

February 18, 2022

**TO: Members of the Board of Directors**

Victor Rey, Jr. – President  
Regina M. Gage – Vice President  
Juan Cabrera – Secretary  
Richard Turner – Treasurer  
Joel Hernandez Laguna – Assistant Treasurer

**Legal Counsel**

Ottone Leach & Ray LLP

**News Media**

Salinas Californian  
El Sol  
Monterey County Herald  
Monterey County Weekly  
KION-TV  
KSBW-TV/ABC Central Coast  
KSMS/Entravision-TV

The Regular Meeting of the Board of Directors of the Salinas Valley Memorial Healthcare System will be held **THURSDAY, February 24, 2022, AT 4:00 P.M., IN THE DOWNING RESOURCE CENTER, ROOMS A, B & C AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR BY PHONE OR VIDEO (Visit [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) for Access Information).**

Please note: Pursuant to SVMHS Board Resolution No. 2022-01, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.



Pete Delgado  
President/Chief Executive Officer

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**THURSDAY FEBRUARY 24, 2022  
4:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C  
SALINAS VALLEY MEMORIAL HOSPITAL  
450 E. ROMIE LANE, SALINAS, CALIFORNIA  
OR BY PHONE OR VIDEO**

**(Visit [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) for Access Information)**

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**AGENDA**

- |   | <b><u>Presented By</u></b>       |
|---|----------------------------------|
| <b>I. <u>Call to Order/Roll Call</u></b>  | Victor Rey, Jr.                  |
| <b>II. <u>Closed Session</u> (See Attached Closed Session Sheet Information)</b>  | Victor Rey, Jr.                  |
| <b>III. <u>Reconvene Open Session/Closed Session Report</u> (Estimated time 5:00 pm)</b>  | Victor Rey, Jr.                  |
| <b>IV. <u>Public Hearing Regarding Required Redistricting of Salinas Valley Memorial Healthcare System a Local Health Care District</u></b>   | Pete Delgado<br>Adrienne Laurent |
| ➤ Public Comment regarding the required redistricting for Salinas Valley Memorial Healthcare System, a Local Health Care District   |                                  |
| <b>V. <u>Education Program</u></b>  | Clement Miller<br>Jason Giles    |
| ➤ Nutrition Services Presentation   |                                  |
| <b>VI. <u>Report from the President/Chief Executive Officer</u></b>   | Pete Delgado                     |
| <b>VII. <u>Public Input</u></b>   | Victor Rey, Jr.                  |
| This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda. |                                  |
| <b>VIII. <u>Board Member Comments</u></b>   | Board Members                    |
| <b>IX. <u>Consent Agenda—General Business</u></b>   | Victor Rey, Jr.                  |
| (A Board Member may pull an item from the Consent Agenda for discussion.)   |                                  |
| A. Minutes of the Regular Meeting of the Board of Directors, January 27, 2022   |                                  |
| B. Financial Report   |                                  |
| C. Statistical Report   |                                  |
| D. Policies   |                                  |
| 1. Gift, Ticket and Honoraria Policy  |                                  |
| 2. NICU Transport: Care Practices for Transport   |                                  |
| 3. COVID Testing Swab Standardized Procedure  |                                  |
| 4. Water Management Program Plan: Minimizing Waterborne Pathogenic Organisms  |                                  |
| ➤ Board President Report  |                                  |
| ➤ Board Questions to Board President/Staff  |                                  |
| ➤ Motion/Second   |                                  |
| ➤ Public Comment  |                                  |

- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

## **X. Reports on Standing and Special Committees**

- A. Quality and Efficient Practices Committee** Juan Cabrera  
Minutes from the February 23, 2022 Quality and Efficient Practices Committee meeting have been provided to the Board. Additional Report from Committee Chair, if any.
- B. Finance Committee** Juan Cabrera  
Minutes from the February 23, 2022 Finance Committee meeting have been provided to the Board. The following recommendation has been made to the Board.
1. Recommend Board Approval and award of Hazardous Waste Disposal Contract to Stericycle, Inc., A Delaware Corporation
    - Committee Chair Report
    - Board Questions to Committee Chair/Staff
    - Motion/Second
    - Public Comment
    - Board Discussion/Deliberation
    - Action by Board/Roll Call Vote
- C. Personnel, Pension and Investment Committee** Regina M. Gage  
Minutes from the February 22, 2022 Personnel, Pension and Investment Committee meeting have been provided to the Board. The following recommendations have been made to the Board.
1. Recommend Board Approval of (i) The Contract Terms And Conditions for the Hospitalist Professional Services Agreement for Jose Ajoc, Jr., MD and (ii) The Contract Terms and Conditions for Dr. Ajoc's Covid-19 Physician Loan Agreement
    - Staff Report
    - Committee Questions to Staff
    - Motion/Second
    - Public Comment
    - Committee Discussion/Deliberation
    - Action by Committee/Roll Call Vote
  2. Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Kelsey Capron, MD, (ii) the Contract Terms for Dr. Capron's Recruitment Agreement, and (iii) the Contract Terms for Dr. Capron's Family Medicine Professional Services Agreement
    - Staff Report
    - Committee Questions to Staff
    - Motion/Second
    - Public Comment
    - Committee Discussion/Deliberation
    - Action by Committee/Roll Call Vote
  3. Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Guadalupe Arreola, MD, (ii) the Contract Terms for Dr. Arreola's Recruitment Agreement, and

(iii) the Contract Terms for Dr. Arreola’s Family Medicine Professional Services Agreement

- Staff Report
- Committee Questions to Staff
- Motion/Second
- Public Comment
- Committee Discussion/Deliberation
- Action by Committee/Roll Call Vote

**XI. Consider Board Resolution No. 2022-02 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor’s State of Emergency Declaration March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period February 24, 2022 through March 25, 2022**

District Legal Counsel

- Report by District Legal Counsel
- Board Questions to District Legal Counsel/Staff
- Motion/Second
- Public Comment
- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

**XII. Report on Behalf of the Medical Executive Committee (MEC) Meeting of February 10, 2022, and Recommendations for Board Approval of the following:**

Theodore Kaczmar, Jr., M.D.

- A. From the Credentials Committee:
  - 1. Credentials Committee Report
- B. From the Interdisciplinary Practice Committee:
  - 1. Interdisciplinary Practice Committee Report
- C. Policies:
  - 1. Aerosol Transmitted Diseases Exposure Control Plan
  - 2. Amniotomy Nursing Standardized Procedure

- Chief of Staff Report
- Board Questions to Chief of Staff
- Motion/Second
- Public Comment
- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

**XIII. Extended Closed Session (if necessary)**

Victor Rey, Jr.

(See Attached Closed Session Sheet Information)

**XIV. Adjournment – The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 24, 2022, at 4:00 p.m.****

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Notes: Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Executive Assistant during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM BOARD OF DIRECTORS  
AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

**CLOSED SESSION AGENDA ITEMS**

**[ ] LICENSE/PERMIT DETERMINATION**  
(Government Code §54956.7)

**Applicant(s):** (Specify number of applicants) \_\_\_\_\_

**[ ] CONFERENCE WITH REAL PROPERTY NEGOTIATORS**  
(Government Code §54956.8)

**Property:** (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation): \_\_\_\_\_

**Agency negotiator:** (Specify names of negotiators attending the closed session): \_\_\_\_\_

**Negotiating parties:** (Specify name of party (not agent): \_\_\_\_\_

**Under negotiation:** (Specify whether instruction to negotiator will concern price, terms of payment, or both): \_

**[ ] CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**  
(Government Code §54956.9(d)(1))

**Name of case:** (Specify by reference to claimant's name, names of parties, case or claim numbers): \_\_\_\_\_, or

**Case name unspecified:** (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): \_\_\_\_\_

**[ ] CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**  
(Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): \_\_\_\_\_

Additional information required pursuant to Section 54956.9(e): \_\_\_\_\_

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): \_\_\_\_\_

**[ ] LIABILITY CLAIMS**  
(Government Code §54956.95)

**Claimant:** (Specify name unless unspecified pursuant to Section 54961): \_\_\_\_\_

**Agency claimed against:** (Specify name): \_\_\_\_\_

**[ ] THREAT TO PUBLIC SERVICES OR FACILITIES**  
(Government Code §54957)

**Consultation with:** (Specify name of law enforcement agency and title of officer): \_\_\_\_\_

**PUBLIC EMPLOYEE APPOINTMENT**  
(Government Code §54957)

**Title:** (Specify description of position to be filled): \_\_\_\_\_

**PUBLIC EMPLOYMENT**  
(Government Code §54957)

**Title:** (Specify description of position to be filled): \_\_\_\_\_

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION**  
(Government Code §54957)

**Title:** (Specify position title of employee being reviewed): \_\_\_\_\_

**PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**  
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

**CONFERENCE WITH LABOR NEGOTIATOR**  
(Government Code §54957.6)

**Agency designated representative:** (Specify name of designated representatives attending the closed session):  
\_\_\_\_\_ Pete Delgado

**Employee organization:** (Specify name of organization representing employee or employees in question):  
National Union of Healthcare Workers, California Nurses Association, Local 39, ESC Local 20, or

**Unrepresented employee:** (Specify position title of unrepresented employee who is the subject of the negotiations): \_\_\_\_\_

**CASE REVIEW/PLANNING**  
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

**REPORT INVOLVING TRADE SECRET**  
(Government Code §37606 & Health and Safety Code § 32106)

**Discussion will concern:** (Specify whether discussion will concern proposed new service, program, or facility):  
\_\_\_\_\_ Trade Secrets, Strategic Planning, Proposed New Programs and Services

**Estimated date of public disclosure:** (Specify month and year): Unknown

**[X] HEARINGS/REPORTS**

(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

**Subject matter:** (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

1. Report of the Medical Staff Quality and Safety Committee
2. Report of the Medical Staff Credentials Committee
3. Report of the Interdisciplinary Practice Committee

**[ ] CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW** (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER/ROLL CALL*

*(VICTOR REY, JR.)*



*CLOSED SESSION*

*(Report on Items to be  
Discussed in Closed Session)*

*(VICTOR REY, JR.)*

*RECONVENE OPEN SESSION/  
CLOSED SESSION REPORT  
(ESTIMATED TIME: 5:00 P.M.)*

*(VICTOR REY, JR.)*

## Board Paper: District Zone Boundaries

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Agenda Item: Public Hearing Regarding Required Redistricting of Salinas Valley Memorial Healthcare System, a Local Healthcare District  
Executive Sponsor: Adrienne Laurent  
Date: February 17, 2022

### Executive Summary

As a local agency which has board representatives elected via district elections, we are required to perform a statistical and demographic analysis shortly after the completion of the US Census every ten years.

### Background/Situation/Rationale

Redistricting by special districts is governed by Elections Code Section 22000 – 22001. The statute requires that the District, using the information from the Decennial Census as a basis, determine whether the zones formed for election of representatives are equal in population taking into considering topography, geography, cohesiveness, contiguity, integrity and compactness, and communities of interest.

### Timeline/Review Process:

Section 22000 of the Election Code imposes a deadline to complete the process 180 days preceding the election of a director. The next election for directors is scheduled for early November 2022, and therefore the redistricting process will need to be completed by the end of April, 2022.

The District has engaged Matt Rexroad of Redistricting Insights to review the census data to determine whether there have been demographic shifts within the District's boundaries and within the boundaries of each of the five election zones. Mr. Rexroad's firm has also created maps with zones considering the factors listed above (cohesiveness, contiguity, communities of interest, etc.) in a manner such that the boundaries of the electoral zones meet constitutional requirements.

Mr. Rexroad's firm has prepared four map options for your consideration, which you will find in this packet. At this month's meeting, Mr. Rexroad will present the four options to you, and after board discussion the public will have the opportunity to comment. Our current timeline calls for a board vote on this issue next month.

# REDISTRICTING SVMHD

## Initial Mapping Scenarios

*January, 2022*

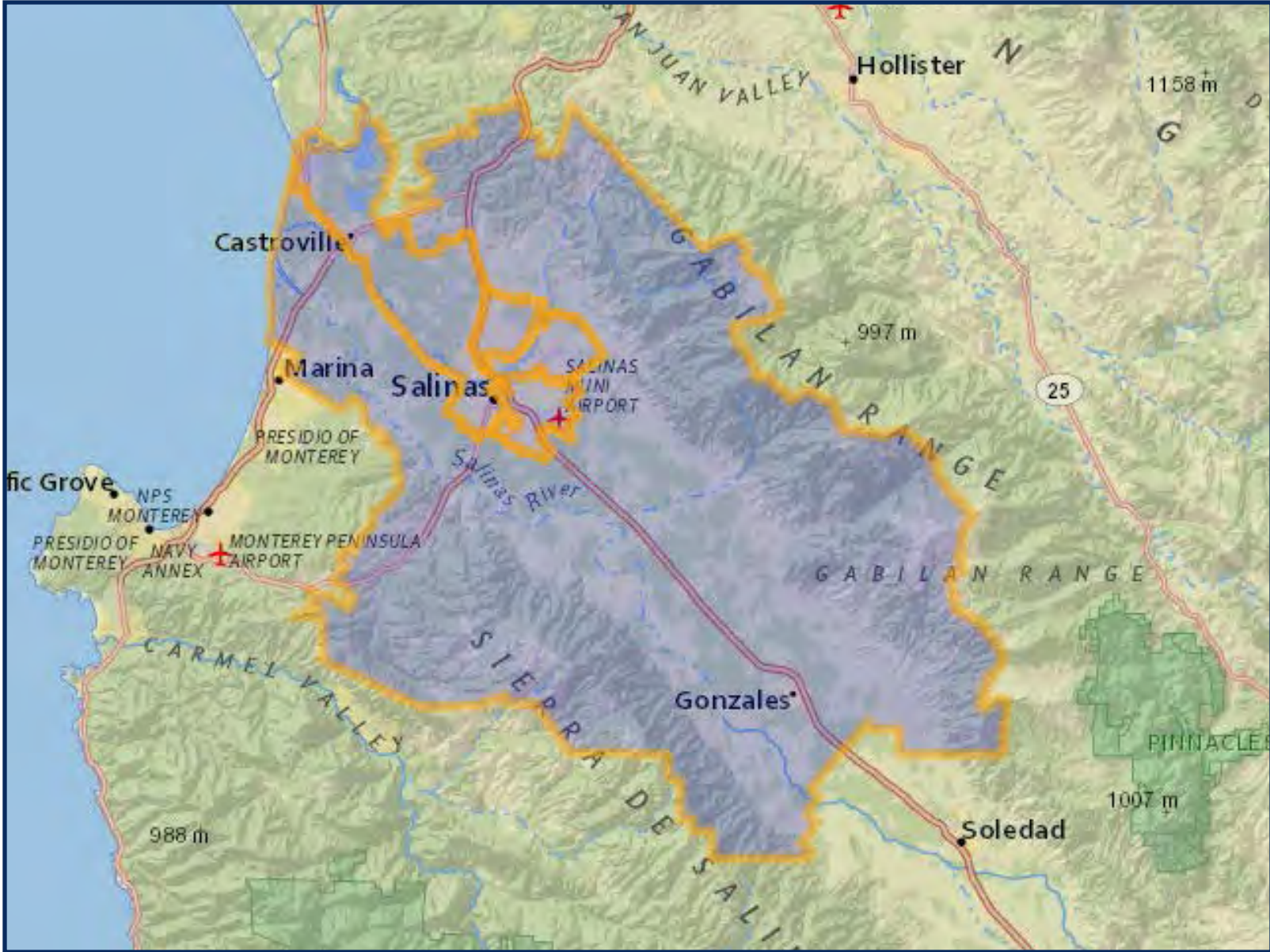
# REDISTRICTING SVMHD SCENARIO I

	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
2020 Census Count*	43,841	44,498	44,248	43,943	43,514
Deviation #	-168	489	239	-66	-495
Deviation %	-0.4%	1.1%	0.5%	-0.1%	-1.1%
2010 Census Count	41,833	40,085	41,551	40,501	38,717
2019 CVAP*	26,459	22,123	11,349	16,776	20,001
2010 CVAP	25,929	20,879	10,264	15,378	19,228



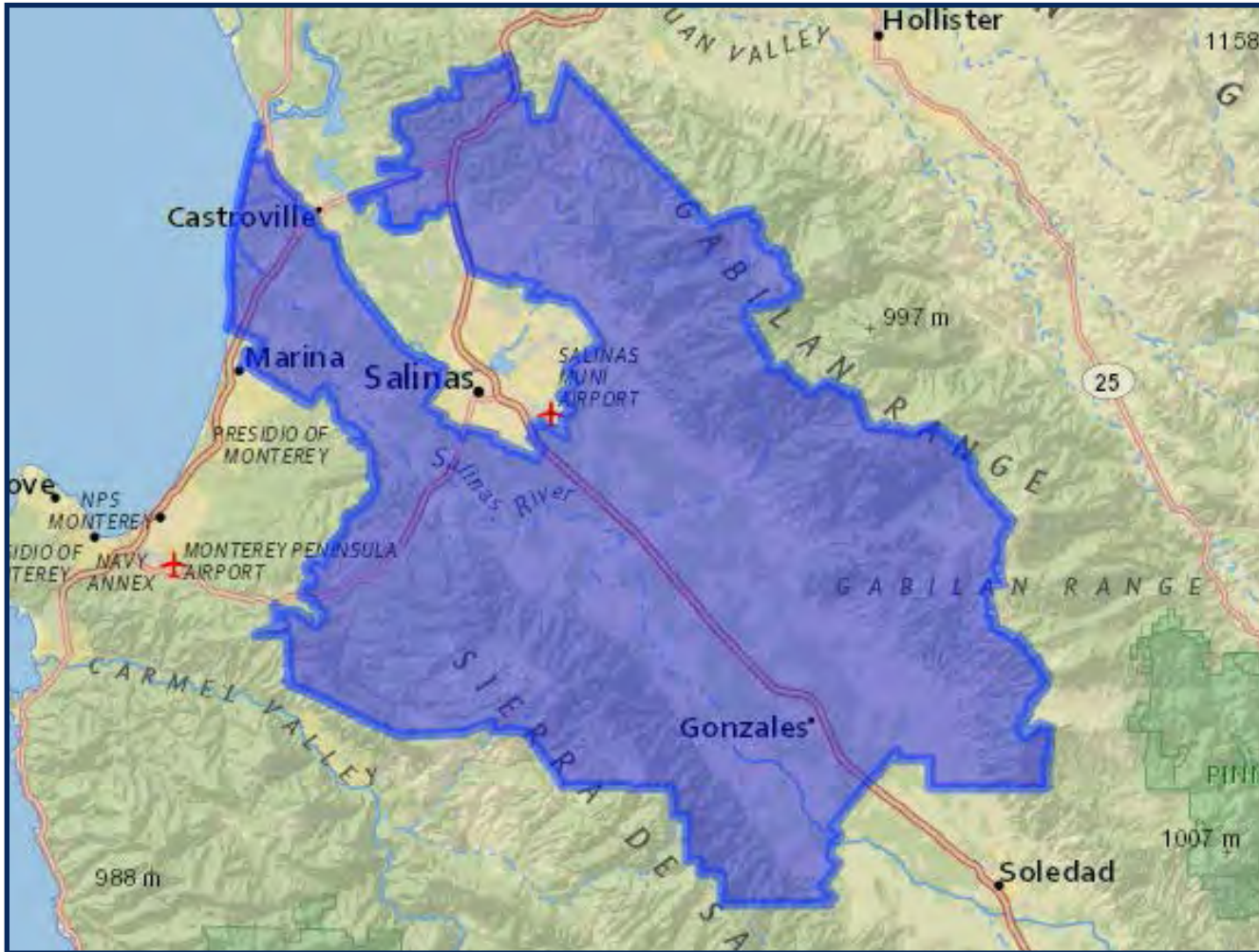
\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO I



# REDISTRICTING SVMHD SCENARIO I

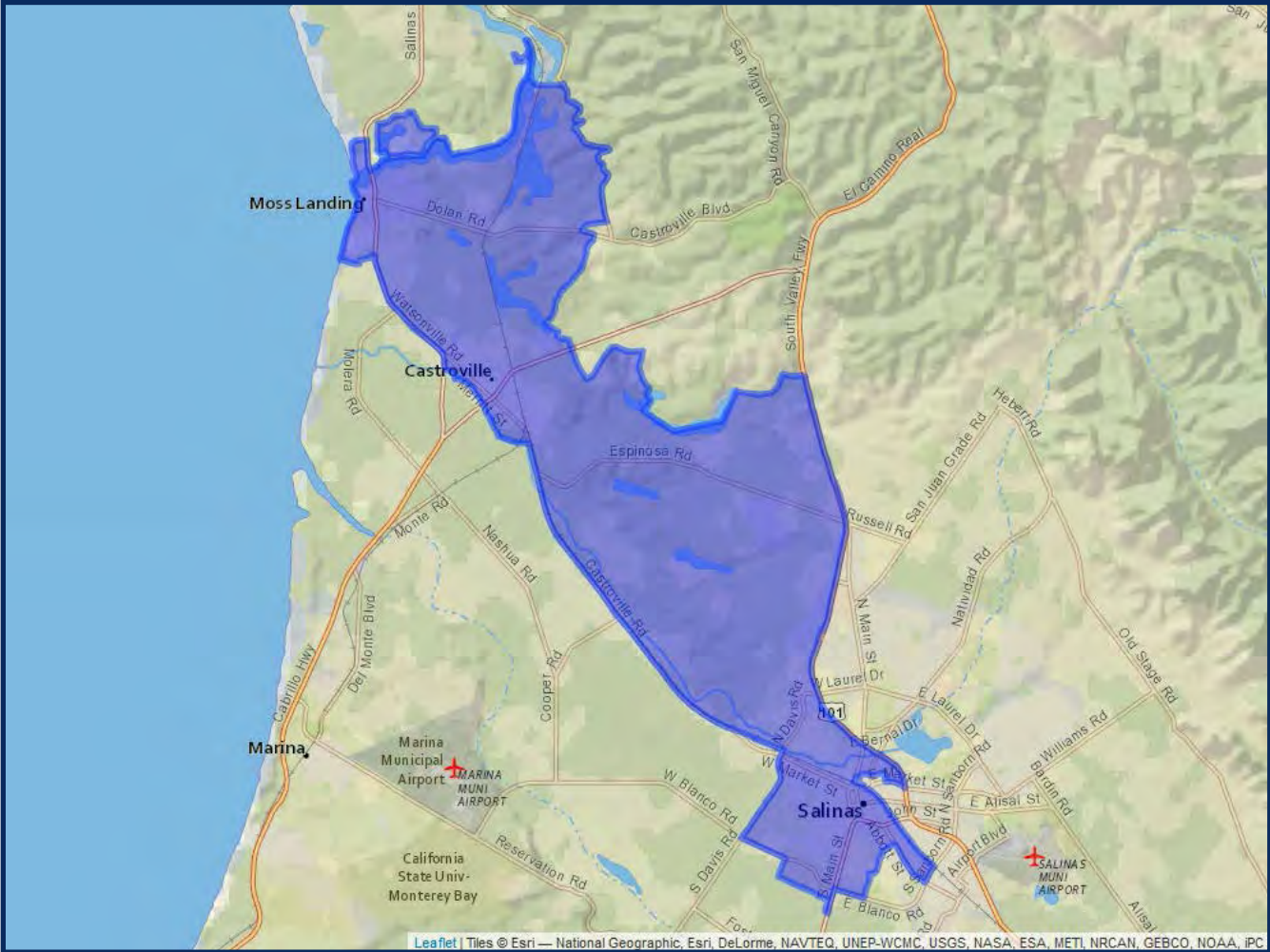
## ZONE 1



	2020 Count*	2019 CVAP*
Total	43,841	26,459
White	38.27%	54.23%
Black	0.89%	0.96%
Asian	4.78%	4.38%
Hispanic	51.16%	35.91%

# REDISTRICTING SVMHD SCENARIO I

## ZONE 2



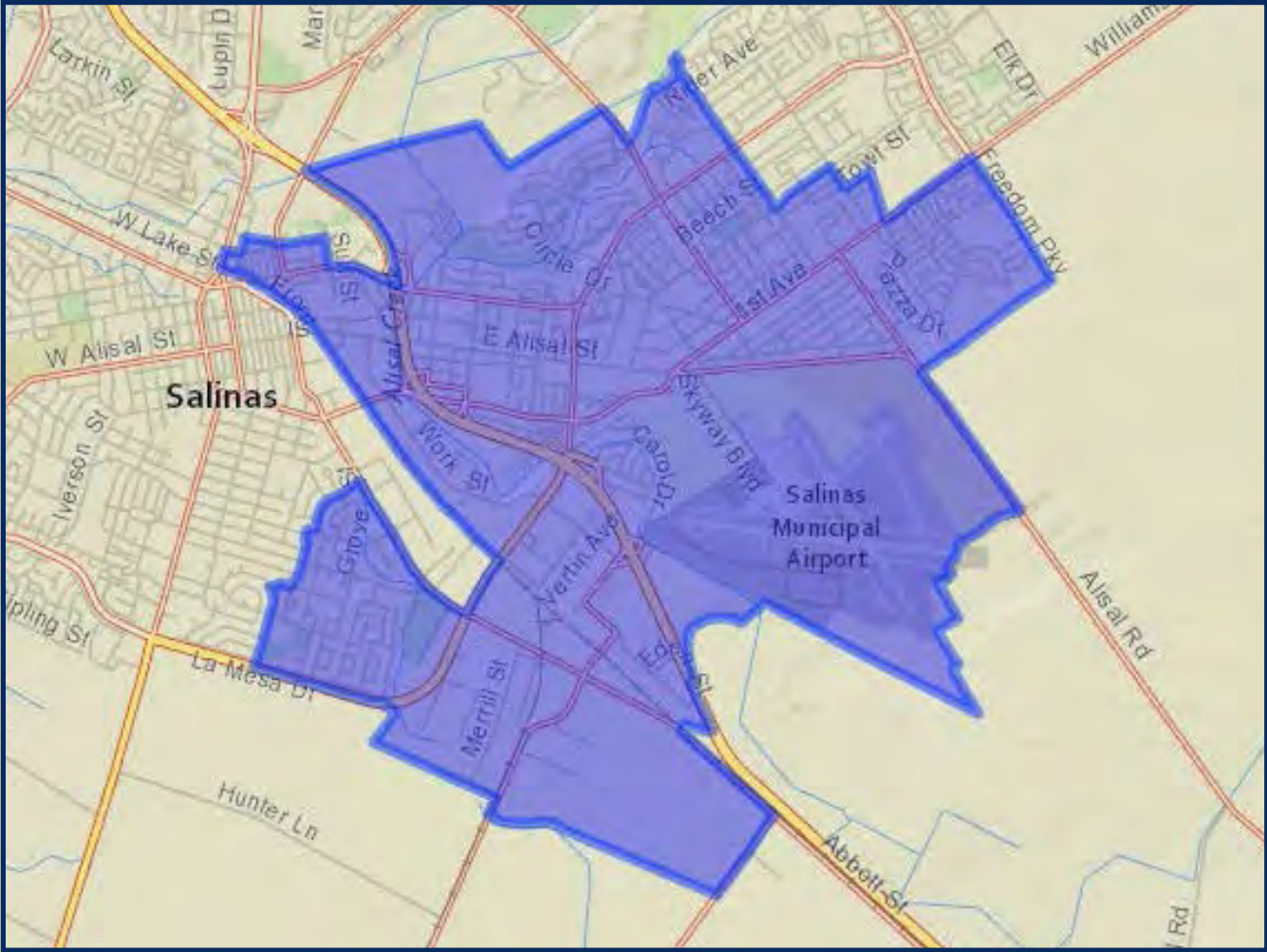
	2020 Count*	2019 CVAP*
Total	44,498	22,123
White	21.08%	37.65%
Black	1.52%	2.12%
Asian	5.05%	7.14%
Hispanic	68.52%	51.15%



\*Adjusted for prisoner reallocation



**ZONE 3**

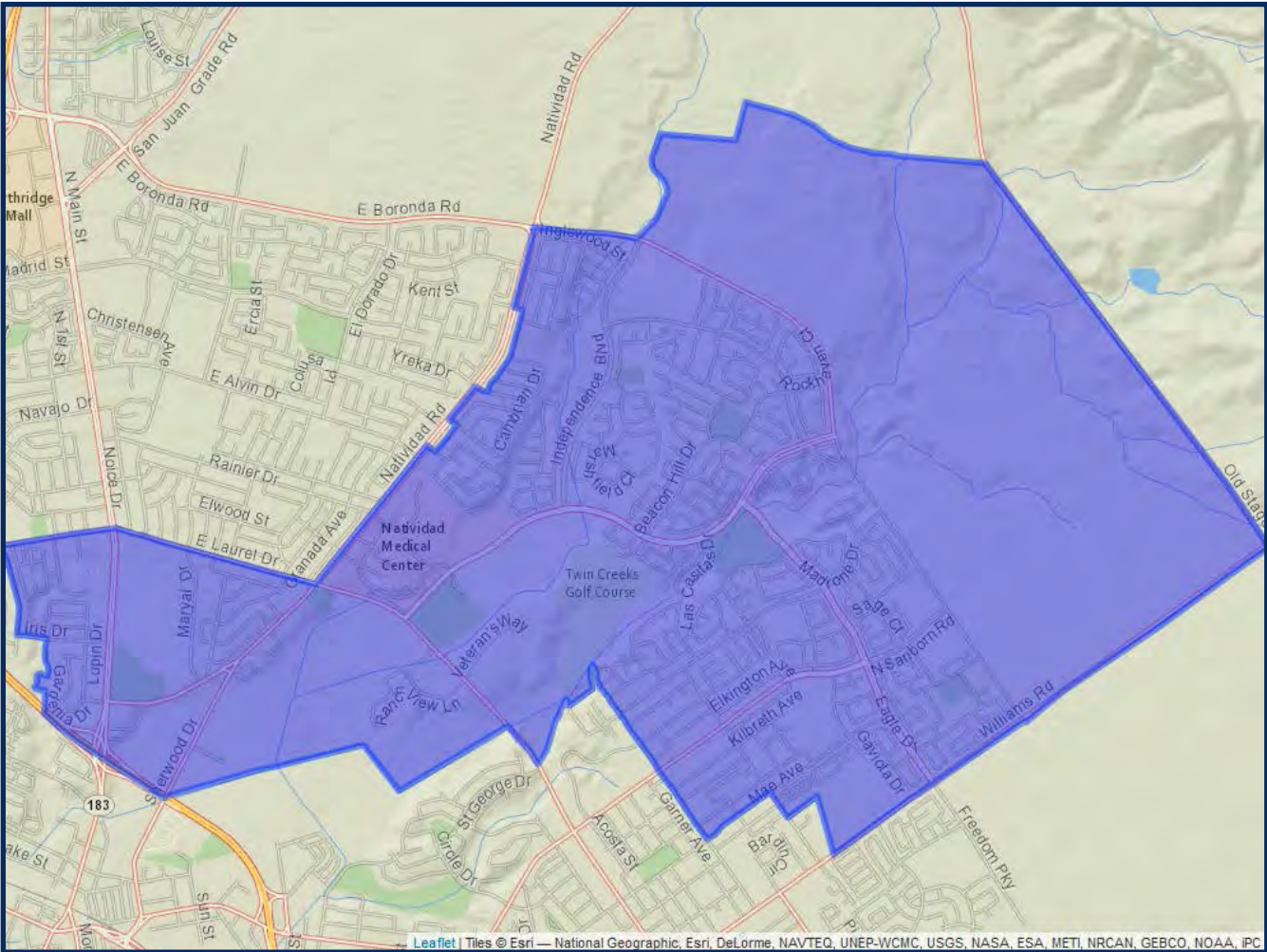


	2020 Count*	2019 CVAP*
Total	44,248	11,349
White	5.62%	17.71%
Black	0.58%	1.30%
Asian	2.43%	2.91%
Hispanic	89.92%	75.98%

\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO I

## ZONE 4



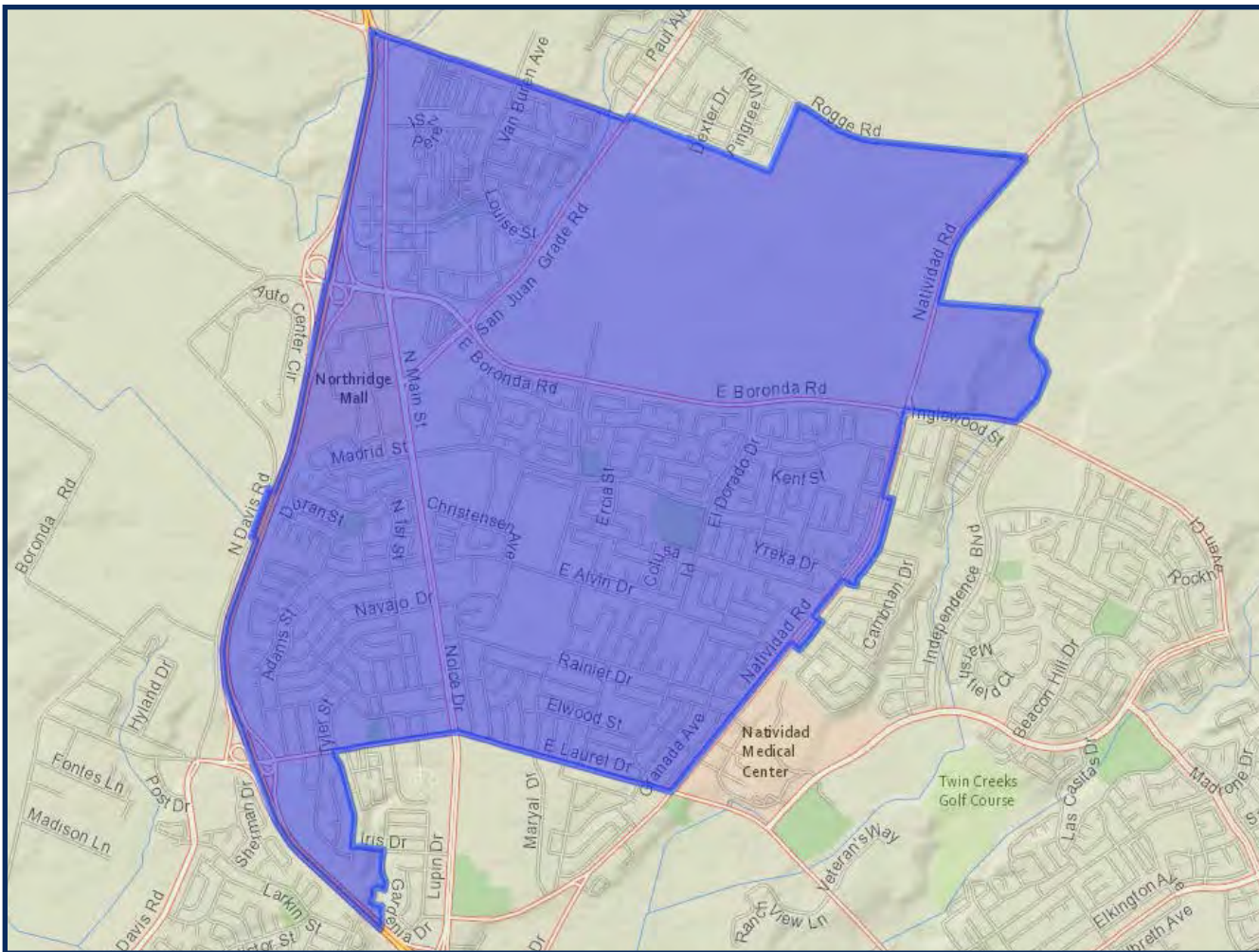
	2020 Count*	2019 CVAP*
Total	43,943	16,776
White	7.31%	16.66%
Black	1.28%	3.83%
Asian	5.35%	7.00%
Hispanic	83.88%	69.71%



\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO I

## ZONE 5



	2020 Count*	2019 CVAP*
Total	43,514	20,001
White	10.44%	23.97%
Black	1.24%	2.91%
Asian	8.03%	11.69%
Hispanic	77.50%	59.39%

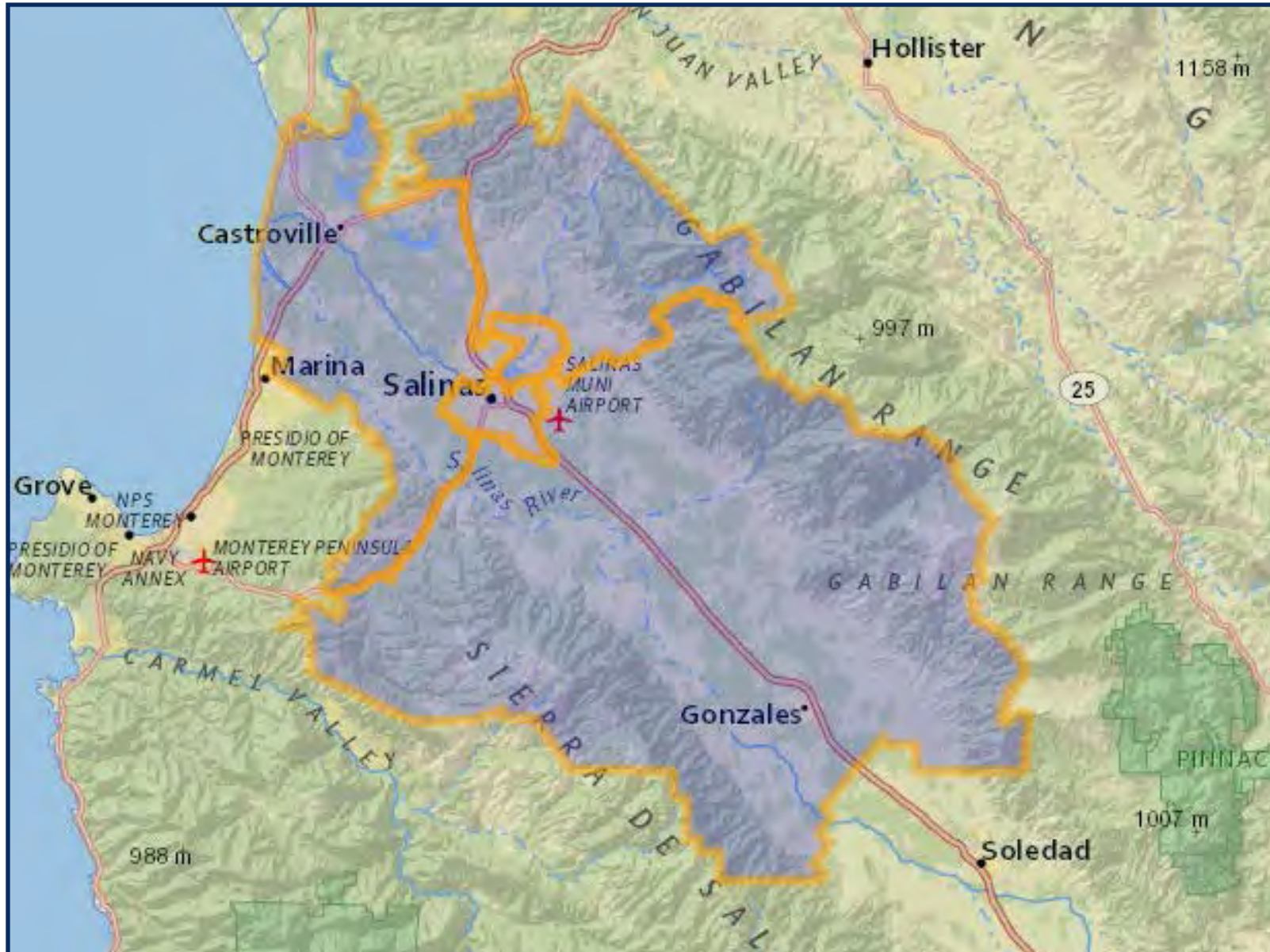
# REDISTRICTING SVMHD SCENARIO 2

	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
2020 Census Count*	43,276	43,984	44,880	43,481	44,423
Deviation #	-733	-25	871	-528	414
Deviation %	-1.7%	-0.1%	1.9%	-1.2%	0.9%
2010 Census Count	41,334	39,675	41,682	38,781	41,215
2019 CVAP*	16,869	20,820	19,608	20,321	19,090
2010 CVAP	16,218	19,022	19,230	19,637	17,571



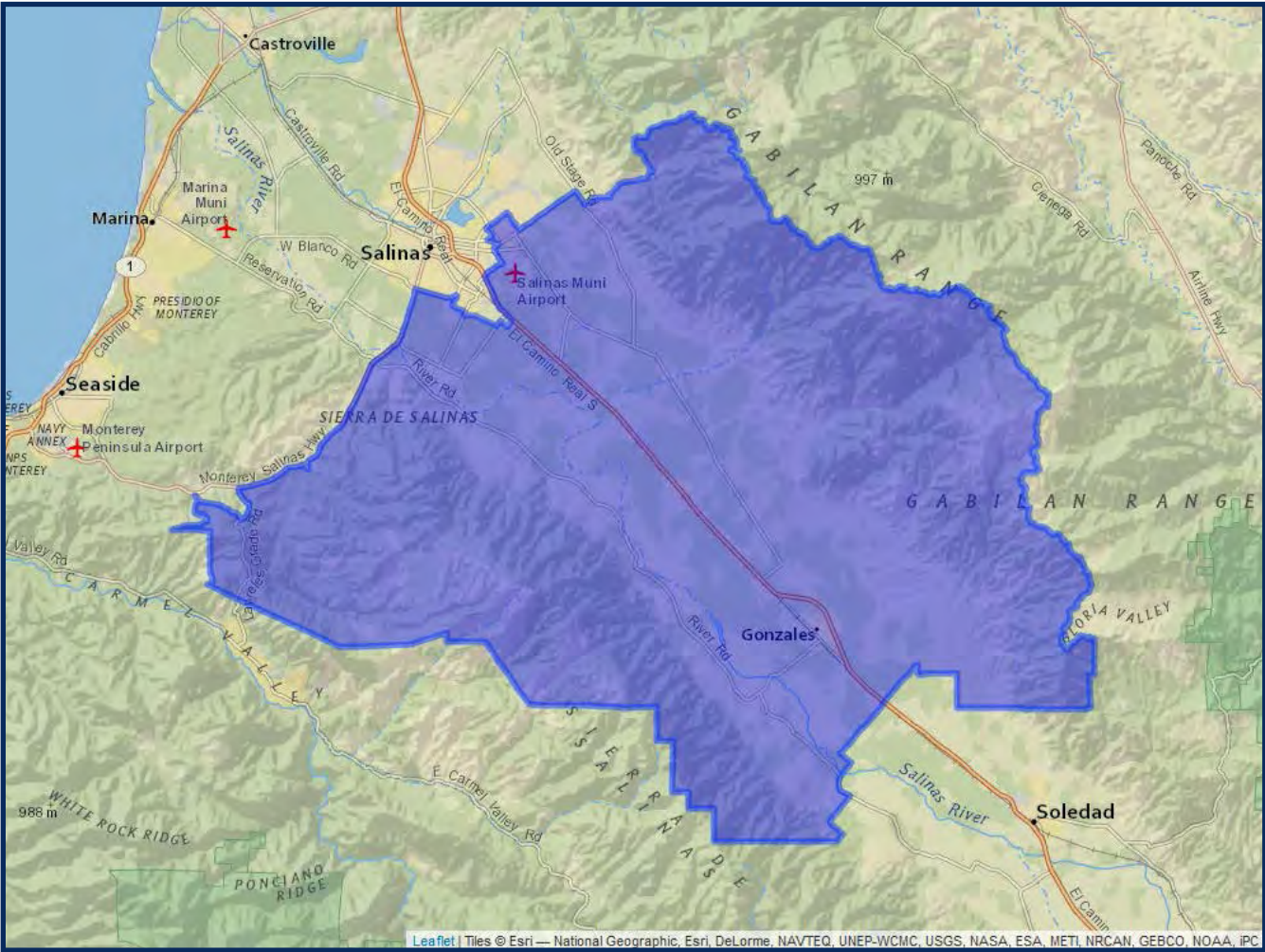
\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 2



# REDISTRICTING SVMHD SCENARIO 2

## ZONE 1



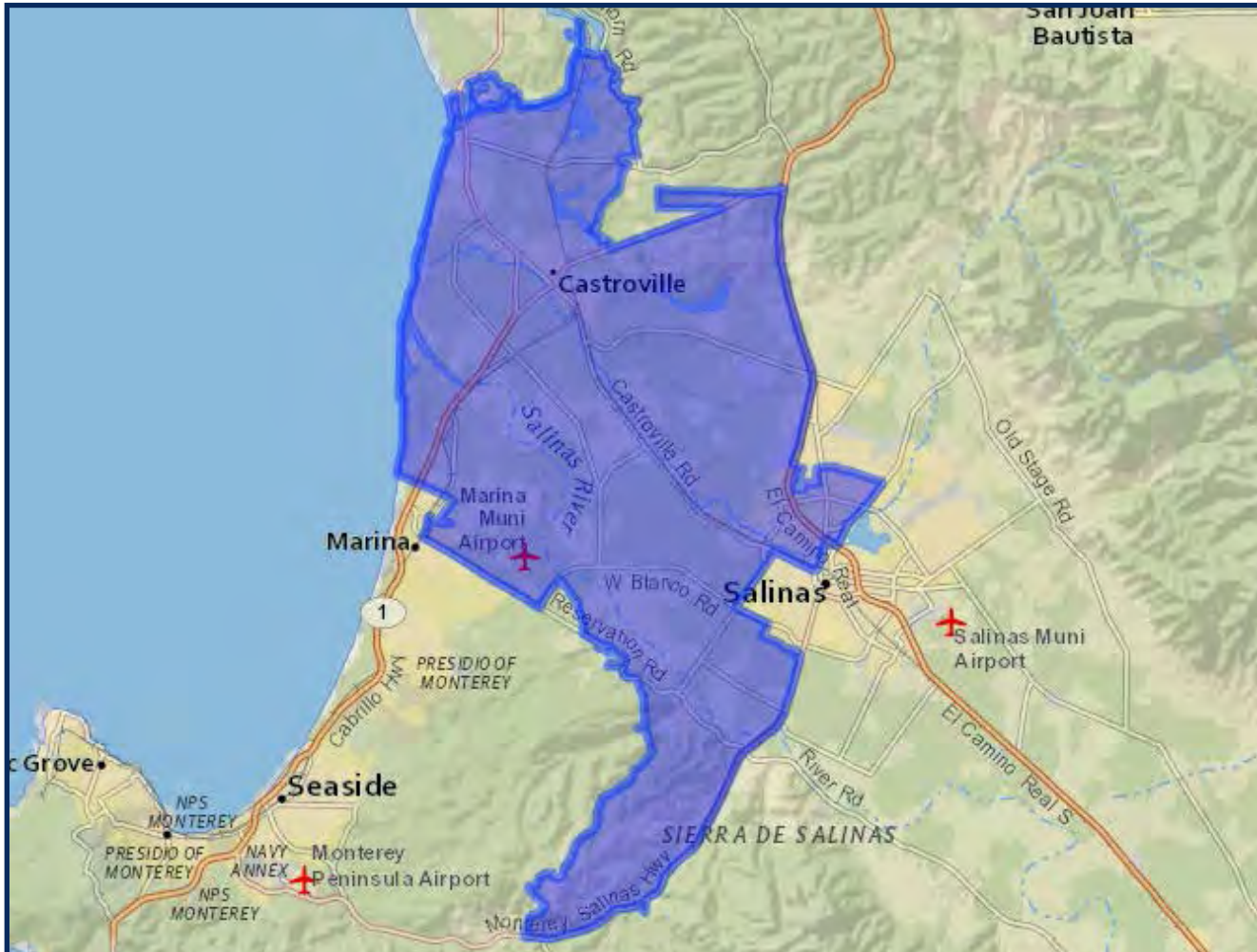
	2020 Count*	2019 CVAP*
Total	43,276	16,869
White	19.75%	39.88%
Black	0.44%	0.36%
Asian	3.21%	3.18%
Hispanic	74.05%	54.84%



\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 2

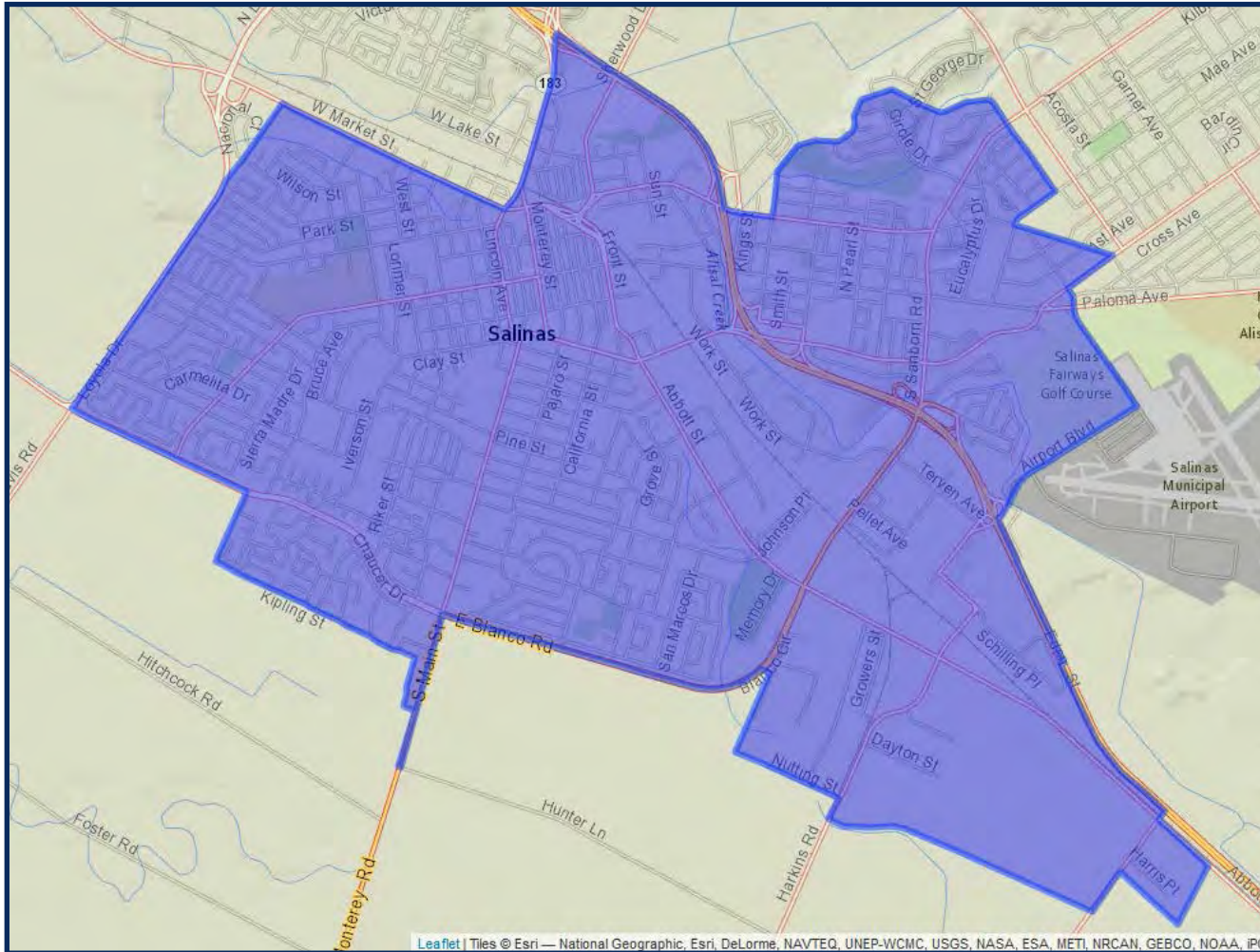
## ZONE 2



	2020 Count*	2019 CVAP*
Total	43,984	20,820
White	17.15%	32.66%
Black	1.62%	3.29%
Asian	5.97%	7.21%
Hispanic	71.54%	54.02%

# REDISTRICTING SVMHD SCENARIO 2

## ZONE 3

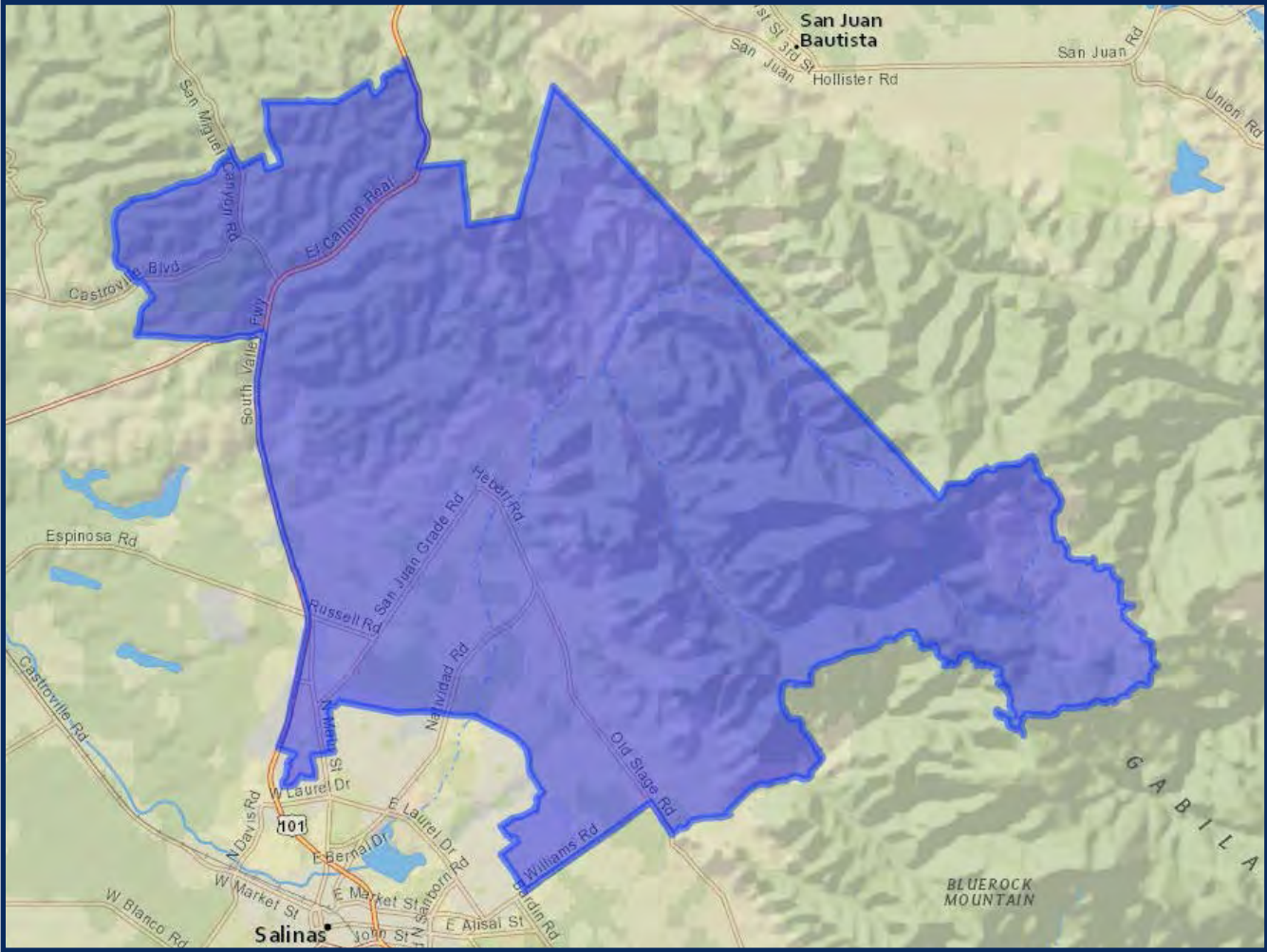


	2020 Count*	2019 CVAP*
Total	44,880	19,608
White	19.55%	39.19%
Black	1.30%	1.75%
Asian	3.55%	5.46%
Hispanic	72.18%	51.01%



# REDISTRICTING SVMHD SCENARIO 2

## ZONE 4

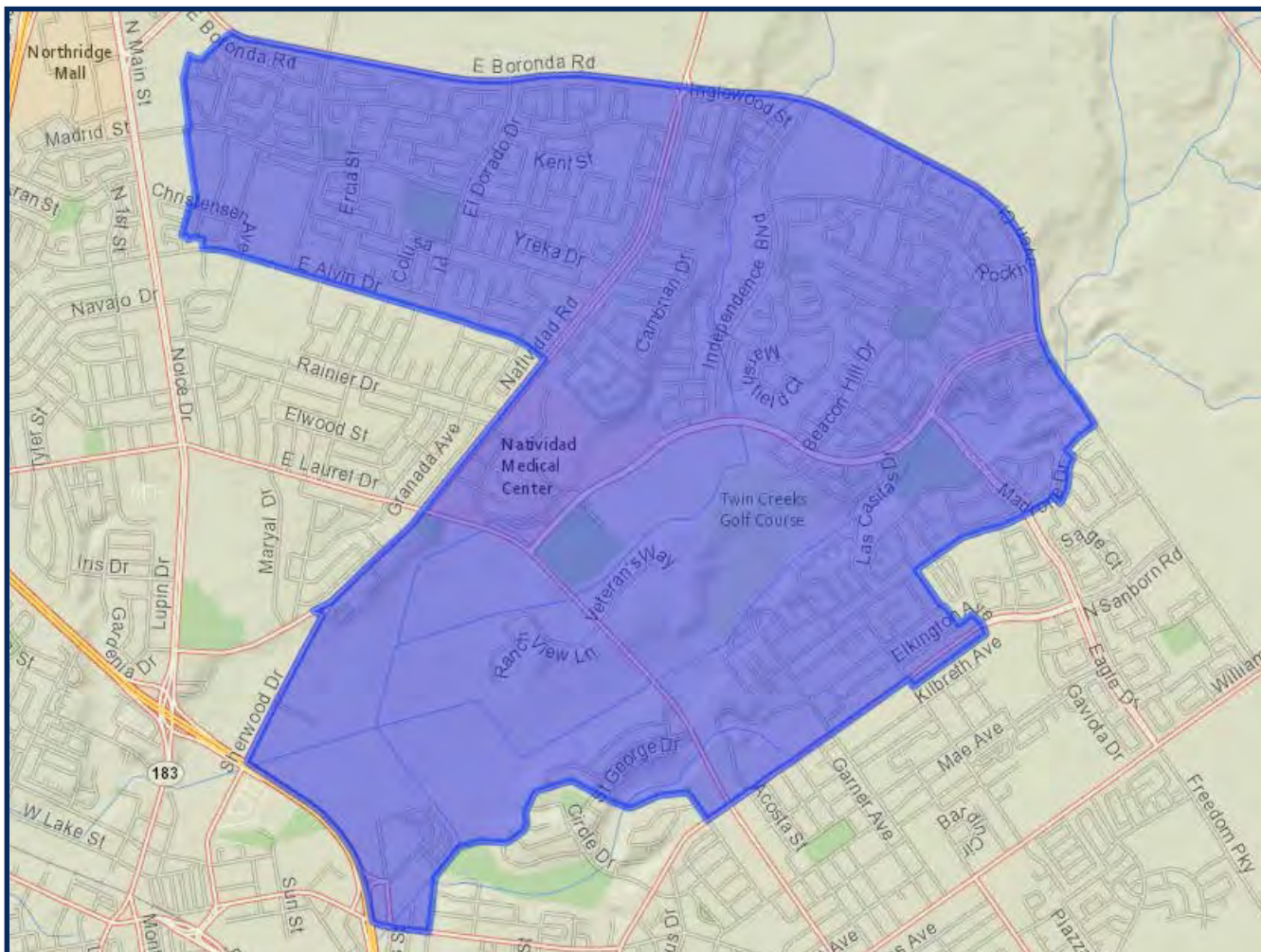


	2020 Count*	2019 CVAP*
Total	43,481	20,321
White	17.74%	36.95%
Black	0.82%	2.05%
Asian	3.91%	5.60%
Hispanic	74.40%	51.16%



\*Adjusted for prisoner reallocation

## ZONE 5



	2020 Count*	2019 CVAP*
Total	44,423	19,090
White	8.62%	18.63%
Black	1.31%	3.07%
Asian	8.92%	12.23%
Hispanic	78.87%	63.47%

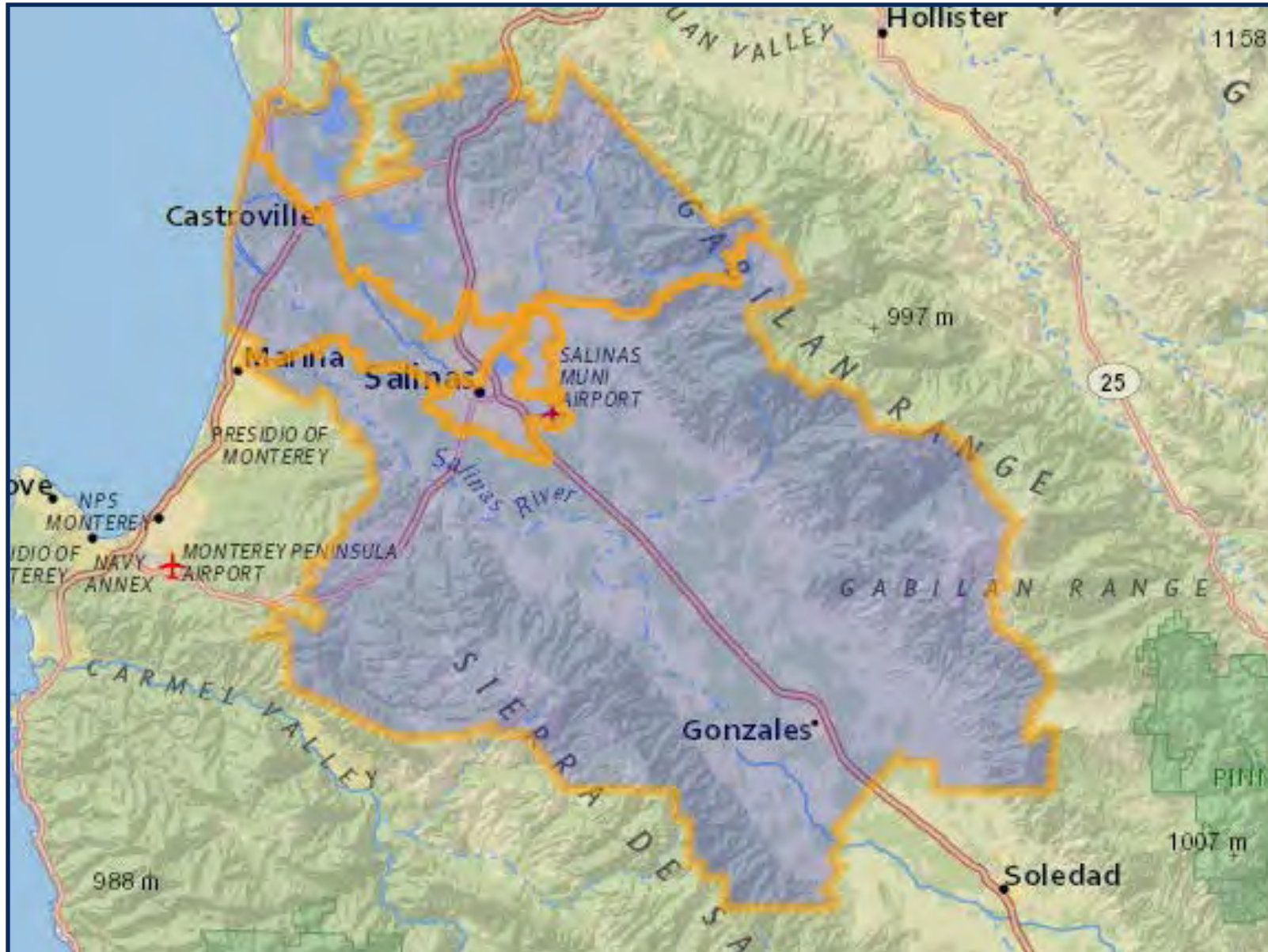
# REDISTRICTING SVMHD SCENARIO 3

	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
2020 Census Count*	44,217	44,575	43,390	43,608	44,254
Deviation #	208	566	-619	-401	245
Deviation %	0.5%	1.3%	-1.4%	-0.9%	0.6%
2010 Census Count	40,656	39,426	38,703	42,475	41,427
2019 CVAP*	20,854	22,510	20,441	12,935	19,968
2010 CVAP	20,022	21,579	18,375	12,491	19,211



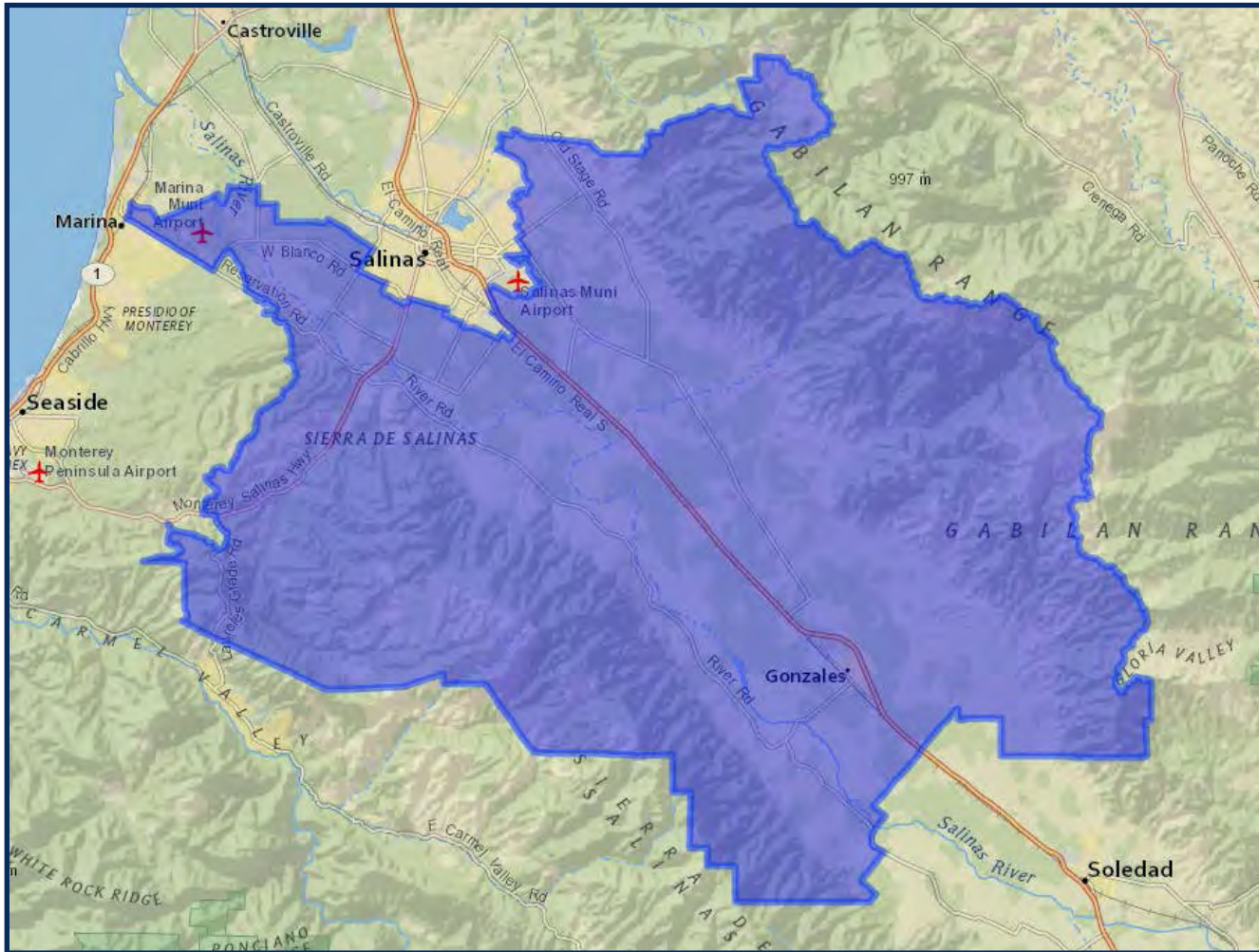
\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 3



# REDISTRICTING SVMHD SCENARIO 3

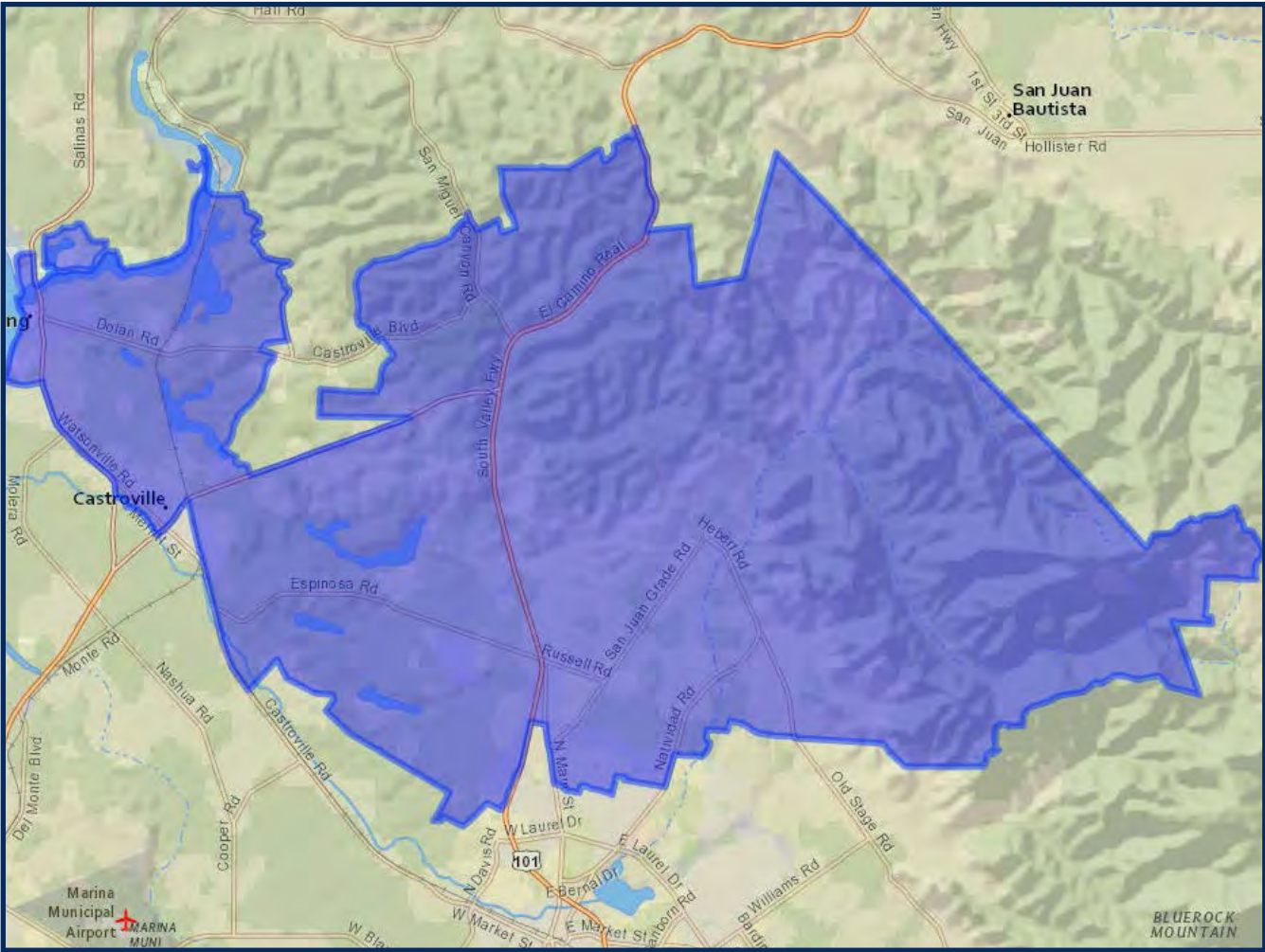
## ZONE 1



	2020 Count*	2019 CVAP*
Total	44,217	20,854
White	25.57%	42.41%
Black	0.85%	1.24%
Asian	5.66%	5.38%
Hispanic	64.43%	48.26%

# REDISTRICTING SVMHD SCENARIO 3

## ZONE 2



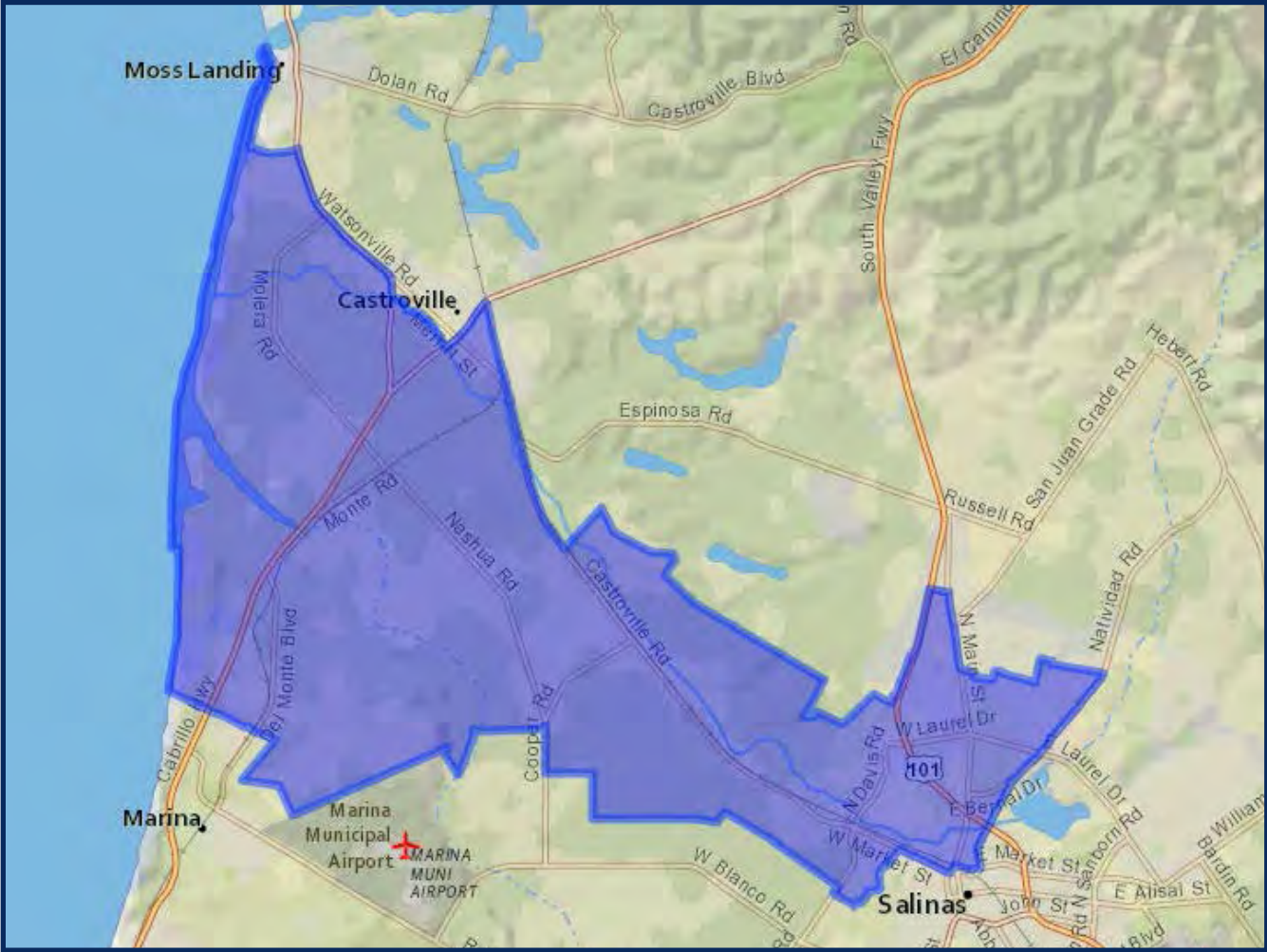
	2020 Count*	2019 CVAP*
Total	44,575	22,510
White	20.48%	39.85%
Black	0.91%	2.35%
Asian	6.12%	8.72%
Hispanic	69.05%	46.15%



\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 3

## ZONE 3



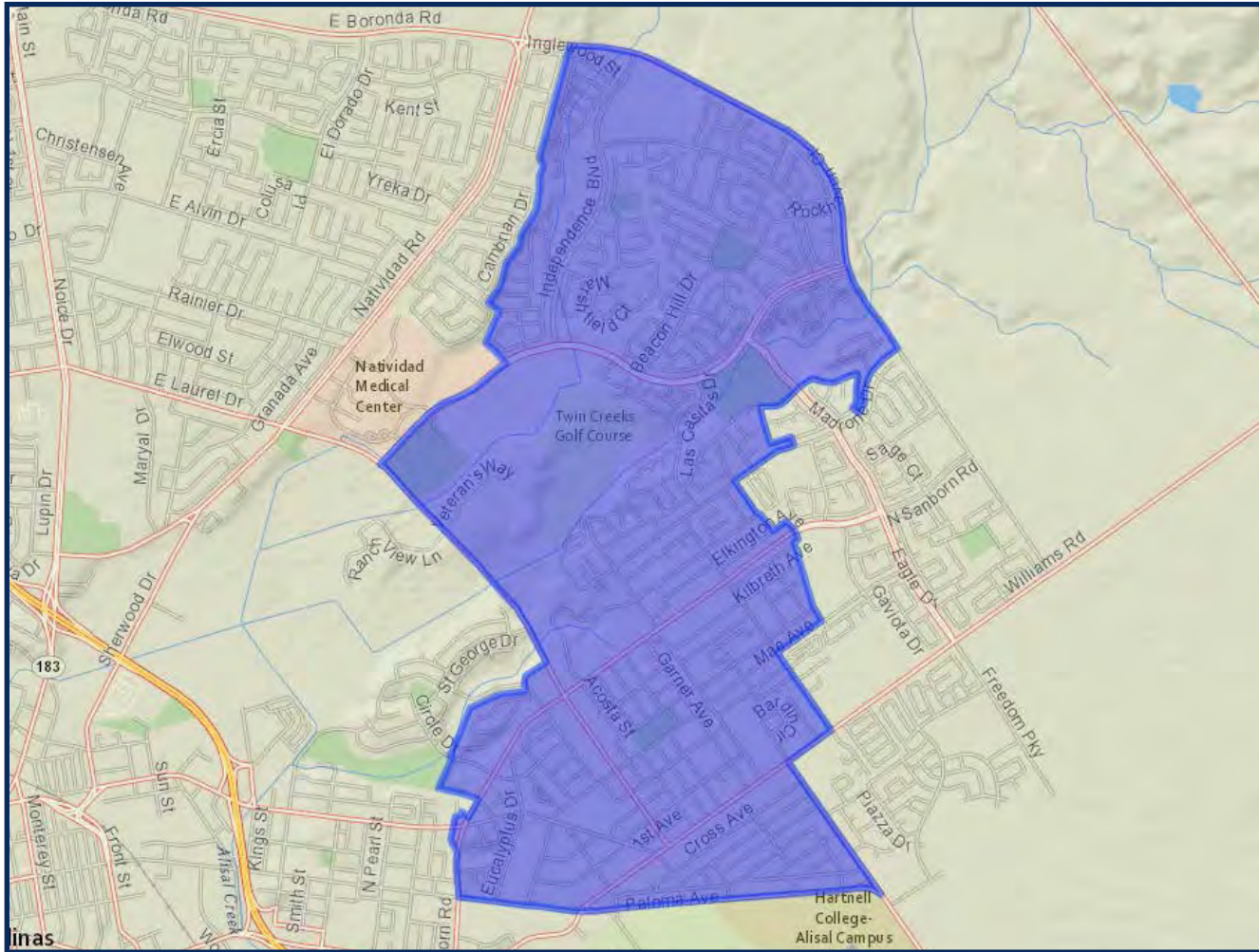
	2020 Count*	2019 CVAP*
Total	43,390	20,441
White	12.18%	24.65%
Black	1.66%	3.08%
Asian	6.46%	7.92%
Hispanic	76.42%	61.22%



\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 3

## ZONE 4



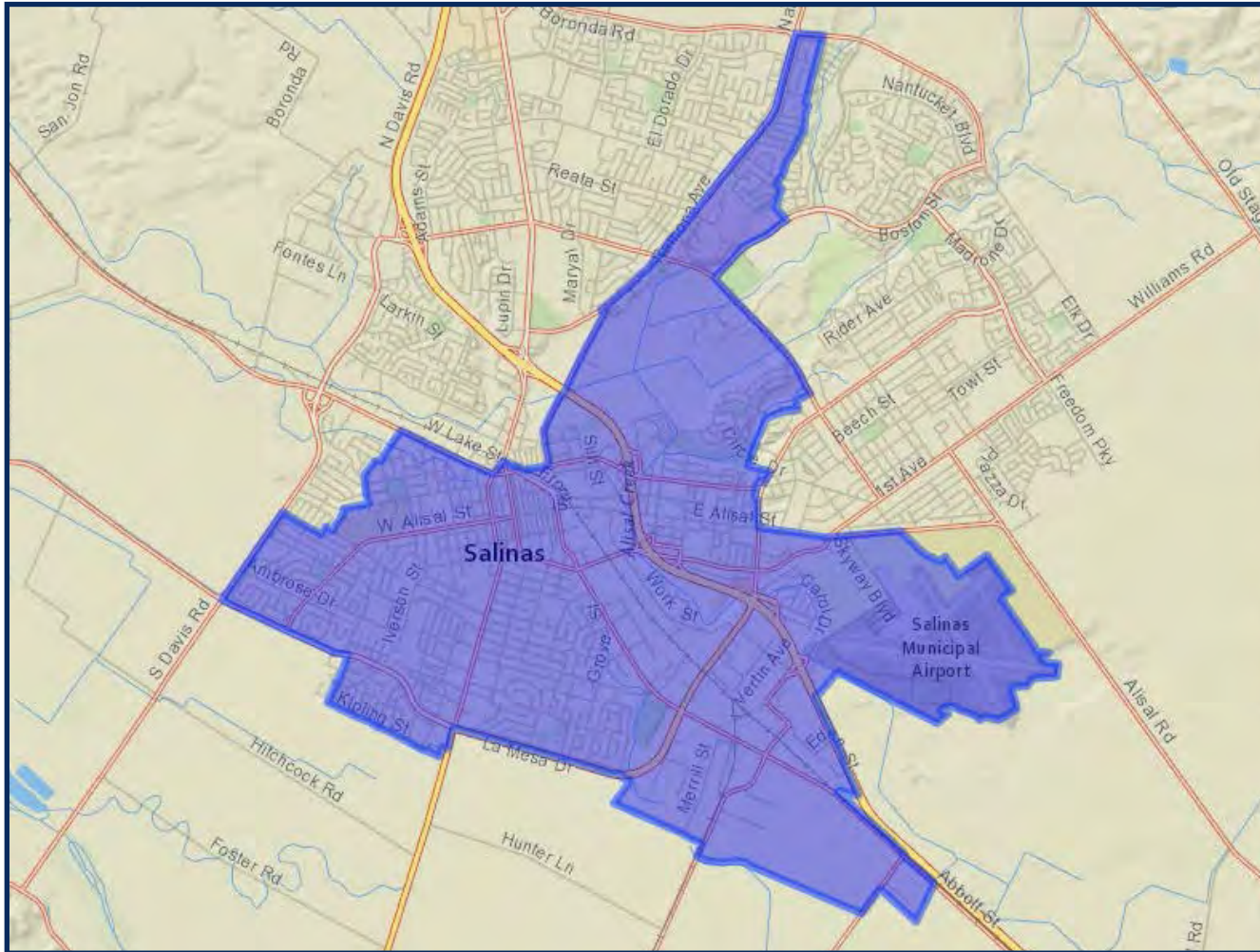
	2020 Count*	2019 CVAP*
Total	43,608	12,935
White	4.21%	13.03%
Black	0.69%	1.89%
Asian	3.64%	6.31%
Hispanic	89.83%	76.46%



\*Adjusted for prisoner reallocation



ZONE 5



	2020 Count*	2019 CVAP*
Total	44,254	19,968
White	19.99%	38.76%
Black	1.41%	2.16%
Asian	3.72%	5.32%
Hispanic	71.60%	50.87%

# REDISTRICTING SVMHD

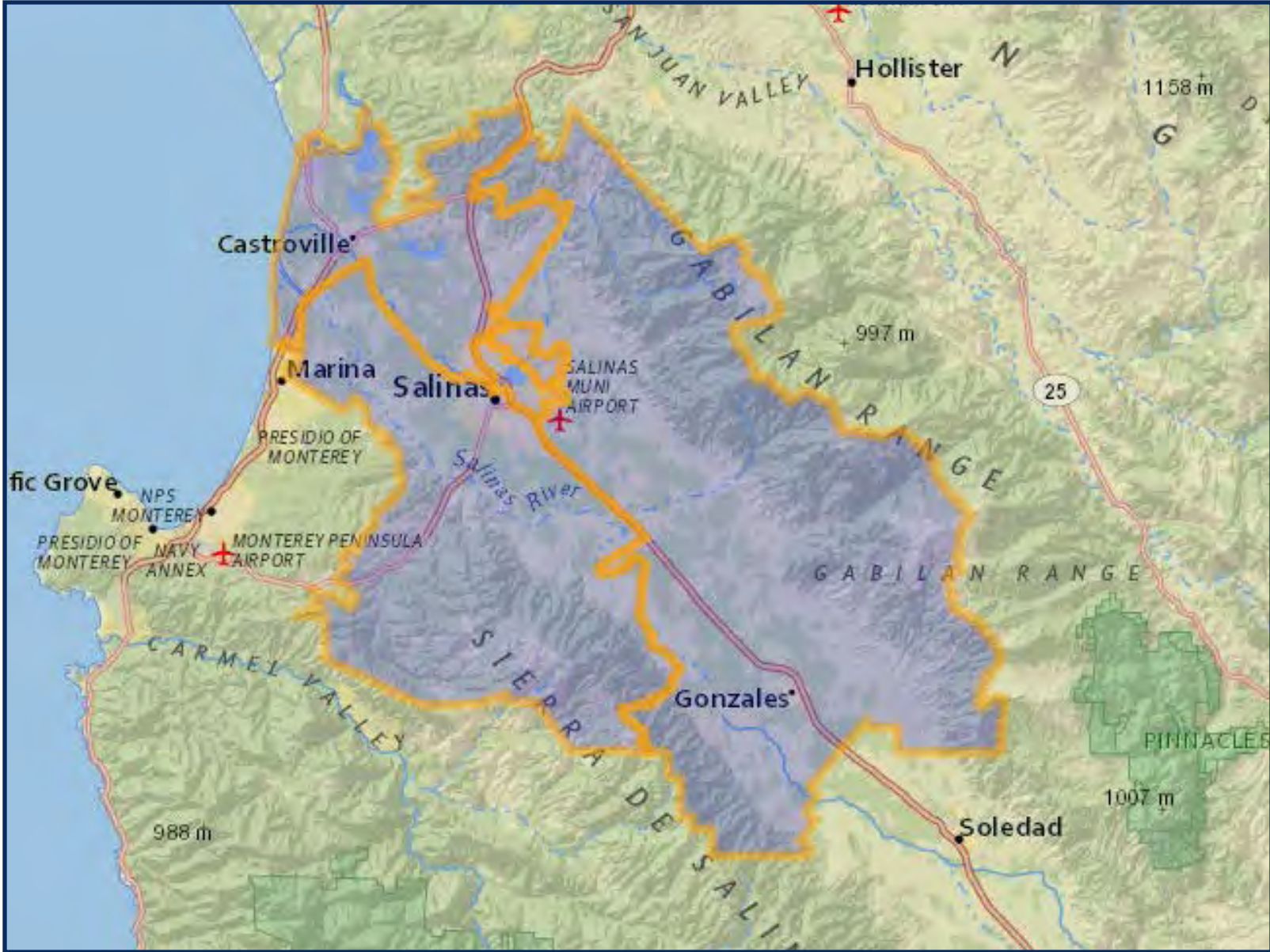
## SCENARIO 4 - REVISED

	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
2020 Census Count*	45,005	43,190	44,409	44,247	43,193
Deviation #	996	-819	400	238	-816
Deviation %	2.3%	-1.9%	0.9%	0.5%	-1.8%
2010 Census Count	39,777	40,487	42,728	39,121	40,574
2019 CVAP*	19,323	14,203	15,233	21,376	26,573
2010 CVAP	17,277	12,928	14,995	19,796	26,682

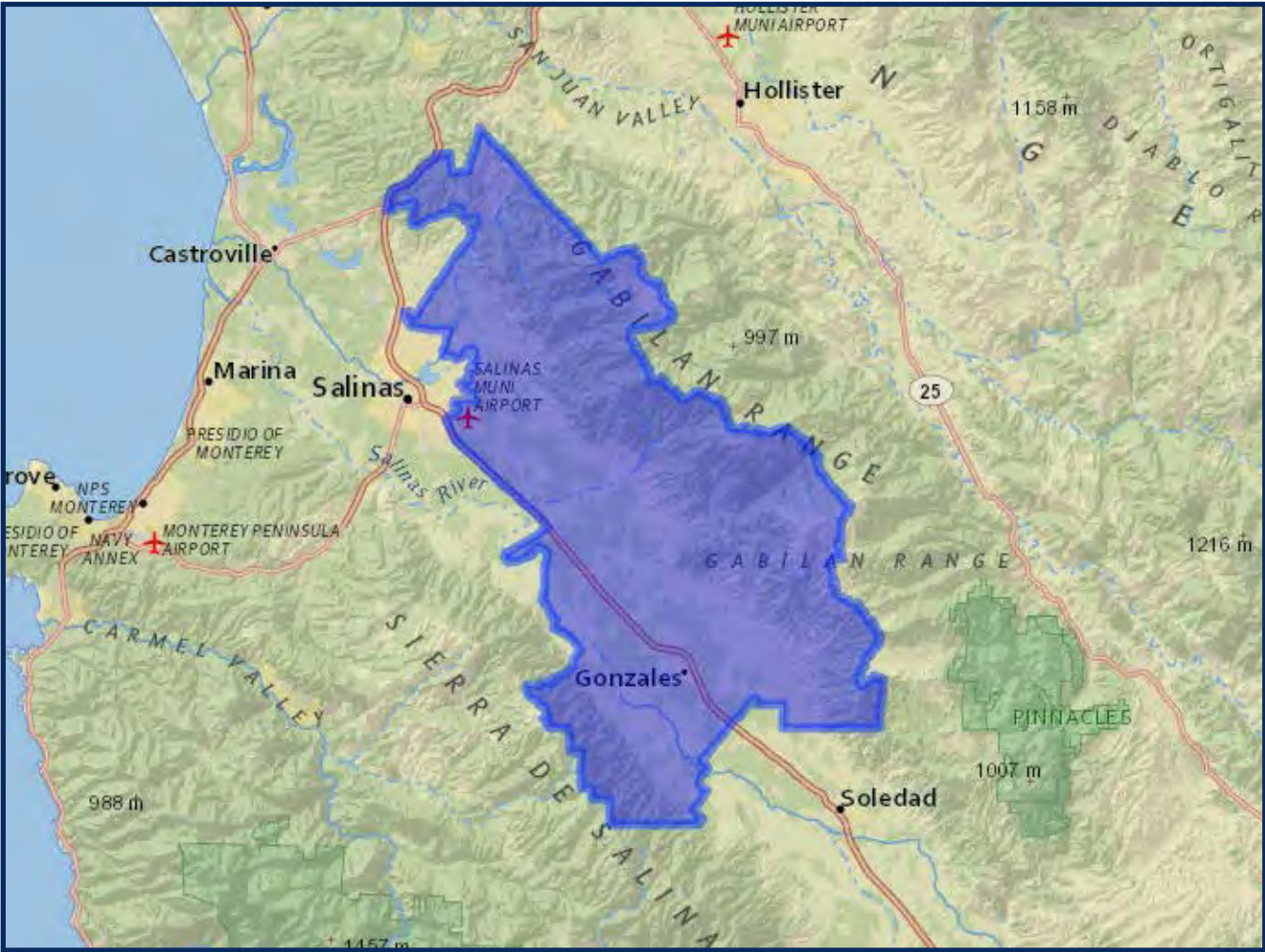


\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 4 - REVISED



ZONE 1

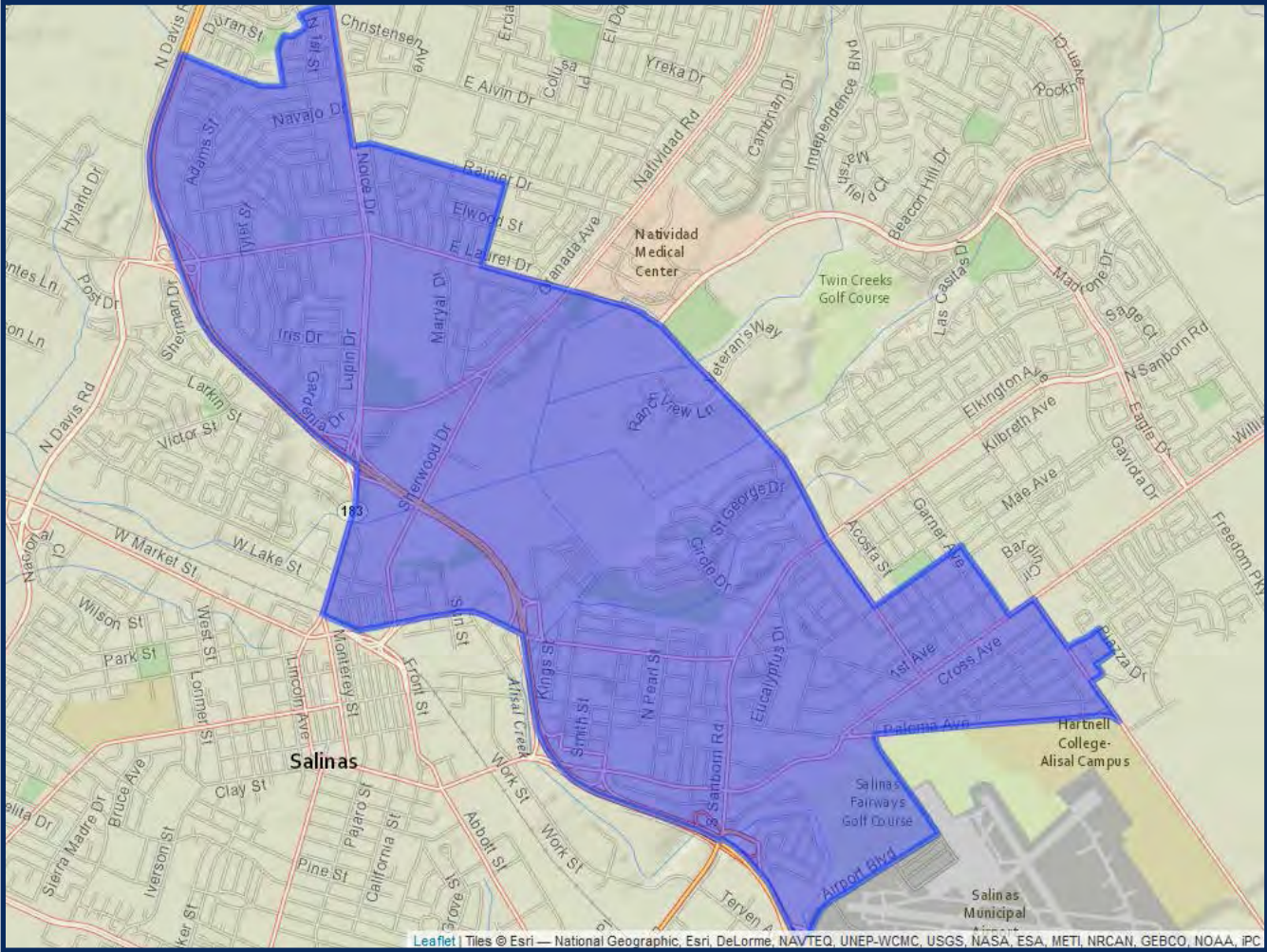


	2020 Count*	2019 CVAP*
Total	45,005	19,323
White	10.88%	22.25%
Black	0.81%	1.76%
Asian	5.33%	5.15%
Hispanic	80.57%	67.33%

\*Adjusted for prisoner reallocation

# REDISTRICTING SVMHD SCENARIO 4 - REVISED

## ZONE 2

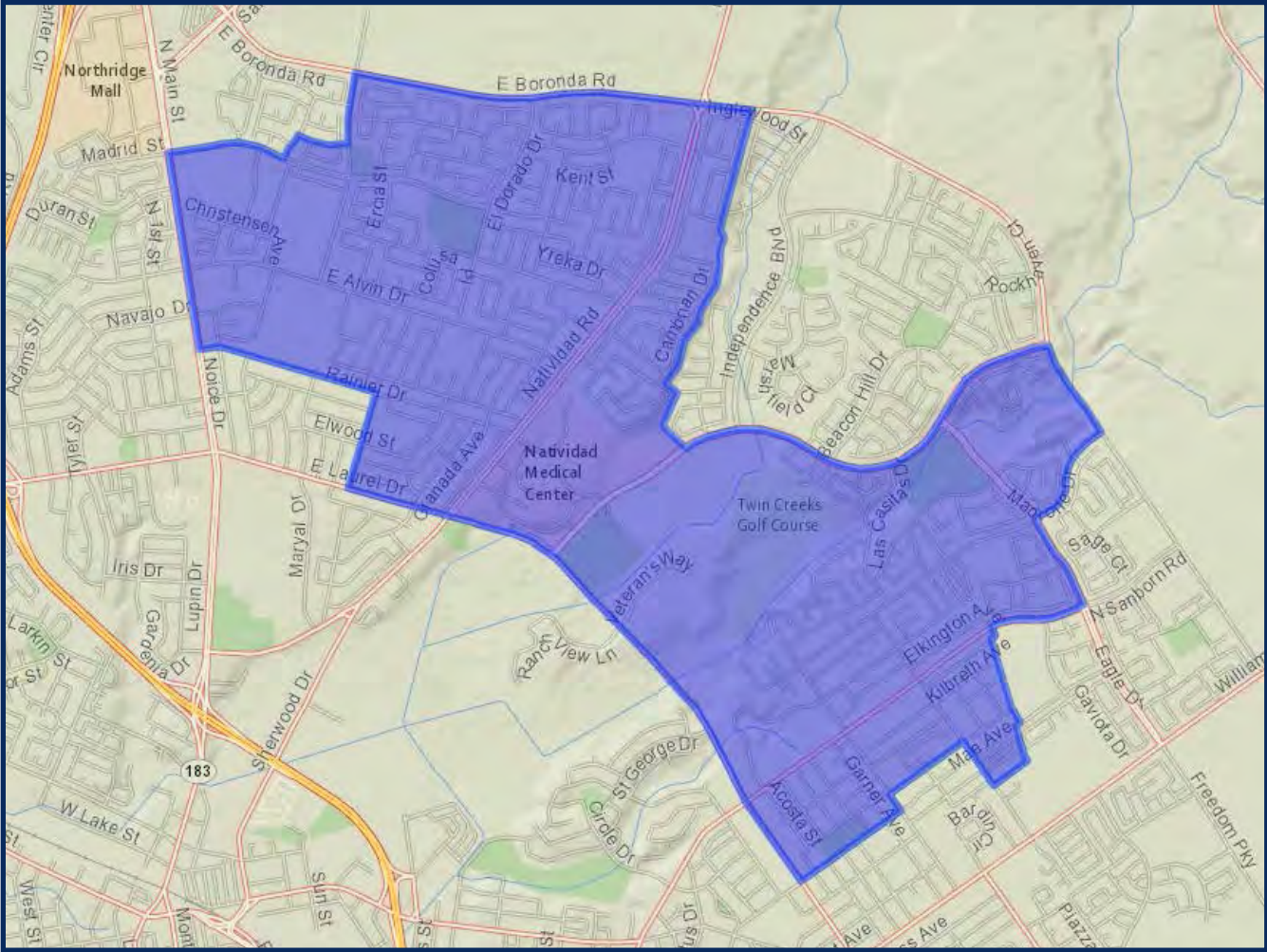


	2020 Count*	2019 CVAP*
Total	43,190	14,203
White	7.27%	21.54%
Black	0.87%	2.92%
Asian	2.62%	3.41%
Hispanic	87.22%	70.12%



\*Adjusted for prisoner reallocation

ZONE 3

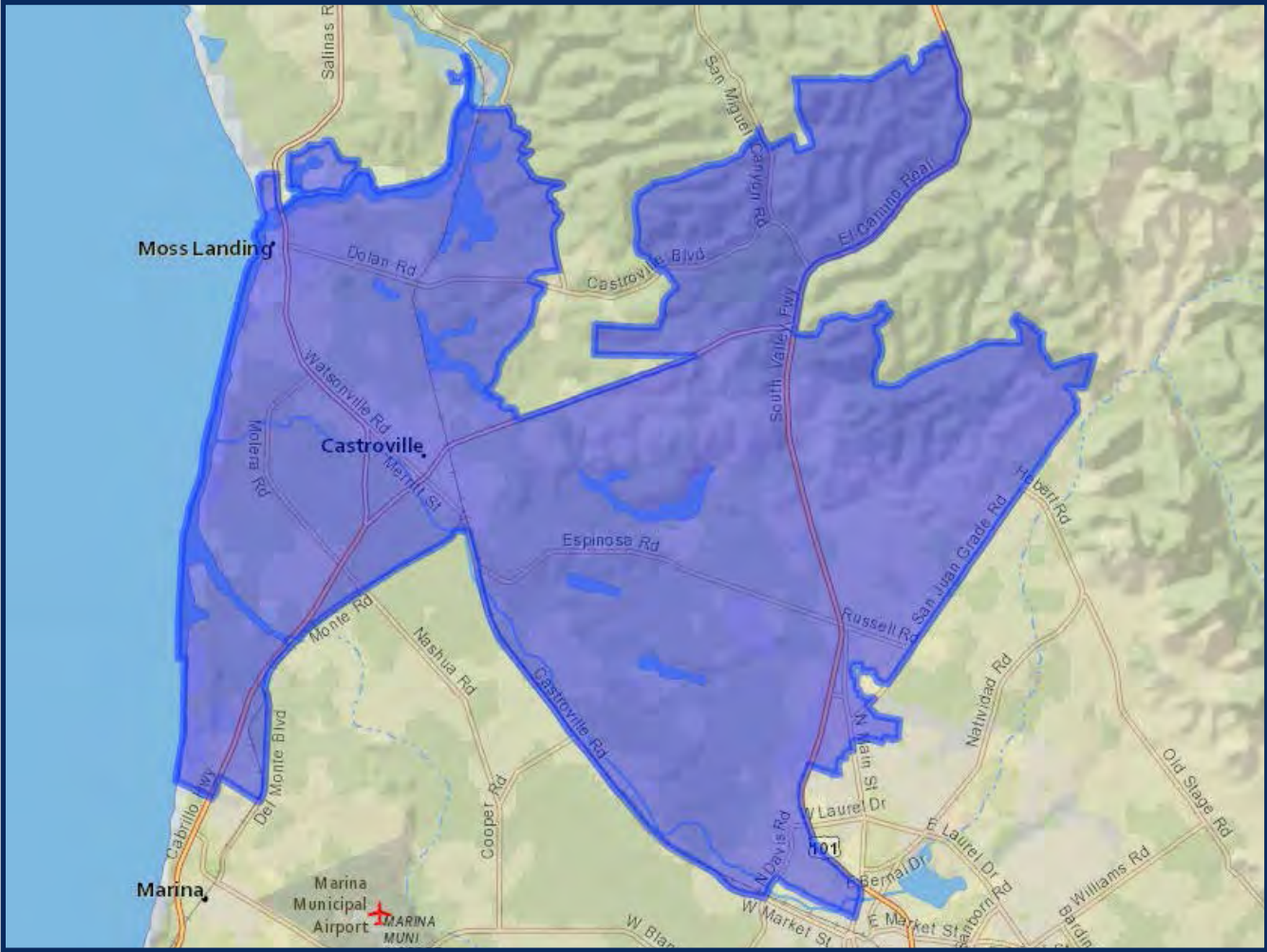


	2020 Count*	2019 CVAP*
Total	44,409	15,233
White	5.94%	15.23%
Black	0.99%	2.60%
Asian	6.53%	12.14%
Hispanic	84.78%	67.89%



\*Adjusted for prisoner reallocation

ZONE 4



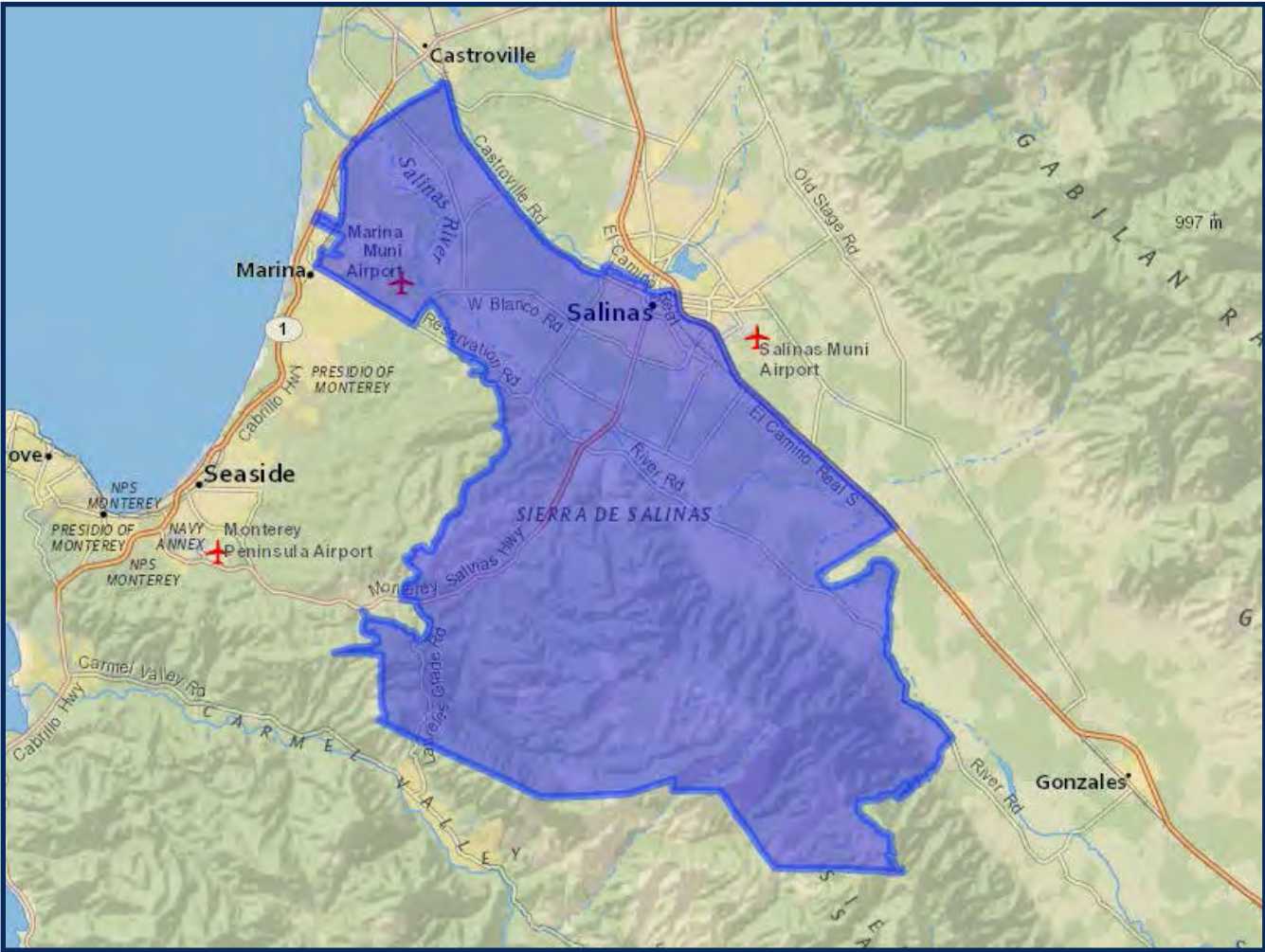
	2020 Count*	2019 CVAP*
Total	44,247	21,376
White	17.42%	34.95%
Black	1.16%	2.66%
Asian	4.48%	7.00%
Hispanic	73.64%	52.91%



\*Adjusted for prisoner reallocation

REDISTRICTING SVMHD  
SCENARIO 4 - REVISED

ZONE 5



	2020 Count*	2019 CVAP*
Total	43,193	26,573
White	41.72%	56.94%
Black	1.68%	1.40%
Asian	6.60%	6.61%
Hispanic	44.28%	31.58%



\*Adjusted for prisoner reallocation



*EDUCATION PROGRAM -  
NUTRITION SERVICES PRESENTATION*

*(VERBAL)*

*(CLEMENT MILLER/JASON GILES)*

*REPORT FROM THE PRESIDENT/  
CHIEF EXECUTIVE OFFICER*

*(VERBAL)*

*(PETE DELGADO)*

*PUBLIC INPUT*

*BOARD MEMBER COMMENTS*

*(VERBAL)*

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**THURSDAY, JANUARY 27, 2022 – 4:00 P.M.  
DOWNING RESOURCE CENTER, ROOMS A, B & C  
SALINAS VALLEY MEMORIAL HOSPITAL  
450 E. ROMIE LANE, SALINAS, CALIFORNIA AND BY PHONE  
OR VIDEO (VISIT [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) FOR ACCESS INFORMATION)**

Pursuant to SVMHS Board Resolution No. 2021-05, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Present: In person: President Victor Rey, Jr., Directors Regina M. Gage and Juan Cabrera. Via teleconference: Richard Turner.

Absent: Joel Hernandez Laguna

Also Present: In person: Pete Delgado, President/Chief Executive Officer, Theodore Kaczmar, Jr., MD, Chief of Staff, and Gary Ray, Esq., District Legal Counsel.

**Call to Order/Roll Call**

A quorum was present and the meeting was called to order by President Victor Rey, Jr., at 4:05 p.m.

**Closed Session**

President Victor Rey, Jr., announced the items to be discussed in Closed Session as listed on the posted Agenda are: (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – Reports on strategic planning, proposed new programs and services; (3) Hearings/Reports – Reports from the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee and Interdisciplinary Practice Committee.

The meeting was recessed into Closed Session under the Closed Session Protocol at 4:08 p.m. The Board completed its business of the Closed Session at 4:47 p.m.

**Reconvene Open Session/Report on Closed Session**

The Board reconvened Open Session at 5:03 p.m. President Rey announced that in Closed Session the Board discussed: (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – Reports on strategic planning, proposed new programs and services; (3) Hearings/Reports – Reports from the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee and Interdisciplinary Practice Committee.

In Closed Session, the Board received and accepted the Medical Staff Quality and Safety Committee Report, Report of the Medical Staff Credentials Committee, and Report of the Interdisciplinary Practice Committee. No other action was taken by the Board.

President Rey announced that there will be no Extended Closed Session tonight.

### **Education Program – Redistricting**

Adrienne Laurent explained hospital districts must adjust their district zones every 10 years when census data is released to ensure representation compliant with election laws. Matt Rexroad, of Redistricting Insights, was introduced to further explain the process. Mr. Rexroad provided an overview of redistricting. There are five (5) principles of redistricting: (1) Population Equality, (2) the Federal Voting Rights Act, (3) Communities of Interest, (4) Compactness and (5) Contiguity. A 10% deviation is allowed by law but the goal is to be as close to 0% as possible. Data on the current zones, the census count with each deviation and the Citizen of Voting Age Population (CVAP) was presented.

President Rey asked for any public input regarding the district rezoning process. No Public input was provided.

### **Report from the President/Chief Executive Officer**

Pete Delgado, President/CEO began his report with a Mission Moment featuring “COVID-19 Behind the Scenes Lab Heroes.” A summary of key highlights, centered around the pillars that are the foundation of the Hospital’s vision for the organization, is as follows:

#### ➤ Service

- Patient Experience Scores:
  - “*ED Standard Overall*” for December which ranked in the 53<sup>rd</sup> percentile which is above the national average.
- Sheilah Quentin, BSN, RNIII, CAPA, PHN, provided an overview of the Professional Development Council
  - Goals: Support nurses to pursue professional achievements (advanced degrees and specialty certifications) and to monitor vacancy and turnover rates.
  - Professional Certification: Continued growth since the baseline in 2018 from 22.1% to 32.7%. Preparation Classes are offered on site based on need.
  - BSN or Higher Degrees: Continued growth since 2018 from 50.3% to 62.5%. Impressive since this has been accomplished through the pandemic.
  - Recognition/Retention: RNs in the Staff Nurse III (SNIII) category have increased from 21-52. SNIIIs must demonstrate exemplary care, leadership, enhanced knowledge and involvement. In 2021 awards were given for Nurse of the Year and (representing the SVMH professional practice model) exemplar awards for Heal, Protect, Empower and Teach. March 19th is National Certified Nurses Day on which all SVMH certified nurses will be recognized.
  - Turnover/Retention: Our overall RN turnover is 2.77% which outperforms other Magnet<sup>®</sup> hospitals and the national average.

#### ➤ Quality

- The SVMH Structural Heart Program recently celebrated a milestone for 100 Transcatheter Aortic Valve Replacement (TAVR) procedures. The milestone was highlighted in a KSBW Healthwatch.
- In Heart Month 2022 (February) will be celebrated with the following events:
  - 2/1: Exercise Challenge begins
  - 2/9 and 2/23: Facebook Live with Drs. Zetterlund and Mukai about the new Mitraclip procedure.
  - 2/19: Walk With a Doc, 9:00 a.m., Badger Hills, Topic: Risk factors of heart failure.

- Every Friday: Leadership leads walks around SVMHS from 11:00 a.m. – Noon.

➤ Finance

- Review of industry news
- Government Affairs: Federal Update
  - Pressure to include Medi-Cal coverage for at-home COVID tests.
  - Barriers exist for free rapid at-home tests (multi-family households, language limitations, lack of internet).
  - Unvaccinated adults 3-5 times more likely to get Omicron infection.
  - FDA expands approved uses of remdesivir for some non-hospitalized patients.
- Government Affairs: State Update
  - 2022/2023 budget proposal released to include:
    - Expansion of MediCal to all income-eligible Californians, regardless of immigration status.
    - \$2.7 billion for COVID testing, vaccinations, staffing support.
    - \$1.7 billion to expand health and human services workforce.

➤ Growth

- SVMC growing to include Urology Services with Len Renfer, MD, joining January 31.
- SVMHS Mobile Health Clinic continues to serve our community with approximately 1,000 patient visits in January. All services including testing are free of charge.

➤ People

- Wellness {at} Work returns in February which includes a \$100 incentive for participation.
- Salinas Valley Chamber of Commerce named Victor Rey Citizen of the Year.
- Regina Gage and Meals on Wheels will receive the Spirit of the Community Award from the Salinas Valley Chamber of Commerce.

➤ Community

- Karina Rusk, Director of Public Relations, emceed the Boys & Girls Clubs of Monterey County Youth of the Year program.
- Ask the Experts: Blue Zones Project Monterey County presented in both English and Spanish *A new year, a healthier you the Blue Zones way.* ”
- Walk with a Doc is back with Jill Socha, PA, Central Coast Cardiology, February 19<sup>th</sup>, 9-10 a.m., Badger Hills Trailhead.
- Earned Media: Omicron variant with KSBW, the Hearld, and more, Heart Program milestones, Blue Zones, telemedicine, employee vaccination, Victor Rey (Board President) on cover of Health Matters, Mobile Clinic.

### **No Public Input**

President Rey asked for any public input regarding items not on this agenda. No Public input was provided.

### **Board Member Comments**

Director Gage commented on the excellent work being done by the Professional Practice Council and thanked the leadership team for a great job with highlighted areas in the President’s Report.

Director Cabrera congratulated Victor Rey and Regina Gage for their Chamber Awards. He thanked the leadership team for doing a great job and setting a high standard for SVMHS. He acknowledged the work of the Professional Development Council which promotes loyalty to the organization.

Director Rey commented it is easy to represent the hospital system in the community because of responsible leadership and emphasis on community outreach.

### **Consent Agenda – General Business**

- A. Minutes of the Regular Meeting of the Board of Directors, December 16, 2021
- B. Financial Report
- C. Statistical Report

President Rey presented the consent agenda items before the Board for action. This information was included in the Board packet.

No public comment

**MOTION:** The Board of Directors approves Consent Agenda – General Business, Items (A) through (C), as presented. Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

### **Reports on Standing and Special Committees**

#### **Quality and Efficient Practices Committee**

Juan Cabrera, Committee Chair, reported the minutes from the Quality and Efficient Practices Committee Meeting of January 24, 2022, were provided to the Board. The Committee received a Patient Care Services Update and Financial Statistical Review.

#### **Finance Committee**

Richard Turner, Committee Chair, reported the minutes from the Finance Committee Meeting of January 24, 2022, were provided to the Board. The Committee received a Balanced Scorecard – December 2021 update and Financial Statistical Review update. Background information supporting the proposed recommendations made by the Committee was included in the Board packet and summarized by Director Cabrera. The following recommendations were made by the Committee:

1. **Recommend Board Approval of Sentric Interactive Patient Care Solutions System As Sole Source Justification And Contract Award**

No Public Comment.

**MOTION:** The Board of Directors approves Sentric Interactive Patient Care Solutions System as sole source justification and contract award as presented. Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

2. **Recommend Board Approval of Contract Award to Mercury Healthcare for a New Customer Relationship Management (CRM) Platform**



No Public Comment.

**MOTION:** The Board of Directors approves the Contract Award to Mercury Healthcare for a New Customer Relationship Management (CRM) Platform, as presented. Moved/Seconded/Roll Call Vote: Ayes: Ayes: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

3. **Recommend Board Approval of the Abbott Street Lease Agreement between Salinas Valley Memorial Healthcare System and Uni-Kool Partners for Additional Parking Located at 241 Abbott Street, Salinas**

No Public Comment.

**MOTION:** The Board of Directors approves the Abbott Street Lease Agreement between Salinas Valley Memorial Healthcare System and Uni-Kool Partners for the parking lot located at 241 Abbott Street, Salinas, as presented. Moved/Seconded/Roll Call Vote: Ayes: Ayes: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

4. **Recommend Board Approval for Board Approval Of The Hellmuth, Obata & Kasabaum Inc. (HOK) Agreement For Space Planning & Full Tenant Design Improvements For The DRC Expansion (Basement Of New Parking Annex)**

No Public Comment.

**MOTION:** The Board of Directors approves the Hellmuth, Obata & Kasabaum Inc. (HOK) Agreement for Space Planning & Full Tenant Design Improvements for the DRC Expansion (Basement of new Parking Annex). Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

5. **Consider Recommendation For Board Approval For The Purchase Of Zoll Medical R Series ALS Defibrillators For All Hospital Based Departments**

No public comment.

**MOTION:** The Board of Directors approves the purchase of Zoll Medical R Series ALS Defibrillators for all hospital based departments. Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

**Personnel, Pension and Investment Committee**

Regina M. Gage, Committee Chair, reported the minutes from the Personnel, Pension and Investment Committee Meeting of January 25, 2022, were provided to the Board. Background information supporting the proposed recommendations made by the Committee was included in the Board packet and summarized by Director Gage. The following recommendations were made by the Committee:

1. **Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Ryan Griggs, DO, (ii) the Contract Terms for Dr. Griggs' Recruitment Agreement and (iii) the Contract Terms for Dr. Griggs' Urology Professional Services Agreement**

No Public Comment.

**MOTION:** The Personnel, Pension and Investment Committee recommends to the SVMHS Board of Director approval the following actions:

- (i) The Findings Supporting Recruitment of Ryan Griggs, DO,
  - That the recruitment of a urologist to Salinas Valley Medical Clinic is in the best interest of the public health of the communities served by the District; and
  - That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;
- (ii) The Contract Terms of the Recruitment Agreement for Dr. Griggs; and
- (iii) The Contract Terms of the Urology Professional Services Agreement for Dr. Griggs.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

2. **Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Alison Tammany, MD, (ii) The Contract Terms For Dr. Tammany's Recruitment Agreement and (iii) The Contract Terms for Dr. Tammany's General Surgery & Colorectal Surgery Professional Services Agreement**

No Public Comment.

MOTION: The Personnel, Pension and Investment Committee recommends to the SVMHS Board of Directors approval of the following actions:

- (i) The Findings Supporting Recruitment of Alison Tammany, MD,
  - That the recruitment of a general surgeon to Salinas Valley Medical Clinic is in the best interest of the public health of the communities served by the District; and
  - That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;
- (ii) The Contract Terms of the Recruitment Agreement for Dr. Tammany; and
- (iii) The Contract Terms of the Surgery and Colorectal Surgery Professional Services Agreement for Dr. Tammany.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

3. **Consider Recommendation for Board Approval of Findings Supporting Recruitment of Physicians to Community Medical Groups and Practices and Approval of Recruitment Incentives**

No Public Comment.

MOTION: The Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following actions:

- (i) The Board makes the following findings supporting the recruitment of the physicians in the specialties of anesthesia, emergency medicine, family medicine, gastroenterology, and plastic surgery:

- The assistance by SVMHS in the recruitment of physicians in the specialties of anesthesia, emergency medicine, family medicine, gastroenterology, and plastic surgery by community medical groups and practices is in the best interest of the public health of the communities served by the District; and
  - The recruitment incentives requested by the community medical groups and practices and supported by SVMHS for these recruitments are necessary in order to attract and relocate appropriately qualified physicians to practice in the communities served by the District.
- (ii) Approve the recruitment support to community medical groups and practices and the recruitment incentives for the medical specialties of anesthesia, emergency medicine, family medicine, gastroenterology, and plastic surgery to be set forth in Recruitment Agreements among SVMHS, the community medical groups and practices, and the physicians.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

**Consider Resolution No. 2022-01 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor’s State of Emergency Declaration on March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period January 27, 2022 through February 28, 2022**

Gary Ray, Esq., District Legal Counsel, reported Resolution No. 2022-01 for the Board’s consideration, was included in the Board packet. The resolution is necessary to continue remote attendance by District Board and Committee meetings with waiver of certain requirements under The Brown Act.

No Public Comment.

**MOTION:** The Board of Directors adopts Resolution No. 2022-01 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor’s State of Emergency Declaration on March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period January 27, 2022 through February 28, 2022, as presented. Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

**Report on Behalf of the Medical Executive Committee (MEC) Meeting of January 13, 2022, and Recommendations for Board Approval of the following:**

The following recommendations from the Medical Executive Committee (MEC) Meeting of January 13, 2022, were reviewed by Theodore Kaczmar, Jr., MD, Chief of Staff and recommended for Board approval.

**Recommend Board Approval of the Following:**

- A. From the Credentials Committee:
  - 1. Credentials Committee Report
- B. From the Interdisciplinary Practice Committee:
  - 1. Interdisciplinary Practice Committee Report
- C. Policies/Procedures/Plans:
  - 1. Physician Orders for Life Sustaining Treatment (POLST)
- D. Medical Staff Bylaws

1. Deletion of Article 9.4.6
2. Revision of Articles 10.9.1, 10.9.2 and 10.9.3

Dr. Kaczmar announced medical staff appointments include a new family practitioner, a leave of absence for an emergency medicine physician, a family practitioner returning from leave and a urologist retirement. Certified Registered Nurse Anesthetists have been added as Advance Practice Providers. Due to COVID schedules for the OR and Cath Lab have been limited but will be opened for full use and the physician are pleased.

No Public Comment.

MOTION: The Board of Directors approves Recommendation (A) through (D) of the January 13, 2022, Medical Executive Committee Meeting, as presented. Moved/Seconded/Roll Call Vote: Ayes: Turner, Gage, Cabrera, Rey; Noes: None; Abstentions: None; Absent: Hernandez Laguna; Motion Carried.

### **Extended Closed Session**

President Rey announced that there will be no Extended Closed Session.

**Adjournment** The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 24, 2022 at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:30 p.m.

Juan Cabrera  
Secretary, Board of Directors

/kmh

SALINAS VALLEY MEMORIAL HOSPITAL  
SUMMARY INCOME STATEMENT  
January 31, 2022

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 50,918,521	\$ 52,093,651	\$ 338,719,062	\$ 341,762,921
Other operating revenue	1,062,886	1,210,845	6,818,231	9,151,988
Total operating revenue	<u>51,981,407</u>	<u>53,304,496</u>	<u>345,537,293</u>	<u>350,914,909</u>
Total operating expenses	43,601,230	43,029,898	291,023,019	290,880,695
Total non-operating income	<u>(6,481,289)</u>	<u>(4,517,015)</u>	<u>(22,042,739)</u>	<u>(20,371,347)</u>
Operating and non-operating income	<u>\$ 1,898,888</u>	<u>\$ 5,757,583</u>	<u>\$ 32,471,535</u>	<u>\$ 39,662,867</u>

SALINAS VALLEY MEMORIAL HOSPITAL  
 BALANCE SHEETS  
 January 31, 2022

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 454,273,348	\$ 410,981,388
Assets whose use is limited or restricted by board	148,067,141	138,617,245
Capital assets	239,361,740	258,439,413
Other assets	176,825,021	187,407,642
Deferred pension outflows	<u>50,119,236</u>	<u>83,379,890</u>
	<u>\$ 1,068,646,486</u>	<u>\$ 1,078,825,578</u>
LIABILITIES AND EQUITY:		
Current liabilities	127,678,758	152,234,648
Long term liabilities	14,556,513	14,780,831
	83,585,120	126,340,336
Net assets	<u>842,826,095</u>	<u>785,469,763</u>
	<u>\$ 1,068,646,486</u>	<u>\$ 1,078,825,578</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
SCHEDULES OF NET PATIENT REVENUE  
January 31, 2022**

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	2,062	2,155	11,878	12,099
Medi-Cal	1,115	1,121	7,039	7,617
Commercial insurance	742	918	5,350	5,589
Other patient	85	92	813	980
Total patient days	<u>4,004</u>	<u>4,286</u>	<u>25,080</u>	<u>26,285</u>
Gross revenue:				
Medicare	\$ 96,285,908	\$ 89,275,837	\$ 629,321,264	\$ 568,607,623
Medi-Cal	56,671,890	53,083,675	391,695,138	373,422,605
Commercial insurance	46,456,674	48,822,980	346,467,191	346,982,400
Other patient	<u>6,922,618</u>	<u>7,967,921</u>	<u>57,447,716</u>	<u>60,479,514</u>
Gross revenue	<u>206,337,090</u>	<u>199,150,413</u>	<u>1,424,931,309</u>	<u>1,349,492,142</u>
Deductions from revenue:				
Administrative adjustment	391,772	590,340	2,180,593	2,370,481
Charity care	295,212	1,263,827	6,219,505	6,516,386
Contractual adjustments:				
Medicare outpatient	22,938,056	19,223,263	187,127,973	166,825,661
Medicare inpatient	46,132,671	43,362,590	276,007,105	259,891,083
Medi-Cal traditional outpatient	2,580,080	2,018,330	18,987,334	13,726,968
Medi-Cal traditional inpatient	9,268,575	8,099,914	43,505,551	55,390,282
Medi-Cal managed care outpatient	20,110,155	15,277,900	152,620,104	123,741,299
Medi-Cal managed care inpatient	17,029,967	20,441,324	135,006,039	132,418,675
Commercial insurance outpatient	13,858,634	12,665,333	112,436,891	106,302,052
Commercial insurance inpatient	18,491,332	20,180,991	120,123,276	108,064,998
Uncollectible accounts expense	3,256,357	3,216,019	25,831,324	24,819,272
Other payors	<u>1,065,757</u>	<u>716,932</u>	<u>6,166,553</u>	<u>7,662,063</u>
Deductions from revenue	<u>155,418,568</u>	<u>147,056,763</u>	<u>1,086,212,248</u>	<u>1,007,729,221</u>
Net patient revenue	<u>\$ 50,918,522</u>	<u>\$ 52,093,651</u>	<u>\$ 338,719,061</u>	<u>\$ 341,762,921</u>
Gross billed charges by patient type:				
Inpatient	\$ 121,448,900	\$ 125,522,978	\$ 766,106,253	\$ 754,859,351
Outpatient	59,318,131	51,559,925	470,872,207	447,584,701
Emergency room	<u>25,570,059</u>	<u>22,067,511</u>	<u>187,952,851</u>	<u>147,048,090</u>
Total	<u>\$ 206,337,090</u>	<u>\$ 199,150,413</u>	<u>\$ 1,424,931,311</u>	<u>\$ 1,349,492,142</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
STATEMENTS OF REVENUE AND EXPENSES  
January 31, 2022**

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 50,918,521	\$ 52,093,651	\$ 338,719,062	\$ 341,762,921
Other operating revenue	1,062,886	1,210,845	6,818,231	9,151,988
Total operating revenue	<u>51,981,407</u>	<u>53,304,496</u>	<u>345,537,293</u>	<u>350,914,909</u>
Operating expenses:				
Salaries and wages	16,065,048	16,567,936	107,782,829	113,265,665
Compensated absences	3,055,239	2,526,510	19,220,782	18,688,981
Employee benefits	6,602,879	7,703,965	47,170,921	51,975,992
Supplies, food, and linen	6,120,865	6,334,207	43,453,006	43,808,456
Purchased department functions	3,327,140	3,172,890	23,599,458	21,448,862
Medical fees	1,789,858	1,901,467	13,432,913	11,947,514
Other fees	3,503,167	1,842,158	13,909,067	9,079,385
Depreciation	1,854,248	1,811,371	12,821,395	12,487,903
All other expense	1,282,786	1,169,394	9,632,648	8,177,937
Total operating expenses	<u>43,601,230</u>	<u>43,029,898</u>	<u>291,023,019</u>	<u>290,880,695</u>
Income from operations	<u>8,380,177</u>	<u>10,274,598</u>	<u>54,514,274</u>	<u>60,034,214</u>
Non-operating income:				
Donations	166,667	166,667	1,188,667	1,666,667
Property taxes	333,333	333,333	2,333,333	2,333,333
Investment income	(2,765,384)	(71,821)	(6,252,239)	2,037,743
Taxes and licenses	0	0	0	0
Income from subsidiaries	(4,215,905)	(4,945,194)	(19,312,500)	(26,409,090)
Total non-operating income	<u>(6,481,289)</u>	<u>(4,517,015)</u>	<u>(22,042,739)</u>	<u>(20,371,347)</u>
Operating and non-operating income	1,898,888	5,757,583	32,471,535	39,662,867
Net assets to begin	<u>840,927,207</u>	<u>779,712,180</u>	<u>810,354,560</u>	<u>745,806,898</u>
Net assets to end	<u>\$ 842,826,095</u>	<u>\$ 785,469,763</u>	<u>\$ 842,826,095</u>	<u>\$ 785,469,764</u>
Net income excluding non-recurring items	\$ 1,898,888	\$ 5,757,583	\$ 31,989,757	\$ 38,043,758
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>0</u>	<u>0</u>	<u>481,778</u>	<u>1,619,109</u>
Operating and non-operating income	<u>\$ 1,898,888</u>	<u>\$ 5,757,583</u>	<u>\$ 32,471,535</u>	<u>\$ 39,662,867</u>



**SALINAS VALLEY MEMORIAL HOSPITAL  
SCHEDULES OF INVESTMENT INCOME  
January 31, 2022**

	<b>Month of January,</b>		<b>Seven months ended January 31,</b>	
	<b>current year</b>	<b>prior year</b>	<b>current year</b>	<b>prior year</b>
<b>Detail of other operating income:</b>				
Dietary revenue	\$ 128,401	\$ 126,487	\$ 976,330	\$ 945,762
Discounts and scrap sale	249,736	(666)	803,185	222,654
Sale of products and services	111,528	11,317	557,459	161,250
Clinical trial fees	4,144	0	27,339	46,128
Stimulus Funds	0	0	0	0
Rental income	155,306	145,184	1,119,723	1,115,503
Other	413,771	928,523	3,334,195	6,660,691
<b>Total</b>	<b>\$ 1,062,886</b>	<b>\$ 1,210,845</b>	<b>\$ 6,818,231</b>	<b>\$ 9,151,988</b>
<b>Detail of investment income:</b>				
Bank and payor interest	\$ 82,930	\$ 109,167	\$ 616,690	\$ 972,614
Income from investments	(2,660,805)	(179,871)	(6,546,062)	1,036,496
Gain or loss on property and equipment	(187,509)	(1,117)	(322,866)	28,633
<b>Total</b>	<b>\$ (2,765,384)</b>	<b>\$ (71,821)</b>	<b>\$ (6,252,239)</b>	<b>\$ 2,037,743</b>
<b>Detail of income from subsidiaries:</b>				
<b>Salinas Valley Medical Center:</b>				
Pulmonary Medicine Center	\$ (203,052)	\$ (82,010)	\$ (1,277,649)	\$ (1,255,723)
Neurological Clinic	(82,538)	(119,245)	(391,413)	(568,205)
Palliative Care Clinic	(103,270)	(111,340)	(576,191)	(545,008)
Surgery Clinic	(141,246)	(218,412)	(843,384)	(1,169,287)
Infectious Disease Clinic	(31,219)	(38,830)	(189,201)	(211,777)
Endocrinology Clinic	(167,531)	(236,882)	(880,060)	(1,332,827)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(642,773)	(530,306)	(2,804,894)	(3,463,636)
OB/GYN Clinic	(512,297)	(402,268)	(2,323,136)	(2,541,658)
PrimeCare Medical Group	(868,841)	(1,436,277)	(3,084,488)	(6,682,646)
Oncology Clinic	(560,124)	(250,280)	(2,315,995)	(1,814,162)
Cardiac Surgery	(310,311)	(373,472)	(1,151,771)	(1,231,757)
Sleep Center	(45,350)	(109,029)	(212,970)	(480,335)
Rheumatology	(86,526)	(82,615)	(388,017)	(402,838)
Precision Ortho MDs	(383,612)	(587,681)	(1,779,120)	(2,842,668)
Precision Ortho-MRI	0	(100)	0	(1,363)
Precision Ortho-PT	(79,283)	(64,833)	(358,170)	(329,496)
Vaccine Clinic	(53,581)	0	(189,512)	0
Dermatology	(37,672)	(49,153)	(115,472)	(227,452)
Hospitalists	0	0	0	0
Behavioral Health	(91,003)	(95,848)	(475,115)	(504,644)
Pediatric Diabetes	(46,438)	(37,436)	(309,905)	(235,601)
Neurosurgery	(44,496)	(68,755)	(179,059)	(249,665)
Multi-Specialty-RR	22,785	(30,025)	75,877	(1,878)
Radiology	(301,480)	(322,591)	(1,700,134)	(1,463,122)
Salinas Family Practice	(142,593)	0	(627,648)	0
<b>Total SVMC</b>	<b>(4,912,451)</b>	<b>(5,247,388)</b>	<b>(22,097,427)</b>	<b>(27,555,748)</b>
Doctors on Duty	(59,876)	218,535	160,922	207,688
Assisted Living	0	(7,965)	0	(49,548)
Salinas Valley Imaging	0	0	0	(19,974)
Vantage Surgery Center	12,266	28,591	182,123	145,340
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	738,846	133,147	2,180,057	545,786
Aspire/CHI/Coastal	(44,508)	(104,430)	(195,848)	(306,472)
Apex	32,791	(8,268)	103,759	39,189
21st Century Oncology	(26,258)	(12,454)	80,760	(116,907)
Monterey Bay Endoscopy Center	43,285	55,038	273,155	701,556
<b>Total</b>	<b>\$ (4,215,905)</b>	<b>\$ (4,945,194)</b>	<b>\$ (19,312,500)</b>	<b>\$ (26,409,090)</b>

**SALINAS VALLEY MEMORIAL HOSPITAL  
BALANCE SHEETS  
January 31, 2022**

	<b>Current year</b>	<b>Prior year</b>
<b>A S S E T S</b>		
Current assets:		
Cash and cash equivalents	\$ 348,713,308	\$ 297,985,446
Patient accounts receivable, net of estimated uncollectibles of \$25,784,471	87,508,281	93,746,118
Supplies inventory at cost	7,902,480	8,605,987
Other current assets	10,149,278	10,643,838
Total current assets	454,273,348	410,981,388
Assets whose use is limited or restricted by board	148,067,141	138,617,245
Capital assets:		
Land and construction in process	35,455,695	47,426,417
Other capital assets, net of depreciation	203,906,045	211,012,996
Total capital assets	239,361,740	258,439,413
Other assets:		
Investment in Securities	137,249,683	148,230,694
Investment in SVMC	11,414,249	11,337,726
Investment in Aspire/CHI/Coastal	1,791,520	4,503,941
Investment in other affiliates	21,385,568	21,826,766
Net pension asset	4,984,001	1,508,515
Total other assets	176,825,021	187,407,642
Deferred pension outflows	50,119,236	83,379,890
	\$ 1,068,646,486	\$ 1,078,825,578
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 54,100,747	\$ 59,187,516
Due to third party payers	55,553,238	74,900,827
Current portion of self-insurance liability	18,024,773	18,146,305
Total current liabilities	127,678,758	152,234,648
Long term portion of workers comp liability	14,556,513	14,780,831
Total liabilities	142,235,271	167,015,479
Pension liability	83,585,120	126,340,336
Net assets:		
Invested in capital assets, net of related debt	239,361,740	258,439,413
Unrestricted	603,464,355	527,030,350
Total net assets	842,826,095	785,469,763
	\$ 1,068,646,486	\$ 1,078,825,578

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL**  
**January 31, 2022**

	Month of January,				Seven months ended January 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 206,337,090	\$ 199,588,021	6,749,069	3.38%	\$ 1,424,931,309	\$ 1,366,642,535	58,288,774	4.27%
Deductions from revenue	155,418,568	153,627,876	1,790,692	1.17%	1,086,212,248	1,049,753,582	36,458,666	3.47%
Net patient revenue	50,918,522	45,960,144	4,958,378	10.79%	338,719,061	316,888,953	21,830,108	6.89%
Other operating revenue	1,062,886	783,804	279,082	35.61%	6,818,231	5,477,135	1,341,096	24.49%
<b>Total operating revenue</b>	<b>51,981,408</b>	<b>46,743,948</b>	<b>5,237,460</b>	<b>11.20%</b>	<b>345,537,292</b>	<b>322,366,088</b>	<b>23,171,204</b>	<b>7.19%</b>
Operating expenses:								
Salaries and wages	16,065,048	15,734,432	330,616	2.10%	107,782,829	108,167,943	(385,114)	-0.36%
Compensated absences	3,055,239	2,737,145	318,094	11.62%	19,220,782	19,884,801	(664,019)	-3.34%
Employee benefits	6,602,879	7,412,756	(809,877)	-10.93%	47,170,921	49,559,065	(2,388,144)	-4.82%
Supplies, food, and linen	6,120,865	5,938,499	182,366	3.07%	43,453,006	41,189,060	2,263,946	5.50%
Purchased department functions	3,327,140	3,088,552	238,588	7.72%	23,599,458	21,406,187	2,193,271	10.25%
Medical fees	1,789,858	1,830,070	(40,212)	-2.20%	13,432,913	12,791,618	641,295	5.01%
Other fees	3,503,167	928,184	2,574,983	277.42%	13,909,067	6,535,693	7,373,374	112.82%
Depreciation	1,854,248	1,790,446	63,802	3.56%	12,821,395	12,503,663	317,732	2.54%
All other expense	1,282,786	1,445,868	(163,082)	-11.28%	9,632,648	10,075,722	(443,074)	-4.40%
<b>Total operating expenses</b>	<b>43,601,230</b>	<b>40,905,952</b>	<b>2,695,278</b>	<b>6.59%</b>	<b>291,023,019</b>	<b>282,113,750</b>	<b>8,909,269</b>	<b>3.16%</b>
<b>Income from operations</b>	<b>8,380,178</b>	<b>5,837,996</b>	<b>2,542,182</b>	<b>43.55%</b>	<b>54,514,273</b>	<b>40,252,337</b>	<b>14,261,936</b>	<b>35.43%</b>
Non-operating income:								
Donations	166,667	166,667	0	0.00%	1,188,667	1,166,667	22,000	1.89%
Property taxes	333,333	333,333	(0)	0.00%	2,333,333	2,333,333	(0)	0.00%
Investment income	(2,765,384)	(63,302)	(2,702,082)	4268.59%	(6,252,239)	(443,111)	(5,809,129)	1310.99%
Income from subsidiaries	(4,215,905)	(4,369,030)	153,125	-3.50%	(19,312,500)	(28,919,361)	9,606,861	-33.22%
<b>Total non-operating income</b>	<b>(6,481,289)</b>	<b>(3,932,332)</b>	<b>(2,548,957)</b>	<b>64.82%</b>	<b>(22,042,739)</b>	<b>(25,862,472)</b>	<b>3,819,733</b>	<b>-14.77%</b>
<b>Operating and non-operating income</b>	<b>\$ 1,898,889</b>	<b>\$ 1,905,664</b>	<b>(6,775)</b>	<b>-0.36%</b>	<b>\$ 32,471,534</b>	<b>\$ 14,389,865</b>	<b>18,081,669</b>	<b>125.66%</b>

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	37	43	314	297	(17)
Other Admissions	81	99	674	683	9
Total Admissions	118	142	988	980	(8)
Medi-Cal Patient Days	56	69	468	461	(7)
Other Patient Days	150	171	1,089	1,126	37
Total Patient Days of Care	206	240	1,557	1,587	30
Average Daily Census	6.6	7.7	7.2	7.4	0.1
Medi-Cal Average Days	1.5	1.6	1.6	1.6	0.0
Other Average Days	1.0	1.7	1.6	1.7	0.1
Total Average Days Stay	1.8	1.7	1.6	1.6	0.1
<u>ADULTS &amp; PEDIATRICS</u>					
Medicare Admissions	351	387	2,262	2,353	91
Medi-Cal Admissions	288	248	1,671	1,699	28
Other Admissions	358	292	1,976	2,127	151
Total Admissions	997	927	5,909	6,179	270
Medicare Patient Days	1,819	1,757	10,595	10,204	(391)
Medi-Cal Patient Days	1,166	1,158	7,865	7,325	(540)
Other Patient Days	1,220	1,083	6,930	7,538	608
Total Patient Days of Care	4,205	3,998	25,390	25,067	(323)
Average Daily Census	135.6	129.0	118.1	116.6	(1.5)
Medicare Average Length of Stay	5.0	4.7	4.7	4.3	(0.4)
Medi-Cal Average Length of Stay	3.6	3.8	3.9	3.5	(0.4)
Other Average Length of Stay	3.8	2.6	2.6	2.7	0.1
Total Average Length of Stay	4.2	3.7	3.7	3.5	(0.2)
Deaths	97	34	284	199	(85)
Total Patient Days	4,411	4,238	26,947	26,654	(293)
Medi-Cal Administrative Days	8	72	164	177	13
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	8	72	164	177	13
Percent Non-Acute	0.18%	1.70%	0.61%	0.66%	0.06%

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	292	269	1,786	1,869	83
Heart Center	360	346	2,406	1,808	(598)
Monitored Beds	888	775	6,302	5,439	(863)
Single Room Maternity/Obstetrics	315	357	2,457	2,555	98
Med/Surg - Cardiovascular	905	875	5,252	4,910	(342)
Med/Surg - Oncology	304	267	1,335	1,973	638
Med/Surg - Rehab	574	517	3,065	3,035	(30)
Pediatrics	172	77	609	627	18
Nursery	206	240	1,557	1,587	30
Neonatal Intensive Care	72	162	889	768	(121)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	72.46%	66.75%	63.90%	66.87%	
Heart Center	77.42%	74.41%	74.60%	56.06%	
Monitored Beds	106.09%	92.59%	108.56%	93.70%	
Single Room Maternity/Obstetrics	27.46%	31.12%	30.89%	32.12%	
Med/Surg - Cardiovascular	64.87%	62.72%	54.28%	50.75%	
Med/Surg - Oncology	75.43%	66.25%	47.76%	70.59%	
Med/Surg - Rehab	71.22%	64.14%	54.83%	54.29%	
Med/Surg - Observation Care Unit	0.00%	66.98%	0.00%	56.99%	
Pediatrics	30.82%	13.80%	15.74%	16.20%	
Nursery	40.27%	46.92%	21.95%	22.37%	
Neonatal Intensive Care	21.11%	47.51%	37.59%	32.47%	

**SALINAS VALLEY MEMORIAL HOSPITAL  
PATIENT STATISTICAL REPORT**

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	114	149	975	962	(13)
C-Section deliveries	36	42	292	318	26
Percent of C-section deliveries	31.58%	28.19%	29.95%	33.06%	3.11%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	15,342	14,376	143,526	129,064	(14,462)
Out-Patient Operating Minutes	10,849	16,053	154,560	171,600	17,040
Total	26,191	30,429	298,086	300,664	2,578
Open Heart Surgeries	11	9	83	81	(2)
In-Patient Cases	115	117	992	929	(63)
Out-Patient Cases	117	160	1,702	1,706	4
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	43	34	234	256	22
High Risk	570	501	3,650	3,231	(419)
More Than One Resource	2,170	2,465	14,872	17,983	3,111
One Resource	950	2,060	9,394	12,106	2,712
No Resources	31	66	278	632	354
Total	<u>3,764</u>	<u>5,126</u>	<u>28,428</u>	<u>34,208</u>	<u>5,780</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
PATIENT STATISTICAL REPORT**

For the month of Jan and seven months to date

	Month of Jan		Seven months to date		Variance
	2021	2022	2020-21	2021-22	
<b>CENTRAL SUPPLY</b>					
In-patient requisitions	16,315	15,295	102,118	105,727	3,609
Out-patient requisitions	6,250	6,730	67,967	63,426	-4,541
Emergency room requisitions	1,375	698	11,273	8,349	-2,924
Interdepartmental requisitions	7,849	7,115	49,644	44,398	-5,246
Total requisitions	<u>31,789</u>	<u>29,838</u>	<u>231,002</u>	<u>221,900</u>	<u>-9,102</u>
<b>LABORATORY</b>					
In-patient procedures	42,107	38,721	253,735	241,589	-12,146
Out-patient procedures	9,286	11,597	76,062	80,263	4,201
Emergency room procedures	9,433	11,145	60,934	76,430	15,496
Total patient procedures	<u>60,826</u>	<u>61,463</u>	<u>390,731</u>	<u>398,282</u>	<u>7,551</u>
<b>BLOOD BANK</b>					
Units processed	<u>318</u>	<u>297</u>	<u>1,996</u>	<u>1,965</u>	<u>-31</u>
<b>ELECTROCARDIOLOGY</b>					
In-patient procedures	1,041	1,068	6,566	6,885	319
Out-patient procedures	349	302	2,706	2,668	-38
Emergency room procedures	1,045	1,148	6,142	7,127	985
Total procedures	<u>2,435</u>	<u>2,518</u>	<u>15,414</u>	<u>16,680</u>	<u>1,266</u>
<b>CATH LAB</b>					
In-patient procedures	64	77	512	607	95
Out-patient procedures	51	71	571	625	54
Emergency room procedures	0	0	1	0	-1
Total procedures	<u>115</u>	<u>148</u>	<u>1,084</u>	<u>1,232</u>	<u>148</u>
<b>ECHO-CARDIOLOGY</b>					
In-patient studies	298	371	2,033	2,406	373
Out-patient studies	138	156	1,262	1,520	258
Emergency room studies	2	1	16	5	-11
Total studies	<u>438</u>	<u>528</u>	<u>3,311</u>	<u>3,931</u>	<u>620</u>
<b>NEURODIAGNOSTIC</b>					
In-patient procedures	140	165	1,109	1,090	-19
Out-patient procedures	24	27	169	164	-5
Emergency room procedures	0	0	0	0	0
Total procedures	<u>164</u>	<u>192</u>	<u>1,278</u>	<u>1,254</u>	<u>-24</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
PATIENT STATISTICAL REPORT  
For the month of Jan and seven months to date**

	Month of Jan		Seven months to date		Variance
	2021	2022	2020-21	2021-22	
<b>SLEEP CENTER</b>					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	183	167	1,315	1,153	-162
Emergency room procedures	0	0	0	0	0
Total procedures	<u>183</u>	<u>167</u>	<u>1,316</u>	<u>1,153</u>	<u>-163</u>
<b>RADIOLOGY</b>					
In-patient procedures	1,654	1,429	9,708	8,710	-998
Out-patient procedures	416	356	4,323	2,915	-1,408
Emergency room procedures	1,217	1,382	7,939	8,809	870
Total patient procedures	<u>3,287</u>	<u>3,167</u>	<u>21,970</u>	<u>20,434</u>	<u>-1,536</u>
<b>MAGNETIC RESONANCE IMAGING</b>					
In-patient procedures	105	141	860	890	30
Out-patient procedures	127	77	953	768	-185
Emergency room procedures	14	6	80	49	-31
Total procedures	<u>246</u>	<u>224</u>	<u>1,893</u>	<u>1,707</u>	<u>-186</u>
<b>MAMMOGRAPHY CENTER</b>					
In-patient procedures	2,718	3,550	20,910	24,711	3,801
Out-patient procedures	2,696	3,518	20,790	24,527	3,737
Emergency room procedures	3	0	3	8	5
Total procedures	<u>5,417</u>	<u>7,068</u>	<u>41,703</u>	<u>49,246</u>	<u>7,543</u>
<b>NUCLEAR MEDICINE</b>					
In-patient procedures	12	14	86	94	8
Out-patient procedures	61	78	506	541	35
Emergency room procedures	1	0	4	4	0
Total procedures	<u>74</u>	<u>92</u>	<u>596</u>	<u>639</u>	<u>43</u>
<b>PHARMACY</b>					
In-patient prescriptions	111,491	94,299	636,356	605,331	-31,025
Out-patient prescriptions	10,439	11,319	99,978	104,283	4,305
Emergency room prescriptions	5,342	7,197	36,983	48,996	12,013
Total prescriptions	<u>127,272</u>	<u>112,815</u>	<u>773,317</u>	<u>758,610</u>	<u>-14,707</u>
<b>RESPIRATORY THERAPY</b>					
In-patient treatments	29,606	21,738	156,457	131,478	-24,979
Out-patient treatments	143	981	3,391	7,896	4,505
Emergency room treatments	373	194	1,179	1,583	404
Total patient treatments	<u>30,122</u>	<u>22,913</u>	<u>161,027</u>	<u>140,957</u>	<u>-20,070</u>
<b>PHYSICAL THERAPY</b>					
In-patient treatments	2,256	2,396	16,109	16,284	175
Out-patient treatments	99	170	1,751	2,108	357
Emergency room treatments	0	0	0	0	0
Total treatments	<u>2,355</u>	<u>2,566</u>	<u>17,860</u>	<u>18,392</u>	<u>532</u>



**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<b>OCCUPATIONAL THERAPY</b>					
In-patient procedures	1,445	1,660	9,403	10,682	1,279
Out-patient procedures	74	99	797	1,086	289
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,519</u>	<u>1,759</u>	<u>10,200</u>	<u>11,768</u>	<u>1,568</u>
<b>SPEECH THERAPY</b>					
In-patient treatments	348	525	2,682	3,077	395
Out-patient treatments	23	28	171	200	29
Emergency room treatments	0	0	0	0	0
Total treatments	<u>371</u>	<u>553</u>	<u>2,853</u>	<u>3,277</u>	<u>424</u>
<b>CARDIAC REHABILITATION</b>					
In-patient treatments	0	0	0	0	0
Out-patient treatments	498	401	2,637	4,268	1,631
Emergency room treatments	0	0	1	0	-1
Total treatments	<u>498</u>	<u>401</u>	<u>2,638</u>	<u>4,268</u>	<u>1,630</u>
<b>CRITICAL DECISION UNIT</b>					
Observation hours	<u>378</u>	<u>344</u>	<u>1,866</u>	<u>2,252</u>	<u>386</u>
<b>ENDOSCOPY</b>					
In-patient procedures	85	78	626	636	10
Out-patient procedures	12	29	159	223	64
Emergency room procedures	0	0	0	0	0
Total procedures	<u>97</u>	<u>107</u>	<u>785</u>	<u>859</u>	<u>74</u>
<b>C.T. SCAN</b>					
In-patient procedures	537	596	3,803	4,027	224
Out-patient procedures	445	281	3,598	2,517	-1,081
Emergency room procedures	433	552	3,208	4,164	956
Total procedures	<u>1,415</u>	<u>1,429</u>	<u>10,609</u>	<u>10,708</u>	<u>99</u>
<b>DIETARY</b>					
Routine patient diets	17,554	21,351	113,154	130,102	16,948
Meals to personnel	19,345	21,421	144,216	152,161	7,945
Total diets and meals	<u>36,899</u>	<u>42,772</u>	<u>257,370</u>	<u>282,263</u>	<u>24,893</u>
<b>LAUNDRY AND LINEN</b>					
Total pounds laundered	<u>99,573</u>	<u>100,531</u>	<u>710,088</u>	<u>689,921</u>	<u>-20,167</u>

## Memorandum

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To: Board of Directors  
 From: Clement Miller  
 Date: February 24, 2022  
 Re: Policies Requiring Approval

As required under Title 22, CMS, and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that require your approval.

	Policy Title	Summary of Changes	Responsible VP
1.	Gift, Ticket and Honoraria Policy	New version update with provisions related to the Foundation. Removed In-kind donation form and hyperlinked it within the body of the policy.	Augustine Lopez
2.	NICU Transport: Care Practices for Transport	Updated References only.	Clement Miller
3.	COVID Testing Swab Standardized Procedure	New Standardized Procedure.	Clement Miller
4.	Water Management Program Plan: Minimizing Waterborne Pathogenic Organisms	Updated title page to 2022. Updated section IV. Plan Management.	Clement Miller

## GIFT, TICKET AND HONORARIA POLICY

<i>Reference Number</i>	5756
<i>Effective Date</i>	Not Set
<i>Applies To</i>	All Departments, Nursing Administration
<i>Attachments/Forms</i>	<a href="#">In-kind donation form</a>

### I. POLICY STATEMENT:

A. **Federal Anti-Kickback Statute:** It is the policy of SVMHS to ensure full compliance with the Federal Anti-Kickback Statute, which prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or reward the referral of Federal or State health care program business. The unlawful acceptance of any gifts or business courtesies from vendors or others with whom SVMHS presently conducts business – or potentially could conduct business – is strictly prohibited.

A.

~~B. **State Gift Laws:** Directors, Officers and designated employees of SVMHS identified in the District's Conflict of Interest Code or covered by Government Code section 87200 (including public officials who manage public investments) are subject to State laws regarding the receipt and disclosure of gifts as set forth in the Political Reform Act (at Government Code Section 89503) and the FPPC Regulations. These minimum requirements are not altered by this Policy.~~

~~1. The following table applies to individuals in positions designated by the Conflict of Interest Code:~~

<del>Disclosure Category</del>	<del>Prohibited from receiving gifts totaling &gt; \$5000 from</del>
<del>Required filers and 1, 2</del>	<del>Any single source in a calendar year</del>
<del>3</del>	<del>Any single source that provides services, supplies, materials, machinery, or equipment of the type utilized by the district</del>
<del>4</del>	<del>Any single source that is a type to receive grants or other moneys from or through SVMHS.</del>

Page 67 of 206

~~2.1. These annual limits shall automatically increase or decrease consistent with modification to the gift limit established by the FPPC every two years.~~

## GIFT, TICKET AND HONORARIA POLICY

~~3.1. This Subsection B shall not be interpreted to permit receipt of Gifts prohibited under any other provision of this Policy, such as Subsection A, above.~~

~~C.B.~~ **Perishable Items:** It is the policy of SVMHS that any department, clinical unit, or clinical practice may accept modest, unsolicited perishable gifts such as floral arrangements, cookies, candy or similar food items of \$500 or less per occasion, to be shared by staff members and, where possible, made available to the public. All gifts from a single source (company or individual) are subject to an annual aggregate annual limit of \$1,000.

~~D.C.~~ **Gifts to Agency/District:** It is the policy of SVMHS that gifts received by SVMHS or any part thereof, which are then distributed to or used by individual recipients must be used for official agency business, and must be distributed and reported as required under the Political Reform Act and FPPC Regulations.

~~E.D.~~ **Solicitation of Gifts:** It is the policy of SVMHS that an employee may not solicit (i.e., ask for or request) gifts unless authorized to do so for approved hospital functions, fundraisers or special events. Requests for authorization to solicit gifts will be made in writing to the Chief Philanthropy Officer. ~~Director of the Human Resources.~~

~~F.E.~~ **Gifts between Employees:** It is the policy of SVMHS that gifts of a personal nature between employees are permitted, provided hospital funds are *not* utilized.

It is further the policy of SVMHS that gifts between employees that are related to a person's employment at SVMHS (e.g. for Secretary's Day, Nurses Week, etc.) are permitted, provided they are customary for the occasion, are of reasonable value given the circumstances and the persons' positions in the organization, and hospital funds are *not* utilized.

~~G. Tickets and Passes: All Tickets and Passes received by SVMHS shall be distributed and reported in accordance with this policy and relevant FPPC Regulations. The following are not considered "Gifts" under State law:~~

Page 68 of 206

~~1. Tickets and Passes that are provided to a SVMHS board member or official designated in the conflict of interest code when they are received and distributed by SVMHS in compliance with related FPPC Regulations and this Policy and promote the public purposes of SVMHS.~~

## GIFT, TICKET AND HONORARIA POLICY

- ~~2.1. Tickets or passes distributed to or at the behest of an agency official must accomplish a stated public purpose of SVMHS.~~
- ~~3.1. Tickets and Passes provided by a third party so that the recipient can perform a ceremonial role or function on behalf of the organization, as further described in related FPPC Regulations, though such Tickets and Passes must still be reported by SVMHS.~~
- ~~4.1. A Ticket or Pass when it is provided directly to the recipient from a third party when the giver and receiver treat the ticket or pass as income consistent with applicable state and federal income tax laws.~~

H.F. **All Other Gifts:** It is the policy of SVMHS that gifts other than those described in paragraphs C through G, above, may not be accepted in the performance of any officer or employee's duties or responsibilities. This includes gifts from patients, family members of patients, vendors or business associates. However, if the recipient has a good faith belief that not accepting the gifts could impact negatively the relationship between the patient and the recipient, or the patient and SVMHS, the employee may accept the gift. Documentation of the gift must be given to the employee's supervisor and to the SVMHS Chief Philanthropy Officer using the in-kind donation form.

G. **Honoraria:** It is the policy of SVMHS to comply with the Political Reform Act and FPPC Regulations regarding the receipt of honoraria. SVMHS Board members and those who manage public investments (individuals who are required to file statements of economic interests under Government Codes section 87200) are prohibited from receiving honoraria payments. Likewise, employees whose positions are designated under the SVMHS Conflict of Interest Code are prohibited from receiving honoraria payments from any source of gifts or income included in their disclosure categories set forth in the Conflict of Interest Code. Exceptions to the State's honoraria prohibitions for local officials, such as for income earned from a bona fide business or profession, shall apply to SVMHS officers and employees. (Government Code Section 89502.) Honoraria and reimbursements for event attendance when permitted shall be handled pursuant to the procedures set forth below.

Page 69 of 206

I.

## II. PURPOSE:

## GIFT, TICKET AND HONORARIA POLICY

A. The purpose of this policy is to ensure Salinas Valley Memorial Healthcare System (SVMHS) Board Members, leaders and staff members comply with external regulations and internally established standards regarding the receipt and provision of gifts, tickets and honoraria. Except as set forth in Section I.BC. and I.CD. ~~below~~above, this policy covers gifts to and from internal and external parties including individuals, businesses and organizations. The policy also governs SVMHS's further distribution of tickets and passes (e.g., to sporting, cultural and community events) that are gifted to SVMHS, and SVMHS' acceptance of payments or reimbursements related to speaking or appearing at professional or educational events.

A. \_\_\_\_\_

~~B. Gifts, tickets and honoraria can be perceived tools to influence SVMHS decisions and patient care, and can erode public confidence and the impartiality of decisions made by public officers, officials and employees. This policy has been adopted to guard against even the appearance of impropriety in all aspects of SVMHS's programs, services, and administration. Furthermore, this policy is intended to prevent the perceived obligations of reciprocity that can arise from the giving or accepting of gifts, tickets and honoraria.~~

~~C. This policy does not address Salinas Valley Memorial Hospital's provision of gifts and other business courtesies to physicians and other potential referral sources for the hospital.~~

~~D. This policy also does not address Salinas Valley Memorial Hospital's provision of gifts and other business courtesies to patients or potential patients.~~

### III. DEFINITIONS:

A. **"Executive Leader"** includes the following: President/Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Nursing Officer, Chief Medical Officer, Chief Strategic Communication Officer, Chief Human Resources Officer, Chief Clinical Administrative Officers, and Chief ~~Executive Officer of the SVMH Foundation~~/Philanthropy Officer of SVMHS.

B. **"FPPC Regulations"** means the regulations adopted by the Fair Political Practices Commission in its role as the implementing and enforcement

## GIFT, TICKET AND HONORARIA POLICY

agency of the State's Political Reform Act. These implementations are set forth in title 2, Division 6, Sections 18109-18997 of the California Code of Regulations.

- C. **“Gifts”**: For purposes of this Policy, “Gifts” are defined and excepted as set forth in the Political Reform Act and FPPC Regulations, as they may be amended from time to time. Generally speaking, the Political Reform Act defines a “gift” as any payment or other benefit received (including food/drink, travel or travel expenses, services, and items of any type) that confers a personal benefit for which the recipient does not provide something (e.g., payment, goods or services) of equal value. This includes a rebate or discount in the price of anything of value unless the rebate or discount is made in the regular course of business to members of the public without regard to official status.

Exceptions generally include, but are not limited to:

1. Informational materials such as books, reports, pamphlets, calendars, or periodicals.
2. Gifts which are not used and which, within 30 days after receipt, are either returned to the donor or delivered to a nonprofit entity exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, without being claimed as a charitable contribution for tax purposes.
3. Gifts from close family members (e.g., an individual's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, sister-in-law, brother-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person) unless the donor is acting as an agent or intermediary for any person not covered in this paragraph.
4. Campaign contributions to an official, as long as they comply with and are properly reported in accordance with applicable campaign finance laws.
5. Inheritance.
6. Personalized plaques or trophies with an individual value of less than two hundred and fifty dollars (\$250).
7. Gifts from long-term, close personal friends or friends or colleagues from business relationships unrelated to the recipient's role as a public officer or employee.
8. Acts of neighborliness (e.g., picking up someone's mail or feeding a pet while the recipient is on vacation) or compassion (e.g., delivering food or flowers to someone in mourning).

## GIFT, TICKET AND HONORARIA POLICY

9. Food, shelter, or similar assistance received in connection with a disaster relief program. Benefits must be received from a governmental agency or charity and must be available to the general public

D. **“In-kind Donations”:** In-kind gifts are contributions of good or services, other than cash. For example, in-kind donations include products such as computers, furniture, clothing, face masks, hats, food boxes or office equipment. In-kind donation form

D-E. **“Honoraria”** (plural form of “honorarium”) include but are not limited to payments received for making a speech, publishing an article, or attending any public or private conference, convention, meeting, social event, meal or similar gathering.

E-F. **“Immediate Family”** includes spouse; registered domestic partner; any child who can be claimed as a dependent for federal tax purposes; or a child who is aged 18 to 23 years old, attends school, resides with the recipient when not attending school, and provides less than one-half of his or her own support.

G. **“Tickets” or “Passes”:** The Fair Political Practices Commission (FPPC), in interpreting the Political Reform Act, has established that “ticket” or “pass” means “admission to a facility, event, show, or performance for entertainment, amusement, recreational or similar purpose.”

F. \_\_\_\_\_

### IV. GENERAL INFORMATION:

A. **State Gift Laws:** Directors, Officers and designated employees of SVMHS identified in the District’s Conflict of Interest Code or covered by Government Code section 87200 (including public officials who manage public investments) are subject to State laws regarding the receipt and disclosure of gifts as set forth in the Political Reform Act (at Government Code Section 89503) and the FPPC Regulations. These minimum requirements are not altered by this Policy.

Page 72 of 206

1. The following table applies to individuals in positions designated by the Conflict of Interest Code:



## GIFT, TICKET AND HONORARIA POLICY

<u>Disclosure Category</u>	<u>Prohibited from receiving gifts totaling &gt; \$5000<del>20</del> from</u>
<u>Required filers and</u> <u>1, 2</u>	<u>Any single source in a calendar year</u>
<u>3</u>	<u>Any single source that provides services, supplies, materials, machinery, or equipment of the type utilized by the district</u>
<u>4</u>	<u>Any single source that is a type to receive grants or other moneys from or through SVMHS.</u>

2. These annual limits shall automatically increase or decrease consistent with modification to the gift limit established by the FPPC every two years.
3. This Subsection B shall not be interpreted to permit receipt of Gifts prohibited under any other provision of this Policy, such as Subsection A, above.

**B. SVMH Foundation:** This policy does not apply to members of the Board of Governors of SVMH Foundation or to SVMHS employees assigned to the SVMH Foundation in their roles and in the performance of their responsibilities for the SVMH Foundation. As a separate 501(c)(3) with the purpose of fundraising for SVMHS, SVMH Foundation Governors and staff are permitted to solicit and receive in-kind gifts. They also are permitted to distribute tickets and other in-kind gifts to further the goals of the SVMH Foundation in supporting the healthcare system's mission. Possible uses include: cultivation and stewardship of donors, reward volunteers for their service, prizes and awards for employee giving campaign, represent the SVMH Foundation at events that are donor-rich environments and represent the SVMH Foundation at key community events where the SVMH Foundation presence is appropriate.

**C. Tickets and Passes:** All Tickets and Passes received by SVMHS shall be distributed and reported in accordance with this policy and relevant FPPC Regulations. The following are not considered "Gifts" under State law:

1. Tickets and Passes that are provided to a SVMHS board member or official designated in the conflict of interest code when they are received and distributed by SVMHS in compliance with related FPPC Regulations and this Policy and promote the public purposes of SVMHS.
2. Tickets or passes distributed to or at the behest of an agency official must accomplish a stated public purpose of SVMHS.
3. Tickets and Passes provided by a third-party so that the recipient can perform a ceremonial role or function on behalf of the organization, as

## GIFT, TICKET AND HONORARIA POLICY

further described in related FPPC Regulations, though such Tickets and Passes must still be reported by SVMHS.

4. A Ticket or Pass when it is provided directly to the recipient from a third-party when the giver and receiver treat the ticket or pass as income consistent with applicable state and federal income tax laws.

D. Gifts, tickets and honoraria can be perceived tools to influence SVMHS decisions and patient care, and can erode public confidence and the impartiality of decisions made by public officers, officials and employees. This policy has been adopted to guard against even the appearance of impropriety in all aspects of SVMHS's programs, services, and administration. Furthermore, this policy is intended to prevent the perceived obligations of reciprocity that can arise from the giving or accepting of gifts, tickets and honoraria.

E. This policy does not address SVMHS's provision of gifts and other business courtesies to physicians and other potential referral sources for the hospital.

F. This policy also does not address SVMHS's provision of gifts and other business courtesies to patients or potential patients.

G. This policy will ensure that all in-kind donations received by SVMHS will be documented, that the donor will receive proper stewardship as well as satisfying IRS tax regulations regarding donation documentation.

SVMHS recognizes that there are times when employees will be offered gifts from patients, families or business associates. There are also times when employees want to give gifts to business associates or other employees. Such gifts can create a conflict of interest, a violation of anti-kickback laws and regulations or put the hospital 501(c)(3) status in jeopardy, if not handled appropriately.

H. SVMHS is exempt from taxation both because it is a governmental agency and also because SVMHS has obtained separate Internal Revenue Code Section 501(c)(3) tax-exempt status. The dual status of the healthcare system requires we implement policies and procedures which satisfy the governmental requirements of both.

I. Fair political practices act - A public official owes a duty of loyalty and honesty to the public—similar to a trustee or fiduciary. That duty is violated

## GIFT, TICKET AND HONORARIA POLICY

when a public official makes a decision that is not motivated by his or her constituents' interests but instead by his or her personal interests. A clear example is when an official receives a personal financial gain as the result of his or her public service. Examples include bribes and kickbacks (for example, receiving money back from proceeds paid to a company that does business with a public entity, but could also be as simple as receiving lavish gifts, loans or other gratuities).

### J. Compliance

1. Noncompliance of this policy can result in fines from government agencies and could impact 501c3 nonprofit status of the organization
2. Department heads will monitor their departments and ensure that policy is followed.

====

### IV.V. PROCEDURE:

A. As noted above, these procedures do not address gifts, tickets, or honoraria to physicians or other potential referral sources of Salinas Valley Memorial Hospital. These are the procedures for giving and receiving gifts to or from outside SVMHS in the course of business.

A. —

### B. ~~Giving and Receiving Gifts to or from Outside SVMHS in the Course of Business~~

- 1. Receiving Gifts from External Parties:** Gifts from patients or patients' families should be discouraged. In general, An employee who is offered a gift of cash or a cash equivalent should decline the gift or may suggest a donation to a charitable organization such as the SVMH Foundation ~~or the Children's Miracle Network.~~ hHowever, if the employee has a reasonable belief that refusing to accept such a gift would have a detrimental effect on ~~a patient or the Hospital System, SVMHS,~~ SVMHS, the employee must report and forward the gift immediately to his/her Department Head. The following applies to all gifts received by employees or SVMHS in the course of business:

Page 75 of 206

## GIFT, TICKET AND HONORARIA POLICY

- a. An employee who receives a gift will notify and forward the gift to his/her Department Head, who shall determine, in cooperation with the Director of Internal Audit and Compliance (Compliance Officer), whether State disclosures are required.

All gifts except those of minimal value (see b below) must be documented using the in-kind donation form and sent to the SVMH Foundation office. Gifts received must be used for official district business. This includes meals provided by vendors.

- ~~b. If a Gift is provided to SVMHS for distribution at the agency's discretion, the CEO shall distribute the Gift in accordance with FPPC Regulations. In such case, the hospital will maintain record of such gifts and the applicable FPPC form to document this information. If the Gift was provided other than for distribution at the agency's discretion, the Department Head will decide how to handle the gift under relevant FPPC Regulations, including allowing the employee to retain it, distributing it within the department (where feasible), or forwarding it to the Compliance Officer for proper disposition.~~

- b. Gifts of minimal value such as pencils, calendars, and other promotional items may be distributed and used within the receiving department.

~~e.~~

- ~~d.c.~~ With prior approval of an Executive Leader, vendors may provide meals and other food to employees only when the vendor is providing significant education related to products or procedures, or when conducting informational business meetings and the venue is conducive to the educational purpose or meeting. Attendance records may be retained by the Department Head and forwarded to the Compliance Officer upon request. Additionally, these must be documented on the in-kind donation form and sent to the SVMH Foundation Office.

- i. The total value of any meal should not exceed \$50 per attendee.
- ii. Annual value of meals provided by a single vendor shall not exceed \$500 per year without prior approval an executive leader.

## GIFT, TICKET AND HONORARIA POLICY

- iii. Unless gifts are being requested by the SVMH Foundation, an employee may not solicit gifts unless approved in writing by the Chief Philanthropy Officer.
  - iv. If a gift is used to partially fund an item with a value greater than \$25,000, then the contract shall be evaluated to see if competitive solicitation is required and will have to be approved at the appropriate level.
  - ii.v. If a Gift is provided to SVMHS for distribution at the district's discretion, the SVMHS President/CEO shall distribute the Gift in accordance with FPPC Regulations. In such case, SVMHS will maintain record of such gifts and the applicable FPPC form to document this information. If the Gift was provided other than for distribution at SVMHS's discretion, the Department Head will decide how to handle the gift under relevant FPPC Regulations, including allowing the employee to retain it, distributing it within the department (where feasible), or forwarding it to the Compliance Officer for proper disposition.
2. **Offering or Giving Gifts to External Parties:** Under limited circumstances, gifts may be given to external parties provided that they relate to business of SVMHS, are in SVMHS's best interests and are legally and culturally acceptable. In addition they should meet the following criteria:
- a. Cash gifts or cash equivalents, such as gift certificates, are prohibited.
  - b. The item is customary and does not create an appearance of impropriety.
  - c. Giving the gift imposes no sense of obligation on the part of either the giver or recipient.
  - d. Giving of the item is not concealed.
  - e. Giving of the item has been approved in advance and in writing by the relevant Department Head and communicated to the Compliance Officer.
  - f. Non-monetary compensation provided to referral sources or their offices (e.g., physician, physician practice) are subject to an annual limit and must be tracked centrally.

## GIFT, TICKET AND HONORARIA POLICY

- g. Any Board member to which we provide in kind donations or any gifts have a \$520 limit before they have to declare it in their annual Statement of Economic Interest. Board member includes immediate family, as defined in the policy.
  - h. Gifts to another organization as requested or based on a strong recommendation by a Board member and the total gifts are > \$5,000 in a calendar year from the member, the Board member must complete a “Behested Payments” form.
  - i. Prior to providing \$ or a gift card of a specific value to an employee, the gift must be discussed with Accounting to determine whether it will be taxable.
- e.

### E.B. Giving and Receiving Gifts within SVMHS in the Course of Business

1. Gifts and cash equivalents, such as gift cards may be given to employees as incentives for program attendance, recognition of outstanding achievement or for other positive rationale.
2. If an employee receives a gift card of any specific dollar value (e.g. \$10.00 Starbucks Gift Card) from the organization the value (\$10.00) of such gift must be documented as income and taxed accordingly. This provision does not apply to coupons for specific items, such as a free drink or free meal, or discount coupons such as 10% off any purchase in the Cafeteria, Gift Shop or Starbucks. Individuals who wish to distribute gift cards or certificates of a specific value should check with accounting prior to distribution in order to determine whether the gift may be taxable.
3. If gift cards are approved for distribution from the department executive, the director is responsible to obtaining the names of employees receiving such gifts and providing the information to Accounting.

### D.C. Ticket/Pass Distribution

This procedure section will provide procedures for the distribution of Tickets and Passes as required under State law, to ensure proper identification and use of 1) receipt of Tickets and Passes; 2) the “public purpose” to be achieved in distributing Tickets and Passes; 3) distribution of Tickets and Passes; 4) documentation and 5) public posting of the receipt and use of Tickets or Passes. Proper exercise of these procedures will exclude Tickets and Passes from required disclosure on individuals’ Statements of Economic Interests.

## GIFT, TICKET AND HONORARIA POLICY

For the purposes of this section of the policy, “official” means all positions identified in SVMHS’s Conflict of Interest Code.

1. **Ticket/Pass Receipt Process:** All Tickets/Passes received by SVMHS shall be forwarded to the office of the President/CEO of SVMHS. Determination of whether to give the tickets/passes to the SVMH Foundation for use, or to distribute internally will be at the discretion of the President/Chief Executive Officer or their designee.
2. **Public Purpose:** The distribution of Tickets or Passes by SVMHS must be in furtherance of a “public purpose.” Examples of such public purpose:
  - a. To promote networking opportunities of officials with community stakeholders;
  - b. To evaluate SVMHS’s ability to attract business at the locale or event, and thus to contribute to the healthcare of the community in the future;
  - c. To reward an official, employee or hospital stakeholder for his or her exemplary service to the organization or to encourage staff development;
  - d. To promote attendance at a hospital-sponsored event or event held at the hospital in order to maximize potential from concession sales; or
  - e. To reward a hospital healthcare partner for its contributions to the healthcare system or the community.
3. **Distribution:** Tickets/Passes are distributed at the discretion of the President/Chief Executive Officer. Once distributed, tickets cannot be transferred by the recipient other than to members of the official’s immediate family or no more than one guest who is not a member of the official’s immediate family. Gifts to an official’s immediate family member are considered gifts to the official. Disproportionate use of all tickets or passes to a particular individual will not be allowed.
4. **Documentation:** ~~The hospital~~SVMHS will maintain record of all Ticket/Pass distribution, and the use of Tickets and Passes by SVMHS official for ceremonial purposes, as required by FPPC Regulations and utilizing FPPC Form 802, Agency Report of Ceremonial Role Events and Ticket/Pass Distribution, to document this information. The

## GIFT, TICKET AND HONORARIA POLICY

hospital must post the FPPC Form 802 within 30 days from the distribution of each Ticket or on its Internet site and send to the FPPC by email the website link. These forms are considered public records.

### E.D. Honoraria and Reimbursement for Professional/Educational Involvement

1. With the prior approval of the Executive Leader, employees who provide education at professional conferences and meetings may accept reimbursement for travel and hotel expenses for the date(s) of the presentation(s). Presentations must be professional and educational in nature and may not be for the sole purpose of product endorsement.
2. In such circumstances, unless prohibited above, honoraria of \$100 or less in value may be accepted from the host organization without contacting the Compliance Officer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V.E. Documentation:

#### Department

- A-1. Department Heads will maintain records of all gifts given to employees of their departments when such gifts are to be reported under this Policy. Such documentation will include the type and value of each gift, the name and affiliation or position of recipient(s) and giver(s), the date of receipt and disposition, and method of disposition. All documentation should be recorded using the in-kind donation form and sent to the SVMH Foundation office bi-weekly by the Department Head of the receiving department. SVMH Foundation office will send a copy to the Compliance Officer and Chief of Human Resources quarterly or upon request. Heads will maintain records of all gifts given to employees of their departments when such gifts are to be reported under this Policy. Such documentation will include the type and value of each gift, the name and affiliation or position of recipient(s) and giver(s), the date of receipt and disposition, and method of disposition. All documentation will be made available to the Compliance Officer upon request.
- ~~will maintain records of all gifts given to employees of their departments when such gifts are to be reported under this Policy. Such documentation will include the type and value of each gift, the name and affiliation or position of recipient(s) and giver(s),~~



## GIFT, TICKET AND HONORARIA POLICY

~~the date of receipt and disposition, and method of disposition. All documentation will be made available to the Compliance Officer upon request.~~

- ~~B.2.~~ The Education Department will maintain documentation of education done in orientation or at annual compliance training. Department directors will maintain documentation of staff training meetings.
- ~~C.3.~~ Statements of Economic Interest (including gift disclosures under State law) will be handled in accordance with the SVMHS Conflict of Interest Policy.
- ~~D.4.~~ The Compliance Officer will maintain record of all ticket/pass distribution as required by FPPC Regulations, including copies of all completed FPPC Forms. The Compliance Officer shall be responsible for posting completed FPPC Forms on the SVMHS website when required by State law.

### VI. EDUCATION/TRAINING:

- A. Education and/or training is provided as needed.

### VI.VII. REFERENCES:

- A. The Medicare and Medicaid Patient Protection Act of 1987 (42 U.S.C. 1320a-7b) (Anti-Kickback Statute).
- B. Political Reform Act, California Government Code §81000 et. seq.
- C. FPPC Regulations, Title 2 of the California Code of Regulations, Division 6, §18109 et seq.
- D. IRS regulations, <https://www.irs.gov/charities-non-profits/charitable-organizations/charitable-contributions-written-acknowledgments>
- E.

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

<b>Reference Number</b>	5545
<b>Effective Date</b>	Not Set
<b>Applies To</b>	NICU
<b>Attachments/Forms</b>	

### I. POLICY STATEMENT:

A. NA

### II. PURPOSE:

- A. To guide staff in providing safe inter-facility transports under the supervision and guidance of the neonatologist.
- B. To guide staff in providing optimal nursing/respiratory care using a multidisciplinary approach for transport of critical neonates.

### III. DEFINITIONS:

- A. NCPeTS- Northern California Perinatal Transport System
- B. CPeTS- California Perinatal Transport System
- C. CPQCC- California Perinatal Quality Control Center
- D. CCS- California Children's Services
- E. AAP- American Academy of Pediatrics
- F. AHA- American Heart Association
- G. CCR- California Code of Regulations

### IV. GENERAL INFORMATION:

- B. Salinas Valley Memorial Hospital's (SVMH) Neonatal Intensive Care Unit (NICU) provides transport services for critically ill neonates needing to be transported from a referring hospital to the SVMH NICU. Any infant requiring a level of care beyond that which can be provided by a hospital with which the NICU has transport agreements and/or by the Regional Perinatal Dispatch Center will be accepted, on a space and staff available basis.
- C. All neonates will be transported via ambulance in the infant transport unit.
- D. Upon acceptance of a transport from a referring hospital, the make-up of the transport team, and the ambulance code to be used, will be determined by the NICU Medical Director or CCS-paneled Neonatologist providing the neonatal transport.

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

The transport Neonatologist will also be responsible for the oversight of the medical care of the infant during transport. The transport team shall be in attendance during the entire transport procedure.

### E. Experience/Qualifications

#### 1. NICU Transport RN:

- a. Current California RN licensure
- b. Current Basic Life Support certification
- c. Completed a minimum of two (2) years' experience as a neonatal nurse.
- d. Current Neonatal Resuscitation Program (NRP) Certification and shall function in an expanded role under standardized procedures in accordance with CCR, Title 16, Division 14, Article 7, Sections 1470-1474
- e. Shall have advanced skills, which include but are not limited to, endotracheal intubation.
- f. Successful completion of the NICU transport training course.
- g. Has in-depth knowledge and skills to assess the acutely ill neonate.
- h. Has demonstrated good verbal and written communication skills.
- i. Has demonstrated ability to work well with staff, physicians, parents, and patients.
- j. Has demonstrated reliability and flexibility in work schedule.

#### 2. RCP:

- a. Current California RCP licensure
- b. Current Basic Life Support Certification
- c. Current NRP Certification
- d. California Children's Services qualified
- e. Has in-depth knowledge and skills, to include endotracheal intubation, and is able to assess the acutely ill neonate.
- f. Successful completion of the NICU transport training course.
- g. Has demonstrated good verbal and written communication skills.
- h. Has demonstrated ability to work well with staff, physicians, parents, and patients.
- i. Has demonstrated reliability and flexibility in work schedule.

### F. Team Composition (as determined by the Neonatologist):

1. The transport team for Unstable and Potentially Unstable infants shall include:

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

- a. A Physician or a RN (functioning in an expanded role with advanced skills as outlined in D.1.e. above in accordance with CCR, Title 16, Division 14, Article 7) and a RCP.
  - b. A potentially unstable infant at the referring hospital will be evaluated by the neonatologist. The infant will be stabilized and once determined to be stable, will be transported by a transport nurse (as outlined in E.1.a. above) and a RCP.
  - c. A stable infant may be transported by a Transport RN.
- G. All procedures that can be performed on transport will be reviewed by the Transport Coordinator, the Neonatologist, the Clinical Nurse Specialist, and the NICU Respiratory Supervisor/Educator or their designated personnel annually.
- H. The transport staff will maintain skills at an annual [competency](#).
- I. Transport staff will review QI data and plan improvement as well as participate in education related to transport processes.
- J. All transport procedures are to follow NRP Guidelines and SVMH policies/procedures (CCS Standard, Chapter 3-25.2 – 23 + 26. 8a-b 18-1a).

### V. **PROCEDURE:**

- A. Role of the Neonatologist.
1. The neonatologist on call. (Approval, team make-up, ambulance code). Considering staffing and bed availability, the Medical Director will make the appropriate decision as to whether to accept the transport.
  2. Provide referring physician with information to assist in the stabilization of the infant until the neonatologist's arrival. Once at the referring hospital, complete the stabilization of the infant.
- B. Role of Ambulance Service:
1. Maintain ambulance systems, supplies, equipment and cleanliness.
  2. Move and guide transporter through the receiving and referring facilities.
  3. Lifts and locks ramp and places transporter in ambulance.
  4. Prepares ambulance for isolette transport.
- C. Role of the Charge Nurse, Transport RN, and Transport RCP
1. Charge RN will follow SVMH Transport Checklist
  2. Transport RN will obtain documentation packet that includes a printed copy of the NICU medication calculations based on the weight (or estimated weight) of the patient to be transported.

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

3. Transport RN and Transport RCP will ensure that appropriate supplies are available in the NICU transport bags.
4. Transport RN will obtain medication kit from the NICU Pyxis to take on transport
5. Transport RN will obtain consent from the parent(s)/legal guardian(s) upon arrival at the referral facility.
6. Transport RN will place SVMH ID band the patient and parent(s)/ legal guardian before leaving referral facility.
7. Transport RN will give the parent(s)/legal guardian(s) directions to SVMHS.

### D. Documentation:

1. Document on Neonatal Transport Record (Assessment, Medications) and Respiratory Assessment/Ventilator Flow sheet as applicable.
2. Chart vital signs every 30 minutes and prn (monitor every 15 minutes if infant is receiving vasopressors).
3. Ensure that gray shaded areas of Neonatal Transport Record are complete (these are the required CPeTS elements for data entry).

## VI. EDUCATION/TRAINING:

- A. Participates in the overall quality indicators established to track effectiveness of transport Program and transport review.
- B. Maintains required components as a Transport RN/RCP by maintaining NRP certification, by completing an annual competency, by participating in transport training, and by transport classes and meetings offered annually.

## VII. SUPERVISION AND ACCOUNTABILITY:

- A. The Transport Nurse and RCP are supervised and held accountable to the Transport Coordinator, the Neonatologist, and attending physicians for the satisfactory completion of functions and responsibilities as they relate to the transporting of infants.

## VIII. QUALITY ASSURANCE:

- A. The Medical Director of the NICU will be responsible for the transport quality assurance program. The following information will assist in assuring quality assurance and program improvement:
  1. Data submitted to CPeTS.

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

2. Transport Chart Review – Completed by Transport Coordinator, Neonatologist, Clinical Nurse Specialist, and NICU Respiratory Supervisor/Educator or designee during monthly chart review of transports.
  3. Clinical Quality Review Record – Completed by transport team members.
- B. The Transport Coordinator or designee will regularly attend [Regional Quality Improvement \(RQI\)](#) committee of NcPeTS in person or by webinar.
- C. Data will be collected quarterly and shared with the transport team members to identify, and implement solutions under the guidance of the Medical Director.
- D. The neonatal transport agreements shall be updated and signed annually by the medical directors of the NICU's involved in the agreement, i.e., [Mid-Coastal California Perinatal Outreach Program \(MCCPOP\)](#).
- E. The medical director of the neonatal transport program shall be responsible for the written neonatal transport plan which shall include, but is not limited to, the following:
1. A summary of the neonatal transport training program.
  2. Annual review of the transport program and annual evaluation of the members with documentation of competency in transport of the neonate by the NICU Medical Director.
  3. Set the minimum number of precepted neonatal transports for new neonatal transport team members.
  4. Maintains written records of each neonatal transport completed. These records shall be available for review by the CCS program staff. (All copies of the Neonatal Transport Records are scanned into the patient's chart and are, therefore, available electronically.)

### IX. REFERENCES:

- A. National Association of Neonatal Nurses. (2019). Policies, Procedures, and Competencies for Neonatal nursing Care (6th ed.). (S. S. Bowles, Ed.) Chicago, Illinois: National Association of Neonatal Nurses.
- B. American Academy of Pediatrics (2021). Textbook of Neonatal Resuscitation (8th ed.). Elk grove Village, IL: American Heart Association and American Academy of Pediatrics
- C. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. (2012~~7~~). Guidelines for Perinatal Care (~~7~~<sup>8</sup>th ed.) Elk Grove, IL: American Academy of Pediatrics

## NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT

- D. American Academy of Pediatrics (2015). Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients (4th Ed.) Elk Grove, IL: American Academy of Pediatrics.
- E. Regional Perinatal Dispatch Center, [California Pediatric Quality Care Collaborative \(CPQCC\)](#)
- F. Title 22- 70493(a) (i)

Approval

## COVID TESTING SWAB STANDARDIZED PROCEDURE

<b>Reference Number</b>	6942
<b>Effective Date</b>	Not Set
<b>Applies To</b>	EMERGENCY DEPT
<b>Attachments/Forms</b>	

### I. POLICY

#### A. N/A

#### A. ~~Function~~

- ~~To expedite admission process for patients who present to the Emergency Department and will be admitted into Salinas Valley Memorial Hospital or will be going to procedure and require a COVID-19 test.~~
- ~~To sort low acuity ED patients presenting with upper respiratory symptoms (URI) symptoms including:
 
  1. ~~Headache~~
  2. ~~Sore throat~~
  3. ~~Nasal congestion~~
  4. ~~Runny nose~~
  5. ~~Cough~~
  6. ~~Shortness of breath~~
  7. ~~Active vomiting (if not going immediately to ED room)~~
  8. ~~Diarrhea~~
  9. ~~Body aches~~~~

#### B. ~~Circumstances~~

- ~~Setting
 
  1. ~~Registered nurses in the ED may order the SARS-COV2 RAPID NAA (ABBOTT Rapid) test for every patient that is being admitted or going to procedure outside the Emergency Department~~
  2. ~~Registered nurses in the ED may order BinaxNOW test for low acuity ED patients with symptoms listed above.~~~~
- ~~Supervision
 
  1. ~~Registered nurses who are qualified to perform this standardized procedure may independently order the SARS-COV2 Rapid NAA (ABBOTT Rapid) test or BinaxNOW test. Physician supervision is not required. Registered Nurses may delegate swabbing to Clinical Assistants who have had the training and competency.~~~~
- ~~Patient Conditions~~



## COVID TESTING SWAB STANDARDIZED PROCEDURE

- ~~1. All patients who will be admitted to Salinas Valley Memorial Hospital.~~
- ~~2. All patients who will be going to procedure outside the Emergency Department.~~
- ~~3. All low acuity ED patients with symptoms previously listed.~~

### II. DEFINITIONS

- A. ED: Emergency Department
- B. RN: Registered Nurse
- C. URI: Upper Respiratory Infection
- D. CA: Clinical Assistant

### III. PROCEDURE:

#### A. Function

- To expedite admission process for patients who present to the Emergency Department and will be admitted into Salinas Valley Memorial Hospital or will be going to procedure and require a COVID-19 test.
- To sort low acuity ED patients presenting with upper respiratory symptoms (URI) symptoms including:
  1. Headache
  2. Sore throat
  3. Nasal congestion
  4. Runny nose
  5. Cough
  6. Shortness of breath
  7. Active vomiting (if not going immediately to ED room)
  8. Diarrhea
  9. Body aches

#### B. Circumstances

- Setting
  1. Registered nurses in the ED may order the SARS-COV2 ~~RAPID~~-NAA (ABBOTT ID NOW ~~Rapid~~) test for every patient that is being admitted or going to procedure outside the Emergency Department
  2. Registered nurses in the ED may order ABBOTT Binax ~~inax~~ NOW test for low acuity ED patients with symptoms listed above.
- Supervision

## COVID TESTING SWAB STANDARDIZED PROCEDURE

1. Registered nurses who are qualified to perform this standardized procedure may independently order the SARS-COV2-Rapid-NAA (ABBOTT ID NOWRapid) test or ABBOTT BinaxNOW test. Physician supervision is not required. Registered Nurses may delegate swabbing to Clinical Assistants who have had the training and competency.

• Patient Conditions

1. All patients who will be admitted to Salinas Valley Memorial Hospital.
2. All patients who will be going to procedure outside the Emergency Department.
3. All low acuity ED patients with symptoms previously listed.

A. Database

- Subjective
  1. Patients in the ED and/or being admitted who are under investigation for COVID-19
- Objective
  1. General appearance of illness
  2. No appearance of illness

B. Diagnosis

- Patients being admitted who are under investigation for COVID-19
- Patients going to procedure and require COVID-19 test
- Lower acuity patients presenting with listed symptoms

C. Plan

- Treatment
  1. Patient must have an accurate name-band in place before swab is obtained.
  2. The order will be placed under the name of the supervising ED physician.
  3. RN will place the Meditech order for the SARS-COV2-NAA (ABBOTT ID NOWbbott Rapid) test or ABBOTT BinaxNOW test as appropriate. Then the RN or CA as delegated will collect the specimen from the patient wearing the appropriate PPE.
  4. Specimens collected must be timed and initialed by the person obtaining the specimen and placed in a yellow specimen bag and **hand delivered** to the lab (they should not go through the tube system).
  5. Documentation of the Meditech order for the COVID-19 test.

Page 90 of 206

D. Record Keeping

- 5. • The facility will retain the patients record according to the RECORDS RETENTION POLICY

## COVID TESTING SWAB STANDARDIZED PROCEDURE

### IV. REQUIREMENTS FOR THE REGISTERED NURSE

#### A. Education

- In accordance with the SVMH RN job description

#### B. ~~and~~ Training

- The RN completes an initial review of the Standardized Procedure with an evaluation of knowledge

#### CB. Experience

- In accordance with the SVMH RN job description
- ~~Current California RN license and designated to work in ED.~~

#### C. Initial and Ongoing Evaluation

- ~~Demonstrates knowledge of procedure through clinical performance~~Initial: During the initial orientation process RNs are educated to this SP and complete a review with their preceptor. This is documented on the Department Specific Orientation Checklist and maintained in the the office of the Director of Nursing. The RN is required to implement this SP two (2) times prior to being deemed competent.
- Ongoing: At least every 3 years competency will be re-assessed via annual skills assessment.
- During the annual RN performance process, any areas of this SP not meeting requirement will be reviewed with the RN and a plan will be defined if necessary.

### V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

#### A. ~~Method~~

- ~~Review and approval every three (3) years.~~
- ~~Policy goes through the ED Physician Group every three (3) years.~~
- ~~Policy goes through the interdepartmental policy committee (IDPC) upon creation of policy and when changes are made.~~
- ~~Chief Nursing Officer (Vice President of Patient Care Services) upon creation of policy and with significant changes.~~

Page 91 of 206

#### BA. Review schedule

- Review of Policy every three (3) years. Every 3 years or when practice changes are made.

#### CB. Signatures of authorized personnel approving the standardized procedure and dates:

## COVID TESTING SWAB STANDARDIZED PROCEDURE

- ~~Nursing~~
  1. ~~Director of Emergency Department every three (3) years~~
- ~~Medicine~~
  1. ~~Medical Director of Emergency Department every three (3) years~~
  2. ~~Chair of Interdisciplinary Medical Practice Committee every three (3) years~~
- ~~Administration~~

~~Chief Nursing Officer (Vice President of Patient Care Services) every three (3) years~~  
~~Approval~~

1. ● The electronic policy and procedure system maintains tracking of initiation, review and approval of this SP including the Interdisciplinary Practice Committee, Medical Executive Committee and the Board of Directors.

### VI. REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES

- A. The list of qualified individuals who may perform this standardized procedure is available in the department/cluster Nursing Directors office and available upon request. Records are kept electronically in Education Department Computer system and in ED education files.

### VII. REFERENCES

- A. Board of Registered Nursing, Title 16, California Code of Regulations (CCR)
- B. Section 1474; Medical Board of California, Title 16, CCR Section 1379



**Water Management Program Plan:  
Minimizing Waterborne Pathogenic Organisms  
2022~~7~~**

Effective Date: Not Set

# TABLE OF CONTENTS

<b>I.</b>	<b>SCOPE .....</b>	<b>3</b>
<b>II.</b>	<b>GOALS.....</b>	<b>4</b>
<b>III.</b>	<b>DEFINITIONS .....</b>	<b>4</b>
<b>IV.</b>	<b>PLAN MANAGEMENT .....</b>	<b>4</b>
<b>V.</b>	<b>DOCUMENTS.....</b>	<b>6</b>
<b>VI.</b>	<b>REFERENCES.....</b>	<b>7</b>

## I. SCOPE

- A. The purpose of the Water Management Plan is to minimize the risk of waterborne bacteria causing harm to patients, staff and visitors. This plan outlines the elements of risk mitigation, how it is managed, and defines responsibilities.
- B. Waterborne pathogens, such as *Legionella*, *Mycobacterium*, and *Pseudomonas*, can occur naturally in the environment as well as in domestic and commercial water systems. Water and utility systems and appliances, including cooling towers, water loops, showers, and decorative fountains may provide an environment that fosters the growth of these organisms. Hot-water systems may also be an ideal breeding habitat if the temperature is not sufficient to kill the organisms. If these systems, appliances, and water sources are not maintained and treated properly, these organisms may multiply greatly.
- C. *Legionella* bacteria are the most recognized of the waterborne pathogenic organisms. It is the causative agent of Legionnaires' disease, which results in an estimated 30,000 cases of this disease each year in the United States. These cases are primarily the result of breathing very fine aerosolized droplets of water containing the bacteria. *Legionella* grows best in water from 68°F to 115°F, ideally 95°F to 105°F. Appropriate maintenance and operation of these water systems can reduce or even eliminate this risk.
- D. *Mycobacterium abscessus* is a bacterium distantly related to the ones that cause tuberculosis and Hansen's Disease (Leprosy). It is part of a group of environmental mycobacteria and is found in water, soil, and dust. It has been known to contaminate medications and products, including medical devices. *M. abscessus* can cause a variety of infections. Healthcare-associated infections due to this bacterium are usually of the skin and the soft tissues under the skin. It is also a cause of serious lung infections in persons with various chronic lung diseases, such as cystic fibrosis.
- E. *Pseudomonas infection is caused by strains of bacteria found widely in the environment; the most common type causing infections in humans is called Pseudomonas aeruginosa. Serious Pseudomonas infections usually occur in people in the hospital and/or with weakened immune systems. Infections of the blood, pneumonia, and infections following surgery can lead to severe illness and death in these people. However, healthy people can also develop mild illnesses with Pseudomonas aeruginosa, especially after exposure to water.*

## II. GOALS

### A. Goals

1. The goal of the Water Management Plan is to minimize the risk of waterborne bacteria causing harm to patients, staff and visitors.

## III. DEFINITIONS

- A. ANSI: American National Standards Institute
- B. ASHRAE: American Society of Heating, Refrigerating and Air-Conditioning Engineers
- C. Legionnaires' disease: a severe form of pneumonia caused by a bacterium known as legionella. Untreated Legionnaires' disease can be fatal.
- D. Legionellosis: disease caused by the Legionella bacterium, including Legionnaires disease and the less severe Pontiac Fever.

## IV. PLAN MANAGEMENT

### A. Plan Elements

1. Water Management Program Committee

The Salinas Valley Memorial Hospital Water Management Program Committee oversees the Water Management Plan. The Committee is responsible for the oversight and implementation of the program including but not limited to, development, management, and maintenance activities ~~This~~ ~~The~~ committee includes individuals with the expertise and knowledge to provide guidance and assistance in the management of the Water Management Plan. Membership includes. ~~The Committee is responsible for assisting in the development and implementation of program activities, and includes individuals from:~~

- a. Facilities management
- b. Infection prevention
- c. Environmental service
- d. Safety
- e. Clinical staff
- f. Water treatment contractor
- g. Other individuals as necessary



This Committee reports to the Environment of Care Committee and is knowledgeable about the risks of waterborne pathogenic organisms and the water sources. ~~This Committee will meet periodically to review pertinent documentation concerning the operation of the Program. It~~ provides guidance for policies and practices, and communicates information to leadership and staff.

## 2. Building Information, Water and Utility System Characteristics

The hospital buildings are inventoried along with the types of patient services and any unused patient care areas in order to identify areas of high risk.

The Water Management Committee maintains basic diagrams that map water supply sources, treatment systems, processing steps, control measures and end-use points.

## 3. Program Risk Assessment

~~The Water Management Committee assesses Assessments were conducted of the Water and Utility Systems to identify areas of risk. The Water Management Program Committee may revise t~~ The level of risk for system elements may change in response to periodic building assessments or in response to water system changes or new equipment. , based on changes to the system that either increase or decrease risk for that element.

## 4. Control Measures and Monitoring

Control measures are put in place for at-risk water system elements. High risk areas, as determined by the risk assessment, are monitored with data by the Water Management Program Committee to validate the system is controlling risk as designed. The Committee identifies and oversees corrective actions as needed.

## 5. Actions in the Event of Suspected or Confirmed Legionellosis Case(s):

- In the event of a suspected or confirmed hospital-acquired legionellosis case, initiate the Code Internal Triage or the [OUTBREAK INVESTIGATION](#) policy as appropriate.
- Cases of hospital-acquired legionellosis will be reported by Infection Prevention to the county health department in the timeframes required. For more information, see [REPORTABLE DISEASE AND CONDITIONS](#) #1080 and [INFECTIOUS DISEASE REPORTING POLICY](#) #2409.

- Actions will be taken immediately to protect people from suspected and/or confirmed source(s) of the infection.
- The source of the infection will be investigated and identified.
- The source will be sanitized appropriately.
- Other patients exposed to the source will be identified and tested for legionellosis.
- The water source will undergo intensive follow up testing. The county health department may be involved as appropriate.
  - The water system will resume use only after it has been deemed safe via testing.
- After resolution, the water management plan will be reviewed and changed as needed.

**B. Plan Management**

1. This plan is managed by the Water Management Program Committee.

**C. Plan Responsibility**

1. The Chair of the Environment of Care Committee (or designee) has the overall responsibility to work with other Committees and Leadership to accomplish objectives to reduce the risk of waterborne, pathogenic organisms.

**D. Performance Measurement**

1. The performance measurement process is one part of the evaluation of the effectiveness of the plan. Performance measures have been established to measure at least one important aspect of the plan- see *Control Measures and Monitoring*.

**E. Orientation and Education**

1. Education and/or training is provided to stakeholders on an as needed basis.

**V. DOCUMENTS**

- A. Supporting documentation is maintained in the Facilities department.

## VI. REFERENCES

- A. ANSI/ASHRAE Standard 188, “Legionellosis: Risk Management for Building Water Systems”
- B. “Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: a Practical Guide to Implementing Industry Standards.” U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Version 1.1. June 5, 2017.
- C. “Pseudomonas aeruginosa in Healthcare Settings” Centers for Disease Control. <https://www.cdc.gov/hai/organisms/pseudomonas.html>. Accessed 1/21/2019.
- D. “Mycobacterium abscessus in Healthcare Settings”. Centers for Disease Control. <https://www.cdc.gov/hai/organisms/mycobacterium.html>. Accessed 1/21/2019.

*QUALITY AND EFFICIENT  
PRACTICES COMMITTEE*

*Minutes from the February 23, 2022 meeting of  
the Quality and Efficient Practices Committee  
will be distributed at the Board Meeting*

*(JUAN CABRERA)*

## *FINANCE COMMITTEE*

*Minutes from the February 23, 2022 meeting  
of the Finance Committee will be  
distributed at the Board Meeting*

*Background information supporting the  
proposed recommendation from the  
Committee is included in the Board Packet*

*(JUAN CABRERA)*

- *Committee Chair Report*
- *Board Questions to Committee Chair/Staff*
- *Motion/Second*
- *Public Comment*
- *Board Discussion/Deliberation*
- *Action by Board/Roll Call Vote*

## Board Paper: Finance Committee

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Agenda Item: Consider Recommendation for Board Approval and Award of Hazardous Waste Disposal Contract to Stericycle, Inc., a Delaware Corporation.

Executive Sponsor: Clement Miller, Chief Operating Officer  
Earl Strotman, Director Facilities Management & Construction

Date: February 8, 2022

### Executive Summary

Salinas Valley Memorial Healthcare System is a Small Quantity Generator of Hazardous Waste (less than 1,000 kilograms per month) requiring handling and disposal by a licensed, certified and competent vendor who is capable of minimizing the risks associated with Hazardous materials and its disposal under current California codes and regulations.

### Background/Situation/Rationale

Salinas Valley Memorial Healthcare System is a Small Quantity Generator of Hazardous Waste (less than 1,000 kilograms per month). Most of this hazardous material is in the form of Formalin and other Hazardous Materials utilized in the Histology Department for tissue preservation and other purposes. Other streams of hazardous wastes may include incandescent, fluorescent and metal hydride lamps and ballasts used for illumination as well as refrigerant oil used in the HVAC trade.

The district has had a long-standing relationship with All Chemical Disposal Company. Stericycle purchased that company in 2014. Stericycle has been the main Hazardous Materials Waste hauler since that time. Previous 3-year contract with Stericycle, Inc. expired in May 2021. A month-to-month Memorandum of Understanding was signed with Stericycle in May 2021 to allow SVMH personnel to explore other Hazardous Waste vendors (haulers) and opportunities for both cost reduction and service improvements. After completing a review of options for this service we have determined Stericycle is the appropriate vendor to provide our hazardous waste management going forward.

### Pillar/Goal Alignment:

Service  People  Quality  Finance  Growth  Community

### Financial Implications

The essential terms of the proposed Contract with the hazardous waste vendor are as follows:

<b>Key Contract Terms</b>	<b>Stericycle, Inc.</b>
1. Proposed effective date	Issuance of Notice to Proceed anticipated on March 1, 2022
2. Term of agreement	36 months
3. Renewal terms	Not Applicable
4. Cost	Total all-inclusive sum not to exceed \$200,000 per year (\$600,000 for 3 years/36 months).
5. Budgeted (indicate y/n)	Yes

Schedule: May 2021 – Expiration of Existing Hazardous Waste Disposal Contract.  
May 2021 – Memorandum of Understanding with Existing Hazardous Waste Disposal vendor signed.  
February 2022 – Anticipated Award to Hazardous Waste Vendor  
March 2022 – Anticipated Start Date of Hazardous Waste Contract

### Recommendation

Consider Recommendation for Board Approval and Award of the Hazardous Waste Disposal contract to Stericycle Inc. for management of disposal of hazardous and universal waste generated at Salinas Valley Memorial Hospital, 450 E. Romie Lane, Salinas in the total amount of \$600,000.00.

### Attachments

- Attachment 1: Master Service Agreement between Salinas Valley Memorial Healthcare System and Stericycle.
- Attachment 2: Estimated anticipated costs prepared January 2022.
- Attachment 3: Sole Source documentation.





# TERMS AND CONDITIONS

## 1. Hazardous Waste Services and Customer Responsibilities

(a) Certain capitalized terms as used in this Agreement or any attachment hereto shall have the definitions given to them in Schedule A hereto. Stericycle, Inc. has obtained all necessary licenses, permits, insurance and authorizations required to perform services hereunder and, upon request, shall furnish copies thereof to customer. Stericycle will manage Customer's Waste that are Hazardous Waste and/or Universal Waste, as more fully described in Attachment C. Customer shall place only Conforming Waste into the containers provided. Customer warrants that the Waste presented for disposal will not contain any Non-Conforming Waste and Customer shall be liable for any injury, loss or damage resulting from violations of such applicable law regarding disposal of Non-Conforming Waste. Stericycle employees may refuse containers that are determined to contain Non-Conforming Waste or otherwise do not comply with Stericycle's Waste Acceptance Policy ("WAP"). Stericycle reserves the right to change the WAP at any time to ensure compliance with applicable laws or regulations. A copy of Stericycle's Waste Acceptance Policy may also be obtained from your local Stericycle representative. Title to Conforming Waste shall transfer to and vest in Stericycle at such time as such Waste is loaded onto Stericycle vehicles. Customer shall have title to the Conforming Waste at all prior times. Customer shall hold title to any Non-Conforming Waste at all times, whether refused for collection, returned to the Customer for proper disposal after collection or otherwise disposed of in accordance with Customer's instructions or arrangements.

(b) Any Waste tendered to Stericycle by Customer or at Customer's locations will conform fully with the applicable Waste Characterization Data for that Waste, be labelled by Customer in conformance with applicable laws and so as to communicate its contents to Stericycle, and be segregated from other Wastes in accordance with the WAP. Customer will provide Stericycle with complete and accurate Profile Sheet(s), Waste Characterization Form(s) and other Waste Characterization Data to assure accurate Waste Characterizations. Customer shall tender to Stericycle only fully Conforming Waste and follow all applicable Laws in storing, handling, treating, segregating, labelling, securing, manifesting, and inspecting such Waste and in preparing and maintaining records relating to that Waste. Customer agrees to comply with Stericycle's Waste Acceptance Policy set forth in the attachment hereto. Customer will provide Stericycle advance notice of any changes in the ingredients of, character of, substances contained in or processes involved in generating any Waste for which services are performed, and Customer shall conduct a new Waste Characterization and provide Stericycle with revised Waste Characterization Data before tendering such Waste to Stericycle for services.

**2. Recordkeeping and Compliance with Laws** Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, permits, required state registrations, copies of manifests and tracking records consistent with and for the periods required by applicable regulations and guidelines pertaining to generation, storage or handling of Regulated Medical Waste and the services to be performed under this Agreement.

**3. Term, Pricing and Termination** The term ("Term") of this Agreement is established on page one of this document, 36 months from the date of execution of this agreement.

- (a) Customer shall pay Stericycle the prices set forth on the Attachment A of this Agreement. Stericycle may increase the contract price by 4%. Such increase may not be implemented until the date occurring after the first 12 months of the Term with a 36-month agreement, and after 18 months with a 60-month agreement. Thereafter, price increases may be implemented on each subsequent anniversary date of the initial price increase. Stericycle may adjust the contract price to account for operational changes it implements to comply with changes in law and/or changes in customer's service requirements or to otherwise cover unforeseen, significant cost escalation.
- (b) Stericycle has instituted a per invoice fuel surcharge to manage and isolate the impact of Diesel fuel price fluctuations. The fuel surcharge is based on the U.S. 'On Highway' Diesel Price Index. A table outlining the Fuel Surcharge can be found in Attachment D of this agreement.
- (c) In the event of breach of any provision of this Agreement, the non-breaching party shall notify the breaching party in writing of the specific nature of the breach and shall request that it be cured. If the breaching party does not cure the breach within thirty (30) days of such notice, the non-breaching party may immediately terminate this Agreement on written notice to the breaching party, and such termination shall not preclude the non-breaching party from pursuing any and all remedies available to it at law or in equity.
- (d) If Customer breaches this Agreement by terminating Stericycle's collections prior to the expiration of its Term or in any other way violates this agreement in such a way that Stericycle's continued performance is rendered impossible or commercially impracticable, then Stericycle shall be entitled to collect from Customer an amount in liquidated damages (a) equal to 50% if in first 12 months of agreement (b) equal to 45% if in months 12 through 24, or (c) equal to 40% if past the initial 24 months of the agreement, of Customer's average charge on a monthly basis based on the 12 months' billings prior to the cessation of collections (or based on any lesser period if the contract began less than twelve months earlier) times the number of months, including prorated partial months, remaining until the expiration date of the Term or Extension Term. Customer hereby acknowledges (i) that Stericycle's damages resulting from the premature termination of collections include lost profits, inefficiencies resulting from route changes and reduced treatment plant throughput, increased administrative overhead, unrecoverable sunk training/instruction costs, and other elements of injury, (ii) that such damages are extremely difficult to quantify as they relate to any one customer, and (iii) that the foregoing liquidated damages amount is a reasonable estimate of actual expected damages and is not a penalty. Liquidated damages as described herein is Stericycle's sole remedy for Customer's improper early termination.
- (e) Stericycle shall have the right to terminate this Agreement at any time by giving Customer at least sixty (60) days' notice in the event that it is unable to continue performing its obligations under this Agreement due to the suspension, revocation, cancellation or termination of any permit or required to perform this Agreement or in the event that a change in any law, regulation or ordinance makes it impractical or uneconomical, in Stericycle's sole discretion, to continue performing this Agreement.
- (f) Upon 30 days' notice to Stericycle, Customer shall have the right to add or delete mutually acceptable Customer facilities receiving Regulated waste services under this Agreement. This addition or exclusion of any facility participating under this Agreement shall have no effect on the services provided the other participating facilities.

**4. Survival** The term of this agreement is established on page one of the documents. If Stericycle is re-awarded a new GPO agreement for medical waste management services, Members having signed a waste service agreement under the previous GPO agreement will continue to have their sales reported and Administrative Fees paid for their Stericycle waste purchase activity on the new GPO agreement without any further action being required, through the term of the Stericycle waste service agreement.

**5. Billing** Stericycle shall provide Customer with monthly, quarterly, or annual invoices that are due upon receipt. Customer agrees to pay a late charge on any amounts owed to Stericycle that are more than 30 days old, at a rate equal to the lesser of 1 ½% per month or the maximum rate permitted by law. Customer shall bear any costs that Stericycle may incur in collecting overdue amounts from Customer, including, but not limited to, reasonable attorneys' fees and court costs. Should any amounts due pursuant to this Agreement remain unpaid for more than 30 days from the date of the debt's first invoice, Stericycle shall have the option, without notice to Customer, to suspend service under this Agreement until the overdue amounts (plus late charges and collection fees) are paid. In the event that Stericycle suspends services under this Agreement for any reason, including the expiration or termination of this Agreement or Customer's breach (see 3, above), Stericycle may remove all containers belonging to it from Customer's premises. Any non-compliant containers will be billed an additional container charge at the current container rate not to exceed 1.25% of Stericycle's cost. Non-compliant containers include containers that are overweight under applicable laws or regulations or containers holding Non-Conforming Waste.

**6. Surcharge** Stericycle may also impose a 'no waste' surcharge identified in the pricing attachment in the event that Stericycle attempts to pick up waste at a Customer location (on either a scheduled pick-up or in response to a Customer request) and, through no fault of Stericycle, either (a) there is no Regulated Waste for Stericycle to pick up, (b) waste is not ready for pick-up or (c) the Customer location is closed.

**7. Liability for Equipment** Customer shall have the care, custody and control of containers and other equipment placed at Customer's premises which is owned by Stericycle and accepts responsibility and liability for the equipment and its contents except when it is being physically handled by employees of Stericycle. Customer agrees to defend, indemnify and hold harmless Stericycle from and against any and all claims for loss or damage to property, or personal injury or death, resulting from or arising in any manner out of Customer's use, operation or possession of any containers and other equipment furnished under this Agreement, except to the extent any such loss or damage to personal property, or personal injury or death is a result of Stericycle's negligence, intentional misconduct, or breach of this agreement. Any damage to such property and equipment, other than normal wear and tear, will be charged to the Customer, and payable to Stericycle as additional service cost.

**8. Indemnification** In addition to and not limitation of the indemnification obligations set forth in the GPO Agreement, Stericycle shall indemnify and hold Customer harmless from any liabilities arising from the gross negligence or willful misconduct of Stericycle in the performance of its obligations under this Agreement. Customer shall indemnify and hold harmless Stericycle from any liabilities arising from the gross negligence or willful misconduct of Customer, which shall include, but not be limited to, failure to properly store, package, label, or segregate Regulated Medical Waste and any liabilities relating to Non-Conforming Waste, whether or not collected, transported or treated by Stericycle. Each party agrees to pay the reasonable attorneys' fees and costs incurred by the other in bringing a successful indemnification claim under this Paragraph. Customer agrees to pay Stericycle's reasonable attorney's fees incurred for any success defense by Stericycle of a suit for indemnification brought against Stericycle by Customer.

**9. Compliance with Laws** Stericycle hereby agrees to carry General Liability, Automobile Liability, and Workmen's Compensation Insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules, and regulations applicable thereto and relating to its performance hereunder. As of the date of this Agreement, Stericycle has obtained, and agrees to maintain during the Term of this Agreement, all necessary permits, licenses, zoning and other federal, state or local authorizations required to perform the services under this Agreement and will furnish copies of these to Customer upon request. Customer and Stericycle each hereby agrees to comply with all federal and state laws, rules, and regulations applicable to their handling of Regulated Waste and their performance under this Agreement, including, without limitation, all applicable record keeping, documentation and manifesting requirements. Stericycle and Customer shall keep and retain adequate books and records and other documentation including personnel records, correspondence, instructions, plans, receipts, vouchers, copies of manifests and tracking records and any other records or reports or memoranda consistent with and for the periods required by applicable regulatory requirements and guidelines pertaining to storage or handling of Regulated Waste and the services to be performed under this Agreement.

**10. Exclusivity** Except as set forth in the GPO Agreement, Customer agrees to use no other Hazardous Waste disposal service or method during the Term of this Agreement and any Extension Terms.

**11. Force Majeure.** The obligations of either party to perform under this Agreement will be excused during each period of delay caused by acts of God, war or terrorism, or by shortages of power or materials or government orders which are beyond the reasonable control of the party obligated to perform and prevents the party from being able to perform ("Force Majeure Event"). In the event that either party ceases to perform its obligations under this Agreement due to the occurrence of a Force Majeure Event, such party shall: (1) immediately notify the other party in writing of such Force Majeure Event and its expected duration; (2) take all reasonable steps to recommence performance of its obligations under this Agreement as soon as possible. In the event that any Force Majeure Event delays a party's performance for more than thirty (30) days following notice by such party pursuant to this Agreement, the other party may terminate this agreement immediately upon written notice to such party.

**12. Independent Contractor** Stericycle's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent, or partner of or a joint venture with Customer.

**13. Amendment and Waiver** All other amendments to this Agreement (other than as provided in 3(b)) shall be affected only by a written instrument executed by the parties. No waiver shall be effective unless submitted in writing by the party granting such waiver. No waiver of any provision of this Agreement shall be deemed a waiver of any other provision of this Agreement and no waiver of any breach or duty under this Agreement shall be deemed a waiver of any other breach or later instances of the same duty.

**14. Savings Clause** In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this Agreement; this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein, unless such finding shall impair the rights or increase the obligations of Stericycle hereunder, in which event, at Stericycle's option, this Agreement may be terminated

**15. Entire Agreement** This Agreement (including any attachments, exhibits and amendments made in accordance with Paragraph 13) together with the GPO Agreement constitutes the entire understanding and agreement of the parties and cancels and supersedes all prior negotiations, representations, understandings or agreements, whether written or oral, with respect to the subject matter of this Agreement.

**16. Governing Law** This Agreement shall be governed by and construed in accordance with the laws in the state of California without regard to the conflicts of laws rules of any jurisdiction.

**17. Notices** All required notices, or those which the parties may desire to give under this Agreement shall be in writing and sent to the parties' addresses set forth on the first page of this Agreement, and in the case of Stericycle, to the Stericycle LQ Sales Department address as follows: Attn: Stericycle LQ Sales Department, 2355 Waukegan Road, Bannockburn, IL 60015. Notices shall be effective when received.

**18. Assignment** Neither party will assign any rights or obligations under this Agreement without the express written consent of the other party. Such consent shall not be unreasonably withheld.

**19. Counterparts** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which when taken together shall constitute one and the same instrument. A copy or facsimile of this Agreement shall be as effective as an original.

**20. Limitation of Liability.** Except as explicitly provided in this Agreement, Stericycle shall not be liable for any loss of profits or other consequential damages sustained by Customer in connection with performance or nonperformance under this Agreement.

**21. Waste Brokers** Stericycle reserves the right to deal solely with the Customer and not with any third-party agents of the customer for all purposes relating to this Agreement (other than as contemplated by the GPO Agreement). Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

# Schedule A

## Definitions

“**Conforming Waste**” means Waste that is tendered to Stericycle for Services under this Agreement in compliance with the terms of this Agreement and applicable Law and that: (a) fully conforms to correct and complete Waste Characterization Data; (b) conforms in its content to any associated labelling or packaging; (c) is properly segregated from other types of Wastes; and (d) is properly packaged or containerized.

“**Hazardous Waste**” means any waste containing hazardous, toxic or radioactive substances, as such terms are defined by applicable Laws, including any substance regulated by the Toxic Substances Control Act, 15 U.S.C. Section 2601 *et seq.*, as amended, or any listed or characteristic hazardous waste under the Resource Conservation and Recovery Act, 42 U.S.C. Section 6901 *et seq.*, as amended (“**RCRA**”) or under any comparable state or local laws, and any waste material that has been mixed with, derived from or came into contact with any of the foregoing, but shall not include pharmaceutical waste.

“**Nonconforming Waste**” means any material tendered to Stericycle under this Agreement that is not a Conforming Waste.

“**Profile Sheet**” or “**Waste Characterization Data Form**” means form(s) used to obtain Waste Characterization Data that may be made available to Customer by Stericycle on a case-by-case basis depending on the type of Waste managed.

“**Universal Waste**” means specific hazardous wastes that the EPA has identified in 40 CFR part 273 (batteries, lamps, mercury-containing equipment, pesticides) and any other waste that individual states may have added to this list.

“**Waste**” means Hazardous Waste or Universal Waste.

“**Waste Characterization**” means the process of determining a Waste’s regulated status according to applicable laws.

“**Waste Characterization Data**” means all information used for Waste Characterization, including but not limited to generator knowledge, descriptions of the processes generating the Waste, material safety data sheets, ingredient information, package inserts, analytical testing, and other information describing a Waste’s characteristics.

## Attachment A Pricing

### Hazardous Waste Disposal Pricing:

Service Description	UOM	Process Code	Service Code	Rate	Minimums
<b>Pharm Waste:</b>					
Non-Hazardous Pharmaceuticals	DR55	INC27-1	I2701	\$ 250.00	
RCRA Pharmaceuticals	DR55	INC29	I2900	\$ 451.00	
P-Listed RCRA pharmaceuticals Waste	DR55	INC29-2	I2902	\$ 521.00	
Dual Waste	DR55	INC31-2	I3102	\$ 1,250.00	
<b>Lab Packs:</b>					
Fuels for thermal treatment	DR55	AF07	LPA01	\$ 312.00	
Oxidizer	DR55	INC14-E	LPI02	\$ 1,120.00	
Isocyanates	DR55	INC14-I	LPI03	\$ 1,089.00	
Reactive Metals (Li, Na, K - 1 lb under oil)	LB	INC15-1	LPI05	\$ 52.50	Lab Pack Minimums Apply
Dioxins (F027)	LB	INC15-F2	LPI06	\$ 63.63	Lab Pack Minimums Apply
Landfill, Non-regulated	DR55	LF06	LPL01	\$ 358.00	
Non-reactive	DR55	LP01	Missing	\$ 603.00	
Reactive	LB	LP02	Missing	\$ 7.63	Lab Pack Minimums Apply
Treatment, corrosives	DR55	LP04	Missing	\$ 407.00	
Retort, Inorg Hg Cmpd/Soln	DR55	REC04-H1	LPR01	\$ 4,338.00	
Treatable oxidizers	DR55	STAB06-6	LPS01	\$ 780.00	
Stab, Characteristic Metal	DR55	STAB19	LPS02	\$ 510.00	
<b>Containerized Waste Streams:</b>					
Flammable liquid (xylene, methanol, ethanol, stains)	DR55	AF01	A0100	\$ 239.00	
AF<1" Sludge 3-6%halo BTU > 5k	DR55	AF01-1	A0101	\$ 189.00	
AF<1" Sludge 6-10% halo BTU>5k	DR55	AF01-2	A0102	\$ 178.00	
AF<1" Sludge 20-25%halo BTU>5k	DR55	AF01-4	A0104	\$ 212.00	
AF<1" sldge.>25% halog BTU >5K	DR55	AF01-5	A0105	CBC	
High Water Solvents - 55 gallon drum	DR55	AF01-9	A0109	CBC	
AF 0-25% sludge<3%halo BTU> 5k	DR55	AF02	A0200	\$ 272.00	
AF 25-50% sludge<3%halo BTU>8k	DR55	AF03	A0300	\$ 291.00	
AF >50% sludge<3% halo BTU>10k	DR55	AF04	A0400	\$ 332.00	
AF <3" sldge3% hal NR BTU > 50	DR55	AF05	A0500	\$ 204.00	
Waste paint - (oil based D001 code)	DR55	AF06	A0600	\$ 318.00	
AF solid/debris haz to kilns	DR55	AF09	A0900	\$ 524.00	
*Non DOT, Non-RCRA Hazardous Waste - 55 gallon drum (oily rags, sorbents, antifreeze)	DR55	AF12	A1200	\$ 291.00	
Non-Hazardous Fixer/Developer WTE- 55 gallon drum	DR55	AF13	A1300	CBC	
AF Spec Handling	DR55	AF16	A1600	CBC	
AF solid/debris haz to kilns	DR55	AF17	A1700	\$ 266.00	
AF solid/debris haz	DR55	AF17-2	A1702	CBC	

COVID-19 Decon Debris for Waste to Energy	DR55	AF24-1	Missing	\$ 425.00	
Flammable Aerosols	DR55	INC01-1	I0101	\$ 497.00	
CALIBRATION GAS CYLINDERS	Each	INC03	I0300	CBC	
Cat 1 cyl lecture INC03-1LE	Each	INC03-1LE	I31LE	\$ 257.00	
Cat 1 cyl med INC03-1M	Each	INC03-1M	I310M	\$ 435.00	
Cat 1 cyl small INC03-1S	Each	INC03-1S	I310S	\$ 308.00	
Cat 2 cyl lecture INC03-2LE	Each	INC03-2LE	I32LE	\$ 361.00	
Cat 3 cyl lecture INC03-3LE	Each	INC03-3LE	I33LE	\$ 472.00	
Cat 4 cyl lecture INC03-4LE	Each	INC03-4LE	I34LE	\$ 929.00	
CN LIQ 0-100k ppm INC04	DR55	INC04	I0400	\$ 1,665.00	
LIQUIDS - PESTICIDE SOLUTIONS	DR55	INC08	I0800	\$ 1,041.00	
Liquids- Lean waters, < 5% chlorinated solvents , <2500 btu	DR55	INC09	I0900	\$ 624.00	
LP, oxidizer	LB	INC11	LPI02	\$ 3.45	Common Container Minimums Apply
LP, Reactive	LB	INC11-1	LPI04	\$ 9.00	Common Container Minimums Apply
LP, Non-reactive	LB	INC13	LPI01	\$ 1.48	Common Container Minimums Apply
Debris for incin	LB	INC16	I1600	\$ 1.82	Lab Pack Minimums Apply
Cont solid for incineration	LB	INC17	I1700	\$ 2.01	Common Container Minimums Apply
Halo Liq >10% halogens- incin	DR55	INC18-2	I1802	\$ 814.00	
Non-comp for Direct Pump Incin	LB	INC19	I1900	CBC	Common Container Minimums Apply
Reac non-comp LIQ INC19-3	LB	INC19-3	I1903	\$ 3.03	Common Container Minimums Apply
BUTANE REFILL	LB	INC19-6	I1906	\$ 2.15	Common Container Minimums Apply
Methanol, Glacial Acetic Acid Poly Drum - 15 gallon drum	DR55	INC20	I2000	\$ 791.00	
INC Alk liq-incin/DIRincin	DR55	INC21	I2100	\$ 780.00	
ACID ALK <5000 BTU INC24	LB	INC24	I2400	\$ 2.23	Common Container Minimums Apply
Pest/Fert Solid INCIN	LB	INC25	I2500	\$ 2.08	Common Container Minimums Apply
Formalin for RCRA incin	LB	INC27	I2700	\$ 1.75	Common Container Minimums Apply
Biopsy Methanol Vials - 55 gallon drum	DR55	INC27-2	I2702	\$ 512.00	
Formalin and Animal Parts for RCRA Incineration	DR55	INC27-3	I2703	\$ 512.00	
Fuel LIQ>5k BTU<5% halo INC28	LB	INC28	I2800	\$ 0.96	Common Container Minimums Apply
RCRA pharmaceuticals containing HG for incineration	DR55	INC29-1	I2901	\$ 524.00	
Chemo Hood Filters	DR55	INC29-3	I2903	CBC	
LP, oxidizer	DR55	INC29-5	LPI02	\$ 746.00	
LP, Non-reactive	DR55	INC29-8	LPI01	\$ 678.00	
RCRA/Non-RCRA DEA pharm INC30	DR55	INC30	I3000	CBC	
COVID-19 Decon Debris for Incineration	DR55	INC32-1	Missing	\$ 605.00	
LNDFL ready, non-reg	DR55	LF01	L0100	\$ 185.00	
Landfill, Crushed drums	DR55	LF04	L0400	\$ 83.00	
LNDFL ready reg meets UTS	DR55	LF07	L0700	\$ 225.00	
LNDFL wet SOLIDIFY CA st 90%FL	DR55	LF08	L0800	\$ 242.00	
Lead Aprons/ Lead Indicators	DR55	LF09	L0900	\$ 395.00	
X Ray Film	DR55	LF10	L1000	\$ 495.00	
Asbestos, double bagged and wetted, for landfill, regulated	DR55	LF11	L1100	\$ 278.00	

COVID-19 Decon Debris for Landfill	DR55	LF18-1	Missing	\$ 240.00	
PCB Ballasts for incineration	DR55	PCB01	PCB01	CBC	
PCB ball/caps for TSCA LNDFL	DR55	PCB09	PCB09	CBC	
*PCB Ballasts	LB	PCB10	PCB10	CBC	Common Container Minimums Apply
Latex Paint for recycling - 55 gallon drum	DR55	REC01	R0100	CBC	
Mercury Compounds, Mercury spill materials for waste disposal	DR55	REC04	R0400	\$ 3,872.00	
*Lead Acid	LB	REC05	R0500	\$ 0.77	\$10 Minimum Applies
Fluorescent Bulbs/Lamps: 4ft, 8ft, U-Shaped, and Circular	LB	REC06	R0600	\$ 1.87	\$15 Minimum Applies
Bulbs - U-Shaped/Circular Fluorescent	LB	REC06-1	R0601	\$ 1.67	\$15 Minimum Applies
Bulbs - 8 Ft Fluorescent	LB	REC06-2	R0602	\$ 1.67	\$15 Minimum Applies
Bulbs - Compact Fluorescent	LB	REC06-3	R0603	\$ 1.67	\$15 Minimum Applies
Bulbs - Incandescent	LB	REC06-4	R0604	\$ 1.67	\$15 Minimum Applies
Used Oil/Refrigerant Oil	DR55	REC07	R0700	\$ 212.00	
Antifreeze/Propylene Glycol	DR55	REC08	R0800	\$ 265.00	
*Lithium	LB	REC09	R0900	\$ 6.81	\$50 Minimum Applies
Oil filters, Non-regulated	DR55	REC10	R1000	\$ 211.00	
*Nickel Cadmium	LB	REC11	R1100	\$ 2.13	\$25 Minimum Applies
*Nickel Metal Hydride	LB	REC11-1	R1101	\$ 1.30	\$25 Minimum Applies
Devices containing Mercury (Recycle) (Amalgam)	LB	REC14	R1400	\$ 7.76	Lab Pack Minimums Apply
Devices Containing Mercury	LB	REC14-L	R14L0	CBC	Lab Pack Minimums Apply
Crushed Fluorescents Lamps	LB	REC15	R1500	\$ 3.91	Common Container Minimums Apply
BATTERIES SILVER OXIDE	LB	REC19	R1900	CBC	\$25 Minimum Applies
*Alkaline	LB	REC24	R2400	\$ 1.74	\$25 Minimum Applies
RCRA empty drums, for reconditioning or scrap recycling	DR55	REC27	R2700	\$ 47.00	
Pb Aprons/ Pb Indicators Recyc	DR55	REC40	R4000	CBC	
Mixed Batteries	DR55	REC41	R4100	CBC	
Bulbs: HID, Halgoenated, and Incandescent	LB	REC42	R4200	\$ 5.17	\$25 Minimum Applies
Bulbs - Halogens	LB	REC42-3	R4203	CBC	\$25 Minimum Applies
*Non-PCB Ballasts	LB	REC45	R4500	\$ 0.94	Common Container Minimums Apply
CRT intact-recycle REC50	LB	REC50	R5000	#N/A	\$25 Minimum Applies
X Ray Film Recycling	LB	REC50-1	R5001	CBC	\$25 Minimum Applies
Flat Screen Monitors	LB	REC50-L	R5002	\$ 1.50	\$25 Minimum Applies
Electronic Devices	LB	REC55	R5500	\$ 1.68	\$25 Minimum Applies
Cylinders, flammable, propane-small, camp type, for recycle	Each	REC61	R6100	\$ 34.00	
Flammable Cylinders - Small	Each	REC61-1	R6101	\$ 41.00	
Cyl CO2 for recycle REC63	Each	REC63	R6300	\$ 42.00	
Cyl Oxygen for Recycle	Each	REC65	R6500	\$ 63.00	
Latex Paint for solidification- 55 gallon drum	DR55	STAB01	S0100	\$ 198.00	
LNDFL wet SOLIDIFY CA st	DR55	STAB02	S0200	\$ 300.00	
Sludge pH<4 w/RCRA metal STAB2	DR55	STAB02-1	S0201	\$ 355.00	
ALK SOL/SLG/RCRA mtl STAB02-2	DR55	STAB02-2	S0202	\$ 355.00	
SLDG F6-F9 F19 CN<590 STAB03	DR55	STAB03	S0300	\$ 313.00	
HAZ DEB Alk F6-F9 F19 CN <590	DR55	STAB03-2	S0302	CBC	

Treatable oxidizers STAB06	DR55	STAB06	S0600	CBC	
Treat Oxi LIQ Class A STAB06-1	DR55	STAB06-1	S0601	\$ 814.00	
Sludge pH7 w/RCRA metals STAB7	DR55	STAB07	S0700	\$ 355.00	
Acid D7 25-50% acid WAT01-2	DR55	STAB12	S1200	\$ 476.00	
NR shredble sol w/free liq-LF	DR55	STAB14	S1400	\$ 241.00	
HZ shredble sol w/free liq-LF	DR55	STAB15	S1500	CBC	
HAZ DEB Alk F6-F9 F19 CN <590	DR55	STAB17-1	S1701	CBC	
Mercury Debris, or Mercury Containing Liquids, > 260 ppm (No metallic), for stab	DR55	STAB22-2	S2202	CBC	
HYDROCHLORIC ACID LAB PACK	DR55	WAT01	W0100	CBC	
Acid aqueous no Cr/acid<25%	DR55	WAT01-1	W0101	\$ 313.00	
Acid no Cr 10-25%HNO3 WAT01-10	DR55	WAT01-10	W0110	CBC	
Acid no D7 >26%HNO3 WAT01-11	DR55	WAT01-11	W0111	CBC	
Acid D7 25-50% acid WAT01-2	DR55	WAT01-2	W0102	\$ 442.00	
Acid LIQ Acid > 50% WAT01-3	DR55	WAT01-3	W0103	\$ 604.00	
POTASSIUM HYDROXIDE, SOLUTION	DR55	WAT02	W0200	CBC	
Alkali waste water-Caustic<25%	DR55	WAT02-1	W0201	\$ 339.00	
AF<1" Sludge 6-10% halo BTU>5k	DR55	WAT02-2	W0202	\$ 355.00	
ALK LIQ <50% caustic WAT02-3	DR55	WAT02-3	W0203	\$ 373.00	
CHROMIC ACID SOLUTIONS 0-100%	DR55	WAT04	W0400	CBC	
Acid chromic total Cr<5000 ppm	DR55	WAT04-1	W0401	\$ 543.00	
H2O,<10% floc NR treat&dschrge	DR55	WAT05	W0500	\$ 204.00	
H2O/Oil <10% floc NR WAT05-1	DR55	WAT05-1	W0501	CBC	
Fixer/Developer Containing Silver	DR55	WAT08	W0800	\$ 218.00	
Water w/orgs D codes <10% floc	DR55	WAT13	W1300	CBC	
Inorganic cyanides	DR55	WAT16-J	LPW03	\$ 787.00	
CN Liq 5k-15k ppm WAT20-2	DR55	WAT20-2	W2002	\$ 476.00	

### Hazardous Waste Non-Disposal Pricing:

Service Description	UOM	Process Code	Rate	Minimums
<b>Transportation:</b>				
Haz Stop Fee (West)	Each	TRSTOP1	\$ 445	
Demurrage	Hour	TRADMDEM	\$ 116	
AK Surcharge Fee	Each	TRADMHM	\$ 650	
HI Surcharge Fee	Each	TRADMHM	\$ 400	
PR Surcharge Fee	Each	TRADMHM	\$ 400	
Insurance, Security & Environmental	Per Invoice		4%	
<b>Labor:</b>				
Lab packing and sorting	Hour	LBLABRST	\$ 66	4 hour minimum (Portal to Portal)
Field Tech	Hour	LBLABRST	\$ 66	4 hour minimum (Portal to Portal)
Field Chemist	Hour	LBCHEMST	\$ 95	4 hour minimum (Portal to Portal)



Project Manager, Straight Time	Hour	LBPROJMST	\$ 110	4 hour minimum (Portal to Portal)
Consulting Services/Training	Hour	ADMCOST	\$ 145	
<b>Supplies:</b>				
Box (4 foot) Fluorescent Lamp Box	Each	SPBxBUB4	\$ 41	
Box (8 foot) Fluorescent Lamp Box	Each	SPBxBUB8	\$ 48	
Steel Drum - 5 gallon	Each	SPDM05NO	\$ 44	
Poly Drum - 5 gallon	Each	SPDP05NO	\$ 28	
Drum, Fiber, 5 gallon, New, Open Top	Each	SPDF05NO	\$ 28	
Drum, Fiber, 8 gallon	Each	SPDF10NC	\$ 73	
Drum, 10 gallon	Each	SPDP10NO	\$ 73	
Drum, 15 gallon	Each	SPDP15NC	\$ 73	
Drum, 15 gallon, RX	Each	SPDF15NC	\$ 73	
Drum, Fiber, 15 gallon, New, Open Top	Each	SPDF15NO	\$ 73	
Drum, Fiber/Poly, 30 gallon, New, Open Top	Each	SPDF30NO	\$ 94	
Drum, Metal, 55 gallon, New, Closed Top	Each	SPDM55NC	\$ 123	
Drum, Metal, 55 gallon, New, Open Top	Each	SPDM55NO	\$ 123	
Drum, Poly, 55 gallon, New, Open Top	Each	SPDP55NO	\$ 108	
Drum, Poly, 55 gallon, New, Closed Top	Each	SPDP55NC	\$ 108	
Drum, Poly, 5 gallon, Recon, Closed Top	Each	SPDP05UO	\$ 23	
Drum, Poly, 15 gallon, Recon, Closed Top	Each	SPDP15UC	\$ 55	
Drum, Poly, 30 gallon, Recon, Open Top	Each	SPDP30UO	\$ 63	
Drum, Poly, 55 gallon, Recon, Open Top	Each	SPDP55UO	\$ 80	
Liner, Drum, 2 mil	Each	SPLINED	\$ 8	
Liner, Cubic Yard Box Liners	Each	SPLINECYB	\$ 16	
Labpacker, 55 gallon	Each	SPLABPK55	\$ 36	
Steel Overpack - 85 gallon	Each	SPDM85NO	\$ 313	
Poly Overpack - 85 gallon	Each	SPDF85NO	\$ 310	
Vermiculite - bag	Each	SPVERM	\$ 56	
Cubic Yard Box	Each	SPBXCYP	\$ 152	
PIH Box	Each	SPBX916P	\$ 256	
Labels	Each	SPLABEL	\$ 1	
Spill Pads - bale	Each	SPSORAL	\$ 146	
Poly Sheeting - roll	Each	SPLINELUG	\$ 195	
EPA E-Manifest Fee	Each	ADMEMANFST	\$ 25	
NITRILE GLOVES	Each	SPPEGLNI	\$ 6	
Personal Protective Equip (Lvl D)	Day	SPPPED	\$ 62	

## Conversions and Minimums:

Non-Specified Container Conversions		Conversion Table Notes
Container Size	Conversion	
1-5 Gallon	35%	These conversions will apply to all disposal and Transportation items priced per container unless quoted separately
6-15 Gallon	50%	
16-30 Gallon	75%	
31-55 Gallon	1x	The greater of the conversion factor or location container minimum of \$40 will be applied unless quoted a different rate
85 Gallon	1.5x	
Cubic Yard Boxes	4x	Some Waste may have a different, typically lower, minimum which is reflected on the Non-Standard Minimum table below.
250/275 Gallon Totes	5x	
330/350 Gallon Totes	6x	
		Small container sizes can be converted to larger containers using the following steps: 1) Divide the smaller container price by its conversion factor for the 55-gallon price (e.g., 5-gallon price).

Per Pound Standard Minimums			
	Common Containers	Lab Pack Containers	Light Weight Containers
Container (Gal)	Minimums		
5 or less	50 lbs.	25 lbs.	30 lbs.
6 to 15	125 lbs.	50 lbs.	75 lbs.
16 to 30	175 lbs.	110 lbs.	100 lbs.
31 to 55	250 lbs.	250 lbs.	150 lbs.
56 to 85	400 lbs.	300 lbs.	275 lbs.
Cubic box/pallet	525 lbs.	550 lbs.	500 lbs.
Tote (<300 gal)	1950 lbs.	-	-
1. Excludes Lab Pack and Light Weight items. 2. Includes: LPL01, LPS01, series of codes for I1400, I1500, LPW01 3. Includes: A1700, I0200, I1600 4. All other container sizes are case by case (CBC)			

Ancillary Charges	Service Code	UOM	Price
<b>Profiling Fees</b>			
<24 Hour URGENT Profile Fee	ADMPROPRU	Each	\$150.00
<b>Off Spec &amp; Discrepancy Fees</b>			
Rejection Fee	ADMREJECT	Each	\$75.00
Manifest Discrepancy/Paperwork Error	ADM MAN	Each	\$75.00
Off Spec/Discrepant - Storage Fee	ADMSTOR	Day	\$25.00
<b>Transportation, Labor, and Other Fees</b>			
e-Manifest Administration Fee (per manifest)	ADM MAN FEE	Each	\$25.00
Demurrage, after 1-hour loading	TRADMDEM	Hour	\$105.00
Scheduled Pickup Cancellation	ADM CAN	Each	\$150.00
Repacking/Overpacking Fee	ADM REPK	Each	\$150.00
Overpack Handling Fee	ADM VOPK	Each	\$50.00
Technical Lab Pack Review "Flat Rate fee - \$175.00 the Flat Fee Criteria":			
(1) Excel Submitted inventories:	ADTECHRVW	Each	\$175.00
(2) Maximum of 500 inventory items:			
(3) <5% of items with Trade Names:			

Non-Standard Minimums	
Container Min	Service Codes
\$0	REC51-3
\$5	R6000, R6101, R6200, R6300, R6400, R6500
\$10	R0500
\$15	L0100, R600, R2700
\$25	R1100, R1101, R1200, R1600, R1900, R2400, R4200, R4400, R5000, R5500
\$50	R0900, R09100

**\*Please Note:** The greater of the disposal minimum or \$40 per container will be charged unless quoted otherwise. A minimum charge of \$325 will apply to the invoice.

## **Assumptions:**

### **Standard Pricing Conditions:**

- This section and the terms and conditions apply to this quote unless superseded by a service agreement.
- Pricing is based on the information provided and will be confirmed following receipt of a completed waste profile. All pricing is pending profile approval and/or waste sample analysis.
- Pricing is based on the volume assumptions provided. Stericycle reserves the right to adjust pricing if waste quantity differs from what was provided.
- A minimum charge of \$325 applies to all invoices.
- Transportation, labor and equipment is portal to portal, and requires a four hour minimum unless otherwise specified.
- Unless otherwise specified, transportation rates include one hour of loading at the customer facility. Demurrage rates will apply after one hour and will be billed in 15 minute increments.
- All invoices are subject to applicable Federal, State, and local taxes & fees as well as an Energy & Insurance recovery charge tied to the National monthly average price for diesel fuel as published by the Department of Energy.
- E-Manifest Fee's will be applied
- In order to offer the safest and most complete services, we may need to apply price adjustments as necessary to cover costs that are beyond our control such as extraordinary or unexpected increases in disposal costs, regulatory changes, economic changes, war, etc.

### **Waste Specific Conditions**

- Disposal prices for gas cylinders are for those with original label, operable valve and in acceptable DOT shipping condition.
- Unknown identification fee of \$350 may be charged for each unknown gas that is sampled and analyzed
- A confirmation fee of \$200 may be charged for each suspected gas that requires confirmation due to lack of original label. If results do not match suspected contents, then unknown ID rate will apply along with additional disposal costs if applicable.
- Inoperable valve fee: No charge for Category A cylinders. For Categories B thru E, a tapping fee of \$350 per cylinder will apply regardless of size of cylinder. For categories F & G, inoperable valve fee will be Case-by-Case.
- Batteries not in original manufacturer's packaging must have both ends taped to avoid arc. Additional fees may apply if Stericycle personnel must tape the battery ends.

### **General Disposal Terms and Conditions**

- Bulk waste is typically defined as tanker or roll-off loads.
- Non-bulk waste means drums, boxes, totes, pails, bags, and cubic yard boxes and other containerized waste.
- Electronic profiling is included in the price. Paper profiles will be charged at \$50 each.
- Unless otherwise specified, prices quoted do not include the following:
  - Radioactive Waste
  - Biohazard or Infectious Waste
  - Explosives of any type
  - Liquid or free mercury
  - Isocyanates
  - Reactive materials (metals, solids, liquids)

Customer approves Stericycle's use of Customer's name and/or logo in Stericycle's marketing and promotional materials, including on Stericycle's website.

# Attachment B

## Service Locations

### Customers Locations, Serviced by Stericycle Under this Agreement

Cust ID	Site ID	Service Name	Address 1	Address 2	City	State	Zip	Frequency	GPO Member ID	EPA No.
6152489	001	Salinas Valley Memorial Hospital Laboratory	450 E. Romie Ln		Salinas	CA	93901	As needed, Transactional Pricing	58206	CAD981626039
6155582	750	SVMHS Outpatient Infusion Center	515 East Romie Lane		Salinas	CA	93901	As needed, Transactional Pricing	3542471	CAR000288258

# Future Service Locations

## Customer Locations to be Serviced by Stericycle

As of the Effective Date of this Agreement, the locations listed below are currently subject to existing agreements (“Third Party Agreements”) with service providers other than Stericycle (“Third Party Providers”), for services similar to the Services. Customer agrees that it will use commercially reasonable efforts to terminate such Third-Party Agreements at the end of the current term of each such agreement. Upon the expiration of the current term of each Third-Party Agreement, the location that is subject to such expiring Third-Party Agreement shall become subject to the terms and conditions of this Agreement, and Stericycle shall provide the Services hereunder. Stericycle agrees that it shall not be a breach of the “Exclusivity” provision of this Agreement for Customer to receive services similar to the Services from the Third-Party Provider during the current term of the Third-Party Agreement.

Cust ID	Site ID	Service Name	Address 1	Address 2	City	State	Zip	Frequency	GPO Member ID	EPA No.

# Attachment C

## STERICYCLE WASTE ACCEPTANCE POLICY

### NON-HAZARDOUS WASTES MUST BE IDENTIFIED, SEGREGATED AND

#### PACKAGED SEPARATELY FROM HAZARDOUS & UNIVERSAL WASTES: Examples Include.

- ✓ **Trace-Chemotherapy Contaminated Waste** – RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations, or guidelines.
- ✓ **Non-RCRA Hazardous Pharmaceuticals** – Must be characterized and certified as non-RCRA hazardous material by the generator. Consult Stericycle Representative for specific requirements.
- ✗ **Non-hazardous waste does not include RCRA Pharmaceuticals, Hazardous Chemical / Laboratory Wastes, Compressed Gas Cylinders, Universal Wastes or E-Wastes**

### HAZARDOUS (RCRA) WASTES MUST BE IDENTIFIED, SEGREGATED AND PACKAGED SEPARATELY FROM NON-HAZARDOUS AND UNIVERSAL WASTES: Examples Include:

- ✓ **RCRA Hazardous Wastes**
- ✓ **Hazardous Chemical / Laboratory Wastes** – Drums or other containers that contain characteristically or listed hazardous wastes - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer, developer
- ✓ **Compressed Gas Cylinders** - Canisters, Inhalers, and Aerosol Cans
- ✓ **Mercury - Containing Dental Waste** – Non-contact and contact amalgam and products, chair side traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings, and empty amalgam capsules
- ✓ **Radioactive Waste** – Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

### UNIVERSAL AND E-WASTES WASTES MUST BE IDENTIFIED, SEGREGATED AND PACKAGED SEPARATELY FROM HAZARDOUS AND NON-HAZARDOUS WASTES: Examples Include:

- ✓ **Universal Wastes:** Batteries, Mercury Containing Equipment, Fluorescent Lamps, Pesticides (Pharmaceuticals in some states)
- ✓ **E-Wastes** – computers, monitors, medical devices, lab equipment, miscellaneous electronics

### SEGREGATION AND LABELING

- ✗ **Segregate Wastes:** Do NOT store Incompatible wastes in the same container
- ✓ **Labeling:** Affix labels required by RCRA to appropriately identify contents

Customer is solely responsible for ensuring the proper segregation and labeling of all wastes. If any of the Waste is Not packaged properly, then Customer will be solely responsible for all costs associated with clean-up, transportation, treatment, and disposal of the Non-Conforming Waste by a company or companies permitted to clean-up, transport, treat, and dispose of such Non-conforming Waste.

## ATTACHMENT D Per Invoice Energy Charge

Stericycle uses an index-based surcharge that is adjusted monthly. Changes to the surcharge will be effective the first business day of each month. The surcharge will be based on the National U.S. Average 'On Highway' Diesel Fuel Price reported by the U.S. Department of Energy for the prior month to the adjustment.

The prices on these indexes are published by the U.S. Dept. of Energy and Stericycle is not responsible for the information provided.

<b>Stericycle Energy Charge Table (prices per gallon)</b>		
<i>At Least</i>	<b>But Less Than</b>	<b>Surcharge</b>
0	\$2.75	5.8%
\$2.76	\$3.00	6.3%
\$3.01	\$3.25	6.9%
\$3.26	\$3.50	7.4%
\$3.51	\$3.75	7.9%
\$3.76	\$4.00	8.5%
\$4.01	\$4.25	9.0%
\$4.26	\$4.50	9.6%
\$4.51	\$4.75	10.1%
\$4.76	\$5.00	10.7%
\$5.01	\$5.25	11.2%
\$5.26	\$5.50	11.7%
\$5.51	\$5.75	12.3%
\$5.76	\$6.00	12.8%

Table will continue using the same methodology as illustrated above for Diesel prices in excess of \$6.01  
Stericycle reserves the right to update or modify the fuel table without prior notice

# **Addendum to Customer Service Agreement**



Attachment #2

2018 - 2022 Stericycle Contracted Cost Comparison

	contracted					<i>proposed</i>			Annual Usage (drum)	2018 Annual Cost	2022 Anticipated Annual Cost	Cost Increase
	2018	2019	2020	2021	2022	increase \$	increase %					
	Pricing per 55 gal drum											
* Formalin	\$ 380	\$ 385	\$ 395	\$ 395	\$ 512	\$ 132	35%	38	\$ 14,440	\$ 19,456	\$ 5,016	
Xylene	\$ 90	\$ 105	\$ 125	\$ 150	\$ 239	\$ 149	165%	13	\$ 1,170	\$ 3,107	\$ 1,937	
Alcohols	\$ 90	\$ 105	\$ 125	\$ 150	\$ 239	\$ 149	165%	15	\$ 1,350	\$ 3,585	\$ 2,235	
Waste Oils	\$ 230	\$ 230	\$ 230	\$ 235	\$ 291	\$ 61	26%	16	\$ 3,680	\$ 4,656	\$ 976	
<b>Annual expense</b>	<b>\$ 105,821</b>	<b>\$ 128,816</b>	<b>\$ 179,968</b>	<b>\$ 126,014</b>								

\* 5 highest usage

Justification for Sole Source Form

To: Contract Review Committee

From: Earl Strotman, Facilities

Type of Purchase: (Check One)

- Non-Medical, Non-Surgical Equipment/Supplies >= \$25,000
- Data Processing/Telecommunication Goods >= \$25,000
- Medical/Surgical – Supplies/Equipment >= \$25,000
- Purchased Services >= \$350,000

<b>Total Cost \$:</b>	Total all-inclusive sum not to exceed \$200,000 per year (\$600,000).
<b>Vendor Name:</b>	Stericycle, Inc.
<b>Agenda Item:</b>	Consider Recommendation for Board of Directors Approval and Award of Hazardous Waste Disposal Contract to Stericycle, Inc., a Delaware Corporation.

**Statement of Need:** My department’s recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of SVMHS. The procurements proposed for acquisition through sole source are the only ones that can meet the district’s need. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

**Describe how this selection results in the best value to SVMHS. See typical examples below.**

Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations of the consultant. **Describe.**

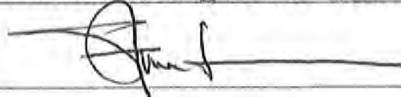
Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe.**

Uniqueness of the service. Failure to dispose of hazardous waste in the required time constrained manner has the potential of resulting in significant fines and penalties from both the California State Department of Toxic Substance Control and the County of Monterey Health Department. Stericycle is the only vendor able to deliver this service in time constrained and regulated manner (“90 days from first drop”).

SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Describe.**

Factory-authorized warranty service available from only this single dealer. Sole availability at the location required. **Describe.**

**By signing below, I am attesting to the accuracy and completeness of this form.**

Submitter Signature  Date: 1/11/2022

*PERSONNEL, PENSION AND  
INVESTMENT COMMITTEE*

*Minutes from the February 22, 2022 meeting of  
the Personnel, Pension and Investment Committee  
will be distributed at the Board Meeting*

*Background information supporting the  
proposed recommendations from the  
Committee is included in the Board Packet*

*(REGINA M. GAGE)*

- *Committee Chair Report*
- *Board Questions to Committee Chair/Staff*
- *Motion/Second*
- *Public Comment*
- *Board Discussion/Deliberation*
- *Action by Board/Roll Call Vote*

## Board Paper: Personnel, Pension and Investment Committee

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### Consider Recommendation for Board Approval of (i) the Contract Terms and Conditions for the Hospitalist Professional Services Agreement for Jose Ajoc, Jr., MD and (ii) the Contract Terms and Conditions for Dr. Ajoc's COVID-19 Physician Loan Agreement

Executive Sponsor: Allen Radner, MD, Chief Medical Officer  
Stacey Callahan, Physician Services Coordinator

Date: February 9, 2022

#### Executive Summary

The hospitalist program for Salinas Valley Memorial Healthcare System (SVMHS) operates under Salinas Valley Medical Clinic (SVMC). The SVMC Hospitalist Program focuses on increasing patient satisfaction and referring-provider satisfaction, and improved retention of hospitalist physician staff. Due to the growth SVMHS has experienced in the adult daily census at the hospital, the need to recruit and retain hospitalists to the program remains a priority. In addition, due to the COVID-19 pandemic there is a shortage of and need for hospitalist physicians to cover the SVMHS service area. This shortage jeopardizes SVMHS' ability to provide necessary healthcare services to the inpatients at Salinas Valley Memorial Hospital. With one of the current full-time hospitalists reducing coverage to a per-diem schedule in March, there is an urgent need for another hospitalist to provide care to the inpatient population.

The recommended physician, Dr. Jose Ajoc, Jr., MD, received his Doctor of Medicine Degree at Mindanao State University in the Philippines. After completing an Internal Medicine Residency in the Philippines, Dr. Ajoc also completed his Family Medicine Residency with the University of San Francisco at Natividad Medical Center. Since graduating from his Family Medicine Residency in 2020, Dr. Ajoc has been providing hospitalist services at Natividad Medical Center. Dr. Ajoc will be joining SVMC in June.

#### Terms and Conditions of Agreements

1. **Hospitalist Professional Services Agreement** Essential Terms and Conditions:

- Professional Services Agreement (PSA) with Standard Terms and Conditions that provides W-2 reporting of physician compensation as an independent contractor
- Two (2) year term for the PSA
- Physician compensation for services under the PSA in the amount of \$149.96 per hour for the hours of 7am-7pm, and \$159.96 per hour for the hours of 7pm-7am
- Expectation of the fifteen (15) twelve (12) hour shifts per month and no less than one hundred eighty (180) twelve (12) hour shift per year
- Physicians that work Hospitalist shifts in excess of one hundred eighty (180) twelve (12) hour shifts per year, will be paid an additional \$70.00 per hour credited during each excess shift
- 1.0 Full-Time Equivalent (FTE)
- Eligible to participate in the Performance Incentive Program. Incentive payments are made at an interval aligned with the SVMHS fiscal year and carry eligibility requirement of at least one thousand (1,000) hours worked during the measurement period and a current PSA at time of payment in order to qualify
- Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
- Access to SVMHS 403(b) and 457 retirement plans. Five percent (5%) base contribution to 403b plan that vests after three (3) years. Based on federal contribution limits this contribution is capped at fifteen thousand two hundred fifty dollars (\$15,250.00) annually

- CME Stipend. Two thousand dollars (\$2,000) annual stipend for Continuing Medical Education (CME).
- Professional Liability Coverage. Occurrence-based professional liability policy through BETA Healthcare Group.

2. **COVID-19 Physician Loan Agreement** Essential Terms and Conditions:

- CMS has issued blanket waivers of sanctions under the physician self-referral law for COVID-19 Purposes. These blanket waivers provide vital flexibility for physicians and providers in the fight against COVID-19. Pursuant to these COVID-19 Blanket Waivers, SVMHS is permitted to extend a loan in the amount of twenty thousand dollars (\$20,000.00) to Dr. Ajoc to secure his services as a Hospitalist with SVMC.
- The COVID-19 Physician Loan is secured by a personal promissory note for the full amount of the loan. The loan is forgiven over the period of two (2) years of service provided by Dr. Ajoc to SVMHS as permitted under the CMS COVID-19 Blanket Waivers.

**Meeting our Mission, Vision, Goals**

**Strategic Plan Alignment:**

The addition of Dr. Ajoc to the SVMC Hospitalist program is aligned with SVMHS’ strategic priorities for service, quality, finance and growth pillars. We continue to develop SVMC infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

**Pillar/Goal Alignment:**

- Service    People    Quality    Finance    Growth    Community

**Financial/Quality/Safety/Regulatory Implications**

The compensation proposed in the PSA has been reviewed by HealthWorks, an independent valuation and compensation consulting firm, to confirm that the terms contemplated are both commercially reasonable and fair market value.

**Recommendation**

**SVMHS Administration requests that the Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following:**

1. **The Contract Terms and Conditions of the Hospitalist Professional Services Agreement for Dr. Ajoc as presented in this Board Paper.**
2. **The Contract Terms and Conditions of the COVID-19 Physician Loan Agreement for Dr. Ajoc as presented in this Board Paper.**

**Attachments**

- Curriculum Vitae for Jose Ajoc, Jr., MD

# **JOSE G. AJOC, JR., MD**

Curriculum Vitae



## **PERSONAL INFORMATION**

Languages Spoken: English, Filipino (Tagalog,  
Visayan) Date resume updated: January 17, 2022

## **EDUCATION**

### **Doctor of Medicine, MD Degree**

Mindanao State University – College of Medicine, Iligan City, Philippines  
June 1999 – April 2003

Awards

- Class Valedictorian; Consistent Dean’s Honors List

### **College Degree - Bachelor of Science in Biology, Bachelor’s Degree**

Mindanao State University, Philippines  
June 1995 – March 1999

Awards: Cum Laude; Consistent Dean’s Honors List

### **High School Education**

Sta. Cruz National High School, Surigao del Norte, Philippines  
1991 – 1995

Awards: Class Valedictorian

### **Elementary Education**

Sta. Cruz Elementary School, Surigao del Norte, Philippines  
1985 – 1991

Awards: Class Valedictorian

## **CERTIFICATIONS/ LICENSURE EXAMINATIONS**

- Medical Board of California Licensed Physician – since April 25, 2019 to present
- Certified by American Board of Family Medicine – since 07/21/2020 to present
- Certified Advanced Cardiac Life Support (ACLS) Provider valid until 07/2022
- Certified Basic Life Support Provider (BLS) valid until 07/2022
- DEA license until 06/2022
- USMLE Step 1      1/20/2015
- USMLE Step 2CK   8/17/2015
- USMLE Step 2CS   4/29/2016
- USMLE Step 3      12/27/2017
- Certified by Educational Commission for Foreign Medical Graduates (ECFMG) - April 2016
- Philippines Physicians Licensure Examination - August 2004

## **PROFESSIONAL AFFILIATIONS**

- Society of Hospital Medicine
- American Academy of Family Physicians
- Philippine College of Physicians – Internal Medicine
- Philippine Medical Society

## **PROFESSIONAL EXPERIENCES**

### **Hospitalist**

Sound Physicians at Natividad Medical Center, Salinas, California  
March 2020 to present

### **Urgent Care Physician**

Doctors on Duty  
Salinas, California  
January 2020 – March 2020

### **Internal Medicine Specialist**

- Zamboanga Doctors Hospital, Philippines
- Zamboanga City Medical Center Hospital, Philippines
- Brent Hospital, Philippines

January 2014 – June 2014

### **Assistant Professor - Faculty of Medicine**

Ateneo de Zamboanga University School of Medicine, Philippines  
January 2011 - June 2014

### **Emergency Room Physician**

- Zamboanga Doctors Hospital, Philippines
- Zamboanga Community Hospital, Philippines
- Brent Hospital and Colleges, Zamboanga, Philippines

March 2007 – December 2010

### **General Practice Physician**

Department of Internal Medicine and Surgery  
Department of Health, Tandag City, Philippines  
January 2005 - February 2008



## **TRAININGS**

### **1. Family Medicine Residency Training**

UCSF - Natividad Medical Center Family Medicine Residency Program

January 25, 2017 to January 24, 2020

Awards:

- Hannon, Lauderdale award for Excellence in Patient Care, Leadership, Scholarship, and Teaching

### **2. Internal Medicine Residency Training**

Zamboanga City Medical Center, Philippines

April 2010 to December 2013

- Chief Resident

### **3. Exchange Internal Medicine Resident**

University of Calgary –Foothills Medical Center, Calgary, Alberta, Canada

- Internal Medicine, Neurology, Cardiology, Palliative Care

April 2013 to June 2013

### **4. Post-Graduate Internship Program in Medicine - All Medical Specialties Rotation**

Southern Philippines Medical Center, Davao City, Philippines

May 2003 – June 2004

## **SKILLS and Current Privileges at Natividad Medical Center**

Arthrocentesis  
Assisting in Surgery  
Biopsy of cervix, endometrium  
Biopsy of superficial lymph nodes  
Breast cyst aspiration  
Burns, superficial and partial thickness  
Colposcopy  
Cryosurgery/cautery for benign disease  
Excision/biopsy of vulvar lesions  
Excision of skin and subcutaneous lesions  
I&D abscess  
I&D hemorrhoids  
Incision and drainage of Bartholin duct cyst or marsupialization  
Initial interpretation of electrocardiograms  
Insertion of intrauterine devices  
Local anesthetic techniques  
Lumbar puncture  
Management of ICU patients with consultation  
Management of routine post-partum care  
Manage uncomplicated minor closed fractures and uncomplicated dislocations  
Paracentesis  
Peripheral nerve blocks  
Placement of anterior and posterior nasal hemostatic packing  
Removal of foreign body from vagina  
Remove non-penetrating corneal/nasal foreign body  
Suturing of uncomplicated lacerations, including those requiring more than one layer closure  
Thoracentesis  
Uterine curettage following incomplete abortion

### **Other Skills:**

Basic Point of Care Ultrasound  
Endotracheal Intubation - Still needs to be proctored  
Central Line placement – Still needs to be proctored  
Arterial Line placement - Still needs to be proctored

## Board Paper: Personnel, Pension and Investment Committee

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Agenda Item: **Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Kelsey Capron, MD (ii) the Contract Terms for Dr. Capron's Recruitment Agreement, and (iii) the Contract Terms for Dr. Capron's Family Medicine Professional Services Agreement**

Executive Sponsor: Allen Radner, MD, Chief Medical Officer  
Stacey Callahan, Physician Services Coordinator

Date: February 9, 2022

### Executive Summary

In consultation with members of the medical staff, hospital executive management has identified the recruitment of a physician specializing in family practice as a recruiting priority for the hospital's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group in October 2019, the specialty of Family Medicine is recommended as a top priority for recruitment. Furthermore, the current average wait time for a new patient appointment at Salinas Valley Medical Clinic (SVMC) PrimeCare is over 70 days.

The recommended physician, Kelsey Capron, MD, received her Doctor of Medicine degree in 2018 from Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. In 2021 Dr. Capron completed her Family Medicine Residency with the University of San Francisco at Natividad Medical Center. Dr. Capron will be graduating in August from her Perinatal and Child Health Fellowship at PCC Community Wellness Center & West Suburban medical Center in Oak Park, Illinois. Dr. Capron speaks advanced medical Spanish and is excited to return to the Salinas community to provide family medicine services, including obstetrics, when she joins SVMC PrimeCare in October.

### Terms and Conditions of Agreements

The proposed physician recruitment requires the execution of two types of agreements:

1. **Professional Services Agreement** Essential Terms and Conditions:

The proposed professional services agreement includes the following terms:

- Professional Services Agreement that provides W-2 relationship for IRS reporting
- Two (2) year term for the PSA
- 0.8 Full-Time Equivalent (FTE)
- Base guarantee salary of two hundred twelve thousand dollars (\$212,000) per year, and to the extent it exceeds the base salary, productivity compensation of fifty seven dollars and sixty five cents (\$57.65) work Relative Value Unit (wRVU)
- Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
- Access to SVMHS 403(b) and 457 retirement plans. 5% base contribution to 403b plan that vests after three years. Based on federal contribution limits this contribution is capped at fifteen thousand two hundred fifty dollars (\$15,250) annually
- Four (4) weeks off for vacation
- One thousand two hundred dollars (\$1,200) annual stipend for Continuing Medical Education (CME)
- The physician will receive an occurrence based professional liability policy through BETA Healthcare Group

2. **Recruitment Agreement** that provides a sign-on bonus of thirty thousand dollars (\$30,000) and is structured as forgivable loan over 2 years of service to SVMHS.

## Meeting our Mission, Vision, Goals

### Strategic Plan Alignment:

The recruitment of Dr. Capron is aligned with our strategic priorities for the growth and finance pillars. We continue to develop Salinas Valley Medical Clinic infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

### Pillar/Goal Alignment:

Service    People    Quality    Finance    Growth    Community

### Financial/Quality/Safety/Regulatory Implications

The addition of Dr. Capron to SVMC has been identified as a need for recruitment while also providing additional resources and coverage for the SVMC PrimeCare Salinas practice.

The compensation proposed in these agreements have been reviewed against published industry benchmarks to confirm that the terms contemplated are fair market value and commercially reasonable.

### Recommendation

**SVMHS Administration requests that the Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following:**

1. **The Findings Supporting Recruitment of Kelsey Capron, MD,**
  - **That the recruitment of a family medicine physician to Salinas Valley Medical Clinic is in the best interest of the public health of the communities served by the District; and**
  - **That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;**
2. **The Contract Terms of the Recruitment Agreement for Dr. Capron; and**
3. **The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Capron.**

### Attachments

- (1) Curriculum Vitae – Kelsey Capron, MD

# Kelsey Lianna Capron, MD

## EDUCATION and TRAINING

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<b>Perinatal and Child Health Fellowship</b> , Oak Park, Illinois Fellow in Family Medicine with High Risk & Surgical Obstetrics; Graduation expected August 2022 PCC Community Wellness Center & West Suburban Medical Center	2021 – present
<b>Natividad Family Medicine Residency</b> , Salinas, California Chief Resident	2018 – 2021
<b>Sidney Kimmel Medical College at Thomas Jefferson University</b> , Philadelphia, Pennsylvania College Within the College: Population Health Track Doctorate of Medicine	2014 – 2018
<b>Harvard University Extension</b> , Cambridge, Massachusetts Non-degree post-baccalaureate coursework	2013 – 2014
<b>Haverford College</b> , Haverford, Pennsylvania Bachelor of Science in Biology, Minor in French ▪ Study abroad at <b>Université Paris Diderot (Paris VII)</b> , Paris, France	2008 – 2012 2010

## LICENSURE and CERTIFICATION

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<b>ABFM</b> (American Board of Family Medicine) Board Certified	2021 – present
<b>Illinois</b> State Medical License	3/2021 – 7/2023
<b>California</b> State Medical License ( <i>Renewing in 2022</i> )	8/2019 – 8/2021
Certified in <b>ALSO, NRP, BLS, ACLS, PALS</b> ( <i>Renewal needed in most; certification courses unavailable in pandemic.</i> )	

## HONORS and AWARDS

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<b>Chief Resident Recognition Award</b> , Natividad Family Medicine Residency	2021
<b>Community Medicine Award</b> , Natividad Family Medicine Residency	2021
<b>Abortion Training Project</b> , Clinical Abortion Training Centers / EMW Women's Surgical Center	2021
Dr. James D. and Jennie M. <b>Beach Memorial Scholarship</b> for community service, Thomas Jefferson University	2018
<b>Gold Humanism Honor Society Induction</b> , Sidney Kimmel Medical College	2017
<b>Abortion Training Institute</b> , Medical Students for Choice (MSFC), Philadelphia	2016
College Within the College: <b>Population Health Track</b> , Sidney Kimmel Medical College	2014 – present
<b>Center for Peace and Global Citizenship Senior Bridge Grant</b> , Haverford College	2012
<b>NIH Integrative Cancer Biology Program Fellowship</b> , Massachusetts Institute of Technology	2010

## LEADERSHIP, PROJECTS, VOLUNTEER EXPERIENCE

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<b>Perinatal Substance Use: High Quality Maternal &amp; Neonatal Care</b> – FMOB Fellowship	2021 – present
<b>Postpartum Prophylactic Anticoagulation: Best Practice Guideline</b> – FMOB Fellowship	2021 – present
<b>Chief Resident</b> – Natividad Family Medicine Residency Program (FMRP), Salinas, California	2020 – 2021
<b>Abortion Training Project</b> , EMW Women's Surgical Center, Louisville, Kentucky	2021
<b>TEACH (Training in Early Abortion for Comprehensive Healthcare)</b>	2019 – 2021
<i>CREATE Fellow (Continuing Reproductive Education for Advanced Training Efficacy)</i>	2020 – 2021

*Kelsey Lianna Capron, MD*

<b>Medication Assisted Treatment for Opiate Use Disorder: Consult Service</b>	– Natividad Medical Center	2019 – 2020
<b>Hepatitis C Treatment in Laurel Family Practice: QI Project Co-Lead</b>	– Natividad FMRP, Salinas, CA	2019 – 2020
<b>Wellness Resident</b>	– Natividad FMRP, Salinas, California	2018 – 2020
<b>Recruiting Chief</b>	– Natividad FMRP, Salinas, California	2018 – 2019
<b>CareLink Homeless Health Clinic: Project Co-Founder</b>	– Christiana Care Hospital, Newark, Delaware	2017
<b>Achieving Competency Today: Quality Improvement Course</b>	– Christiana Care Hospital, Newark, DE	2017
<b>Reflection Rounds Co-Organizer</b>	– Christiana Care Hospital, Newark, Delaware	2016 – 2018
<b>Community Building Team Co-Lead at Partners in Health Engage</b>	– Philadelphia, Pennsylvania	2015 – 2018
<b>JeffHOPE Student Clinics</b>	– Sidney Kimmel Medical College (SKMC), Philadelphia, Pennsylvania	2014 – 2018
<i>Board of Directors / Research Director</i>		2016 – 2017
<i>Procedures and Pharmacy Steering Committee Member at Prevention Point Philadelphia</i>		2015 – 2016
<i>HIV &amp; Hepatitis C Tester and Counselor</i>		2014 – 2016
<b>International Medicine Society Co-President</b>	– Thomas Jefferson University, Philadelphia, Pennsylvania	2015 – 2016
<b>Advocate and Family Partner, Refugee Health Partners</b>	– SKMC, Philadelphia, Pennsylvania	2014 – 2015
<b>Arrhythmias a cappella choir</b>	– Thomas Jefferson University, Philadelphia, Pennsylvania	2014 – 2018
<i>Vice President</i>		2015 – 2016
<b>Maternity Center Volunteer in Haiti</b>	– Olive Tree Projects, Jacmel, Haiti	2012
<b>Haverford College Customs Program, Upper Class Advisor</b>	– Haverford, Pennsylvania	2011 – 2012
<b>Oxford Blues a cappella choir</b>	– Haverford College, Haverford, Pennsylvania	2008 – 2012
<i>Co-President</i>		2011

**RESEARCH EXPERIENCE**

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<b>Natividad Family Medicine Residency Program</b>	– Salinas, California	2018 – 2021
<i>1. Drug abuse &amp; addiction during pregnancy, in Monterey County</i>		
<i>2. MAT: A life-saving bridge to a better curriculum</i>		
<i>3. Increasing access to medication assisted treatment for opioid use disorder at a community hospital through a family medicine-based consult service</i>		
<b>Pathways to Housing</b>	– Philadelphia, Pennsylvania	2015 – 2018
<i>Researcher</i>	<i>Advisor: Lara Weinstein, MD</i>	
<b>Beth Israel Deaconess Medical Center</b>	– Boston, Massachusetts	2013 – 2014
<i>Research Technician</i>	<i>Advisors: Praveen Akuthota, MD, and Peter Weller, MD</i>	
<b>Centre de Neurosciences, Université Paris-Sud</b>	– Bures-sur-Yvette, France	2012
<i>Research Assistant</i>	<i>Advisor: Leonard Rabinow, PhD</i>	
<b>Haverford College</b>	– Haverford, Pennsylvania	2011 – 2012
<i>Senior Research Thesis in Biology</i>	<i>Advisor: Jonathan Wilson, PhD</i>	
<b>Massachusetts Institute of Technology</b>	– Cambridge, Massachusetts	Summers 2010 & 2011
<i>Koch Institute for Integrative Cancer Research</i>		
<i>Research Fellow</i>	<i>Advisor: Michael Hemann, PhD, and Doug Lauffenburger, PhD</i>	
<b>Haverford College</b>	– Haverford, Pennsylvania	2009 – 2011
<i>Lab Assistant in the Department of Biology</i>	<i>Advisor: Robert Fairman, PhD</i>	

## RESEARCH PUBLICATIONS

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Akuthota, P., Carmo, L.A.S., Bonjour, K., Murphy, R.O., Silva, T.P., Gamalier, J.P., **Kelsey Capron**, Tigges, J., Toxavidis, V., Camacho, V., Ghiran, I., Ueki, S., Weller, P.F., Melo, R.C.N. Extracellular Microvesicle Production by Human Eosinophils Activated by “Inflammatory” Stimuli. *Frontiers in Cell and Developmental Biology*. 2016;4:117.

Akuthota, P., **Kelsey Capron**, Weller, P.F. Eosinophil purification from peripheral blood. *Methods in Molecular Biology*. 2014;1178:13-20.

Pritchard, J.R., Bruno, P., Gilbert, L.A., **Kelsey Capron**, Lauffenburger, D.A., and Hemann, M.T. Defining principles of combination drug mechanisms of action. *Proceedings of the National Academy of Sciences (PNAS)*. 2013;110(2):E170-179.

## RESEARCH POSTERS

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**Kelsey Capron, MD**, & David Goldstein, MD, FHM. An A-HA Moment: Pitfalls in Diagnosing a Case of Acquired Hemophilia A. Presented at the Society of Hospital Medicine Annual Conference, National Harbor, MD. 2019.

**Kelsey Capron**, Weinstein, L.C. Housing First: A Solution to Urban Homelessness. Presented at College Within the College – Population Health Poster Session, Philadelphia, PA. 2015.

Pritchard, J.R., **Kelsey Capron**, Lauffenburger, D.A., and Hemann, M.R. A functional genetic analysis of drug mechanisms of action. Presented at the American Association for Cancer Research / National Cancer Institute Conference on Systems Biology, San Diego, CA. 2011.

## INTERESTS

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NON-MEDICAL: Singing, learning ukulele & piano, baking, board games, hiking, cross-country skiing, travel, learning languages (French, Spanish, very limited Haitian Creole)

MEDICAL: Full spectrum family and community medicine, longitudinal care / accompaniment, population health, high risk and surgical obstetrics, contraceptives counseling, family planning, abortion care, addiction medicine, harm reduction, street medicine, underserved populations, global health, point of care ultrasound

## Board Paper: Personnel, Pension and Investment Committee

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Agenda Item: **Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of Guadalupe Arreola, MD (ii) the Contract Terms for Dr. Arreola's Recruitment Agreement, and (iii) the Contract Terms for Dr. Arreola's Family Medicine Professional Services Agreement**

Executive Sponsor: Allen Radner, MD, Chief Medical Officer  
Stacey Callahan, Physician Services Coordinator

Date: February 9, 2022

### Executive Summary

In consultation with members of the medical staff, hospital executive management has identified the recruitment of a physician specializing in family practice as a recruiting priority for the hospital's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group in October 2019, the specialty of Family Medicine is recommended as a top priority for recruitment. Furthermore, two of the physicians providing coverage at the SVMHS Rural Health Clinic in Gonzales, Taylor Farms Family Health & Wellness Center (TFFH&WC), have reduced to part-time clinic schedules, emphasizing the need for additional coverage in the clinic.

The recommended physician, Guadalupe Arreola, MD, received both her Doctor of Medicine degree from the University of California, Davis School of Medicine. While working toward her Doctorate at UC Davis, Dr. Arreola also completed a one year fellowship in Child and Adolescent Psychiatry. Dr. Arreola will be completing her Family Medicine Residency in June 2022 with the University of San Francisco at Natividad Medical Center. She is fluent in Spanish and is interested in providing comprehensive care to the community of Gonzales; including prenatal care and adolescent mental health services. Dr. Arreola plans to join TFFH&WC in September.

### Terms and Conditions of Agreements

The proposed physician recruitment requires the execution of two types of agreements:

1. **Professional Services Agreement** Essential Terms and Conditions:
  - Professional Services Agreement that provides W-2 relationship for IRS reporting
  - Two (2) year term for the PSA
  - 1.0 Full-Time Equivalent (FTE)
  - Base guarantee salary of two hundred seventy-five thousand dollars (\$275,000) per year, and to the extent it exceeds the base salary, productivity compensation of fifty seven dollars and sixty five cents (\$57.65) work Relative Value Unit (wRVU).
  - Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
  - Access to SVMHS 403(b) and 457 retirement plans. 5% base contribution to 403b plan that vests after three years. Based on federal contribution limits this contribution is capped at fifteen thousand two hundred fifty dollars (\$15,250) annually
  - Three (3) weeks off for vacation
  - Two thousand dollar (\$2,000) annual stipend for Continuing Medical Education (CME)
  - The physician will receive an occurrence based professional liability policy through BETA Healthcare Group



2. **Recruitment Agreement** that provides a sign-on bonus of forty thousand dollars (\$40,000) and is structured as forgivable loan over 2 years of service to SVMHS.

## Meeting our Mission, Vision, Goals

### Strategic Plan Alignment:

The recruitment of Dr. Arreola is aligned with our strategic priorities for the growth and finance pillars. We continue to develop a clinic infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

### Pillar/Goal Alignment:

Service    People    Quality    Finance    Growth    Community

### Financial/Quality/Safety/Regulatory Implications

The addition of Dr. Arreola to TFFH&WC has been identified as a need for recruitment while also providing additional resources and coverage for the practice.

The compensation proposed in these agreements have been reviewed by independent valuation and compensation consulting firms to confirm that the terms contemplated are fair market value and commercially reasonable.

### Recommendation

**SVMHS Administration requests that the Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following:**

1. **The Findings Supporting Recruitment of Guadalupe Arreola, MD,**
  - **That the recruitment of a family medicine physician to Taylor Farms Family Health & Wellness Center is in the best interest of the public health of the communities served by the District; and**
  - **That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;**
2. **The Contract Terms of the Recruitment Agreement for Dr. Arreola; and**
3. **The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Arreola.**

### Attachments

- (1) Curriculum Vitae – Guadalupe Arreola, MD

## Guadalupe Arreola, MD

### Professional Summary

I am a Family Medicine Physician with ongoing commitment to addressing health disparities by improving access to quality healthcare in medically underserved communities. In addition to providing comprehensive primary care, I have a special interest in providing gender affirming care, increasing access to integrated primary care mental health services and expanding access to reproductive services.

### Education

University of California, Davis School of Medicine Doctor of Medicine	2012-2018
<ul style="list-style-type: none"><li>- Completed the one-year Klingenstein Third Generation Foundation Fellowship in Child and Adolescent Psychiatry at UCD SoM</li><li>- United Health Foundation/National Medical Fellowship Diverse Scholars Program recipient for community project raising awareness of the role in early language exposure as a social determinant of health.</li><li>- Academic Letter of Distinction and Commendation of Professionalism in Clinical Psychiatry</li><li>- HRSA Scholarship for Disadvantaged Students (2012, 2015)</li><li>- Latino Medical Student Association Service Award for Co-Mentoring Chair role</li></ul>	
University of California, Davis School of Medicine Post baccalaureate	2010-2011
University of California, Davis Bachelor of Science	2003-2007
<ul style="list-style-type: none"><li>- Major in Viticulture and Enology with emphasis in Microbiology</li><li>- Minor in Chicano Studies</li></ul>	
Glendale Community College, Glendale, CA. Associate in Science, Biology and Physical Sciences	2002-2003
Los Angeles Mission College, Sylmar, CA. Biology and Physical Sciences	2001-2002

### Work Experience

Neurological Research Institute of Southern California. Santa Monica, CA. 2007-2010 Clinical Trial Study Coordinator	
<ul style="list-style-type: none"><li>- Communicated with IRB, processed regulatory documents and attended Investigator meetings throughout US, upon my return trained clinical research assistants in the proper implementation of the study protocol</li><li>- Performed initial intakes, obtained medical Hx, documented and reported adverse events.</li><li>- Monitored that all work was performed in accordance with the principles and guidelines established by Good Clinical Practices, the Declaration of Helsinki and the Code of Federal Regulations to ensure the overall safety and ethical consideration of our research participants.</li></ul>	
Facey Medical Group. Facey Clinical Research Center. Mission Hills, CA Clinical Study Assistant	2011-2012
<ul style="list-style-type: none"><li>- Performed patient visits: recorded medical history, adverse events and changes in medications.</li><li>- Screened potential research participants based on inclusion &amp; exclusion criteria.</li><li>- Collected and processed laboratory specimens based on study protocol.</li></ul>	

## Internship and Residency

### Natividad Family Medicine Residency

- Over 1000 patient encounters in my continuity clinic as of December 3<sup>rd</sup> year, completed over 70 vaginal deliveries, received robust training in inpatient adult medicine, provided COVID Surge inpatient coverage during the peak of the Pandemic.
- I pursued additional 1<sup>st</sup> trimester abortion training, completed over 25 mechanical vacuum aspirations. I am trained in Opiate use and Alcohol use d/o and provided ongoing treatment management for patients on Suboxone and Vivitrol.
- I am trained in many women's health procedures including LARC placement and some experience with pessary fitting, placement and surveillance.
- I received additional training in Trans and Nonbinary Care with the support of Santa Cruz area providers with expertise in HRT. Provided surveillance for PreP use.
- Monterey County Medical Society Board Member, resident representative

### Scholarly Projects

QI Project: *Improving Clinic Processing of EDD Forms*. Vivian Garcia, MD. **Guadalupe Arreola, MD**. Alex Logono, MD. 2020

QI Project: *Improving glycemic control in patients with Type II DM by minimizing Rx refill delays among patients with county sponsored insurance*. Created an Epic Order Set with updated formulary. **Guadalupe Arreola, MD**. Ericka Jaramillo, MD. Elaine Lee, DO. 2021

Community Medicine Project: *Increasing Access to Health Education and Services at Mount Toro High School via Mobile Clinic in Salinas, CA*. Objective: Provide sustainable and equitable health curriculum and increase access to reproductive health services to local continuation high school students by creating partnerships with a local FQHC, Family Medicine residency program, local county health department and the school district. 2022

### Community and Advocacy Presentations

Presented a resolution at the CAFP All Member Advocacy Meeting. 5/2021. Resolution: **A-16-21 – Extend disability benefits to breastfeeding mothers exposed to pesticides in the workplace**. Resolution was referred to the Committee on Public Health and Equity (CPHE). CAFP Action resolution was adopted 12/2021. CAFP will now be the first medical professional organization advocating for this application of benefits to women exposed to pesticides in the workplace.

*Increasing Suicide Rates among Caregivers during COVID* [Spanish presentation to Caregiver Support group]. 2021

*Anxiety and Depression among teens* [Health Talk presentation for local Health Academy HS students]. 2021

*Healthy vs unhealthy relationships* [Health Talk at Sun Street Center – Road to Recovery in Salinas]. 2021

### Residency Morning Report Presentation:

*A Systematic Approach to Shoulder Pain and The Shoulder Exam*. 2019

*Diagnostic Approach to Anemia*. 2019

*Abnormal Uterine Bleeding in Premenopausal Women*. 2020

*Diuretic Therapy for patients with Heart Failure*.

*Review of the HTN Guidelines ACC/AHA vs USPSTF*. 2021

*Managing Depression in the Primary Care Setting*. 2021

*Joint Injection in Primary Care*. 2021

### Certifications

- ACLS, PALS, BLS, ALSO

### Licenses

- Current Post Graduate Training License California
- Pending CA State Medical License
- Pending CA State DEA License with Suboxone waiver

**RESOLUTION NO. 2022-02  
OF THE BOARD OF DIRECTORS OF  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A  
STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION  
ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS  
FOR THE PERIOD FEBRUARY 24, 2022 THROUGH MARCH 25, 2022**

WHEREAS, Salinas Valley Memorial Healthcare System ("District") is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the District Board of Directors is committed to preserving and nurturing public access and participation in its meetings;

WHEREAS, all meetings of the District's governing body are open and public, as required by The Ralph M. Brown Act, so that members of the public may attend, participate, and observe the District's public meetings;

WHEREAS, The Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions;

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558;

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the boundaries of the District, caused by natural, technological, or human-caused disasters;

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees;

WHEREAS, such conditions now exist within the District Boundaries of Salinas Valley Memorial Healthcare System;

WHEREAS, the District Board of Directors does hereby acknowledge the current state of emergency and is following the September 22, 2021 recommendation by the Monterey County Health Department that public agencies continue to utilize remote meetings for the purpose of preventing the transmission of COVID-19;

WHEREAS, as a consequence of the local emergency, the District Board of Directors may conduct meetings without compliance with Government Code Section 54953(b)(3), as authorized by Section 54953(e), and that the District shall comply with the requirements to provide the public with access to the meetings pursuant to Section 54953(e) (2);

WHEREAS, meetings of the District Board of Directors will be available to the public via zoom link listed on the agenda;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Proclamation of Local Emergency. The District hereby proclaims that a local emergency continues to exist throughout Monterey County, and as of September 22, 2021, the Monterey County Health Department continues to recommend that physical and social distancing strategies be practiced in Monterey County, which includes remote meetings of legislative bodies, to the extent possible.
3. Ratification of Governor's Proclamation of a State of Emergency. The District hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.
4. Remote Teleconference Meetings. The District Board of Directors is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of The Brown Act.
5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) March 25, 2022, or (ii) such time the District adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to meet via teleconference meeting all the requirements of Section (3)(b).

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on February 24, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

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Board Member

Salinas Valley Memorial Healthcare System

Medical Executive Committee Summary – February 10 2022

**Items for Board Approval:**

**Credentials Committee**

**Initial Appointments:**

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Fisher, Jason, MD	Diagnostic Radiology	Surgery	Remote Radiology
Heller, Howard, MD	Diagnostic Radiology	Surgery	Remote Radiology
Hermann, Matthew, MD	Diagnostic Radiology	Surgery	Remote Radiology
Jansen, Jeremiah, MD	Diagnostic Radiology	Surgery	Remote Radiology
Numair, Osman, MD	Allergy/Immunology	Pediatrics	Allergy & Immunology

**Reappointments:**

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Carlson, John, MD	Gastroenterology	Medicine	Gastroenterology General Internal Medicine
Fiorenza, Jeffrey, MD	Gastroenterology	Medicine	Gastroenterology General Internal Medicine Taylor Farms Family Health & Wellness Center
Gopal, Arun, MD	Psychiatry	Medicine	Tele-Psychiatry
Hershey, Allen, MD	Orthopedic Surgery	Surgery	Orthopedic Surgery
Keller, David, MD	Infectious Disease	Medicine	Infectious Disease
Klein, Mark, MD	Pulmonology	Medicine	Medicine Active Community
Li, Victor, MD	Pain Medicine	Medicine	Medicine Active Community
McCustion, Christine, MD	Pediatrics	Pediatrics	Pediatrics
Noel, Katherine, MD	Ob/Gyn	Ob/Gyn	Obstetrics and Gynecology
Tull, Blair, MD	Ob/Gyn	Ob/Gyn	Obstetrics and Gynecology

**Staff Status Modifications:**

NAME	SPECIALTY	RECOMMENDATION
Apaydin, Aytac, MD	Urology	Leave of Absence effective 1/28/2022
Asuquo, Stella, MD	Vascular Surgery	from Leave of Absence effective 2/1/2022
Bennett, Dwayne, MD	Tele-Psychiatry	Resignation effective 12/17/2021
Carlson, John, MD	Gastroenterology	Requesting a Leave of Absence effective 3/1/2022
Durrani, Nantara, MD	Internal Medicine	Resignation effective 02/28/2022
Khieu, William, MD	Ob/Gyn	Leave of Absence effective 02/20/2022
Resendez, Elpidio, MD	Emergency Medicine	Emeritus status effective 2/28/2022
Snyder, Bradley, MD	Tele-Radiology	Resignation effective 12/14/2021
Sulak, Camilla, MD	Emergency Medicine	Resignation effective 3/01/2022
Ueda, Robert, MD	Interventional Radiology	Resignation effective 3/01/2022

**Temporary Privileges:**

NAME	SPECIALTY	RECOMMENDATION
Hashisho, Mazen, MD	Vascular & Thoracic Surgery	01/07/2022 – 03/07/2022

**Other Items: (Attached)**

Gastroenterology Clinical Privileges Delineation	The Committee recommended approval of the revisions to the privilege form as presented.
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**Interdisciplinary Practice Committee**

**Reappointments:**

<b>APPLICANT</b>	<b>SPECIALTY/SUPERVISOR</b>	<b>DEPARTMENT</b>	<b>PRIVILEGES</b>
Berenji, Tyler, PA-C	Physician Assistant/ Richard Gerber, MD	Medicine	Physician Assistant Cardiology Ambulatory Care: CDOC & CADI
Carlquist, Jennifer, PA-C	Physician Assistant/ Richard Gerber, MD	Medicine	Physician Assistant Cardiology Ambulatory Care: CDOC & CADI
Ecoro Nzang, Sara, NP	Nurse Practitioner/ Shehzad Aziz, MD	Medicine	Nurse Practitioner: Core Nurse Practitioner: SVMH Outpatient Infusion Center
Strobridge, Michael K., PA-C	Physician Assistant/ Rakesh Singh, MD	Emergency Medicine	Physician Assistant: Core in Emergency Medicine

**Other Items: (Attached)**

Department of Surgery: New Clinical Privilege Delineation	Certified Registered Nurse Anesthetist (CRNA) approval recommended.
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**Policies: (Attached)**

- A. Aerosol Transmitted Diseases Exposure Control Plan
- B. Amniotomy Nursing Standardized Procedure

**Informational Items:**

**I. Committee Reports:**

- a. Quality and Safety Committee Reports:
  - i. 2021 Organ Donation Report
  - ii. 2022 Leapfrog Survey Update
  - iii. Perinatal Services Quality Update
  - iv. NICU Quality Update
  - v. Perioperative Services Quality Update
  - vi. Nursing Practice Council Update
  - vii. Emergency Department Quality Update
  - viii. Laboratory Quality Update
  - ix. Heat Failure Program Report
  - x. Medical-Surgical Cluster Report
  - xi. Pediatrics Report
  - xii. Wound Care Clinic Report
  - xiii. Outpatient Infusion Clinic Report
- b. Medical Staff Excellence Committee:
  - i. 18 Total cases reviewed
  - ii. 2 Systems/Process issues identified
  - iii. 1 Case referred to an external facility
  - iv. Approval of Ongoing Professional Practice Evaluation and Peer Review Indicators for credentialed providers at Taylor Farms Family Health & Wellness Center

**II. Other Reports:**

- a. Financial Update/Daily Dashboard Review – December 2021
- b. Executive Update
- c. Summary of Executive Operations Committee Meetings
- d. Summary of Medical Staff Department/Committee Meetings
- e. Medical Staff Treasury 02/02/2022
- f. Medical Staff Statistics
- g. HCAHPS Update 02/03/2022

**III. Order Sets/Treatment Plans Approved:**

ORDER SETS - NEW			
Ketamine Low Dose Infusion - Inpatient			
Vascular PreOp AM-IP			
Vascular PreOp SDC-OP			
Evusheld Monoclonal Antibody Orders			
Evusheld Orders – Infusion - Outpatient			
ONCOLOGY TREATMENT PLANS - RENEWALS			
Octreotide 20-30 mg IM, Q28D (CARC3) Renewal			
mFOLFOX6 (5FU/Leucovorin/OXALiplatin)+Cetuximab, Q14D (COL44,REC54) Renewal			
GROWTH FACTORS Renewal			
Ferrlecit (Ferric Sod Gluc Cmplx) 125 mg Weekly Renewal			
Nivolumab+Ipilimumab, Q21D; THEN Nivolumab 480mg,Q28D (KDN29) Renewal			
Nplate (romiPLOstim) Renewal			
Gemcitabine 1000 mg/m2, Q21D (GTN12, OVA12, THYM10) Renewal			
AzaCITIDine 75 mg/m2 SQ or IV Days 1-5 Q28D (AML16) Renewal			
VinORELBine 25mg/m2, Q7D (BRS34, MPM5) Renewal			
Cetuximab + FOLFIRI (5FU/Leucovorin/Irinotecan), Q14D (COL22,REC41) Renewal			
NEW TREATMENT PLANS			
	Name	Medications:	Diagnosis
Clinical Trial EA1181 (CompassHER2 pCR): Preoperative THP and Postoperative HP in patient who achieve a pathologic complete response	STUDY-EA1181 Option 1: Pre-Op THP with PACLIxel (Compass HER2 pCR)	Trastuzumab + Pertuzumab + Paclitaxel	HER2-positive breast cancer





## Clinical Privileges Delineation Gastroenterology

**Applicant Name:** \_\_\_\_\_

### Qualifications:

To be eligible to apply for core privileges in gastroenterology, the applicant must meet the following qualifications:

- Current certification or active participation in the examination process leading to certification in gastroenterology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Gastroenterology.

### Or

- Successful completion of an ACGME- or AOA-accredited post-graduate training program in gastroenterology.

### And

- Documentation of inpatient or consultative services for at least 24 patients during the past 12 months or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship and the following minimal endoscopic experience:

1. Diagnostic EGD	100 procedures
2. Total colonoscopy	100 procedures
3. Snare polypectomy	20 procedures
4. Nonvariceal hemostasis (upper and lower); includes 10 active bleeders	20 procedures
5. Flexible sigmoidoscopy	25 procedures
6. PEG	10 procedures
7. Tumor ablation	20 procedures
8. Pneumatic dilation for achalasia	5 procedures
9. Esophageal stent placement	5 procedures

Physicians involved in the evaluation and management of cancer patients must be either Board Certified, in the process of becoming board certified; or demonstrate ongoing cancer-related education by documenting 12 CME hours annually.

New applicants will be required to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

## Gastroenterology Core Privileges:

Admit, evaluate, diagnose, treat and provide consultation to patients 16 years of age and older, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

Gastroenterology Core Privileges require privileges for moderate sedation (see Special Privileges Procedures)

**AND**

~~Current State fluoroscopy certification~~

## General Internal Medicine Core Privileges

### • Requested

Admit, evaluate, diagnose, treat and provide consultation to patients 16 years of age and older with common and complex illnesses, afflictions, diseases, and functional disorders of the circulatory, respiratory, digestive, endocrine, metabolic, musculoskeletal, hematopoietic, and eliminative systems of the human body. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent and/or retrospective review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

## Reappointment Criteria for Core Privileges:

Applicant must provide reasonable evidence of current ability to perform requested privileges; those physicians who have fewer than 5 patient contacts per year in the hospital, and cannot provide documentation of current competence from another facility, will not qualify for reappointment.

~~The following procedures require minimum volume of activity in the previous two years in order to qualify for reappointment:~~

1. Diagnostic EGD	10
2. PEG Placement	10
3. Diagnostic Colonoscopy	5
4. Nonvariceal hemostasis	10
5. Therapeutic EGD	5
6. Colonoscopy with polypectomy	5
7. Biopsy of the mucosa of esophagus, stomach, small bowel and colon	5
8. Paracentesis	5
9. Capsule Endoscopy	5

## Special Procedures/Privileges

**Qualifications:** To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth below.

**Proctoring of Special Procedure Privileges:** These special procedure-proctoring requirements must be met in addition to the core proctoring requirements described on page one of this privilege form.

**Applicant:** Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

**(R)**=Requested **(A)**=Recommended as Requested **(C)**=Recommended w/Conditions **(N)**=Not Recommended

*Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.*

**Applicant: Check box marked "R" to request privileges**

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Moderate Sedation	<b>Current ACLS Certification</b> <b>AND</b> Signed attestation of reading SVMH Sedation Protocol and learning module, <b>AND</b> Completion of written moderate sedation exam with minimum of 75% correct.	1	<b>Current ACLS Certification</b> <b>AND</b> Completion of written moderate sedation exam with minimum 75% correct <b>AND</b> Performance of at least two (2) Cases within the past 24 months
				ERCP Therapeutic and Diagnostic	<u>Current California State X-Ray S&amp;O Fluoroscopy Certification</u> <b>AND</b> Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in ERCP of a minimum of 200 procedures (including 40 sphincterotomies and 10 stent placements) <b>OR</b> <b>Required current experience:</b> Demonstrated current competence and evidence of the performance of at least <del>50</del> <u>25</u> therapeutic ERCP procedures (20 sphincterotomies and five (5) stent placements) within the past 12 months, or completion of training within the past 12 months	1	Ten (10) of each therapeutic and diagnostic procedures during within the past 24 months

<b>R</b>	<b>A</b>	<b>C</b>	<b>N</b>	<b>Procedure</b>	<b>Initial Appointment</b>	<b>Proctoring</b>	<b>Reappointment</b>
				Assist at Surgery	Documentation of three (3) successful cases	<b>1-by operating surgeon</b>	Performance of three (3) cases within the past 24 months
				Use of Fluoroscopy	Current California State X-Ray S&O Fluoroscopy Certification	<b>None</b>	Current California State X-Ray S&O Fluoroscopy Certification
				Endoscopic Ultrasound (EUS) (includes esophagus, stomach, rectum, pancreaticobiliary and nonpancreatic)	Documentation of advanced endoscopy fellowship training with a minimum of 350 EUS during fellowship <b>AND</b> Documentation of 150 EU cases performed within the past 24 months.	<b>1</b>	Performance of 150 cases within the past 24-months
				Consultation at the Regional Wound Care Center	Current Gastroenterology privileges at SVMH	<b>None</b>	Maintenance of current Gastroenterology privileges at SVMH

## Salinas Valley Memorial Healthcare System

**Core Procedure List:** The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff.

### Gastroenterology

- Biliary tube/stent placement
- Biopsy of the mucosa of esophagus, stomach, small bowel and colon
- Capsule endoscopy
- Colonoscopy with polypectomy
- Diagnostic EGD
- Esophageal dilation
- Esophageal stent placement
- Esophagogastroduodenoscopy
- Flexible sigmoidoscopy
- Flexible sigmoidoscopy
- Interpretation of gastric, pancreatic, and biliary secretory tests
- Interpretation of percutaneous cholangiography
- Interpretation of percutaneous endoscopic gastrostomy
- Liver biopsy
- Nonvariceal hemostasis
- Nonvariceal hemostasis (upper and lower)
- Pancreatic tube stent placement
- Paracentesis
- Percutaneous endoscopic gastrostomy
- Proctoscopy
- Sengstaken/Minnesota tube intubation
- Snare polypectomy
- Therapeutic EGD
- Thoracentesis
- Total colonoscopy

**Internal Medicine:** core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff

- Arthrocentesis
- Arterial Line Placement - Percutaneous
- Biopsy of superficial lymph nodes
- Breast cyst aspiration
- Burns, superficial and partial thickness
- Central Venous Line Placement
- Excision of skin and subcutaneous lesions
- Excision of cutaneous and subcutaneous tumors and nodules
- I & D abscess
- Local anesthetic techniques
- Nasogastric tube placement
- Perform simple skin biopsy or excision
- Placement of anterior and posterior nasal hemostatic packing
- Preliminary interpretation of electrocardiograms, own patient
- Remove non-penetrating corneal foreign body, nasal foreign body
- Thoracentesis

**Applicant:** Please indicate any privilege on this list you would like to *delete or change* by writing them in the space provided below. Requests for deletions or changes will be reviewed and considered by the Department Chair, Credentials Committee and Medical Executive Committee. Deletion of any specific core procedure does not preclude mandatory requirement for Emergency Room call.

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Memorial Healthcare System, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation,
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\*\*Department Chair’s Recommendation\*\*\***

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:  
<input type="checkbox"/> Do not recommend the following requested privileges:  

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

\_\_\_\_\_  
Department Chair Signature:

\_\_\_\_\_  
Date:



**Clinical Privilege Delineation Form  
Certified Registered Nurse Anesthetist (CRNA)**

**Applicant Name:** \_\_\_\_\_

**To be eligible to apply for core privileges as a CRNA, the applicant must meet the following qualifications:**

New applicants will be required to provide documentation of the number and types of cases they were involved with during the past 24 months. Applicants have the burden of producing information deemed adequate by the medical staff and hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**Basic education and minimum formal training:**

Successful completion of a nationally accredited CRNA training program

**Certifications and Licensure:**

In addition, applicants must provide documentation of the following:

- Current California CRNA licensure required
- Current DEA Certificate with all schedules
- Current CRNA Certification as a Nurse Anesthetist by the National Board of Certification & Recertification of Nurse Anesthetists (NBCRNA)
- Current ACLS and PALS certification from the American Heart Association

**Required Previous Experience:**

- Provide documentation of 100 patient care activities, reflective of the scope of practice requested, performed within the past twenty-four (24) months at a Joint Commission, DNV Healthcare, or CMS accredited hospital or equivalent ambulatory/urgent care setting  
**OR** demonstrate successful completion of an accredited Nurse Anesthesia program within the past twenty-four (24) months  
**AND**
- Provide evidence of 40 hours of CE credits completed within the past twenty-four (24) months related to the practice prerogatives requested

**Core Proctoring Requirements:**

Proctoring required for first five patient care activities. Core proctoring requirements include direct observation or concurrent review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

**Reappointment Criteria for Core Privileges:**

Maintenance of all initial appointment criteria and documentation of successful completion of a minimum one hundred (100) core cases in the previous twenty-four (24) months.

## **Core Privileges**

Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures. This would include preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, and supervision of patients in post-anesthesia care units.

## **Core Procedures:**

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff.

1. Airway management
2. Arterial and central venous cannulation
3. Diagnostic and therapeutic management of acute and chronic pain
4. General anesthesia including invasive monitoring; respiratory therapy, including long-term ventilatory support; and airway management, including cricothyroidotomy
5. Initiation of Q Pump Relief System
6. Local and regional anesthesia with and without sedation, including topical, and infiltration, minor and major nerve blocks. intravenous blocks, spinal, epidural, and major plexus blocks
7. Management of common intraoperative problems and common PACU problems
8. Management of fluid, electrolyte. and metabolic parameters as well as hypovolemia from any cause
9. Management of malignant hyperthermia and manipulation of body temperature
10. Manipulation of cardiovascular parameters
11. Obstetric anesthesia
12. Preoperative evaluation/anesthetic
13. Sedation/monitored anesthetic care



**Acknowledgment of Practitioner:**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Memorial Healthcare System, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation
2. Any restriction on the clinical privileges granted to me is waived in an emergency and in such a situation; my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\*\*Department Chair’s Recommendation\*\*\***

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:
Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date



**AEROSOL TRANSMITTED DISEASES EXPOSURE CONTROL PLAN**

review

# TABLE OF CONTENTS

I.	<u>SCOPE</u> .....	3
II.	<u>LIST OF ALL HIGH HAZARD PROCEDURES AND JOB CLASSIFICATIONS</u> .....	5
III.	<u>LIST OF ALL ASSIGNMENTS OR TASKS REQUIRING PERSONAL OR RESPIRATORY PROTECTION</u> .....	7
IV.	<u>METHODS OF IMPLEMENTATION</u> .....	7
V.	<u>EXPOSURE INCIDENTS</u> .....	22
VI.	<u>EVALUATION OF EXPOSURE INCIDENTS</u> .....	26
VII.	<u>PROCEDURES TO COMMUNICATE WITH OUR EMPLOYEES AND OTHER EMPLOYERS REGARDING INFECTIOUS DISEASE STATUS OF PATIENTS</u> .....	27
VIII.	<u>ENSURING ADEQUATE SUPPLY OF PPE AND OTHER EQUIPMENT</u> .....	28
IX.	<u>TRAINING</u> .....	29
X.	<u>RECORDKEEPING</u> .....	31
XI.	<u>OBTAINING ACTIVE INVOLVEMENT OF EMPLOYEES TO UPDATE THE PLAN</u> .....	35
XII.	<u>SURGE PROCEDURES</u> .....	36
XIII.	<u>ABBREVIATIONS/DEFINITIONS</u> .....	37
XIV.	<u>REFERENCES</u> .....	42

**I. SCOPE**

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

For purposes of this plan, the term “employee” represents all persons who engage in or affect patient care.

**A. Designation of Responsibility**

The administrator of the ATD Exposure Control Plan is the Infection Prevention Manager in collaboration with Clinical Leaders, Environmental Health and Safety Officer and Employee Health Manager.

<b>POSITION/COMMITTEE RESPONSIBLE</b>	<b>RESPONSIBILITY</b>
SVMH Executive Leadership	Responsible to assure adequate resources have been designated to implement the ATD Program in accordance with the Plan.
Infection Prevention (IP) Manager	The facility’s IP manager is responsible for the establishment, implementation, and maintenance of the ATD plan and infection control and prevention procedures. The administrator has the authority to perform in this role and is knowledgeable in infection control principles and practices. Assist the Education Department with the development of the employee training program In collaboration with the Employee Health and Safety managers, review and revise as necessary Exposure Control Plan (ECP) at least annually.
IP Specialist, Safety Specialist and Employee Health Services (EHS) Staff	Perform risk assessment(s) annually Support Leaders in implementing the plan.
Pharmacy and Therapeutics / IC (IP) Committee	Review and approve ATD Exposure Control Plan

EHS Manager	<p>The EHS Manager has the authority to act on behalf of the IP Manager to administer the plan if the IP Manager is not available</p> <p>Develop and administer the TB screening program for employees and volunteers</p> <p>Support the EHS team on performing respirator fit testing upon hire and thereafter in accordance with OSHA regulations</p> <p>Develop and administer the Vaccination/Immunization Program for employees and volunteers</p> <p>Maintain employee vaccination, fit testing, medical evaluation and exposure records for the designated period as required.</p>
Environmental Health and Safety Manager	<p>Assures appropriate patient care policies and procedures are developed and implemented.</p> <p><a href="#">HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM</a></p>
Emergency Management Committee	<p>Under the Environmental Health and Safety Manager, administers the Surge Plan, Disaster Plan and disaster training</p> <p><a href="#">LABORATORY DISRUPTION OF SERVICES/DISASTER PLAN</a></p> <p><a href="#">NUTRITION SERVICES DISASTER PLAN</a></p> <p><a href="#">INFORMATION MANAGEMENT DISASTER RECOVERY</a></p>
Director of Clinical Laboratory	<p>Assures Laboratory Safety Policies &amp; Procedures specific to Aerosolizing Transmitting Procedures are in place and staff have been trained.</p> <p><a href="#">LABORATORY AEROSOL TRANSMISSIBLE PATHOGENS POLICY - OSHA</a></p>
Director of Materials Management	<p>Ensure an adequate supply of Personal Protective Equipment) PPE and other equipment necessary to minimize employee exposures in normal operations and in foreseeable emergencies</p>
Human Resources/ Education Department(s)	<p>Provide and document initial ATD education and annual training thereafter.</p> <p>Collaborates with the IP Manager / designee and department leaders for additional education as deemed necessary.</p>
Department Directors /Managers	<p>Monitor compliance with Exposure Control Plan and report compliance issues for resolution.</p>
Respiratory Therapy and Pulmonary Department	<p>Maintains adequate supply of oxygen needed equipment such as, oxygen tubing, face masks, ventilators, etc.</p>
Biomedical Engineering	<p>Maintain PAPRs including checking filters and replacing filters according to manufacturer's specifications,</p>
Engineering / Facilities Department	<p>Ensures facility-engineering controls are in place.</p> <p>Monitor and maintain engineering controls (e.g. negative pressure room alarms and required testing).</p>

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

**II. LIST OF ALL HIGH HAZARD PROCEDURES AND JOB CLASSIFICATIONS**

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

- A Powered Air Purifying Respirator (PAPR) is required upon entering an airborne isolation room (AIIR) for high hazard procedures with patients with suspected or confirmed diseases transmitted via the airborne route
- PAPR, eye protection (per employee preference), gloves, fluid resistant gown hand hygiene and an AIIR room\* are required during a high hazard procedure on a patient with a suspected or confirmed aerosol transmissible infectious disease (AirID). Where no AIIR room or area is available and the treating physician determines that it would be detrimental to the patient’s condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employees working in the room or area where the procedure is performed shall use all necessary personal respiratory protection and personal protective equipment. The physicians determination shall be documented and reviewed annually.

**Reference/link:** Attachment B, Diseases/Pathogens list

**Reference/ link:** [ISOLATION - STANDARD AND TRANSMISSION BASED PRECAUTIONS](#)

B. SVMH has compiled a list of all high hazard procedures performed at this facility, conducted a risk assessment for these high hazard procedures, analyzed job classification and job tasks that employees perform and operations with potential exposure, including required PPE for each task, see table below:

High Hazard Procedure	Job Classifications & Operations With Potential Exposure	Required PPE
Endotracheal Intubation/	Physicians, Nursing, Respiratory	N95 or higher (AirID)

Extubation	Therapy,	
Airway Surgeries (e.g., ENT, thoracic, transsphenoidal surgeries)	Physicians, Nursing, Respiratory Therapy, Cardiac Perfusionist	N95 or higher (AirID)
Chest Compressions	Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Nebulization	Respiratory Therapy, Nursing	N95 or higher (AirID)
High Flow oxygen, including nasal cannula at >6L or 15L	Respiratory Therapy, Nursing	N95 or higher (AirID)
Non-invasive positive pressure ventilation (e.g. CPAP, BiPAP)	Respiratory Therapy, Nursing	N95 or higher (AirID)
Oscillatory ventilation	Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Bronchoscopy	Endoscopy/ OR Clinical Staff, Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Sputum Induction	Respiratory Therapy, Nursing	N95 or higher (AirID)
Open suctioning of tracheostomy or Endotracheal tube	Respiratory Therapy, Nursing	N95 or higher (AirID)
Manual ventilation (e.g. bag-mask ventilation before intubation) and Ventilator circuit manipulation	Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Disconnecting patient from ventilator	Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Upper endoscopy (including transesophageal echocardiogram)	Endoscopy/ OR Clinical Staff, Diagnostic Imaging Clinical Staff, Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Endoscopy	Endoscopy/ OR Clinical Staff, Diagnostic Imaging Clinical Staff, Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)
Venturi mask with cool aerosol humidification	Physicians, Nursing, Respiratory Therapy	N95 or higher (AirID)

***All other surgical, lab or clinical procedure that aerosolizes pathogens***

**The following are not considered aerosol-generating:**

Nonrebreather, face mask, or face tent up to 15L  
Humidified trach mask up to 20L with in-line suction  
Routine trach care (e.g., replacing trach mask, changing trach dressing)  
In-line suctioning of endotracheal tube  
Routine Venturi mask without humidification  
Coughing  
Suctioning of oropharynx  
Tracheostomy change  
Cesarean delivery, post-partum hemorrhage, second stage of labor  
Nasopharyngeal swab  
Prone is not inherently aerosol-generating but aerosols are possible if the endotracheal tube becomes disconnected during the prone process

### III. LIST OF ALL ASSIGNMENTS OR TASKS REQUIRING PERSONAL OR RESPIRATORY PROTECTION

- A. SVMH utilizes feasible engineering controls and work practice controls to reduce employee exposure to aerosol transmissible pathogens. However, when those controls are not sufficient, SVMH provides personal protection or respiratory protection to the employees performing those tasks. In some cases, the minimum requirement of an N95 respirator is sufficient, but in other cases, higher-level protection is required, such as a powered air-purifying respirator (PAPR).
- B. SVMH requires employees to wear personal or respiratory protection when conducting certain assignments or tasks in certain SVMH Staff Roles for protection against ATD.

**Reference/link: Attachment A, SVMH job roles**

### IV. METHODS OF IMPLEMENTATION

SVMH's methods of implementing requirements for engineering and work practice controls, PPE, respiratory protection, medical services, training, and recordkeeping are described below.

#### A. Engineering and Work Practice Controls, and PPE

1. The best method to control employee exposure to ATPs is to use engineering controls and work practice controls. If those do not provide sufficient protection, then SVMH provides personal protective equipment (PPE) and/or respiratory protection and ensures that employees use them. For some tasks, use of both respiratory protection and engineering or work practice controls may be required.
2. Work practices will be implemented in accordance with [Appendix A](#) of section 5199, which categorizes pathogens as requiring airborne and/or droplet precautions. Where Appendix A does not address the exposure, SVMH will use protections in accordance with the CDC Guideline for Isolation Precautions for droplet and contact precautions. For airborne precautions, procedures will be in accordance with the CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.  
**Reference/link: [CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.](#)**
3. SVMH uses the following types of engineering and work practice controls to protect employees from ATD exposures: use of AIIR rooms and converting



standard patient rooms to an AIIR by installing a portable HEPA filter device, and balancing the HVAC airflow to achieve negative pressure, when necessary.

**Reference/link:** [COVID Air Exchange Process, ISOLATION - STANDARD AND TRANSMISSION BASED PRECAUTIONS](#)

4. When working with an AirID or suspected AirID patient, employees will properly wear personal protective equipment.
5. Job classifications are categorized into three categories (see **Attachment A** for a table of job classifications in which an occupational exposure for occupational exposure to ATD):

**CATEGORY I – HAVE EXPOSURE:** Job classifications in which **ALL** employees have potential occupational exposure to ATD/ATP

**CATEGORY II – POTENTIAL EXPOSURE:** Job classifications in which **SOME** employees have potential occupational exposure to ATD/ATP

**CATEGORY III – NO EXPOSURE:** Job classifications in which **NO** employees have occupational exposure to ATD/ATP. Job classifications not listed are considered to be category III.

- **Reference/link:** **Attachment A, SVMH job roles**

6. Surfaces may become contaminated with ATPs after contact with individuals with AirID. Contaminated surfaces enable the spread of infectious disease agents and can be a source of infection to employees until they are cleaned and disinfected. SVMH ensures that employees use appropriate EPA-registered disinfectant(s) to clean and disinfect the following surfaces, including equipment as soon as feasible after contact with infectious persons (*include types of surfaces and equipment to be disinfected, and the period*):

**Reference/link:**

- [MEDICAL EQUIPMENT CARE, CLEANING AND MAINTENANCE](#)
- [COVID Area's Cleaning Process](#)
- [COVID Emergency Department Cleaning of Surge Tents Process](#)
- [SPECIAL PROCEDURES ROOMS/AREAS - PROCEDURE](#)
- [STEP BASE CLEANING PROCEDURE](#)
- [TERMINAL CLEANING OF SURGICAL SUITES PROCEDURE](#)
- [PATIENT ROOM CLEANING - DISCHARGE/TRANSFER PROCEDURE](#)
- [PATIENT ROOM CLEANING - OCCUPIED PROCEDURE](#)
- [PATIENT ROOM ISOLATION PROCEDURE](#)
- [PEDIATRIC DEPARTMENT CLEANING PROCEDURE](#)

- [PERSONAL PROTECTION EQUIPMENT - CARE & USE PROCEDURE](#)

## **B. Engineering Controls**

1. AirID cases or suspected cases shall be identified and these individuals shall be:
  - a. Provided with disposable tissues and hand hygiene materials and masked or placed in such a manner that contact with employees who are not wearing respiratory protection is eliminated or minimized until transfer or placement in an AII room or area can be accomplished and;
  - b. Placed in an AII room or area or transferred to a facility with AII rooms or areas.
2. If admission is required, the transfer to an airborne infection isolation room or other suitable area within the facility shall occur within 5 hours of identification.
3. If Airborne Infection Isolation Rooms (AIIR)s are not available to accommodate a transfer in the facility, SVMH will follow our procedures to transfer AirID cases and suspected cases to an AIIR at another facility. The procedures are described in detail in the “Referral and Transfer of AirID Cases” section of this program.
4. Exceptions:
  - a. Where the treating physician determines that transfer would be detrimental to a patient’s condition, the patient need not be transferred. In that case, the facility shall ensure that employees use respirator protection when entering the room or area housing the individual. The patient’s condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded. Once transfer is determined to be safe, transfer must be made within the time period set forth above.
  - b. Where it is not feasible to provide AII rooms or areas to individuals suspected or confirmed to be infected with, or carriers of novel or unknown ATPs, then SVMH shall provide other effective control measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection.
5. High hazard procedures shall be conducted in AII rooms or areas, such as a ventilated booth or tent. Persons not performing the procedures shall be excluded from the area, unless they use the respiratory and personal protective equipment required for employees performing these procedures.
  - a. Exception- Where no AII room or area is available and the treating physician determines that it would be detrimental to the patient’s condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employers working in

the room or area where the procedure is performed shall use respiratory protection and all necessary personal protective equipment.

6. The location(s) of airborne infection isolation rooms: 329, 429, 529, 537
7. Airborne infection isolation rooms must be kept at a negative pressure (at least  $-0.01''\text{H}_2\text{O}$ ) to prevent pathogens from escaping to the adjacent hallway or other rooms. The ventilation rate will be 12 air changes per hour (ACH). If AIIRs are unable to actually supply 12 ACH so SVMH attains the required ventilation rate by using a ventilation rate of minimum of 6 or 12 ACH supplemented by the following additional air cleaning technology. Portable ventilation unit with HEPA filtration. If an AIIR is capable of switching between negative pressure mode and normal ventilation mode, SVMH will ensure that it is switched to negative pressure mode before transferring an AirID patient to the room.

**Reference/link:**

- [COVID Air Exchange Process](#)
  - [TUBERCULOSIS \(TB\) PREVENTION AND CONTROL](#)
8. During the time that an AIIR is used for airborne infection isolation, the doors and windows will be kept closed except when the doors are opened for entering and exiting the room to achieve the required level of negative pressure.
  9. During the time that an AIIR is being used for isolation of an AirID patient, SVMH performs daily checks of the airflow using a vaneometer or other equally effective method to ensure that the room is under negative pressure. To accomplish this, SVMH uses the following procedure:
  10. If using an electronic device to conduct the visual check, SVMH ensures that it shows the direction of airflow at the required level (at least  $-0.01''\text{H}_2\text{O}$ ). SVMH also calibrates the instrument annually. This is done only for our permanently dedicated AIIRs.
  11. Siemens Building Technologies Division I Fire Life Safety performs inspection and maintenance on our airborne infection isolation rooms monitors. This includes monitoring the performance of the system, including exhaust, recirculation filter loading, and leakage. This is performed at least annually, whenever filters are changed, and more often if necessary to maintain effectiveness.
  12. If any problems are found, SVMH ensures that they are corrected in a reasonable period of time. If the problem(s) prevent the room from providing effective airborne infection isolation, then SVMH will not use the room for that purpose until the condition is corrected.

13. If HEPA filters are used, SVMH change the filters on the following schedule:

**Reference/link:**

- [ENGINEERING/BIOMEDICAL MAINTENANCE WORK ORDERS PROCEDURE](#)
- [SCOPE OF SERVICE: BIOMEDICAL SERVICES](#)

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

15. When an AirID case or suspected case vacates an AIIR room or area, SVMH will ensure that the AIIR is ventilated for the minimum amount of time required for 99.9% of potential airborne contaminants to be exhausted or filtered from the air prior to allowing anyone to enter without respiratory protection. At 12 air changes per hour, this requires running the ventilation system with no one in the room for a minimum of 30 minutes prior. Our policy is to ventilate the AIIR for 30 to 60 minutes.

**Reference/Link:**

- [TUBERCULOSIS \(TB\) PREVENTION AND CONTROL](#)
- [CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings](#)

### **C. Respiratory Protection**

1. When employees must wear respiratory protection to guard against aerosol transmissible pathogens, SVMH ensures that they only use NIOSH-certified respirators that are approved for that purpose in accordance with the Respiratory Protection Program.

**Reference/link:** [HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM](#)

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

3. If SVMH determines that use of a PAPR would interfere with the success of a particular procedure or task, SVMH will conduct a risk assessment to document this determination. Each case will be determined on a case-by-case

basis in collaboration with Environmental Health & Safety Manager, Infection Prevention/Infectious Diseases, and Employee Health Manager. The case reviews will be maintained in accordance with the CHA Records Retention Schedule.

4. All determinations will be reviewed during the annual ATD exposure control plan review; this will be performed through the Environment of Care Committee (EOCC).
5. SVMH stays apprised of current recommendations for specific diseases, such as Ebola and makes respiratory controls available as appropriate to the disease.
6. SVMH provides N95 and/or PAPR for employees during high hazard procedures performed on patients requiring droplet precautions.
7. The diseases requiring droplet precautions use of respiratory protection when conducting high hazard procedures includes (this is a dynamic list and other will be included as necessary:  
Reference/Link: Attachment B, Diseases/Pathogens List
8. SVMH provides N95 and/or PAPR for employees during high hazard procedures performed on airborne infectious disease cases or suspected cases.
9. SVMH requires employees to wear respirators at least as effective as N95 filtering face piece respirators when conducting certain procedures on or around ATD patients, as required by section 5199. Even when that standard does not require a respirator, such as in the case of high hazard procedures performed on patients requiring droplet precautions, SVMH evaluates each situation, including the pathogens, to determine whether to require respiratory protection. The following represents the types of respirators available to employees when required.

<b>Procedure</b>	<b>Type(s) of Respiratory Protection Used</b>
Entering AIIR in use for airborne infection isolation	PAPR preferred, N95 if PAPR not available or impedes patient care.
Being present during the performance of procedures or services for an AirID case or suspected case	PAPR preferred, N95 if PAPR not available or impedes patient care
Repairing, replacing, or maintaining air systems or equipment that may contain or generate aerosolized pathogens	PAPR preferred, N95 if PAPR not available or impedes patient care
Working in an area occupied by an AirID case or suspected case	PAPR preferred, N95 if PAPR not available or impedes patient care
Decontaminating an area after an AirID case or suspected case has left the area or being present	PAPR preferred, N95 if PAPR not available or impedes patient care

<b>Procedure</b>	<b>Type(s) of Respiratory Protection Used</b>
during the decontamination	
Entering an AIIR while it is being ventilated after an AirID case or suspected case has vacated	PAPR preferred, N95 if PAPR not available or impedes patient care
Working in a residence where an AirID case or suspected case is known to be present	PAPR preferred, N95 if PAPR not available or impedes patient care
Being present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens	PAPR preferred, N95 if PAPR not available or impedes patient care
Transporting an AirID case or suspected case within the facility.	PAPR preferred, N95 if PAPR not available or impedes patient care

10. SVMH does not require or permit employees to wear a respirator when operating a vehicle if the respirator may interfere with the safe operation of the vehicle. SVMH will provide these other means of protection where feasible (e.g., barriers or source control measures): N95
11. Before having our employees, use a respirator, SVMH will provide them with a no-cost medical evaluation designed to determine if they are medically capable of SVMH wearing a respirator without overburdening them. This will be completed before the employee is fit tested.

#### **D. Medical Evaluations for Respirator Use**

1. For employees who will wear respirators (minimum of N95 or PAPR) solely for protection against aerosol transmissible pathogens, SVMH provides the medical evaluation to employees by using the Respirator Medical Evaluation Questionnaire completed through Employee Health electronic medical record.
2. SVMH will have the medical evaluation questionnaire reviewed by a licensed health care provider (PLHCP) in Employee Health or other designated PLHCP (RN, Nurse Practitioner, MD)
3. If employees need a follow-up examination based on the questionnaire responses, SVMH will request follow up with their primary care physician or SVMH occupational health provider.

#### **E. FIT Tests**

1. SVMH conducts fit testing for employees before they are required to wear a respirator. An employee's fit testing will be performed using the same size, make, model, and style of respirator that the employee would actually wear. The fit test will be performed under the supervision of Employee Health:

2. Fit testing at SVMH is performed using a qualitative method. If fit testing single use respirators for multiple employees, SVMH will ensure that each employee is fit tested using a new respirator.
3. SVMH conducts fit tests for each employee according to the following schedule:
  - a. At the time of initial fitting;
  - b. When a different size, make, model, or style of respirator is used;
  - c. At least annually thereafter; and
  - d. When the employee reports, or when SVMH, a physician or other licensed health care provider (PLHCP), supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit, such as facial scarring, dental changes, cosmetic surgery, or obvious change in body weight.
4. If, after passing a fit test, an employee reports, that the respirator is not acceptable, SVMH will evaluate with the employee to determine the most acceptable respirator.
5. SVMH provides employees with training on the following topics:
  - a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
  - b. What the limitations and capabilities of the respirator are.
  - c. How to use the respirator effectively in emergencies, including situations in which the respirator malfunctions.
  - d. How to inspect, put on and remove, use, and check the seals of the respirator.
  - e. What the procedures are for maintenance and storage of the respirator.
  - f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
  - g. Information on vaccinations.
  - h. N95 respirator vs. surgical mask
  - i. Respiratory re-use
6. This training is provided to employees if required to wear a respirator initially and annually thereafter. SVMH retrains employees as necessary but at least if changes in the workplace or the initial type of respirator is obsolete.

## **F. Laboratory Operations**

1. SVMH employees engaged in laboratory operations that include procedures that may aerosolize transmissible pathogens-laboratory (ATP-L), follow [LABORATORY AEROSOL TRANSMISSIBLE PATHOGENS POLICY - OSHA.](#)

2. SVMH has conducted a risk assessment in accordance with the Biosafety in Microbiological and Biomedical Laboratories (BMBL).

#### **G. Summary of Control Measures**

1. The table in *Attachment C* (SVMH Matrix of Department related tasks and procedures) summarizes the control measures we use in each operation or work area in which occupational exposures may occur.

#### **H. Source Control Measures**

1. Early identification of ATD cases or suspected cases is critical to ensure that employees have as little unprotected contact as possible, thereby reducing the risk of becoming infected.
2. If SVMH observes respiratory infection symptoms in a patient or other person, utilizes source control measures to protect our employees from contracting the illness. These include a combination of engineering controls, such as placing the patient in a separate room or area; procedures, such as providing and having the suspected ATD case wear a surgical mask; and work practice controls, such as limiting contact with the suspected ATD person.
3. SVMH is a fixed-site health care facility, and has incorporated the recommendations contained in the CDC's Respiratory Hygiene/Cough Etiquette in Health Care Settings.

**Reference/link:** [Respiratory Hygiene/Cough Etiquette in Health Care Settings](#).

4. SVMH utilizes the following source control measures to prevent spread of aerosol transmissible pathogens:
  - a. Visual alerts (*e.g., signs telling people to cover their cough*):
    - i. Posters at major entry points, respiratory hygiene stations, and station signs throughout high traffic areas in the facility.
    - ii. Signage at the entrances requesting patients and persons accompanying them to inform the receptionist if they have a persistent cough.
  - b. SVMH place the visual alerts at the following entrances and other locations (list locations if applicable): Hospital Main Lobby/waiting area, ED entrance/waiting area, Out-patient surgery waiting area, all waiting rooms for out-patient testing (Lab, Diagnostic imaging, etc.) and off-site locations waiting areas (Sleep Center, Wound Care Center, Infusion Center, CDOC, Cardiac Rehabilitation, Mammography, Taylor Farms)
  - c. Tissues provided in waiting areas, waste receptacle in waiting areas, handwashing facilities including soap and water accessible to patients



- and visitors, and alcohol-based hand sanitizer or other antiseptic hand wash in waiting areas.
- d. Provide individuals exhibiting symptoms of aerosol transmissible disease with a surgical or procedure mask, instruct them in proper use, and limit contact with said individuals.
  - e. Separate symptomatic individuals from others in the same room by distance (at least 3 to 6 feet away from others).
5. SVMH ensures the concierge staff, and reception staff who may be the first employees to encounter a patient or other person entering the facility, are knowledgeable in observing for signs and symptoms of ATD.
  6. Other source control methods / procedures include the following policies and/or procedures:
    - a. [VISITOR POLICY](#)
    - b. [COVID Hospital Screening/Visitor Management Process](#)

#### **I. Contract Employees**

1. SVMH is required to provide information about infectious disease hazards to contractors who provide us with temporary or contract employees who may be reasonably anticipated to have occupational exposure so that these employers may take precautions to protect their employees. The electronic Vendor software system is utilized to assure contractors / vendors have review the required documents and upload vaccination status.

**Reference/link: [VENDOR, CONTRACTOR, AND AGENT PARTICIPATION IN HOSPITAL COMPLIANCE PROGRAM](#)**

#### **J. Referral and Transfer of AirID Cases to All Rooms or Facilities**

1. In order to best protect employees from contracting infections from AirID or suspected persons, SVMH strives to identify these individuals as quickly as possible.
2. After identifying an individual as an AirID or suspected, SVMH will continue to use the previously described source control measures and isolate the patient by masking them or placing them in a location where they will not contact employees who are not wearing respiratory protection until they can be transferred to an airborne infection isolation room (AIIR).
3. SVMH takes the following measures to reduce the risk of ATD transmission to our employees. This includes constant observation of standard precautions as well as other protective measures.
4. In the Emergency Department, SVMH temporarily isolates the person requiring airborne isolation in rooms 19 and 20, which are equipped with a

large industrial Hepa filter that vents outside. Once admitted, SVMH places the individual in an airborne infection isolation room or area as soon as one of the following inpatient rooms are available: 329, 429, 529, and 537.

5. SVMH employees wear NIOSH-certified N95 filtering face piece or PAPR hood with P100 filter when entering the room.
6. If an Airborne Infection Isolation Room (AIIR) is not available, SVMH assesses current occupancy and transfers a non-infectious patient to a non AIIR. If no AIIR is available, the patient will be placed in a private room with a HEPA filter. If SVMH has maximized resources and has no other available AIIR or HEPA filters, then a request for transfer to another facility will be initiated.
7. The goal is to transfer to another facility within 5 hours of identification, unless SVMH documents, at the end of the 5 hour period and at least every 24 hours thereafter, the following:
  - a. Case Management, or designee, will facilitate the transfer of the patient and documents:
    - i. There are no AIIR room or area available within that jurisdiction.
    - ii. Reasonable efforts have been made to contact establishments outside of the jurisdiction.
    - iii. All applicable measures recommended by the local health officer or the Infection Control PLHCP have been implemented.
  - b. All personnel who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respirator protection.
  - c. In the event that there are no available accepting facilities, then SVMH will continue to arrange transfers until successful or patient condition changes.
  - d. SVMH will document and maintain a transfer attempt in the Electronic Medical Record and/or Allscripts.
8. The Administrative Supervisor contacts the Infection Prevention Department or designee for any Airborne Infectious Disease (AirID) suspected case. Infection Prevention will contact the local health officer.
  - a. The phone number for the local health officer is 831-755-4521
9. These are the names and contact information for facilities with AIIR or areas within the local area that will be contacted in the event of referral

Facility	Contact Information
Natividad Medical Center	Transfer Center (855) 445-7872

Facility	Contact Information
Hazel Hawkins	ED: 831-636-2640
	Hazel Hawkins House Supervisor (Inpt Transfers): 831-902-0482
CHOMP	831-624-5311 (Ask for House Supervisor)
Mee Memorial	ED: 831-385-7220
	Mee Memorial House Supervisor (Inpt Transfers): 831-821-1634
Dominican Hospital	Transfer Center 855-455-7872

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

Facility	Contact Information
UCSF Transfer Center	415-353-9166
Stanford Transfer Center	800-800-1551
Santa Clara VMC Transfer Center	408-885-4495

10. Decisions not to transfer a patient for AII

- a. SVMH will maintain records of any decisions not to transfer a patient to another facility for AII for medical reasons. The following will be documented in the patient's chart:
  - i. Name of the physician determining that the patient was not able to be transferred.
  - ii. Date and time of the initial decision.
  - iii. Date and time of each daily review and identity of the person(s) who performed them.
  - iv. This summary record will not include a patient's individually identifiable medical information. SVMH will retain these records according to the [Records Retention Policy 680](#).

11. All transfers to external facilities will be completed in compliance with the following policies/procedures:

- a. [INTRAFACILITY TRANSPORT - NEWBORN CLINICAL PROCEDURE](#)
- b. [MATERNAL TRANSPORT-TERTIARY CARE AND TRANSFER OF PATIENT \(EMTALA\)](#)
- c. [NICU TRANSPORT: CARE PRACTICES FOR TRANSPORT CLINICAL PROCEDURE](#)
- d. [EMTALA](#)

## **K. Medical Services**

1. SVMH provides employees with no cost medical services in-house, including vaccinations, TB testing, and post-exposure medical services and follow-up. Employees will be sent to:

- a. Employee Health Services or Administrative Nursing Supervisor, Emergency Department, other designated care provider. Details about the medical services related to ATDs that SVMH offers to employees are in the “Medical Services” section of this written plan.

### **Reference/link:**

- [EMPLOYEE HEALTH SERVICES](#)
- [EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS](#)
- [HEALTHCARE WORKER IMMUNIZATIONS & IMMUNITY REQUIREMENTS INFLUENZA VACCINATION PLAN - HEALTHCARE WORKERS](#)

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

- a. Performed by or under the supervision of a physician or other licensed health care provider (PLHCP).
- b. Provided according to applicable public health guidelines.
- c. Provided in a manner that ensures the confidentiality of employees and patients.
- d. Notification to employees who had significant exposure of the date(s), time and nature of the exposure.

### **3. Vaccinations**

- a. Vaccination is a safe, effective, and reliable method of controlling the spread of infectious diseases where a vaccine is available. When the number of susceptible health care workers is decreased by vaccination, it also helps to prevent transmission of illness to patients and others. Therefore, vaccinations are available to employees at no cost during their work hours and encourages employees to receive them.
- b. Employees are not required to participate in a prescreening serology program prior to receiving a vaccine unless applicable public health guidelines recommend prescreening prior to administration of the vaccine. Vaccinations are available to employees after they receive

training and within 10 working days of initial assignment unless one of the following conditions exists:

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

<b>Vaccine</b>	<b>Schedule</b>
<b>Influenza</b>	<b>One dose annually</b>
<b>Measles</b>	<b>Two doses</b>
<b>Mumps</b>	<b>Two doses</b>
<b>Rubella</b>	<b>One dose</b>
<b>Tetanus, Diphtheria, and Acellular Pertussis (Tdap)</b>	<b>One dose, booster as recommended</b>
<b>Varicella-zoster (VZV)</b>	<b>Two doses</b>
<b>COVID-19</b>	<b>Schedule per CDC/CDPH guidelines</b>

**Reference/link:** [HEALTHCARE WORKER IMMUNIZATIONS & IMMUNITY REQUIREMENTS](#)

- c. SVMH shall make additional vaccine doses available to employees within 120 days of the issuance of new applicable public health guidelines recommending the additional dose.
- d. SVMH shall not make participation in a prescreening serology program a prerequisite for receiving a vaccine, unless applicable public health guideline recommends this prescreening prior to administration of the vaccine.
- e. If the employee initially decline a vaccination but, at a later date, while still covered under 8 CCR 5199, decides to accept the vaccination, then SVMH shall make the vaccination available within 10 working days of receiving a written request from the employee.

- f. SVMH shall ensure that employees who decline to accept a recommended and offered vaccination sign the declination statement for each offered vaccine.
- g. SVMH requests the PLHCP administering a vaccination to determine immunity to provide only the following information to the employee:
  - 1. The employee's name and employee identifier.
  - 2. The date of the vaccine dose or determination of immunity.
  - 3. Whether the employee is immune to the disease, and whether there are any specific restrictions on the employee's exposure or ability to receive the vaccine.
  - 4. Whether an additional vaccination dose is required, and if so, the date the additional vaccination dose should be provided.
- h. EXCEPTION: Where SVMH cannot implement these procedures because of the lack of availability of vaccine, then SVMH shall document efforts made to obtain the vaccine in a timely manner and inform employees of the status of the vaccine availability, including when the vaccine is likely to become available. SVMH shall check on the availability of the vaccine every 60 calendar days and inform employees when the vaccine becomes available.
- i. EHS manages all employee vaccinations, including declinations, with information maintained in the EHS electronic medical record system. Employees receiving vaccinations at another facility will be requested to supply vaccination records and may be required to complete the SVMH Declination form

#### **4. LTBI Assessment**

- a. A latent tuberculosis infection (LTBI) is a condition when the individual infected with the *M. tuberculosis* bacteria does not exhibit symptoms and cannot spread the infection to others. However, approximately 5 to 10% of these people will develop active, potentially contagious TB disease if untreated. LTBI screening helps to ensure that employees are provided with appropriate treatment for new TB infections and to identify previously unidentified occupational exposures.
- b. Latent TB infection screening (the TB skin test, TB blood test, and TB screening questionnaire) is offered annually to all employees with reasonably foreseeable occupational exposures to ATD, including those whose occupational exposure risk is greater than that of

employees in public contact operations that are not included within the scope of the ATD standard.

- c. Employee Health Services, in collaboration with Infection Diseases is responsible for implementing the TB screening procedures.
- d. Employees with a baseline positive TB test will receive an annual symptom screening questionnaire. If questionnaire results indicate further testing is needed, SVMH offers that employee a follow up screening (PPD or chest x-ray) using the following procedures:
  - 1) If an employee experiences a TB conversion, SVMH refers them to the following:
    - a) PLHCP knowledgeable about TB for evaluation, which may include SVMH occupational health provider, an infectious disease provider or their primary care physician.
- e. In the event of a TB conversion, EHS will:
  - 1) Provide the PLHCP employee's TB test records. If EHS / Infection Prevention has identified the source of the infection, the PLHCP will be provided available diagnostic test results including drug susceptibility patterns relating to the source patient.
  - 2) The PLHCP, with the employee's consent, performs any necessary diagnostic tests and informs the employee about appropriate treatment options.
- f. The PLHCP determines if the employee is an active TB case or suspected case, and to do all of the following, if the employee is a case or suspected case:
  - 1) Inform the employee and the local Health Officer in accordance with title 17.
  - 2) Consult with the local Health Officer to define infection control recommendations related to the employee's activity in the workplace, including precautionary removal. SVMH complies with local Health Officer Recommendations for additional testing as applicable. Informs EHS of the recommendations.
  - 3) The person who will receive information from the PLHCP regarding infection control recommendations related to employees who are TB cases or suspected cases is Employee Health Manager/designee and/or Infection Prevention Manager/designee, who will then communicate the recommendations to the following managers or staff members, if applicable:
    - All clinical and non-clinical Directors/Managers, will communicate to the employees in their department.
  - 4) In the event of a TB conversion, SVMH will also record the case on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses by placing a check in the "respiratory condition" column and entering "privacy case" in the space normally used for the employee's name. SVMH will also investigate the circumstances

of the conversion and correct any deficiencies in the procedures, engineering controls, or PPE.

- g. List the job titles and roles of staff involved in investigating the circumstances of the conversion and correcting deficiencies that may have led to the conversion: ATD Exposure Control Plan administrator(s), infection prevention manager/officer, employee health manager/coordinator, environmental health & safety manager; Clinical and non-clinical Directors and Managers will interview the employee(s), and review relevant patient records.
  - 1) SVMH will also document the investigation using the following procedure: See below section for exposure incidents.
- h. For all RATD and ATP-L exposure incidents, the written opinion will consist of only the following information:
  - 1) The employee's test status or applicable RATD test status for the exposure of concern.
  - 2) The employee's infectivity status.
  - 3) A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment.
  - 4) A statement that the employee has been told about any medical conditions resulting from exposure to RATD, or ATP-L that requires further evaluation and/or treatment and that the employee has been informed of treatment options.
  - 5) Any recommendations for precautionary removal from the employee's regular assignment.

## **V. EXPOSURE INCIDENTS**

- A. In the event of an exposure incident, it is critical to inform exposed employees quickly and provide medical services in a timely manner to mitigate the severity of illness and limit the spread of infection.
- B. An exposure incident is defined in this plan as an event where all of the following have occurred:
  - 1. An employee has been exposed to an individual who is a case or suspected case of a reportable ATD (RATD) or to a work area or equipment that is reasonably expected to contain an aerosol transmissible pathogen associated with a reportable ATD.
  - 2. The exposure occurred without the benefit of applicable exposure controls required by the ATD standard.
  - 3. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.



4. A reportable ATD (RATD) is an aerosol transmissible disease that a health care provider is required to report to the local health officer.

**Reference/Link:** Diseases/Pathogens List, Attachment B

- C. In the context of this plan, a “health care provider” is a physician, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, an infection control practitioner, a medical examiner, or a dentist.
  1. The California Department of Public Health, [Division of Communicable Disease Control](#) home page includes the current list of RATDs. Contact information for the local health departments are also available on the CDPH page for the [California Conference of Local Health Officers](#).
  2. SVMH is a health care provider. Therefore, when SVMH determines that a person is an RATD case or suspected case, SVMH will report the case to the local health officer, in accordance with title 17, observing the different time deadlines for different diseases.
  3. Person responsible for reporting cases to the local health officer:
    - Infection Prevention Manager/Director and/or Infection Prevention Coordinator.
    - Contact information for the local health officer: 831-755-4521
  4. SVMH is required to notify our own employees who had significant exposure to the ATD case or suspected case. First, SVMH conduct an analysis of the exposure scenario to determine which of our employees had significant exposure. This analysis will be completed within a timeframe reasonable for the specific disease, but no later than 72 hours after either our report to the local health officer or our receipt of notification internally from SVMH employee/department, or from another facility or local health officer of the exposure.
  5. The person responsible for conducting this analysis is:
    - Infection Prevention Manager/Director in collaboration with Employee Health Manager/Director. Reviewed with Medical Director(s) of Infection Prevention and/or Employee Health.
  6. Our procedures for conducting this analysis are as follows:

- a. Send an email to department leadership of affected departments and have each leader identify all the employees in their department(s) who may have been exposed;
  - b. Leader(s) review records to see which employee(s) had contact with the ATD case or suspected case;
  - c. Leader interviews employee(s), then submits line listing of exposed employees to Employee Health via email.
  - d. Employee health reviews information from each leader, interviews the employee(s) if needed, determines level of exposure based on leader/employee information, then contacts each employee by email and/or phone, then determines exposure plan for that individual exposed.
  - e. Employee Health will refer an exposed employee based on the determination by PLHCP for testing, treatment and/or monitoring.
  
7. SVMH will document the analysis, recording the names and any other employee identifier used at the workplace of persons who SVMH included in the analysis. SVMH will also document the name of the person who made the determination and the identity of any PLHCP making the determination. This is our procedure for this documentation:
  - a. If the analysis determines that neither of the following conditions exist for an employee, then that employee does not require post-exposure follow-up, and SVMH will also document the basis for the determination:
  - b. The employee did not have significant exposure.
  - c. Physician or other licensed health care provider (PLHCP) determined that the employee is immune to the infection.
  
8. This is our procedure to document any determination that an employee does not require post-exposure follow-up:
  - a. Documentation will be in one or more of the following areas depending on if the exposure involves one or a group of employees:
    - i. Documentation of exposure follow up in shared electronic report accessible by Infection Prevention, Employee Health and Infection Prevention MD for review.
    - ii. Documentation in the employee EMR in Employee Health
  
9. SVMH will make the exposure analysis available to the local health officer upon request.
  
10. SVMH will also determine, to the extent that the information is available in our records, whether any employees of other employers may have been exposed to the case or suspected case. If so, SVMH will notify the other employer(s) within a reasonable timeframe but no later than 72 hours after the report to the local health officer. This allows the other employer(s) time to

conduct their own analysis to determine which of their employees had significant exposure and to provide their employee(s) with timely, effective medical intervention to prevent disease or mitigate the disease course.

11. See the “[Communicating with Other Employers Regarding Exposure Incidents](#)” section below for our procedures to notify other employers that their employees may have had significant exposure while working at our facility.
12. Upon determining which of our own employees had significant exposure, SVMH will notify them of the date, time, and nature of their exposure, within a timeframe reasonable for the specific disease but no later than 96 hours of becoming aware of the potential exposure.
13. Notification to our employees who had significant exposure may occur by one or more of the follows communications:
  - a. Department leader’s notification to their staff regarding potential exposure and communication pending from Employee Health Services.
  - b. Email notification sent via Employee Health EMR with instructions.
  - c. Phone communication to those determined to have high-risk exposures by Employee Health.
14. As soon as feasible, SVMH will provide all of our employees who had a significant exposure a post-exposure medical evaluation by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis, and treatment.
15. SVMH will notify employees that they have the right to decline to receive the medical evaluation from us, and SVMH will ensure that the employee receives post-exposure evaluation and follow-up from an outside PLHCP.
16. SVMH will send employees to one or more of the following PLHCP for post-exposure medical evaluation and follow-up unless the employee declines Employee Health Services, Administrative Nursing Supervisor, Infection Prevention, Emergency Department, Occupational Health Provider or other designated PLHCP.
17. Employee Health Services RN or other designated healthcare provider will provide the following information to the PLHCP:
  - A description of the exposed employee’s duties as they relate to the exposure incident;
  - The circumstances under which the exposure incident occurred;

- Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee;
  - All of the employer's medical records for the employee that are relevant to the management of the employee.
18. SVMH will request from the evaluating PLHCP an opinion on whether precautionary removal from the employee's regular job assignment is necessary to prevent the employee from spreading the disease agent and what type of alternative work assignment may be provided. SVMH will request that any recommendation for precautionary removal be made immediately by phone, fax, and secure email and/or in writing.
19. The person responsible for requesting and obtaining medical recommendation/opinion is:
- Employee Health Services, or designee
20. SVMH will obtain and provide the employee a copy of the PLHCP written opinion within 15 working days of completion of all required medical evaluations.
21. If the PLHCP or local health officer recommends precautionary removal due to a related ATD exposure:
- a. Workplace exposure: will follow the workers compensation process.
  - b. Non-work place exposure: will follow SVMH medical leave process.

## **VI. EVALUATION OF EXPOSURE INCIDENTS**

- A. After ensuring that the exposed employees receive required medical evaluations and follow-up, SVMH will also investigate the exposure incidents to determine the cause and to revise existing procedures in order to prevent recurrence of the incidents.
- B. The person who will conduct the evaluation of exposure incidents is Infection Prevention & Employee Health.
- C. Our procedures to evaluate exposure incidents to determine causation and identify ways to prevent future exposures are as follows (*e.g., interviewing exposed employees, inspecting equipment that may have been involved, reviewing whether procedures SVMH are followed*):

**Reference/link:** [OUTBREAK INVESTIGATION](#)

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

- [RISK MANAGEMENT PLAN](#)
- [SAFETY MANAGEMENT PLAN](#)

**VII. PROCEDURES TO COMMUNICATE WITH OUR EMPLOYEES AND OTHER EMPLOYERS REGARDING INFECTIOUS DISEASE STATUS OF PATIENTS**

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

B. To communicate with our own staff, SVMH use the following procedures:

1. Making notes in the patient's chart and maintaining a policy that our employees are to check the patient's chart before proceeding with their tasks.
2. Staff huddle at the start of each shift where patient infectious status will be discussed.
3. When SVMH place a patient in isolation, SVMH communicate the isolation status of the patient with employees and visitors by posting a sign at the room. SVMH also make a note of the isolation precautions in the patient's chart so that if the patient is transferred to another department, such as Radiology, then those employees in the other department will be notified of the extra precautions required.
4. To communicate with other employers regarding the infectious disease status of patients, SVMH implement the following procedures: Infection Prevention will notify other employers and report to local county public health department.

C. Communicating with Other Employers Regarding Exposure Incidents

1. Upon establishing that a patient is a reportable ATD case or suspected case, SVMH will determine whether any employees of other employers had contact with the individual, using the following procedure: Department Leaders/Infection Prevention notifies employers
2. Upon making that determination, SVMH will notify the other employer(s) within a timeframe that will allow reasonable time for them to promptly investigate to identify employees who had significant exposure and for those

employee(s) to receive effective medical intervention. SVMH will make the notification no later than 72 hours after our report to the local health officer.

3. Our notification will include the following information:
  - Date and time of the potential exposure.
  - The nature of the potential exposure.
  - Any other information that is necessary for the other employer(s) to evaluate the potential exposure of their employees.
  - The contact information for the diagnosing PLHCP.
4. The notification will not include the identity of the employee (source) patient due to privacy laws.
5. Our procedure to notify other employers that their employees may have had contact with an ATD case or suspected case, verbal or written notification based on level of risk, notification is completed by Department Leader and/or Infection Prevention.
6. This is our procedure to notify health care providers and receive notification from them regarding the disease status of patients referred or transferred between SVMH our facilities or care, in accordance with subsection (h) of 8 CCR 5199:

**Reference/link:**

- [ADMISSION-PATIENT PLACEMENT GUIDELINES](#)
- [TRANSPORT OF PATIENTS TO AND FROM AN EXTERNAL HEALTHCARE FACILITY FOR TREATMENT CLINICAL PROCEDURE](#)

## **VIII. ENSURING ADEQUATE SUPPLY OF PPE AND OTHER EQUIPMENT**

- A. To ensure that employees SVMH wear the required PPE, such as gowns, gloves, and respiratory protection, SVMH must ensure that SVMH have adequate supplies under normal operations and in foreseeable emergencies.
- B. These PPE will be stocked by Materials Management and supplied to our employees using the following procedure: Standard PPE such as Gloves, Gowns, and Eye protection is stocked throughout the hospital by Materials Management. Disease Specific PPE such as Impervious gowns, N95 Respirators, and signage is stocked in Isolation Carts by Materials Management staff and ordered as needed. In the event that bulk product is needed, Materials Management will supply a bulk PPE cart and maintain stock daily.

- **Reference/Link:**
  - [ORDERING SUPPLIES FROM MATERIALS MANAGEMENT](#)
  - [PURCHASE ORDER AND PURCHASE ORDER REQUISITION](#)

C. These are our procedures for maintaining adequate supplies of PPE: Materials Management keeps an average of 7 days on hand of all PPE at the main campus. Materials Management also keep an Emergency Supply of PPE at our offsite warehouse. The amount of PPE at the offsite warehouse meets the standards outlined in AB2537 and SB275.

## **IX. TRAINING**

- A. SVMH provides training to our employees (based on appropriate content and vocabulary to the education level, literacy and language needs), who have potential for occupational exposure to aerosol transmissible diseases according to the following schedule:
1. At the time of initial assignment to tasks where occupational exposure may take place, and annually thereafter.
- B. When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures as necessary.
- C. This training may be provided by one or more of the following method(s):
1. Online training with opportunity to ask questions.
  2. In person training with opportunity for questions and answer.
  3. Staff Meetings thru the department
  4. 1 to 1 training thru individual department
- D. SVMH will train all of our employees who have been determined to have potential occupational exposure to ATPs, as listed at the beginning of this program. This training will be provided to employees in those job categories when they are initially assigned to tasks where they may have occupational exposure and at least annually thereafter.
- E. SVMH ensure employees receive initial training during new employee orientation prior to initial start date.
- F. SVMH ensure employees receive their training on an annual basis thru online training modules.
- G. SVMH ensures training materials appropriate in content and vocabulary to the educational level, literacy, and language of employees will be used.

- H. If employees are absent on the day of their scheduled training, SVMH use the following procedure to ensure that they receive a make-up training: All employees are required to complete annual training/competencies within 30 days of returning to work.
- I. The trainings will include an opportunity for employees to ask questions:
1. The trainings are provided in-person and questions are answered SVMH during the training by the instructor, who is knowledgeable in the subject matter as it relates to our workplace and who is also knowledgeable in our ATD Exposure Control Plan.
  2. The trainings are given online but SVMH have ensured that all required topics are covered and that interactive questions are answered SVMH within 24 hours by a person who is knowledgeable in the subject matter as it relates to our workplace and who is knowledgeable in our ATD Exposure Control Plan.
  3. The person or department assigned to answer SVMH questions related to the training is: Nursing Education, and/or Infection Prevention Department and/or Employee Health Department Leader(s).
- J. Training includes the following:
1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
  2. A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation.
  3. An explanation of the modes of transmission of ATDs and applicable source control procedures.
  4. An explanation of the employer's ATD Exposure Control Plan and/or Biosafety Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
  5. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATDs.
  6. An explanation of the use and limitations of methods that will prevent or reduce exposure to ATDs including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.



7. An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.
8. A description of the employer's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for LTBI.
  - **EXCEPTION:** Research and production laboratories do not need to include training on surveillance for LTBI if *M. tuberculosis* containing materials are not reasonably anticipated to be present in the laboratory.
9. Training meeting the requirements of Section 5144(k) of these orders for employees whose assignment includes the use of a respirator.
10. Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
12. Information on the employer's surge plan as it pertains to the duties that employees will perform.
13. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including personal protective equipment and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies.
  - **Reference/link: [Emergency Operations Plan](#)**

## **X. RECORDKEEPING**

- A. To ensure that SVMH are taking all necessary steps to protect our employees, SVMH are required to keep various records, including employee medical records, training records, and other records of implementation of this ATD Exposure Control Plan.
- B. Medical records will be kept confidential. Employees will have access to their own medical records. Anyone with written consent of the employee, Cal/OSHA

representatives, NIOSH, and the local health officer will also be given access to employee medical records in accordance with applicable regulations.

- C. SVMH will keep all required medical records for each employee with occupational exposure, including the following information:
- D. The employee’s name and any other employee identifier used at our workplace.
- E. The employee’s vaccination status for all vaccines.
- F. All PLHCP’s written opinions and results of TB assessments.
- G. A copy of the information regarding an exposure incident that was provided to the PLHCP.
- H. SVMH will retain these records for the duration of the employee’s employment plus 30 years. These records will be kept separately from the employee’s non-medical personnel records. This is how employees may request copies of their records: employees can submit requests in writing to employee health department and/or employees have limited access thru the employee health electronic medical record. These records are kept separately from their personnel records in Human Resources.
- I. SVMH maintains records per hospital policy and according to federal, state and local requirements.

<b>Record</b>	<b>Location of Record</b>
Vaccination status of employees including any signed declinations	EHS EMR
Employee medical screening/evaluation/results	EHS EMR
Results of annual employee TB assessments	EHS EMR
Copies of information regarding exposure incidents provided to the PLHCP	Notifications from IP in share drive; N Drive QMS IP, Exposures folder
Training records	Health stream (online education), Dept. Records, Education Department, Employee Health Medical Record
Record of annual review of ATD Exposure Control Plan	Policy Tech by leaders, new hire orientation and annual online education, real-time education by dept. leaders
Records of exposure incidents (exposure analysis; any determinations of no post-exposure follow-up needed)	Kept in shared drive/files for EH, IP, EHS and infectious Disease providers
Records of unavailability of vaccines	Pharmacy
Records of unavailability of AII rooms or areas	Administration Supervisors
Records of decisions not to transfer a patient to another facility for AII due to medical reasons	EMR of the individual patient(s)
Records of inspection, testing, and maintenance of non-disposable engineering controls including ventilation and other air	Facilities/Engineering Department

<b>Record</b>	<b>Location of Record</b>
handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems	
Records of the respiratory protection program policy and/or program changes	Policy Tech
Determinations that a PAPR would interfere with successful performance of certain high hazard tasks	Occurrence reporting system

#### **J. Vaccination Records**

1. SVMH is required to keep vaccination records for all employees with occupational exposure. This includes both records of vaccinations that SVMH provide them and that the employees supplied to employee health prior to employment with our organization. These records also include any signed declination forms for those vaccinations that are not deemed mandatory by SVMH, local or federal agencies.
2. SVMH ensure that SVMH obtain employee ATD vaccination records prior to their employment, all staff are required to provide appropriate documentation of immunizations/immunity status to Employee Health.
3. These are our procedures for keeping records of ATD vaccinations that SVMH provide to our employees, in their employee health medical record.

#### **K. Copy of Information Given to PLHCP Regarding Exposure Incidents**

1. SVMH will also ensure to keep a copy of the information SVMH give to the PLHCP related to exposure incidents, following these procedures and storing the records in the following manner:

#### **L. Training Records**

1. SVMH education department and/or department leader(s) will keep documentation of all trainings provided to our employees regarding ATD. Each training record will include the following information:
  - The date(s) of the training.
  - The contents or a summary of the training.
  - The names and qualifications of persons conducting the training or designee to respond to interactive questions.
  - The names and job titles of all persons attending the training.
2. SVMH will retain these records for three years from the date the training occurred.

### **M. Annual review of our ATD Exposure Control Plan**

1. Records of annual review of the ATD Exposure Control Plan will include the following information:
  - Names of the people conducting the review.
  - Dates the review was conducted and completed.
  - Names and work areas of employees involved.
  - Summary of the conclusions.
2. SVMH will retain the record for three years using the following: all information for the above is in our policy management software.

### **N. Records of Exposure incidents**

1. In addition to maintaining medical records of employees involved in exposure incidents, SVMH will maintain the following documentation of exposure incidents:
  - The date(s) of the exposure incident.
  - The names, and any other employee identifiers used in the workplace, of employees who SVMH are included in the exposure evaluation.
  - The disease or pathogen to which employees may have been exposed.
  - The name and job title of the person performing the evaluation.
  - The identity of any local health officer and/or PLHCP consulted.
  - The date of the evaluation.
  - The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure.
2. SVMH will maintain these records according to hospital policy and federal, state and local guidelines. Exposure records will be kept separately from human resources and personnel files.

### **O. Records of Unavailability of vaccines**

1. SVMH will retain records of the unavailability of vaccines. These shall include the following information:
  - Name of the person who determined that the vaccine was not available.
  - Name and affiliation of the person providing the vaccine availability information.
  - Date of the contact.

2. The person responsible for maintaining these records is Pharmacy Department Manager/Director
3. SVMH will retain these records for three years, using the following: All unavailable medications including vaccines are reported to the PT/IC Committee.

**P. Records Unavailability of AII rooms or areas**

1. Any time SVMH require an AII room or area but are unable to locate an available one, SVMH will document the unavailability. In these cases, SVMH will record the following information:
  - Name of the person who determined that an AII room or area was not available.
  - Names and the affiliation of persons contacted for transfer possibilities.
  - Date of contacting the persons for transfer possibilities.
  - Name and contact information for the local health officer providing assistance.
  - Times and dates of contacting the local health officer.
2. SVMH will not record a patient's individually identifiable medical information as a part of this record. SVMH will retain these records for three years.

**Q. Records of Decisions Not to Transfer a Patient to Another Facility for AII for Medical Reasons**

1. Records of decisions not to transfer a patient to another facility for AII for Medical reasons shall be documented:
  - In the patient's chart
  - A summary shall be provided to the plan administrator providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review.
  - The summary record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.

**R. Records Inspection, testing, and maintenance of non-disposable engineering controls**

1. SVMH will maintain records of inspection, testing, and maintenance of non-disposable engineering controls, including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems.
2. SVMH will maintain these records for a minimum of five years, including the following information:

- Name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance.
- Date. Any significant findings and actions that SVMH has taken.

3. SVMH will use the following procedures to maintain these records:  
Procedures are defined Preventative Maintenance schedules and assigned Work Orders for repairs. All documentation is inputted into our CMMP (Computerized Maintenance Management Program) and kept for a minimum of 5 years.

**S. Records of Respiratory protection program**

1. SVMH will establish and maintain records of our respiratory protection program. These include records of employee medical evaluations, fit test records, and training records.

**Reference/link:**

- [HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM](#)

**XI. OBTAINING ACTIVE INVOLVEMENT OF EMPLOYEES TO UPDATE THE PLAN**

- A. As part of our annual review process to update this ATD Exposure Control Plan, SVMH obtain the active involvement of employees and not just managers and supervisors. Active involvement means more than merely having a form available that employees can fill out at their leisure.
- B. These are our procedures to obtain the active involvement of employees:
  - a. with respect to the procedures performed in their respective work areas or departments by actively asking employees for input in meetings,
  - b. solicit input during annual trainings,
    - i. SVMH will provide annual employee education of this plan with opportunity for questions and recommendations of this plan by the employees, provided by our online education system.
    - ii. These recommendations made by employee (s), will be reviewed and used in the annual review of this plan. Workplace Safety Committee will oversee this process.

**XII. SURGE PROCEDURES**

- A. Our employees will provide services in surge conditions, such as large outbreaks of aerosol transmissible disease or release of a biological agent. When the event arises, SVMH will implement the surge procedures described below.
- B. When our employees provide services during surge conditions, SVMH will ensure that the following work practices are followed:

**Reference/link:** [EMERGENCY OPERATIONS PLAN](#)

- C. During these responses, SVMH will set up the following kinds of decontamination facilities: SVMH have a decontamination trailer located outside the ER that can decontaminate up to 3 people at a time.
- D. The decontamination facilities will be located in the following areas: See above answer.
- E. SVMH will also ensure that our employees have adequate types and supplies of respiratory protection, gloves, shoe covers, Tyvek suits, and any other PPE:
  1. Materials Management keeps an average of 7 days on hand of all PPE at the main campus. Materials Management also keep an Emergency Supply of PPE at our offsite warehouse.
  2. The amount of PPE at the offsite warehouse meets the standards outlined in AB2537 and SB275. In addition, SVMH keep all Class A respirators, Tyvek suits, etc. in our Emergency Management Trailer.

**Reference/link:**

- [EMERGENCY MANAGEMENT FOR MASS CASUALTY INCIDENTS](#)
- [BIOTERRORISM READINESS PLAN](#)
- [Infection Prevention Pandemic Plan Emerging Infectious Diseases](#)

- F. Even during periods when there are no surge conditions, SVMH will implement the following procedures so that if surge conditions do arise, SVMH will have adequate supplies of all necessary PPE (i.e., stockpiling, procurement methods): Materials Management maintains a 7-day supply of all equipment except for PPE covered by SB275/AB2537 for which they keep a 45-day supply.
- G. The PPE and respiratory protection will be stored in the following areas of our facility:
  - Emergency Preparedness Supplies in designated areas.
- H. This is how SVMH ensure that the protective equipment will be accessible to employees when needed during surge procedures: Generally, they will be retrieved and distributed per the EOP plan (or you could say under the direction of the Incident Command)
- I. Emergency Liaison Officer via our Incident Command Center is in charge of communicating our activities with the local and regional emergency response agencies. These are our procedures for interacting with the local and regional emergency plan: The Incident Commander, or designee, would be in charge of this. SVMH are members of the Monterey County Healthcare Coalition and SVMH have a few key communication pathways to rely on:
  1. Is to call the Monterey County MOHOAC, and
  2. SVMH can use the READYNET portal via the ED Charge Nurses to reach out to the other hospitals and facilities in our county.
  3. SVMH can also communicate with these entities using the 800-megawatt radio system via the ED Charge Nurses.

### XIII. Abbreviations/Definitions

- 1. Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP):** A disease or pathogen for which droplet precautions or airborne isolation are recommended.
- 2. Aerosol transmissible pathogen – laboratory (ATP-L):** A disease or pathogen for which droplet precautions or airborne isolation are required (refer to appendix B).
- 3. Airborne infection isolation (AII):** Infection control procedures as described in Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health- Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.
- 4. Airborne infection isolation room or area (AIIR):** A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens and that meets the requirements stated in engineering controls of this plan.
- 5. Airborne infectious disease (AirID):** Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.
- 6. Airborne infectious pathogen (AirIP):** Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends AII, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.
- 7. Droplet precautions:** Infection control procedures as described in CDC Guideline for Transmission-based Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5



µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism

- 8. Exposure incident:** An event in which all of the following has occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.
- 9. Guideline for Isolation Precautions:** The Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007, CDC
- 10. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings:** The Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, December 2005, CDC
- 11. Health care provider:** A physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist
- 12. Health care worker:** A person who works in a health care facility, service or operation
- 13. High hazard procedures:** Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to, sputum induction, bronchoscopy, aerosolized administration of pentamidine or other medications, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens
- 14. Individually identifiable medical information** means medical information that includes or contains any element of personal identifying information enough to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity
- 15. Infection Preventionist (IP):** An infection control professional who is knowledgeable about infection control practices, including routes of transmission, isolation precautions and the investigation of exposure incidents

- 16. Infectious:** Having the ability to transmit TB or ATD/ATP to other people via respiratory droplet nuclei, fomites or during autopsy
- 17. Initial treatment:** Treatment provided at the time of the first contact a health care provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures
- 18. Laboratory:** A facility or operation in a facility where the manipulation of specimens or microorganisms is performed for the purpose of diagnosing disease or identifying disease agents, conducting research or experimentation on microorganisms, replicating microorganisms for distribution or related support activities for these processes
- 19. Local health officer:** The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR  
*\*NOTE: Title 17, Section 2500 of CCR requires that reports be made to the local health officer for the jurisdiction where the patient resides.*
- 20. *M. tuberculosis* (TB or *M. tb*) means *Mycobacterium tuberculosis*:** The scientific name of the bacterium that causes tuberculosis
- 21. Negative pressure:** The relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment room or area and into adjacent rooms or areas
- 22. NIOSH:** The National Institute for Occupational Safety and Health
- 23. Novel or unknown ATP:** A pathogen capable of causing serious human disease meeting the following criteria:
- a. There is credible evidence that the pathogen is transmissible to humans by airborne and/or droplet transmission and;
  - b. The disease agent is:
    - i. A newly recognized pathogen, or
    - ii. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
    - iii. A recognized pathogen that has been recently introduced into the human population, or
    - iv. A not yet identified pathogen
- 24. \*NOTE:** Variants of seasonal influenza virus that typically are not considered novel or unknown ATPs. Pandemic influenza strains that have not been fully characterized are novel pathogens.

- 25. Occupational exposure:** Exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs if protective measures are not in place. In this context, “elevated” means higher than what is considered ordinary for employees having direct contact with the general public outside of the facilities, service categories and operations listed in subsection (a)(1) of this standard.
- 26.** Occupational exposure is presumed to exist to some extent in each of the facilities, services and operations listed in subsection (a)(1)(A) through (a)(1)(H) of the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases. Whether a particular employee has, occupational exposure depends on the tasks, activities, and environment of the employee, and therefore, some employees of a covered employer may have no occupational exposure. For example, occupational exposure typically does not exist where a hospital employee works only in an office environment separated from patient care facilities or works only in other areas separate from those where the risk of ATD transmission, whether from patients or contaminated items, would be elevated without protective measures. It is the task of employers covered by this standard to identify those employees who have occupational exposure so that appropriate protective measures can be implemented to protect them as required. Employee activities that involve having contact with or being within exposure range of cases or suspected cases of ATD, are always considered to cause occupational exposure. Similarly, employee activities that involve contact with, or routinely being within exposure range of, at-risk populations are considered to cause occupational exposure. Employees working in laboratory areas in which ATP are handled or reasonably anticipated to be present are also considered to have occupational exposure
- 27. Physician or other licensed health care professional (PLHCP)** means an individual whose legally permitted scope or practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all health care services required by this section.
- 28. PPD (Purified Protein Derivative):** The substance used in a skin test to determine presence of hypersensitivity to tuberculin protein, signifying exposure to the organism
- 29. Referral:** The directing or transferring of a possible ATD case to another facility, service or operation for the purposes of transport, diagnosis, treatment, isolation, housing or care.
- 30. Reportable aerosol transmissible disease (RATD):** A disease or condition which a health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD)

- 31. Respirator:** A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used
- 32. Respiratory Hygiene/Cough Etiquette in Health Care Settings:**  
**Respiratory Hygiene/Cough Etiquette in Health Care Settings,** CDC, November 4, 2004, which is hereby, incorporated by reference for the sole purpose of establishing requirements for source control procedures
- 33. Risk:** The likelihood of an individual acquiring or having acquired TB by virtue of behavior, underlying medical condition, occupation, international travel, personal contact or socioeconomic conditions
- 34. Screening (health care provider):** The initial assessment of persons who are potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infection isolation or need to be referred for further medical evaluation or treatment to make that determination. Screening does not include diagnostic testing
- 35. Screening (non-health care provider):** The identification of potential ATD cases through readily observable signs and the self-report of patients or clients. Screening does not include diagnostic testing
- 36. Significant exposure:** An exposure to a source of ATPs or ATP-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP
- 37. Source control measures:** The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing
- 38. Surge:** A rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster
- 39. Susceptible person:** A person who is at risk of acquiring an infection due to a lack of immunity as determined by a PLHCP in accordance with current CDC or California Department of Health guidelines
- 40. Suspected case:** Either of the following:  
A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence to probably have a disease or condition listed in Section
- a. IV. A. 6 of the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases
- 41.** A person who is considered a probable case, or an epidemiologically- linked

- case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease or condition listed in Section IV. A. 6 of the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases
42. **TB or *M. tb***: The organism *Mycobacterium tuberculosis*, the causative agent of the infection which leads to disease of people infected
  43. **TB conversion**: A change from negative to positive as indicated by TB test results, based upon current CDC or California Department of Public Health guidelines for interpretation of the TB test
  44. **TB transmission**: The spread of TB from one person to another. This occurs via the airborne route by inhalation of droplet nuclei, small (1-5 micron) residual of aerosols suspended in air exhaled by a person with active disease. Most TB is transmitted by patients not known to have active disease, but who in fact have cavitary, pulmonary, laryngeal disease, by coughing, speaking, singing, or spitting. Individuals with exposure to air contaminated in such a way have a risk of acquisition of organisms proportionate to the degree of contamination of the air and the total volume of that air inhaled. Highest risk of acquisition is in household settings, or enclosed locations of poor ventilation, such as shelters, aircraft or older engineered facilities
  45. **Treatment**: The use of chemotherapy to kill ATD in patients or employees with disease, including chemoprophylaxis
  46. **Test for Tuberculosis Infection (TB Test)**: Any test, including the tuberculin skin test (TST) and blood assays for M. Tuberculosis (BAMT) such as interferon gamma release assays (IGRA) which: (1) has been approved by the Food and Drug Administration for the purposes of detecting tuberculosis infection, and (2) is recommended by the CDC for testing for TB infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines
  47. **Tuberculosis (TB or *M. tb*)**: A disease caused by *M. tuberculosis*

## XIV. References

### A. Safety

1. 8 CCR 5199: <https://www.dir.ca.gov/title8/5199.html>
2. The Joint Commission Comprehensive Accreditation Manual for Hospitals

- Environment of Care Chapter:
- Infection Prevention and Control Chapter:

## B. Employee Health

1. (CalOSHA, 2020)

## C. Infection Prevention

1. California Conference of Local Health Officers (CCLHO) Contact Information:  
[www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx](http://www.cdph.ca.gov/Programs/CCLHO/Pages/LHD%20Contact%20Information.aspx)
2. California Local Health Department Contact Information for Communicable Disease Reporting:  
[www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/LHD\\_CD\\_Contact\\_Info\\_ADA.pdf](http://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/LHD_CD_Contact_Info_ADA.pdf)
3. CDPH Division of Communicable Disease Control Homepage:  
[www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/DCDC.aspx)
4. CDPH Guide to Respirator Use in Health Care – a Toolkit for Program Administrators:  
[www.cdph.ca.gov/Programs/CCDPPH/DEODC/OHB/Pages/RespToolkit.aspx](http://www.cdph.ca.gov/Programs/CCDPPH/DEODC/OHB/Pages/RespToolkit.aspx)
5. CDPH Healthcare-Associated Infections Program - Effective Cleaning Strategies:  
[www.cdph.ca.gov/Programs/CHCO/HAI/Pages/EnvironmentalCleaning.aspx](http://www.cdph.ca.gov/Programs/CHCO/HAI/Pages/EnvironmentalCleaning.aspx)
6. CDPH Respirator Selection Guide for Aerosol Transmissible Diseases:  
[www.cdph.ca.gov/Programs/CCDPPH/DEODC/OHB/CDPH%20Document%20Library/HCResp-ATD-RespSelectGuide.pdfTitle 17](http://www.cdph.ca.gov/Programs/CCDPPH/DEODC/OHB/CDPH%20Document%20Library/HCResp-ATD-RespSelectGuide.pdfTitle 17)
7. CDC Fact Sheet – Tuberculin Skin Testing:  
[www.cdc.gov/tb/publications/factsheets/testing/skintesting.pdf](http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.pdf)
8. CDC Guidelines for Environmental Infection Control in Health-Care Facilities (2003):  
[www.cdc.gov/infectioncontrol/guidelines/environmental/index.html](http://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)
9. CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007):  
[www.cdc.gov/infectioncontrol/guidelines/isolation/index.html](http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)
10. CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings (2005): [www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm)
11. CDC “Pink Book” - Epidemiology and Prevention of Vaccine-Preventable Diseases:  
[www.cdc.gov/vaccines/pubs/pinkbook/index.html](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html) [Resources Aerosol Transmissible Diseases 54](#)
12. CDC Recommended Vaccines for Healthcare Workers:  
[www.cdc.gov/vaccines/adults/rec-vac/hcw.html](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)

13. CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings:  
[www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)

14. Selected EPA-registered Disinfectants: [www.epa.gov/pesticide-registration/selected-epa-registereddisinfectants](http://www.epa.gov/pesticide-registration/selected-epa-registereddisinfectants)

15. OSHA Respiratory Protection Program Toolkit for Hospitals:  
[www.osha.gov/Publications/OSHA3767.pdf](http://www.osha.gov/Publications/OSHA3767.pdf)

16. Title 17 CCR Division 1, Chapter 4, Reporting to the Local Health Authority:  
[https://govt.westlaw.com/calregs/Document/I5849DB60A9CD11E0AE80D7A8DD0B623B?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I5849DB60A9CD11E0AE80D7A8DD0B623B?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

review

## AMNIOTOMY STANDARDIZED PROCEDURE

<b>Reference Number</b>	373
<b>Effective Date</b>	Not Set-Date approved?
<b>Applies To</b>	L & D
<b>Attachments/Forms</b>	<a href="#">Attachment A</a>

### I. **POLICY**

N/A

### II. **DEFINITIONS**

- Amniotomy – artificial rupture of membranes.

### III. **PROTOCOL**

#### A. Function (s)

- To provide the registered nurse with guidance in determining the need to perform an urgent/emergent amniotomy and/or placement of internal fetal spiral electrode through intact membranes.

#### B. Circumstances

- Setting
  1. The registered nurse may apply a fetal scalp electrode [APPLICATION OF FETAL SCALP ELECTRODE CLINICAL PROCEDURE](#) through intact membranes for the purpose of obtaining additional assessment data and continuing treatment under certain circumstances. Amniotomy should only be performed in a labor and delivery area equipped to handle an emergency situation.
- Supervision
  1. Telephone contact with physician.
- Patient Conditions
  1. Amniotomy should not routinely be used to place fetal scalp electrodes when membranes are intact, simply for the convenience of other health care providers. Patient condition situations may typically include when fetal well-being is in question based on evaluation of the characteristics of the external fetal monitor tracing, or when fetal well-being is in question and the tracing is unreadable.

#### C. Database

- Subjective



## AMNIOTOMY STANDARDIZED PROCEDURE NURSING STANDARDIZED PROCEDURE

1. Assessment and documentation of the fetal heart rate and characteristics; uterine activity; color, consistency, odor and amount of amniotic fluid.
- Objective
    1. Immediately prior to amniotomy, the nurse should assess the fetal heart rate and characteristics, and perform a vaginal exam to palpate for umbilical cord, determine fetal station and presentation.
    2. Document the indication for placement of fetal scalp electrode.
    3. Palpate for umbilical cord following completion of amniotomy via application of fetal scalp electrode.
- D. Diagnosis
- Questionable fetal well-being in patients with intact membranes without a physician present
- E. Plan
- Treatment
    1. Application of fetal scalp electrode for improved ability to assess fetal well-being evaluation.
  - Patient conditions requiring consultation/reportable conditions
    1. Notify physician of fetal scalp electrode placement and amniotomy as well as assessment of fetal heart rate, uterine activity and characteristics of amniotic fluid.
  - Education-Patient/Family
    1. Provide education to patient as to procedure that will be performed.
  - Follow-up
    1. Monitor for appropriate fetal response.
  - Documentation of Patient Treatment
    1. Indication for placement of fetal scalp electrode through intact membranes.
    2. Patient response to procedure.
    3. Fetal heart rate characteristics.
    4. Uterine activity.
    5. Characteristics of amniotic fluid.
    6. Vaginal exam findings.

## AMNIOTOMY STANDARDIZED PROCEDURE NURSING STANDARDIZED PROCEDURE

7. Any conversations with the physician.

### IV. **REQUIREMENTS FOR THE REGISTERED NURSE**

- A. Education
  - Provided in unit based orientation.
- B. Training
  - Indications for use of fetal scalp electrode and placement.
- C. Experience
  - Six months documented labor and delivery experience.
- D. Evaluation
  - Initial: at 3 months, 6 months, and 12 months by the nurse manager through feedback from colleagues, physicians, and chart review during performance period being evaluated. Three proctored placements of fetal scalp electrode with preceptor SEE ATTACHMENT A
  - Routine: annually after the first year by the nurse manager through feedback from colleagues, physicians and chart review.
  - Follow up: areas requiring increased proficiency as determined by the initial or routine evaluation will be re-evaluated by the nurse manager at appropriate intervals until acceptable skill level is achieved, e.g. direct supervision.

### V. **DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE**

- A. Method
  - Review and approval every three (3) years.
  - Standardized procedure goes through the Family Practice Committee and OB/GYN Committee every three (3) years.
  - Standardized Procedures goes through the interdepartmental policy committee (IDPC) upon creation of policy and when changes are made.
  - Chief Nursing Officer upon creation of policy and with significant changes.
- B. Review Schedule
  - Every three years.
- C. Signatures of Authorized Personnel Approving the Standardized Procedure and Dates

AMNIOTOMY STANDARDIZED PROCEDURE  
NURSING STANDARDIZED PROCEDURE

- Approval of the standardized procedure is outlined in the electronic policy and procedure system.
- Signatures of authorized personnel approving the standardized procedure and dates: Director of Women's/Children's Services, OB/GYN Committee Chair, Family Practice Committee Chair, Interdisciplinary Practice Committee Chair, and Chief Nursing Officer.

VI. **REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES**

- A. The list of qualified individuals who may perform this standardized procedure is available in the department and available upon request.

VII. **REFERENCES**

O'Brien-Abel, N. & Simpson, K. (2021). Fetal assessment during labor in Simpson, K., Creehan, P., O'Brien-Abel, B., Roth, C., & Rohan, A (Eds) *Perinatal Nursing* (5<sup>th</sup> ed. P. 420-422). Philadelphia: Wolters Kluwer.

AMNIOTOMY STANDARDIZED PROCEDURE  
NURSING STANDARDIZED PROCEDURE

ATTACHMENT A

Fetal Scalp Electrode Placement/  
Amniotomy Standardized Procedure

RN Signature	
Manager	Date
CNS	Date

Signatures for three proctored fetal scalp electrode placements: proctor must be qualified RN (established competency with FSE) or MD:

Name	Date

*EXTENDED CLOSED SESSION*  
*(if necessary)*

*(VICTOR REY, JR.)*

*ADJOURNMENT – THE NEXT  
REGULAR MEETING OF THE  
BOARD OF DIRECTORS IS  
SCHEDULED FOR THURSDAY,  
MARCH 24, 2022, AT 4:00 P.M.*