



February 8, 2024

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Human Resources Committee meeting at 4:00 PM on February 14, 2024 in the Kaweah Health Medical Center Executive Offices Conference Room – 305 W. Acequia Avenue – Acequia Wing, Visalia, CA.

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 entry corridor between the Mineral King lobby and the Emergency Department waiting room.

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

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer

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

Cindy Moccio  
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
<http://www.kaweahhealth.org>



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

Wednesday, February 14, 2024

Kaweah Health Medical Center  
305 W. Acequia Avenue, Executive Office Conference Room (1<sup>st</sup> Floor)

ATTENDING: Directors: Lynn Havard Mirviss (chair) & Ambar Rodriguez; Gary Herbst, CEO; Keri Noeske, Chief Nursing Officer, Dianne Cox, Chief Human Resources Officer, Brittany Taylor, Director of Human Resources, Raleen Larez, Director of Employee Relations, Hannah Mitchell, Director of Organizational Development, JC Palermo, Director of Physician Recruitment; April McKee, Director of Medical Staff Services; Lori Winston, M.D.; Amy Shaver, Director of GME; Thomas Gray, M.D., Chief Medical Officer

1. **OPEN MEETING – 4:00 PM**
2. **CALL TO ORDER** – *Lynn Havard Mirviss*
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or [cmoccio@kaweahhealth.org](mailto:cmoccio@kaweahhealth.org) to make arrangements to address the Board.
4. **PHYSICIAN RECRUITMENT** – Overview and discussion of the monthly physician recruitment report.  
*JC Palermo, Director of Physician Recruitment/Relations*
5. **KAWEAH CARE CULTURE INITIATIVES** –. Discuss Kaweah Care Ideal Work Environment, Ideal Practices Environment and updates relative to current and proposed initiatives.  
*Dianne Cox, Chief Human Resources Officer*
6. **HUMAN RESOURCES POLICIES** – Review of the following Human Resources policies as reviewed and recommended to be presented to the Board for approval:
  - a. EHS.01 – Infection Prevention Guidelines for Pregnant Healthcare Workers – Revised
  - b. EHS.02 - Employee Exposure to Bloodborne Pathogens - Revised
  - c. EHS.08 – Employee Health Standing Orders – Revised

- d. EHS.11 - Immunization Requirements for Health Care Workers – Revised
- e. EHS.13 – Respiratory Protection Program – Revised
- f. HR.03 – Just Culture Commitment – Revised
- g. HR.04 – Special Pay Practices – Revised
- h. HR.36 – New Hire Processing – Revised
- i. HR.46 – Orientation of Kaweah Delta Personnel – Revised
- j. HR.47 – Professional Licensure and Certification – Revised
- k. HR.49 – Education Assistance – Revised
- l. HR.66 – Payroll Deductions – Revised
- m. HR.75 – Differential Pay-Shift, Holiday and Weekend – Revised
- n. HR.80 – Docking Staff – Revised
- o. HR.128 – Employee Benefits Overview – Revised
- p. HR.147 – Pregnancy Disability Leave of Absence – Revised
- q. HR.200 – Drug Free Workplace and Drug/Alcohol Testing – Revised
- r. HR.216 – Progressive Discipline – Revised
- s. HR.234 – Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014 – Revised
- t. HR.242 – Personal Medical Leave – Revised

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

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

**Physician Recruitment and Relations**  
*Medical Staff Recruitment Report - February 2024*

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456  
 Date prepared: 2/5/2024

Valley Children's Health Care	
Maternal Fetal Medicine	2
Neonatology	1
Pediatric Cardiology	1
Pediatric Hospitalist	1

Delta Doctors Inc.	
Family Medicine	2
OB/GYN	1
Adult Psychiatry	1

Key Medical Associates	
Endocrinology	1
Family Medicine/Internal Medicine	4
Gastroenterology	1
Pediatrics	1
Pulmonology	1
Rheumatology	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Orthopaedic Associates Medical Clinic, Inc.	
Orthopedic Surgery (General)	1
Orthopedic Surgery (Hand)	1
Orthopedic Surgery (Trauma)	1

Stanford Health Care	
Cardiothoracic Surgery	2

Sequoia Cardiology Medical Group	
EP Cardiology	1

Oak Creek Anesthesia	
Anesthesia - General/Medical Director	1
Anesthesia - Obstetrics	1
Anesthesia - Regional Pain	1

USC Urology	
Urology	3

Valley Hospitalist Medical Group	
GI Hospitalist	1

Other Recruitment/Group TBD	
Dermatology	2
Family Medicine	3
Gastroenterology	2
Hospice & Palliative Medicine	1
Neurology - Outpatient	1
Otolaryngology	2
Pediatrics	1
Pulmonology - Outpatient	1
Interventional Cardiology	1
General Cardiologist	1

Valley ENT	
Audiology	1
Otolaryngology	1

**Physician Recruitment and Relations**

*Medical Staff Recruitment Report - February 2024*

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456

Date prepared: 2/5/2024

Candidate Activity	#	Specialty	Group	Date Added	Current Status
	1	Occupational Medicine	TBD	2/2/2024	Prescreen call scheduled
	2	Orthopedic Trauma	Orthopaedic Associates Medical Clinic, inc	2/2/2024	Prescreen call scheduled
	3	Orthopedic Sports	Orthopaedic Associates Medical Clinic, inc	2/2/2024	Prescreen call pending
	4	Orthopedic Hand	Orthopaedic Associates Medical Clinic, inc	2/2/2024	Prescreen call pending
	5	Gastroenterology	TBD	2/2/2024	Precreen call pending
	6	EP Cardiologist	TBD	2/2/2024	Prescreen call pending
	7	Vascular Surgery	South Valley Vascular	1/22/2024	Currently under review
	8	Geriatrician	Key	1/9/2024	Site Visit: 1/24/24
	9	General Surgery	TBD	1/9/2024	Site Visit: Scheduling
	10	General Surgery	TBD	1/9/2024	Site Visit: 2/1/24
	11	Pulmonology	TBD	1/9/2024	Currently under review
	12	Pulmonology	TBD	1/9/2024	Site Visit: 2/16/24
	13	ENT	TBD	11/1/2023	Currently under review
	14	General Cardiology	TBD	11/1/2023	Currently under review
	15	Gastroenterology	TBD	9/25/2023	Currently under review
	16	EP	TBD	9/11/2023	Currently under review
	17	Family Medicine	TBD	6/21/2023	Currently under review
	18	Family Medicine	TBD	6/21/2023	Currently under review
19	Orthopedic Trauma	Orthopaedic Associates Medical Clinic, inc	8/18/2022	Currently under review	

Offer Extended	#	Specialty	Group	Offer Sent
	1	OBGYN	Visalia OBGYN	TBD
	2	Cardiothoracic Surgery	Stanford	12/20/2024
	3	Occupational Med	Direct/1099	2/2/2024
	4	Neurology	Kaweah Nerology	1/4/2024
	5	Psychiatry	TBD	12/5/2023
	6	Neurology	Kaweah Nerology	11/8/2023
	7	Family Medicine	Direct/1099	11/7/2023
	8	Family Medicine	Direct/1099	11/2/2023
	9	Interventional Cardiology	TBD	9/25/2023
	10	Family Medicine	Direct/1099	9/14/2023
11	Medical Oncology	Sequoia Oncology Medical Associates	9/1/2023	

Offer Accepted	#	Group	Offer Sent	Expected Start Date
	1	Anesthesia - General	Oak Creek Anesthesia	Spring 2024
	2	CRNA	Oak Creek Anesthesia	Spring 2024
	3	CRNA	Oak Creek Anesthesia	Spring 2024
	4	CRNA	Oak Creek Anesthesia	Spring 2024
	5	Orthopedic Trauma	Orthopaedic Associates Medical Clinic	Summer 2024
	6	Hospice & Palliative Medicine	Independent	Summer 2024
	7	CRNA	Oak Creek Anesthesia	TBD
	8	Endocrinology	Direct/1099	Pending Credentialing
9	Radiation Oncology	SROSI	Summer 2024	

# Kaweah Care

Employee Engagement and  
Experience

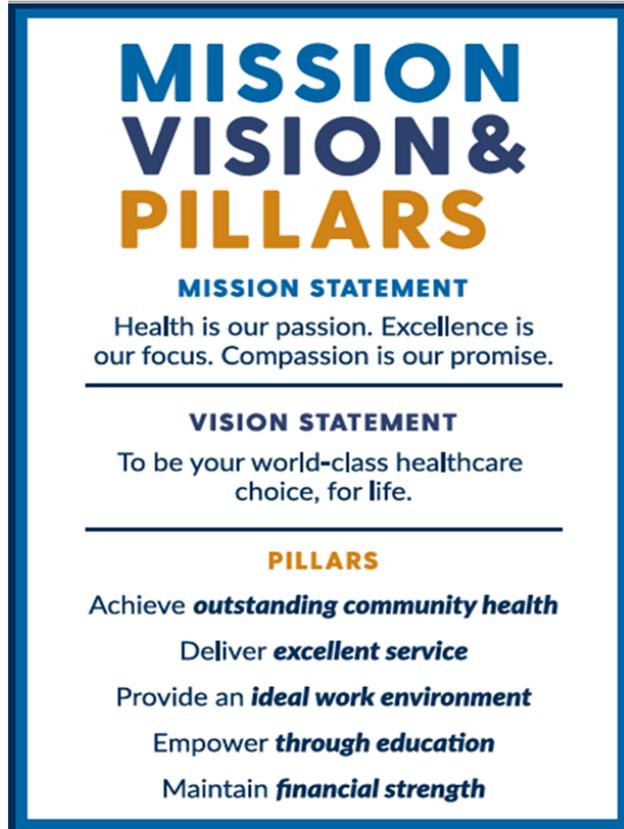
*February 2024 Update*



[kaweahhealth.org](https://kaweahhealth.org)



# Starting with the Why



**MISSION  
VISION &  
PILLARS**

**MISSION STATEMENT**  
Health is our passion. Excellence is our focus. Compassion is our promise.

**VISION STATEMENT**  
To be your world-class healthcare choice, for life.

**PILLARS**

- Achieve **outstanding community health**
- Deliver **excellent service**
- Provide an **ideal work environment**
- Empower **through education**
- Maintain **financial strength**

The mission articulates Kaweah Health's fundamental purpose both within our organization and for our community.

Our vision statement is what we aspire to be for our community and sets the future path and framework in our strategic planning.

In order to achieve our mission and vision, our pillars must support us.

# Employee Engagement and Experience – July to Jan

- 7/10 - 9/30: Introduction of Common Review Date/Merits
- 8/11: Launch of Just Culture Scenario Reviews
- 8/18 : Kaweah Health Rawhide Night
- 9/15: Movie Night at the Fox
- 9/16 - 10/5: Visalia Corporate Games
- 10/2 - 10/16: Kaweah Care Pulse Survey
- 10/2: Leader Learning Path launch
- 10/6: Schwartz Rounds
- 10/6 - 10/31: Breast Cancer Awareness
- 10/23: Launch of quarterly CEO Luncheons
- 10/30 - 10/31: Halloween Dress Up
- 10/31: Pumpkin/witch hat contest
- 11/1 - 11/20: Open Enrollment
- 11/10: Honoring Veterans Grab N Go Breakfast
- 11/15: Leadership Academy launch
- 11/15 - 11/17: Cobbler and Ice Cream
- 11/17: Just Culture Scenario Review
- 12/1: Schwartz Rounds Session
- 12/6 - 12/8: Holiday Meal and Giveaway
- 31 days of Holiday Giving
- December: Holiday Tree Decorations
- December: Community Giving Drive
- 1/1 - 1/31: 31-day Hydration Challenge
- 1/14: Dress Up Your Pet Photos

# Employee Engagement and Experience – Feb

- 2/1 -2/29: Red Fridays & Red Fridays Shirt
- 2/2: Schwartz Rounds
- 2/5: Return of In-seat General Orientation
- 2/11 - 2/13: Super Bowl Menu
- 2/14: The ART of HEART CARE Art Show
- 2/14: ET Rounding with Candy
- 2/28: Leadership Academy Cohort 2 Kickoff
- Ongoing
  - Reintroducing Soles for Our Souls
  - JWD Department Connection Events
  - Team/Logo Fridays
  - Kaweah Care Recognitions
  - Employee of the Month
  - Kaweah Shares
  - Service Awards
  - Coming Soon – Kaweah Engagement & Enrichment Program (KEEP)



**Share Your Talent!**

at the **ARTofHEART CARE**  
**ART SHOW**

February 14 • 10:30 AM to 3:00 PM • Acequia Wing

Submit artwork to Human Resources, First Floor, SSB building by Monday, February 12th at 3 PM.

All expressions of art and craft are welcome, including but not limited to paintings, drawings, photos, knitting, embroidery, and poetry. This event is open to team members, volunteers, providers and family members. For details on how to enter, contact EmployeeConnection@KaweahHealth.org

Stop by to view the work, grab a treat (while they last) and take a photo with our festive back drop.



**Kaweah Health**  
MORE THAN MEDICINE. LIFE.



*Key resources to help unlock personal and professional success*

# Save the Date



- Residents Week: 3/4 - 3/8
- Doctors Day: 3/30
- Nurses Week: 5/6 – 5/12
- Hospital Week: 5/13 – 5/19
- Starlight Awards: 5/15

# Employee Surveys



**KAWEAH CARE**  
EMPLOYEE ENGAGEMENT SURVEY

## PRIZES!

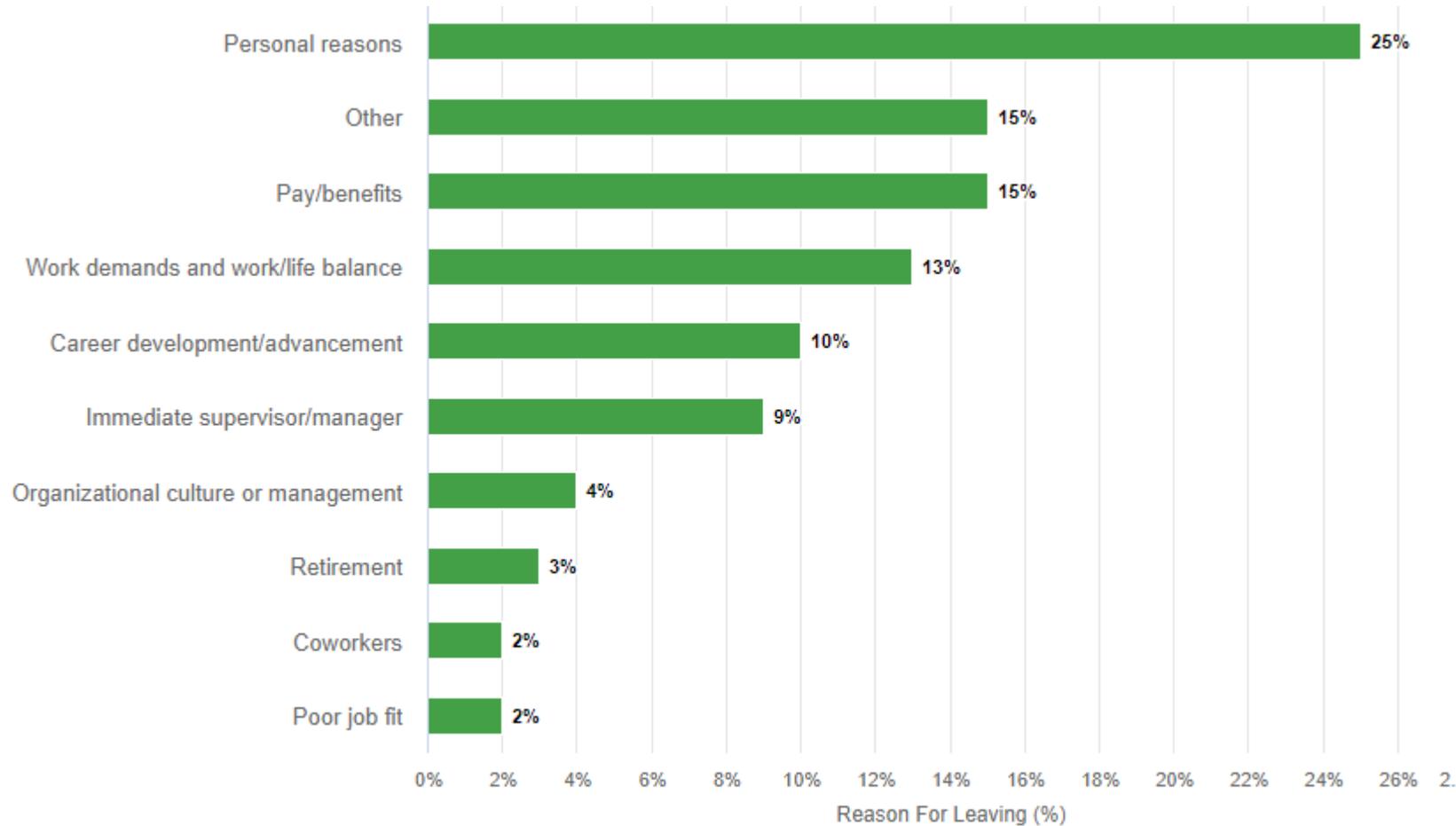
Gift basket opportunity  
drawing every day

Additional prize  
drawings for  
each workgroup  
that reaches 90%  
participation!



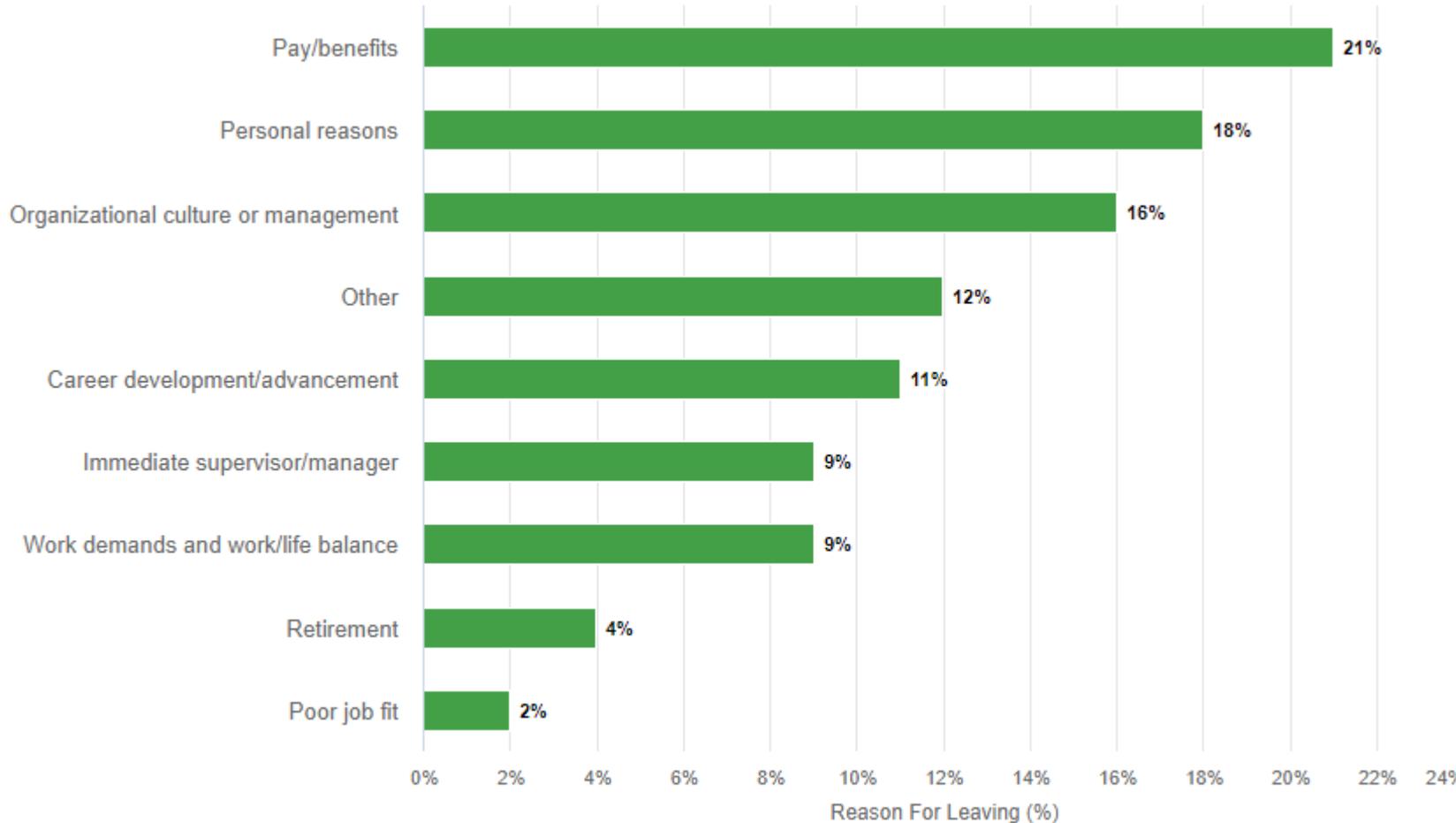
- Employee Engagement Survey: June
- Kaweah Care Pulse: July
- Switching to quarterly stay surveys
- Exit survey data available (pending ET comment filter)
- Onboarding (30-day) and acclimation (90-day) coming soon

# Exit Survey FY23



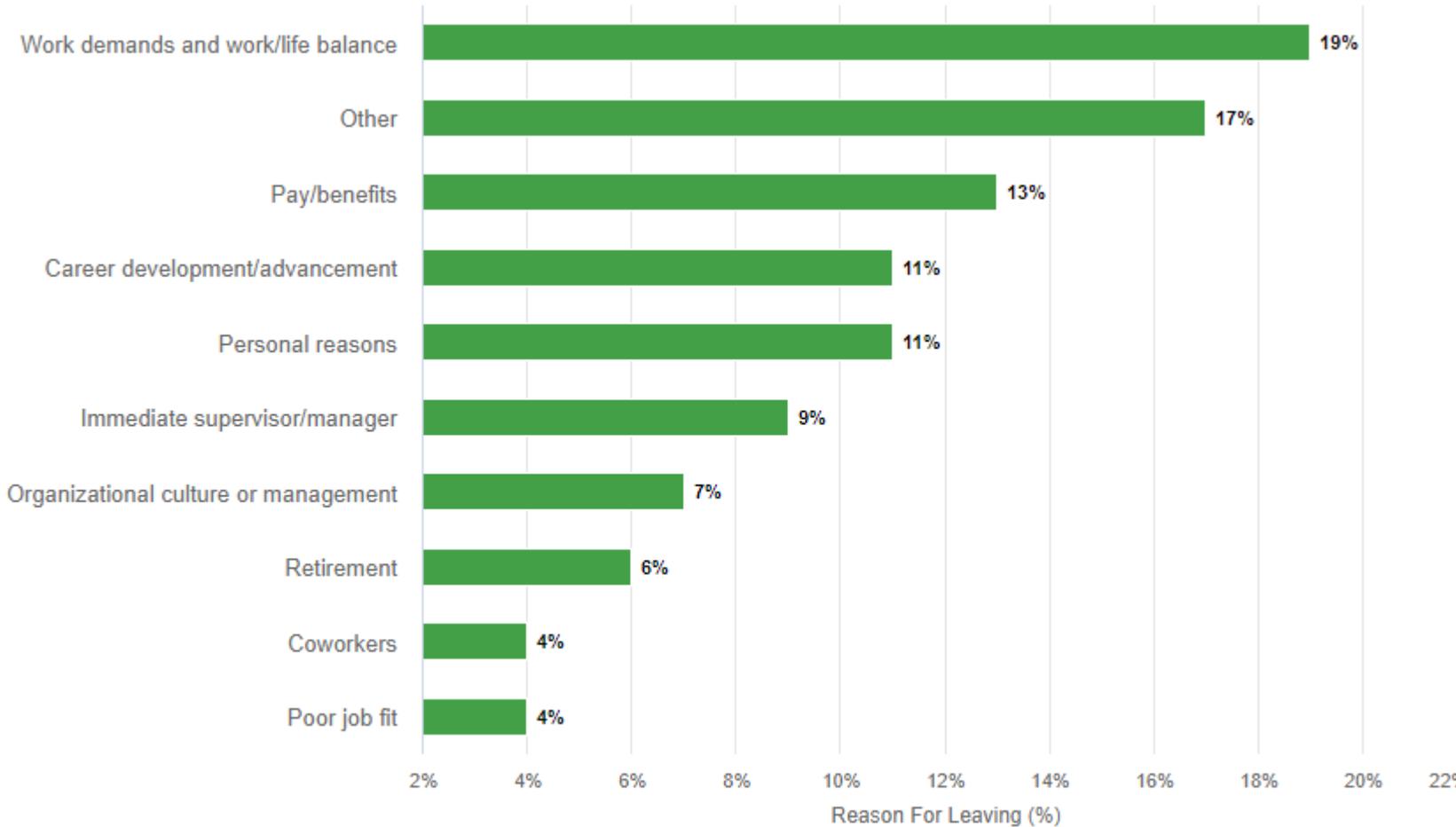
Invited 849  
Responded 298  
Response Rate 35%

# Exit Survey FY24 Q1



Invited 232  
Responded 59  
Response Rate 25%

# Exit Survey FY24 Q2



Invited 205  
Responded 54  
Response Rate 26%

# Kaweah Care Pulse Survey Results

Dimensions

↑ Performance Score    ● Unfavorable    ● Neutral    ● Favorable

I am familiar with *Kaweah Care*.

4.36



*Kaweah Care* is how we make our patients/customers feel.

4.22



*Kaweah Care* is how we make our coworkers feel.

4.13



My unit/department has a *Kaweah Care* culture.

4.08



*Kaweah Care* is how we feel as employees.

3.92



Kaweah Health has a *Kaweah Care* culture.

3.88



*Kaweah Care* is how our community feels about us.

3.81



# Proposed Kaweah Care Branding



World-Class Experiences.  
Every Person, Every Time.

# Kaweah Care Training

- General Orientation
- Workplace Culture MAT
- May Education



[kaweahhealth.org](http://kaweahhealth.org)    



[kaweahhealth.org](http://kaweahhealth.org)



# KHU Emerging Leaders Program

- 3-month program launches April
- Offered quarterly
- One 8AM -12PM one session a month
- Up to 26 per cohort
- ET selection for division
- Leveraging some of the content we created for Leadership Academy, and blending in some new targeted topics like influencing without authority and interview prep



# Employee Engagement & Experience Committee

## Initial Areas of Focus:

- Creating a Charter
- Reviewing Retention Committee Progress
- Kaweah Care Commitments
- Kaweah Engagement & Enrichment Program Development (KEEP)
- Wellness Initiatives
- Leadership Team Meeting Cascading



**Kaweah Health**  
MORE THAN MEDICINE. LIFE.

f y t i KaweahHealth.org

The quality of Kaweah Health is judged by the quality of its team. To ensure that we consistently maintain high standards of quality that our patients deserve, all employees, physicians, and volunteers are expected to adhere to the following Behavioral Standards of Performance.

### Behavioral Standards of Performance

#### Compassionate Service

We are a service organization, serving our patients and each other. We value all people at Kaweah Health by focusing on and being sensitive to their emotional, spiritual, social, and cultural needs. Quality care and service are always delivered with compassion, respect, and attention to detail to exceed the needs of those we serve.

- Introduces self and always greet others warmly with a smile.
- Responds in a timely manner to patients, customers, and colleagues (for example, call lights, voicemails, and emails).
- Checks on patients and customers regularly to ensure they feel cared for and valued.
- Communicates with others in the way they prefer (for example, using Mrs. Smith until given permission to address them less formally).
- Communicates nicely and respectfully in speech and writing, including telephone, email, and text.
- Closes conversations with "Is there anything else I can do for you?"
- Has effective interactions with people regardless of status or position.
- Offers sincere apologies for inconveniences.
- Honors a quiet environment. Keeps personal conversation out of hearing of patients, visitors, and guests.

#### Commitment to Colleagues

We are committed to working as a team with all of our colleagues and recognize that helping each other results in a higher quality of care than we could have provided as individuals.

- Treats everyone professionally; recognizes that each of us has an area of expertise.

- Looks beyond assigned tasks and offers help where needed.
- Recognizes others when someone goes above and beyond.
- Is loyal to colleagues and the mission of Kaweah Health.
- Inspires confidence in the abilities of team members by managing up.
- Creates a supportive environment free from bullying, gossip, profane language, hostility, or unprofessional or inappropriate behaviors that cause disruption in the environment.

#### Personal Ownership

We are committed to maintaining a professional environment, which reflects respect for those we serve and instills trust, confidence, and goodwill. We take pride in our role, facility, and the services we provide to our community.

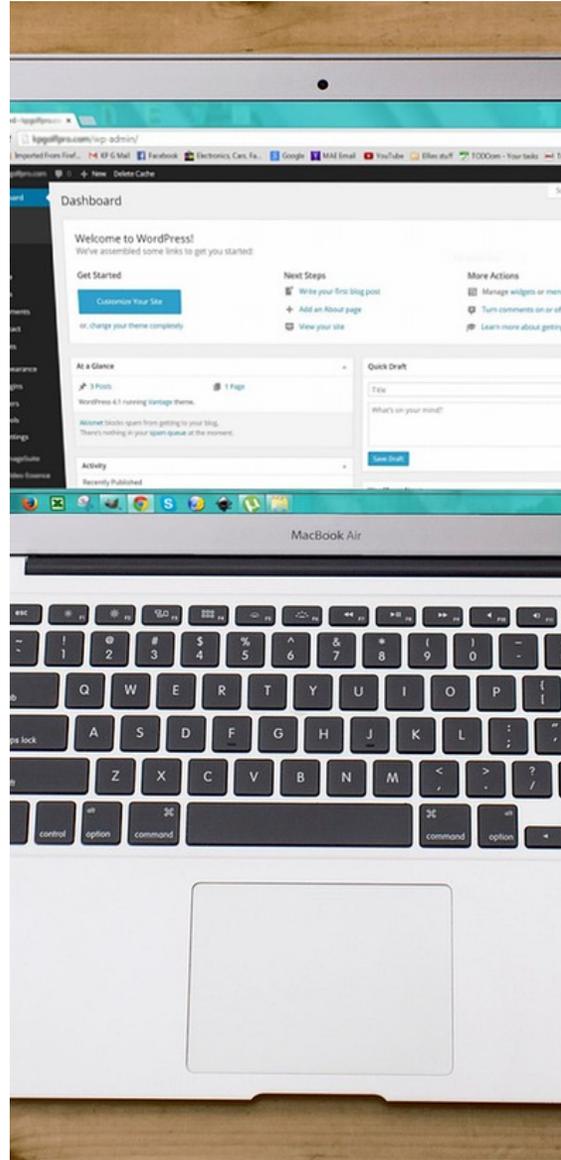
- Takes personal ownership of ourselves and the workplace; demonstrates a professional image at all times by respecting each other, property, and our values.
- Knows and understands the responsibilities of position; takes charge of and accepts these responsibilities.
- Strives to do the job right the first time by doing what is right for those we serve.
- Completes self-evaluation for annual performance review on time.
- Dresses professionally for role and in alignment with policy, knowing that a confident, professional image is essential (for example, wears ID Badge that is in good condition, chest high, and in view).
- Owns our environment and takes the initiative to keep our facilities neat and clean.



# **Kaweah Care Physician Experience Initiatives**



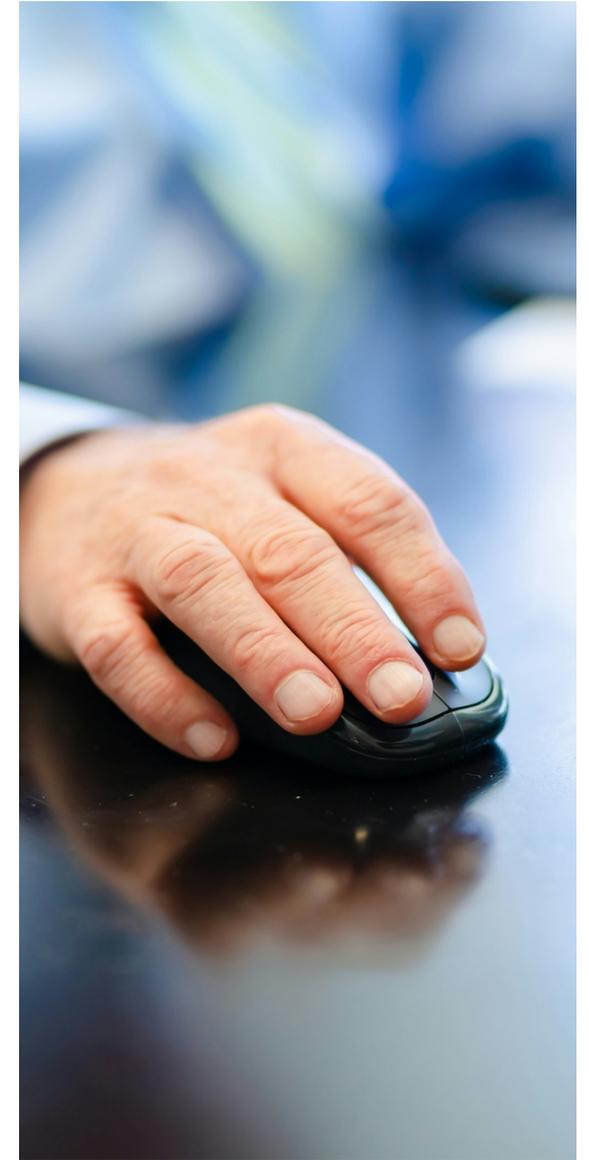
Team Rounds



Dedicated workspace



Onboarding & mentoring



Center Optimization

Discharges Before Noon by Nurse Unit

Month of Discharge Date

% of Total Count of Mig..



Unit Group	Loc Nurse Unit	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23
Med/Surg	KHMC 1E Emergency Room ...	25.0%	22.7%	37.5%	35.7%		25.0%	25.0%	25.0%	57.1%	50.0%		50.0%	57.1%
	KHMC 2N Medical Surgical	11.0%	14.5%	11.4%	8.2%	13.7%	12.4%	12.4%	16.7%	7.1%	10.2%	11.9%	13.8%	14.2%
	KHMC 2S Medical Surgical	7.2%	5.7%	9.4%	12.2%	13.0%	17.9%	19.7%	12.8%	12.1%	6.5%	14.1%	11.3%	8.5%
	KHMC 3N Medical Surgical	13.0%	11.7%	16.3%	11.3%	11.3%	12.2%	10.1%	17.0%	17.0%	12.2%	12.9%	16.7%	7.7%
	KHMC 3S Medical Surgical	7.8%	12.7%	11.6%	8.7%	12.0%	15.2%	12.3%	10.3%	14.6%	10.3%	10.6%	8.6%	15.2%
	KHMC 4N Medical Surgical	5.4%	7.4%	6.7%	9.8%	4.5%	5.0%	5.1%	7.5%	5.7%	4.6%	11.5%	9.9%	9.8%
	KHMC 4S Medical Surgical	13.9%	14.4%	17.9%	9.2%	6.8%	6.8%	6.4%	9.7%	8.9%	8.1%	6.5%	6.5%	8.3%
	KHMC 14 Medical Surgical	8.1%	7.6%	8.6%	8.6%	8.3%	2.7%	3.3%	4.7%	6.5%	11.2%	7.1%	6.7%	9.6%
	KHMC BP Broderick Pavilion	23.9%	21.7%	14.8%	18.6%	23.5%	14.6%	21.5%	15.5%	20.8%	14.7%	17.0%	25.6%	19.1%
KHMC PE Pediatrics				11.1%										
ICU	KHMC 3W ICCU	21.7%	20.0%	45.5%	21.2%	35.3%	28.6%	24.0%	13.3%	19.0%	13.0%	21.1%	29.2%	19.4%
	KHMC 15 ICCU	15.2%	10.7%	8.8%	8.6%	22.2%	18.3%	13.3%	17.9%	3.4%	11.9%	13.0%	15.0%	8.6%
	KHMC CV Intensive Care	14.0%	13.5%	14.8%	12.5%	7.1%	7.1%	23.5%	35.3%	15.4%	21.4%	25.8%	15.8%	
	KHMC IC Intensive Care	34.6%	18.2%	23.3%	29.0%	7.5%	7.5%	31.3%	6.7%	21.7%	27.3%	25.0%	13.6%	



Discharges Before Noon by Nurse Unit Calendar Year

Discharge Date

Count of Mig..

Unit Group	Loc Nurse Unit	2022	2023
Med/Surg	KHMC 1E Emergency Room Overflow	25.0%	34.0%
	KHMC 2N Medical Surgical	11.0%	12.2%
	KHMC 2S Medical Surgical	7.2%	12.3%
	KHMC 3N Medical Surgical	13.0%	13.1%
	KHMC 3S Medical Surgical	7.8%	11.9%
	KHMC 4N Medical Surgical	5.4%	7.3%
	KHMC 4S Medical Surgical	13.9%	9.0%
	KHMC 14 Medical Surgical	8.1%	7.0%
	KHMC BP Broderick Pavilion	23.9%	19.1%
KHMC PE Pediatrics		11.1%	
ICU	KHMC 3W ICCU	21.7%	24.0%
	KHMC 15 ICCU	15.2%	12.4%
	KHMC CV Intensive Care	14.0%	19.0%

Discharges Before Noon by Month

Discharge Date

% of Total Count of Mig..

Month of Discharge D..	2022	2023
January		12.5%
February		13.4%
March		11.1%
April		12.0%
May		11.3%
June		11.1%
July		12.5%
August		11.3%
September		10.4%
October		11.6%
November		12.7%
December	12.0%	12.1%

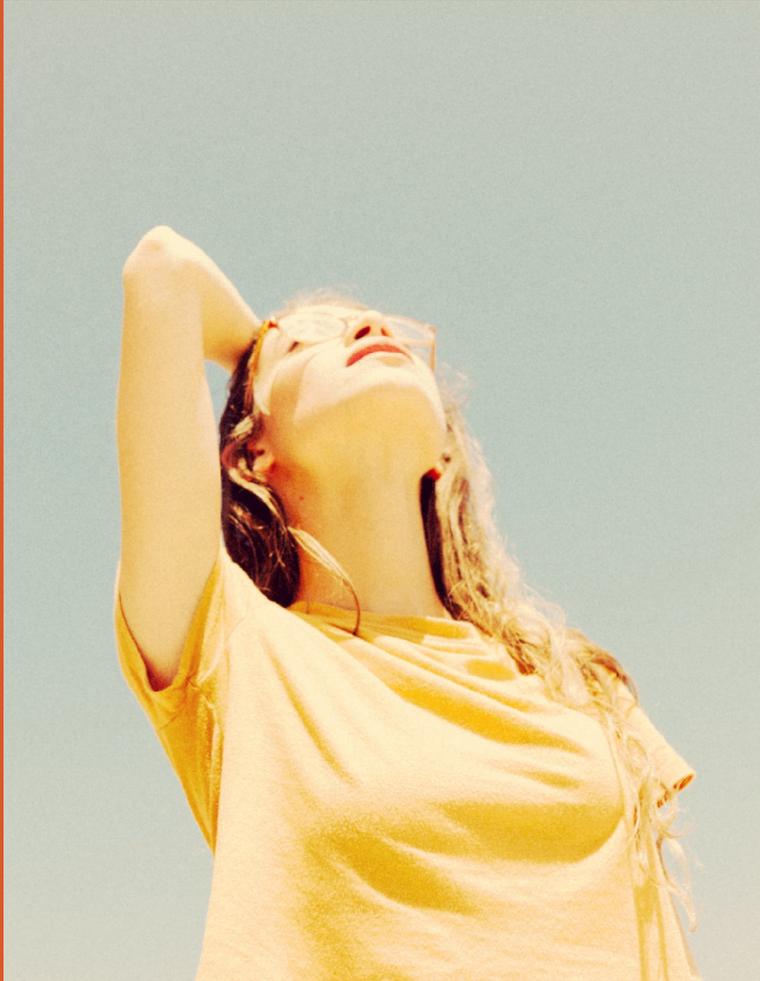
# Dedicated Workspace

- # WOWs dedicated to GME teams
- 5T Triangular workspace / physician workroom
- Library Space
- Med Staff Lounge restoration
- Add workstations in Broderick old patient library
- Surgery Locker Room - next FY



# Onboarding Mentoring

Survey to Med Staff who have joined since 2013 ; Consider 60 day / 90 day check-ins to see how they are doing



Survey: What would have been helpful during onboarding?

- Prof headshots
- EMR training
- Intro to community resources
- Help w/ housing
- Facility tours
- Meet with Kaweah leaders
- Other



Faculty Development query



Comment field

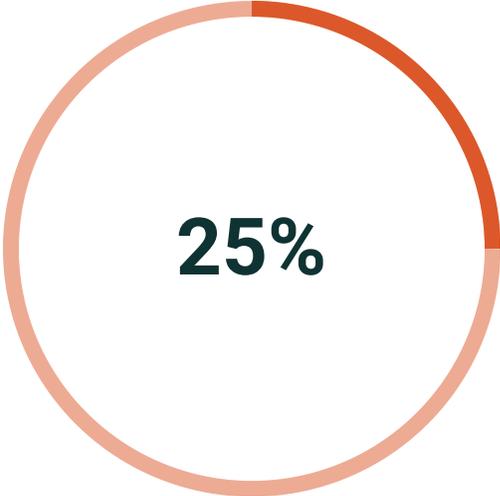


Work to increase Resident Stay Opportunities

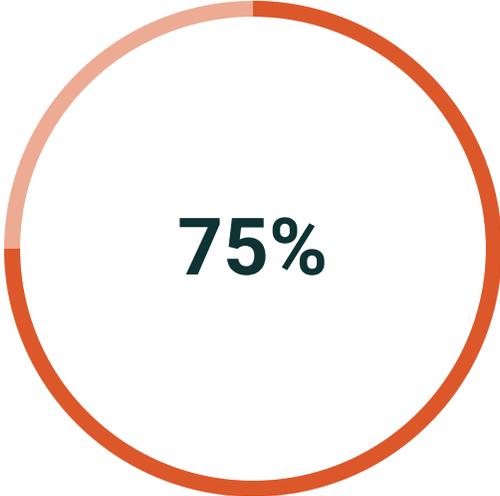
# Cerner Optimization

MEC endorses increased use of Cerner messaging. ISS to reach out to any provider who has "Never Logged In" and set it up for them. Measures: Overall # of users & messages sent / # of Active Users that ISS will send to MEC

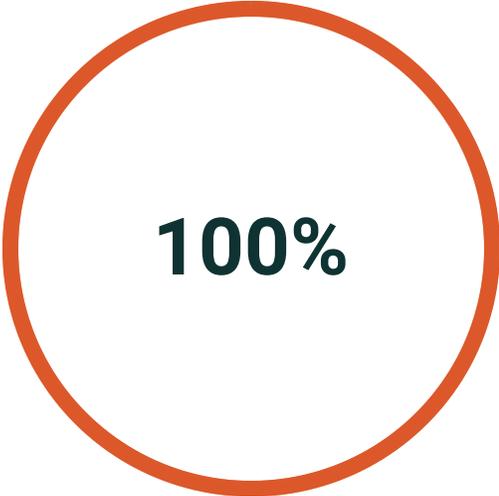
Move the needle to decrease time spent in Cerner with at-the-elbow support on easier ways to do things



Medical Staff



Nursing



Residents

# Kawah Health Physician Experience Team:

Expand group to include  
representatives for each initiative

Meet Monthly

MD / Staff Experience Champion /  
Director of Wellness



The End

Policy Number: EHS 01	Date Created: 09/26/2023
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Approved Yet
Approvers: Dianne Cox (Chief Human Resources Officer)	
<b>Infection Prevention Guidelines for Pregnant Healthcare Workers</b>	

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

**Policy:**

Pregnant women working with or exposure to certain bacteria, viruses, or other infectious agents could increase their chances of having a miscarriage, a baby with a birth defect, or other reproductive problems. Certain diseases are detrimental to the development of an unborn child. Therefore, pregnant women must be protected from the transmission of these diseases. The approach for the prevention of disease transmission is broad. These guidelines are based on CDC recommendations for pregnant Health Care Workers (HCW).

Pertinent facts to Guide to Management of Occupational Exposures to infectious agents in Pregnant Healthcare workers

Disease	Modes of Transmission	Prevention	Comments
<u>Covid-19</u> Coronavirus (Covid 19)	<u>Respiratory secretions through droplet transmission (including contact with droplets on contaminated surfaces)</u> <u>Respiratory secretions</u>	Airborne and Droplet precautions  <u>COVID-19 vaccination is recommended for all HCWs including pregnant HCWs.</u>	<u>Reassign pregnant HCW. Consider limiting exposure of pregnant HCWs to patients with confirmed or suspected Covid 19, especially during high risk procedures (ex: aerosol-generating procedures). If staffing allows, reassign pregnant HCW.</u>
Cytomegalovirus (CMV)	<u>Contact with infectious body fluids, such as urine, saliva, blood, tears, semen, vaginal secretions, and breast milk</u> <u>Urine, blood, vaginal secretions, semen and</u>	Standard precautions	<u>No additional precautions for pregnant HCW.</u>
<u>Ebola Virus</u>	<u>Ebolaviruses spread through contact (such as through broken skin or mucous membranes) with b: Blood or body fluids and through contact with objects contaminated with body fluids from of a person who is sick with or has died from Ebola disease. Ebolaviruses can remain in certain body fluids of a patient who has</u>	<u>Droplet and Control</u>	<u>Reassign pregnant HCW.</u>  <u>For any suspected or known Ebola patients, notify Infection Prevention staff Immediately; after hours ask House Supervisor/PBX to contact Infection Prevention staff on call.</u>

Disease	Modes of Transmission	Prevention	Comments
	<del>recovered from Ebola disease. Ebolaviruses also spread through contact with an infected animal (bat or nonhuman primate)</del>		
Hepatitis B	<del>Percutaneous (puncture through skin) or mucosal contact with infectious blood or and body fluids (blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, and blood visible in bodily fluids) vaginal</del>	Standard Precautions  Hepatitis B vaccine <del>strongly</del> recommended for all HCWs including pregnant HCWs. Vaccine available <del>HBIG to infant if exposure of non-immune personnel</del>	<del>No additional precautions for pregnant HCW. Hepatitis B vaccine strongly recommended for all HCWs including pregnant HCWs. Report any blood/body fluid exposure immediately to your supervisor and Employee Health. (or House Supervisor if Employee Health is closed and follow up with Employee Health</del>
Hepatitis C	<del>Percutaneous (puncture through skin) or mucosal contact with infectious infectious blood or and body fluids (blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, and blood visible in</del>	Standard Precautions	<del>No additional precautions for pregnant HCW.  Report any blood/body fluid exposure immediately to your supervisor and Employee Health. (or House Supervisor if Employee Health is closed and follow up with Employee Health on the following business day).</del>
Herpes Simplex	Contact with lesion (vesicular fluid, oropharyngeal and vaginal secretions)	Standard precautions or contact precautions depending upon severity of illness	<del>No additional precautions for pregnant HCW.</del>
HIV	<del>Percutaneous (puncture through skin) or mucosal contact with infectious blood or bodily fluids (blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, and and bodily fluid blood visible in bodily fluids) vaginal</del>	Standard precautions	<del>No additional precautions for pregnant HCW.  Report any blood/body fluid exposure immediately to your supervisor and Employee Health (or House Supervisor if Employee Health is closed and follow up with Employee Health on the following business day).</del>
Influenza	Respiratory secretions from sneezing and coughing (droplet transmission)	<del>Droplet precautions and Standard precautions</del>  Yearly influenza vaccine <del>strongly</del> recommended for all HCWs including pregnant HCWs (live attenuated influenza vaccine is not contraindicated during pregnancy)	<del>No additional precautions for pregnant HCW. Vaccination (safe during pregnancy)</del>

Disease	Modes of Transmission	Prevention	Comments
Parvovirus B19 (Fifth's Disease)	Respiratory secretions <u>from saliva, sputum, or nasal mucus</u> (droplet transmission) <del>(and rarely blood, or blood products)</del>	Droplet precautions <del>and Standard precautions</del>	<i>Reassign pregnant <u>HCW</u> <del>women</del></i>
<u>Pertussis</u>	<u>Respiratory</u> secretions from sneezing and coughing (droplet transmission)	<u>Droplet Precautions</u>  Recommended pregnant HCWs should receive a dose of Tdap during each pregnancy irrespective of prior history of receiving Tdap	<i>Reassign pregnant HCWs in their 3<sup>rd</sup> trimester, if they have not received their recommended TDAP vaccination for their current pregnancy (given in the 3<sup>rd</sup> trimester with each pregnancy).</i>
Rubella	Respiratory secretions from nasopharyngeal secretions from coughing or sneezing (droplet transmission) or contact with droplets.	Droplet precautions  Contact precautions for congenital rubella  MMR vaccine is contraindicated during pregnancy.	<i>Reassign non-immune pregnant <u>HCWs</u>. <del>employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for rubella patients until vaccination is complete. The MMR vaccine and its component vaccines should not be given to women known to be pregnant.</del></i>
Rubeola (Measles)	Direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes.	Airborne precautions  MMR vaccine is contraindicated during pregnancy.	<i>Reassign non-immune pregnant <u>employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for rubeola patients until vaccination is complete.</u> <u>HCWs</u>.</i>
Tuberculosis (Extra-pulmonary, draining lesion)	Airborne droplets from sneezing or coughing and contact with skin lesions	Airborne and contact precautions	<i>No additional precautions for pregnant HCW.</i>  Report any unprotected exposure <u>to your supervisor, employee health services, and infection prevention.</u>
Tuberculosis (Pulmonary or Laryngeal)	Airborne droplets from sneezing or coughing	Airborne precautions	<i>No additional precautions for pregnant HCW.</i>  Report any unprotected exposure <u>to your supervisor, employee health services, and infection prevention.</u>

Disease	Modes of Transmission	Prevention	Comments
Varicella (Chickenpox)	Droplet or airborne spread of vesicle fluid or secretions of the respiratory tract or by contact with vesicular lesions.	Airborne and contact precautions  Varicella vaccine is contraindicated during pregnancy.	<del>Reassign non-immune pregnant employees to avoid risk of exposure-HCWs. The non-immune HCW, pregnant or not, should not care for varicella patients.</del>  <del>Non-immune women should be</del>
Varicella Zoster (Shingles), Disseminated or localized disease in immune-compromised patient until disseminated infection is ruled out, or localized in	Droplet or airborne spread of vesicle fluid or secretions of the respiratory tract or by contact with vesicular lesions.	Airborne and contact precautions  Shingles vaccine contraindicated during pregnancy.	<del>Reassign non-immune pregnant employees to avoid risk of exposure-HCWs.</del>  <del>The non-immune HCW, pregnant or not, should not care for varicella-zoster patients. Non-immune women should be evaluated for post-exposure prophylaxis.</del>
Varicella Zoster (Shingles), localized Localized in patient with intact immune system with lesions that can be contained and/ or covered	Contact with vesicular lesions	Standard precautions  Shingles vaccine contraindicated during pregnancy.	<del>Reassign non-immune pregnant employees to avoid risk of exposure. The non-immune HCW, pregnant or not, should not care for varicella patients. Reassign to avoid risk of exposure-HCWs.</del>  <del>Non-immune women should be evaluated for post-exposure</del>

### Additional Guidelines

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

### Related Documents:

EHS 02: Employee Exposure to Bloodborne Pathogens Policy

[IP.TBP: A Transmission Based Precautions Table Policy](#)  
None

**References:**

APIC Text of Infection Control and Epidemiology; June 2014, 4th Edition, Volume 3, 104: 3-12  
CDC HICPAC reference: Bolyard, E., et.al., Guideline for infection control in health care personnel. Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee (CDC-HICPAC), 1998, pgs. 322.

<https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide-for-occupational-exposures/>

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

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

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>

<https://www.cdc.gov/niosh/topics/repro/infectious.html>

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

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

Policy Number: EHS 02	Date Created: 08/23/2016
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Approved Yet
Approvers: Dianne Cox (Chief Human Resources Officer)	
<b>Employee Exposure to Bloodborne Pathogens</b>	

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

**PURPOSE:**

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

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

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

~~The purpose of this policy is to:~~

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

**EXPOSURE DETERMINATION:**

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

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

CATEGORY I: Jobs with tasks that routinely involve exposure or potential exposure to blood, body fluids or tissues.

CATEGORY II: Jobs with tasks that do not routinely involve exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.

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

Exposure Determination:

A. The following job (employee) classifications will be included as having occupational exposure:

1. ~~All nurses~~, RN, LVN, CNA, MA, Technicians, Aides
2. Cardiopulmonary technicians
3. Environmental Services and Plant Operations employees
4. Laboratory Personnel
5. Physicians
6. Radiology ~~P~~ersonnel
7. Surgery Personnel
8. Physical Therapy Personnel
- ~~8-9.~~ Emergency Personnel
- ~~9-10.~~ Child Care Personnel

B. The following are examples of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure may occur:

1. Assisting in Code Blue
2. Assisting in delivery of newborn
3. Assisting in surgery or other diagnostic testing
4. Cleaning blood or other infectious spills
5. Handling of contaminated equipment
6. Handling of contaminated sharps
7. Handling of laboratory specimens
8. Handling of medical waste
9. Handling of soiled linen
10. Performing or assisting in invasive procedures

11. Performing or assisting in treatment procedures
12. Post-mortem care

~~The District~~ Kaweah Health shall:

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

Department Managers and Supervisors shall:

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

Each Employee shall:

- Understand the principles of standard precautions and infection control policies and procedures, with specific knowledge of the tasks that they may assume. Know what tasks to perform that may have occupational exposure.
- Routinely apply the practices of standard precautions and infection control policies and procedures to each task they perform. This includes the appropriate use of personal protective equipment.
- Report incidents to their Supervisor or Manager and Employee Health Services of actual exposure to blood or body fluid.
- Report incidents to their supervisor when other individuals are noncompliant with Standard Precautions and infection control practices.
- Complete the bloodborne pathogens educational information contained in New Hire Orientation and in MAT Module.

#### **METHODS OF COMPLIANCE:**

- **General - ~~Standard~~ Standard Precautions** are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials
- **Engineering and Work Practice Controls** - used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
  - ~~Handwashing facilities (or antiseptic hand cleaners and towels or antiseptic towelettes), which~~ are readily accessible to all employees who have potential for exposure. When handwashing facilities are not feasible, antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
    - Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
    - Employees will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

• ~~Lancets~~

• ~~Needleless IV System~~

## • Safety Syringes

- Contaminated needles or sharps will not be bent, recapped or removed unless there is no reasonable alternative or the action is required by specific medical procedures (i.e., following injection of radio isotopes).
  - Such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
  - Shearing or breaking of contaminated needles is prohibited.
- Reusable sharps: Contaminated reusable sharps need to be placed immediately or as soon as possible after use in appropriate containers until properly reprocessed.
  - Containers for reusable sharps need to be puncture resistant, labeled with biohazard warning or color-coded, leakproof on the sides and bottom, and shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps: Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and labeled with biohazard warning or color-coded.
  - During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, replaced routinely, and not be allowed to overfill.
  - Container should be placed in a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled with biohazard warning or color-coded.
  - Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would exposure employees to the risk of percutaneous injury. , the secondary container must be puncture resistant as well. All specimen containers used for shipping will have a biohazard warning label attached.)
  - If the specimen can puncture the primary container the primary container shall be placed within a secondary container which is puncture resistant in addition to the above characteristics Containers for contaminated disposable sharps which are puncture resistant, labeled with biohazard warning and leak proof on sides and bottom.

- Regulated Waste Containment: Regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, labeled with biohazard warning or color-coded, closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, labeled with biohazard warning or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - Disposal of all regulated waste shall be in accordance with applicable regulations of the United States.
- Laundry: Contaminated laundry shall be handled as little as possible with a minimum of agitation and should be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
  - Employees will use standard precautions in handling of all soiled laundry.
  - Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
  - Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
  - Employees who will have contact with contaminated laundry will be provided with protective gloves and other appropriate PPE.
- ~~Specimen containers and secondary containers are leak-proof, labeled with a biohazard warning and puncture resistant, when necessary.~~

~~Contaminated needles or sharps are not bent, recapped or removed unless there is no reasonable alternative or the action is required by specific medical procedures (i.e., following injection of radio isotopes). If recapping or needle removal is necessary, it is accomplished through the use of a medical device or a one handed technique.~~

  - Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink are not kept in refrigerators, freezers, shelves, cabinets or on counter tops or benchtops or in other storage areas where blood or other potentially infectious materials are present.
- ~~Suctioning of blood or other infectious materials is prohibited~~
- All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited
- ~~Handwashing. Following any contact of body areas with blood or any other infectious materials, personnel shall wash their hands or any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with water.~~
- Employees will use Standard Precautions in the handling of all specimens and place specimens in containers that are recognizable as containing specimens. The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) of the OSHA standard 29 CFR 1910.1030 and closed prior to being stored, transported, or shipped if standard precautions are not used or if specimens/containers leave the facility (biohazard warning label needs to be attached).
  - During transportation of containers they shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping, and shall be decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - A readily observable label in accordance with paragraph (g)(1)(i) of the OSHA standard 29 CFR 1910.1030 (appropriate biohazard warning label) is shall be attached to any contaminated equipment, stating which portions remain contaminated. identifying the contaminated portions.
  - Information regarding the remaining contamination is conveyed to all affected personnel/employees, the equipment manufacturer and/or the equipment service representative as appropriate prior to handling, servicing or shipping so that the appropriate precautions will be taken.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE):**

- Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard. Employees will be provided PPE (at no cost to the employee) -when there is occupational exposure. is required for protection of bloodborne pathogens. Because of this, the District provides (at no cost to our employees) the personal protective equipment that they need to protect themselves against such exposure
- This equipment includes, but is not limited to: Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, shoe covers, or other ventilation devices.  
Gloves  
GPR masks

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

- PPE must prevent blood or other potentially infectious materials from passing through to or reaching the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the PPE will be used.
- In the rare and extraordinary circumstance that the employee's professional judgment in a specific instance determined that the PPE would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or co-worker, these circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- Hypoallergenic gloves and similar alternatives are available to employees who are allergic to the gloves normally used.
- Any garments penetrated by blood or other infectious materials are to be removed immediately, as soon as feasible, after contamination exposure.
- All personal protective equipment is removed prior to leaving a work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- In addition to patient care requirements, gloves are worn in the following circumstances:
  - Whenever personnel employees anticipate hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin
  - When performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D) of the OSHA standard 29 CFR 1910.1030
  - When handling or touching contaminated items or surfaces
- Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They will be discarded if they are cracked, peeling, torn, punctured, or exhibit other deterioration or when their ability to function as a barrier is compromised.  
~~are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."~~

- Masks, eye protection, and face shields: and eye protection (such as goggles, face shields, etc.) Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn are used whenever splashes, or spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. s may generate droplets of infectious materials
- Gowns, Aprons, and other protective clothing: Appropriate pProtective clothing (such as, but not limited to gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be gowns and aprons) are worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated whenever potential exposure to potentially infectious material is anticipated.
- Surgical caps or /hoods and/or shoe covers or /boots are shall be worn used in any instances when re “gross contamination” is can be reasonably anticipated (such as autopsies and/or orthopedic surgery).

### **WHEN AN EXPOSURE OCCURS:**

#### Employee:

- Clean wound with soap and water, flush mucous membrane with cool water
- Complete Work Injury Report, found on Kaweah Compass under forms- fax to Employee Health at 559-635-6233, email Employee Health at [employeehealth@kawahhealth.org](mailto:employeehealth@kawahhealth.org), or bring directly into Employee Health Services
- If outside of EHS hours, report incident to House Supervisor immediately
- Report to Employee Health in person. If EHS is closed, report next business day to complete Blood and Body Fluid Exposure log paperwork and go over source patient lab results as applicable.

#### Source Patient:

- Bedside nurse will notify source patient's physician of exposure, and have physician order source patient labs under 'ID Exposure Source Patient'. These will include: Hep C ~~titretiter~~, Hep B SAG, and HIV. If source patient labs result positive for HIV or Hep C lab will run a viral load.
- If Source Patient labs are positive for HIV, Hep B, and/ or Hep C, EHS may contact UCSF PEP (Post Exposure Prophylaxis) line 888-448-4911 and/or utilize their website [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu), as well as the Medical Director or Infection Prevention Specialist to determine best evidence course of treatment for the exposed employee.

### **KAWEAH HEALTH POLICIES TO REFERENCE:**

- EOC 4000 Hazard Material Management Plan
- IP 1.14 Blood/Body Fluid Disposal
- IP 1.18 Disposable Sharps Handling

- IP 1.16 Specimen Handling/Transport
- IP 1.20 Health Care Providers Infected with Bloodborne Pathogens

**REFERENCE:**

OSHA standard 29 CFR 1910.1030, "~~Occupational Exposure to~~ "Bloodborne Pathogens." <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

*"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."*

Approved



**Kaweah Delta  
Health Care District**

Policy Number: EHS 08	Date Created: 05/29/2018
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Approved Yet
Approvers: Dianne Cox (Chief Human Resources Officer)	
<b>Employee Health Standing Orders</b>	

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

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

**Procedure:**

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

1. Measles, Mumps, Rubella (MMR) Vaccine

~~1. Measles, Mumps, Rubella (MMR) Vaccine~~

a. -Route of administration: -Subcutaneous

b. -Standard dose:- 0.5 ml, x 2 doses

2. Hepatitis B Vaccine

a. -Route of administration: -Intramuscular

b. -Standard Adult Dose:-1.0 ml, x 3 doses

3. Varicella Virus Vaccine

a. -Route of administration: -Subcutaneous

b. -Standard dose:- 0.5 ml, x 2 doses

4. Tdap Vaccine

a. -Route of administration:- Intramuscular

b. -Standard dose: -0.5 ml

5. -Flu Vaccination

a. -Route of administration: -Intramuscular

b. -Standard dose:- 0.5 ml x annually

~~b.~~

II. TB Testing

1. Upon Hire: TB tests—two step TB skin test (PPD) or Quantiferon Gold blood draw on hire or Quantiferon Gold, and
- 6-2. Annual TB test thereafter per CDC, ~~and~~ CDPH, Cal OSHA, and Tulare County Public Health guidelines.
  - aA. Chest ~~xX~~-ray to be ordered and obtained for any positive result.
  - bB. If a person has a previously documented positive TB result, a TB test need not be done, but a baseline chest ~~xX~~-ray shall be obtained.

### III. Blood draws

#### 1. Titers New Hires

a. —Draw titers for HBSAB, MMR, ~~Hep A~~ and Varicella as needed for new hire

employees and current employees as needed.

#### 2. Blood and Body Fluid Exposures:

a. Draw required labs as recommended by current CDC/PEP guidelines for employees exposed to Hep B, Hep C, and HIV

b. In the rare case that source patient labs were not able to be drawn

and the source patient is able and willing to come to

Employee

7. — Health Services, draw HBsAG, Hep C, and HIV

8. Draw HIV, HEP C, HBsAg as needed for exposures

9. Meningococcal Vaccine—

A. Meningococcal A (Menactra) — 1 dose IM, then booster in 5 years

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

IV. Covid 19 testing: —To be ordered by ~~Employee~~ Employee Health Nurse or designee, as needed, based on symptoms reported by employee, or state regulation testing per California Department of Public Health (CDPH). Covid 19 symptom assessment shall be based on CDC guidelines.

10. Covid 19 vaccine — To be administered per Manufacturers Guidelines.

### References:

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

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

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

*"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."*

Approval

<b>Policy Number:</b> EHS 11	<b>Date Created:</b> 08/21/2018
<b>Document Owner:</b> Ellason Schales (RN-Employee Health Nurse)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Dianne	
<b>Immunization Requirements for Health Care Workers</b>	

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

**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.

- 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 TB test thereafter.
- If the healthcare personnel provides documentation of a TB skin test within the last year, it will be counted as #1 of the two step TB skin test. If documentation is provided of a second TB skin test that was placed and read within the last 3 months 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.

#### 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

- For HCP's declining **C**ovid 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.”*



Policy Number: EHS 13	Date Created: No Date Set
Document Owner: Ellason Schales (RN-Employee Health Nurse)	Date Approved: Not Approved Yet
Approvers: Dianne Cox (Chief Human Resources Officer)	
<b>Respiratory Protection Program</b>	

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 protect the health and safety of its employees by eliminating hazardous exposures where possible and using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated. In some cases, however, such controls will not reduce exposures to safe levels and the use of respiratory protection may be required.

**PURPOSE:**

The purpose of this Respiratory Protection Program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements for use of respiratory protection including [Respiratory Protection Standard \(Title 8 California Code of Regulations Section 5144\)](#), and the [Aerosol Transmissible Diseases Standard \(8 CCR Section 5199\)](#).

This program applies to all employees who may need to wear respiratory protection due to the nature of their work at Kaweah Health.

In regards to non-employees of Kaweah Health, students will be held to their own school's RPP, but nursing registries, (travelers), temporary employees, and volunteers will follow Kaweah Health's RPP and/or their agencies RPP.

**PROGRAM PROCEDURE:**

**I. Responsibilities:**

A. Respirator Program Administrator (RPA):

1. Employee Health Services Manager has been designated as the RPA.

2. The RPA has received appropriate training and is knowledgeable about the requirements of the Cal/OSHA Respiratory Protection Standard and all elements of the Respiratory Protection Program that need to be implemented in order for it to be effective. Upper management has ultimate responsibility for all aspects of this program and has given the manager full authority to make the necessary decisions to ensure its success. This authority includes (but is not limited to) conducting a hazard assessment for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures in the written RPP.
3. Specifically, the RPA will:
  - Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with exposure and record that information in the Kaweah Health EHS 17 Aerosol Transmissible Diseases Exposure Control Plan Policy
  - Develop and monitor respirator maintenance procedures.
  - Coordinate purchase, maintenance, repair, and replacement of respirators.
  - Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
  - Provide or arrange for annual training in the use and limitations of respirators in accordance with 8 CCR Section 5144.
  - Provide or arrange for annual respirator fit testing in accordance with 8 CCR Section 5144.
  - Maintain records of respirator training, medical clearance, and fit testing as required by 8 CCR Sections 5144 and 3204.
  - Maintain a copy of this written RPP and program evaluations, and ensure that they are readily accessible to anyone in the program.
  - Review the written RPP at least annually to ensure compliance with 8 CCR Section 5144.

## B. Supervisors

1. Supervisors of employees included in the RPP will:
  - Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including chemical exposures and/or aerosol transmissible diseases (ATDs), and communicating this information to the RPA.
  - Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA.
  - Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP. They will ensure employees attend

medical evaluations as needed, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

### C. Employees in the Program

#### 1. Employees assigned to jobs/tasks requiring the use of a respirator will:

- Complete required questionnaire for medical clearance and participate in a medical examination if necessary.
- Adhere to hospital policy on facial hair.
- Attend annual training and respirator fit testing as required in the RPP.
- Use, maintain, and dispose of respirators properly in accordance with training and the procedures in the RPP.

## II. Respirator Selection

### A. Hazard assessment

1. The RPA will select the types of respirators to be used by hospital staff based on the hazards to which employees may be exposed and in accordance with all Cal/OSHA regulations and CDC and/or CDPH guidelines.
2. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area where there are airborne contaminants.
3. The hazard assessment will include the following as needed:
  - Identification of potential exposures. The most common potential exposure for employees involved in patient care will be ATDs such as tuberculosis, covid, or pandemic influenza. Maintenance and housekeeping staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATDs.
  - A review of work processes to determine which tasks and locations have potential exposures.
  - Relative to chemical exposures, quantification or objective determination of potential exposure levels where possible. This will not be done for ATDs.

### B. NIOSH Certified Equipment

1. All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the environment in which it is going to be used.
2. The following definitions apply to equipment that may be issued to employees under this program:
  - **Air-purifying respirator (APR)** is a respirator that removes gases, vapors, or particles, or combinations of gases, vapors, and/or particles from the air through the use of filters, cartridges, or canisters that have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. This respirator does not supply oxygen and therefore cannot be used to enter an atmosphere that is oxygen-deficient.
    - **Filtering facepiece respirator (N95 for ATDs)** is a particulate air-purifying respirator in which the entire facepiece is composed of the filtering medium. These respirators are disposable and designed for a single use. An N95 has a filter efficiency of 95%
  - **Powered air-purifying respirator (PAPR)** is an air-purifying respirator that uses a blower to force ambient air through air-purifying elements to the respirator facepiece, helmet, or hood.

#### C. Assignment of Respirators by Task and Location

1. The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the hospital.
2. These assignments are listed in Kaweah Health EHS 17 Aerosol Transmissible Diseases Exposure Control Plan Policy.

#### D. Updating the Hazard Assessment

1. The RPA will revise and update the hazard assessment any time an employee or supervisor anticipates a new exposure.
2. Any employee who believes that respiratory protection is needed during any particular activity must contact their supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection

is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

#### E. Voluntary Use of Respirators

1. When the use of a respirator is not required by a standard or hospital policies and the RPA has determined that its use is not necessary to protect the health of the employee, an employee may still request and use a respirator voluntarily.
2. Employees using respirators voluntarily will be provided with the information in Appendix D to 8 CCR Section 5144 (Appendix A of this RPP).
3. Employees must have the approval of their supervisor to be in the voluntary respirator program, because of the program cost for the initial services. These employees are welcome to attend annual training provided to those in the full respirator program, but it will not be scheduled specifically to accommodate them. If they are aware of a change that warrants review of medical clearance or repeat fit testing, they should bring that to the attention of their supervisor.

### III. Medical Evaluation

- A. Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator.
  1. Medical evaluations and clearances will be performed by a physician or other licensed health care provider (PLHCP) at Kaweah Health Employee Health Services.
  2. Before being assigned to work in an area where respirators are required, each employee will complete one of the questionnaires in Appendix B of this RPP and turn it in to Kaweah Health Employee Health Services.
  3. Employees may also speak directly with the PLHCP if they have questions. The PLHCP will be provided information about the type of respiratory protection to be used by employees, duration and frequency of respirator use, expected physical effort, other protective equipment worn, and any expected extremes of temperature or humidity.

- B. The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. The PLHCP may make this determination based on the questionnaire alone, but may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems are necessary. The PLHCP will provide a clearance letter, which may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn or the duration that it may be worn. A copy of this written determination shall also be provided by the PLHCP to the employee.
1. An additional medical evaluation is required when:
    - The employee reports medical signs or symptoms that are related to the ability to use a respirator.
    - A PLHCP requests re-evaluation.
    - Observations made during fit testing and/or program evaluation indicate a need for re-evaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
    - A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

#### **IV. Fit Testing**

- A. Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with hood or helmet that does not rely upon a tight-fitting facepiece-to-face seal), she/he will be fit tested by a trained Kaweah Health staff member or by an outside consultant with the same make, model, style, and size of respirator to be used.
- B. Employees with facial hair that interferes with the facepiece-to-face seal will not be fit tested and will not be allowed to wear a respirator with a tight-fitting facepiece.
- C. All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed. Fit tests will be provided at the time of initial assignment and annually thereafter.
- D. Additional fit tests will be provided whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
- E. Employees who will be using only a PAPR with hood or helmet will not be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting

- facepiece respirator will be assigned a PAPR with a hood or helmet for all tasks requiring any respirator.
- F. Employees will be offered a selection of several models and sizes of respirators from which they may choose the one that correctly fits and is most acceptable/comfortable as available.
  - G. A qualitative fit test will be used for all wearers of half-face APRs. The qualitative test will follow the protocol for saccharine solutions found in Appendix A of the Cal/OSHA Respiratory Protection Standard (8 CCR Section 5144) and in Appendix C of this RPP.

## V. Training

- A. Annual respirator training will be provided for all employees covered by this program. The training will be conducted by a trained Kaweah Health staff member or by an outside consultant and will include the following:
  - 1. The general requirements of the Cal/OSHA Respiratory Protection Standard.
  - 2. The specific circumstances under which respirators are to be used.
  - 3. Why the respirator is necessary and how proper fit, usage, or maintenance can ensure the protective effect of the respirator.
  - 4. The limitations and capabilities of the respirators that will be used.
  - 5. How to effectively use the respirators.
  - 6. How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95s).
  - 7. The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs shall be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.
  - 8. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
  - 9. How to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous biological materials is completed in the Hazardous Drug Handling USP 800 Module training

and employees can refer to EOC 4001 “Hazardous Materials and Waste Management Program” Policy.

- B. Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.
- C. Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he/she has not retained the requisite understanding or skill.
- D. The employee will also receive additional training during the fit testing procedure that will provide him/her an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air for a long familiarity period, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions.
- E. Employees will be given the opportunity during training to provide feedback on the effectiveness of the program and any suggestions they have for improvement.

## **VI. Respirator Use**

- A. Employees will use their respirators under conditions specified by this program and in accordance with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection in Kaweah Health EHS 17 Aerosol Transmissible Diseases Exposure Control Plan Policy.
- B. Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, and sometimes temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.
- C. Employees and supervisors are expected to be diligent in observing policies pertaining to ensuring the safe use of respirators. To assure proper protection, the wearer will perform a user seal check in accordance with manufacturer's instructions and the training provided at the time of fit testing, each time he/she puts on the respirator. Employees who wear corrective

glasses or other personal protective equipment must be sure that such equipment is worn in a manner that does not interfere with the facepiece seal.

- D. Filtering facepiece respirators (N95 masks for ATDs) will be discarded after each use.
1. During conventional use in patient care, a disposable respirator should be removed and discarded between patients.
- E. If masking shortages or the potential for masking shortages occur due to a pandemic or other extraordinary circumstances consideration may be taken in account for extended use of N95 respirators as respiratory protection as recommended by NIOSH for conserving the supply of N95 filtering facepiece respirators is as follows:
1. When practicing extended use of N95 respirators over the course of a shift, consider the following if able to do so:
    - The ability of the N95 respirator to retain its fit
    - Contamination concerns
    - Practical aspects (ex: meal breaks)
    - Comfort of user
  2. N95 respirators should be discarded immediately after being removed. If removed for a meal break, the respirator should be discarded and a new respirator put on after break.
  3. N95 masks should be discarded when contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients. HCP can consider using a face shield over the respirator to reduce contamination of the respirator, especially during aerosol generating procedures or procedures that might generate splashes and sprays. A medical mask should not be placed over a respirator because it may compromise the fit of the respirator.
- F. If masking shortages or the potential for masking shortages occur due to a pandemic or other extraordinary circumstances consideration may be taken in account for limited re-use of N95 respirators as respiratory protection as recommended by NIOSH for conserving the supply of N95 filtering facepiece respirators is as follows:
1. If limited re-use is practiced on top of extended use, caution should be used to minimize self-contamination and degradation of the respirator. If no manufacturer guidance is available, a reasonable limitation should be five total donnings regardless of the number of hours the respirator is worn.

2. N95 respirators should not be re-used when caring for patients with varicella or other pathogens that can also be transmitted via contact routes, as contact transmission poses a risk to HCP who implement this practice.
  3. Respirators soiled or grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients should be discarded. HCP can consider using a face shield over the respirator to reduce and prevent contamination of the N95 respirator, especially during aerosol generating procedures or procedures anticipated to generate splashes and sprays. It is important to perform hand hygiene before and after the previously worn N95 respirator is donned or adjusted.
- G. Employees may leave the work area to change or adjust their respirator for the following reasons:
1. To adjust their respirator if the respirator is impeding their ability to work.
  2. To wash their face if the respirator is causing discomfort or rash.
  3. To inspect the respirator if it stops functioning as intended, or if there is a noticeable increased resistance to breathing.

## **VII. Storage, Maintenance, and Care of Respirators**

### **A. Storage**

1. All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
2. Filtering facepiece respirators that will be used in patient care areas will be stored in storage carts/rooms on units and outside door of precaution rooms as needed. These will be discarded after each use.
3. PAPRs will be stored in the respiratory therapy department and will be provided to employees upon request for use during high hazard procedures being conducted on patients with suspected or confirmed airborne infectious disease or for use by individuals who are unable to wear a respirator with a tight-fitting facepiece.

### **B. Inspection, Maintenance, and Repairs**

1. All respirators will be inspected by the user prior to each use. Inspections should include a check of:
  - Condition of the various parts including, but not limited to, the facepiece and head straps
  - PAPR connecting tubes or hoses, air flow, and batteries.
2. Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced.
3. Respiratory Therapy Department is responsible for charging and maintaining PAPR pumps and batteries when they are stored or not in use.

#### C. Cleaning and Disinfection

1. Reusable respirators (PAPRs) will be cleaned and disinfected according to manufacturer's guidelines.
2. Reusable respirators (PAPRs) used in fit testing and training will be cleaned after each use by the employee conducting the fit testing or training.

### VIII. Program Evaluation

- A. The RPA will conduct a periodic evaluation of the RPP to ensure that all aspects of the program adhere to the requirements of the Cal/OSHA Respiratory Protection Standard and that it is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done annually and as needed.
- B. Program evaluation will include:
  1. A review of the written program.
  2. Completion of a Program Evaluation Checklist based on observations of workplace practices.
  3. A review of feedback obtained from employees (to include fit, use, and maintenance issues) that will be collected at the annual training session.
- C. The RPP will be revised as necessary and records of revisions will be kept on file with the written program. Any procedural changes that are implemented

as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

## **IX. Recordkeeping**

A. The RPA will ensure that the following records are maintained:

1. Personnel medical records such as medical clearance to wear a respirator shall be retained by Employee Health Services in employee's chart as part of a confidential medical record and made available in accordance with the Cal/OSHA Access to Medical Records Standard (8 CCR Section 3204), for a minimum of thirty (30) years after an employee's separation or termination.
2. Documentation of training and fit testing will be kept by Employee Health Services in employee's chart until the next training or fit test.
3. A copy of this RPP and records of program evaluations and revisions shall be made available to all affected employees, their representatives, and representatives of the Chief of the Division of Occupational Safety and Health (Cal/OSHA) upon request.

## **X. References**

California Department of Public Health Occupational Health Branch. "Implementing Respiratory Protection Programs in Hospitals: A Guide For Respirator Program Administrators." August 2015. Website: <https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/CDPH%20Document%20Library/HCRResp-CARPPGuide.pdf>

Title 8 California Code of Regulations Section 5144: "Respiratory Protection Standard." Website: <https://www.dir.ca.gov/title8/5144.html>

Title 8 California Code of Regulations Section 5199 "Aerosol Transmissible Diseases Standard." Website: <https://www.dir.ca.gov/title8/5199.html>

The National Institute for Occupational Safety and Health (NIOSH). "Strategies for Conserving the Supply of N95 Filtering Facepiece Respirators." Reviewed 5/20/23. Website: <https://www.cdc.gov/niosh/topics/pandemic/strategies-n95.html>

## **XI. Related Kaweah Health Policies:**

EHS 17 Aerosol Transmissible Disease Exposure Control Plan

### RPP Appendix A: Information for Voluntary Users

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Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Use only N95 Filtering Facepiece Respirators provided by Kaweah Health.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**RPP Appendix B: Medical Clearance Questionnaire and Fit Test Form**



***Please Print***

***Initial and Annual N-95 MASK FIT TEST***

<b>Last Name:</b>	<b>First Name:</b>	<b>Birthdate:</b>
<b>Employee ID:</b>	<b>Job title:</b>	<b>Dept:</b>

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

**Have you ever had any of the following?**

**Lung Disease:** Yes \_\_\_\_\_ No \_\_\_\_\_      **Asthma:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Heart Disease:** Yes \_\_\_\_\_ No \_\_\_\_\_      **Hypertension:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Explain "Yes" answers:** \_\_\_\_\_

**Do you have a:**       N/A       Beard       Goatee       5 O'Clock shadow at Work

**Smoking History:**       Never Smoked       Ex-smoker       Presently a smoker

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

**Explain "Yes" answers:** \_\_\_\_\_

**Provided the ATD Training form**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Brand &amp; Model Number</b>	<b>3M 8210</b>	<b>3M 1860</b>	<b>3M 1870</b>	<b>3M 9205+</b>	<b>Alpha Pro Tech</b>
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					<i>Other:</i>

**Fitting:**

- Satisfactory Qualitative Saccharin Fit Test
- Instructions for use reviewed
- Donning and Removal
- Training information given
- Pass
- Fail -Explain: \_\_\_\_\_
- Information given on PAPR

Signature of test administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**RPP Appendix C: Fit Test Protocol**

**Part I. OSHA-Accepted Fit Test Protocols**

**A. Fit Testing Procedures--General Requirements.** The employer shall conduct fit testing using the following procedures.

1. The test subject is shown the respirators currently utilized at Kaweah Health.
2. The test subject is shown to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available if needed to assist the subject in evaluating the fit and positioning of the respirator.
3. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator.
  - (a) Position of the mask on the nose
  - (b) Room for eye protection
  - (c) Room to talk
  - (d) Position of mask on face and cheeks
4. The following criteria shall be used to help determine the adequacy of the respirator fit:
  - (a) Chin properly placed;
  - (b) Adequate strap tension, not overly tightened;
  - (c) Fit across nose bridge;
  - (d) Respirator of proper size to span distance from nose to chin;
  - (e) Tendency of respirator to slip;
  - (f) Self-observation in mirror to evaluate fit and respirator position.

5. The test subject shall conduct a user seal check. Before conducting the check, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

6. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

7. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

8. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

9. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

#### 10. Test Exercises.

(a) The following test exercises are to be performed for all fit testing methods prescribed in this appendix. test subject shall perform exercises, in the test environment, in the following manner:

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

#### Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

**15. Saccharin Solution Aerosol Protocol.** The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening will be performed on initial testing or when reported changes in taste by employee. Threshold screening will be performed without wearing a respirator and is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a sweet taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(6) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(7) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(8) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(9) The test conductor will take note of the number of squeezes required to solicit a taste response.

(10) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

(11) If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall get thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except for plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator. The respirator shall be properly adjusted as needed.

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution shall be used for the fit test.

(6) As before, the test subject shall breathe through the slightly open mouth with the tongue extended, and report if he/she tastes the sweet taste of saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed.

(10) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(11) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

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

~~**Policy: It is the policy of Kaweah Delta Health Care District to provide its employees with a safe and healthful work environment. The purpose of this program is to reduce employee exposure to infectious agents in the workplace through the proper use of respirators during an influenza pandemic or other infectious respiratory disease emergency. Respiratory protection is provided at**~~

~~no cost to the employees. This policy includes the implementation of this respiratory protection program as a means of providing the highest levels of protection to employees during an influenza pandemic, as defined by OSHA.2 Specific details of this guidance appear in the Appendix. Program Administration~~

### ~~Procedure: Responsibilities:~~

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

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

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

### ~~Roles and Responsibilities:~~

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

- ~~Identify work areas, processes, or tasks that require respiratory protection. For this model program, this means identifying patient care areas and other circumstances likely to present a pandemic influenza transmission risk.~~
- ~~Monitor Cal/OSHA policy and standards for changes and make changes to agency's policy
 
  - ~~Select respiratory protection products.~~~~
- ~~Monitor respirator use to ensure that respirators are used in accordance with their certification.
 
  - ~~Distribute and ensure completion of the medical clearance questionnaire (RFT) questionnaire [SG1] (which may be completed onl~~~~
- ~~Provide required information to the physician or other licensed health care provider who will do medical evaluations of respirator users~~
- ~~Ensure that respirator users have received a medical evaluation and are medically qualified to use a respirator
 
  - ~~Evaluate any feedback information or surveys.~~
  - ~~Arrange for and/or conduct training and fit testing.~~~~
- ~~Ensure proper storage and maintenance of respiratory protection equipment.~~

- Annually review the implementation of the program in consultation with employees and their representatives.—

~~Supervisor: Employee Health Services, <sup>(sc2)</sup> Directors and Managers: The RPPA may also serve as the supervisor for the respiratory protection program. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular units. Supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:~~

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

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

~~Employees should also:~~

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

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

~~Direct Patient Care: N95 / PAPR  
Housekeeping: N95 / PAPR  
Maintenance: N95/ PAPR~~

~~Identifying Work Hazards:~~

~~The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with patients who could be infected with a potentially airborne infectious agent such as the influenza virus.~~

~~Respirator Selection Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.~~

~~Those in use at this facility:~~

~~‡ N95 respirators are available for patient contact/care.~~

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

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

~~Respirator Training and Fit Testing:~~

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

~~Training will cover:~~

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

~~Fit Testing:~~

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

~~Fit tests will be conducted:~~

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

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

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

~~Those employees that require further screening will be evaluated in person at Employee Health Services. Medical reevaluation will occur annually. A medical evaluation~~

~~questionnaire [sc4] questionnaire (RFT) is provided in Appendix B for use by Employee Health Services. The medical evaluation procedures are as follows:~~

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

~~Re-evaluation will be conducted under these circumstances:~~

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

#### ~~Proper Respirator Use:~~

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

- ~~— If increased breathing resistance of the respirator is noted.~~
- ~~— If severe discomfort in wearing the respirator is detected.~~
- ~~— Upon illness of the respirator wearer, including: sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever and chills.~~

~~—————To wash face to prevent skin irritation.~~

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

~~—————Upon malfunction of the respirator such as a reduction in air flow of a PAPR.~~

~~—————Upon detection of leakage of contaminant into the respirator.~~

~~—————Breathing through the respirator becomes more difficult.~~

~~Cleaning and Disinfecting N95—disposable: Discard after use.~~

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

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

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

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

~~—————Protect the respirator from external surface contamination when there is a high risk of exposure to influenza (i.e., by placing a medical mask or cleanable face shield over the respirator so as to prevent surface contamination but not compromise the device's fit).~~

~~—————Use and store the respirator in such a way that the physical integrity and efficacy of the respirator will not be compromised.~~

~~—————Practice appropriate hand hygiene before and after removal of the respirator and, if necessary and possible, appropriately disinfect the object used to shield it.~~

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

~~N95—disposable:~~

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

~~PAPR:~~

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

~~Repair: During cleaning and maintenance, respirators that do not pass inspection will be removed from service and will be discarded or repaired. Repair of the respirator must be done with parts designed for the respirator in accordance with the manufacturer's instructions before reuse. No attempt will be made to replace components or make adjustments, modifications or repairs beyond the manufacturer's recommendation.~~

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

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

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

**Related Documents:****References:**

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

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

[http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/CAHF\\_MRPP.pdf](http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/CAHF_MRPP.pdf)

*"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."*

**APPENDIX A:**

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

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

**Qualitative Fit Test (QLFT)**

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

- ~~• —— Negative pressure, air-purifying respirators, as long as they'll only be used in atmospheres where the hazard is at less than 10 times the permissible exposure limit (PEL).~~
- ~~• —— Tight fitting facepieces used with powered and atmosphere-supplying respirators. QLFT is pass/fail and relies on the user's senses using one of four OSHA-accepted test agents:~~
  - ~~• —— Isoamyl acetate (banana smell); only for testing respirators with organic vapor cartridges.~~
  - ~~• —— Saccharin (sweet taste); can test respirators with a particulate filter of any class.~~
  - ~~• —— Bitrex® (bitter taste); can also test respirators with particulate filters of any class.~~
  - ~~• —— Irritant smoke (involuntary cough reflex); only for testing respirators with level 100 particulate filters.~~

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

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

**APPENDIX B**

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

***Please Print***

<b>Last Name:</b>	<b>First Name:</b>	<b>Birthdate:</b>			
<b>Emp ID:</b>	<b>Job title:</b>	<b>Dept:</b>			
<b>Medical Questionnaire:</b>					
<p>This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to wear a respirator (mask). We anticipate being able to approve most people for respirator fit testing based on this questionnaire alone. In some cases, we may ask for more information.</p> <p style="text-align:center;"><b>Have you ever had any of the following?</b></p> <p>Lung Disease: Yes _____ No _____      Asthma: Yes _____ No _____              Heart Disease: Yes _____ No _____      Hypertension: Yes _____ No _____</p> <p>Explain "Yes" answers: _____</p> <p>Do you have a:      <input type="checkbox"/> Beard      <input type="checkbox"/> Goatee      <input type="checkbox"/> 5 O'Clock shadow at Work</p> <p>Smoking History:      <input type="checkbox"/> Never Smoked      <input type="checkbox"/> Ex-smoker      <input type="checkbox"/> Presently a smoker</p> <p>1. Do you get short of breath or wheeze with exertion? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you ever get chest pain? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you have any medical problems that might interfere with the wearing of a Respirator /mask? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you take any medications for treatment of cardiac, respiratory, or blood Pressure problems? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever had problems wearing a respirator/mask? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain "Yes" answers: _____</p> <p>Employee Signature: _____ Date: <u>11/</u> /2020</p>					
<i>Brand &amp; Model Number</i>	<i>3M-1860S</i>	<i>3M-1860</i>	<i>3M-1870</i>	<i>3M-9205+</i>	<i>Other:</i>

**Fitting:**

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

Pass

Fail Explain: \_\_\_\_\_

Information given on PAPR

Signature of test administrator: \_\_\_\_\_ Date: 11/ /2020

Rvsd:11/1/20 vw

|

approval

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

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

~~I. Procedures for Cleaning Respirators:~~

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

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

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

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

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

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

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

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

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

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

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

~~NOTE~~

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

<b>Policy Number:</b> HR.03	<b>Date Created:</b> 11/19/2019
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 05/24/2021
<b>Approvers:</b> Not Assigned	
<b>Just Culture Commitment</b>	

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

**Purpose:**

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

**Policy:**

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

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

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

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

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

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

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<b>Policy Number:</b> HR.04	<b>Date Created:</b> 12/19/2019
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers: Board of Directors (Human Resources)</b>	
<b>Special Pay Practices</b>	

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Designated departments may have special pay practices which provide for competitive compensation and/or incentives for employees to work varying shifts or additional shifts. All special pay practices are approved by the Hospital and are subject to change at any time.

In all cases, Wage and Hour Law will apply.

**Pay Practices:**

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

Eligible Job Codes:

- Pharmacy: 0360, 0972, 1940  
2094, 2093 (hours)
- RN-Nurse Practitioner: 1541 (shift)
- Nurse Practitioner Manager 1833 (shift)
- MICN: \$1.50 for active MICN certification. Effective upon submission/validation of certification to Human Resources.
  
- TNCC: \$1.50 for active TNCC certification. Effective upon submission/validation of certification to Human Resources. Eligible job codes include:
  - RN: 2217 2247 in ED
  - Charge Nurse: 2277 in ED
  - Assistant Nurse Manager: 2187/2188 in ED

**Sleep Pay**

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

**Private Home Care Holiday**

Rate is based on where the employee travels.

Holiday differential is received for Kaweah Health observed holidays, in addition to Mother's Day and Easter.

### **Private Home Care On-Call**

Eligible Job Codes:

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

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<b>Policy Number:</b> HR.36	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 08/23/2023
<b>Approvers:</b> Board of Directors (Administration)	
<b>New Hire Processing</b>	

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

**POLICY:**

All applicants who have accepted an offer of employment with Kaweah Health will be required to successfully complete all steps of the new hire process prior to their first day of work, including background check, post offer/pre-employment medical exam, drug screen, and new hire paperwork. This process maintains compliance with The Joint Commission, Title XXII, OSHA requirements, The Americans with Disabilities Act, and all Federal, State and Local regulations. Applicants who refuse any part of the medical exam, drug screen or new hire processing will not be hired.

**PROCEDURE:**

I. Background Check Results

After the contingent job offer is extended and accepted, applicants are asked to disclose information to Human Resources concerning criminal conviction history. Analysis of criminal convictions will be individually assessed by Human Resources based on the nature and gravity of the offense or conduct, the time that has passed since the offense, conduct and/or completion of the sentence, and the nature of the job held or sought.

Following acceptance of the contingent job offer, a third-party background check is initiated for completion. Applicants are then provided with an electronic email link from the background vendor providing their legal rights concerning consumer reports (background check), and submit authorization allowing Kaweah Health to run background check.

When background results are returned to Human Resources, they are reviewed for consistency with the information disclosed by applicant within the disclosure form and employment application. If results are consistent with what was disclosed and if the criminal history results are not relevant to employment at Kaweah Health, Human Resources will clear the background check and continue with the new hire process.

When background results are not consistent with what was disclosed by applicant, or if the report contains information that raises concern regarding work performance, an assessment will be undertaken by Human Resources. If

the results of the assessment determine that the offer may be withdrawn, the adverse action process may be initiated.

## II. Adverse Action Process

The third-party vendor completing the background check is considered a consumer reporting agency. As such, per the federal Fair Credit Reporting Act, before taking an adverse action based on information contained in a consumer report (background check), Human Resources will:

1. Provide the subject of the report a "Pre-Adverse Action" notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state law notices.
2. Allow ten (10) days for the applicant to review the report and contact the third-party background company to dispute any information the consumer believes to be inaccurate or incomplete.
3. If the applicant does not file a dispute (or based on the results of a dispute investigation), Human Resources may take adverse action. The applicant will be provided with a "Final Adverse Action" Notice, a copy of the report, and a copy of the document "A Summary of Your Rights Under the Fair Credit Reporting Act". Adverse action will result in the withdrawal or rescission of the job offer.

## III. Medical Exam and Drug Screen

Upon clearance of the background check, prospective new hires will be scheduled for a post-offer/pre-employment medical examination at Employee Health Services within 60 days of start date.

The exam is performed utilizing the physical requirements outlined in the job description. The exam will include but not be limited to: drug screen, TB skin test (PPD), diagnostic lab work and immunizations if determined to be necessary by the position to be hired for and the examining practitioner. (See Policy EHS 11- Immunization Requirements for Health Care Workers.) In the event that Employee Health receives a report indicating temporary or permanent work restrictions or presence of a communicable disease, the Employee Health Services Manager, with Medical Director guidance, will make the decision as to whether or not the individual is cleared to be hired for the position offered. If the applicant is deemed to be unable to perform his/her job duties, the applicant will be given the opportunity to request a reasonable accommodation that would allow the new hire with a qualified disability to perform the essential functions of the job, unless the accommodation would create an undue hardship for the organization. (Please refer to HR.16 Reasonable Accommodation & Medical Fitness for Work.)

Employee Health Services notifies Human Resources of clearance or non-clearance results after completion of the post-offer/pre-employment medical

examination and drug screen. Prospective new hires will receive notification from Human Resources if it is determined that they are not fit for employment as a result of the medical exam and/or drug screen.

IV. New Hire Processing

Upon clearance of the background check, prospective new hires will be scheduled for a processing meeting in Human Resources. New hires will be required to show proof of their right to work in the United States, provide social security card (for payroll and tax purposes only), as well as original licenses, certifications or registrations required for their job.

Electronic new hire paperwork will become available for the new hire to complete in Workday in advance of their start date and is expected to be completed no later than day one of employment.

V. Rescinded Job Offers

Job offers may be withdrawn or rescinded due to reasons including results of the background report or drug screen, failure to verify ability to work in the United States, failure to fulfill all components of the employment process in a timely professional manner, and in some cases, the results of the post-offer/pre-employment medical examination (per HR.16- Reasonable Accommodation & Medical Fitness for Work).

VI. Proof of right to work in the United States

Kaweah Health will comply with the Immigration Reform and Control Act of 1986 which prohibits the employment of unauthorized aliens and requires all employers to implement an employment verification system.

VII. E-Verify

Kaweah Health participates in E-Verify (effective 7/10/2023) and will provide the federal government with Form I-9 information from each new hire to confirm work authorization.

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<b>Policy Number:</b> HR.46	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 01/29/2019
<b>Approvers:</b> Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
<b>Orientation of Kaweah Health Personnel</b>	

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

**POLICY:**

Kaweah Health will conduct a structured General Orientation program for all new employees to ensure employees are knowledgeable of important topics and to assist them in adjusting to their new work environment. All newly hired and rehired employees of Kaweah Health are required to attend General Orientation as their first day of employment and to complete any additional Kaweah Health orientation requirements (Patient Care, Nursing Services, RN orientations, etc.) within thirty (30) days of their initial day of employment.

Exceptions may be allowed based on staffing needs and must be approved by Human Resources.

All rehires must comply with the above mandated Kaweah Health orientation requirements, with the exception of employees who have had a break in service equaling less than 12 months and have also completed Orientation or Annual Training/Competencies for the job they are being hired into within the 12 months preceding their rehire date. General Orientation is organized by Human Resources and the Organizational Development Department and is offered routinely. Additional Kaweah Health orientation for clinical staff is organized by the Clinical Education Department.

Each department will conduct a department specific orientation for all personnel joining their department. (This includes new hires, re-hires, transfers, forensic staff, contracted/temporary agency staff, volunteers and clinical students).

Management of the department will also provide a specific orientation for personnel new to management/leadership positions.

All non-employee categories, including but not limited to Temporary staff, Travelers, Registry, Volunteers, Students, Agency and Contracted Staff are required to be oriented to Kaweah Health and department. Refer to HR Policy 233 Non-Employees for further detail.

**PROCEDURE:**  
Scheduling

Scheduling of employees in General Orientation will be coordinated by Human Resources and attendance monitored by Organizational Development. Managers and supervisors will be responsible for ensuring that all employees attend the orientation as scheduled.

### Orientation Compensation

All orientation programs for employees will be considered as regular hours. Such hours will be included in computing hours worked and overtime, as well as hours toward qualification for benefit accruals.

### Department Orientation Checklist

Within forty-eight (48) hours of the first day of work at their assigned location, each staff member will complete, have signed, and submit to Human Resources electronically through Workday, the original copy of the *Kaweah Health Department Orientation Checklist* ("48 hour checklist").

### New Leader Orientation Checklist

Each staff member new to a management role will work with their direct supervisor to plan their management orientation using the New Leader Orientation Checklist Journey assigned to them within Workday. The Journey must be fully completed within 90 days of the date of assuming the management role.

### Non-Employee Orientation Requirements

As required by Joint Commission all personnel completing work on Kaweah Health premises are required to be oriented to Kaweah Health and department. These Orientation packets are available in Human Resources and should be completed prior to the start of their work assignment.

### Clinical Student Interns/Externs Orientation Requirements

All student interns seeking clinical experience with Kaweah Health must have a fully executed student affiliation agreement contract on file in Human Resources. As required by Joint Commission and DHS, all interns must be oriented to Kaweah Health and department. Department management is responsible to ensure Orientation occurs. Clinical Student Orientation packets and badges are available in Human Resources.

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<b>Policy Number:</b> HR.47	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers: Board of Directors (Administration)</b>	
<b>Professional Licensure and Certification</b>	

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

**POLICY:**

To ensure appropriate licensure and certification on all employees and contracted staff (not subject to the medical staff privilege process, e.g., Allied Health Professionals) in compliance with appropriate licensing agencies. Employee Health requirements for immunizations and PPD are available for Licensed Independent Practitioners and Physicians who practice at Kaweah Health.

It is the policy of Kaweah Health to employ only those individuals and/or to utilize contract services staff that meet all job requirements (TB Screening/PPD testing, etc.) and have proper licensure, certification or registration by the appropriate licensing agency in those jobs requiring such status. Current employees and contract staff who provide direct patient care will have a CPR (Heartsaver-AED or BLS) card on file with Human Resources (or in the nursing office or applicable department if Contract Staff). Employees and Contract Staff working in positions with a requirement for ACLS, NRP, and PALS, etc., will also provide proof of certification. Employees driving their own vehicles for ongoing business will be required to produce proof of current California Driver's License.

All job requirements and current status of documentation shall be maintained by the employee/contract staff member. The employee will furnish proof of this status with original documents before employment or service begins. At each time the status requires updating and/or renewal, the employee will provide further documentation to Human Resources as proof of update and/or renewal.

For employees on a Leave of Absence, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (i.e., updated competencies, TB testing, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, TB Testing, as applicable) prior to returning to work. Competency-related documentation must be completed within two weeks of the employee's return to work.

Current job requirement documentation will be retained by Human Resources and Manager is responsible in ensuring staff are compliant. Failure on the part of the employee to provide such documentation or proof of current status, or failure to meet any job requirement will result in Progressive Discipline, up to and including, termination of employment.

## PROCEDURE:

### I. Definitions

Licensure/Certification: Refers to any license/certifications required for an employee's job from the time of hire going forward. Examples include: CA RN License, Clinical Dietitian Registration, and Radiology Tech Certification. Basic Life Support (BLS) , Heartsaver CPR AED (. Licensure/Certification requirements are listed in job descriptions, and employee offer letters, and also can be found in Workday.

Primary Source Verification (PSV): refers to the required process of confirming with the issuing board/agency that an individual possesses a valid license, certification or registration to practice a profession when required by law or regulation. PSV must include the date the verification was conducted, and must take place prior to placing employee in job. Simply presenting a copy of a license in lieu of evidence that PSV was completed does not meet the intent of the requirement. Methods for conducting PSV most often include secure online verification from the licensing board, but can also include direct correspondence, documented telephone verification, or reports from credentials verification organizations.

### II. Verification Licensure/Certification at Time of Hire/Transfer/Renewal

It is the responsibility of the Human Resources Department to validate the PSV prior to hire/transfer date. Renewals of Licensure/Certifications will be tracked, verified and documented by the Human Resources Department prior to the expiration date. Employees and Managers can upload the primary source verification (PSV) of licensure/certification through Workday for electronic review and approval by Human Resources.

- a. Human Resources will process the hire/transfer/renewal of an employee to a job that requires valid licensure/certification only after obtaining PSV from the appropriate licensing board. Primary source verification applies only to licensure/certifications required to practice a profession. It is not required for organizational requirements such as advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or clinical certification such as peripherally inserted catheter (PICC) line certification.
- b. Any employee that allows their required licensure/certification to lapse for any reason will be given a Disciplinary Action and removed from the schedule. Exceptions:
  1. MICN Certification: If regional EMS agency cancels MICN certification class, the employee will be permitted to work without updated certification and no disciplinary action. Employee will be required to attend the next scheduled regional MICN class.
  2. TNCC Certification: If TNCC class is cancelled, and as a result, the employee is unable to obtain initial/renewal TNCC certification, employee will be permitted to work without updated certification and no disciplinary action. Employee will be required to attend the next scheduled TNCC class.

c. Employees may return to work once they have shown proof of renewed licensure/certification from a primary source.

### III. Cardiopulmonary Resuscitation (CPR) Courses

A. Only the American Heart Association (AHA) or American Red Cross (ARC) certification programs will be acceptable for employment or renewal. Acceptable courses must contain an in-person, hands-on skills component and cannot be completed solely online. Kaweah Health has established appropriate paid time for hourly employees, upon approval of your supervisor. Classes taken outside of Kaweah Health must be AHA or ARC courses and documentation of completion must include the following:

1. Course completion card (or eCard) from AHA or ARC training center/site

**OR**

2. Temporary Certificate of Completion paperwork from the AHA or ARC training center stating the following:

i. Student's name

ii. Type of course

1. AHA Heartsaver CPR AED

2. AHA BLS for Health Care Providers

3. ARC CPR/AED adult, child & infant

4. ARC CPR for the Professional Rescuer or CPR for the health care provider

iii. Date of Course

iv. Successful Completion

v. Name of Training Center

vi. Signature of training center representative

For option 2 above, the provider course card (or eCard) must be submitted to Human Resources within 30 days of course completion to avoid suspension and disciplinary action.

### IV. Kaweah Health Offered Courses

A. Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation defined as the following:

1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.

2. If class is on Monday, cancel prior to 23:59 on Saturday

3. Classes need to be cancelled through our Learning Management System (LMS)

4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.

B. Kaweah Health completed courses will be documented in Workday as a completed learning course and added as a validated certification for job

requirements. Employees and Managers do not have to provide documentation to Human Resources for courses completed at Kaweah Health.

- C. Classes offered at Kaweah Health are at no charge, and classes taken outside of Kaweah Health are not eligible for reimbursement.

### III. Manager's Responsibilities

- A. Management is responsible for ensuring that all licensed/certified staff has current licensure at all times while working and is not working if license/certification has expired. Upon expiration, the manager will place the employee on a personal leave of absence and the employee is subject to termination.
- B. Managers and Directors may also be subjected to Disciplinary Action, including suspension and possible termination should licensed/certified employees within their responsibility be working without proper licensure/certification.

### IV. Employee's Responsibilities

Employees who have failed to renew their required license or certification, by the expiration date will not be permitted to work. In addition, upon expiration, the employee will be placed on a personal leave of absence for a maximum of 12 weeks and is subject to termination. Employees who allow required licensure/certification to expire will be given a Level Disciplinary Action. Refer to Progressive Discipline policy HR 216.

### V. Interim Permit or Temporary License Processing

Employees must obtain licensure in accordance with the requirements of the applicable licensing board. Employees whose temporary license or interim permit expires, or is otherwise invalidated will be placed on a personal leave of absence for a maximum of 12- weeks. During the 12-weeks period, if licensure is obtained, current employees may apply for a transfer to an open position. If licensure and/or transfer to an eligible position is not obtained, employment will be terminated at the end of the 12-week leave of absence.

### VI. Employees on Leave of Absence

Employees on a Kaweah Health approved Leave of Absence are responsible for being in compliance with all license/certification requirements prior to their return to work. As it pertains to CPI, employees returning from leave will have 60 days from return to complete Kaweah Health offered CPI course.

### VII. Display of License/Certification

As required by law, some licensure/certifications must be displayed in the department.

Related Documents:

Human Resources policy, HR.216 [Progressive Discipline](#)

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<b>Policy Number:</b> HR.49	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 08/23/2023
<b>Approvers:</b> Board of Directors (Administration), Dianne Cox (VP Human Resources)	
<b>Education Assistance</b> <ul style="list-style-type: none"> <li>- <b>Tuition, Books and Fees Reimbursement or Loan Repayment</b></li> <li>- <b>Educational Programs and Compensation</b></li> <li>- <b>Continuing Education and Conferences</b></li> <li>- <b>Professional Certification Fee Reimbursement and Awards</b></li> </ul>	

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**POLICY:**

Kaweah Health recognizes the importance of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and in support of the recruitment and retention of qualified employees, Kaweah Health offers a number of programs and opportunities as described in this policy.

Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation. Monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Loan Repayment is currently excluded from wages through 12/31/2025 due to the CARES Act. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs applicable to positions at Kaweah Health. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before submitting a request for Tuition, Books, and Fees or Loan Repayment. Employees who have received a performance evaluation below an overall "Successful" rating or a Level II or III Performance Correction Notice within the prior 12 months are not eligible for that year, even if they had been previously eligible. If performance in a subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments will be made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to \$2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Health.
- Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time-benefitted status.
- Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time-benefitted status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time-benefitted status.

If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program only applicable to certain approved specialties and must be Primary Care
- Public Service Loan Forgiveness

In no case will an employee receive more than \$5,000 in a calendar year.

An employee may request pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is granted, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement.

Reimbursement or Loan Repayment Forms are due upon course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the

monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the designated Human Resources Director.

### Kaweah Health Sponsored Programs

Kaweah Health has partnership agreements in place with several school programs for difficult to fill positions. Kaweah Health employees selected for sponsorship are subject to the details of the applicable program agreement.

### Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

### EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation will be provided in accordance with regulatory and Kaweah Health established guidelines.

### Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Chief Officer, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Health. Education hours will be considered productive time and as such will be paid in compliance with applicable wage and labor regulations and policy and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)
- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation is defined as the following:
  - 1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
  - 2. If class is on Monday, cancel prior to 23:59 on Saturday
  - 3. Classes need to be cancelled through our Learning Management System (LMS)
  - 4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
  - 5. Employees must be on time.
  - 6. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

### COMPENSATION FOR KAWEAH HEALTH ASSIGNED JOB REQUIREMENTS

Employees who participate in courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.

- Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.
- If the course is offered at Kaweah Health, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.
- Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.

- Computer based courses/testing completed onsite will be paid for actual time spent completing the course/test. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.
- Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.

Employees must use the current time keeping system to record actual time for instructor led training and previously established hours for online training in order to receive compensation for education hours.

Established compensation for successful completion of online training includes but is not limited to the following:

<b>Online Training</b>	<b>Hours Paid</b>
HeartCode BLS	3
ACLS/PALS required pre-course self-assessment	2
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Off Duty completion of performance evaluation – self evaluation	1
Off Duty completion of NetLearning Modules/Testing	Variable based on module length, TBD prior to module release
Completion of Peer Evaluations	Not eligible – Must be done on duty

### CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

Many different methods are utilized for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self-learning modules, and conferences. Reference materials for staff education are available within their respective

departments, Kaweah Health Library, KDCentral and/or KDNet and resources online.

Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, any payment or reimbursement of expenses and time for attendance will be determined by the department leader.

### Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

### PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Chief Officer, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area.

Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books and fees and Loan Repayment is under \$5,250. Expenses which are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification.

Reimbursement monies will be included on the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxable in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the Director of Human Resources.

Any exceptions to this policy must be approved by the Chief Human Resources Officer.

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

Draft

<b>Policy Number:</b> HR.66	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Payroll Deductions</b>	

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

**POLICY:**

To inform employees of the requirements regarding the different categories of payroll deductions and our responsibilities as an employer.

As required by law, there are deductions that employers are required to withhold from employees' wages.

**I. Statutory Payroll Deductions**

1. Federal Income Tax - (Determined by employee's W-4 Form and current Federal Tax Tables)
2. F.I.C.A. - Social Security and Medicare - Determined by Current Year federal rates.
3. S.D.I.- California State Disability Insurance - Determined by Current Year CA rate.
4. S.I.T. - State Income Tax – (Determined by employee's W-4 Form or DE 4 Form and current CA Tax Tables)

**Wage Garnishments / Earnings Withholding / Tax Levies / Child & Spousal Support Orders:**

As an employer, Kaweah Health must comply with all written notices received according to instructions issued by the respective agency. The employee will be mailed a copy of the notice received and it is their responsibility to act quickly if they wish to obtain a release, modification, or termination of the withholding order. Kaweah Health cannot stop an order to withhold prematurely unless the issuing agency instructs us to do so in writing. Voluntary wage assignments will not be honored by Kaweah Health.

**II. Voluntary Payroll Deductions**

Voluntary payroll deductions include:

Retirement benefits such as 401k and 457b, medical, dental, vision, FSA, life, short term and long term disability and other benefits offered by employer usually during open enrollment, when there is a change in family status, or for new hired staff. Some of these deductions may change when there is a change in family status, or for newly hired staff. Some of these deductions may be taken pre-tax and some after-tax.

Other voluntary payroll deductions include: cafeteria, pharmacy, Kaweah Korner, Gift Shop, TLC membership and purchases, as well as Kaweah Health Foundation donations.

Any balance owed to Kaweah Health will be deducted from the final paycheck. Deductions taken from an employee's final paycheck must be pre-authorized in writing by the employee.

- III. If an employee believes an improper deduction was withheld from their pay, or has questions regarding payroll deductions, they should contact the payroll department.

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<b>Policy Number:</b> HR.75	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Differential Pay-Shift, Holidays, and Weekend</b>	

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

**POLICY:**

Differentials will be paid to eligible employees who are scheduled for and work non-business-hour shifts.

**PROCEDURE:**

I. Employee Eligibility

Employees with qualifying job codes are eligible for differential pay. Job codes with M-F 8:00 am - 5:00 pm (or approximate) schedules are not eligible for any differentials, unless needed to work by leadership.

II. Shift Differential Eligible Hours

Evening: 10% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 3:00 p.m. and 11:00 p.m.

Nights: 15% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between 11:01 p.m. and 6:30 a.m.

Weekends: 10% of the minimum of the grade will be paid to all eligible licensed clinical job codes. This differential will be paid only for hours worked between 6:00 p.m.

Friday and 6:30 p.m. Sunday; and the employee must work more than one hour within that time period.

Exception:

Pharmacists are eligible for all shift differentials.

III. Holiday Differential

25% of the minimum of the range will be paid to employees who are required to work on the following holidays.

For New Years, Memorial Day, Labor Day, Thanksgiving and Christmas: Differential will only be paid for hours worked between 6:00 p.m. the night before the holiday until 6:30 p.m. the night of the holiday.

For Independence Day, the differential will only be paid for hours worked from 6:00 a.m. on July 4th through 6:30 a.m. July 5th.

Exception:

Private Home Care will receive a different hourly holiday differential based on where they travel. The differential will be paid for Mother's Day and Easter, in addition to all Kaweah Health recognized holidays.

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<b>Policy Number:</b> HR.80	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Docking Staff</b>	

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

**POLICY:**

The fluctuating workload and census inherent in hospitals and health care may occasionally cause the need for a reduced workforce. When this situation occurs, non-exempt personnel may have their hours reduced in accordance with this policy. Exempt staff are not normally included in the docking rotation. Each department's management will be responsible for recommending and implementing sound staffing decisions in accordance with Kaweah Health's goals for effective resource management. Employees who report to work, are not provided any work, and are subsequently docked are guaranteed one (1) hour of pay.

**PROCEDURE:**

At times the workload or census may require that employees who are scheduled to work but indicated to dock be put on Standby. In these cases employees will stay on Standby until called back into work or subsequently docked until their shift ends. Employees will not have the right to refuse Standby for regularly scheduled shifts. Pay for Standby and Callback will be in accordance with policy entitled STANDBY AND CALLBACK PAY (HR. 72). Additionally, docked time will be documented in the timekeeping system to allow appropriate application of hours.

Each department establishes a plan for docking that sets out the criteria by which decisions for docking are made, utilizing the prioritization noted below. When docking is indicated, the determination of which employees will be scheduled for docking will be made by the department leader or designee.

- II. Mandatory dock time will be applied in the following order
  - A. Overtime shifts
  - B. Employees who volunteer to be docked
  - C. Per Diem
  - D. Part-Time Staff
  - E. Full-Time Staff

## Docking Staff

Prior to mandatory docking employees, leaders may ask if any employee wishes to take time off rather than work the shift or remainder of the shift.

If no employee desires time off, then leaders will apply the mandatory dock time as it meets the functional needs of the department.

To ensure fairness, each department will rotate their employees through docking procedures as appropriate to their staffing needs.

## Timekeeping

Timekeeping is noted as PTO Mandatory Dock or Mandatory Dock/No Pay.

Dock hours are applied to:

- A. Hours required to maintain employee benefits eligibility.
- B. Accruals earned each pay period,
- C. Qualified service hours used to compute what level Paid Time Off accrual is earned.

Department management who routinely dock employees will review staffing needs. Those who are actively recruiting to fill vacancies within their department will analyze the need for extra staff and, when not justified, will notify Human Resources if it is determined that a current vacancy should not be posted or if a full-time opening should be changed to part-time or per-diem.

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<b>Policy Number:</b> HR.128	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Employee Benefits Overview</b>	

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

**POLICY:**

Eligible Kaweah Health Employees are provided a wide range of employee benefits. A number of the programs, such as Social Security, Workers' Compensation, and Unemployment Insurance, cover all employees in the manner prescribed by Federal or State law. Hospital-sponsored benefits eligibility is dependent upon a variety of factors, including employee classification. Human Resources maintains a listing of current benefits available. The controlling terms and conditions of all benefits are contained within the plan documents which define each benefits plan. In the event of discrepancies between other printed material and formal plan provisions describing Kaweah Health employee benefits programs, the official plan documents and instruments provisions govern.

Employees will be responsible for paying their insurance premiums and those for their enrolled dependents based on status and the date of eligibility. Enrollment in most plans must be completed within 30 days of the date of eligibility for the plan. Benefit eligible employees may also apply for offered benefits during Open Enrollment, normally offered in fall of each year for a January 1<sup>st</sup> effective date. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only. Please review Summary Plan Documents for each plan for complete information.

**PROCEDURE:**

General:

1. Insurance premiums for medical, dental, vision, supplemental life, dependent life, etc., are deducted each pay period (24 per calendar year) from paychecks.
2. Eligible employees may opt to cover eligible dependents with timely enrollment and financial responsibility for any dependent coverage. If a spouse or registered domestic partner has coverage available through their own outside employer (not KH); the KH plan will pay only as secondary insurance.

3. If an event occurs which will change the amount of premium the employee pays, the employee will either be required to pay back premiums or will receive reimbursement for premiums already deducted, depending on the nature of the event.
4. All premium contributions for medical, dental and vision are deducted on pre-tax basis. The conditions of Internal Revenue Service Code, Section 125, specifically prohibit employees from changing their insurance benefit coverage until an Open Enrollment period is offered or unless there is a major life change or qualifying event. Certain qualifying events may permit an employee to apply for late enrollment or changes in the employee's enrolled dependents.

#### Normal Waiting Period:

1. Coverage for health benefits begin the first of the month following a status change to a benefit eligible position.

#### Status Change:

1. The department head will submit a Job Change in Workday when an employee changes employment status. The effective date of the status change is the first day of the pay period in which the status change occurs.
2. Human Resources will notify the employee of changes in eligibility and/or applicable premium levels for eligible benefits. If a full time employee does not elect or waive medical coverage, their coverage will default to the High Deductible Medical Plan Employee Only.
3. The premiums to be deducted are dependent on the date of the status change and may apply to the portion of the premium covering the employee as well as the dependent coverage.
4. If a Per Diem employee with coverage converts to Benefitted status, premiums deducted will be appropriately adjusted.
5. A newly eligible employee, i.e., one who converts from Part Time No Benefits or Per Diem (because of a qualifying event) to Benefitted or benefits eligible status, who has already satisfied the waiting period will not have to satisfy an additional waiting period.
6. An employee who was previously eligible and enrolled in the insurance plans and subsequently changed to a non-benefit eligible status, who has now converted to a benefits eligible status will not be subject to the waiting period.
7. An eligible employee who was eligible for, and declined benefits because of other coverage and then loses the other coverage is eligible to enroll in benefits with no waiting period under the Health Insurance Portability and

Accountability Act of 1996 (HIPAA). The employee must enroll within 30 days of the loss of other coverage and provide a Certificate of Creditable Coverage from the other plan.

8. An employee who loses medical, vision, dental coverage or a medical spending account due to conversion to an ineligible status or termination of employment will be offered continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), except in the case of discharge for gross misconduct. Eligibility, payment of premiums, and length of available coverage are determined by COBRA regulations.
9. In the case of a Leave of Absence, if an employee is on paid status (utilizing PTO/EIB), the employee may continue their normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums bi-weekly/monthly while on a leave of absence for a total of four months combined within a rolling 12 months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

#### Procedures for COBRA:

- a. At the time of the qualifying event, Human Resources or the COBRA Administrator will forward the Employee Notice and Election Form to the employee via US mail.

COBRA qualifiers: Death of a covered employee, divorce or legal separation, a covered employee becoming eligible for Medicare, or a covered dependent child who is no longer eligible for coverage under the group plan.

- b. The employee, the separated or divorced spouse, or covered dependent will have no more than 60 days from the date of receipt of the COBRA letter to apply for continuance of medical, dental, or vision coverage. Notification is accomplished by completing the Employee Notice and Election form. If the employee, separated or divorced spouse, or covered dependent wishes to continue with medical, dental, or vision coverage, the initial premium payment to the COBRA Administrator must be received within 45 days of the date the employee signs the Employee Notice and Election Form and must be paid in full, back to the date of COBRA coverage.

- c. Upon receipt of the initial payment, the COBRA Administrator will begin the COBRA coverage and will expect future premiums due. The employee or eligible dependent must continue payments each month in order to continue coverage. COBRA coverage will be terminated if payments are not made within the guidelines set forth.

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<b>Policy Number:</b> HR.147	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Pregnancy Disability Leave of Absence</b>	

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

**POLICY:**

To allow time off to employees who have no other recourse than to be away from work for 17 1/3 weeks. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

**NOTE:** Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with state and federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by Department Heads and employees.

**PROCEDURE:**1. Reason for Leave

Kaweah Health will grant an unpaid pregnancy disability leave to employees disabled due to their pregnancy, child birth, or related medical conditions. This can include an employee who is unable to perform any one or more of the essential functions of her job or to perform them without undue risk to herself, to her pregnancy's successful completion, or to other persons; the employee is suffering from severe morning sickness; and/or the employee needs to take time off for prenatal or postnatal care, bed rest, gestational diabetes, pregnancy-induced hypertension, preeclampsia, post-part depression, childbirth, loss or end of pregnancy, or recovery from childbirth, loss or end of pregnancy.

2. Leave Available

- a. An employee disabled due to pregnancy, childbirth, or a related medical condition may take up to a maximum of four (4) months leave. As an alternative, Kaweah Health may transfer the employee to a less strenuous or hazardous position if the employee so requests, with the advice of her physician, if the transfer can be reasonably accommodated.
- b. Refer to FMLA Intermittent Leave.
- c. Leave taken under the pregnancy disability policy runs concurrently with the Family and Medical Leave Act (FMLA) under Federal law, but not Family and Medical Leave under the California Family Rights Act (CFRA).

3. Notice and Certification Requirement

- a. Notice:  
Employees planning to take a pregnancy disability leave must provide Kaweah Health with reasonable advance notice.
- b. Certification of Disability:

Kaweah Health requires a written statement from a physician or other licensed health-care practitioner which must include the following:

- i. That the employee is unable to perform the essential job duties or that the employee is unable to perform these duties without undue risk to herself or other persons;
- ii. The date on which the disability commenced; and
- iii. The expected date of the employee's ability to return to work.

- c. Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause Kaweah Health to apply a voluntary resignation from employment.

4. Compensation During Leave:

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

- a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial three (3) days are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.

5. Benefit Accrual:

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

6. Merit Review Date:

The merit review date will not change due to the leave of absence.

7. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and the Hospital, under the same conditions as existed

prior to the leave, for a maximum period of four (4) months in a 12-month period.

- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. See FMLA HR.145 #d, page 9 of 7.
- e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.
- f. An employee may cancel his/her insurance(s) at the end of any given month during the leave. Cancellation must be done in writing to the Human Resources Department. The employee may reinstate coverage within 30 days of his/her return from work.
- g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months, or seven months when PDL combines with CFRA, of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

#### 8. Reinstatement

A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a Pregnancy Disability leave of absence.

Upon the submission of a medical certification from a health care provider that an employee is able to return to work, the employee will, in most circumstances, be offered the same position held at the time of the leave or an equivalent. However, an employee returning from a Pregnancy Disability Leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Pregnancy Disability Leave would have been laid off had he/she not gone on leave, or if an employee's position is eliminated during the leave, then the

employee would not be entitled to reinstatement. Similarly, if the employee's position has been filled in order to avoid undermining Kaweah Health's ability to operate safely and efficiently while the employee was on leave, and there is no equivalent position available, then the reinstatement would be denied.

Otherwise, Kaweah Health will comply with the agreed upon date of reinstatement. If no date was agreed or there is a change in the reinstatement date, Kaweah Health will reinstate the employee within two business days, or as soon as reasonably possible.

9. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB Testing, as applicable) prior to return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

*"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."*

<b>Policy Number:</b> HR.200	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Drug Free Work Place and Drug/Alcohol Testing</b>	

**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. 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.

### 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, if the employee is able, the employee is to be escorted to Employee Health Services to provide a sample. If the employee refuses to sign the consent or provide a sample, he/she will be subject to Disciplinary Action up to and including termination of employment.
- f. If you believe the employee is impaired, make arrangements to have the employee taken home or contact a cab company, which will be paid for by 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 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.

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<b>Approvers:</b> Board of Directors (Administration)	
<b>Progressive Discipline</b>	

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**POLICY:**

Kaweah Health uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. Kaweah Health recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all Kaweah Health employees, except residents enrolled in Kaweah Health's Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of Kaweah Health. Orderly and efficient operation of Kaweah Health requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect Kaweah Health's goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is eligible for transfer or promotion within Kaweah Health with review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

In its sole discretion, Kaweah Health reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

## PROCEDURE:

- I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:
  - A. Warnings
    1. Verbal Warning:  
A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance.
  - B. Written Warning:  
  
A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent back-up documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.  
  
The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.
    1. Level I  
Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.
    2. Level II  
Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.
    3. Level III  
A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of Kaweah Health, an employee may be placed on Administrative Leave at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

After the investigation has been completed, the employee may be returned to work and, in the discretion of Kaweah Health and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of Kaweah Health, be paid until the Post Determination Review process has been completed. (See policy HR.218).

D. Dismissal Without Prior Disciplinary History

As noted, Kaweah Health may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of Kaweah Health resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below.

E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or Kaweah Health's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:

1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).
2. Giving false or misleading information during a Human Resources investigation;

3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to Kaweah Health, employees, patients, or their families or visitors;
4. Damaging or defacing materials or property of the Kaweah Health, employees, patients, or their families or visitors;
5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on Kaweah Health premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;
6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on Kaweah Health property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;
7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti- Harassment and Abusive Conduct.
8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on Kaweah Health property without proper authorization;
9. Endangering the life, safety, or health of others;
10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)
12. Communicating confidential Kaweah Health or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;
14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of Kaweah Health property or facilities;

16. Improper access to or use of the computer system or breach of password security;
17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by Kaweah Health.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.
24. .
25. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health. This includes wearing earbuds for the purpose of listening to music from your personal cell phone, unless authorized by department leadership.
26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
27. Any criminal conduct off the job that reflects adversely on Kaweah Health.
28. Making entries on another employee's time record or allowing someone else to misuse Kaweah Health's timekeeping system.
29. Bringing children to work, or leaving children

- unattended on Kaweah Health premises during the work time of the employee.
30. Immoral or inappropriate conduct on Kaweah Health property.
  31. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
  32. Unsatisfactory job performance.
  33. Horseplay or any other action that disrupts work,
  34. Smoking within Kaweah Health and/or in violation of the policy.
  35. Failure to report an accident involving a patient, visitor or employee.
  36. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
  37. Unauthorized gambling on Kaweah Health premises.
  38. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.
  39. Providing materially false information to Kaweah Health or a government agency, patient, insurer or the like.
  40. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.
  41. Impersonating a licensed provider.
  42. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
  43. Violation of Professional Appearance Guidelines
  44. Being in areas not open to the general public during non- working hours without the permission of the supervisor or interfering with the work of employees.
  45. Failure to complete all job related mandatory

requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual Training, TB/Flu, etc.).

46. Mandatory utilization of BioVigil.
47. Failure to use two (2) patient identifiers in the course of patient care.

Further information regarding this policy is available through your department manager or the Human Resources Department.

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<b>Policy Number:</b> HR.234	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014</b>	

**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 which ever 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 is 400 hours. 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, PTO-PSL may be applied for the first three calendar days 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 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 1<sup>st</sup>)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4<sup>th</sup>)
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 25<sup>th</sup>)
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.

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REVIEW

<b>Policy Number:</b> HR.242	<b>Date Created:</b> 02/10/2016
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> Not Approved Yet
<b>Approvers:</b> Board of Directors (Administration), HR Advisory Committee, Blanca Bedolla (Employee Relations Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Dianne Cox (Chief Human Resources Officer)	
<b>Personal Medical Leave</b>	

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

### **Policy:**

To allow time off to employees who have no other recourse than to be away from work for up to one (1) year of medical leave. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance (SDI), and Workers' Compensation. To advise employees of their rights and responsibilities.

NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with state and federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by Department Heads and employees.

### **Procedure:**

This policy on medical leaves applies if an employee does not qualify under a legislated leave, such as the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and/or a Workers' Compensation Leave.

#### **I. Reason for Leave**

Kaweah Health offers employees the opportunity to take an unpaid leave of absence because of a non-work-related serious health condition that makes the employee unable to perform the functions of the employee's job (other than pregnancy, childbirth and related medical conditions).

- a. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:
  - i. Inpatient care (i.e., an overnight stay) in a medical care facility; or
  - ii. Continuing treatment by a health care provider for a condition that either prevents the qualified family member from participating in school or other daily activities.
  - iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two

visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

## II. Leave Available

An employee may take up to one (1) year of medical leave during a 12-month period begins on the date of an employee's first use of medical leave. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended.

## III. Notice, Certification and Reporting Requirements

### a. Timing:

- i. If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with Kaweah Health's normal call-in procedures.
- ii. If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of Kaweah Health.

### b. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plan to return to work. Failure to provide updates may cause Kaweah Health to apply a voluntary resignation from employment.

### c. Department Heads:

Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health who may contact the provider.

## IV. Compensation During Leave:

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

- a. For a medical leave of absence longer than seven (7) days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued Extended Illness Bank (EIB) hours are paid after 24 hours off. The initial three (3) 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the

circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after EIB has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.

- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB hours.

V. Benefit Accrual:

The employee will continue to accrue PTO as long as they are being paid by Kaweah Health (receiving a paycheck) during integration of benefits on continuous leave of absence.

VI. Merit Review Date:

The merit review date will not change during a leave of absence.

VII. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.
- b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.
- c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums while on a leave of absence for a total of four months. After four (4) months, employees will be offered COBRA Continuation Coverage for applicable benefits.
- d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability.
- e. An employee may cancel his/her insurance within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.

- f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.
- g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

VIII. Reinstatement:

If returning from a non-work-related medical leave, Kaweah Health will meet with the employee to review the interest and abilities to return to work with or without a reasonable accommodation. There are no guarantees of reinstatement and the employee's return will depend on their qualifications for existing openings.

A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence.

The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within two weeks of the employee's return.

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

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