

Kaweah Delta Health Care District Board Of Directors Committee Meeting

Health is our Passion. Excellence is our Focus. Compassion is our Promise.

MEETING NOTICE

The Human Resource Board Committee of the Kaweah Delta Health Care District will meet in the Executive Office Conference Room {305 W Acequia Avenue, Visalia, CA} on Wednesday, August 13, 2025:

- 4:00PM Open meeting.

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.

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 Health Medical Center, Mineral King Wing near the Mineral King entrance.

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: kedavis@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer



Kelsie Davis

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board, Legal Counsel, Executive Team, Chief of Staff, www.kaweahhealth.org

Kaweah Delta Health Care District

Board Of Directors Committee Meeting

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KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HUMAN RESOURCES COMMITTEE

Wednesday, August 13, 2025
Kaweah Health Medical Center
305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

ATTENDING: Directors: Lynn Havard Mirviss (chair) & Armando Murrieta; Gary Herbst, CEO; Dianne Cox, Chief Human Resources Officer; Brittany Taylor, Director of Human Resources; Raleen Larez, Director of Employee Relations; Hannah Mitchell, Director of Organizational Development; Jaime Morales, Director of Talent Acquisition; JC Palermo, Director of Physician Recruitment; Dr. Paul Stefanacci, Chief Medical Officer/Chief Quality Officer

OPEN MEETING – 4:00 PM

CALL TO ORDER – Lynn Havard Mirviss

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 jurisdiction of the Board are requested to identify themselves at this time.

1. [MINUTES](#)- Review of June 11, 2025, meeting minutes.
2. [MEDICAL STAFF RECRUITMENT](#)– Overview and discussion of the monthly physician recruitment report.
- JC Palermo, Director of Physician Recruitment/Relations
3. [STAFFING REPORT](#) – Overview and discussion. - Dianne Cox, Chief Human Resources Officer
4. [KAWEAH CARE EMPLOYEE & PHYSICIAN ENGAGEMENT](#)- Presentations and Engagement Update. - Dianne Cox, Chief Human Resources Officer
5. [HUMAN RESOURCES POLICIES](#) – Review of the following Human Resources policies as reviewed and recommended to be presented to the Board for approval:
 - a. [HR.04](#) Special Pay Practices – Revised
 - b. [HR.61](#) Status Classification of Employees/Concurrent Jobs – Revised
 - c. [HR.70](#) Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation – Revised
 - d. [HR.78](#) Salary Administration Program – Revised

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- e. [HR.183](#) Identification Badges – Revised
- f. [HR.200](#) Drug Free Place and Drug/Alcohol Testing- Revised
- g. [HR.213](#) Performance Management and Competency Assessment Program – Revised
- h. [HR.234](#) PTO, EIB and Health Workplace, Healthy Families Act of 2014- Revised
- i. [EHS.04](#) Infectious Disease Guidelines for Employees – Revised
- j. [EHS.11](#) Immunization Requirements for Health Care Workers- Revised
- k. EHS.01 Infection Prevention Guidelines for Pregnant Healthcare Workers- Delete
- l. HR.246 Team Member COVID-19 Symptomatic Testing – Delete

ADJOURN – Lynn Havard Mirviss, Committee Chair

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MINUTES-



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

Wednesday, June 16, 2025
Kaweah Health Medical Center
305 Acequia Avenue, Executive Office Conference Room

PRESENT: Directors: Lynn Havard Mirviss (chair); Dianne Cox, Chief Human Resources Officer; Raleen Larez, Director of Employee Relations; Hannah Mitchell, Director of Organizational Development; JC Palermo, Director of Physician Recruitment; Paul Stefanacci, M.D., Chief Medical & Quality Officer; Kelsie Davis, recording

CALLED TO ORDER – at 4:01pm by Director Havard Mirviss

PUBLIC PARTICIPATION –None.

MINUTES- Reviewed.

PHYSICIAN RECRUITMENT – JC gave an updated overview and discussion of the monthly physician recruitment report.

HUMAN RESOURCES/ORG DEVELOPMENT INITIATIVES 2025 – Dianne, Hannah, Raleen and Jaime presented Kaweah Care Ideal Environment and Ideal Practice Environment updates relative to current and proposed Initiatives which is attached hereto the minutes.

KAWEAH CARE STEERING COMMITTEE – Dianne reviewed the presentation which are attached hereto the minutes.

HUMAN RESOURCES POLICIES – Dianne and her team reviewed the Human Resources policies as reviewed and recommended to be presented to the Board for approval. Attached hereto the minutes.

ADJOURN – at 4:57pm by Director Havard Mirviss

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MEDICAL STAFF RECRUITMENT–

Physician Recruitment Board Report - Physician Group Targets

July 2025

Key Medical Associates Gastroenterology x1 Pediatrics x1 Pulmonology x1 Rheumatology x1	Orthopaedics Associates Orthopedic Surgery (General) x1 Orthopedic Surgery (Hand) x1	Sequoia Cardiology EP Cardiology x1	Other Recruitment/Group TBD CT Surgery x2 Family Medicine x5 Gastroenterology x2 General Cardiology x1 Neurology IP/OP x2 OB/GYN x2 Pediatrics x1 Adult Psychiatry x1 Pulmonology OP x1 Urology x3
Oak Creek Anesthesia Anesthesia - Cardiac x1 Anesthesia - General x1 Anesthesia - Regional x1 Anesthesia - GME Program Dir	Valley ENT Audiology x1 Otolaryngology x1	Valley Children's Maternal Fetal Medicine x2 Neonatology x1 Pediatric Cardiology x1 Pediatric Hospitalist x1	

July Board Report Narrative:

Recent Activity of note:

- 1) An offer has been delivered to a Cardiothoracic Surgeon to join Golden Valley Cardiothoracic Institute
- 2) An offer has been delivered to an Occupational Medicine physician
- 3) An offer has been delivered to a Family Medicine Physician currently residing in Fowler, Ca.

We are working with one OB/GYN candidate:

- 1) Arranging site visit for candidate currently living in Texas

We are working with three Gastroenterology candidates:

- 1) Fellow in Illinois - Site visit schedule for 8/8
- 2-3) Currently scheduling leadership calls for 2 candidates

The recruitment of additional OB/GYN, Family Medicine, Urology, and Gastroenterology physicians remain top priorities for the Kaweah Health Physician Recruitment team.

Board Report - Physician Recruitment - July 2025

	Specialty	Group	Phase	Expected Start Date
1	Family Medicine	TBD	Site Visit	
2	Anesthesia (Cardiac)	Oak Creek	Site Visit	
3	ENT	Valley ENT	Site Visit	
4	Gastroenterology	TBD	Site Visit	
5	Psychiatry	TBD	Screening	
6	Psychiatry	TBD	Screening	
7	Psychiatry	TBD	Screening	
8	Psychiatry	TBD	Screening	
9	Family Medicine	TBD	Screening	
10	ENT	Valley ENT	Screening	
11	Anesthesia (Cardiac)	Oak Creek	Screening	
12	Family Medicine	TBD	Screening	
13	Family Medicine	TBD	Screening	
14	Family Medicine	TBD	Screening	
15	Gastroenterology	TBD	Screening	
16	Internal Medicine	1099 - KH Direct	Screening	
17	Orth Surgeon (General)	Orthopedic Assoc	Screening	
18	PM&R	TBD	Screening	
19	Radiology	Mineral King Radiology	Screening	
20	OBGYN	TBD	Screening	
21	Occ Med	TBD	Offer Extended	
22	Cardiothoracic Surgery	TBD	Offer Extended	
23	Pulmonology	TBD	Offer Extended	
24	Pulmonology	TBD	Offer Extended	
25	Neonatology	Valley Childrens	Offer Extended	
26	Radiology	Mineral King Radiology	Offer Extended	
27	Anesthesia (Regional)	Oak Creek	Offer Accepted	08/01/25
28	Family Medicine	KH Faculty MG	Offer Accepted	TBD
29	Family Medicine	Key Medical Associates	Offer Accepted	TBD
30	General Surgery	Dr. Potts	Offer Accepted	10/20/25
31	General Surgery	1099 - KH Direct	Offer Accepted	08/01/25
32	Intensivist	Sound	Offer Accepted	TBD
33	OBGYN	1099 - KH Direct	Offer Accepted	TBD
34	Urology	1099 - KH Direct	Offer Accepted	03/01/25
35	Endocrinology	1099 - KH Direct	Offer Accepted	TBD
36	Neonatology	Valley Childrens	Offer Accepted	07/28/25
37	Neurology	1099 - KH Direct	Offer Accepted	TBD
38	Family Medicine	TBD	Offer Accepted	TBD
39	Gastroenterology	TBD	Leadership Call	
40	Neurology	TBD	Leadership Call	
41	Orth Surgeon (Hand)	Orthopedic Assoc	Leadership Call	
42	Orth Surgeon (Hand)	Orthopedic Assoc	Leadership Call	
43	Internal Medicine	CFC	Leadership Call	
44	OBGYN	TBD	Leadership Call	
45	Neurology	TBD	Applied	
46	Cardiology (EP)	TBD	Applied	
47	ENT	Valley ENT	Applied	
48	Urogynecology	TBD	Applied	

EMPLOYEE

Kaweah Care

Employee Engagement &
Experience

August 2025 Update



Check-in: Mission Statement Exercise



- Mission Statement Team Exercise
 - What is our Mission Statement?
 - What are you passionate about in your role?
 - How does that link back to our Mission Statement?
- During meetings and performance reviews
- Mission Moments lineup for LTMs?

Employee Engagement & Experience – FY25 Recap


- 7/13: Fox Summer Movie Night
- 7/22 - 7/29: Tower Challenge
- 7/22 - 7/29: Kaweah Health Crossword
- 7/31: Summer Games Event
- 8/2: Schwartz Rounds – People and Events that Shaped My Career
- 8/7: Launch of Compass Polls – Coffee/Tea Giveaway
- 8/16: Wear a Hawaiian Shirt Day
- 8/16: Free Shave Ice
- 8/20: Return of in-person LTMs
- 8/22: Just Culture Scenario Review
- 8/31: Kaweah Health Rawhide Night
- 9/2: Sport Jersey Fridays Relaunch
- 9/27 - 10/17: Visalia Corporate Games
- 10/1: Team of the Month Kickoff
- 10/4: Schwartz Rounds – Work. Love. Laughter.
- 10/15: Leader Learning Path Kickoff
- 10/17: SME Lunch & Learn Kickoff
- 10/24-10/31: Candy Corn Contest
- 10/24 - 10/31: Pumpkin Decorating and Carving Contest
- 10/28: Open Enrollment Kickoff
- 10/31: Halloween Festival
- 10/31: Halloween Dress-up Day
- 10/31: ET Rounding with Candy
- 11/1 - 11/3: Dia de Los Muertos
- 11/11: Veteran's Day Observance Video and Pins
- 11/12 - 12/4: Holiday Giving Drive
- 11/8 - 11/22: Cobbler and Ice Cream
- 12/2: Holiday Cheer
- 12/3 - 12/17: Kaweah Care Pulse Survey
- 12/6: Schwartz Rounds - Lessons from the Past. Hopes for the Future.
- 12/9 - 12/13: Holiday Meal
- 12/9 - 12/13: Ugly Sweater Dress-up Day
- 12/9 - 12/13: Employee Gift (Zipper Pouches)
- 12/9 - 12/13: KEEP Launch with Scavenger Hunt
- 1/1 -1/31: Self-Care Gallery on Compass
- 1/31: Fun at Work Day (Twin-Up Dress-Up Day)
- 2/7 - Wear Red Day for Cardiovascular Disease
- 2/7 - Schwartz Rounds – They're Playing My Song
- 2/14 - Kaweah Health Art Show
- 3/4 - Mardi Gras Dress-up Day
- 3/7 - Staff Appreciation Day - Employee Day Pass at Lifestyles Fitness
- 3/14 - Gold Coin Hunt
- 3/17 - Wear Green for St. Patrick's Day
- 4/4: Spring Bunny Photos
- 4/4 Schwartz Rounds
- 4/15: Celebration of Life
- 4/22: Take a Minute for Earth Day
- 5/1: Starlight Awards
- 5/6 - 5/12: Nurses' Week
- 5/11 - 5/17: Hospital Week
- 5/22: Kaweah Health Rawhide Night
- 6/6: Schwartz Rounds
- 6/10: Rubber Ducky Race
- 6/27: Share Your Pride on Compass

Employee Engagement & Experience – FY26 Recap


- 7/1 – 7/15: National Anthem Singing Contest
- 7/3 – 7/4: Red, White, and Blue Dress-Up Day
- 7/16: Kaweah Health Skate Night @ Roller Towne
- 7/31: Just Culture Scenario Review

Employee Engagement & Experience – August 2025


- 8/1: Schwartz Rounds “My Best Day at Work”
- 8/4: Kaweah Health Choir Formed
- 8/16: Kaweah Health Rawhide Night
- 8/18: International Day of Charity Drive Kickoff
- 8/29: Rawhide Toy Story Night Ticket Giveaway
- Ongoing opportunities and programs include
 - ET Employee Rounding, Employee Huddle, Employee of the Month, Team of the Month, Kaweah Care recognitions, JWD department recognitions, service award, retirement recognition and gifts, Kaweah Shares, Employee Emergency Relief Program, Jersey Fridays, food trucks and farmers’ market, Pet Therapy, Self-Care Calendars, KEEP



Kaweah Health Presents
Employee Night at the Ballpark
Visalia Rawhide vs. Rancho Cucamonga Quakes



25
st.




BROUGHT TO YOU BY
EMPLOYEE CONNECTION

**Give today,
and put
hope in
someone's
tomorrow.**


Celebrate the International Day of Charity.

Donations accepted from August 18 to September 4.

Kaweah Health employees care, and the proof is in the giving. The need in our community is great. We're counting on your generosity to be greater. Scan the code to find out where to drop off the donations, and which charity it benefits.



KaweahHealth.org/GiveToday



Kaweah Health
MORE THAN MEDICINE. LIFE.

Observances & Recognition Days – August 2025

August		
Month-Long Observances	Week-Long Observances	Day Observances
National Minority Donor Awareness Month	8/1-8/7 World Breastfeeding Week	8/7 Purple Heart Day
National Immunization Awareness Month	8/4-8/10 National Health Center Week	8/9 International Day of the World's Indigenous Peoples
Psoriasis Action Month	8/12-8/18 OSHA's Safe and Sound Week	8/15 National Hawaiian Shirt Day
Neurosurgery Awareness Month	8/23-8/29 Health Unit Coordinator Recognition Week	8/17 National Non-Profit Day
Spinal Muscular Atrophy (SMA) Awareness Month		8/21 National Senior Citizen's Day
National Breastfeeding Month		8/23 Health Unit Coordinator Day
Medic Alert Awareness Month		8/26 Women's Equality Day
Digestive Tract Paralysis Awareness Month		8/30 Physician Family Day
Gastroparesis Awareness Month		8/31 International Overdose Awareness Day

See email *Healthcare Observances - Calendar Year 2025* from Ariana Jasso for more

FY26 Job Well Done

- Budgeted \$2500 per ET and \$20 per employee (FT and PT)
- Requires ET/OD pre-approval
- Will send out snapshots to ET and/or EAs the first week of every month
- Split the cost center into two spend categories
 - ***Job Well Done:*** Divisional funds for things like team celebrations, recognition weeks, gift cards, etc.
 - ***Misc. Benefits:*** Programs and events we plan like Holiday Meal, Service Awards, etc.



The image shows a 'Job Well Done Voucher' form. At the top left is the 'Employee Connection' logo. The title 'Job Well Done Voucher' is in the top center. To the right, it says 'Issue Date: XX/XX/XX', 'Expiration Date: 90 days from issue date', and 'Voucher Number: XXX'. Below this is an email address: '*Email OrgDev@KaweahHealth.org to Redeem*'. The form has several fields: 'Pay to the Order of:' followed by a line and '(Print Employee Name)' below it; 'Department: Job Well Done', 'Cost Center #8880-6019', and 'Gift Card Value: \$XX.00' on the same line; 'Given By:' followed by a line and '(Print Leader Name)' below it. A paragraph states: 'Once this voucher is issued, gift certificates with a value of \$25 or more in aggregate will be included as income on your next paycheck and regular income taxes will apply.' At the bottom, there are three fields: 'X' followed by a line and '(Employee Signature at Time of Redemption)' below it; 'EE ID#:' followed by a line; and 'Date:' followed by a line. The 'Kaweah Health' logo with the tagline 'MORE THAN MEDICINE. LIFE.' is at the bottom right.

Employee Connection

Job Well Done Voucher

Issue Date: XX/XX/XX
Expiration Date: 90 days from issue date
Voucher Number: XXX

Email OrgDev@KaweahHealth.org to Redeem

Pay to the Order of: _____
(Print Employee Name)

Department: Job Well Done Cost Center #8880-6019 Gift Card Value: \$XX.00

Given By: _____
(Print Leader Name)

Once this voucher is issued, gift certificates with a value of \$25 or more in aggregate will be included as income on your next paycheck and regular income taxes will apply.

X _____ EE ID#: _____ Date: _____
(Employee Signature at Time of Redemption)

Kaweah Health
MORE THAN MEDICINE. LIFE.

2025 Save the Dates

Halloween
Festival
10/31

Veteran's Day
Ceremony
11/11

Cobbler & Ice
Cream
11/17 – 11/21

Holiday Cheer
12/1

Holiday Meal
12/8 – 12/12*

Service Awards
Luncheon
1/15*

* Tentative

Service Awards Effective January 2026

Every 5 years of service employees receive a special recognition

- 5 and 10 years
 - Badge accent showing the milestone presented by their leadership
- 15+ years
 - Badge accent showing the milestone presented by their Chief (if possible)
 - Sent link to a catalog of gifts to choose from based on years of service
- 25+ years
 - Receive an invite to the new Service Awards Luncheon the calendar year of their anniversary where they will receive their pin
 - Sent link to a catalog of gifts to choose from based on years of service

Lifecycle Surveys

- Finalized contract with NRC to switch lifecycle and engagement surveys
- Lifecycle include
 - Onboarding
 - New hires at key intervals like 30, 90 and 6 months
 - Stay
 - Employees at key milestone anniversaries
 - Exit
 - All voluntary terms around time of exit
- Reports at organization, division, and department level (TBD on timing)
- Partnership between HR and leadership to action plan

PHYSICIAN

Kaweah Care Physician Engagement

August 5, 2025



kaweahhealth.org



Areas of Focus

- **Workspace Enhancements**
- **KDHub Optimization**
- **Physician Engagement Survey**
- **Onboarding and Mentoring Medical Staff**

Workspace Enhancement

Surgery Locker Room Remodel	Renovation and Expansion of Surgeon Locker Rooms and Surgeon Lounge	Construction Timeline <ul style="list-style-type: none">• Design: Q2 2025• Construction: Q4 2025 Update – Considering Med Staff Lounge remodel first
Medical Staff Lounge Restructure	Remodel and Expand Physician Lounge: Work Area / Lounge / Dining	Construction Timeline <ul style="list-style-type: none">• Design: Q2 2025• Construction: Q4 2025• Present Design to Medical Staff
Medical Resource Center	Update/Reconfigure Existing Resource Center Create Dedicated GME Space in Expansion <i>Additional 48 Workstations</i>	Construction Timeline <ul style="list-style-type: none">• Design: Q4 2024 Update - Pending approval of design <ul style="list-style-type: none">• Construction: Q2 2025

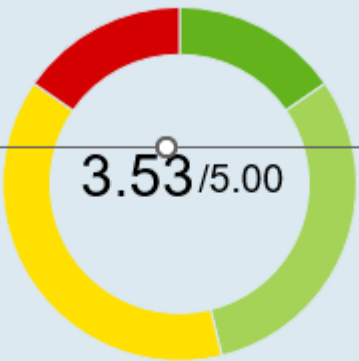
Renovation/Remodel Design Presentation - August: Surgery Locker Room

KDHub Optimization

Cerner Connect Messaging	<p>Increase Physician Utilization</p> <p>Attending & Resident Engagement: Use of Cerner Connect Messaging as sole Secure Texting platform</p> <ul style="list-style-type: none">Resident Orientation: Enable App for New Residents – COMPLETE <p>Update – July 2025:</p> <ul style="list-style-type: none">Medical Staff: Usage: 50%Resident: Usage: 96% <p>Workflow Project: Radiology & Emergency Department to incorporate Connect Messenger for notifications</p>
Physician Orders	<p>Dietary Orders Update: Align with best practice International Dysphagia Diet Standardization Initiative – COMPLETE</p> <p>Optimize 20 Emergency Department PowerPlans – Expected Go Live August</p> <p>Cardiac Rehab Referral Electronic Order Update – Expected Go Live September</p> <p>Create an electronic workflow for Emergency Release and Mass Transfusion Protocol – Expected Go Live September</p>
Physician Documentation	<p>Outpatient History and Physical Template – Expected Go Live August</p> <p>Blood Refusal Consent Form - Expected Go Live November – December</p>
Pediatrics & Obstetrics	<p>OB Discharge Summary Optimization – COMPLETE</p> <p>OB History and Physical Optimization – COMPLETE</p> <p>Update Maternal RSV Vaccine Information: Available for the Pediatrician & Neonatologist views – COMPLETE</p> <p>Create a Post-Partum Rophylac Protocol - Expected Go Live November – December</p> <p>Update OB Labor Curve: Visible to the OB Provider – Expected Go Live August</p> <p>Update Newborn Naming Process – 6-10 months</p>

Physician Engagement

Engagement



■ Highly Engaged (15%) ■ Engaged (31%)
■ Neutral (38%) ■ Disengaged (15%)

13th Rank vs. Nat'l Physician Avg

Historical Performance

2021 3.86

Safety Culture

Mean Score
3.73 out of 5

Benchmark	Difference
vs. Overall Org Avg	-0.18
vs. Nat'l Healthcare >400 Bed Avg 2025	-0.16

Historical Performance

Year	Difference
2023 Results	-0.14

Physician Surveys

2024 Physician Engagement Survey
2025 Safety Culture Survey

Objective

Improve Hospital - Medical Staff Relationship
Elevate Quality of Care

Provide Feedback on
Physician Survey Results and
Progress on Actions

- Present Survey Results
- Align Response with Safety Culture Survey
- Discuss Issues & Concerns
- Develop & Implement Effective Actions

Stop Light Reports

- On Going
- Providing Progress Updates and Follow Up

Physician Engagement

Key Drivers / Opportunities for Improvement

Physician Engagement Survey

Safety Culture Survey

Communication

Hospital administration is responsive to feedback from physicians.

Communication between physicians, nurses, and other medical personnel is good in this organization.

I can easily communicate any ideas and/or concerns I may have to hospital administration.

Communication between units/departments is effective in this organization.

I have adequate input into decisions that affect how I practice medicine

Quality

Kaweah Health provides high-quality care and service.

This organization provides high-quality care and service.

Kaweah Health makes every effort to deliver safe, error-free care to patients.

This organization makes every effort to deliver safe, error-free care to patients

Kaweah Health cares about quality improvement.

Senior management provides a work climate that promotes patient safety.

Onboarding & Mentoring

Onboarding	<p>Optimize Recruitment to Active Staff Process</p> <ul style="list-style-type: none"> • Coordinate Process across Stakeholders <ul style="list-style-type: none"> • Recruitment • Medical Staff Services • Contracting • ISS <p>Goal: Reduce Onboarding Time</p>	<p>Process for Physician & APP from Recruitment to MDDS to MCO: In Development Coordinate with Recruitment & Strategy Team</p> <ul style="list-style-type: none"> • Identify opportunities to optimize and reduce time to complete onboarding processes. • Define KPI's to measure and monitor to ensure sustained process improvement. <p>Key Stakeholders: Recruitment, Contracted Group Admin Contacts, MSSD, MCO, ISS</p>
Mentoring	<p>Provide Health System Education & Training</p> <ul style="list-style-type: none"> • Regulatory Requirements • Medical Staff Policies • ISS – Cerner Training <p>Support Physician Orientation</p> <ul style="list-style-type: none"> • Utilize established physicians for practice guidance • Provide support for community introduction <p>Goal: Support physician practice establishment and introduction to Community</p>	<p>Process for orienting & mentoring Physicians across the organization: In Development Coordinate with Recruitment & Strategy Team</p> <ul style="list-style-type: none"> • Identify opportunities to streamline and enhance Physician Orientation & Mentoring <p>Key Stakeholders: Recruitment, Contracted Group Admin Contacts, MSSD, MCO, ISS</p>

HR.04

Policy Number: HR.04	Date Created: 12/19/2019
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 10/23/24
Approvers: Board of Directors (Human Resources)	
Special Pay Practices	

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

Designated departments may have special pay practices that 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 for certain exempt positions approved by HR.

MICN: and TNCC\$1.50 for each active certification(s)- when primary cost center is 7010 – Emergency Department. ~~The differential will also apply if transferring hours to cost center 6179-M/S Overflow – ED 1E.~~ Effective upon pay period following submission/validation of certification to Human Resources.

- RN-Emergency-ED: 2217/2247
- Charge Nurse-Emergency-ED: 2277
- Assistant Nurse Manager-Emergency-ED: 2187
- ~~ED Supervisor: 2352~~

Donning and Doffing Sterile Scrubs

Employees who work in surgical services or sterile procedural areas are entitled to up to 10 minutes to change into provided sterile scrubs before and after their shift.

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:

Special Pay Practices

2

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

“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.”

HR.61

Policy Number: HR.61	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	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. EXEMPT EMPLOYEE PAY/SALARY BASIS SAFE HARBOR PROVISION.~~

3.2. 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~~ exceeding 40 regular 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 <u>-</u> 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 <u>-</u> 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.

Employees who work less than 24 hours per week are not eligible to participate in employee-sponsored benefit programs, unless eligible for medical insurance in compliance with the ACA.

Weekly Hours	Bi-Weekly Hours	Classification
0-23	0-47	Part Time <u>-</u> 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.

~~Status Classification of Employees/Concurrent Jobs-~~

2

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 Part-Time less than 24 hours per week or 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 benefit eligible status.

VI. Concurrent Jobs

Employees may, with permission from department leaders, work at-in more than one Kaweah ~~Delta-Health~~ job department. Additional jobs are referred to as concurrent jobs. Employees apply for concurrent jobs by following the same process used for transfer requests. Refer to HR.31 Transfer Policy.
~~————(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~~timekeeping, the employee clocks in for all hours ~~worked using the transfer function~~ in ~~HR Timekeeper~~Workday or on the wall clock, adjusting their ~~job code or department~~ as appropriate using the department transfer process.

- 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

~~Status Classification of Employees/Concurrent Jobs~~ 3

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. ~~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 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.”

HR.70



Human

Resources

Policy Number: HR.70	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 12/18/2024
Approvers: Board of Directors (Administration), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
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 five to~~ 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 shift~~ as practicable. An employee working more than 12 hours is authorized and expected to take a third 30-minute meal period. ~~The third meal period cannot be waived.~~

Commented [TB1]: Should this be removed?

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. ~~30-30-minute uninterrupted meal periods are to be scheduled. On rare occasions, an employee may request to delay their meal period. 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.~~

Commented [TB2]: Penalty pay is addressed in next paragraph.

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 complete a time adjustment sheet ~~by the end of the current pay period 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 ~~at their regular rate~~ will ~~not~~ be paid.

Commented [TB3]: Leave or remove? Technically they can claim late, but maybe this is okay as long as we allow it?

In particular circumstances and based solely on the nature of the work, and with the 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.

MEAL PERIOD WAIVER

Employee or Kaweah Health may revoke a signed "Meal Period Waiver" at any time providing at least one day's advance notice in writing to Human Resources and their manager. ~~Otherwise~~Otherwise, the waiver will remain in effect until revoked.

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 as 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~~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 as long as you are able to return within 10-minutes.~~

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 complete a time adjustment sheet by the end of the current pay period 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 by the end of the current pay period for the missed or interrupted meal break period 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.
- 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-Periods Must be Taken:

- 5 Hours or Less: An employee who works five hours or less is not entitled to a meal break period.
- 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.
- More than 12 Hours: An employee who works more than twelve hours is entitled to a third 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:

- a) Mineral King Wing, 1st Floor MK lobby by Lab Station
- b) Mineral King Wing, 2nd Floor on the left heading to ICU
- c) Mineral King Wing, 3rd Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3rd Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center/Breast Center Office (Computer available)
- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)
- j) Exeter Health Clinic, Family Practice Department, (Computer available)
- k) Woodlake Health Clinic, (Computer available)
- l) Dinuba Health Clinic, (Computer available)
- m) Lindsay Health Clinic, (Computer available)
- n) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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HR.78



Human Resources ~~Subcategories of~~
~~Department Manuals not selected.~~

Policy Number: HR.78	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	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~~Effective January 1, 2023, ranges of pay will be included on job ~~descriptions~~postings 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 increases will be effective the first day of the second pay period in October for all eligible employees. Merits are~~

contingent on budget approval each fiscal year. Refer to HR.213 Performance Management and Competency Assessment Program.

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~~they 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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HR.183

Human Resources

Policy Number: HR.183	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 10/25/2023
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 Identification (ID) badge at all times while on duty. Students, sales and service representatives, temporary help, contractors and construction workers, and volunteers will wear ~~identification-ID~~ badges as a condition of being on Kaweah Health 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.~~ID 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 ~~identification-ID~~ 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 Kaweah Health. 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 lost, damaged, or worn badge. Human Resources tracks requests to reprint badges, including reason. Requests to reprint lost or forgotten badge may result in disciplinary action.

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.

~~3. Individuals will be held financially responsible for purchases made with their ID Badge, even if the badge is lost or stolen. A \$10.00~~

4. ~~Badge photos must be current (within 10 years). Contact Human Resources to coordinate time to have a new photo taken and badge printed.~~

Identification Badges _____ 2

~~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.~~

- 4.5. 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.

- 5.6. The Purchasing Department, via a Vendormate kiosk, will issue temporary badges to all sales representatives.

- 6.7. Upon termination of employment or if work or service will no longer be provided to Kaweah Health, the ID badge must be turned in to the department. All ID badges must be returned to Human Resources.

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HR.200

Policy Number: HR.200	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 2/28/2024
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 Health 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. Kaweah Health 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. [See policy AP110 Reporting requirements for drug diversion illegal substance abuse or controlled substance abuse.](#) 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. Kaweah Health 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 Kaweah Health 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. Kaweah Health 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 Kaweah Health.
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 Kaweah Health 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 Kaweah Health property or at Kaweah Health 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 Kaweah Health is prohibited.
3. The personal possession (i.e., on the person, or in a desk, or locker) of alcohol on Kaweah Health property or on duty is prohibited.
4. The possession of alcohol in a personal vehicle while on duty or a Kaweah Health-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 Kaweah Health vehicle on Kaweah Health or personal business, or
 - c) While operating a personal vehicle on Kaweah Health 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 Kaweah Health 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 Kaweah Health 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 Kaweah Health.
 - 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 Kaweah Health's premises or while operating Kaweah Health's vehicles, machinery or equipment.
 - 7) Audit findings or charting issues.
 - 7)8) Suspicion of Drug Diversion (See AP110).

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 Kaweah Health'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 Kaweah Health'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 Kaweah Health'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 (attached), if the employee is able, the employee is to be escorted to Employee Health Services House Supervisor's office 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 Kaweah Health. 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 Kaweah Health 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 Kaweah Health, 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 Kaweah Health.
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. Kaweah Health 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 Kaweah Health.

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 Kaweah Health, the test results shall be reviewed and verified by a MRO. The MRO shall be a licensed physician, under contract with Kaweah Health, 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 Kaweah Health whose responsibility is to make a

determination on test results and report them to Kaweah Health, 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 Kaweah Health.

- 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 Kaweah Health.
- 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 Kaweah Health and request that Kaweah Health 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 Kaweah Health, 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 Kaweah Health.

- k. The MRO shall notify Kaweah Health in writing of the verified test result, negative, positive, or unsatisfactory and appropriately file chain of custody forms to Kaweah Health.

3. Kaweah Health Notification of Test Results

- a. Within five (5) working days after receipt of a positive confirmed test result, Kaweah Health 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. Kaweah Health will provide to the employee or job applicant a copy of the test results upon request.
- c. For all tests based on reasonable suspicion, Kaweah Health 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 Kaweah Health.

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 Kaweah Health explaining or contesting the test results. The employee or job applicant will be notified in writing if the explanation or challenge is unsatisfactory to Kaweah Health. 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 Kaweah Health.

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 Kaweah Health 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 Kaweah Health 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. Kaweah Health 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. Kaweah Health 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. Kaweah Health will not discharge, discipline, or discriminate against an employee solely upon the employee's voluntarily seeking treatment, while under the employ~~ment~~ of Kaweah Health.

INVESTIGATION:

1. To ensure that illegal drugs and alcohol do not enter or affect the workplace, Kaweah Health reserves the right to search all vehicles, containers, lockers, or other items on Kaweah Health property in furtherance of the policy. Individuals may be requested to display personal property for visual inspection upon Kaweah Health request. Searches will be conducted only where Kaweah Health has reason to believe that the employee has violated Kaweah Health'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 Kaweah Health 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, Kaweah Health will not normally prosecute in matters involving illegal substances. However, Kaweah Health may turn over all confiscated drugs to the proper law enforcement authorities. Further, Kaweah Health 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, Kaweah Health will investigate all of the circumstances, and Kaweah Health 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, Kaweah Health 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 Kaweah Health within five (5) calendar days of the conviction.

CONFIDENTIALITY:

All information, interview, reports, statement memoranda and drug test results, written or otherwise, received by Kaweah Health as part of this drug testing program are confidential communications. Unless authorized by State laws, rules or regulations, Kaweah Health 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."



CONSENT TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING

- I acknowledge that Kaweah Health is concerned about my ability to perform my job and that I have been requested to submit to drug and/or alcohol testing per policy HR.200 Drug Free Workplace and Drug/Alcohol Testing. I further acknowledge that I have been informed of the testing policy.
- I understand that the test results will be released to Kaweah Health, and that the results may be used as grounds for discipline up to and including termination.
- Because the presence of certain prescribed and/or over the counter medication may cause a positive test, Kaweah Health has the right to ask to see your prescriptions if the test results are positive.
- I have read this form and agree to submit to drug and/or alcohol testing. I understand that the testing is voluntary on my part, that I may refuse to submit, and that such refusal may be grounds for discipline up to and including termination.
- I understand that I will be placed on Paid Administration Leave pending the results. When the results become available, there will be a meeting in Human Resources to review the results of the test and next steps will be discussed.

<hr/>	<hr/>	<hr/>
Employee Name	Employee Signature	Date

<hr/>	<hr/>	<hr/>
Supervisor/Manager Name	Supervisor/Manager Signature	Date

<hr/>	<hr/>	<hr/>
Witness Name	Witness Signature	Date

HR.213



Human Resources

Policy Number: HR.213	Date Created: 06/01/2007
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 08/23/2023
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.

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-acknowledged~~ 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-receiving~~ Disciplinary Action, up to and including termination of employment.

Commented [TB1]: Remove? We do have quite a few remote employees now and the meeting may not always be face to face.

Review Date and Applicable Merit Increases:

1. Self-evaluations for all employees are sent out by HR in July and ~~are~~ 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 ~~selfevaluation~~~~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/their performance. The employee completes an electronic acknowledgment of receipt. For Employees who have job changes/transfers that are considered a promotion and effective July 1 through the merit effective date, the merit increase will be pushed out to October of the following year. are not eligible for a merit increase.
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.—Employees who are close to or at the maximum of their pay range receive their merit up to the pay range maximum. 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 48hour 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.

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."

HR.234

Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 6/25/2025
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.

This policy does not apply to Graduate Medical Education

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.

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:

- a. 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.

- b. If terminated as a benefited and rehired as benefited, we will reinstate the ending EIB balance.
- c. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available EIB balance from the reserved EIB balance (if any).
- d. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance up to the 80-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. Employees receive accruals on up to 80 eligible hours, per pay period. The bi-weekly pay period starts at 12 AM on a Sunday, and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, 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.

All Other Employees					Directors					Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	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. To qualify for sick leave (PSL), an employee must:

- Must be employed for 30-days;
- May use beginning at 90-days of employment;
- Will be paid to the extent of an employee's accrued hours only.

Employees are limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year. PSL will carry over to the following calendar year not to exceed 60 hours of accrual in any calendar year.

Maximum Accruals

The maximum PTO accrual allowed for exempt and non-exempt staff is 4500 hours. The maximum PTO accrual allowed for Directors and Chiefs is 505 hour. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 120 hours in a calendar year. No payment is made for accrued EIB or PSL time when employment with Kaweah Health ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any planned request for PTO time, whether for traditional holiday, for vacation time or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example: ○ For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours). ○ An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).

- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employee may use PTO or PSL for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.
- 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. Spouse
 - iv. Registered domestic partner
 - v. Grandparent
 - vi. Grandchild
 - vii. 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 three (3) days 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. If applying for a continuous leave of absence, accrued PTO may be applied for the first twenty four (24) hours at the employee's regular shift length, if leave is for your own medical condition.

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 request.

Employees who are absent due to a Worker's Compensation injury for less than 14 days, there is a three (3) day waiting period before TTD (Total Temporary Disability)

will begin. The first three (3) days is paid using accrued EIB hours. If the employee is off work more than 14 days, TTD begins on day one (1).

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.

Time Off Due to Kin Care

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 their 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.

EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

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.

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.”

EHS.04



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Approvers: Dianne Cox (Chief Human Resources Officer), Gaby Robles (Administrative Clerk)	
Infectious Disease Guidelines for Employees	

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

PURPOSE:

These Infectious Disease guidelines will direct the care of employees-healthcare personnel (HCP) who are ill. Employees-HCP will be relieved from patient contact and/or all work duties according to the specific disease or exposure status of the employee, as noted in the table below. When employees-HCP of the dDistrict are exposed to a highly contagious disease or industrial hazard requiring immediate therapy, prophylactic or otherwise, the following procedure will be implemented.

POLICY/GUIDELINE:

Summary of suggested work restrictions for healthcare personnel exposed to or infected with infectious diseases of importance in healthcare settings, in the absence of state and local regulations (modified from ACIP recommendations)

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
<u>Conjunctivitis</u>	<u>Restrict from patient contact and contact with the patient's environment</u>	<u>Until discharge ceases</u>
<u>Cytomegalovirus</u>		
<u>Active</u>	<u>No restriction</u>	
<u>Postexposure</u>	<u>No restriction</u>	
<u>Diarrheal diseases:</u>		
<u>Acute stage (diarrhea with other symptoms)</u>	<u>Restrict from patient contact, contact with the patient's environment, or food handling</u>	<u>Until symptoms resolve (no diarrhea episodes for 24 hours)</u>
<u>Convalescent stage, Salmonella spp.</u>	<u>Restrict from care of high-risk patients</u>	<u>Until symptoms resolve (no diarrhea episodes for 24 hours); consult with local and state health authorities regarding</u>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
		<u>need for negative stool cultures</u>
<u>Diphtheria</u>		
<u>Respiratory</u>	<u>Exclude from work</u>	<u>Until antibiotic and antitoxin (if needed) therapy are completed AND at least 24 hours after completion of antibiotic therapy, two consecutive pairs of nasal AND pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing C. diphtheriae</u>
<u>Cutaneous or other diphtheria infection manifestations</u>	<u>Exclude from work</u>	<u>Consult with federal, state, and local public health authorities to determine duration</u>
<u>Postexposure (regardless of vaccination status)</u>	<u>Exclude from work and obtain nasal and pharyngeal swabs for diphtheria culture.</u> <u>Administer postexposure prophylaxis in accordance with CDC recommendations.</u> <u>Implement daily monitoring for the development of signs and symptoms of diphtheria for 7 days after last exposure.</u>	<u>If nasal AND pharyngeal cultures are negative for toxin-producing C. diphtheriae, healthcare personnel may return to work while completing postexposure antibiotic therapy</u> <u>If nasal OR pharyngeal cultures are positive for toxin-producing C. diphtheriae complete postexposure antibiotic therapy. Healthcare personnel may return to work when postexposure antibiotic therapy is completed AND at least 24 hours after completion of postexposure antibiotic therapy, two consecutive pairs of nasal AND pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing C. diphtheriae.</u>
<u>Enteroviral infections</u>	<u>Restrict from care of infants, neonates, and immunocompromised patients and their environments.</u>	<u>Until symptoms resolve (no fever >100.4 for 24 hours)</u>
<u>Head Lice (Pediculosis)</u>	<u>Exclude from work</u>	<u>Until treatment done and no active lice present after 2 days. Second treatment may be necessary</u>
<u>Hepatitis A</u>	<u>Restrict from patient contact, contact with patient's environment, and food handling.</u> <u>Occupational Exposure: Employee Health Services (EHS) will notify Infection Prevention (IP) and consult with the Medical Director and/or</u>	<u>Until 7 days after onset of jaundice</u>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
	<p><u>Infectious Disease Doctor to determine if prophylaxis is needed.</u></p> <p><u>Non-Occupational Exposure:</u> <u>Personnel should contact EHS as soon as possible. EHS will notify IP and EHS will refer employee to their physician and/or Tulare County Public Health Department as needed for possible prophylaxis or treatment.</u></p>	
<p><u>Hepatitis B</u></p> <p><u>Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures</u></p> <p><u>Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures</u></p>	<p><u>No restriction (unless epidemiologically linked to transmission of infection), refer to state regulations; standard precautions should always be observed</u></p> <p><u>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations</u></p>	<p><u>Until hepatitis B e antigen is negative</u></p>
<u>Hepatitis C</u>	<u>No restriction. Use Standard Precautions</u>	
<p><u>Herpes Simplex</u></p> <p><u>Genital</u></p> <p><u>Hands (herpetic whitlow)</u></p> <p><u>Orofacial</u></p>	<p><u>No restriction</u></p> <p><u>Restrict from patient contact and contact with the patient's environment</u></p> <p><u>Evaluate for need to restrict from care of high-risk patients</u></p>	<p><u>Until lesions heal</u></p> <p><u>Until lesions heal</u></p>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
<u>Human immunodeficiency virus</u>	<u>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker; standard precautions should always be observed; refer to state regulations</u>	
<u>Measles</u>		
<u>Active (known or suspected)</u>	<u>Exclude from work</u>	<u>For 4 days after the rash appears. For immunocompromised HCP exclude from work for the duration of their illness.</u>
<u>Postexposure (asymptomatic HCP with presumptive evidence* of immunity to measles)</u>	<u>Not necessary</u> <u>Postexposure prophylaxis is not necessary</u> <u>Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure</u>	
<u>Postexposure (asymptomatic HCP without presumptive evidence* of immunity to measles)</u>	<u>Exclude from work</u> <u>Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations:</u> <u>https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html</u> <u>Work restrictions are not necessary for HCP who received the first dose of MMR vaccine prior to exposure: They should receive their second dose of MMR vaccine as soon as possible (at least 28 days after their first dose).</u> <u>Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure</u>	<u>From 5th day after their first exposure through 21st day after last exposure regardless of receipt of postexposure prophylaxis.</u>
<u>Outbreak</u>	<u>Administer measles vaccine to HCP in accordance with CDC and ACIP recommendations</u>	

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
	https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html	
<u>Meningococcal Disease</u>		
<u>Active (HCP with invasive N. meningitidis disease)</u>	<u>Exclude from work</u>	<u>Until 24 hours after the start of effective antimicrobial therapy</u>
<u>Carrier state (HCP who only have nasopharyngeal carriage of N. meningitidis)</u>	<u>Not necessary</u>	
<u>Postexposure to N. meningitidis (regardless of vaccination status)</u>	<u>Administer antimicrobial prophylaxis</u>	
<u>Mumps</u>		
<u>Active (known or suspected)</u>	<u>Exclude from work</u>	<u>For 5 days after the onset of parotitis. If HCP does not have parotitis, exclude for 5 days after onset of their first symptom.</u>
<u>Postexposure (asymptomatic HCP with presumptive evidence* of immunity to mumps)</u>	<u>Not necessary</u> <u>Implement daily monitoring for signs and symptoms of mumps from the 10th day after their first exposure through the 25th day after their last exposure</u>	
<u>Postexposure (asymptomatic HCP without presumptive evidence* of immunity to mumps)</u>	<u>Exclude from work</u> <u>Work restrictions are not necessary for HCP who received the first dose of MMR vaccine prior to exposure: They should receive their second dose of MMR vaccine as soon as possible (at least 28 days after their first dose).</u> <u>Implement daily monitoring for signs and symptoms of mumps infection from the 10th day after their first exposure through the 25th day after their last exposure</u>	<u>From the 10th day after their first exposure through the 25th day after their last exposure.</u>
<u>Outbreak</u>	<u>Administer mumps vaccine to HCP in accordance with CDC and ACIP recommendations</u>	

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
	https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html	
<u>Pertussis</u>		
<u>Active (symptomatic HCP known or suspected)</u>	<u>Exclude from work</u>	<u>For 21 days from onset of cough, or until 5 days after the start of effective antimicrobial therapy</u>
<u>Postexposure (asymptomatic HCP, regardless of vaccination status, who are likely to interact with persons at increased risk for severe pertussis)</u>	<u>Administer postexposure prophylaxis</u> <u>Work restrictions are not necessary if received postexposure prophylaxis, regardless of their risk for interaction with persons at increased risk for severe pertussis.</u> <u>If not receiving postexposure prophylaxis restrict from contact (e.g., furlough, duty restriction, or reassignment) with patients and other persons at increased risk for severe pertussis</u>	<u>For 21 days after the last exposure</u>
<u>Postexposure (asymptomatic HCP, regardless of vaccination status, who are NOT likely to interact with persons at increased risk for severe pertussis)</u>	<u>Administer postexposure prophylaxis OR implement daily monitoring 21 days after the last exposure for development of signs and symptoms of pertussis.</u>	
<u>Postexposure (asymptomatic HCP, regardless of vaccination status, who have preexisting health conditions that may be exacerbated by a pertussis infection)</u>	<u>Administer postexposure prophylaxis</u>	
<u>Rabies</u>		
<u>Active infection (suspected or confirmed)</u>	<u>Exclude from work</u>	<u>Consult federal, state, and local public health authorities for duration</u>
<u>Postexposure (asymptomatic HCP)</u>	<u>Not necessary</u> <u>Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations and in consultation</u>	

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
	<u>with federal, state, and local public health authorities</u>	
<u>Rubella</u>		
<u>Active (known or suspected)</u>	<u>Exclude from work</u>	<u>For 7 days after the rash appears</u>
<u>Postexposure (asymptomatic HCP with presumptive evidence* of immunity to rubella)</u>	<u>Not necessary</u> <u>Implement daily monitoring for signs and symptoms of rubella from the 7th day after their first exposure through the 23rd day after their last exposure</u>	
<u>Postexposure (asymptomatic HCP without presumptive evidence* of immunity to rubella)</u>	<u>Exclude from work</u>	<u>From the 7th day after their first exposure through the 23rd day after their last exposure.</u>
<u>Scabies</u>	<u>Restrict from patient contact</u>	<u>Until cleared by medical evaluation</u>
<u>Staphylococcus aureus infection</u>		
<u>Active, draining skin lesions</u>	<u>Restrict from contact with patients and patient's environment, or food handling</u>	<u>Until lesions have resolved</u>
<u>Carrier State</u>	<u>No restriction, unless personnel are epidemically linked to transmission of the organism</u>	
<u>Streptococcus, Group A</u>		
<u>Active infection (known or suspected)</u>	<u>Exclude from work (if possible, obtain a sample from infected site)</u>	<u>Until Group A Streptococcus infection is ruled out, or until 24 hours after the start of effective antimicrobial therapy, provided that any draining skin lesions can be adequately contained and covered. For draining skin lesions that cannot be adequately contained or covered (e.g., on the face, neck, hands, wrists), exclude from work until the lesions are no longer draining.</u>
<u>Postexposure</u>	<u>Not necessary</u> <u>Postexposure prophylaxis is not necessary</u>	

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
<u>Colonization, (known or suspected if personnel are not linked to transmission of the organism in the healthcare setting, if they are see below)</u> <u>Colonization, (personnel who are epidemiologically linked to transmission of the organism in the healthcare setting)</u>	<u>Not necessary</u> <u>Exclude from work</u>	 <u>Until 24 hours after the start of effective antimicrobial therapy AND administer chemoprophylaxis in accordance with CDC recommendations AND obtain a sample from the affected site for group A Streptococcus testing 7 to 10 days after completion of chemoprophylaxis; if positive, repeat administration of chemoprophylaxis and again exclude from work until 24 hours after the start of effective antimicrobial therapy.</u>
<u>Tuberculosis</u> <u>Active disease</u> <u>PPD Converter</u>	<u>Exclude from work</u> <u>No restriction</u>	 <u>Until proved noninfectious. Staff who have current TB at a site other than the lung shall be allowed to work as recommended by their personal physician until sputum is free of acid-fast bacillus on 3 consecutive smears obtained on separate days or until sputum cultures show no growth.</u>
<u>Varicella (chickenpox)</u> <u>Active</u> <u>Postexposure (asymptomatic HCP with evidence of immunity to varicella)</u>	<u>Exclude from work</u> <u>Not necessary</u> <u>Postexposure prophylaxis is not necessary</u> <u>Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure</u>	 <u>Until all lesions have dried and crusted; or, for those who only have non-vesicular lesions that do not crust, exclude from work until no new lesions appear within a 24-hour period.</u>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
<u>Postexposure (asymptomatic HCP without evidence of immunity to varicella)</u>	<p><u>Exclude from work</u></p> <p><u>Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations:</u> https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm</p> <p><u>Work restrictions are not necessary for HCP who received one dose of the varicella vaccine prior to exposure if they receive the second dose of vaccine within 5 days after exposure</u></p> <p><u>Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure</u></p>	<p><u>From the 8th day after first exposure through 21st day after last exposure; if varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from the 8th day after first exposure through the 28th day after the last exposure</u></p>
<u>Viral Respiratory Infections, Acute (suspected or confirmed)</u>	<p><u>Exclude from work</u></p> <p><u>Consider temporary reassignment or exclusion of HCP from care of patients at highest risk of severe disease, including those with moderate or severe immunocompromising conditions, for 7-10 days after symptom onset or until symptom resolution, whichever is longer. HCP with respiratory viral infections who are moderately or severely immunocompromised may shed virus for prolonged periods. Consider consultation with EHS to determine when these HCP may return to work and discontinue masking. EHS may consider consulting with an infectious disease specialist or other expert in making this determination.</u></p> <p><u>Wear a facemask for source control in all patient care and common area of the facility (ex: breakrooms) for at least 10 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking. Perform frequent hand hygiene, especially before and after each patient encounter or contact with respiratory secretions.</u></p>	<p><u>For at least 3 days from symptom onset (first day of symptoms is day 0, making the first possible day of return to work on day 4) and at least 24 hours have passed with no fever (without using fever-reducing medicines), symptoms are improving, and they feel well enough to return to work.</u></p> <p><u>If testing is performed that renders a positive result, but the individual is asymptomatic throughout their infection, HCP should not return to work until at least 3 days have passed since their first positive test.</u></p>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
<u>Viral Respiratory Infections, Acute Exposure</u>	<u>No work restriction</u> <u>Recommended to wear a facemask for 10 days from exposure date</u> <u>Monitor for symptoms. If symptoms begin, contact leader and employee health services.</u>	
<u>Zoster (Shingles)</u>		
<u>Active (disseminated herpes zoster or for immunocompromised HCP with localized herpes zoster until disseminated disease has been ruled out)</u>	<u>Exclude from work</u>	<u>Until all lesions have dried and crusted</u>
<u>Active (immunocompetent HCP who have localized herpes zoster and for immunocompetent HCP who have localized herpes zoster and have had disseminated disease ruled out)</u>	<u>Cover all lesions and when feasible, exclude from direct care of patients at high risk for severe varicella</u> <u>If lesions cannot be covered (ex: hands/face), exclude from work</u>	<u>Until all lesions are dried and crusted</u> <u>Until all lesions have dried and crusted</u>
<u>Postexposure to disseminated or localized herpes zoster (asymptomatic HCP with evidence of immunity to varicella)</u>	<u>Not necessary</u> <u>Postexposure prophylaxis not necessary</u> <u>Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure</u>	
<u>Postexposure to disseminated or localized herpes zoster (asymptomatic HCP without evidence of immunity to varicella)</u>	<u>Exclude from work</u> <u>Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm</u> <u>Work restrictions are not necessary for</u>	<u>From the 8th day after first exposure through 21st day after last exposure; if varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from the 8th day after first exposure through the 28th day after the last exposure</u>

<u>Disease/Problem</u>	<u>Work Restriction</u>	<u>Duration</u>
	<p><u>HCP who received one dose of the varicella vaccine prior to exposure if they receive the second dose of vaccine within 5 days after exposure</u></p> <p><u>Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure</u></p>	

POLICY/GUIDELINE

Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations).

Hepatitis B — Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures — Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	No restriction (unless epidemiologically linked to transmission of infection), refer to state regulations; standard precautions should always be observed Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations	Until hepatitis B e antigen is negative
Hepatitis C	No restriction. Use Standard Precautions	
Herpes Simplex — Genital — Hands (herpetic whitlow) — Orolabial	No restriction Restrict from patient contact and contact with the patient's environment Evaluate for need to restrict from care	Until lesions heal Until lesions heal

	of high-risk patients	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker; standard precautions should always be observed; refer to state regulations	
Measles		
— Active	Exclude from work	Until 7 days after the rash appears
— *Postexposure (susceptible personnel)	Exclude from work	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears
Meningococcal Disease		
— Active (personnel with invasive N. meningitidis disease)	Exclude from work	Until 24 hours after the start of effective antimicrobial therapy
— Carrier state (personnel who only have nasopharyngeal carriage of N. meningitidis)	Not necessary	
— Postexposure (regardless of vaccination status)	Administer antimicrobial prophylaxis and exclude potentially infectious personnel from work	Consult with local and state health authorities for guidance
Mumps		
— Active	Exclude from work	Until 9 days after onset of parotitis
— Postexposure (susceptible personnel)	Exclude from work	From the 12 th day after 1 st exposure through 26 th day after last exposure or until 9 days after onset of parotitis
Pertussis		
— Active (symptomatic personnel known or suspected)	Exclude from work	For 21 days from onset of cough, or until 5 days after the start of effective antimicrobial therapy
— Postexposure asymptomatic	Administer postexposure prophylaxis	

<p> — personnel who are likely to interact with persons at increased risk for severe pertussis (regardless of vaccination status) </p> <p> — Postexposure asymptomatic personnel who are NOT likely to interact with persons at increased risk for severe pertussis (regardless of vaccination Status) </p> <p> — Postexposure asymptomatic personnel who have preexisting health conditions that may be exacerbated by a pertussis infection (regardless of vaccination status) </p>	<p> and work restrictions are not necessary regardless of their risk for interaction with persons at increased risk for severe pertussis. </p> <p> If not receiving postexposure prophylaxis restrict from contact (e.g., furlough, duty restriction, or reassignment) with patients and other persons at increased risk for severe pertussis </p> <p> Administer postexposure prophylaxis OR implement daily monitoring 21 days after the last exposure for development of signs and symptoms of pertussis. No work restrictions </p> <p> Administer postexposure prophylaxis and work restrictions are not necessary regardless of their risk for interaction with persons at increased risk for severe pertussis </p>	<p> For 21 days after the last exposure </p>
<p>Rabies</p> <p> — Active infection (suspected or confirmed) </p> <p> — Postexposure asymptomatic Personnel </p>	<p> Exclude from work </p> <p> Not necessary </p>	<p> Consult federal, state, and local public health authorities for duration </p> <p> Administer postexposure prophylaxis in accordance with CDC and APIC recommendations and in consultation with federal, state, and local public health authorities </p>
<p>Scabies</p>	<p> Restrict from patient contact </p>	<p> Until cleared by medical evaluation </p>
<p>Staphylococcus aureus infection</p> <p> — Active, draining skin lesions </p> <p> — Carrier State </p>	<p> Restrict from contact with patients and patient's environment, or food handling </p> <p> No restriction, unless personnel are epidemically linked to transmission of the organism </p>	<p> Until lesions have resolved </p>
<p>Streptococcus, Group A</p>		

<p>— Active infection (known or suspected)</p>	<p>Exclude from work (if possible obtain a sample from infected site)</p>	<p>Until group A Streptococcus infection is ruled out, or until 24 hours after the start of effective antimicrobial therapy, provided that any draining skin lesions can be adequately contained and covered. For draining skin lesions that cannot be adequately contained or covered (e.g., on the face, neck, hands, wrists), exclude from work until the lesions are no longer draining.</p>
<p>— Streptococcus, Group A postexposure</p>	<p>Not necessary</p>	
<p>— Streptococcus Group A Colonization, (known or suspected if personnel are not linked to transmission of the organism in the healthcare setting, if they are see below)</p>	<p>Not necessary</p>	
<p>— Streptococcus Group A Colonization, (personnel who are epidemiologically linked to transmission of the organism in the healthcare setting)</p>	<p>Exclude from work</p>	<p>Until 24 hours after the start of effective antimicrobial therapy AND administer chemoprophylaxis in accordance with CDC recommendations AND obtain a sample from the affected site for group A Streptococcus testing 7 to 10 days after completion of chemoprophylaxis; if positive, repeat administration of chemoprophylaxis and again exclude from work until 24 hours after the start of effective antimicrobial therapy.</p>
<p>Tuberculosis</p> <p>— Active disease</p>	<p>Exclude from work</p>	<p>Until proved noninfectious. Staff who have current TB at a site other than the lung shall be allowed to work as recommended by their personal physician until sputum is free of acid-fast bacillus on 3 consecutive smears obtained on separate days or until sputum cultures show no growth.</p>
<p>— PPD Converter</p>	<p>No restriction</p>	
<p>Varicella</p> <p>— Active</p>	<p>Exclude from work</p>	<p>Until all lesions dry and crust</p>
<p>— Postexposure (susceptible personnel)</p>	<p>Exclude from work</p>	<p>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last</p>

		exposure
Zoster		
— Localized, in healthy person	Cover lesions; restrict from care of high-risk patients (neonates and immunocompromised persons at any age)	Until all lesions dry and crust
— Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust
— Postexposure (susceptible personnel)	Restrict from patient contact	From 10 th day after 1 st exposure through 21 st day (28 th day if VZIG given) after last exposure or, if varicella occurs, until lesions dry and crust
Viral respiratory infections, acute febrile	Consider excluding from the care of high-risk patients (for complications of influenza) or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve (no fever >100.4 for 24 hours)

*presumptive evidence: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>

Special Populations: Pregnant Healthcare Personnel

Recommendations: Do not routinely exclude HCP only on the basis of their pregnancy or intent to be pregnant from the care of patients with infections that have potential to harm the fetus (ex: Cytomegalovirus (CMV), Human Immunodeficiency Virus (HIV), viral hepatitis, herpes simplex, parovirus, rubella, varicella). For additional information, refer to the Pregnant HCP section Special Populations: Pregnant Healthcare Personnel | Infection Control | CDC

PROCEDURE:

All employees with contagious/communicable diseases and conditions must be reported to Employee Health Services for determination of work status, exposure follow-up and reporting to the local health department, if applicable. - Infection Control may be notified for all contagious/communicable illnesses.

The Supervisor of the department will collaborate with Human Resources, Employee Health Services, and Infection Control (if necessary) to determine if the employee's condition interferes with their normal course of work, the work of others, or the safety of patients and visitors. The employee may be asked to see their private physician. The employee will be responsible for any financial obligation for non-work related

contagious/communicable illnesses. Any costs of lab tests required to determine the nature of the illness will be the responsibility of the employee unless it is job related.

Return-to-work documentation must be provided to Employee Health. Return-to-work documentation may be provided by the Employee Health Nurse, a physician, or the local health department when applicable.

Examples of employee illnesses that must be reported immediately are:

- a. Fever over 100.4 degrees with cough
- b. Vomiting
- c. Diarrhea (unknown origin)
- d. Respiratory infections (Group A Strep, Pneumonia, active TB, Influenza, Covid 19)
- e. Chicken Pox and Shingles
- f. Hepatitis A
- g. Open draining wounds
- h. Measles, Mumps, Rubella, or any other infectious or contagious communicable disease.

The House Supervisor will handle illnesses occurring during night or weekend work hours until Infection Control and/or Employee Health is available.

"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."

References:

Bolyard, E., Deitchman, S., Pearson, M., et al. (June 1998). *Guideline for infection control in health care personnel*. Hospital Infection Control Practices Advisory Committee. American journal of infection control; v. 23, no. 3, p. 289-354 and Infection control and hospital epidemiology; v. 19, no. 6, p. 407-63. <https://stacks.cdc.gov/view/cdc/11563>

~~1. Title : Infection control in healthcare personnel : infrastructure and routine practices for occupational infection prevention and control services~~

Centers for Disease Control and Prevention. *Summary of Recommendations from the Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2024) guideline*. Summary of Recommendations | Infection Control | CDC

Driscoll, Chelsea, CDPH. "Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections." AFL 25-01. January 10, 2025. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-01.aspx>

Personal Author(s) : Kuhar, David T.; Babcock Garrice, H Ruth M.; Brown, V. Cox, K, et al. (Updated October 22, 2024) endra; de Perio, Marie A.; Irwin, Kathleen L.; Lundstrom, Infection control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Cytomegalovirus, Diphtheria, Group A Streptococcus, Measles, Meningococcal Disease, Mumps, Pertussis, Rabies, Rubella, Varicella, and Special Populations: Pregnant Healthcare Personnel. Tammy; Overholt, Amanda D.; Roberts, Kristin Tansil; Russi, Mark; Steed, Connie; Sen, Srila; Talbot, Thomas R.; Weber, David J.; Babcock, Hilary M.;

Corporate Authors(s) : Hospital Infection Control Practices Advisory Committee (U.S.); National Center for Emerging and Zoonotic Infectious Diseases (U.S.). Division of Healthcare Quality Promotion.; National Institute of Occupational Safety and Health Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion.; Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients;

Published Date : October 2019

URL : <https://stacks.cdc.gov/view/cdc/82043>

2. Title : Guideline for infection control in health care personnel, 1998

Personal Author(s) : Bolyard, Elizabeth A.; Deitchman, Scott; Pearson, Michele L.; Shapiro, Craig N.; Tablan, Ofelia C.; Williams, Walter W.;

Corporate Authors(s) : Hospital Infection Control Practices Advisory Committee (U.S.); National Center for Infectious Diseases (U.S.); National Immunization Program (Centers for Disease Control and Prevention); National Institute for Occupational Safety and Health.;

Published Date : June 1998

Series : American journal of infection control ; v. 23, no. 3, p. 289-354; Infection control and hospital epidemiology ; v. 19, no. 6, p. 407-63;

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Approvers: Dianne Cox (Chief Human Resources Officer)	
Immunization Requirements for Health Care Workers	

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

Policy:

Healthcare Personnel (HCPs) are at risk for exposure to and possible transmission of vaccinepreventable 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.

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 or a 2-dose series of Heplisav-B. Doses will be provided at intervals recommended per current CDC guidelines.
- 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.
- HCP who are exposed to Hepatitis B antigen in the workplace, EHS 02 Employee Exposure to Bloodborne Pathogens Policy will be followed.
- Administration of more than two complete hepatitis B series is generally not recommended, except for people on hemodialysis.

Influenza Vaccine:

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

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.

- If no evidence of vaccination or positive titer, draw titer.
- For healthcare personnel who do not have serologic evidence of immunity or prior vaccination, give 2 doses of MMR (4 weeks apart). No follow up titer necessary.

Immunization Requirements for Health Care Workers

2

- 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, retesting not necessary.

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.
- For healthcare personnel who do not have serologic evidence of immunity or prior vaccination, give 2 doses of varicella (4 weeks apart). No follow up titer necessary.
- If the healthcare personnel provides proof of two documented varicella vaccinations and has a negative or equivocal titer result for varicella, it is not recommended that they receive an additional dose of varicella vaccine (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 a~~ TB test will be required every four years thereafter.
- A TB test will be administered as frequent as once a year to employees who request to have TB skin test performed more frequently than every four years.
- High-risk areas will continue to require annual TB testing (i.e. Acute Psych and Skilled Nursing Facilities).
- Upon hire, HCP will complete TB risk assessment and TB symptom questionnaire.
- 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~~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 prior to hire date, it will be accepted as #2 TB skin test. Otherwise the healthcare personnel will need a current TB skin test(s) 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 upon hire and every four years thereafter.
- HCP with untreated latent TB will complete annual TB symptom questionnaire.
- TB education will be provided annually to HCP.

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 they are declining. This information will be recorded in their Employee Health record. □
For HCP's declining influenza vaccine refer to policy EHS 05: Influenza Prevention for process to decline influenza vaccine
- For HCP's declining Tdap vaccine refer to EHS 07: Tdap Policy for Healthcare Personnel for process to decline Tdap vaccine

Immunization Requirements for Health Care Workers

3

- For HCP's declining Covid vaccination refer to Covid 36: Team Member Covid-19 Vaccination Policy for process to decline Covid vaccine

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/rr6007.pdf>)

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>)

"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."