. If an employee falls below expected levels of performance or is not deemed competent of a requirement or skill, the employee will be provided with opportunities for improvement.
2. The remediation plan may be included in a Disciplinary Action/Performance Notice, or a separate remediation plan may be developed. Time frames for follow up and requirements will be noted as applicable, and may include meetings, testing, review of policies, and other appropriate actions to ensure performance and competency. Failure to comply with or successfully complete the plan may result in further Disciplinary Action up to and including termination of employment.

"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Deleted: *"Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."*

Policy Number: HR.215	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration), Board of Directors (Human Resources)	
Grievance Procedure	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Concerns, issues or questions occasionally arise during the course of employment. When this occurs, employees are encouraged to discuss these matters with management. If the situation remains unresolved, employees will be provided with an opportunity to appeal management decisions through a formal grievance procedure. Employees using the Grievance Procedure will not be retaliated against for doing so. This specific policy does not apply to residents enrolled in Kaweah Health's Graduate Medical Education (GME) program. Residents' concerns, issues or questions will be handled through a separate GME policy as described in the Resident Handbook.

DEFINITION

- I. A grievance is defined as an employee's dissatisfaction with an action taken on behalf of Kaweah Health. Examples of actions that may be grieved under this policy include:
 - A. Incorrect or inconsistent application or interpretation of Kaweah Health's policies (not the policies themselves);
 - B. Disagreement with a written level warning.
- II. Time spent by aggrieved employees in grievance discussions with management during their normal working hours will be considered hours worked for payroll purposes.
- III. All steps of the grievance are coordinated by a Human Resources representative.
- IV. Decisions on grievances will be neither precedent setting nor binding on future grievances unless they are officially stated as Kaweah Health policy.
- V. In cases where the grievance is in relation to a division reporting to the Vice President of Human Resources, a Senior Vice President will serve in place of the Vice President of Human Resources.

PROCEDURE:

- I. The employee must initiate the Grievance Procedure to seek formal consideration. To do so, the employee must contact the Human Resources Department to initiate the first step in the procedure. Upon initial contact, the employee will be provided a copy of this Grievance Policy and will receive instruction as to the appropriate format in which the written grievance must be submitted.
- II. The grievance must be filed within 10 days of when the employee became aware, or reasonably should have been aware of the facts and circumstances arising to the grievance.
- III. Management will receive the grievance from Human Resources and will investigate the matter to attempt resolution. Management will prepare and forward their response, in the approved format, to the Human Resources representative within seven (7) working days or as soon as reasonably possible.
- IV. The Human Resources representative will forward management's response to the employee.
- V. If the aggrieved employee is not satisfied with management's decision, the employee will be permitted to appeal to the Vice President of Human Resources within seven (7) working days.
- VI. The Human Resources representative will forward the Vice President of Human Resources response within seven (7) working days to the employee or as soon as reasonably possible.
- VII. This decision will be final and binding on both the aggrieved employee and Kaweah Health for the specified grievance only and to the extent allowable by law.
- VIII. Time limits for both the employee and management may be extended at any step by Human Resources, upon a showing of good cause.
- IX. The Grievance Procedure described herein is not applicable to an employee whose proposed discipline is demotion, suspension for more than five (5) days or termination or whose employment with Kaweah Health has terminated regardless of the reason for the termination. However, employees whose proposed discipline is suspension for more than five (5) days, demotion or involuntary termination may be entitled to a Pre-determination hearing, may have certain appeal rights and should refer to HR.218 NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION.

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”



Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Progressive Discipline	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. Kaweah Health recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all District employees, except residents enrolled in the District’s Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of the District. Orderly and efficient operation of our District requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect the District’s goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is eligible for transfer or promotion within Kaweah Health with review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

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In its sole discretion, Kaweah Health reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance.

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B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent back-up documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I

Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II

Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension

may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of the District, an employee may be placed on Administrative Leave at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate by the District. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

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After the investigation has been completed, the employee may be returned to work and, in the discretion of Kaweah Health and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of the District, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, Kaweah Health may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of District resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below.

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E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or the District's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).

2. Giving false or misleading information during a Human Resources investigation;
3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to the District, employees, patients, or their families or visitors;
4. Damaging or defacing materials or property of the District, employees, patients, or their families or visitors;
5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on District premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;
6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on District property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;
7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti-Harassment and Abusive Conduct.
8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on District property without proper authorization;
9. Endangering the life, safety, or health of others;
10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)
12. Communicating confidential District or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;
14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of District property or facilities;
16. Improper access to or use of the computer system or breach of password security;

17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by KDHCD.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.
24. Failure to work overtime.
25. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health.
26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
27. Any criminal conduct off the job that reflects adversely on the District.
28. Making entries on another employee's time record or allowing someone else to misuse the District's timekeeping system.
29. Bringing children to work, or leaving children unattended on District premises during the work time of the employee.
30. Immoral or inappropriate conduct on District property.
31. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
32. Unsatisfactory job performance.
33. Horseplay or any other action that disrupts work,

34. Smoking within Kaweah Health and/or in violation of the policy.
35. Failure to report an accident involving a patient, visitor or employee.
36. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
37. Unauthorized gambling on District premises.
38. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.
39. Providing materially false information to the District, or a government agency, patient, insurer or the like.
40. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.
41. Impersonating a licensed provider.
42. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
43. Violation of Professional Appearance Guidelines
44. Being in areas not open to the general public during non-working hours without the permission of the supervisor or interfering with the work of employees.
45. Failure to complete all job related mandatory requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual Training, TB/Flu, etc.).
46. [Mandatory utilization of BioVigil.](#)

Further information regarding this policy is available through your department manager or the Human Resources Department.

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Policy Number: HR.218	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/26/2023
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Notification Requirements, Pre-Determination Process and Appeal Process for Involuntary Termination, Suspension without Pay for More Than Five Days and Demotion	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Employees of the Kaweah Health by statute serve at the pleasure of the Board of Directors (see Health and Safety Code Section 32121(h)). When an employee who has passed his/her six (6) month introductory period is informed of his/her involuntary termination, suspension of five days or more or demotion, the employee will be provided the opportunity for a pre-determination review of a Notice of Intent, written notice of the pre-determination review process, and the Kaweah Health post-determination review and appeal process. This specific policy does not apply to residents enrolled in the Kaweah Health Graduate Medical Education (GME) program. Residents must refer to the Resident Handbook outlining the guidelines that must be used as their exclusive remedy for appealing reviewable actions.

The purpose of a pre-determination review is to provide employees the opportunity to appeal before a decision is made to terminate, demote, or suspend for more than five (5) days.

Nothing in this policy should be interpreted as modifying or diminishing in any way the Kaweah Health right to terminate or discipline an employee “at will” that is for any reason which the Kaweah Health considers to be sufficient in its sole discretion.

DEFINITIONS:

- I. **Pre-Determination Review:** A meeting in which an employee is given the opportunity to respond to a Notice of Intent by submitting a written and/or verbal statement to an appointed Reviewer. If the employee chooses to respond, the Reviewer has the responsibility to recommend whether the proposed action should be upheld, overturned, or modified. An employee may wish to provide a verbal response prior to a final decision being made and submit a written summary explaining why there is a belief the proposed discipline is not warranted in advance of the meeting with the reviewer.

- II. Reviewer: Except as otherwise noted, the "Reviewer" shall be a Chief or other executive appointed by the Chief of Human Resources.
- III. Post-Determination Review: Appeal process after the pre-determination review.

PROCEDURE:

I. Initial Notice of Intent

If an employee who has passed the initial six (6) month introductory period, is subject to termination, suspension for more than five (5) days or demotion, the management of the employee, or the Chief of Human Resources or designee, shall cause to be served on the employee a written notice ("Notice of Intent"). The following is a recommended list of the items that should be contained in this document, but no Notice of Intent will be invalid if it does not contain all of the items on this list. The purpose of the document is to provide the employee with an outline of the proposed action along with a fair summary of the reasons for taking the action:

- A. the proposed action (i.e., termination, suspension for more than five (5) days or demotion) and the effective date of the proposed action;
- B. the reasons supporting the proposed action;
- C. a summary of the facts upon which the charges are based;
- D. notification that the employee is entitled to a pre-determination meeting to respond, either orally or in writing, to a review ("pre-determination review"). The Pre-determination Reviewer ("Reviewer") will be appointed by the Chief of Human Resources or his/her designee.
- E. the name of the Reviewer and his/her contact information; and
- F. notification that the proposed action will become final and that the employee will waive his/her rights to a pre-determination review and a post-determination hearing of the matter if the employee does not contact the Reviewer by 4:00 p.m. of the next working day after service of such notice. A form to be used for such notice will be provided by Human Resources. "Working day" as used herein shall mean any day, Monday through Friday, holidays excluded.
- G. The provisions contained in Section F are advisory and within the sole discretion of the District. The Kaweah Health failure to comply with any of the provisions of this Section shall not invalidate any disciplinary action taken.

II. Effective Date

The Notice of Intent as described in this document shall become effective when:

- A. The employee has been served with a copy of the notice specified above and has failed to contact the assigned Reviewer to schedule a review of the proposed action, by 4:00 p.m. of the next working day after service of the notice; or,
- B. The employee contacts the assigned Reviewer, the Chief of Human Resources or his/her designee or the Director of his/her Department and explicitly states he/she does not want to schedule a pre-determination review of the proposed action; or,
- C. The employee properly requests a pre-determination review and the Reviewer issues a written recommendation after the pre-determination meeting in which he/she recommends upholding the proposed demotion, suspension or termination and the employee does not request a post-determination hearing with a Hearing Officer, or;
- D. The employee properly requests and obtains a post-determination hearing where the Hearing Officer upholds the decision of the Reviewer and the employee does not request a review by the CEO; or
- E. The employee properly requests and obtains appellate review by the CEO and he/she upholds the decision of the Reviewer.

III. Arranging the Pre-determination Meeting

- A. The Notice of Intent will identify the Reviewer and provide the Reviewer's contact information. It will advise the employee that he/she may respond directly to the Reviewer, either orally or in writing, and will set out the time limit within which the response should be submitted. The Notice of Intent will also advise the employee how he/she can contact the Reviewer to arrange a meeting.
- B. If the employee wishes to meet, it is his/her responsibility to contact the Reviewer and arrange the meeting; the meeting should be scheduled no later than three (3) calendar days following the date of the request.
- C. As an alternative to a meeting, an employee may submit a written response. The Reviewer may disregard an untimely response.
- D. If it occurs, the pre-determination meeting will be informal. The Reviewer will lead the meeting. The employee may provide such evidence or information as he/she wishes and tell his/her side of the story. After the meeting, the Reviewer will recommend whether

the proposed action should be upheld, modified, or revoked. Matters related to the Reviewer's recommendation are addressed in Part IV, below.

- E. On occasion, employees may request that a scheduled pre-determination meeting date be extended, or that the standard pre-determination response period be increased. Although the Reviewer may grant or deny these requests, he/she should consult with Human Resources prior to doing so. Since employees may be on leave with pay during the pre-determination period, it is important to consider the stated need for the extension, along with the financial implications of the request, before issuing a decision.

IV. Recommendations for Conducting the Pre-determination Meeting

PREPARATION FOR THE MEETING:

The Reviewer should read the Notice of Intent, supporting documents, this Policy, Kaweah Health policies and procedures relating to the intended action, and any written response submitted by the employee and any documents the employee has submitted.

At the meeting, the Reviewer will: Introduce all persons present¹; explain the purpose of the meeting; explain that, upon completing the meeting, he/she will consider the information provided and then make a recommendation to uphold, modify, or revoke the proposed action; explain that his/her recommendations, if any, are not binding, but are simply recommendations that may be accepted or rejected by the District.

The Reviewer should then invite the employee to respond to the charges and advise that the employee's response may be submitted in writing, if the employee desires, or a combination of verbal and written responses. The Reviewer should allow the employee to present all relevant facts and arguments including documents.

The pre-determination meeting is not a formal hearing and there will be no witnesses testifying under oath. If the employee believes there are other employees who can support his/her facts/arguments, he/she may, with the permission of the Reviewer, bring them to the meeting and ask that they be heard. Such oral statements are in the discretion of the Reviewer. The Reviewer may limit the number of "witnesses" or place time limitations on the length of such verbal statements.

Neither the Kaweah Health nor the employee shall have the right to be represented by counsel or any other person not an employee of the District. The employee, in his/her discretion, may bring a current Kaweah Health employee to support him/her at the meeting.

It is often helpful to invite the Manager/Supervisor initiating the action to sit in on a pre-determination meeting for the purpose of providing clarification.

¹ The Reviewer may request the attendance and assistance of a member of Human Resources staff at the
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meeting.

However, the attendance of any person is at the sole discretion of the Reviewer. The Reviewer may ask questions of the Manager/Supervisor or allow the employee to ask questions of the Manager/Supervisor. Such questioning, however, should be permitted only if the Reviewer finds it of value.

AFTER THE PRE-DETERMINATION MEETING

After the meeting, the Reviewer evaluates all of the information. If the Reviewer concludes that additional information is needed, he/she will contact the Chief of Human Resources or his/her designee for advice and assistance.

After reviewing all of the documentation and information, the Reviewer evaluates whether in his/her judgment there is a reason to believe the employee engaged in the conduct charged and whether the proposed action is appropriate. The Reviewer may confer with the Manager/Supervisor who initiated the action. If this evaluation involves policy issues, the Chief of Human Resources or his/her designee should be consulted. Depending on the results of his/her evaluation, the Reviewer then makes a recommendation to uphold, modify, or revoke the proposed action.

The Reviewer will prepare his/her written recommendation within three (3) working days of the meeting or such longer time as is necessary. The letter will be hand delivered to the employee during a final meeting with their manager and the Human Resources representative. If the employee refuses to attend the final meeting, the letter will be sent to the employee by regular and certified mail.

PAY STATUS

In most cases, the employee will continue to remain on pay status until the review process is completed and the action is implemented, implemented in modified form, or revoked.

Requesting a Hearing

An employee may appeal the Reviewer's recommendation supporting substantial action (demotion, suspension of more than five (5) days, termination) by submitting a request for appeal to the Chief of Human Resources or his/her designee. The employee's written request for appeal must be received no later than five (5) calendar days from the date of the document containing the final action. The five (5) calendar days requirement applies even if the letter with the Reviewer's recommendation is delivered by mail.

If an employee properly submits a written request for a hearing, it shall be scheduled no later than ten (10) working days following the date of the request by the employee. The ten (10) working day time period may be extended by

the Chief of Human Resources or his/her designee at the request of the employee or the District, upon a showing of good cause, provided that the Kaweah Health shall have no obligation to pay back wages beyond the ten (10) day period in the event the proposed termination, suspension of five (5) days or more or the demotion is overturned by the Hearing Officer or if the extension is at the request of the employee. The hearing shall be set for the earliest mutually agreeable date, which shall not be more than thirty (30) calendar days from the date the request for a hearing was received. The hearing shall be an informal evidentiary hearing attended by the Chief of Human Resources or his/her designee and by the employee. The hearing shall be presided over by the Personnel Hearing Officer (who serves by appointment of the Board of Directors), or by a Hearing Officer chosen from a panel pre-approved by the Kaweah Health Board of Directors and mutually agreed upon by the parties.

At the hearing, both the Kaweah Health and the employee shall have the right to counsel, the right to call and examine witnesses for or against either party, the right to offer appropriate documentary evidence, the right to a reasonable continuance upon a showing of good cause, and all other procedural due process rights applicable to administrative proceedings. Strict rules of evidence shall not apply and the Hearing Officer shall have the discretion to determine what evidence shall be admitted and what weight shall be given to the admitted evidence. At all proceedings before the Hearing Officer, the Kaweah Health shall provide, at the expense of the District, the services of a certified shorthand reporter. The Kaweah Health shall have the burden of proving by a preponderance of the evidence that the termination, suspension for more than five (5) days or demotion was for good cause. At the conclusion of the hearing the matter will be submitted to the Hearing Officer for decision.

The decision of the Hearing Officer shall be in writing and ordinarily shall be rendered no later than five (5) calendar days from submission of the matter for decision. The decision of the Hearing Officer shall be filed with the Chief of Human Resources or his/her designee who shall promptly serve a copy of the decision on the employee or his/her counsel, if any. The decision shall be effective immediately upon filing of the decision with the Chief of Human Resources or designee, unless the employee properly complies with the requirements for appellate review.

The decision of the Hearing Officer shall be a recommendation to the Chief Executive Officer. The Hearing Officer may recommend to uphold, overrule or modify the proposed action.

VI. The Chief Executive Officer's Decision (Appellate Review)

Any party affected by the decision of the Hearing Officer shall have the right to a review by the Chief Executive Officer. Written notice of appeal, including the basis (or bases) for the appeal, must be filed with the Chief of Human Resources or his/her designee no later than three (3) calendar days following

service of the decision of the Hearing Officer on the party requesting the appeal. Failure to file written notice of appeal within said three (3) calendar day time limit shall constitute a waiver of appeal rights. The Chief Executive Officer shall review and consider the recommendation of the Hearing Officer. After reviewing the recommendation of the Hearing Officer, the Chief Executive Officer in his/her sole discretion may decide to uphold, revoke or modify the proposed action.

Any party seeking the Chief Executive Officer's review of the decision must obtain, at the appellant's own expense, two copies of a transcript of the proceedings held before the Hearing Officer. Failure to file such transcripts with the Chief of Human Resources or his/her designee at least two (2) working days prior to the date set for appellate review shall constitute a waiver of the appeal.

The appellate review by the Chief Executive Officer shall be scheduled no later than ten (10) calendar days following the date of the receipt by the Chief of Human Resources or his/her designee of the request for appellate review, or as soon thereafter as it can be scheduled taking into consideration the availability of the Chief Executive Officer and/or the transcript of the hearing. The Chief Executive Officer shall apply the independent judgment test in reviewing the decision of the Hearing Officer. The appellee shall have five (5) working days to prepare and file a written response to the appeal. The Chief Executive Officer, at his/her discretion, may determine whether or not he/she would like to receive any additional oral or written argument. The Chief Executive Officer shall not be empowered to receive new or additional evidence.

The Chief Executive Officer shall affirm, modify, or reverse the decision of the Hearing Officer, and shall file with the Chief of Human Resources or his/her designee his/her written decision within two (2) working days following the conclusion of the appellate review.

The decision of the Chief Executive Officer shall become effective immediately upon filing the decision with the Chief of Human Resources or his/her designee.

The decision of the Chief Executive Officer shall constitute the final administrative proceeding which must be exhausted by either party before seeking judicial review, if any.

Note: If the subject matter of the original Notice of Intent included or involved the Chief Executive Officer in a way that might prejudice the employee in this matter, the final review will exclude the Chief Executive Officer and the President of the Board of Directors of Kaweah Delta Health Care. Kaweah Health will act as the final reviewer.

Service of any notice, decision, or any other matter required to be served under these provisions shall be deemed served on the same day it is personally served upon the party to be served, or on the third (3rd) calendar day following deposit in the United States mail of the material to be served, certified mail, return receipt requested, addressed to the last known address of the party to be served.

This policy shall not extend to employees during their initial introductory period (i.e., less than six months of employment).

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Policy Number: HR.220	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 11/21/2017
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Separation from Employment	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Employment status will conclude upon the individual's resignation, discharge, retirement, death, or because of a permanent reduction in the workforce. Discharge may be for any reason not prohibited by federal or state law, including employee misconduct or unsatisfactory job performance. In the absence of a specific written agreement, employees are free to resign at any time, and the District reserves the right to end employment at any time and for any reason, in its sole discretion. Nothing in this policy should be interpreted as changing the "at-will" nature of employment at the District.

PROCEDURE:

- I. Unless there are good reasons for shorter notice, all employees are expected to provide at least two (2) weeks written notice of their intent to resign. Lack of timely written notice could result in the employee being considered as ineligible for rehire.
- II. For policies and procedures governing involuntary discharge see policy entitled PROGRESSIVE DISCIPLINE (HR. 216) and policy entitled NOTIFICATION REQUIREMENTS, PRE-DETERMINATION PROCESS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION, SUSPENSIONS WITHOUT PAY FOR MORE THAN FIVE DAYS AND DEMOTION (HR.218)
- III. For policies and procedures governing termination as a result of retirement see policy entitled RETIREMENT AND TAX DEFERRED SAVINGS PLANS (HR. 130).
- IV. For policies and procedures governing termination as a result of reduction in the work force see policy entitled STAFF REDUCTION IN FORCE AND REASSIGNMENT (HR. 221).
- V. In accordance with the policy entitled PROGRESSIVE DISCIPLINE (HR. 216), any employee who is absent from work without first having notified management of the absence, or the reason for the absence, will be considered as having resigned after the third day of absence.

- VI. Management will immediately forward notices of resignation or termination to the Human Resources Department for review and processing.
- VII. Upon termination of employment for any reason, employees must return all District property including identification card or badge, keys and parking permit, and complete termination paperwork to the Human Resources Department prior to their last hour worked.
- VIII. Employees who resign providing at least seventy-two (72) hours notice will receive their final pay upon their last hour of work. Employees who provide less than seventy-two hours notice may pick-up their final pay in the Human Resources Department within forty-eight (48) hours of their last hour worked.

Employees who are terminated as a result of disciplinary action will receive their final pay within (72) hours upon notice of termination.

For further discussion on distribution of final pay, see policy entitled PAYMENT OF WAGES (HR. 65)

- IX. Employees who are terminated may be eligible for State of California Unemployment Insurance benefits. Affected employees may obtain information and apply for such benefits through the local office of the Employment Development Department.

When an employee or former staff member applies for Unemployment Insurance Benefits, the Human Resources Department will respond to the Employment Development Department's requests for information.

"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Policy Number: HR.221	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Employee Reduction in Force - or- Reassignment Resulting in Demotion	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health is committed to maintaining a highly skilled and diverse workforce and will make all reasonable attempts to avoid cutbacks and reductions in force (RIF) or demotions whenever feasible. However, when Kaweah Health experiences circumstances it cannot maintain the existing staffing levels, the organization may decide in its discretion to implement a reduction in force or realignment in accordance with the following guidelines. Kaweah Health reserves the right to deviate from the guidelines contained in this policy when it determines, in its sole discretion, that such deviations(s) is/are appropriate.

GUIDELINES:

I. Appropriate Staffing

Kaweah Health Management will determine the appropriate number of employees needed to effectively staff their departments. Staffing patterns will include the number of employees needed by department number, job number and full or part time status. Full-time employees, part-time employees and per diems are considered separate classifications.

II. Attrition and/or Hiring Freeze

The preferred method to reduce staffing levels is through attrition. Attrition occurs when employees terminate and are not replaced. Also, staff currently on Personal Leave of Absence can be informed that their job has been eliminated.

A hiring freeze may be implemented on an organization-wide, division-wide, department-wide, or job classification-specific basis or any combination of such basis. Because there are areas where specific training and/or licensure are necessary, if in-service training and/or internal transfer cannot meet the staffing needs, it may be necessary to recruit from outside the current Kaweah Health workforce. If a hiring freeze is implemented and qualified employees are not available through internal transfer, jobs may be posted by utilizing the position control process.

III. Furlough

A furlough is a temporary lay-off/ leave of an employee due to special needs of an employer, generally due to economic conditions. A furlough will not generally be extended for longer than three months. However, Kaweah Health reserves the right to deviate from this standard under extraordinary circumstances.

When a furlough is applied, the employee may apply for Unemployment Benefits. The employee is required to be available to work when called back to duty. If the employee is not available to work, a voluntary termination may be applied. See section IV for guidelines.

IV. Reduction in Force (RIF)

When a department Director and Chief Executive determine that there are more employees employed within a job classification or department or any unit or units of employment than is necessary to support Kaweah Health needs, a RIF may be proposed. All requests for RIF's must be approved by Kaweah Health's Chief Executive Officer.

Once approved, the Human Resources department will determine which employees will be reduced by following this policy. For the purposes of this policy each department is considered separately. Each job number in the department is considered separately. Managerial and lead positions will be considered separate job classifications from the positions held by employees that they manage/lead. Also part-time, full-time and per diem employee categories will be considered separately.

A. Generally, employee reductions will be based on the following factors in the order listed below. However, Kaweah Health may decide in its discretion to deviate from these guidelines, particularly where patient care or other important functions of Kaweah Health may be affected:

1. Employees on Personal Leave of Absence will be reduced first and are not eligible for Reduction in Force benefits.
2. Employees who have not successfully completed introductory period at Kaweah Health.
3. Employees with documented job performance issues based on progressive discipline noted.
4. Employees with the lowest documented job performance evaluations or certain competences needed do not apply to an individual or are scored lower.
5. In all other cases where all considerations are equal, employees with the longest service based on date of hire with Kaweah Health will be the deciding factor.

6. Where special skills, licensure, qualifications, experience or other key attributes are important to assist in carrying out the functions of Kaweah Health, Kaweah Health may deviate from the above criteria.
- B. Reduced employees will have some choices to make and deadlines in which to make them. The deadlines must be met.
1. The right to appeal the reduction (see section X);
 2. The choice to take a three month RIF Personal Leave of Absence to look for a transfer (see section IV) while receiving salary continuance as reflected on the severance schedule below;
- or -
3. The choice to take a severance lump sum and terminate employment (see section V).

V. Three month RIF Personal Leave of Absence

Employees expecting a RIF will receive salary continuation while on a three-month personal leave. Employees who have not been accepted into a new job with Kaweah Health by the end of the three month RIF Personal Leave of Absence will be terminated with their remaining severance in a lump sum. In addition, RIF employees who select the three month RIF Personal Leave of Absence may choose at any time within the three months to instead terminate their employment and take severance in a lump sum. Employees who find a new Kaweah Health job within three months will retain their original date of hire and the severance salary continuance will end.

VI. Severance Pay and Termination

Severance pay will be paid according to the schedule below. The pay will be based on straight time excluding any differentials or standby pay. Per diems are not eligible.

Years of Service	Weeks to be Paid
0 - 1	1.00
2 - 4	2.00
5 - 9	3.00
10 - 14	4.00
15 - 20	5.00
More than 20	8.00

The average number of hours which the employee worked per pay period during the six-month period prior to the Reduction in Force will be reviewed and considered to determine the appropriate status (i.e. Full-time vs. Part-time). Employees with unpaid PTO accrued in their banks will be paid for those hours. EIB bank will not be paid out.

In consideration of the severance pay, there is no further financial obligation to the employee on the part of Kaweah Health, aside from eligible pension benefits, if any.

VII. Reassignment Resulting in Demotion

Based on staffing pattern or employee performance, it is sometimes necessary to change an employee's job duties. When this change results in a lower salary grade or salary, it is considered a demotion. Employees who are demoted are given the choice of transfer to the new role offered to them at a lower grade and salary, or take a three-month Personal Leave of Absence as described in this policy without severance or take severance terminating employment as described in this policy. An employee has the right to appeal the reassignment resulting in demotion (see section IX).

VIII. Benefits

An employee with group health, dental and vision insurance benefits who is placed on furlough or separates from employment as a result of RIF is entitled to continue his/her insurance benefits. For three months following furlough or separation from employment, the employee may continue group health, dental, and vision insurance at the active employee rates. An employee choosing to continue coverage beyond that period of time, may do so at full COBRA rates. Employees will be sent COBRA information to their address on file.

The benefits offered through this policy apply to employees who separate from employment with Kaweah Health as a result of a RIF. They are not available to employees who separate from employment with Kaweah Health for other reasons such as a resignation or involuntary termination.

IX. Re-Employment

Employees who separate from employment with Kaweah Health as a result of a RIF and receive a severance payment may reapply for employment with Kaweah Health. However, if after separation has occurred a former employee is selected to fill a vacancy, their employment will be considered as any other newly hired employee. There is no requirement for reemployment by Kaweah Health.

X. Appeal Rights for Reassignment Resulting in Demotion

Employees may not grieve or appeal termination of employment as a result of a reduction in force through the policy entitled GRIEVANCE PROCEDURE (HR.215). However, employees who have served greater than one hundred eighty (180) days may access their rights under policy entitled NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION (HR.218).

XI. Appeal Rights for Employee Reduction in Force

You are entitled to appeal this separation orally, or in writing, by contacting your Chief Executive no later than the time indicated on your RIF Notice (typically one business day).

XII. Under special circumstances, alternative severance packages may be developed and offered to employees. Where this is the case, acceptance of an alternate severance package will cause the employee to be ineligible for the benefits offered in this policy.

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Deleted: 04/26/2023

Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/25/2023
Approvers: Board of Directors (Administration)	
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time benefit eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time benefit eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

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This policy does not apply to Graduate Medical Education.

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PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and part-time benefited employees are eligible to receive PTO and EIB as of the first pay period of eligibility (date of hire or transfer). If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

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If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

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- If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.
- If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.
- If terminated as non-benefited and rehired as benefited, we will reinstate the

- ending available EIB balance from the reserved EIB balance (if any).
- If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 48-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

The rate of PTO and EIB accrual received is based on years of service. The accruals received per pay period will vary dependent on actual hours worked or paid. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Education Reduced Shift, Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO Holiday, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

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Employees					Directors		Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Hours accrued per pay period	PTO Days	Accrual Rate	PTO Days	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Hours Accrued per pay period	PTO Days
0.0	4.9	0.084625	6.77	22	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	12.9	42	27.1		0.161625	12.9	42

Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period. A new employee is entitled to use PSL beginning on the first day of employment. Employees are limited to 24 hours of use of accrued time in each calendar year. PSL will carry over to the following calendar year not to exceed 48 hours of accrual in any calendar year.

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 Deleted: Earned at 520 Eligible Hours of Employment: Additional Accrual earned on up to 72¶ eligible hours a pp.
 Deleted: Earned 1st Pay Period:¶ Accrual¶ (8 & 10hrs up to 80 eligible hrs a pp) (12hrs up to 72 eligible hrs a pp)

- b) "Family Member" means any of the following:
 - i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
 - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
 - iii. A spouse
 - iv. A registered domestic partner
 - v. A grandparent
 - vi. A grandchild
 - vii. A sibling

c) Designated Person means the following:
i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.

d) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 1-hour increments and no more than the length of the employee's shift.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond 24 hours and if admitted to a hospital or have a medical procedure under anesthesia, However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department, and PTO at the employee's

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request.

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

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Time Off Due to Kin Care

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Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a calendar year to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents- in-law, siblings, grandchildren and grandparents.

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EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Deleted: A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a ¶ doctor's note.¶

Holidays

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Health needs.

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Deleted: In the first 90 days of employment, benefit eligible employees who have not accrued sufficient PTO to cover holidays may be paid and their PTO accrual bank will go into the negative, until accrual is earned back in successive pay periods, unless otherwise specified by the employee.¶

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Employees who work hours on some of these holidays may be eligible for holiday differential. For more information of eligibility, see policy HR.75 Differential Pay-Shift, Holiday, and Weekend.

“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the staff member's responsibility to review and understand all Kaweah Health Policies and Procedures.”

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Policy Number: HR.233	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Non-Employees	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY: Kaweah Health uses both employees and non-employees in the course of normal operations. Non-employee categories include but are not limited to Volunteers, Students, Independent Contractors, Contractors who have direct patient care or access, Temporary Staff, and Travelers. Non-employees are not on the payroll and do not receive benefits. Department Leaders of non-employees must coordinate their usage of non-employees through Human Resources. Certain contractors may utilize the Vendor Mate process as instructed.

PROCEDURE:

I. Coordination of Non-Employees

Human Resources clears all non-employees covered by this policy.

All non-employees must complete third-party background checks as well as a drug screening, two-step TB testing and Flu vaccine (during flu season).

Once Human Resources has processed and cleared the background check, an identification badge will be issued. Human Resources and Clinical Education (when required) will provide orientation materials. Additional Clinical Orientation requirements are determined by the non-employee position, location of work and level of involvement with staff, patients and the public. Leaders or their designees are responsible for department specific orientation. (See HR.46 Orientation of Kaweah Health Personnel)

II. Department Leaders Responsibilities

The Department Leader is responsible for all required processing, including orientation using information provided by Human Resources. All non-employees must complete orientation materials before they may begin working at Kaweah Health.

As determined by the leader, all non-employees must have an initial competency assessment that is documented in the department and/or Human Resources file.

The department leader is responsible for the training duties and

documented performance of non-employees.

III. Worker's Compensation and Employee Benefits

Non-Employees are not covered under any Kaweah Health Self-Insurance nor health-related employee Insurance programs.

Kaweah Health provides Workers' Compensation coverage for volunteers within the scope of the volunteer's duties.

IV. Ending the Non-Employee Relationship

The relationship between Kaweah Health and the non-employee can be ended without notice by either the non-employee or Kaweah Health. Non-employees who leave Kaweah Health must return all Kaweah Health property. Department Leaders must notify Human Resources when a non-employee ends their service.

V. Volunteers

Volunteer opportunities are available through the Guild, Pet Therapy, Hospice (see policy H02-009), Clergy, General Volunteer Program, Kaweah Helps, and Community Engagement Initiatives.

Volunteers will not be used to replace paid staff members but will perform extra duties that will contribute to the well-being and comfort of patients and visitors or support the services of Kaweah Health.

VI. Students

The Human Resources Department maintains all Student Affiliation Agreement contracts.

Student placements are tracked by Clinical Education, Graduate Medical Education, Human Resources and may only occur when Affiliation Agreements are valid.

Duties of Students

Students will perform duties based on learning needs determined by their school and as defined in the Affiliation Agreement.

Students/schools must show proof of compliance with Student Affiliation Agreements.

Supervision of Students

Supervision is provided by the clinical instructor of record, Physician, the department leader or designee following

the Affiliation Agreement.

VII. Supplemental Staffing

As a general rule, an individual employed by Kaweah Health cannot also contract to provide services to Kaweah Health.

Outside resources will be utilized when a need is determined for specialized services and/or to fulfill a shortage of qualified staff. Management must present all requests for contracting services to their Director and Vice President for submission to Human Resources.

Per AP.69, Human Resources must approve all contracted staffing and independent contractor agreements. Human Resources has sole authority and responsibility for communication and negotiation with contracted staffing agencies and independent contractors.

Human Resources will be responsible for procuring and maintaining the contractors for contracted personnel, including Independent Contractors, Temporary Staff, and Travelers.

Leaders wishing to utilize temporary labor through an agency or registry are required to contact Human Resources. Human Resources will select the appropriate agencies for provision of personnel.

Departments which utilize contract or agency staff members are responsible for assuring compliance with regulatory standards and Kaweah Health standards for performance. Management is also responsible for assuring proper orientation, competency assessment, privacy and safety training for all contract and agency staff.

Individuals and companies who contract to provide staffing services with Kaweah Health must provide proof that they meet all applicable state, national, local, Kaweah Health and Joint Commission requirements.

VIII. Medical Exams and Health Requirements

Non-employees who provide services to patients will be contractually required to comply with Employee Health Services guidelines, i.e.

Two-Step TB testing, drug screening and flu vaccine (during flu season). Non-employees must meet all essential functions for their position as noted in the job description. (See EHS.11 Immunization Requirements for Health Care Workers)

IX. Non-Employee Files

A file on each non-employee must be kept with the Department Leader and/or Human Resources. The file should contain the non-employee's initial competency assessment, documentation of competency assessment if applicable, and documentation of training and in-services. During surveys by the State or Joint Commission, Human Resources, leaders and the Director of Volunteer Services will be responsible for providing all required documentation.

X. Kaweah Health Policies and Procedures

All non-employees will conduct themselves in a manner which reflects positively upon Kaweah Health. Non-employees will familiarize themselves with the Mission of Kaweah Health.

Non-employees must abide by the same policies as Kaweah Health employees during their assignment. This includes dress code, identification badges, personal visits, use of phones for personal use, confidentiality of Kaweah Health and patient information, solicitation etc. between the District

XI. Harassment

Non-employees, who believe that they have been harassed by an employee, patient, or member of the medical staff, are encouraged to report the incident to their leader or to the Human Resources Department.

RELATED POLICIES: AP.69 Requirements for Contracting with Outside Service Provider; HR.35 Supplemental Staffing

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Policy Number: HR.236	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/22/2022
Approvers: Board of Directors (Administration)	
Computer and Communication Devices and Social Media Code of Conduct	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

This policy applies to all those who have access to Kaweah Health computer and electronic systems (i.e. telephones, Kaweah Health provided cell phones required for use while working, facsimile machines, computers, laptops, iPads, electronic mail, and internet/intranet access), whether on Kaweah Health premises or off site and regardless of employee status.

Computer Systems:

Access to Kaweah Health's computer system is provided for business purposes. The system is not to be used for personal gain or advancement of individual views; employees need to exercise responsibility and not abuse privileges when sending or receiving messages for personal, non-business purposes. Solicitation of non- Kaweah Health business is strictly prohibited.

Computer and Information Security:

Kaweah Health will maintain a secure computing environment, employing appropriate procedural and technical controls designed to safeguard information and supporting technologies. Kaweah Health provides security awareness education for staff members and implements workplace practices where staff understands their responsibilities for ensuring confidentiality and where their workflow encourages protection of information. All employees receive security awareness education during Orientation and annual through Mandatory Annual Training (MAT) e-learning. The underlying rule of information protection is 'the need to know,' i.e. one should only access information when access is required to fulfill one's responsibilities or perform an authorized and assigned business function. Access to patient records are tracked and recorded by the system. Users who violate security, confidentiality, and/or integrity of information intentionally or through carelessness will be subject to loss or restriction of use of the computer systems and/or disciplinary action up to and including termination of employment. Loss or restriction of the use of the computer systems may include loss of permanent access even if employed by another employer who has access to Kaweah Health systems. (See AP64 Confidentiality Security and Integrity of Health Information) Individual persons who access or use Kaweah Health information or data are

expected to fulfill certain responsibilities according to the roles they are assigned.

The expectation is to maintain a secure work area, protect computer access, to not divulge security codes or other confidential information to unauthorized persons, including to other staff members or employees of Kaweah Health. It is expected that staff or employees will report observed or suspected breaches of information to management, Corporate Compliance, and/or to the Information Systems Services department.

Social Media & Internal Communication Sites:

This policy establishes the requirements for Kaweah Health employees in accessing, opening, viewing, and posting Social Media content, videos, and/or comments about Kaweah Health or related entities (including blogs, videos, pictures, podcasts, discussion forums, social networks, multi-media sites). Social Media and internal communication sites may include, but are not limited to, Facebook, Twitter, Instagram, YouTube, LinkedIn, Snapchat, Kaweah Compass and the like.

Kaweah Health understands that social media sites have joined the mainstream of day-to-day communications. It is expected that employees understand the impact that social media can have on Kaweah Health's reputation, co-workers, physicians, patients, and business relationships. We emphasize the importance of common sense and good judgment. Employees are to follow the same standards that apply to other activities and behavior when communicating on social media sites, internal intranet sites, or online. Employees should know that postings and communications transmitted on social media sites are not private, and thus, should consider how any communication might be perceived.

Kaweah Health's Media Relations Department has the responsibility to manage and monitor the information on Social Media sites, and will include Human Resources, Risk Management, Corporate Compliance, and other applicable departments or individuals if violations or concerns of violations of this policy occur.

Internet Access:

Internet access is intended to support research, education and patient care, and is provided to enhance the ability to develop, design and implement improved methods for delivering patient care, information and related services. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media, telephones and personal cell phones, including a prohibition on messaging or text messaging any Protected Health Information (PHI) or Personally Identifiable Information (PII). (See ISS.001 Information Security)

Electronic Communication Systems:

All electronic communication systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or if located at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health. Employees should not maintain any expectation of privacy with respect to information transmitted over, received by, or stored in any electronic communications device owned, leased, or operated in whole or in part by or on behalf of Kaweah Health.

Kaweah Health reserves the right to retrieve and read any message composed, sent, or received on Kaweah Health's computer equipment, electronic mail system or voice mail system. Employees are informed that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages should not be expected. Accordingly, employees expressly consent to electronic monitoring of these systems. Furthermore, all communications including text and images can be disclosed to law enforcement, licensing boards, or other third parties without the prior consent of the sender or the receiver. Kaweah Health can request and require an employee to disclose their username and/or password to gain access to any Kaweah Health-provided electronic device or software system.

Kaweah Health Issued Mobile Devices:

Only those individuals with a justifiable need, as determined by department leadership and the Director of ISS Technical Services, shall be issued Kaweah Health devices (i.e. phone, smartphone, tablet, laptop) and/or mobile voice and text/data services for the purpose of conducting business on behalf of Kaweah Health. The individual using Kaweah Health-owned devices is required to sign the "KDHCD Equipment Use and Information Technology Security Agreement" at the time they are issued a device. The device must be kept in the employee's personal possession at all times. Kaweah Health may rescind the agreement and require the return of any devices at any time. When employment ends at Kaweah Health, all devices must be returned by the last day of work. Failure to return all property to Kaweah Health in the same working condition that it was received may be considered theft of property and may lead to criminal prosecution.

Mobile phones may not be used while driving unless hands-free capability is utilized. This applies to use of the employee's personal vehicle and/or the use of Kaweah Health vehicles while on Kaweah Health business.

PROCEDURE:

Electronic Communication:

1. Internet or the Kaweah Health intranet access may be provided by Kaweah Health to employees for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the employee to connect to information and other resources within or outside of Kaweah Health. Contract services staff who work at Kaweah Health may be given access to the computer system and must comply with all provisions of this policy.

The employee will be given a password when granted access to Kaweah Health's computer systems. The employee must change passwords to these systems when prompted to do so as define in Policy ISS.003. Because the system may need to be accessed by Kaweah Health, the Human Resources, Compliance, and Information Systems departments will further be able to access all Kaweah Health computer equipment and electronic mail. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

2. When accessing the internet or Kaweah Health's own intranet, employees agree to do so for business purposes. Accordingly, such communications should be for professional and business reasons; personal use must be limited to what may be considered regular break times.
3. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media, Kaweah Health provided cell phones, and telephones and personal cell phones, including a prohibition on messaging or text messaging any PHI or PII related information. Employees are expected to maintain employee, patient, customer, medical staff, and volunteer confidentiality (PHI and PII). (See ISS.015 Use of Portable Devices to "Text" ePHI or KDHCDC Proprietary Data) Employees may not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or Kaweah Health when posting to sites. This policy applies to employees using Social Media while at work. It also applies to the use of Social Media when away from work, when the employees' or medical staffs' Kaweah Health affiliation is identified, known, or presumed. If employees acknowledge their relationship with Kaweah Health in an online community, they must include disclaimers in their online communications advising that they are not speaking officially on behalf of Kaweah Health.
4. Unless an individual is serving as an approved, official spokesperson for Kaweah Health in online communications, such communications are

the individual's personal opinions and do not reflect the opinion of Kaweah Health. Employees are personally responsible for his/her posts (written, audio, video, or otherwise). Communications must not contain Kaweah Health confidential, proprietary or trade-secret information.

5. Kaweah Health urges employees to report any violations or possible or perceived violations to supervisors, managers or the HR Department or Compliance Department. Violations include discussions of Kaweah Health and its employees and clients, any discussion of proprietary information, and any unlawful activity related to blogging or social networking. Inappropriate use shall be subject to disciplinary action, up to, and including, termination. In addition, breach of patient information may also be subject to legal proceedings and/or criminal charges. (See HR.216 Progressive Discipline policy)
6. All employees who have access to computer information will sign an Agreement. In addition, employees will be required to sign certain other Agreements that apply to their position. The electronic copy of these Agreements will be kept in ISS.

Employee Harassment and Discrimination:

1. Any form of discrimination or harassment is strictly prohibited and employees must take all reasonable steps to prevent discrimination and harassment from occurring while conducting business or while acting on behalf of Kaweah Health. No messages with derogatory or inflammatory remarks about an individual or group's age, disability, gender, race, religion, national origin, physical attributes, sexual preference or any other classification protected by Federal, State or local law may be transmitted using any type of telecommunications technology.
2. Employees must immediately report all instances of discrimination or harassment to Kaweah Health. Please refer to HR.13 Anti-Harassment policy.
3. Nothing in this policy is intended to prohibit employees from communicating with co-workers about the terms and conditions of their employment.

Termination of Employment:

Upon termination of employment, the Information Systems Services Department will be notified immediately by Human Resources. The employee's password and all accounts will be deactivated. All Kaweah Health devices, equipment, and other property must be returned by the last day of on-site work. Failure to return all property to Kaweah Health in the same working condition that it was received may be considered theft of property and may lead to criminal prosecution.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."



Policy Number: HR.239	Date Created: 06/20/2019
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 9/24/2018
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Extended Illness Bank (EIB) Donations	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

To provide a program where employees can donate personal Extended Illness Bank (EIB) hours to other EIB eligible employees because of a life threatening or serious extended illness ~~for themselves or their dependent/minor children.~~

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Upon review and approval of the Director, Chiefs and Chief Human Resources Officer, Human Resources will establish EIB Donation Agreements for those employees who wish to donate a portion of their accrued EIB hours to a EIB eligible employee who has need of additional time (salary continuation) because of a life-threatening or serious extended illness.

PROCEDURE:

1. The request to establish EIB donation agreements will be made by a department director and ~~Chief Human Resources Officer.~~
2. EIB hours may be donated under the following guidelines:
 - a. The donor employee is limited to a donation of 25% of ~~their~~ EIB balance, up to 40 hours per calendar year. The donor employee must retain a minimum balance of 80 hours in ~~their~~ EIB bank. EIB donations used are non-refundable to the donating employee.
 - b. EIB hours will be utilized evenly by all donated employees each pay period to supplement the recipients wages, up to their normal status.
 - c. EIB donations are converted from the donor employee's rate of pay to the recipient's rate of pay, so that appropriate taxes are applied.

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d. The recipient may receive donated hours at amounts equal to their own coordination with SDI/Workers' Compensation, after their EIB/PTO bank has been exhausted and as long as donated EIB hours are available. Employees will not be paid more than their normal status.

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e. The anonymity of the donation is at the donor's discretion.

3. Any employee donating EIB will complete an "Extended Illness Bank Transfer Agreement."

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."



Human Resources



Kaweah Delta Health Care District

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Policy Number: HR.241	Date Created: 12/07/2021
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/21/20
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Paid Time Off (PTO) Cash Out	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Kaweah Health encourages employees to take vacation time; however, Kaweah Health recognizes that, in a 24-hour setting, employees may not take the amount of Paid Time Off (PTO) they are generally granted yearly, thus accruing maximum amounts in their PTO bank.

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Procedure:

Employees who meet eligibility requirements have the option of cashing out a portion of their PTO. However, to meet Internal Revenue Service regulations, calendar year PTO cash-out elections are made during a special Open Enrollment in the December preceding each calendar year.

- I. All hours are cashed-out at the employee's base rate of pay.
- II. During the Open Enrollment, the employee must complete an irrevocable PTO Cash-Out Election in Workday.
- III. The maximum cash-out for the calendar year is determined yearly in December. The election for payout will occur in the next calendar year. There are three dates available for cash-outs and any amount of hours may be requested so long as the minimum and maximum rules are met. PTO cash-outs are paid to the employee with their regular paycheck on the dates indicated in Workday. Kaweah Health requires that an employee keep available a "minimum utilization" of 40 hours of PTO in their accrual bank at the time of the cash-out, and cash-outs will be modified if 40 hours are not available.

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"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Deleted: "Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Delta Policies and Procedures."

Policy Number: HR.242	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/08/2019
Approvers: Board of Directors (Administration), HR Advisory Committee, Blanca Bedolla (Employee Relations Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Dianne Cox (Chief Human Resources Officer)	
Personal Medical Leave	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy:

To allow time off to employees who have no other recourse than to be away from work for up to four (4) months. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance (SDI), and Workers' Compensation. To advise employees of their rights and responsibilities.

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with state and federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by Department Heads and employees.

Procedure:

This policy on medical leaves applies if an employee does not qualify under a legislated leave, such as the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and/or a Workers' Compensation Leave.

I. Reason for Leave

The District offers employees the opportunity to take an unpaid leave of absence because of a non-work-related serious health condition that makes the employee unable to perform the functions of the employee's job (other than pregnancy, childbirth and related medical conditions).

- a. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:
 - i. Inpatient care (i.e., an overnight stay) in a medical care facility; or
 - ii. Continuing treatment by a health care provider for a condition that either prevents the qualified family member from participating in school or other daily activities.
 - iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of

continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

II. Leave Available

An employee may take up to four (4) months of medical leave during a 12-month period begins on the date of an employee's first use of medical leave. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended.

III. Notice, Certification and Reporting Requirements

a. Timing:

- i. If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with the District's normal call-in procedures.
- ii. If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of the District.

b. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plan to return to work. Failure to provide updates may cause the District to apply a voluntary resignation from employment.

c. Department Heads:

Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health who may contact the provider.

IV. Compensation During Leave:

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information.

- a. For a medical leave of absence longer than seven (7) days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued Extended Illness Bank (EIB) hours are paid after 24 hours off. The initial three (3) 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee

may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.

- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB hours.

V. Benefit Accrual:

The employee will continue to accrue PTO and EIB as long as he/she is being paid by the District (receiving a paycheck).

VI. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

VII. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under the District's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. The District will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and the District, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay the District his/her portion of the premiums while on a leave of absence for a total of four months. After four (4) months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability.
- e. An employee may cancel his/her insurance within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.

- f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by the District while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

VIII. Reinstatement:

A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence.

The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within two weeks of the employee's return.

If returning from a non-work-related medical leave, an employee will be offered the same position held at the time of leaving, if available. If this position is not available, a comparable position will be offered. If neither the same nor a comparable position is available, the return to work will depend on job openings existing at the time of the scheduled return. There are no guarantees of reinstatement and the employee's return will depend on their qualifications for existing openings.

The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB Testing, as applicable) prior to return to work. Competency-related documentation must be completed within two weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

Policy Number: HR.243	Date Created: 02/22/2016
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Leaves of Absence	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

To allow time off to employees who have no other recourse than to be away from work. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

Policy:

1. Leaves of absence may be granted to all employees on a non-discriminatory basis for health conditions, personal, or family medical needs. A leave of absence may be granted to or provided for an employee for periods of longer than three (3) consecutive calendar days. Leaves pursuant to legislative requirements (Family and Medical Leave Act of 1993 - FMLA; California Family Rights Act of 1991, amended 1993 - CFRA; Pregnancy Disability Leave - PDL; Workers' Compensation; Organ and Bone Marrow Donation Leave of 2011) will be granted in accordance with those Acts. In addition, Leave will be granted to "emergency rescue personnel" who are health care providers, including employees of a disaster medical response entity sponsored or requested by the State. Employees must be designated as such and be activated for duty. All other requests for leave will be considered on the basis of the employee's length of service, performance, level of

responsibility, reason for the request and Kaweah Health’s ability to obtain a satisfactory replacement during the time the employee will be away from work.

2. Employees on leave of absence continue to be bound by all other Policies and Procedures of Kaweah Health during the length of the leave. However, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (e.g. Competency Forms, TB testing, performance reviews, counseling’s, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation (i.e. NetLearning modules including Mandatory Trainings (MAT) must be completed within 30 day of the employee’s return. Requesting or receiving a leave of absence in no way relieves an employee of their obligation while on the job to perform job responsibilities and to observe all Kaweah Health policies, rules, and procedures.
3. At the start of leave, the employee’s access will be suspended pending their return to work.
4. Employees on Leave for any reason will not be eligible to participate in employee recognition programs.
5. The following leaves of absence may be granted to or provided for employees. Separate policies, including information on allowable lengths of leave, pay and benefits during a leave of absence, are available on each of the following:
 - a. Personal Leave of Absence
 - b. Family Medical Leave of Absence
 - c. Paid Family Leave (2004)
 - d. Personal Medical Leave of Absence
 - e. Pregnancy Disability Leave of Absence
 - f. Military Leave (Active and Reserve) of Absence
 - g. Workers’ Compensation Disability Leave of Absence
 - h. Organ and Bone Marrow Donation Leave

LEAVES OF ABSENCE

Leave Type (Eligibility)	Maximum Duration	Same or <u>Comparable</u> Job if Return By	The Leave May Run Concurrently With
Personal (30 days)	30 Days (in the case of pending licensure leave may be extended up to 12 weeks.)	30 Days	All Leaves

Medical Leave (Upon Hire)	4 Months	No Job Protection Rights	
Family Medical Leave of Absence (FMLA) (1,250 hours during the previous 12 months; 1 year of service)	12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	12 weeks in a rolling 12-month period. Kaweah Health adds 4 weeks to equal 4 months.	CFRA Pregnancy Leave Workers' Compensation Leave ADA
California Family Rights Act Leave (CFRA) (1,250 hours during the previous 12 Months; 1 year of service)	12 weeks in a rolling 12-month period.	12 weeks in a rolling 12-month period.	FMLA Workers' Compensation Leave ADA
Pregnancy Leave (Upon Hire)	17 1/3 weeks	17 1/3 weeks	FMLA ADA
Military Leave (Upon Hire)	Per Requirements of the Military Service Order	Depends on the length of the leave, please refer to policy.	ADA
Workers' Compensation Disability Leave (Upon Hire)	Until released by Physician.	Until released by Physician.	FMLA CFRA ADA
Organ and Bone Marrow Donation Leave (Upon Hire)	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	

6. REQUIRED FORMS:

The following forms are required and are available by contacting Human Resources.

- a. "Leave of Absence Policy" is a copy of this policy and provides required notice to the employee, and is referred to as "Notice" throughout this policy.

- b. "Request for Leave of Absence" provides notice of the need for leave to Kaweah Health, and is referred to as "Request" throughout this policy.
- c. "Certification of Physician or Practitioner" provides proof of need for leave and suitability for return to work to Kaweah Health for a leave related to a medical condition for the employee or a family member, and is referred to as "Certification" throughout this policy.
- d. "Request for Information" memo will be sent to the employee in the event the Human Resources department needs more information regarding the leave.
- e. "Leave Designation" memo and the Employment Development Department ("EDD") entitled "For Your Benefit: California's Program For the Unemployed" will be provided to the requesting employee to communicate the approval status and other important information related to leaves.

PROCEDURE:

1. Employees must contact their department leader and Human Resources as soon as they learn of the need for leave to obtain the Notice and related forms. Because of the complexity of the regulations, employees should consult with Human Resources to ensure they are knowledgeable about the process and how the leave may affect pay and benefits.
2. The employee requesting a leave of absence for more than three (3) days must submit to their department leader or Human Resources, as soon as possible, the Request form and, if the leave is for a health condition, the Certification form or an Off-Work Notice.
3. If the Request is received by the department leader, the department leader will sign and date the Request, and submit it, along with the Certification form or Off-Work Notice, if applicable, to Human Resources.
4. Upon receipt of the Request and Certification form or Off-Work Notice, Human Resources can mail a copy of the Notice to the employee's home address, if the employee indicates they do not already have a copy of the Notice.
5. Based on the documentation provided by the employee, Human Resources will determine leave coverage, and notify the employee and their department leader using the Leave Designation memo. The beginning date of the leave may be delayed or leave may be denied if Certification or an Off-Work Notice is not available or the employee does not provide Kaweah Health with sufficient notice of the need or leave. Additional information needed will be requested from the employee by phone or via the Request for Information memo.

6. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence.
7. Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department leader, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation they need to perform the job. This includes providing reasonable medical documentation confirming that the employee has a physical/mental condition that limits a major life activity and a description of why the employee needs a reasonable accommodation. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform their job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.
8. Employees should review the Benefits Overview Policy for information on employee benefit eligibility and COBRA rights.

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Policy Number: HR.244	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 04/26/2023
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Paid Family Leave	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy:

Paid Family Leave (PFL) is a type of unemployment compensation paid to employees who have a wage loss when they take time off from work for up to eight (8) weeks to care for a seriously ill family member, bond with a new child or for a qualifying exigency related to the covered active duty or call to covered active duty of an individual's specified family member in the Armed Forces of the United States. To be eligible for California PFL benefits for bonding, employees must have welcomed a new child into the family in the past 12 months either through birth, adoption, or foster care placement. Specified family members qualifying for the exigency related to active duty are: the individual's spouse, domestic partner, child, or parent in the Armed Forces of the United States. This benefit provides compensation through accrued Paid Time Off (PTO), Extended Illness Bank (EIB) and California sponsored Paid Family Leave (PFL).

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department leadership and employees.

Procedure:

This policy is based on the California Paid Family Leave (PFL) and is intended to provide eligible employees with all of the benefits mandated by the State of California Employment Development Department. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. Reason for Leave:

May be eligible under FMLA and CFRA please refer to the Family Medical Leave of Absence Policy.

2. Employee Eligibility:

- a) Have paid into State Disability Insurance, (noted as “CASDI” on paystubs) in the past 5 to 18 months.
- b) This benefit applies to all employees regardless of length of service. If an employee does not also qualify for a leave under the FMLA or CFRA guidelines, a Personal Leave of Absence may apply upon the manager’s discretion. Please review HR.148 Personal Leave Policy.

3. Compensation Available:

Refer to the Notice to Employees from the Employment Development Department (EDD) for more information.

- a. Employees may use 24 hours of EIB/Kin (see policy HR.234 PTO/EIB) and/or PTO starting day one at integration with State Disability Insurance or Paid Family Leave.
- b. An employee may be paid up to eight (8) weeks of leave during a 12-month period. A 12-month period begins on the date of an employee’s first use of PFL leave. Successive 12-month periods commence on the date of an employee’s first use of such compensation after the preceding 12-month period has ended. If eligible, PFL runs concurrent with FMLA and CFRA Leaves of Absence.

4. Certification:

Refer to the Family Medical Leave of Absence Policy in the Manual.

5. Periodic Reports:

Refer to the Family Medical Leave of Absence Policy in the Manual.

6. Benefits During Leave:

Refer to the Family Medical Leave of Absence Policy in the Manual.

7. Reinstatement:

Refer to the Family Medical Leave of Absence Policy in the Manual.

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Policy Number: HR. 245	Date Created: Not Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Event Participation Pay	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah Health recognizes the value of having leaders at community events and fairs. All leaders are encouraged to participate and, in order to ensure coverage; Kaweah Health will compensate employees for the time. Hourly employees will be compensated with pay (hours over 40 in one week causing overtime should be avoided if possible; hourly employees may be able to flex as leaders allow) and exempt employees may flex time and/or may be paid their exempt rate.

PROCEDURE:

The Community Engagement Department will keep a list of employees who are available to represent Kaweah Health at community events. These events can include health and community fairs, job fairs, and other community events that offer booth space and are outside of the employee's regular work hours. Once an event date has been established and the logistics of the event are understood, the Community Engagement team will reach out to employees to review roles and expectations and schedule them for timeslots.

I. Pay will be based on the following:

- For hourly employees:
 - a) They will receive their hourly rate from Cost Center 8612.
 - b) If their pay falls into overtime, Cost Center 8612 will pick up the additional cost.
- For exempt employees:
 - a) A flexible schedule to accommodate the event may be authorized.
 - b) If approved by the leader, an employee will be paid their regular base rate through "Other Hours" from Cost Center 8612.
- For GME Residents:
 - a) Residents will be paid their hourly rate through "Other Hours" from Cost Center 8612. The Designated Institutional Officer will need to approve all moonlighting by Residents.

II. Requirements to participate:

- Must be in good standing with their directors. Manager must be aware of the event and approve employee's participation.
- This policy does not apply to employees who are representing Kaweah Health at galas or dinners.

III. Behavioral Expectations:

If employees are representing Kaweah Health at an event, during their regularly scheduled work hours, where alcohol is served, they are not allowed to partake.

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Kaweah Health Event Participation Pay

Employee Name: _____ Dept. No. _____

- Hourly Employee Hourly Rate: \$_____
- Exempt Employee
 - Flex time available
 - Flex time unavailable

I understand that representing Kaweah Health at a community event is both a reflection of myself and the organization. Even if it is offered at the event, I am not allowed to partake in alcoholic beverages if the event is during my work hours.

Employee Signature: _____

Details of Event Date: _____ Time of Event: _____ Location: _____
--

I attest that the above employee is in good standing in their department and that they are approved to represent Kaweah Health at community events. I understand that, if they are hourly, Community Engagement will cover the cost of the time spent at the event. If they are exempt, and flex time is permitted, they will be able to flex their schedule to accommodate the time spent at the event. If flex time is not available, their hours will be paid from Community Engagement. In the event that the event date falls at the end of the pay period and the employee moves into over-time, Community Engagement will cover that cost. If the event falls at the beginning of the pay period, the employee's department will be responsible for covering the over-time cost.

_____ <i>Director Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>CE Director Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>HR Director Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Finance Manager Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>

For Community Engagement:

<input type="checkbox"/> Time entered into Kronos as "Other Hours" from cost center 8612
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Once completed, please submit this form to the Director of Community Engagement. It may take 1-2 pay periods before the amount shows up on your paycheck.