

**SENECA HEALTHCARE DISTRICT  
BOARD OF DIRECTORS REGULAR MEETING MINUTES  
Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA  
August 31st, 2023 - at 3:00 p.m.**

**Board Member(s) joining the Regular Board Meeting via virtual (ZOOM):**

Shelley Stelzner, Secretary-Treasurer - 364 Osprey Loop, Chester CA 96020 / Ph:707-301-7366

**Board of Directors:**

Jerri Nielsen, President

Sherrie Thrall, Vice-President

Kenneth Crandall, Secretary

Rich Rydell, Treasurer

Shelley Stelzner, Assistant Secretary/Treasurer

**1) Call to Order.** President, Jerri Nielsen, called the Regular Board Meeting to order at 3:00pm.

**2) Board Members Roll Call.** The President acknowledged Board Members as present/absent:

- Jerri Nielsen, President, Present
- Sherrie Thrall, Vice-President, Present
- Kenneth Crandall, Secretary, Present
- Rich Randall, Treasurer, Present
- Shelley Stelzner, Assistant Secretary-Treasurer, Attended via virtual (Zoom) Meeting

**3) Pledge of Allegiance** was led by Jerri Nielsen at 3:01pm.

**Closed Session Announcement.**

The Board will meet in Closed Session pursuant to:

- a. Government Code §54956.9(d)(1)** Conference with Legal Counsel – Existing Litigation.  
[Paragraph (1) of subdivision (d) of Section 54956.9]
  - **Velez vs SHD - Case: DFEH #202110-15186025**
- b. Government Code §54956.9(d)(1)** Conference with Legal Counsel – Existing Litigation.  
[Paragraph (1) of subdivision (d) of Section 54956.9]
  - **Robles vs SHD - Case: #CV22-00177**
- c. Health and Safety Code §32106** – Report(s) involving Trade Secrets.

**4) Public Comment(s) Period.**

This is an opportunity for public attendees to address the Board regarding items which are not on the agenda. Please state your name for the record. Comments are limited to three (3) minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot act on any item that is not listed on the agenda. The Board Chair may choose to acknowledge the comment. When appropriate, the Board Chair may briefly answer a question; refer the matter to staff; or move to set the item for discussion at a future meeting.

**Comment Presented at Meeting:**

A community member approached the Board with a statement directed to Shawn McKenzie,









TAB

B

Capital



PROJECT NAME:

SHD HOSPITAL REPLACEMENT

OWNER:

Seneca Healthcare District

PROPOSAL# 23-0450

Prepared by Ashkan Azarkeyvan

DATE: 09/20/2023 Rev.3

Donna Huntingdale  
President  
Building-Rx  
Sacramento, CA 95831

PROJECT: SHD HOSPITAL REPLACEMENT

SUBJECT: PROPOSAL FOR COMMISSIONING SERVICES  
PROPOSAL NUMBER OP# 23-0450

Dear Donna,

Please find enclosed our detailed proposal for your kind consideration.

Please let us know if you have any questions, suggestions, or changes (however small) to the proposal; we want to hear from you and have this proposal answer all your questions and meet all your needs.

**A. Project Description:** Project includes the design and construction of a new OSHPD-1 Hospital, OSHPD-2 SNF and Non-OSHPD support Services Buildings. The project is located at 130 Brentwood Dr., Chester, CA 96020. The project delivery method is Design-Build. This project is not pursuing any Sustainability or Green program certification.

The building's details are as below:

- OSHPD-1 Building/Hospital (I-2 Occupancy) – 29,643 square feet
  - Acute-care – 8 beds: inclusive of 3 private rooms, 2 semi-private rooms, and 1 private isolation room
  - Standby Emergency Services – triage, 5 exam rooms
  - Pharmaceutical Services – a drug room for supply and distribution
  - Surgery – 1 OR, 1 Endoscopy/Procedure Room, 3 PACU
  - Laboratory Services – with blood bank
  - Dietary Services – kitchen and dining
  - Imaging Services – X-Ray, CT, and Ultrasound
  - Central Utility Plant
- OSHPD-2 Building/Skilled Nursing Facility (I-2 Occupancy) – 14,740 square feet
  - Skilled Nursing Beds – 24 semi-private and 2 private/isolation
  - Occupational Therapy
  - Physical Therapy
- Non-OSHPD Support Services Building (Shop Building) - 2200 square feet
  - Maintenance/Shop

- Offices (Maintenance, Housekeeping, Purchasing)
- Additional Storage

The current Design progress and the estimated project schedule is as follows:

- Current Design Progress:
  - Grading/Site plans - design under jurisdiction of Plumas County (PC) with HCAI indicating they will require Increment 1 to be submitted for review/approval prior to proceeding with construction of compacted base & 1st AC lift of driveways/parking areas and associated concrete curbs. Note BSK has been contracted for independent inspection of earthwork activities. Plans submitted to PC 5/18, permit pending.
  - Increment 0 has been submitted for a Preliminary Review – submitted 5/22.
  - Increment 1 is Critical Access Hospital (CAH) Core & Shell – submitted 6/23
  - Increment 2 is Skilled Nursing Facility (SNF) Core & Shell – submitted 6/23
  - Increment 3 is Interiors (CAH & SNF) – 100% CD to be submitted November 2023
- Estimated Construction schedule:
  - Foundation Finish: 01/07/2024
  - Structural Steel Finish: 08/20/2024
  - Exterior Envelope Finish: 11/26/2024
  - Interiors Finish: 09/23/2025
  - Startup and Commissioning Finish: 11/26/2025
  - Close Out Finish: 02/04/2026

## **B. Scope of Services:**

1. Applicable Code, Standards, and Green Programs
  - a. 2022 Title-24 Part 6 California Energy Code Section 120.8
  - b. 2022 Title-24 Part 11 California Green Building Standards Code Section 5.410.2
  - c. ASHRAE Guideline 0 – Commissioning Process
2. Commissioning Activities:
  - a. Design Phase
    - 1) Design Development:
      - (1) Kick-off meeting: Commissioning Authority (CxA) will lead the required Cx kick-off meeting. Attendance by the owner or owner's representative and design team is required.
      - (2) OPR (Owner's Project Requirements) Review: Review the OPR provided by the owner or owner's representative.
      - (3) BOD (Basis of Design) Review: Review the BODs written for commissioned systems by the design professionals.

- (4) Design Review: CxA will engage in a design review and ensure commissioning requirements are shown in the DD documents.
- 2) Construction Documents:
  - (1) Design Review meetings: Commissioning Authority (CxA) will lead the required Cx meetings. Attendance by the owner or owner's representative and design team is required.
  - (2) Design Review: CxA will engage in a design review and ensure commissioning requirements are shown in the construction documents.
  - (3) Completion of the Title-24 Commissioning Form: Design professionals are assumed to document wherein their construction documents their design shows compliance with NRCC-CXR-E form requirements.
  - (4) Commissioning measures shown in CDs: Review the Arch, Mechanical, Plumbing, Fire and Life safety and Electrical project specifications to confirm compliance with CA Energy and CA Green code Commissioning requirements. Provide markups or specification sections as necessary to comply with CA energy and CA Green code Commissioning requirements.
- b. Permitting Phase:
  - 1) Commissioning Authority(CxA) shall be available to provide clarification/ respond to any bid phase RFIs.
- c. Construction Phase
  - 1) Fabrication Phase
    - (1) Commissioning Coordination Meetings: Attend a limited number of meetings to coordinate and lead commissioning activities with construction team members.
    - (2) Review and one back-check of commissioned systems' submittals packaged and transmitted as per the specifications.
  - 2) Installation Phase:
    - (1) Commissioning Coordination Meetings: Attend a limited number of meetings to coordinate and lead commissioning activities with construction team members.
    - (2) Installation verification: Attend a limited number of site inspections to confirm equipment is installed per the construction drawings with maintenance access provided and equipment is ready for startup.
    - (3) Functional Testing:

- (4) Development: Write functional tests for commissioned systems and distribute them to the Commissioning team for their review and comments. Revise and finalize the test procedures accordingly.
    - (5) Witnessing: Attend functional testing of commissioned systems executed by the Contractor.
    - (6) Recording: Commissioning Agent to complete the functional test forms and maintain a commissioning issues log indicating any test failures.
    - (7) Issues Back-check: When the Commissioning Agent is notified that noted corrections have been made, CxA will back-check the corrections and update the issues log. Test and issues log will be provided to the owner.
  - 3) Close-Out Phase:
    - (1) Operations Training: The Commissioning Agent will review the training plans provided by the Contractor.
    - (2) Systems Manual and Commissioning Report: CxA will assemble content provided by self and others as required by the code
  - d. Post Occupancy Phase
    - 1) Not Applicable
- 3. Commissioned Systems
  - a. Building Envelope
  - b. Heating, Ventilation, Air Conditioning and Refrigeration including Controls and Building Management System
  - c. Photovoltaic System (Limited to Solar ready infrastructure verification)
  - d. Indoor Environmental Quality (IEQ)
  - e. Electrical Systems and Emergency Power/Generation
  - f. Smoke Control, Fire Protection, Fire Suppression, Fire Alarm (Limited to Verification of Training Requirements in the specifications and Satisfactory completion of Training)
  - g. Lighting Controls (Limited to T24 code requirements)
  - h. Domestic Hot Water, and Emergency Supply Tank
  - i. System Integration Verification (HVAC, Public Address, Security, Phone, Nurecall, Access Control, Security, Hot Water Temperature, Fuel Tank, Water Tank, Refrigerant, etc.)

4. System-level scope of work and Sampling strategy during the functional tests:

System	Scope
Building Envelope System	<p>CD Phase design review</p> <p>Submittal review performed by the Architect</p> <p>Attend selected Coordination meetings</p> <p>Frequent site inspections</p> <p>Two Days of Glazing and WBAT tests</p> <p>One day Space Pressurization Verification</p> <p>The contractor is responsible for the roof flood test and Hose Nozzle test and architect will review the test reports. CxA does not have any scope</p> <p>Training, O&amp;M and Warranty review</p>
Heating, Ventilation, Air Conditioning and Refrigeration including Controls and Building Management System	<p>100% of Air Handling Units and 25% of Terminal box units/ Exhaust fans shall be tested. The sampling will include different tests on different pieces of equipment in order to touch more pieces. Test HVAC equipment for control failure and make sure HVAC equipment continues running on the last known status.</p> <p>Equipment serving critical areas shall be tested.</p> <p>A two-week trend analysis shall be performed.</p>
Photovoltaic System	Limited to solar-ready infrastructure verification
Indoor Environmental Quality (IEQ)	Prepare Construction Phase and Pre-occupancy IEQ plan Including building Flush out during the Staffing and Stocking period
Electrical Systems and Emergency Power/Generation,	100% of the Electrical distribution system, including transformer, Emergency Generator, Switchboards, ATS, Panelboards, Circuit breakers, Normal, and Emergency outlets.
Smoke Control, Fire Protection, Fire Suppression, Fire Alarm	Limited to Verification of Training Requirements in the specifications and Satisfactory completion of Training
<b>Add Alt#1:</b> Lighting Controls	<b>Add Alt#1:</b> Scope limited to code minimum requirements
Domestic Hot Water, and Cold Water Emergency Supply Tank	100% of the domestic hot water system and the cold water emergency supply tank shall be commissioned per minimum code requirements
System Integration Verification	Verify integration and control room remote monitoring completed and fully operational for HVAC, Public Address, Security, Phone, Nurecall, Access Control, Hot Water Temperature, Fuel Tank, Water Tank, etc.

5. Summary of major activities provided in this fee proposal:

Activity	Quantity
<b>Design Development</b>	
Virtual Meetings	1
In-Person Meetings	1 (Sacramento)
Number of Design Reviews	1
<b>Construction Documents</b>	
Virtual Meetings	4
In-Person Meetings	1 (Sacramento)
Number of Design Reviews	1
Number of Back-checks	1
<b>Permitting</b>	
Virtual Meetings	2
<b>Fabrication</b>	
Virtual Meetings	2
In-Person Meetings	2 (On-site) and 2 (Factory Fabrication) Site visits
Submittal Review and Back-check	1
<b>Installation</b>	
Virtual Meetings	15
In-Person Meetings	8 (On-site)
Installation Verification Field Investigations (combined with the on-site meetings)	8
TAB Sample verification / Startup Witnessing / Duct leakage Testing / Piping Pressure testing site visits	2
Functional tests Site Visits	10 (5 x 2 day visits)
Issues Back-check Site Visits	3
<b>Close out</b>	
Training Review	2 (On-site)
Trend Analysis	1



**C. Clarifications:**

1. Design Phase Project delays beyond Two months are not foreseen.
2. Construction Phase Project delays beyond Three months are not foreseen.

**D. Extra Services:** The following services are not included in this proposal.

1. Employment of special sub-consultants at the request of the Client.
2. Life cycle cost analyses, owning or operating cost studies, and energy effectiveness studies.
3. Partnering sessions, value engineering sessions, or review of Contractor or Construction Manager's proposed cost-cutting recommendations.
4. Work involved in securing utility company rebates.
5. Standalone data logging services and related data analysis
6. Additional time over and above the normal and customary to clarify, negotiate, or otherwise respond to unreasonable or inaccurate interpretations of the construction drawings or sequence of operation by the Contractor including circumstances where we become "caught in the middle" between the Contractor and the Designer.
7. Review of submittals beyond what is described in the Scope of Services section of this proposal.
8. Construction Phase Change orders, ACDs, RFIs, etc: Should a contractor choose to construct the project in a means different than what is indicated in the bid documents by choice and this requires modifications of the Commissioning documents or requires additional commissioning coordination or field activities, this is beyond the scope and will be considered an additional service. This includes changes in documents due to the Contractors substitution of equipment.
9. Prolonged Commissioning activities and coordination: We have based our proposal upon the schedule noted earlier. Prolonged support services for construction, if the initial construction time schedule is exceeded by more than 15% through no fault of Capital Engineering, it will result in a request for additional funding.

**E. Materials and Services Furnished by Others:**

1. Contractor's Responsibilities:
  - a. The commissioning Coordinator hired by the contractor is assumed to be the point of contact for the Commissioning Agent
  - b. Construction phase Title 24-2022 acceptance test execution and form completion, completed by the contractor.
  - c. Installation checklists shall be completed by the contractor in a timely manner per the project and commissioning schedule.
  - d. Contractor shall provide the equipment startup reports, controls startup reports, Test and Balance report, Operations and Maintenance Manuals, As-built drawings, Warranty documents, and any other deliverables per the specification requirements in a timely manner per the project and commissioning schedule.

- e. The contractor shall provide resources, tools, or temporary equipment to execute the functional tests.
  - f. The contractor is responsible to coordinate, schedule, and record the training sessions per the specification requirements.
  - g. During the construction phase, the contractor will provide live access to "For construction" drawings and specifications, as well as any shop drawings or as-built drawings.
  - h. During the construction phase, the contractor will provide live access to the RFIs, ASI's, and approved COs.
2. Owner's Responsibilities
- a. The owner is responsible for providing the OPR document
  - b. The owner will assign an individual as a point of contact
  - c. The owner will attend the meetings/field investigations as requested by the commissioning provider
  - d. During the design phase, the owner will provide live access to current design drawings and specifications.
3. Designer's Responsibilities
- a. Provide BOD for the commissioned systems before 50%DD and update and finalize the BOD before 50%CD.
  - b. Review design phase commissioning comments and provide a written response to each comment within 14 calendar days.
4. All reproduction, including drawings, specifications, and reports.

**F. Compensation:**

1. Basic Services: Compensation for Basic Services outlined under Paragraph B above shall be as follows:

Phase	Fee
Design Development	\$9,950
Construction Documents	\$21,700
Permitting	\$1,100
Fabrication	\$23,250
Installation	\$155,900
Closeout	\$19,250
Reimbursable	\$5,500
<b>Total</b>	<b>\$231,150</b>

**Add Alt#1 Lighting Controls Commissioning** \$7,350

Each Additional One-day site visit and Reporting \$3,600

The above phasing breakdown is for information only and shall not be used for billing. Billing shall be hourly Not To Exceed against total project fee.

The fee provided is valid for 90 days from the date of the proposal. If the Project begins after this time Capital may request an adjustment to the fee to reflect the extended start date.

Below is the breakdown matrix by both phase and systems for information only.

	DD	CD	Permitting	Fabrication	Installation	Closeout	SUB/Totals
Building Envelope	\$ -	\$ 4,200.00	\$ 100.00	\$ 2,200.00	\$ 47,200.00	\$ 1,500.00	\$ 55,200.00
HVAC/ Refrigeration/ BMS	\$ 5,000.00	\$ 7,100.00	\$ 450.00	\$ 9,600.00	\$ 61,100.00	\$ 10,200.00	\$ 93,450.00
Photovoltaic System Ready	\$ 200.00	\$ 400.00	\$ -	\$ 700.00	\$ 900.00	\$ -	\$ 2,200.00
Indoor Environmental Quality	\$ 100.00	\$ 700.00	\$ -	\$ 2,050.00	\$ 3,600.00	\$ 300.00	\$ 6,750.00
Electrical Systems and Emergency Power/Generation	\$ 2,800.00	\$ 5,700.00	\$ 450.00	\$ 4,400.00	\$ 30,900.00	\$ 4,450.00	\$ 48,700.00
Smoke Control, Fire Protection, Fire Suppression, Fire Alarm (Training)	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 900.00	\$ 1,500.00
Domestic Hot Water and Emergency Supply Tank	\$ 1,200.00	\$ 1,600.00	\$ 50.00	\$ 2,300.00	\$ 3,400.00	\$ 800.00	\$ 9,350.00
System Integration	\$ 650.00	\$ 1,400.00	\$ 50.00	\$ 1,500.00	\$ 4,100.00	\$ 800.00	\$ 8,500.00
Reimbursables	\$ -	\$ -	\$ -	\$ 500.00	\$ 4,700.00	\$ 300.00	\$ 5,500.00
<b>TOTAL</b>	<b>\$9,950.00</b>	<b>\$21,700.00</b>	<b>\$1,100.00</b>	<b>\$23,250.00</b>	<b>\$155,900.00</b>	<b>\$19,250.00</b>	<b>\$ 231,150.00</b>
<b>Add Alt#1: Lighting Controls</b>	<b>\$1,200.00</b>	<b>\$ 1,600.00</b>	<b>\$ 50.00</b>	<b>\$ 1,100.00</b>	<b>\$ 2,600.00</b>	<b>\$ 800.00</b>	<b>\$ 7,350.00</b>
<b>Each additional one-day site visit and reporting</b>							<b>\$ 3,600.00</b>

2. Extra Services:

- a. Compensation for authorized Extra Services as defined above shall be hourly at the rates indicated in the attached rate schedule.

3. Reimbursable Expenses:

We propose to invoice for reimbursable expenses including travel costs, lodging, food, internal printing, and shipping against a fixed fee of \$5,500 per the table above. Printing for distribution is not included in this reimbursable expense. We anticipate that deliverables will be in PDF format or the team will have a common reproduction agency, where documents for major distribution will be sent, and we will be reimbursed directly by the client or the architect.

**G. Insurance Coverage:**

1. Professional Liability \$1,000,000 per claim

Please call should you have any questions.

Thank you for the opportunity to offer our services.

Gratefully Yours,



Ashkan Azarkeyvan, P.E., CxA, LEED AP  
Associate Principal, Commissioning Director  
Capital Engineering Consultants, Inc.  
[aazarkeyvan@capital-engineering.com](mailto:aazarkeyvan@capital-engineering.com)  
916-851-3520

### **TERMS and CONDITIONS:**

*The following Terms and Conditions will govern all services performed on behalf of the Client and are hereby incorporated into the Engineering Fee Proposal.*

1. **Payment.** All fees and other charges will be billed to the Client monthly and will be due and payable no later than 60 days after the date of invoice. The client will pay Capital, Inc. ("Capital") interest on past due amounts at the rate of 1.5 percent per month or the highest amount permitted by law, whichever is greater. In addition to all other remedies, Capital may withhold delivery of services, reports, plans, specifications, documents, or other deliverables if the Client fails to pay any invoice when due. Payment to Capital will not be withheld, postponed, or made contingent on the construction, completion, or success of the project or upon receipt by the Client of project funds, offsetting reimbursements, or credits from other parties. No withholding, deductions, or offsets shall be made from Capital's compensation for any reason unless Capital has been found to be legally liable for such amounts. Payment of Capital's fees shall be a condition precedent to bringing any action or suit against Capital.
2. **Additional Services.** Any services not explicitly described as being performed by Capital or its sub-consultants are excluded. If agreed to in writing by Client and Capital, Capital will provide additional services. The client will pay Capital for such additional services in accordance with Capital's current fee schedule or as otherwise agreed by Client and Capital in writing. These Terms and Conditions will apply to all additional services provided by Capital. In the case of additional services added to the Commissioning Fee Proposal, Capital's liability shall be limited to the extent of the additional fee for the specific additional services added.
3. **Professional Standards.** Subject to all conditions set forth herein, Capital will only be liable for breaching its obligation to perform its services to the level of competency maintained by other practicing engineering professionals in the same or similar community performing the same services at the same time as they were performed by Capital. Capital makes no warranties, either express or implied. Capital does not guarantee the completion or quality of performance of contracts by the construction contractor or subcontractors, or other third parties, nor accepts responsibility for their acts, omissions, or any safety precautions.
4. **Independent Contractor.** The relationship of Capital to Client shall at all times be that of an independent contractor. Capital shall not be liable for the acts of Client or its agents in performing Work.
5. **Document Ownership.** Capital holds the copyright for all documents, drawings, and specifications produced by Capital, and such documents shall be the property of Capital, except when otherwise provided by law, governmental requirement, or by prior agreement, these documents become public property or the property of the Client. A limited license is granted to use the documents for the specific purposes and projects covered by the Agreement. Reproduction of these documents either in hard copy or soft copy (including posting on the web) is prohibited without copyright permission. No right to create modifications or derivatives of Capital documents is granted pursuant to this limited license. Any product, process, or technology described in the documents may be the subject of other Intellectual Property rights reserved by Capital. The drawings, specifications, and reproductions thereof are instruments of service to be used only for the specific project covered by the Agreement between the Client and Capital. Capital assumes no liability for misinterpretation, modification, or misuse by others of any instruments of service prepared by Capital in accordance with its services.
6. **Electronic Documents.** If Capital provides Client any design documents, including but not limited to plans and specifications, in electronic form ("Electronic Documents"), acceptance and use of the Electronic Documents by Client shall be at Client's sole risk and Client will: (a) Waive and covenant

not to sue Capital alleging any inaccuracy or defect in the Electronic Documents; (b) Agree that Capital makes no representation with regard to the compatibility of the Electronic Documents with Client's software or hardware; and (c) to the fullest extent permitted by law, indemnify, hold harmless, reimburse and defend Capital from, for and against any alleged claim, damage, liability, or cost, including but not limited to attorneys' fees, that may arise from Client's use of the Electronic Documents or any subsequent modification of the Electronic Documents by any person or entity.

7. **Schedule.** Capital will perform its services with reasonable diligence consistent with sound professional practice as ordinarily provided by engineers practicing in the same or similar locality under the same or similar circumstances. The client will require its other consultants and Contractors to incorporate into their schedules reasonable periods of time for Capital to perform its services and will require that they coordinate their services with Capital's services. The client is aware that many factors outside the Capital's control may affect Capital's ability to timely perform and complete its services and the Client agrees that Capital is not responsible for damages arising directly or indirectly from any delays, including but not limited to liquidated damages.
8. **Construction Support.** Commissioning support services will be performed solely for the purpose of reviewing portions of the work for general conformance with the design concept set forth in the contract plans and specifications. These services are different from inspection services. The Client shall coordinate the Contractor's involvement in any Capital commissioning services and shall provide Capital all necessary contracts and documents to perform the same. Capital is not a Contractor and does not provide the services of a Contractor under any circumstances. Capital will not supervise, direct or have control over any Contractor's work, nor will Capital have any responsibility for the means, methods, techniques, sequences, or procedures of construction selected by the Contractor, nor will Capital be responsible for the Contractor's safety precautions and programs in connection with the work, nor will Capital be responsible for the Contractor's failure to perform the work in accordance with the requirements of the contract documents or applicable building or structural codes, nor will Capital be responsible for the acts or omissions of the Contractor or of any other persons or entities performing portions of the work, all of which are the sole responsibility of the Contractor or its agents.
9. **Submittal Review.** Capital will review and render appropriate services on shop drawings, product data, samples, and other submittals required by the contract documents. Such review shall be solely for general conformance with the design intent and the information shown on the contract documents. Capital's review will not include a review of the accuracy or completeness of details, such as quantities, dimensions, weights or gauges, fabrication processes, construction means or methods, compliance with applicable building or structural codes, coordination of the work of other trades or construction safety precautions, all of which are the sole responsibility of the Contractor. Capital's review will be conducted with reasonable promptness while allowing sufficient time in Capital's judgment to permit adequate review. Review of a specific item shall not indicate acceptance of an assembly of which the item is a part. Capital will not review and will not be responsible for any deviations from the contract documents not clearly identified in writing on the submittal by the Contractor, nor will Capital be required to review partial submissions or those for which submissions for correlated items have not been received.
10. **Termination for Convenience.** Either Capital or Client may terminate this Agreement at any time with or without cause upon giving the other party ten (10) calendar days prior written notice. The client will pay Capital for all services rendered and all costs incurred up to the date of termination, along with all other reasonable termination costs, including but not limited to expenses directly attributable to termination, plus an amount for the Capital's anticipated profit on the value of the services not performed by Capital. If no notice of termination is given, Capital's obligations created by this Agreement will be terminated upon completion of the services.



11. **Notice of Deficiencies.** The client shall provide prompt written notice within thirty (30) days of when the Client becomes aware or should have reasonably been aware of any fault or defect in the project, including errors, omissions, or inconsistencies in the services and work product provided by Capital.
12. **Waiver of Subrogation.** Client and Capital waive all rights against each other for damages or loss to the extent covered by any available insurance. The client will require all of the Client's insurers to waive subrogation against Capital and the Client will contractually require all of its Contractors, consultants, and agents of any tier to have their respective insurers waive subrogation against Capital.
13. **Indemnity.** Subject to all provisions of this Agreement and to the fullest extent permitted by law, Client shall indemnify, hold harmless, reimburse and defend (with counsel of Capital's choice) Capital, its employees, officers, directors, and agents from, for, and against all actual or alleged claims, losses, damages, costs, and expenses arising from or related to the work, the Project, or this Agreement (with the sole exception that Client will have no duty to indemnify Capital from claims or losses to the extent those claims or losses are caused by the fault or negligence of Capital or its employees as adjudicated by a court of competent jurisdiction). Under no circumstances shall Capital be liable for any actual or alleged claims, losses, damages, costs, and expenses arising from or related to the work, fault, or negligence of its sub-consultants.
14. **Modifications.** No change, modification, or amendment to this Agreement will be valid unless agreed to by both of the parties hereto in writing.
15. **Successors and Assigns.** This Agreement shall inure to the benefit of and shall be binding upon each of the parties hereto and such parties' partners, successors, executors, administrators and assigns.
16. **Arbitration.** The client agrees that any claim, damage, or dispute arising out of these Terms and Conditions or any services performed by Capital will be resolved by binding and confidential arbitration before a single arbitrator in the state where the project is located. The parties shall mutually select the arbitrator and the rules applicable to the arbitration process. Unless the parties mutually agree otherwise, the arbitration shall be administered by the American Arbitration Association in accordance with its Construction Industry Arbitration Rules in effect on the date of this Agreement. As a condition precedent to serving a demand for arbitration, the Client agrees that it will obtain a written certificate executed by an independent design professional with similar experience on similar projects and licensed in the jurisdiction in which the project is located certifying that Capital failed to meet the applicable standard of care. The client will provide Capital with a copy of the certificate and all written analyses supporting the certificate's findings at least 30 days before serving a demand for arbitration. Client and Capital agree that any party hereto shall commence all claims and causes of action within the period specified by applicable law but in any case, not more than ten (10) years after the date of substantial completion of the project. Client and Capital waive all claims and causes of action not commenced or noticed in accordance with the time periods in this section.
17. **Governing Law.** The laws of the State that the project is constructed will govern the validity of this Agreement, its interpretation, and performance. Any dispute arising in any way from this Agreement shall be subject to the jurisdiction of the courts of that State.
18. **Client's Terms.** Any terms and conditions set forth or referenced in Client's purchase order, requisition, or other notice of authorization to proceed are inapplicable to the services provided under this proposal or any related agreement, except when specifically accepted or confirmed in writing and signed by Capital.

19. **Limitation of Liability.** *The client agrees that, in recognition of the relative risks and benefits of the project, Capital's aggregate joint, several and individual liabilities, whether for breach of contract, breach of warranty, negligence, professional malpractice, strict liability, or otherwise will be limited to an amount no greater than \$1 million or Capital's fee, whichever amount is lesser. This provision will survive the termination or expiration of this Agreement.*
20. **Limitation of Remedy.** *Client covenants that it will not, under any circumstances, bring a lawsuit, arbitration demand, or claim of any kind against Capital's individual employees, officers, directors, or agents, and that Client's sole remedy will be against Capital, Inc.*
21. **Entire Agreement.** *This Agreement contains all terms and conditions agreed on by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement, shall be deemed to exist, or bind any of the parties hereto.*



**Capital Engineering Consultants, Inc.**  
**2023 -2024 Billing Rates**

	<b>2023</b>	<b>2024</b>	<b>2025</b>
Sr. Principal	\$245.00 / hour	\$260.00 / hour	\$270.00 / hour
Principal	\$223.00 / hour	\$236.00 / hour	\$245.00 / hour
Director	\$215.00 / hour	\$228.00 / hour	\$237.00 / hour
Sr. Project Manager	\$205.00 / hour	\$217.00 / hour	\$226.00 / hour
Project Manager	\$196.00 / hour	\$208.00 / hour	\$216.00 / hour
Field Services	\$192.00 / hour	\$204.00 / hour	\$213.00 / hour
Senior Engineer	\$175.00 / hour	\$185.50 / hour	\$193.00 / hour
Engineer	\$160.00 / hour	\$169.50 / hour	\$176.00 / hour
Senior Designer	\$150.00 / hour	\$159.00 / hour	\$165.00 / hour
Designer	\$138.00 / hour	\$146.00 / hour	\$152.00 / hour
Technician / CADD	\$127.00 / hour	\$134.50 / hour	\$140.00 / hour
Intern	\$120.00 / hour	\$125.00 / hour	\$123.00 / hour
Project Administrator	\$107.00 / hour	\$113.50 / hour	\$118.00 / hour

**Capital Engineering Consultants, Inc.**

- **Tax ID No. 94-1492674**
- **CA Business License # C0398323**
- **DIR # 100020121**
- **Small Business Certification ID 35757**

Seneca Healthcare District - Replacement CAH/SNF  
Commissioning

Capital Engineering Consultants Inc.

## Final Rev.3

	DD	CD	Permitting	Fabrication	Installation	Closeout	SUB/Totals
Building Envelope	\$ -	\$ 4,200.00	\$ 100.00	\$ 2,200.00	\$ 47,200.00	\$ 1,500.00	\$ 55,200.00
HVAC/ Refrigeration/ BMS	\$ 5,000.00	\$ 7,100.00	\$ 450.00	\$ 9,600.00	\$ 61,100.00	\$ 10,200.00	\$ 93,450.00
Photovoltaic System Ready	\$ 200.00	\$ 400.00	\$ -	\$ 700.00	\$ 900.00	\$ -	\$ 2,200.00
Indoor Environmental Quality	\$ 100.00	\$ 700.00	\$ -	\$ 2,050.00	\$ 3,600.00	\$ 300.00	\$ 6,750.00
Electrical Systems and Emergency Power/Generation	\$ 2,800.00	\$ 5,700.00	\$ 450.00	\$ 4,400.00	\$ 30,900.00	\$ 4,450.00	\$ 48,700.00
Smoke Control, Fire Protection, Fire Suppression, Fire Alarm (Training only)	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 900.00	\$ 1,500.00
Domestic Hot Water and Emergency Supply Tank	\$ 1,200.00	\$ 1,600.00	\$ 50.00	\$ 2,300.00	\$ 3,400.00	\$ 800.00	\$ 9,350.00
System Integration	\$ 650.00	\$ 1,400.00	\$ 50.00	\$ 1,500.00	\$ 4,100.00	\$ 800.00	\$ 8,500.00
Reimbursables	\$ -	\$ -	\$ -	\$ 500.00	\$ 4,700.00	\$ 300.00	\$ 5,500.00
TOTAL	\$ 9,950.00	\$ 21,700.00	\$ 1,100.00	\$ 23,250.00	\$ 155,900.00	\$ 19,250.00	\$ 231,150.00
Add Alt#1: Lighting Controls	\$ 1,200.00	\$ 1,600.00	\$ 50.00	\$ 1,100.00	\$ 2,600.00	\$ 800.00	\$ 7,350.00
Each additional one-day site visit and reporting							\$ 3,600.00

**TAB**

**B**

**SINDONI  
CONSULTING**



August 21, 2023

Lisa Lazalier  
Building Rx  
Business Development and Marketing Specialist

**Re: Sindoni Consulting & Management Services, Inc. (SCMS) Commissioning Services Proposal for the Seneca Healthcare District Hospital Replacement Project**

Ms. Lazalier,

I am pleased to present the following Commissioning Services Proposal for the Seneca Healthcare District Hospital Replacement Project. Sindoni Consulting & Management Services, Inc. (SCMS) is a California based, certified SBE with offices in, Sacramento, San Leandro, and Costa Mesa CA. Our focus is on construction projects primarily in the healthcare industry. We are LEED Accredited and an ACG Commissioning Certified Authority and have a strong group of experienced MEP Project Managers, and Commissioning Engineers that come from the Design and Construction industries who can support the successful completion of your projects.

SCMS is in a unique position to provide quality commissioning support due to our recent, relevant experience on multiple large HCAI (formerly OSHPD) healthcare and Medical Office Building construction projects, which are similar in magnitude and complexity to the Seneca Healthcare District Hospital Replacement Project. Our California Healthcare commissioning background and experience includes:

- Successfully commissioned 13 OSHPD new hospitals and over 30 new medical office buildings, many on operating hospital campuses.
- Project examples include Sutter CPMC Van Ness & Geary New Hospital, Stanford New Adult Hospital, Lucile Packard Children's Hospital, Kaiser Permanente Redwood City New Hospital and Central Plant, Kaiser Permanente Dublin Specialty MOB, John Muir Health Berkeley Outpatient Center, Dignity Health Sequoia Hospital and Central Plant, Sutter Medical Center Sacramento, Sutter Davis Medical Center, and Kaiser Permanente San Jose Genetics Laboratory

Included in the attached proposal are the following sections:

1. CxA Certification
2. Litigation History
3. Relevant Project Experience
4. Project Approach
5. Project Team (Attachment: Resumes)
6. Samples of Commissioning documents produced by SCMS (included as a separate attachment to proposal)
7. SCMS Fee Narrative and Fee Schedule
8. SCMS Mechanical Equipment List

We feel strongly that the services described in this proposal will provide a significant benefit to the Seneca Healthcare District Hospital Replacement Project, both in energy efficient operation of the MEP systems and in cost savings due to minimized issues affecting project completion and turnover. In the event we have not fully understood or addressed a requirement of this engagement, we are prepared to review and adjust this proposal as necessary.

Thank you for your interest in our services and we look forward to the opportunity to be part of the successful completion of the Seneca Healthcare District Hospital Replacement Project. If you have any questions, please feel free to contact me at your convenience at (949)282-2757.

Sincerely,

Anthony J. Sindoni



## *Annual Membership Certificate*

*Awarded to*

***Sindoni Consulting & Management Services, Inc.***

*as a member in good standing of the AABC Commissioning Group for the year*

# ***2023***

*This company has met all requirements for membership and is entitled to all rights and privileges thereof. This certificate is renewable on an annual basis and expires December 31, 2023.*

A handwritten signature in blue ink, reading 'Troy Byers'.

Troy N. Byers, P.E., CxA, President

A handwritten signature in blue ink, reading 'Ray Bert'.

Ray Bert, Executive Director



*hereby certifies that*

*Adam G. Williams, CxA*

*Sindoni Consulting & Management Services, Inc.*

*has met all prerequisites demonstrating independence and the technical, management, and communications skills required to implement the commissioning process in new and existing buildings, and passed the necessary examination to be awarded this certificate in recognition of their qualifications as an ACG*

## **Certified Commissioning Authority**

*Registration number: 221-1889 . This certificate, valid only for the year 2023, is renewable on an annual basis upon meeting all requirements noted in the CxA Candidate Handbook.*



Program #1215



**RECOGNIZED PROGRAM**

MEETS U.S. DEPARTMENT  
OF ENERGY GUIDELINES



PERSONNEL CERTIFICATION  
BODY

Program #1215

A handwritten signature in black ink, appearing to read 'Justin F. Garner'.

Justin F. Garner, P.E., CxA  
Certification Council Chair

A handwritten signature in black ink, appearing to read 'Ray Bert'.

Ray Bert  
ACG Executive Director

*This certificate is the sole property of ACG and must be returned upon request.*



## **Seneca Healthcare District Hospital Replacement Project Firm Litigation History**

### **Sindoni Consulting & Management Services, Inc. (SCMS) Information**

#### **Firm Information:**

- Name: Sindoni Consulting & Management Services, Inc. (d/b/a SCMS)
- Legal form: S-Corporation (California) since August 2007
- Address: 3184 Airway Ave, Unit E, Costa Mesa, CA 92626
- Phone/Fax: P 949-282-2757; F 949-282-2758

#### **Firm Litigation History:**

SCMS has never had, nor currently has, any litigation, arbitration, or negotiated/settled history with previous clients.



## Seneca Healthcare District Hospital Replacement Hospital Relevant Project Experience

### Experience/Qualifications

SCMS has been providing commissioning services for over 15 years, and we have successfully commissioned over 500 projects (primarily healthcare) ranging in scale from new 1M Sq. Ft. Hospital Projects to MEP Equipment Changeouts and small TI projects; the majority of which were on operating hospital campuses and medical office buildings.

SCMS has provided LEED Commissioning, Title 24 Commissioning, Retro-Commissioning, and Monitoring-Based Commissioning Services for a wide variety of industries including healthcare, laboratories, and higher education. Below we have highlighted five (5) projects that we believe showcase our experience and qualifications as it pertains to the Seneca Healthcare District Hospital Replacement Project, additional examples are available upon request.

#### 1. Sutter California Pacific Medical Center Van Ness & Geary Campus



#### PROJECT INFORMATION

- a. **Project Name:** Sutter Health California Pacific Medical Center (CPMC) Van Ness & Geary Campus
- b. **Project description:** New hospital construction in downtown San Francisco. Certified LEED Silver.
- c. **Project owner with current address/ telephone number:** Sutter Health; Plant Manager Brian Cassel; 1101 Van Ness Ave, San Francisco, CA; PH: 415-716-0430; e-mail: [CasselBA@sutterhealth.org](mailto:CasselBA@sutterhealth.org)
- d. **Project size (square feet):** 1M Sq. Ft.
- e. **Year of Completion:** 2020
- f. **Type of facility:** HCAI 1 Hospital

#### 2. Lucile Packard Children's Hospital



#### PROJECT INFORMATION

- a. **Project Name:** Lucile Packard Children's Hospital
- b. **Project description:** New construction, HCAI 1 (formerly OSHPD) Hospital Project. Certified LEED Platinum.
- c. **Project owner with current address/ telephone number:** Stanford Health Care; Sr. Project Manager Ron Marshall; Address: 700 Welch Road, Palo Alto; PH: 510-604-1002; e-mail: [rmarshall@stanfordchildrens.org](mailto:rmarshall@stanfordchildrens.org)
- d. **Project size (square feet):** 529K Sq. Ft
- e. **Year of Completion:** 2018
- f. **Type of facility:** HCAI 1 Hospital



### 3. Stanford New Adult Hospital



#### PROJECT INFORMATION

- a. **Project Name:** Stanford New Adult Hospital
- b. **Project description:** New construction, HCAI 1 (formerly OSHPD) Hospital Project. Certified LEED Gold.
- c. **Project owner with current address/ telephone number:** Stanford Health Care; Sr. Project Manager Tom Spotts; Address: 1199 Welch Road, Palo Alto; PH: 650-847-9527; e-mail: [tspotts@outlook.com](mailto:tspotts@outlook.com)
- d. **Project size (square feet):** 824K Sq. Ft
- e. **Year of Completion:** 2020
- f. **Type of facility:** HCAI 1 Hospital

### 4. Kaiser Permanente Dublin Specialty MOB and Cancer Center



#### PROJECT INFORMATION

- a. **Project Name:** Kaiser Permanente Dublin Specialty MOB and Cancer Center
- b. **Project description:** New construction HCAI 3 (formerly OSHPD) specialty MOB and Cancer Center certified LEED Gold.
- c. **Project owner with current address/ telephone number:** Kaiser Permanente; Project Manager Percy Hsieh; Address: 3100 Dublin Blvd, Dublin, CA; PH: 510-384-8592; e-mail: [percy.hsieh@kp.org](mailto:percy.hsieh@kp.org)
- d. **Project size (square feet):** 220K Sq. Ft.
- e. **Year of Completion:** 2019
- f. **Type of facility:** HCAI 3 Medical Office Building

### 5. Kaiser Permanente Redwood City Specialty MOB



#### PROJECT INFORMATION

- a. **Project Name:** Kaiser Permanente Redwood City Specialty MOB
- b. **Project description:** New construction, HCAI 3 specialty MOB certified LEED Gold
- c. **Project owner with current address/ telephone number:** Kaiser Permanente; Project Manager Andrew Fellows; Address: 1100 Veterans Blvd, Redwood City, CA; PH: 925-324-9753; e-mail: [Andrew.c.fellows@kp.org](mailto:Andrew.c.fellows@kp.org)
- d. **Project size (square feet):** 200K Sq. Ft
- e. **Year of Completion:** 2021
- f. **Type of facility:** HCAI 3 Medical Office Building



## **Seneca Healthcare Hospital Replacement Project Scope and Approach**

**BASIS** - Our understanding of the Seneca Healthcare Project is as follows:

- Project Description – Three (3) Buildings: OSHPD -1 Replacement Hospital (29,643 sq. ft.) includes very small CUP (no sq. ft. provided), OSHPD-2 Nursing Facility (14,740 sq. ft.), and non-OSHPD Support Services Building (2,200 sq. ft.)
- Review of Increment 0 Drawings dated May 4, 2023, Increment 1 Drawings dated June 15, 2023 and Increment 2 Drawings dated June 15, 2023.
- Project Commissioning Schedule assumes a Contract Start date of approximately October 1, 2023 and a Commissioning Complete date of November 30, 2025, 25 months (Per the schedule provided as part of the RFP/Q documents and dated June 2, 2023).
- No scope or commissioning specification was provided. Based on the building size SCMS is assuming Title 24 Minimum commissioning scope as defined below.
- SCMS previous experience with similar healthcare commissioning projects

**SCOPE** - We are proposing the following MEP technical support scope for the Seneca Healthcare Replacement Hospital Project. These are summary level scope and descriptions of the activities included with each of the scopes.

### **1. Design Review and Assessment**

SCMS shall conduct a design review of project documentation. Review shall include:

- Review of project drawings, specifications, submittals, and Owner Project Requirements (OPR), for operability, maintainability, and sequence of operations and energy optimization.
- Review Basis of Design (BOD)
- Provide Drawing/SOO clarifications log, to be responded to by the Engineer of Record, in preparation for development of Functional Performance Test Procedures.
- Chair Sequence of Operations (SOO) Review teleconference meeting(s) with Engineer of Record if required.
  - Total Number of SOO Review Meetings (included in Fee): 2 Meetings (Virtual)
  - Total Number of Commissioning Meetings (included in Fee): 1 Meeting (Virtual)

### **2. SCMS will develop a project Commissioning Plan**

- SCMS will develop a commissioning plan that outlines the roles/responsibilities for members of the design/construction team pertaining to the commissioning effort, the commissioning tasks that are to be performed, systems that are to be commissioned, and communication protocols for the project
- A list of functional tests and associated durations will be included within the Commissioning Plan for the project.

### **3. Develop Functional Performance Test Procedures (FPT)**

- SCMS will develop FPT Procedures for applicable system components and associated Building Management System controls.
- The purpose of the FPTs is to confirm the proper operation of systems in accordance with the project's approved Sequence of Operations and design intent.
- MEOR shall review submitted FPTs for compliance with the Basis of Design and design intent and provide comments as necessary.
- SCMS will incorporate any input from the MEOR and finalize the FPTs.

#### **4. Field Installation Assessment and Attend Project Meetings as Required**

- Schedule Coordination Support
- Perform Field QA/QC walkdown during construction and issue Field Observation Report
  - Total Number of SCMS Job Walks/Field Reports (included in Fee): 4 Job walks/ Field reports
- Review **Contractor generated** Certificate of Readiness documentation prior to performing field functional performance testing. Certificate of Readiness is to include the following:
  - Building Management Control System Documentation
    - Point to Point check-out documentation
    - Pre-FPT implementation documentation (dry run of FPT)
    - BMS graphic submittal complete
  - Test Adjust and Balance (air & water) draft report
  - Completed equipment start-up documentation
- Attend Construction Team Project Meetings (virtual only)
  - Total Number of Project Meetings (included in Fee): 8 Meetings (Virtual)
  - Total Number of Commissioning Meetings (included in Fee): 4 Meetings (2 in person/2 virtual)

#### **5. Perform Functional Performance Test Procedures (FPT)**

- Based on successful review of Certificate of Readiness, SCMS will lead field functional performance testing.
  - Total Number of SCMS days included in Fee for Functional Performance Testing: 18 Days
- SCMS will document test results and identify issues requiring resolution in tracking log and provides to Seneca Health.
- Contractor is responsible for issue resolution; SCMS will perform retesting as applicable.
  - Total Number of SCMS days included in Fee for Retesting: 2 Days

*NOTE: Functional Performance Testing (FPT) to be performed once all systems are completed, including TAB, BMS Controls System Point to Point Checkout and pretesting, etc. If FPT testing is to be performed piecemeal than an Amendment to the total fee will be required.*

#### **6. Operator Training**

- SCMS will provide oversight of the training process and will review training completion documentation provided by the GC.
- Scope does NOT include attendance at every training session or taping/recording training sessions

#### **7. Systems Manual**

- SCMS will provide oversight of system manual preparation by the Project Team (Contractor/EOR/Owner). Scope does not include detailed review or reconciliation of documents.

#### **8. SCMS Documents Commissioning in Final Report**

- SCMS will prepare a Final Commissioning Report and provide to the owner. Some of the contents will be provided by the applicable responsible party as described in the Commissioning Plan. Many of these documents will be incorporated by reference to their electronic location due to size.
- Final Summary Commissioning report includes the following:
  - Executive Summary
  - Project Directory
  - Commissioning Process Overview
  - Design Review Log
  - List of commissioned systems
  - Installation verification checklists and Functional Performance Tests
  - Testing Issues Log



## **Seneca Healthcare Replacement Hospital Project Proposed Team**

### **Project Team**

SCMS is proposing the following Core Team, all of whom have healthcare and Title 24 commissioning experience and are available to fulfill their role on the project as identified. Resumes for all Team Members are included in this section. The proposed staffing arrangement focuses resources where needed, provides maximum flexibility while ensuring the project has access to highly qualified resources when needed, streamlines the commissioning process, reduces overall costs, and provides the project with the optimum MEP Commissioning Team. Additional SCMS resources are available if required.

**Anthony J. Sindoni, CxA, LEED AP** will provide oversight and review of ongoing commissioning program development/activities and ensure appropriate SCMS support and resources are available to the project as well as provide overall internal QA/QC to SCMS's proven commissioning program. He has provided this role on all of SCMS's large higher education and healthcare projects to date.

- **Project Manager – Jeffrey C. Kelly, P.E.** will be the Commissioning Authority and provide day-to-day project management and oversight of the commissioning process. He will provide MEP commissioning/engineering support, primarily in the area of mechanical and controls (BMS) systems review and Functional Performance Test development. Mr. Kelly is a Mechanical P.E. with extensive design and field experience with Mechanical and Controls systems on numerous higher education and healthcare projects. He has provided this role on numerous healthcare projects, including Lucile Packard Children's Hospital, Sutter Health CPMC Van Ness & Geary Hospital, Kaiser Permanente Dublin Cancer Center, and currently on the Suter Health Roseville Medical Center Project.
- **Sr. Commissioning Engineer – Tyler Jones, P.E.** will support Mr. Kelly during the design phase commissioning tasks including design review, commissioning plan and commissioning specification development. During the construction phase, Mr. Jones would provide technical support as required, primarily in the area of Pre-functional and Functional Performance Test development/implementation and field troubleshooting of any MEP issues identified. Tyler has extensive healthcare experience working on the Lucile Packard Children's Hospital, Sutter Health CPMC Van Ness & Geary as well as the Dignity Health Sequoia Hospital Project, and Kaiser Permanente Redwood City Hospital and CUP.
- **Sr. Commissioning Engineer – Adam Williams, P.E., CxA** will support Mr. Kelly and Mr. Jones during the design phase commissioning tasks including design review, commissioning specification development and technical input in the area of building management controls. During the construction phase, Mr. Williams would provide technical support as required, primarily in the area of Pre-functional and Functional Performance Test development. Adam has extensive healthcare experience working on the Lucile Packard Hospital, Sutter Health CPMC Van Ness & Geary as well as the Kaiser Permanente San Diego Central Medical Center the first LEED Platinum adult hospital in California.
- **Commissioning Engineer – Greg Parella, E.I.T.** will support field MEP commissioning efforts, such as installation walk-downs as well as Prefunctional and Functional Performance test implementation. Greg has performed this role on multiple SCMS healthcare projects including KP Dublin Cancer Center, Stanford New Adult Hospital, Sutter Roseville ED Expansion, and Sutter Medical Center Sacramento.
- **Commissioning Field Engineer – Charles Carroll** will provide field and technical support as required over the duration of the project, primarily in the area of Pre-functional and Functional Performance Test implementation and field troubleshooting of any MEP issues identified during testing. Charles supported the FPT implementation at the KP Dublin Cancer Center Project.
- **Commissioning Field Engineer – Kevin Pruhsmeier** will support mechanical systems review and assist in Functional Performance Test development, implement Pre-Functional and Functional Performance Tests, and provide issues resolution. Mr. Pruhsmeier has performed this role on numerous healthcare projects, such as Kaiser Permanente Redwood City Specialty MOB, and Stanford New Adult Hospital. Kevin also supported the KP Dublin Cancer Center Project along with Charles and Tyler.



## **Anthony Sindoni, LEED AP, CxA**

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### **EDUCATION**

- Williamson School, Philadelphia, PA  
*Electric Power Technology Degree  
Engineering*
- UC Los Angeles, Los Angeles, CA  
*Certificate in Health Care  
Administration*
- UC Los Angeles, Los Angeles, CA  
*Certificate in Project Management*
- ASHE/AHA  
*Certificate in Healthcare  
Construction*

### **CERTIFICATION/ASSOCIATION**

- American Society of Healthcare Engineers (ASHE)
- California Society of Health Engineers (CSHE)
- US Green Building Council (USGBC)  
LEED accredited professional
- ACG Certified Commissioning Authority

### **BACKGROUND**

Anthony Sindoni has over 25 years of experience in providing technical and project management services for multiple industries, including Healthcare (OSHPD), Research/Laboratory, Higher Education, and Commercial Power Plants.

His work experience encompasses a strong background in MEP system design development, startup, plant engineering, commissioning, project management, and operations/maintenance.

As President/Founder of Sindoni Consulting & Management Services, Inc. he is currently providing Mechanical, Electrical and Plumbing (MEP) and Low Voltage Project Management and Commissioning oversight for all of SCMS projects. He has been performing or managing large complex California construction commissioning projects for over 15 years.

### **EXPERIENCE**

- Kaiser Permanente San Diego Central Hospital
- Children's Hospital Los Angeles
- Kaiser Permanente LAMC Phase II
- Dignity Health Sequoia New Hospital Tower
- Kaiser Permanente Anaheim Medical Center
- UCLA Santa Monica Hospital
- Goleta Valley Cottage Hospital -
- Santa Barbara Cottage Hospital Phase 4
- Torrance Memorial Medical Center
- UC San Diego CTRI Research Laboratory
- Kaiser Permanente Inland Empire Lab
- LAPD Metropolitan Division Facility
- Goleta Valley Medical Office Building
- USC Norris Cancer Research Center
- USC Michelson Center for Convergent Bioscience
- Dignity Health California Hospital
- UC San Diego – Rady School of Business
- Dignity Health St. John's Pleasant Valley Campus
- UC San Francisco – Byer's Hall Laboratory

## **JEFF KELLY, P.E.**

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### **EDUCATION**

- University of California, Berkeley  
Berkeley, CA  
*B.S. Mechanical Engineering*
- Golden Gate University,  
San Francisco, CA  
*Masters Business Administration*

### **CERTIFICATION/ASSOCIATION**

- Registered California Mechanical Engineer
- Certified Project Management Professional (PMP)
- Member of the Building Commissioning Association (BCA)

### **BACKGROUND**

Jeff Kelly is a Mechanical Engineer with over 34 years of project management and commissioning experience in the healthcare, nuclear power, and utility industries. Jeff is a registered California Professional Engineer and is a PMI certified Project Management Professional (PMP).

He has an extensive and diverse background in design, construction, startup, and operational support of MEP systems specifically on highly technical projects, as well as Operation and Maintenance experience due to his experience in the commercial power industry.

As a Project Manager, he has successfully completed numerous innovative, technically complex, and schedule critical projects.

### **EXPERIENCE**

- Kaiser Permanente Oakland Medical Center
- Sutter Health California Pacific Medical Center
- Dignity Health Sequoia Hospital Pavilion
- Kaiser Permanente Redwood City S MOB
- Sutter Health – Sacramento Medical Center
- UC San Francisco Clinical Sciences Building
- Lucile Packard Children's Hospital
- Kaiser Permanente San Mateo Behavioral Health
- New Stanford Adult Hospital and Parking Garage
- New Stanford Hospital Shared Steam Plant
- Oroville Hospital New Tower
- Kaiser Permanente Union City Medical Center
- El Camino Real Hospital
- Kaiser Permanente Dublin MOB
- Kaiser Permanente Fremont Infrastructure Projects
- UC San Francisco HSIR East and West Towers
- Mountain View Fire Station #5
- Kaiser Permanente Scott Valley Medical Office Building
- Kaiser Permanente Watsonville Medical Office Building
- Kaiser Permanente Redwood City Medical Center
- San Leandro Estudillo Parking Garage
- UC San Francisco Medical Sciences Building

## **TYLER JONES, P.E.**

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### **EDUCATION**

- University of California - Berkeley  
*M.S. Mechanical Engineering*
- University of New Mexico  
*B.S. Mechanical Engineering*

### **CERTIFICATION/ASSOCIATION**

- Registered California Mechanical Engineer (PE), California Board for Professional Engineers, Land Surveyors, and Geologists
- Associate, American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

### **BACKGROUND**

Mr. Tyler Jones is a Mechanical Engineer with over 9 years of experience in HVAC control strategy design and MEP construction and commissioning. He has extensive background in DDC control systems design and analysis of HVAC systems for applications related to energy efficiency and load shedding as well as HVAC system fault detection.

Tyler has been involved with many of our Northern California projects supporting the commissioning design phase and field implementation process. Prior to joining SCMS, he worked for two years on HVAC research in collaboration with Siemens Corporate Research, Lawrence Berkeley National Laboratory, and the United States Department of Energy.

### **EXPERIENCE**

- Sutter Health CPMC Van Ness Campus
- Sutter Roseville Medical Center ED/CCU Expansion
- Sutter Health – Sacramento Medical Center Retrofit
- Stanford New Adult Hospital
- Stanford/Lucile Packard Shared Steam Plant
- Stanford Redwood City Block E Medical Office Building
- Lucile Packard Children's Hospital
- Lucile Packard Children's Hospital Levels 1 & 5 Expansion
- Kaiser Permanente Redwood City Hospital and CUP
- Kaiser Permanente Redwood City Specialty Medical Offices
- Kaiser Permanente Union City MOB A & B Renovation Project
- Kaiser Permanente Tustin Ranch MOB
- Kaiser Permanente Panorama City
- Orohealth Oroville Hospital Tower Expansion
- Dignity Health Sequoia Hospital Pavilion
- UC San Francisco Byers Hall Remediation Project
- UC San Francisco Medical Sciences Building
- UC San Francisco Clinical Sciences Building Retrofit
- El Camino Hospital Women's Hospital Expansion Project
- NASA N258 Cooling Tower Replacement Project
- NASA/Google Bayview Potable Water Storage Tank Project
- San Leandro Estudillo Office & Parking Garage

## **ADAM WILLIAMS, P.E., CxA**

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### **EDUCATION**

- Villanova University, Villanova, PA  
*B.S. Mechanical Engineering*

### **CERTIFICATION/ASSOCIATION**

- Registered Professional Engineer:  
California
- ACG Certified Commissioning  
Authority
- American Society of Mechanical  
Engineers (ASME)
- American Society of Heating,  
Refrigeration, and Air Conditioning  
Engineers (ASHRAE)

### **BACKGROUND**

Mr. Williams is a Mechanical/Controls Engineer with over 30 years of experience in construction, field installation, start-up and commissioning of Mechanical, HVAC/Controls and Building Management Systems (BMS). He is a registered Mechanical Engineer whose background encompasses numerous major construction projects for the Healthcare (OSHPD), Medical Research, Manufacturing, and Higher Education industries.

Adam's engineering experience includes performing MEP System Technical/Design Reviews, developing system sequences of operations, control programming, development of Commissioning Plans, development of detailed Prefunctional and Functional Performance Test procedures, and implementation of all aspects of a commissioning process including start-up, testing, issue resolution, Owner Training, closeout, final reports, and post-occupancy technical support.

He specializes in mechanical and building management systems and has extensive experience in performing the commissioning scopes described above on many projects including healthcare and non-healthcare projects.

### **EXPERIENCE**

- Kaiser Permanente San Diego Central Hospital
- Kaiser Permanente San Marcos Medical Center
- Cedars-Sinai Medical Center Marina del Rey
- Children's Hospital Los Angeles
- Kaiser Permanente LAMC Phase II
- Kaiser Permanente Anaheim Medical Center
- Dignity Health Marian Medical Center
- Goleta Valley Cottage Hospital
- Santa Barbara Cottage Hospital Phase 4
- Torrance Memorial Medical Center
- UC San Diego CTRI Research Laboratory
- Kaiser Permanente Inland Empire Lab
- LAPD - Metropolitan Division Facility
- Cottage Health Goleta Valley Medical Office Building
- Kaiser Permanente Panorama City Medical Center
- Kaiser Permanente Tustin Ranch Medical Office Building
- UC Los Angeles Santa Monica Medical Center
- Kaiser Permanente Woodland Hills Medical Center
- USC Acute Care Hospital Tower



## GREG PARELLA E.I.T.

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### EDUCATION

- Cal State University, Sacramento  
Sacramento, CA  
*B.S. Mechanical Engineering*

### CERTIFICATION/ASSOCIATION

- American Society of Mechanical Engineers (ASME)
- Tau Beta Pi Engineering Honors Society (TBP)

### **BACKGROUND**

Mr. Gregory Parella is a degreed Mechanical Engineer. Greg has worked with SCMS for eight years, including two years as an intern.

Greg has been involved with many of our Northern California projects supporting the commissioning design review or field implementation process as a Commissioning Field Engineer and development of Functional Performance Tests as a Commissioning Engineer. Greg is also studying for his P.E. exam.

Currently Greg is leading the commissioning effort at the Sutter Health Davis Medical Center supporting the commissioning and technical support efforts.

### **EXPERIENCE**

- Dignity Health Sequoia
- Kaiser Permanente Redwood City Hospital and CUP
- Lucile Packard Children's Hospital
- Sutter Medical Center Sacramento
- New Stanford Adult Hospital and Parking Garage
- New Stanford Hospital Shared Steam Plant
- Sutter Health – Sacramento Medical Center Retro Cx
- San Leandro Estudillo Parking Garage
- Sutter Roseville Medical Center ED/CCU Expansion
- UC San Francisco Medical Sciences Building
- UC San Francisco Clinical Sciences Building Retrofit
- Kaiser Permanente San Jose Skyport MOB
- Sutter Health Pharmacy Upgrade Projects (USP 797/800)
- Kaiser Permanente Pharmacy Upgrade Projects (USP 797/800)
- Sutter Davis Medical Center
- Kaiser Permanente Richmond Regional Lab
- CommonSpirit St. Joseph Medical Center
- Stanford Valley Healthcare Pharmacy
- Kaiser Permanente Sacramento Hospital ED Expansion

## CHARLES CARROLL

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### **EDUCATION**

- Heald Institute of Technology,  
San Francisco, CA  
*A.S. Electronics Technology*

### **CERTIFICATION/ASSOCIATION**

- DX9100 Engineering Installation
- HVAC Operations &  
Troubleshooting
- Integrator of Commissioning and  
Engineering
- Metasys Foundations, DDC Systems
- Metasys GPL Engineering
- Metasys Networking  
Commissioning and Services

### **BACKGROUND**

Mr. Carroll is a Commissioning Engineer with over 18 years of experience in the installation, startup, testing, and troubleshooting of HVAC and Building Management Systems. Charles's experience spans various construction industries including, healthcare, Industrial, Commercial, with an emphasis in MEP commissioning (review, startup, FPTs (development/implementation), and building turnover).

In addition, Charles has extensive DDC controls experience, and holds multiple Johnson Controls certifications. He has also worked for a large General Contractor as a Commissioning Coordinator for the Valley Specialty Center MOB Project.

### **EXPERIENCE**

- Dignity Health – Sequoia Medical Center
- Kaiser Permanente Dublin Cancer Center
- Kaiser Permanente Medical Center – Redwood City Campus
- Sutter Health – California Pacific Medical Center
- Sutter Health – Sacramento Medical Center
- Aramark 3838 California Street Building Medical Center
- Lucile Packard Children's Hospital
- New Stanford Adult Hospital
- Kaiser Permanente Scott Valley Medical Office Building
- Kaiser Permanente Watsonville Medical Office Building
- Children's Hospital Los Angeles
- UC San Francisco Medical Sciences Building
- Kaiser Permanente Antioch Infrastructure Upgrade
- Kaiser Permanente Fremont 8 AHU Replacement
- Kaiser Permanente Fremont Boiler Upgrade
- Kaiser Permanente Redwood City Specialty MOB
- Kaiser Permanente Oakland MOB Pharmacy
- Lucile Packard 1<sup>st</sup> & 5<sup>th</sup> Floor Buildout
- Sutter Roseville Medical Center
- Sutter CPMC Pacific Campus Pharmacy

## Kevin Pruhsmeier

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### **EDUCATION**

- Oregon Institute of Technology,  
Klamath Falls, CA  
*B.S. Mechanical Engineering  
Technology*

### **BACKGROUND**

Mr. Pruhsmeier is a Commissioning Engineer with over 20 years of experience in the installation, startup, testing, and troubleshooting of HVAC and Building Management Systems.

Kevin has managed and supported numerous SCMS healthcare commissioning projects in the areas field implementation, systems installation verification, TAB verification, Functional Performance Test implementation as well as issue resolution and troubleshooting.

In addition, he has over 13 years of hands on controls experience in his past position working for Johnson Controls as well as previous Test, Adjust, & Balance (TAB) experience.

Kevin has implemented commissioning on various types of buildings, including labs, hospitals, medical office buildings, clean rooms, higher education and commercial buildings.

### **SCMS PROJECT EXPERIENCE**

- Kaiser Permanente Medical Center – Redwood City Campus
- Sutter Health – California Pacific Medical Center
- Lucile Packard Children's Hospital
- New Stanford Adult Hospital
- Stanford University Pharmacy Expansion
- Sutter CPMC Pacific Campus Pharmacy Upgrade
- Sutter Mills Pharmacy Upgrade
- Sutter Peninsula Pharmacy Upgrade
- Kaiser Permanente Union City – AHU Upgrade
- Kaiser Permanente Walnut Creek – Lilac Building



## **Seneca Healthcare Hospital Replacement Project Fee Schedule Narrative**

The attached Commissioning Fee Schedule for the Seneca Healthcare Replacement Hospital Project is based on:

- Project Description – Three (3) Buildings: OSHPD -1 Replacement Hospital (29,643 sq. ft.) includes a small CUP (no sq. ft. provided), OSHPD-2 Nursing Facility (14,740 sq. ft.), and non-OSHPD Support Services Building (2,200 sq. ft.)
- Review of Increment 0 Drawings dated May 4, 2023, Increment 1 Drawings dated June 15, 2023 and Increment 2 Drawings dated June 15, 2023.
- Project Commissioning Schedule assumes a Contract Start date of approximately October 1, 2023 and a Commissioning Complete date of November 30, 2025 (Based on review of the schedule provided as part of the RFP/Q documents and dated June 2, 2023. SCMS is assuming Title 24 Minimum commissioning scope.
- SCMS previous experience with similar healthcare commissioning projects

Based on scope described in the SCMS Scope/Approach document the estimated fee for this project is \$155,920 excluding reimbursable expenses which are estimated to be \$8,000. The total hours proposed for Commissioning is approximately 904 hours this equates to approximately the equivalent of a .20 or 20% Full Time Equivalent (FTE) over the project duration of approximately 26 months, which is presumed to be October 1, 2023 through November 30, 2025 based on a 2080 hour man-year.

We feel this is a cost effective and efficient proposal based on project size, type, schedule, and MEP commissioning requirements identified in the RFP.

In the event we have not fully understood or addressed a requirement of this engagement, Sindoni Consulting is prepared to review and adjust this proposal as necessary.

### **GENERAL CONDITIONS**

- Services will be provided on an hourly basis. See Fee Schedule for rates/estimates. SCMS will provide monthly invoices for payment and requires payment within 30 days of receipt.
- The proposal is valid for 60 days
- SCMS Proposal assumes normal work hours, Monday-Friday 7AM-5PM and does not include night or weekend work. If night or weekend work is required an Amendment Request will need to be submitted.
- Reimbursable Expenses will be invoiced at cost, without mark-up. Reimbursable expenses are primarily for project related travel expenses.
- Functional Performance Testing (FPT) to be performed once all systems are completed, including TAB, BMS Controls System Point to Point Checkout and pretesting, etc. If FPT testing is to be performed piecemeal than an Amendment to the total fee will be required.
- If an increase or change in the scope of services is required or the duration is modified to support the project, SCMS will submit a written notification/amendment to Seneca Healthcare or Building Rx Management.
- Development/implementation of commissioning documents/testing activities will be performed in a collaborative effort with the Project Team and assumes a reasonable effort by the Design and Construction Team for implementation, review and issue resolution.
- Design Reviews and any other Contract Document related reviews assume one review cycle.
- Implementation of Functional Performance Testing assumes field support from BMS Controls Technician or applicable subcontractors during testing.
- Proposal assumes Subcontractor support for implementation of Functional Performance Testing and assumes a limited amount of retesting.
- Hours for additional support of specialty requirements not covered in the specifications, schedule conflicts or delays, day to day non-Commissioning technical support, complete TAB verification, system design or redesign efforts, and/or unforeseen circumstances are not included in this estimate.
- System/Equipment specific Operation and Maintenance Training will be provided by the Equipment Manufacturers. SCMS will assist coordination and oversight associated with training.
- Systems/O&M Manual Contents will be provided by the Construction and Design Team.
- Seneca Healthcare will provide applicable parking/access for onsite scope of work.



**Seneca Healthcare District Hospital Replacement Project**  
**Title 24 Commissioning Services Fee Schedule**  
**August 21, 2023**

Line Item	DESCRIPTION	Project Manager	Senior Engineer	Commissioning Engineer	Commissioning Field Engineer	Total Hours	TOTAL COSTS
1	Design Development ( Scope 1 in the SCMS Scope Document)	24	112	0	0	136	\$27,000
2	Construction Documents (Scopes 2 and 3 in the SCMS Scope document)	14	108	40	0	162	\$30,870
3	Permitting (Scope 4 in the SCMS Scope Document)	34	0	48	0	82	\$15,470
4	Fabrication (Scope 4 in the SCMS Scope Document)	32	0	48	0	80	\$15,040
5	Installation (Scope 5 in the SCMS Scope Document)	16	24	112	192	344	\$53,080
6	Closeout (Scopes 6-8 in the SCMS Proposal)	12	0	0	88	100	\$14,460
7	<b>Sub-Total Commissioning Services</b>	<b>132</b>	<b>244</b>	<b>248</b>	<b>280</b>	<b>904</b>	<b>\$155,920</b>
	<b>Reimbursable Expenses</b>						<b>\$8,000</b>
	<b>Commissioning Services Totals</b>						<b>\$163,920</b>

*Based on a Commissioning implementation from approximately October 1, 2023 (or Contract Inception) through November 30, 2025 (Approximately 26 months)*

<b>SCMS 2023-2025 Rates</b>	
<b>Position</b>	<b>Hourly Rate</b>
Project Manager	\$ 215
Senior Engineer	\$ 195
Commissioning Engineer	\$ 170
Commissioning Field Engineer	\$ 135

**Seneca Healthcare District Replacement Hospital  
Master Equipment List  
08/21/2023**



TAG	Qty.	Equipment	Location	Service Area(s)	Contractor	Drawings	Comments
<b>Mechanical Equipment</b>							
<b>Roof Top Units</b>							
RTU-1H	1	AAON RNC-030, 10,000 CFM w/ 1250 CFM Return	Roof			Inc 1	
RTU-2H	1	AAON RNC-030, 10,000 CFM w/ 1250 CFM Return	Roof			Inc 1	
RTU-3H	1	AAON RNC-030, 10,000 CFM w/ 1250 CFM Return	Roof			Inc 1	
RTU-4H	1	AAON RNC-030, 10,000 CFM w/ 1250 CFM Return	Roof			Inc 1	
RTU-5H	1	AAON RNC-030, 10,000 CFM w/ 1250 CFM Return	Roof			Inc 1	
RTU-1S	1	AAON RNC-030, 10,000 CFM w/ 7250 CFM Return	Roof			Inc 2	
RTU-2S	1	AAON RNC-030, 10,000 CFM w/ 7250 CFM Return	Roof			Inc 2	
<b>Air Cooled Condenser Unit (Split System)</b>							
ACO-1S	1	Mitsubishi, PUY-A12, 12MBH	Roof			Inc 2	
ACO-2S	1	Mitsubishi, PUY-A12, 12MBH	Roof			Inc 2	
<b>Split System</b>							
SAC-1H		Unitary Split System, Air Cooled				Inc 1	
SAC-2H		Unitary Split System, Air Cooled				Inc 1	
SAC-3H		Unitary Split System, Air Cooled				Inc 1	
SAC-4H		Unitary Split System, Air Cooled				Inc 1	
<b>Exhaust Fans</b>							
EF-1H1	1	Greenheck	Roof	General Exhaust		Inc 1	
EF-1H2	1	Greenheck	Roof	Infection Isolation Room		Inc 1	
EF-2H1	1	Greenheck	Roof	General Exhaust		Inc 1	
EF-2H2	1	Greenheck	Roof	Infection Isolation Room		Inc 1	
EF-3H1	1	Greenheck	Roof	General Exhaust		Inc 1	
EF-3H2	1	Greenheck	Roof	Lab Hood		Inc 1	
EF-4H1	1	Greenheck	Roof	General Exhaust		Inc 1	
EF-5H1	1	Greenheck	Roof	General Exhaust		Inc 1	
EF-5H2	1	Greenheck	Roof	Dishwasher Hood		Inc 1	
EF-5H3	1	Greenheck	Roof	Grease Hood		Inc 1	
EF-1S1	1	Greenheck	Roof	General Exhaust		Inc 2	
EF-2S1	1	Greenheck	Roof	General Exhaust		Inc 2	
<b>Air Terminal Units (constant Volume)</b>							
CAVs	77	Constant Air Volume	Various Locations	Facility		Inc 3	Rough order of magnitude, DD level drawings schedules not provided
<b>Heat Pumps (Air Cooled)</b>							
HPI-1H	1	Heat Pump				Inc 3	DD drawings. Schedules not finalized
HPI-2H	1	Heat Pump				Inc 3	DD drawings. Schedules not finalized
<b>Heating Hot Water Pumps</b>							
HHWP-1	1	Heating Hot Water Pump	Reheats	CAVs		Inc 3	DD drawings. Schedules not finalized
HHWP-2	1	Heating Hot Water Pump	Reheats	CAVs		Inc 3	DD drawings. Schedules not finalized
<b>Heating Hot Water Boilers</b>							
B-1	1	Heating Hot Water Boiler		Facility			DD drawings. Schedules not finalized

**Seneca Healthcare District Replacement Hospital**  
**Master Equipment List**  
**08/21/2023**



TAG	Qty.	Equipment	Location	Service Area(s)	Contractor	Drawings	Comments
B-2	1	Heating Hot Water Boiler		Facility			DD drawings. Schedules not finalized
Make-Up Air Unit							
MAU-1H	1	AAON RNA-08, 1200 CFM				Inc 1	
<b>Plumbing Equipment</b>							
Booster Pump (Domestic Water)							
DWBP	1	Domestic Water Booster Pump Skid		Facility DW System			DD drawings. Schedules not finalized
Water Heater (Domestic Water)							
DWH-1	1	Domestic Water Heater	702	Facility DHW System			DD drawings. Schedules not finalized
DWH-2	1	Domestic Water Heater	702	Facility DHW System			DD drawings. Schedules not finalized
DWH-3	1	Domestic Water Heater	702	Facility DHW System			DD drawings. Schedules not finalized
Medical Gas Alarm Panel							
MAP	1	N2, O2, N2O Manifolds	701	Facility			DD drawings. Schedules not finalized
Medical Air							
MAC	1	Medical Air Skid	702	Facility			DD drawings. Schedules not finalized
VAC	1	Vacuum Skid	702	Facility			DD drawings. Schedules not finalized
Water Softener							
WS-1	1	Placeholder					No shown on plans, anticipate this equipment
Storage Tanks							
EWS	1	Emergency Water Storage Tank	Underground	Facility		Inc 3	DD drawings. Schedules not finalized
ESS	1	Emergency Sanitary Sewer Storage Tank	Underground	Facility		Inc 3	DD drawings. Schedules not finalized
GI	1	Grease Interceptor	Underground	Kitchen		Inc 3	DD drawings. Schedules not finalized
DWH	1	Decon Waste Holding Tank	Underground	Facility		Inc 3	DD drawings. Schedules not finalized
<b>Electrical Equipment</b>							
Switchboards	2	Switchboards					
Distribution Boards	3	Distribution Boards					
Panelboards	29	Panelboards					
Transformers	5	Transformers					
Emergency Generators	2	500KW Emergency Generators					
Automatic Transfer Switches	3	Automatic Transfer Switches					
<b>Misc. Systems</b>							
Power Drop / Loss	1						
Lighting Control Monitoring	1						
ISO DP Monitoring	1						







### Commissioning

Sindoni Consulting & Management Services, Inc (d/b/a SCMS)

	DD	CD	Permitting	Fabrication	Installation	Closeout	SUB/Totals	
Building Pressurization			Not applicable				0	N/A - Not included
HVAC & Refrigeration	\$ 16,200	\$ 20,522	\$ 9,282	\$ 9,824	\$ 28,048	\$ 9,676	\$ 93,552	
Energy Systems			Not applicable				0	N/A - Not included
Indoor Environmental Quality			Not applicable				0	N/A - Not included
Electrical Systems and Emergency Power/Generation, Smoke Control, Fire Protection, Fire Suppression, Fire Alarm, Lighting Systems	\$ 6,750	\$ 7,718	\$ 3,868	\$ 3,760	\$ 13,270	\$ 3,615	\$ 38,980	FP/FS/FA Commissioning not included. Documentation verification only
Plumbing, Domestic Water, and non- potable System	\$ 4,050	\$ 4,631	\$ 2,321	\$ 2,256	\$ 7,962	\$ 2,169	\$ 23,388	
<b>Sub-Total</b>							<b>\$ 155,920</b>	
Reimbursables							<b>\$ 8,000</b>	
<b>TOTAL</b>							<b>\$ 163,920</b>	

**TAB**

**B**

**PYXIS**



# **SENECA HEALTHCARE DISTRICT CRITICAL ACCESS HOSPITAL & SKILLED NURSING FACILITY**

**PROPOSAL FOR COMMISSIONING SERVICES**  
AUGUST 21, 2023



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August 21, 2023



Lisa Lazlier  
Business Development & Marketing Specialist  
Building Rx

Dear Lisa,

With the building of the Replacement Hospital, Seneca Healthcare District is set to offer a fundamental resource for addressing the community's health care necessities. We recognize the obligation of the project team to ensure that this project aligns with the district's expectations for timely delivery within the established schedule. We're thrilled about the chance to enhance your team by taking on the role of Commissioning Authority (CxA).

We recognize that the project encompasses the Critical Access Hospital, an 8-bed OSHPD-1 facility covering roughly 26,643 square feet, a Skilled Nursing Facility with 24 patient beds and an area of about 14,740 square feet, and a non-OSHPD Shop Building that spans an approximate 2,200 square feet.

Our suggested scope of work draws on our prior experience with similar commissioning projects and design. It's customized to satisfy the specific needs of Seneca Healthcare District, comply with the California Energy Code, and meet the expectations of HCAI. A comprehensive review of the plans reveals that the project employs packaged roof-mounted air conditioning units, serving constant volume terminal units with hot water reheat. Additionally, a hot water boiler system disperses mechanical heating hot water throughout the facility. Pyxis has worked with, and is presently engaged with, a system of similar design, and possesses the hands-on practical knowledge required to guarantee smooth plant operation.

In our role as Commissioning Authority (CxA), we will act on behalf of Seneca Healthcare District to ensure that the new facility not only meets requirements on its opening day but continues to do so throughout its lifespan. Here are key aspects of our approach:

- 1. Preparing the Project for Success Through In-Depth Design Reviews:** We recognize and appreciate the talent and vision of your design team. Our aim is to contribute positively by conducting concentrated reviews within our area of specialization.
- 2. Encouraging Teamwork and Collaboration During Construction:** As the CxA, our primary duty is to represent the owner's interests. We believe that the best way to achieve this during construction is through a cooperative and collaborative approach to commissioning, rather than an adversarial one.
- 3. Involving Facility Operations Staff in the Commissioning Process:** We recognize the importance of transferring essential knowledge to the operations staff, so they are ready to effectively manage the facility from day one. Engaging them as active participants during the Commissioning process, from design reviews to witnessing functional tests, is the optimal way to ensure this.

We are available to answer any questions you may have about this proposal, and have provided full contact information within this document. We look forward to an opportunity to discuss your project goals.

Jesse Eisenhart, PE  
Partner, Pyxis

Pyxis is Seneca Healthcare District's Critical Access Hospital & Skilled Nursing Facility Provider



## STATEMENT OF QUALIFICATIONS







## **FEE SCHEDULE & PROPOSAL**



# SCOPE OF WORK

## PROJECT DESCRIPTION

Seneca Healthcare District project is a planned replacement facility. It is designed to combine two distinct buildings within a single roof structure. Additionally, there will be a third support building constructed independently, which will be a non-OSHPD facility. The entire project is situated at 130 Brentwood Drive in Chester, CA.

Presently in the Design Development Phase, the project is expected to be granted its certificate of occupancy on November 25, 2025.

The project consists of the following:

**Critical Access Hospital (CAH):** An OSHPD-1 Hospital of approximately 26,643 square feet. The acute care facility includes:

- Acute care section featuring 8 beds, which encompasses 3 private rooms, 2 semi-private rooms, and 1 private isolation room.
- Standby Emergency Services, including triage facilities and 5 examination rooms.
- Pharmaceutical Services, complete with a room specifically for the supply and distribution of drugs.
- Surgical facilities that contain 1 Operating Room (OR), 1 Endoscopy/Procedure Room, and 3 Post Anesthesia Care Units (PACU).
- Laboratory Services equipped with a blood bank.
- Dietary Services, including both kitchen and dining areas.
- Imaging Services offering X-Ray, CT scan, and Ultrasound capabilities.
- A Central Utility Plant

**Skilled Nursing Facility (SNF):** An OSHPD-2 facility with 1-2 Occupancy that spans 14,740 square feet and houses the following amenities:

- A total of 24 semi-private skilled nursing beds and 2 private isolation beds.
- A space designated for Occupational Therapy.

- A space designed for Physical Therapy.

**Shop Building:** A Non-OSHPD Support Services Building encompasses 2,200 square feet and includes the following areas:

- Maintenance or shop space.
- Offices designated for Maintenance, Housekeeping, and Purchasing functions.
- Additional space allocated for storage.

It is Pyxis's understanding that the project will be delivered via a Design-Build method.

It is understood that there are no LEED or similar sustainability certification goals for this project.

### Current Project Consultants

Project Owner: Seneca Healthcare District  
Project Manager / Owner's Rep: Building Rx  
Architect: HGA  
Design-Build Contractor: Boldt Construction

### Project Documents

Pyxis's understanding of the project is per the following documents:

- Increment 0 - Master Project, Design Development Set, Dated June 29, 2023
- Increment 1 - Core & Shell Package - CAH, Dated June 15, 2023
- Increment 2 - Core & Shell Package - SNF, Dated June 15, 2023
- Increment 3 - Tenant Improvements CAH + SNF, Dated July 6, 2023
- Project Schedule, Dated June 2, 2023

### Project Schedule

We understand the project is at the Design Development milestone. Per the construction schedule dated June 2, 2023, the project will have a single-phase delivery with the CAH, SNF, and Shop Building being delivered as a single phase in the same time frame.

Approximate dates per the schedule are as follows:

- Structural Steel Begins: July 2024
- MEP Rough-in Begins: April 2025
- Power On: June 2025
- HVAC Startup: September 2025
- Owner Move-in: October 2025
- Certificate of Occupancy: November 2025

The project is scheduled for completion of construction on or about November to December 2025.

### BASE SERVICES

Base commissioning services are provided to be in line with the owner's needs for commissioning, California Energy Code and CalGreen Requirements for commissioning. This scope of work for commissioning of the project in accordance with the following standards and guidelines:

- California Title 24-2022 Commissioning Requirements
- Part 6, Section 120.8 - Nonresidential Building Commissioning
- Part 11, Section 5.410 - Building Maintenance and Operation
- ASHRAE Guideline 0-2013

### SYSTEMS TO BE COMMISSIONED

The commissioning scope includes the following systems:

#### Mechanical (T24 Required)

- Building Management System
- Packaged rooftop air handling units: seven (7) units per latest design set
- Packaged make-up air unit, one (1) unit per latest design set
- Terminal units (CAVs), no more than one hundred (100) units per the latest design set

- Split air conditioning units and heat pumps; six (6) units per latest design set
- Natural gas condensing boilers; two (2) units per latest design set
- Primary heating hot water pumps; two (2) units per latest design set
- General exhaust, supply, and transfer fans; no more than ten (10) units per latest design set
- Lab exhaust fans; one (1) unit per the latest design set

- Infectious isolation fans; two (2) units per the latest design set
- Kitchen exhaust fans (grease and dishwasher); two (2) units per the latest design set

#### Electrical, Lighting Control, and Energy Systems (T24 Required)

- Lighting controls including daylighting harvesting and occupancy detection
- Receptacle control
- Main switchboards
- Distribution boards
- Switchgear
- Power & lighting panel boards
- Electrical service and distribution (limited to pre-energization checks and review of contractor's tests)

#### Plumbing (T24 Required)

- Domestic water systems
- Automatic fixtures controls
- Domestic water service and distribution (limited to fill checks and review of contractor's tests)
- Domestic water booster pump
- Domestic hot water system

# SCOPE OF WORK, *CONT*

- Electric water heaters and associated circulation pumps
- Thermostatic mixing valves

## **Irrigation (CalGreen Required)**

- Irrigation controller
- Zone level irrigation control valves

## **Emergency Power Systems**

- 500 kW Diesel Generators: two (2) units per latest design set
- Automatic transfer switches: three (3) units per latest design set

## **Medical Gas System**

- Compressed air
- Vacuum pumps
- Medical gas including oxygen (O2), nitrogen (N2), and nitrous oxide (N2O)
- Medical gas monitoring systems, manifolds, and distribution

## **Fire Alarm & Fire Protection**

Fire alarm systems to include:

- Sirens and strobes
- Smoke detection and pull stations
- Flow switches

Fire protection to include:

- Jockey Pump & ATS
- Distribution piping

Note Fire Alarm and Fire Protection commissioning is not a substitute for AHJ acceptance. Commissioning of these systems should be understood as a pre-acceptance test for AHJ final review and comment.

## **COMMISSIONING PROCESS**

The following elements will compose the commissioning process per industry standards and project requirements.

## **DESIGN DEVELOPMENT PHASE**

The following elements will compose the commissioning process per industry standards and project requirements.

### **OPR Review**

Pyxis will work with the project team to review the Owner's Project Requirements (OPR) document. The OPR is an owner-generated document providing in a narrative format the desires and expectations of owner for the project. The OPR is to include project goals, measurable performance criteria and other project considerations.

*Deliverable: OPR review*

### **BOD Review**

The Basis of Design (BOD) is developed by the design team as part of their normal design duties. The basis of design includes how each element of the OPR has been met and identifies the primary design assumptions such as occupancy space and process requirements, applicable codes, policies, and standards; and load and climatic assumptions that influence the design.

Pyxis will review the BOD for clarity, completeness, and adherence to the OPR, and will prepare a review report. The design team will be responsible for any updates to the BOD that result from review.

*Deliverable: BOD review*

## **CONSTRUCTION DOCUMENTS PHASE**

### **Title 24 Commissioning Documentation & Kickoff Meeting Review**

Pyxis will manage, distribute, and serve as independent reviewer of the Title 24 nonresidential commissioning compliance forms. Pyxis will distribute commissioning compliance forms required for permit submission to include the 2022-NRCC-CXR-E - Nonresidential Building Commissioning Form. Pyxis will serve as an independent design reviewer and hold a design review kickoff meeting with the design team, complete the review forms as the reviewing party and distribute to the design team for response.

*Deliverable: 2022-NRCC-CXR-E*

*Nonresidential Building Commissioning Form*

### **Mid-CD Design Review and Backcheck**

Pyxis will perform a review of the design set for the commissioned systems on or about the Mid-Construction Documents set. The review will address energy efficiency sustainable elements, HVAC sequence of operations, constructability, conflicts between plan sections, conflicts between plans and specifications, and completeness. Pyxis will then backcheck the next design submission (90% or 100%) to confirm that comments are incorporated or accounted for in the documents.

*Deliverable: Design Review*

### **Development of Commissioning Specifications**

Pyxis will develop commissioning specifications for the project. We will coordinate with design discipline leads to compile a commissioning specification per the Construction Specification Institute (CSI) Master Format. Specifications will include Division 01 specifications (General Commissioning Requirements), along with trade specifications for each system defined by the scope of work.

*Deliverable: Draft specifications*

## **FABRICATION PHASE**

### **Development of Commissioning Plan**

Pyxis will develop a Commissioning Plan for the project. The Commissioning Plan will include a list of all systems and specific equipment and components to be commissioned, test documents or early drafts as placeholders, procedures and forms, a narrative

procedural discussion on the commissioning process, communication protocols, reporting and documentation requirements, and a preliminary schedule for the commissioning process. The Commissioning Plan is a living document that will be updated throughout the construction phase of the project and includes the following:

- Narrative discussion and graphical outline of the commissioning process
- List of systems to be commissioned
- Management and responsibilities matrix
- Written deliverables
- Schedule of commissioning activities with major milestones
- Testing procedures and acceptance criteria

*Deliverable: Commissioning Plan*

### **Commissioning Issues Log**

Pyxis will prepare, maintain, distribute, and manage a commissioning log. The commissioning log will identify issues noted throughout the commissioning process. The contractor will provide feedback on issue status and notify Pyxis when issues are ready for backcheck. The commissioning log will provide the following: The contractor will provide feedback on issue status and notify Pyxis when issues are ready for backcheck. The commissioning log will provide the following:

- Numbered list of issues, recommendations, or item to track
- Item status of open, closed, or ready for backcheck
- Date of opening and closure
- Detailed description of the item identified by Pyxis along with any updates regarding issue description
- Feedback from the contractor regarding progress or other updates

The log will be updated at regular intervals following every pre-startup site visit, when witnessing systems pre-functional checks, TAB, pressure tests, and for

# SCOPE OF WORK, CONT

all functional testing through the warranty phase. All closed issues will be documented within the list and will become part of the commissioning record to assist the future building operators. Closure or acceptance of issues must be identified prior to testing of a given system and prior to turn over to the owner.  
**Deliverable: Commissioning Log**

## Commissioning Tests

Pyxis will develop Commissioning Tests for the systems to be commissioned. Pyxis will facilitate a series of meetings with the construction team and the controls contractor to ensure that the tests represent each required mode of operation. Pyxis expects that tests will be developed for all systems in the scope of commissioning.

**Deliverable: Commissioning Tests**

## INSTALLATION PHASE

### Construction Phase Commissioning Meetings

Pyxis will plan, lead, and provide meeting notes a formal Construction Phase Commissioning Kickoff Meeting and will attend all commissioning progress and coordination meetings. Pyxis will produce and distribute meeting notes and will update the Commissioning Log that tracks ongoing commissioning issues (with their observed date), responsible party, and resolution.

Pyxis has budgeted attendance of seven (7) commissioning meetings for the project.  
**Deliverable: Meeting Notes**

### Site Visits (Pre-Start)

Prior to startup of major equipment Pyxis will execute site visits to review construction, installation, and identify potential issues early. Site visit reports will be generated and issued to the team noting commissioning activities and any findings. The Commissioning Log will be updated and distributed as a part of any site visit.

Pyxis has budgeted execution of three (3) pre-start commissioning site visits for the project.  
**Deliverable: Site Visit Reports**

### Testing, Adjustment, and Balancing Witness and Review

Pyxis will review the TAB Plan, will witness TAB activities in the field, and will review the preliminary and final TAB reports as they become available. TAB values may also be spot-checked in the field through a field back-check and TAB demonstration, using a sampling approach, after preliminary reports have been submitted. TAB activities will also encompass both air and water balance of HVAC systems.  
**Deliverable: TAB Review**

### Controls Point-to-Point Checklists Review

Pyxis will meet with the controls contractor to review controls point-to-point process, checklists, and sensor review forms for use in the field. The contractor is responsible to provide complete, calibrated, and properly mapped points for full control of systems. Pyxis will use a sampling approach to review proper readings, control, and mapping of the controlled equipment.  
**Deliverable: Point-to-Point Review**

## CLOSE-OUT PHASE

### Witness Commissioning Tests

Pyxis will witness testing for all systems in the scope of commissioning. Tests will include operating and verifying systems and components through each written mode of operation SOO, and other significant modes, including all controls safeties; startup; shutdown; unoccupied mode; all modes of natural ventilation, heating and cooling, energy efficiency features, manual mode, alarms; and failure modes.

Pyxis expects that the trade contractors will have pre-tested all systems using the approved tests prior to witness by Pyxis. Tests will include review of BMS programming and graphical user interface with the controls contractor to ensure readiness for testing. Pyxis may witness pretests but will witness final tests for each sequence of operation (SOO) and will collect and review completed test forms. Sampling may be used for identical equipment that employs the same SOO. Sampling will also be used to witness performance tests. All functional testing issues will be recorded as they occur, and written progress reports and test results with recommended actions will be provided directly to the owner, the General Contractor, the Cx/C, and the design team. Pyxis will compile all final test results for

publication in the Final Commissioning Report.

**Deliverable: Complete Commissioning Tests**

### Develop Systems Manual + Current Facility Requirements

Pyxis will assemble elements of the Systems Manual from contractor deliverables including final SOO, applicable as-builts, and other documents. The Systems Manual will also be available in digital format.

- Descriptions of each system, including base efficiency data
- As-built sequences and control drawings for all equipment
- Schedule profiles and frequency to review them
- Description of energy and water efficiency features and operational instructions
- Guidelines for establishing and tracking benchmarks for building energy use
- Seasonal start-up and shut-down, manual and restart procedures, and recommendations for seasonal operational issues
- Recommendations for re-calibrating sensors and actuators
- List and description, including affect, of user setpoints and reset schedules
- Plans for continuous commissioning or re-commissioning by equipment type with test references
- Schedule of frequency to review setpoints and reset schedules

**Deliverable: Systems Manual**

### Final Commissioning Report

Pyxis will assemble the Final Commissioning Report at or near the closure of all significant issues identified through the commissioning process. Pyxis will review all required test forms and documentation for completeness and confirm that the commissioning log has been updated. The report will organize and number all commissioning data, documents, tests, and test results in PDF format. The report will include the following:

- Executive Summary
- OPR and BOD
- Summary of Design Review process
- Summary of Submittal Review process
- Commissioning Specifications
- Final Commissioning Plan
- Final Commissioning Issues Log with complete history of deficiencies and issue resolution
- Meeting Minutes
- Site Visit Reports
- Final Checklists, Startup Forms, and Commissioning Test Forms
- Final Systems Manual

**Deliverable: Final Commissioning Report**

# PROPOSAL ASSUMPTIONS & CLARIFICATIONS

The following assumptions were taken for the purposes of building this proposal. Further clarifications regarding the scope of commissioning services are also provided.

1. The project will be delivered in a single phase.
2. Pyxis is not responsible for tenant buildout or commissioning of those systems.
3. Construction and construction phase commissioning work will conclude per the base proposal schedule.
4. Billing of all commissioning services will be executed at the conclusion of the construction phase of the project.
5. It is the responsibility of the respective contractors to operate, demonstrate operation and document proper pre-functional check and start-up operation of their systems and equipment throughout the commissioning process. Upon completion of the pre-checks and start-up, Pyxis will review, witness and document observations and findings.
6. Pyxis's commissioning service is not responsible for design concept, design criteria, compliance with codes, design or general construction scheduling, cost estimating or construction management. Design related issues are to be managed through Contractor team engineer of record.
7. Assistance from the project general contractor and subcontractors are required to conduct a successful commissioning program.
8. The general contractor shall ensure that all contractors execute their commissioning responsibilities according to the construction documents in a timely manner.
9. Representatives of the contractors will attend commissioning meetings.
10. The project contractor will provide equipment cut sheets, shop drawings, as-built submittals and operating and maintenance manuals. Contractors will provide additional detail equipment and system information as requested by Pyxis.

11. The project contractor will complete and provide pre-test documents to Pyxis as a precondition to commissioning testing.
12. The project contractor will be responsible for correcting noted deficiencies identified in the commissioning log and test reports to the owner.
13. The contractor shall prepare O&M and as-built documents.
14. The contractor shall provide Original Equipment Manufacturer's training and start-up of the equipment.
15. Pyxis will provide one (1) test of identified systems and one (1) re-test. Additional testing is not included in this proposal.
16. Pyxis will utilize a sampling approach to commissioning testing and review of equipment. The anticipated sampling approach for testing is as follows:
  - HVAC Systems - 100% testing sample
  - Electrical & Lighting Systems - 100% testing sample
  - Plumbing Systems - 100% testing sample
17. Full testing of systems may be limited until the facility is fully built out and loaded. It is anticipated that tenant build-out team(s) will provide full cooperation to permit the required testing.

**Excluded Systems**  
Systems not identified in this proposal or not elected by the owner as a part of a proposed alternate are excluded from the commissioning services.

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# PROJECT TEAM



**JESSE EISENHART**  
Project Manager



**DAN MORELOCK**  
Technical Advisor



**ATTICUS VELEZ**  
Commissioning Engineer



**CHRISTOPHER LIM**  
Commissioning Engineer



## JESSE EISENHART, PE, CXA, CEM

### PROJECT MANAGER

Jesse Eisenhart is an active Certified Commissioning Authority (CxA), a Registered Professional Engineer, a Certified Energy Manager and a Building Energy Modeling Professional who will lead the commissioning team. Jesse is certified by the nationally recognized AABC Commissioning Group (ACG), and offers 13 years of heating, ventilation, cooling, lighting and power distribution design experience, with documented experience serving as CxA on 20 successfully completed commissioning projects. Jesse has performed commissioning/engineering services for numerous LEED projects ranging from Certified to Platinum.

### RELEVANT EXPERIENCE

#### Stanford Medical Sutter Health Cancer Center, Oakland, CA

The Joint Venture Cancer Center project is a new, six-story, 167,273 gross square feet outpatient medical building located on the Alta Bates Summit Medical Center Campus in Oakland. The building will house comprehensive cancer services, including Radiation Oncology, Imaging, Oncology Specialty clinics, Infusion, a Breast Center, and an Oncology Ambulatory Surgical Center.

#### Sutter Santa Rosa Regional Hospital Expansion

Commissioning Project Manager for this 40 bed OSHPD-1 expansion. Building HVAC systems included a two custom 100% Outside Air AHUs, heat recovery loop, dedicated isolation room exhaust fans, 400-ton water-cooled chiller expansion, steam plant including six boilers. The project integrated with an existing central utility plant on an operating campus. Jesse provided project management leadership, functionally tested and drove resolution on identified issues, and provided direct feedback to Sutter engineering and Sutter project management.

#### Sutter Sacramento Medical Center Existing Building Commissioning (Retro-Commissioning)

Jesse lead the engineering effort to functionally test and provide operational recommendations for the Sutter Sacramento Existing Building Commissioning effort. Jesse lead a team of approximately 10 nationally-staffed engineers to functionally test AHUs, Chilled Water, Steam, and other energy systems at two operating OSHPD-1 and two operating OSHPD-3 facilities constituting over 1.6 million sqft. Jesse provided interaction with the Sutter engineering staff and Sutter project managers.

#### Carson Tahoe Regional Medical Center ED Expansion, Laboratory Addition, & Connector

Jesse served as commissioning project manager for the Carson Tahoe Regional Medical Center's 46,000-sqft emergency department expansion, laboratory addition, and covered connector between existing buildings. The project featured two custom built AHUs, laboratory exhaust, and integration with a central utility plant. The project was completed across multiple phases and integrated seamlessly with hospital operations.

### 13 Years of Experience

#### Education

B.S. Mechanical Engineering,  
Arkansas State University -  
Jonesboro

Master of Business Administration,  
Arkansas State University -  
Jonesboro

#### Credentials

Professional Engineer  
(Mechanical), CA (#38425)

Certified Commissioning  
Authority, ACG #613-1239

Certified Energy Manager, AEE  
#19592



## DAN MORELOCK

### TECHNICAL ADVISOR

Dan coaxes better performance out of complex mechanical systems by engaging designers, builders, and operators in collaborative problem solving. His role offers him the opportunity to tackle the most technically challenging projects, while also mentoring younger engineers and sharing expertise across the firm's practice groups. Throughout his 30+ year career, Dan has worked as a stationary engineer, construction project manager, facility manager, and commissioning engineer, giving him a well-rounded perspective on the challenges facing today's owners and operators.

#### 30 Years of Experience

##### Education

International Union of Operating Engineers Local 39 Apprenticeship Program for Stationary Engineers

##### Credentials

Maryland First Class Engineering License

District of Columbia First Class Engineering License

#### RELEVANT EXPERIENCE

##### Sutter Santa Rosa Regional Hospital Expansion

Technical Advisor for the 40 bed OSHPD-1 expansion. Dan provided insight and guidance to commissioning engineers regarding testing of chiller operation, air balancing, steam boiler startup, and general commissioning procedures.

##### Zuckerberg San Francisco General Hospital and Trauma Center

Technical Advisor for this new hospital and Level 1 trauma center serving San Francisco and northern San Mateo counties. The \$887 million project added a new nine-story, 284-bed acute care tower and replaced the emergency power generators serving the campus, all while the existing hospital and trauma center remained open and operational.

##### Stanford Medical Sutter Health Cancer Center, Oakland, CA

The Joint Venture Cancer Center project is a new, six-story, 167,273 gross square feet outpatient medical building located on the Alta Bates Summit Medical Center Campus in Oakland. The building will house comprehensive cancer services, including Radiation Oncology, Imaging, Oncology Specialty clinics, Infusion, a Breast Center, and an Oncology Ambulatory Surgical Center.

##### Alameda East County Hall of Justice

Technical Advisor for LEED commissioning for this new five-story, 150,000-square-foot courthouse and an adjacent two-story, 46,000-square-foot County administration building. A common area entry lobby and elevator atrium connects the two building. Construction was completed in the Spring of 2017 and the buildings opened to the public in July 2017. The project was designed to achieve LEED certification to the Silver level.



## ATTICUS VELEZ, PE

### COMMISSIONING ENGINEER

Manages and executes commissioning activities specializing in HVAC and other mechanical and plumbing systems. Provides day-to-day management of the commissioning team, creates and manages the project plan and resource plan, and performs QA/QC of technical aspects of the commissioning process deliverables and approaches. Integrates with design and construction teams to ensure the owner's design intent is met. Ensures that commissioning resources are appropriately scheduled for all tasks.

#### 10 Years of Experience

##### Education

B.S. Mechanical Engineering, The California Maritime Academy

##### Credentials

Professional Engineer (Mechanical), CA (#38535)

#### RELEVANT EXPERIENCE

##### Zuckerberg San Francisco General Hospital and Trauma Center

Commissioning Engineer for this new hospital and Level 1 trauma center serving San Francisco and northern San Mateo counties.

##### Stanford Medical Sutter Health Cancer Center, Oakland, CA

The Joint Venture Cancer Center project is a new, six-story, 167,273 gross square feet outpatient medical building located on the Alta Bates Summit Medical Center Campus in Oakland. The building will house comprehensive cancer services, including Radiation Oncology, Imaging, Oncology Specialty clinics, Infusion, a Breast Center, and an Oncology Ambulatory Surgical Center.

##### Chabot Community College Biological Sciences Annex

Commissioning Project Manager for a two-story, 17,000-square-foot academic building that will include instructional laboratories and support spaces for the Biological Sciences Department. The annex is sited adjacent to the existing Biology Building as a free-standing structure. Atticus provided LEED Fundamental and Enhanced Commissioning Services and is completing the required Title 24 design phase documentation for systems commissioning.

##### Alameda East County Hall of Justice

Commissioning Project Manager for LEED commissioning for this new five-story, 150,000-square-foot courthouse and an adjacent two-story, 46,000-square-foot County administration building. A common area entry lobby and elevator atrium connects the two building. Construction was completed in the Spring of 2017 and the buildings opened to the public in July 2017. The project was designed to achieve LEED certification to the Silver level.







## RELEVANT PROJECTS



## STANFORD MEDICINE SUTTER HEALTH CANCER CENTER

OAKLAND, CA

**Clients:**  
Stanford Medicine & Sutter Health

**Pyxis Team:**  
Chris Lim  
Jesse Eisenhart  
Articus Velaz  
Dan Morelock

**Size:** 167,000 sf

**Services Provided:**  
Commissioning

**Systems Commissioned:**  
HVAC, BMS, Electrical Distribution, Lighting, Plumbing, Domestic hot water, Irrigation

The Joint Venture Cancer Center project is a new, six-story, 167,273 gross square feet outpatient medical building located on the Alta Bates Summit Medical Center Campus in Oakland. The building will house comprehensive cancer services, including Radiation Oncology, Imaging, Oncology Specialty Clinics, Infusion, a Breast Center, and an Oncology Ambulatory Surgical Center.

### Systems Description

The HVAC system consists of an air source hydronic heating and cooling plant. The plant utilizes both 2-pipe reversible Air Source Heat Pumps and 4-pipe Heat Recovery Heat Pumps to generate heating hot water and chilled water.

Four Air Handling Units (AHUs) two units feature 70,000 cfm each, one serving the Pharmacy suite with 7,000 cfm, and one serving the surgery center operating rooms with 15,000 cfm.

### Unique Features

- Electric heating
- Heat recovery
- Three operating rooms
- Two endoscopy rooms
- Pharmacy



## SUTTER SANTA ROSA REGIONAL HOSPITAL EXPANSION

SANTA ROSA, CA

**Clients:**  
Sutter Health

**Pyxis Team:**  
Jesse Eisenhart  
Dan Morelock

**Size:** 56,458 sf

**Systems Commissioned:**  
HVAC, Lighting, Plumbing, Pneumatic Tube

The Sutter Santa Rosa Regional Hospital Expansion is a build a three-story, 56,458 square foot hospital wing expansion to east side of existing hospital. The project features the following:

- First floor operating room with one future shell operating room space
- 20 prep/recover bays
- 3 endoscopy suites
- Expansion of the existing sterile processing department
- 40 licensed patient beds are located
- Two patient isolation rooms with pressure monitoring

### Systems Description

The expansion ties into the existing central utility plant (CUP) for chilled water and heating hot water service. An additional 400-ton water-cooled centrifugal chiller and cooling tower was added to increase the Chilled Water capacity of the CUP as a part of the project. Steam is provided to three sterilizers and rooftop humidifier via six steam boilers provided in a first-floor boiler room. Two 100% outside air custom rooftop air handling units (AHU) distribute ventilation to the expansion. A heat recovery loop transfers energy between exhaust and outside air paths for improved energy savings. A heat injection valve enables additional heating capacity for the AHUs through the heat recovery loop.



# SUTTER MEDICAL CENTER SACRAMENTO

SACRAMENTO, CA

**Client:**  
Sutter Health

**Commissioning Team:**  
Jesse Buehler

**Size:** 1.8 million sf

**Services Provided:**  
Existing Building Commissioning

An existing building commissioning effort of the Sutter Medical Center Sacramento campus was performed. The commissioning effort included developing and witnessing of functional performance testing on HVAC, lighting, domestic hot water systems, and other major energy systems.

The commissioning effort was included two acute care OSHPD-1 facilities (Ose Adams and Women's and Children's Center), two MOB OSHPD-3 facilities (Buhler Building and Capitol Pavilion), and the subgrade Energy Center.

Ose Adams is a five-story acute care hospital that was built in the 1980s. It is the oldest of the building on the campus with substantial energy usage. The Woman's and Children's Center (WCC) is a ten-story acute care hospital with two levels of mechanical space making up the majority of the upper two floors. The Buhler building is a seven-story medical office building with penthouse on the roof that houses most of its mechanical equipment.

Capitol Pavilion is a four-story medical office building with three floors of medical offices and a surgery wing on the second floor. This building also houses the campus central plant (heating hot water via steam and chilled water). The campus central plant often called the Energy Center is in the basement of Capitol Pavilion and consumes the largest portion of the campus energy usage. It consists of five centrifugal chillers and four steam boilers that produce the chilled water and heating hot water that serves the campus.

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*\*Work performed by Pyxis team members while at a previous firm.*



## **SAMPLES OF DOCUMENTATION**



**STANFORD MEDICINE & SUTTER HEALTH  
JOINT VENTURE CANCER CENTER (JVCC)**




Prepared by:

 **pyxis**

[www.pyxis-partners.com](http://www.pyxis-partners.com)

**A full sample Commissioning Plan will be sent along with our RFP response.**

 <b>Cx Functional Performance Test (FPT)</b> <b>Table of Contents and Summary Status</b>	
<b>Project Name</b>	<b>Butter Hospital</b>
<b>Tested System/Equipment Name</b>	<b>Build-Up Air Handling Units</b>
<b>Tested System/Equipment ID Tag(s)</b>	<b>WH-1A and A44-1B</b>
	<p>Pyxis will witness all of the FPTs defined herein (at the stated sample rates), performed by the contractor.</p> <p><u>Types of Tests.</u></p> <p>(i) Sequence of Operation (SOO) Tests are witnessed by the Cx's for each unique sequence of operation, function but may not be repeated across identical systems, equipment or space types. If Verification Tests are conducted to verify the as-tested sequence of operation code has been correctly programmed across all multiple identical systems, equipment or space.</p> <p>(ii) Verification Tests are less detailed tests than the SOO tests and are typically witnessed by the Cx's at a higher sample rate. Examples include: a) verifying the programmed sequence of operation code is the same as the as-tested code per the sequence of operation tests; b) verifying the alarms are configured per the sequence of operation tests (without having to repeat the actual alarm sequence tests); c) reviewing and confirming control display graphics including required setpoints; c) testing fault/critical and/or interlocking or mechanical function at a higher sample rate across identical systems, equipment or spaces. beyond the individual SOO tests</p> <p>(iii) Performance Tests are focused on testing and verifying equipment or systems performance, such as testing HVAC system air and water flow rates, temperatures, pressures are achieved at both minimum and near maximum load conditions</p> <p>(iv) Integrated Systems Tests verify the operation and performance of multiple systems together in a coordinated, stable and efficient manner, from simulated minimum to near maximum load conditions or</p>
<b>Testing Overview &amp; Acceptance Criteria</b>	

Commissioning Plan  
Joint Venture Cancer Center (JVCC)  
February 27, 2023  
Revision 801

Commissioning Plan  
Jord Venture Cancer Center (JVCC)  
February 27, 2023  
Revision (0)

[illegible]

## Commissioning Log

Project: SS/RPH Expansion  
Date: 6/2/2022



Contact: Jesse Eisenhart - 415-994-4974

#	Open/Closed	Open	Closed	Assign	Equip	Natural Pyxis Comments
1	CLOSED	9/1/2021	11/19/2021	CxA	Chiller #3	Refrigerant leak detected during prestart (small) located on the 4 ball flange on the condenser. This was not resolved at startup and will require Dairin to resolve.
2	CLOSED	9/1/2021	3/11/2022	CxA	Chiller #3	The total limit input from the BAS to the chiller has not been landed on the chiller board. Owner and MEOR to confirm if this is a requirement for operation?
3	CLOSED	9/1/2021	3/24/2022	CxA	Chiller #3	It was observed during startup that the CW valve did not open 100% and indicated a no power situation to the valve. No lights lit on the card. DDC reset the power and it returned to normal. This valve operation should be monitored to ensure valve actuator is not failing prior to FPIs.
4	CLOSED	9/1/2021	3/11/2022	CxA	CW Head pressure control	CxA recommends the CW valve minimum position when in head pressure control mode be limited to 20% open. This will prevent cases of operating the CW pump in a dead heading condition. This is an adjustable setpoint at the chiller and can be made by Dairin or Southland easily. The final minimum position can be determined when in active head pressure control operation.
5	CLOSED	9/1/2021	3/24/2022	Southland	Chiller #3	CxA requests to review the Dairin start up documentation prior to FPIs.
6	CLOSED	2/15/2022	3/11/2022	CxA	VAV/CAVs	VAV/CAV 13-03-17, 13-01-06, 12-02-17, 12-01-03, 13-03-11 DAT ramps are remaining high when HW valves and CHW valves are closed. Check for leaks.
7	CLOSED	3/15/2022	3/11/2022	CxA	CAV 12-1-04, 12-1-03, 12-1-09	Units not meeting discharge airflow and damper is always open. This short flow is keeping AHU reset at upper limit of duct static setpoint. DDC has taken these units out of the reset logic for AHU up issues to be resolved, and units added back into logic.
8	CLOSED	3/15/2022	3/11/2022	CxA	AHU SDO	IDF spaces are on the AHU supply temp reset logic. This is affecting the AHU's ability to reset temp higher and keeping reset at lowest setpoint.
9	CLOSED	3/15/2022	3/29/2022	DDC	As-built (Controls)	Reset logic for AHU DAT and duct static setpoint is based on zone temp differential from setpoint and VAV/CAV damper position, not requests. Update Control as-built to include specifics on logic.
10	CLOSED	3/15/2022	3/11/2022	CxA	CAV 12-01-07	Unit not making DAT when HW valve is open and at full airflow. Reading is approx 73F. Would expect approx 95F DAT. Note that a 10" AHU is scheduled for max CFM of 1,000 and this unit is scheduled for 1,200 CFM. Further the 10" HW Coil is scheduled for 55F EOB and the AHU reset is pushing the AHU DAT to 48F.
11	CLOSED	3/15/2022	3/11/2022	Design Engineer - Mechanical	CAV 12-01-13	Unit not making DAT when HW valve is open and at full airflow. Reading is approx 73F. Would expect approx 95F DAT.
12	CLOSED	3/15/2022	3/11/2022	CxA	EVAV 12-02-14	Unit not reading any airflow below 50% damper open. Suggests turbulence issue. (Confirm auto calibration is not an issue with 45% minimum)
13	CLOSED	2/15/2022	2/15/2022	BAS Contractor	AHU SDO	AHU DAT max is 56F min is 52F. Initial 55F. AHU-12 max to be 55F min to be 48F. AHU-13 max to be 57F min to be 49F.

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# TOTAL COMPENSATION

## COMPENSATION

Compensation for the services stated in this proposal are as follows. Pricing is effective through October 31, 2023. Engagement of services after this date may require new estimations.

## BASE SERVICES

Compensation for the services identified in "Base Services," shall be on a lump sum basis as follows:

	MEP & Irrigation	Emergency Power*	Medical Gas*	Fire Alarm & Protection*
DD Phase	\$4,608	\$0	\$0	\$0
CD Phase	\$6,840	\$0	\$0	\$0
Fabrication	\$22,032	\$2,160	\$2,160	\$2,160
Installation	\$21,546	\$540	\$540	\$540
Close-Out	\$34,992	\$5,760	\$5,760	\$5,760
<b>Total</b>	<b>\$90,018</b>	<b>\$8,460</b>	<b>\$8,460</b>	<b>\$8,460</b>

\*Denotes optional services. Mechanical, Electrical, and Lighting, Domestic Plumbing and Irrigation are Code Required systems.

## REIMBURSABLE EXPENSES

Reimbursable expenses are anticipated for this project. Typical reimbursable costs include project specific commissioning tools, printing, parcels, reprographics, and travel costs outside the San Francisco Bay Area. Travel costs may include but are not limited to airfare, taxi, ride sharing, lodging, remote internet access, and meals.

Reimbursable expenses will be billed at cost plus 15%. Reimbursable expenses for the project are projected as follows:

	MEP & Irrigation	Emergency Power*	Medical Gas*	Fire Alarm & Protection*
<b>Estimated Reimbursables:</b>	<b>\$9,900</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</b>

\*Denotes optional services. Mechanical, Electrical, and Lighting, Domestic Plumbing and Irrigation are Code Required systems.







Seneca Healthcare District - Replacement CAH/SNF

Commissioning

Pyxis Partners

	DD	CD	Permitting	Fabrication	Installation	Closeout	SUB/Totals
Building Pressurization	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HVAC & Refrigeration	\$2,304.00	\$4,140.00	\$0.00	\$11,736.00	\$19,386.00	\$18,432.00	\$55,998.00
Energy Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indoor Environmental Quality	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Electrical Systems and Emergency Power/Generation, Smoke Control, Fire Protection, Fire Suppression, Fire Alarm, Lighting Systems	\$1,055.00	\$1,235.00	\$0.00	\$8,675.00	\$1,965.00	\$16,500.00	\$29,430.00
Plumbing, Domestic Water, and non- potable System	\$1,152.00	\$1,350.00	\$0.00	\$6,588.00	\$1,620.00	\$7,920.00	\$18,630.00
Reimbursables				\$5,650.00	\$6,900.00		\$12,550.00
TOTAL							\$116,608.00

Date: 9/14/2023

Description of Work	Amount	Comments
<b>1. Design- Construction Administration Fees</b>		
Construction Administration Fees	N/A	To be submitted w/GMP NTP Request
<b>Subtotal 1. Design</b>	\$ -	
<b>2. General Conditions Thru Nov 2023</b>		
Staffing- Through November 2023	\$ 414,387	Remainder to be submitted with GMP NTP request
General Requirements	N/A	To be submitted w/GMP NTP Request
<b>Subtotal 3. General Conditions</b>	\$ 414,387	
<b>3. Scope Section:</b>		
Div 02 - Site Survey & SWPPP	\$ 4,500	SWPPP Plan Preparation
Div 21 - Fire Suppression	\$ 85,000	*Design only. Construction to be submitted with GMP NTP Request
Div 31- Site Grading, Utilities and Paving	\$ 1,877,640	Material pricing subject to escalation
<b>Subtotal 3. Scope Section:</b>	\$ 1,967,140	
<b>Direct Construction Cost</b>	\$ 2,381,527	
<b>4. Fee- 5.9%</b>		
5.90% Profit	\$ 116,061	
<b>Subtotal 7. Fee- 5.9%</b>	\$ 116,061	
<b>5. Insurance/Bonds</b>		
3.00% Bonds/Insurance	\$ 87,359	
<b>Subtotal 8. Insurance/Bonds</b>	\$ 87,359	
<b>6. Reimbursables:</b>		
Reimbursables- 3 months	\$ 32,414	Remainder to be submitted with GMP NTP request
<b>Subtotal 9. Reimbursables</b>	\$ 32,414	
<b>TOTAL NTP #3 Request</b>	\$ 2,617,362	

Salmon Sampling Map  
Seneca Healthcare District Hospital & Staff

			PROJECT: 00 000 000 000																																							
Item	Task Description	Staff Position	Total Hours	Rate	Total	5/1/03	5/20/03	5/29/03	6/4/03	6/12/03	6/19/03	6/26/03	7/2/03	7/9/03	7/16/03	7/23/03	7/30/03	8/6/03	8/13/03	8/20/03	8/27/03	9/3/03	9/10/03	9/17/03	9/24/03	10/1/03	10/8/03	10/15/03	10/22/03	10/29/03	11/5/03	11/12/03	11/19/03	11/26/03	12/3/03	12/10/03	12/17/03	12/24/03	12/31/03			
1	Project Manager	Project Manager	180	170.0	30,600																																					
2	Project Engineer	Project Engineer	180	170.0	30,600																																					
3	Project Engineer	Project Engineer	180	170.0	30,600																																					
4	Project Engineer	Project Engineer	180	170.0	30,600																																					
5	Project Engineer	Project Engineer	180	170.0	30,600																																					
6	Project Engineer	Project Engineer	180	170.0	30,600																																					
7	Project Engineer	Project Engineer	180	170.0	30,600																																					
8	Project Engineer	Project Engineer	180	170.0	30,600																																					
9	Project Engineer	Project Engineer	180	170.0	30,600																																					
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**Abstract**

Job Description		Staff Position	Total hours	Rate	Total	01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	01/04	02/04	03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	12/04	01/05	02/05	03/05	04/05	05/05	06/05	07/05	08/05	09/05	10/05	11/05	12/05	01/06	02/06	03/06	04/06	05/06	06/06	07/06	08/06	09/06	10/06	11/06	12/06	01/07	02/07	03/07	04/07	05/07	06/07	07/07	08/07	09/07	10/07	11/07	12/07	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08	10/08	11/08	12/08	01/09	02/09	03/09	04/09	05/09	06/09	07/09	08/09	09/09	10/09	11/09	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	03/13	04/13	05/13	06/13	07/13	08/13	09/13	10/13	11/13	12/13	01/14	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	02/15	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	03/16	04/16	05/16	06/16	07/16	08/16	09/16	10/16	11/16	12/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17	08/17	09/17	10/17	11/17	12/17	01/18	02/18	03/18	04/18	05/18	06/18	07/18	08/18	09/18	10/18	11/18	12/18	01/19	02/19	03/19	04/19	05/19	06/19	07/19	08/19	09/19	10/19	11/19	12/19	01/20	02/20	03/20	04/20	05/20	06/20	07/20	08/20	09/20	10/20	11/20	12/20	01/21	02/21	03/21	04/21	05/21	06/21	07/21	08/21	09/21	10/21	11/21	12/21	01/22	02/22	03/22	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23	04/23	05/23	06/23	07/23	08/23	09/23	10/23	11/23	12/23	01/24	02/24	03/24	04/24	05/24	06/24	07/24	08/24	09/24	10/24	11/24	12/24	01/25	02/25	03/25	04/25	05/25	06/25	07/25	08/25	09/25	10/25	11/25	12/25	01/26	02/26	03/26	04/26	05/26	06/26	07/26	08/26	09/26	10/26	11/26	12/26	01/27	02/27	03/27	04/27	05/27	06/27	07/27	08/27	09/27	10/27	11/27	12/27	01/28	02/28	03/28	04/28	05/28	06/28	07/28	08/28	09/28	10/28	11/28	12/28	01/29	02/29	03/29	04/29	05/29	06/29	07/29	08/29	09/29	10/29	11/29	12/29	01/30	02/30	03/30	04/30	05/30	06/30	07/30	08/30	09/30	10/30	11/30	12/30	01/31	02/31	03/31	04/31	05/31	06/31	07/31	08/31	09/31	10/31	11/31	12/31																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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Total Amount of Disposition: \$ 44,307



**AGREEMENT FOR PROFESSIONAL SERVICES  
BETWEEN CLIENT AND CONSULTANT**

**DATE:** 06/13/2023

**CLIENT:** Kaylee Gathard  
The Boldt Company – Sacramento Office  
1340 Blue Oaks Blvd  
Roseville CA 95678

**CONSULTANT:** NorthStar  
111 Mission Ranch Blvd., Suite 100  
Chico, CA 95926  
(530) 893-1600

**PROJECT:** SWPPP Plan and Inspection

**NS#:** TBD

**ADDRESS:** Seneca District Hospital  
130 Brentwood Drive  
Chester, CA, 96020

**APN:** 100-110-029-000

**A. CLIENT AND CONSULTANT AGREE AS FOLLOWS:**

Client agrees to engage Consultant according to the terms of this agreement ("the Agreement").

1. Consultant agrees to perform the services set forth on Exhibit "A" attached hereto and incorporated herein by this reference ("Scope of Services").
2. Client agrees (unless otherwise stated herein) to compensate Consultant for its Services according to the cost proposal attached hereto as Exhibit "B" and incorporated herein by this reference. Consultant reserves the right to increase the rates set forth in Exhibit "B" at reasonable intervals.
3. Client agrees to provide Consultant with any and all documents necessary to identify the ownership location and the condition of the Property, including but not limited to, deeds, maps, title reports and information, and permits; and to obtain for Consultant, upon request, the authorization of the owner to enter upon the Property for the purpose of conducting Consultant's Services thereon.

**B. GENERAL PROVISIONS:**

Client and Consultant agree that the following provisions shall be part of this Agreement:

1. **Ownership of Work Product.** Client acknowledges that all original papers, documents, maps, surveys, and other work product of Consultant and copies thereof produced by Consultant pursuant to this Agreement, except documents which are required to be filed with public agencies, shall remain the property of Consultant. This includes documents in electronic form. Consultant shall have the unrestricted right to use any such work product, for any purpose whatsoever, without the consent of Client. Client further acknowledges that its right to utilize the services and work product performed pursuant to this Agreement will continue only so long as Client is not in default pursuant to the terms and conditions of this Agreement and Client has performed all obligations under this Agreement.
2. **Use of Work Product.** Client agrees not to use or permit any other person to use final maps, exhibits, legal descriptions, surveys, plans, details, calculations, or other work product ("Work Product") prepared by Consultant, which Work Product is not final and which is not signed, and stamped or sealed by Consultant. Client agrees that Consultant is not responsible for any such use of non-final Work Product and waives any right to claim liability against Consultant therefore. Client further agrees that final Work Product is for the sole use of Client for the specified purpose described in Exhibit A of this Agreement. Such final Work Product may not be altered or reproduced in any way nor used on any other project or for any other purposes than as specifically authorized by Consultant in writing prior to any such use, alteration, or reproduction.
3. **Changes in Work Product.** In the event Client agrees to permit or authorizes changes in the documents prepared by Consultant pursuant to this Agreement, to which changes Consultant has not previously consented to in writing, Client acknowledges that such changes and the effects thereof are not the responsibility of Consultant and Client agrees that Consultant is automatically released from any and all liability arising there from and further agrees to defend, indemnify and hold harmless

Consultant, its officers, directors, principals, agents and employees from and against all claims, demands, damages or costs arising there from unless caused by the sole negligence or willful misconduct of Consultant.

**4. Standard of Care.** Consultant's services are to be performed pursuant to generally accepted standard of practice in effect at the time of performance and in the same or similar locale. Consultant makes no warranty either expressed or implied as to its findings, recommendations, or professional advice, except for compliance with the above standards.

**5. Basis of Compensation and Method of Payment.** Client recognizes that prompt payment of Consultant's invoices is an essential aspect of the overall consideration Consultant requires for providing service to Client. Accordingly, Client agrees to advise Consultant as to the person to whom invoices should be addressed and such other pertinent details Consultant should observe to help Client expedite payment.

Client shall make an initial payment (retainer) upon execution of the Agreement. This retainer shall be held by Consultant and applied against the final invoice. Accounts are billed by the Consultant during the third week of each month for work done in the previous month, are due upon presentation and shall be considered Past Due if not paid prior to the next billing date. If payment is not received by Consultant prior to the next billing date, Client shall pay as interest an additional charge of one-and-one-half (1.5) percent (or the maximum allowable by law, whichever is lower) of the Past Due amount per month. Payment thereafter shall first be applied to accrued interest and then to the unpaid principal.

Payment of any invoice by Client to Consultant shall be taken to mean that Client is satisfied with Consultant's services and is not aware of any deficiencies in those services.

If Client objects to any portion of an invoice, Client shall so notify Consultant in writing within 14 calendar days of the invoice date, and Client and Consultant shall work together to resolve the matter within 60 days of its being called to Consultant's attention. Client shall identify the specific cause of the disagreement and shall pay when due that portion of the invoice not in dispute. Interest as stated above shall be paid by Client on all disputed invoiced amounts resolved in the Consultant's favor and unpaid for more than 30 calendar days after date of submission. If resolution of the matter is not attained within 60 days, either party may terminate the Agreement in accordance with conditions indicated in the Termination of Contract clause.

If Client for any reason fails to pay the undisputed portion of Consultant's invoices within 30 days of the invoice date, Consultant has the right to cease work on the project and Client shall waive any claim against Consultant for damages and/or delays attributable to the cessation of services, and shall defend and indemnify Consultant from and against any claims for injury or loss stemming from Consultant's cessation of service. Client shall also pay Consultant the cost associated with premature project demobilization. In the event the project is remobilized, Client shall also pay the cost of remobilization, and shall renegotiate appropriate contract terms and conditions, such as those associated with budget, schedule or scope of service.

Under the Mechanic's Lien Law (California Code of Civil Procedure, Section 1181 et. seq.) any contractor, subcontractor, laborer, supplier, or other person who helps to improve your property but is not paid for his work or supplies, has a right to enforce a claim against your property.

In the event legal action is necessary to enforce the payment provisions of the Agreement, Consultant shall be entitled to collect from Client any judgment or settlement sums due, reasonable attorneys' fees, court costs and expenses incurred by Consultant in connection therewith and, in addition, the reasonable value of Consultant's time and expenses spent in connection with such collection action, computed at the Consultant's prevailing fee schedule and expense policies.

**6. Suspension or Termination of Performance.** In addition to any other rights Consultant may have for default of Client, if Client fails to pay Consultant within thirty (30) days after invoices are rendered, Client agrees invoices shall be considered past due and Consultant shall have the right to consider such default in payment a material breach of this Agreement, and upon written notice, the duties, obligations, and responsibilities of Consultant under this Agreement may be suspended or terminated at Consultant's sole option.

**7. Timeline for Offer to Contract / Termination of Agreement.** This offer to contract is good for 14 days after the date shown below in the Consultant's signature block. If Client fails to sign this contract within 14 days, the offer may be withdrawn making it null and void. Once this Agreement has commenced, it may be terminated by either Client or Consultant upon 30 days written notice to the other party. Client shall bring all outstanding charges current prior to termination of Agreement.

**8. Changed Conditions.** In the event Client discovers or becomes aware of changed field or other conditions which necessitate clarification, adjustments, modifications or other changes, Client agrees to notify Consultant and engage Consultant to prepare the necessary clarifications, adjustments, modifications or other changes to Consultant's services before further activity proceeds. Further, Client agrees that any construction contracts for any project which involves Consultant's Work Product shall include a provision that requires the contractor to notify Client of any changed field or other conditions after which Client shall timely notify Consultant. Changes to any applicable codes, laws, ordinances and regulations that require changes to the calculations, drawings and specifications may result in additional charges.



9. **Project Approval and Conditions of Approval.** There is no guarantee, implied or otherwise, that this project will be approved by the local agency or what the conditions of approval will be.

10. **Extra Work.** Client acknowledges that the scope of services described in Exhibit "A" are based upon conditions and requirements existing at the time of the execution of this Agreement. Client further acknowledges that clarifications, adjustments, modifications, and other changes may be necessary to reflect changed conditions or requirements. No tasks outside the agreed scope of services will be performed without prior written approval of the Client. Client agrees that if services not specified in this Agreement are provided, Client agrees to timely pay for all such services as "Extra Work" at the rates set forth (unless otherwise agreed herein) in Exhibit "B." Any such additional services shall be performed subject to the terms and conditions of this Agreement as if specifically provided for herein.

11. **Payment of Costs.** Client shall pay the costs of checking and inspection fees, all application fees, assessment payment, soils engineering fees, soils testing fees, aerial topography fees and all other fees, permits, bond premiums, title company charges, blueprints and reproductions, and all other charges not specifically covered by the terms of this Agreement. In the event all or any portion of the services are suspended, and restarted, Client agrees to pay Consultant on demand, as extra service, any additional expense or services required by Consultant as a result of suspension of the services.

12. **Indemnity.** Client agrees to the fullest extent permitted by law, to indemnify and hold Consultant, its officers, directors, and employees harmless against all damages, liabilities or costs, including reasonable attorneys' fees and defense costs, to the extent caused by Client's conduct in connection with the project and the acts of its contractors, subcontractors, consultants or anyone for whom Client is legally liable. Client agrees to be solely and completely responsible for jobsite conditions during the course of Consultants performance including safety of all persons and property and to defend and indemnify and hold Consultant harmless from any and all liability, real or alleged in connection therewith, except liability arising from the sole negligence or willful misconduct of Consultant.

Consultant agrees, to the fullest extent permitted by law, to indemnify and hold the Client, its officers, directors, and employees (collectively "Client"), harmless against all damages, liabilities or costs, including reasonable attorneys' fees and defense costs, to the extent caused by Consultant's negligent performance of professional services under this Agreement and that of its sub consultants or anyone for whom Consultant is legally liable. Neither Consultant nor the Client shall be obligated to indemnify the other party in any manner whatsoever for the other party's own negligence.

13. **Delays.** Consultant is not responsible for delay caused by activities or factors beyond Consultant's control including, but not limited to, delays caused by strikes, lockouts, work slowdowns or stoppages, accidents, inclement weather, acts of God, failure of Client to timely furnish payment as defined in Section B number 5 in this agreement, information or approval or disapproval Consultant's work, faulty or untimely performance by Client or others, including contractors and governmental agencies. In the event such delays occur, Client agrees to save and hold Consultant harmless therefore.

14. **Lien rights.** This Agreement shall not be construed to alter, affect or waive any lien or stop notice right or other remedy, which Consultant may have for the performance of services pursuant to this Agreement. Client agrees to separately provide to Consultant the present name and address of the record owner of the property on which Consultant is to perform its services. Client also agrees to separately provide Consultant with the name and address of any and all persons, including lenders, who are entitled to receive a preliminary notice.

15. **Liability Limits.** Client and Consultant have discussed the risks and rewards associated with this project, as well as Consultant's fee for services. Client and Consultant agree to allocate certain of the risks so that, to the fullest extent permitted by law, Consultant's total aggregate liability to Client and all contractors and subcontractors is limited to three times the contract amount for any and all injuries, damages, claims, losses, expenses or claim expenses (including attorneys' fees) arising out of this Agreement from any cause or causes. Such causes include, but are not limited to, Consultant's negligence, errors, omissions, strict liability, breach of contract, or breach of warranty.

Client further agrees to notify all contractors and sub-contractors of this limitation of Consultant's liability to them and require them to abide by this limitation of damages suffered by any contractor or subcontractor arising from Consultant's actions or inactions. Neither the contractor nor any subcontractor assumes any liability for damages to others which may arise on account of Consultant's actions or inactions.

16. **Waiver.** Waiver by Consultant of any term, condition, or covenant, or breach of any term, condition, or covenant, shall not constitute the waiver of any other term, condition, or covenant, or the breach of any other term, condition, or covenant and any such waiver shall not constitute a continuing waiver thereof.

17. **Advisory Only.** Consultant shall only act in an advisory capacity to Client in governmental relations. Client shall be responsible for all decision-making activities therein.

18. **Validity.** If any term, condition, or covenant of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions of this Agreement shall be valid and binding on Client and Consultant.

19. **Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of California.

**20. Dispute Resolution:** All claims, disputes, and other matters in controversy between Consultant and Client arising out of or in any way related to the Agreement will be submitted to non-binding mediation as a condition precedent to other remedies provided by law. If a dispute arises related to the services provided under the Agreement and that dispute requires litigation in addition to mediation as provided above, then:

- A. The claim will be brought and tried in the County where Consultant's principal place of business is located; and
- B. The prevailing party will be entitled to recover all reasonable costs incurred, including reasonable attorneys' fees.

**21. Time Bar to Litigation:** All legal actions by either party against the other for breach of the Agreement or for the failure to perform in accordance with the applicable standard of care, however denominated, shall be barred two (2) years from the time claimant knew or should have known of its claim, but in no event, no later than four (4) years from completion or cessation of Consultant's services.

**22. Assignment:** This Agreement shall not be assigned by either Client or Consultant without the prior written consent of the other. Consultant may, at Consultant's sole discretion, subcontract to third parties portions of the services to be performed hereunder.

**23. Inurement:** The Agreement shall inure to and be binding upon the heirs, executors, administrators, successors and assigns of Client and Consultant. Nothing in this Agreement however, shall create a contractual relationship with or a cause of action in favor of a third party against either the Client or Consultant. Consultant's services under this Agreement are being performed solely for the Client's benefit and no other party or entity shall have any claim against Consultant because of this Agreement or the performance or nonperformance of services hereunder.

**24. Entire Agreement:** This Agreement contains the entire agreement between Client and Consultant relating to the project and the provision of services to the project. Any prior agreements, promises, negotiations or representations not expressly set forth in this Agreement are of no force or effect. Subsequent modifications to this Agreement shall be in writing and signed by both Client and Consultant.

**25. Acceptance and Commencement:** By execution of this Agreement Client accepts the terms hereof, acknowledges receipt of a copy hereof, including all exhibits, and authorizes Consultant to proceed with the services. In the event Client is not the owner of the property, Client represents that Client has obtained permission from said owner for Consultant to proceed.

**26. Code Compliance:** Consultant shall exercise usual and customary professional care in rendering a design complying with Consultant's current understanding of the applicable federal, state or local Code requirements. However, Consultant makes no guarantee or warranty either expressed or implied that its design complies with the Code. Client acknowledges that the standards for design practice under the Code are still evolving.

**27. Obtaining Permits from Governing Agencies:** Obtaining permits from the governing agencies for the Project is an important step in the construction process (where required). Duties of these agencies that add value to the Project include, but are not limited to, the plan check process and construction inspection, if applicable.

All Instruments of Service provided by Consultant are only valid if permits have been obtained. If permits have not been obtained, where required, all Instruments of Service shall be considered null and void. Client hereby waives any claim against Consultant for loss allegedly arising from the Project if the required permits have not been obtained.

It is the duty of the Client to notify Consultant if they are aware that any public agency permits have not been obtained. If Consultant becomes aware that permits have not been obtained (where required), Consultant is obligated to cease work on the Project, as required by California state law. Consultant may also, at its option, inform some or all parties involved with the Project of the absence of permits. These parties may include, but are not limited to, the Contractor, Architect, Owner and building department. California state law does not impose a duty on Consultant to investigate whether or not permits have been obtained.

**28. Third-Party Beneficiaries:** Nothing contained in the Agreement shall create a contractual relationship with, or a cause of action in favor of, a third party, against either Client or Consultant. Consultant's services under the Agreement are being performed solely for Client's benefit, and no other party or entity shall have any claim against Consultant because the Agreement or the performance or non-performance of services hereunder. Client and Consultant agree to require similar provisions in all contracts with contractors, subcontractors, subconsultants, vendors and other entities involved in this Project to carry out the intent of this provision.

**29. Preparation of Agreement:** By signing the Agreement, both parties consent that the Agreement has been prepared and negotiated equally by Client and Consultant.

**IN WITNESS WHEREOF**, the parties hereby execute this Agreement upon the terms and conditions stated above and on the date first above written.

**CLIENT:**

**BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**SIGNED:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**CLIENT:**

**BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**SIGNED:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**CONSULTANT:**

**BY:** Lambert Lowe  
**TITLE:** Senior Engineer  
**LICENSE NO.** RCE 59077  
**SIGNED:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**CONSULTANT:**

**BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**LICENSE NO.** \_\_\_\_\_  
**SIGNED:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**ATTACHMENTS** included and made a part of this agreement:

X	EXHIBIT "A"	SCOPE OF SERVICES
X	EXHIBIT "B"	COST PROPOSAL & STANDARD RATE SCHEDULE



## **EXHIBIT "A"**

### **SCOPE OF SERVICES**

**Consultant agrees to perform the following services:**

#### **Task 1: Storm Water Pollution Prevention Plan (SWPPP)**

NorthStar will prepare a Storm Water Pollution Prevention Plan (SWPPP) that is in accordance with the National Pollutant Discharge Elimination System (NPDES) General Permit for Storm Water Discharges Associated with Construction and Land Disturbance Activities Order 2010-0014-DWQ, NPDES NO. CAS000002. The SWPPP will be prepared by or under the supervision of a Qualified SWPPP Developer (QSD) who is qualified and knowledgeable about storm water pollution prevention methods and requirements and shall be signed by the preparer of the SWPPP.

NorthStar will complete the Notice of Intent in the Storm Water Multi Application and Report Tracking System" (SMARTS) for the property owner and will upload the plan as part of the Permit Registration Documents (PRD), provided we are added as a Data Submitter by the Owner. Upon completion of the PRD's, the Client will be responsible for the fee and the owner will certify the PRD's. The state should issue a Waste Discharge Identification (WDID) number as soon as the PRD's have been certified by the owner and the fees have been paid.

For the purpose of this task, training, installation, inspections/reports, repairs, annual reports and the Notice of Termination (NOT) are not included. LRP assistance during NOI certification is not included. Contractor requested changes to BMP's are not included in this task. If optional BPM's are requested, changes will be made based on the actual time to coordinate and make changes and will require additional cost. If requested NorthStar will re-scope to include the aforementioned tasks.

#### **Task 2: SWPPP Transition to 2022 Construction General Permit (CGP)**

If construction occurs after September 1 of 2025, a revision to the SWPPP will be required to be in accordance with the NPDES General Permit for Storm Water Discharges Associated with Construction and Land Disturbance Activities Order 2022-0057-DWQ, NPDES NO. CAS000002. NorthStar will complete the Change of Information in SMARTS for the property owner, provided we are added as a Data Submitter by the Owner.

For the purpose of this task additional training, installation, inspections/reports, repairs, annual reports and the Notice of Termination (NOT) are not included. LRP assistance during NOI certification is not included. Contractor requested changes to BMP's are not included in this task. If optional BPM's are requested, changes will be made based on the actual time to coordinate and make changes and will require additional cost. If requested NorthStar will re-scope to include the aforementioned tasks.

#### **Tasks 3 A & B: Weekly SWPPP Inspections**

This task assumes that construction starts July 23, 2023 and construction ends fully stabilized on November 30, 2025. Weekly Water Pollution Control inspections will occur each week as required by the Construction General Permit until a notice of termination has been approved by the Regional Water Quality Control Board or the Client terminates contact in writing. Additional pre/ post rain event inspections will occur as needed under this task and charged at the weekly rate for each post / pre-storm event. REAPs will be prepared as part of this Task. If required by the Construction Permit, field surface water samples will be taken for PH and Turbidity after a qualifying rain event when discharge occurs from the site and shall be included as part of this task. This task assumes the following construction schedule:

- 07/23/2023 to 11/30/2023
- 03/01/2024 to 11/30/2024
- 03/01/2025 to 09/01-2025



- 09/02/2025 to 11/30/2025

It is the assumption of this estimate that the site will be fully stabilized before each winter, NorthStar will be directed by Client to not do inspections when construction is not occurring during the winter months, preferably with the states understanding of this inspection schedule. Based on this assumption there will be for 97 weeks and 8 rain events. Based on this assumption there will be a total of 105 inspections over the three years.

If PH or Turbidity exceeds the limits set by the permit a NAL exceedance report will need to be filed.

Construction that occurs after September 1 of 2025, will require them to be conducted in accordance with the NPDES General Permit for Storm Water Discharges Associated with Construction and Land Disturbance Activities Order 2022-0057-DWQ, NPDES NO. CAS000002. Refer to Task 4.

NorthStar will inspect the Water Pollution Control (WPC) practices identified in the SWPPP.

1. Quarterly Visual Inspections – Quarterly Non-Storm Water discharge
2. Visual Inspection before a forecasted storm
3. Visual Inspection after precipitation that causes site runoff
4. Visual Inspection during extended precipitation, at 24- hours intervals
5. On a predetermined Schedule, a minimum of once a week

NorthStar will provide only support to the onsite WPC manager for the daily inspections of:

1. Storage areas for hazardous materials and waste
2. Hazardous waste disposal and transporting activities
3. Hazardous material delivery and storage activities
4. WPC practices specified under "Construction Site management of the special provisions
5. Location of rain gage to be provided by onsite WPC Manager

It will be the responsibility of the onsite WPC manager to locate and quantify the installed WPC practices and locate and quantify the disturbed soil for active or inactive areas and not part of our scope. Upon receiving proper training, a Boldt Company staff member may be engaged to assist in weekly swppp site inspections. It is understood that when this occurs the staff member will do the following:

- 1) Walk the site per the SWPPP plan, follow the SWPPP requirements and provide, at a minimum, the following:
  - a) Pictures representing the site conditions (Minimum of 9 pictures)
  - b) Pictures at all discharge locations
  - c) Brief summary of the condition of erosion control measures and general current stage of construction

When this occurs, the Consultant will use the above information to prepare the SWPPP inspection report. When this occurs the unit cost for that site inspections may be **reduced by approximately 70%**. If the requested items are not received by Wednesday at noon, Consultant will have to complete inspection and the full unit price will be charged for that inspection. This type of assistance for SWPPP inspections is only available for weekly and pre-storm events. NorthStar will provide the inspections during and post-storm events.

For the purpose of this scope, daily monitoring, reporting as defined in the WPCP for daily monitoring, installation, repairs, construction site management, and the services for the onsite Water Pollution Control Manager (WPCM), health and safety review, sampling simulations, daily reporting, are not included. If requested, NorthStar will re-scope to include the aforementioned tasks. If a NAL exceedance report is needed additional work authorization for the \$500 / per occurrence will be required.



**Deliverables:** *One (1) PDF of inspection report will be e-mailed to the contractor and or the owner.*

**SCHEDULE:**

Within 48 hours (2 working days) after an inspection the inspection report will be completed and e-mailed to the contractor.

**Task 4: Weekly SWPPP Inspections per 2022 CGP**

This task assumes that construction will occur after September 1 of 2025 and construction ends fully stabilized on September 12 of 2025. Weekly Water Pollution Control inspections will occur each week as required by the 2022 CGP until a notice of termination has been approved by the Regional Water Quality Control Board or the Client terminates contact in writing. Additional pre/ post rain event inspections will occur as needed under this task and charged at the weekly rate for each post / pre-storm event. REAPs will be prepared as part of this Task. If required by the Construction Permit, field surface water samples will be taken for PH and Turbidity after a qualifying rain event when discharge occurs from the site and shall be included as part of this task. This task assumes construction for 13 weeks with 2 qualifying precipitation events. This will result in 13 weekly and 2o pre or post inspections. If a qualifying event occurs and PH or Turbidity exceeds the limits set by the permit, a NAL exceedance report will need to be filed. Inspection practices and responsibilities shall be continued from Task 3 under the 2022 CGP when construction occurs after September 1 of 2025.

For the purpose of this scope, daily monitoring, reporting as defined in the WPCP for daily monitoring, installation, repairs, construction site management, and the services for the onsite Water Pollution Control Manager (WPCM), health and safety review, sampling simulations, daily reporting, are not included. If requested, NorthStar will re-scope to include the aforementioned tasks. If a NAL exceedance report is needed additional work authorization for the \$600/ per occurrence will be required. Deliverables and schedule of reports shall not differ from Task 3.





**Task 5: SWPPP Annual Report**

Work under this task will include certification, monitoring and inspection results and uploading the information to SMARTS for acceptance. It is anticipated that this Job will start in July of 2023. This task assumes inspections and reporting for Through November 30, 2025. As a result, multiple annual reports will be needed. Therefore, additional annual reports will be billed based on the unit price per reporting year. It is the assumption of this task that the monitoring was completed by NorthStar. If monitoring is conducted by others, additional time may be needed for annual report. Such time will be billed based on the actual time and material to gather information needed for Annual Report.

**Deliverables:** *Upload documents (inspection reports into SMARTS) and send an email to owner notifying them that the Annual Report has been completed and is ready for reviews and certification in SMARTS.*

**Schedule:** NorthStar will complete the Annual Report prior to September 1 of each year or 30 days after the end of the job provided that the contractor gives NorthStar written notice that the job has been completed.

**Task 6: Notice of Termination (NOT)**

Work under this task will include preparing the Notice of Termination for certification by the owner. The NOT will be completed after the annual report has been completed and the site has been permanently stabilized and will qualify for a NOT. This task also includes completing the necessary items in SMARTS for final certification by the Client.

**Deliverables:** *One (1) Notice of Termination will be completed and uploaded into SMARTS for Client's review and certification.*

**Schedule:** NorthStar will be available to initiate work on the proposed tasks upon execution of a contract based on this proposal. NorthStar will complete the NOT within 15 days after the site has been permanently stabilized provided that the contractor gives NorthStar written notice that the job has been completed.

**Task 7: SWPPP Amendments (Not Included)**

The SWPPP will be modified and uploaded to SMARTS and the appropriate information will be completed in SMARTS. Amendments to the SWPPP will be needed based on the following criteria.

Amendments to the SWPPP shall be made when:

1. Change in work activities could affect the Discharge of pollutants.
  2. SWPPP practices are added by change order work.
  3. SWPPP practices are added at Contractors Discretion
  4. Change in the amount of disturbed soil is substantial.
  5. Objectives for reducing or eliminating pollutants in storm waste discharges have not been achieved
- There is a permit violation.

**Deliverables:** *This task on not included in the scope. The cost for this task will be \$600.00 per each amendment*



**EXHIBIT "B"**  
**COST PROPOSAL**

**CONSULTANT FEE:** The fee to complete the Scope of Services is: **\$39,075.00** (Unit cost)

Task 1 Storm Water Pollution Prevention Plan (SWPPP)		<b>\$ 3,000.00</b>
Task 2 SWPPP Transition to 2022 Construction General Permit(CGP)		<b>\$ 1,500.00</b>
Task 3A Weekly SWPPP Inspections – Contractor Pics w/ 70% Reduction @ \$160 ea.		\$ 11,200.00
Task 3B SWPPP Inspections		
	24 @ \$525/ea. Weekly	\$ 12,600.00
	08@ \$525/ea. Rain	\$ 4,200.00
Task 4 Weekly SWPPP Inspections per 2022 CGP 3 @ \$725 ea.		\$ 2,175.00
Task 5 SWPPP Annual Reports 3 @ 1,300 ea.		\$ 3,900.00
Task 6 NOT 1 @ 500 ea.		\$ 500.00
Task 7 SWPPP Amendments @ \$600 ea. (Not Included)		\$ 0.00

**RETAINER:** A deposit is not required.

**OUTSIDE FEES:** Estimated outside costs associated with your project not included in the estimated professional fee(s) above:



**EXHIBIT "B"**  
**STANDARD HOURLY RATES**

Effective July 1, 2022 through June 30, 2023\*

**Engineering/Surveying**

	<b><u>Hourly Rate</u></b>
Principal Engineer/Surveyor	\$230.00
Senior Managing Engineer/Surveyor	\$210.00
Senior Engineer/Surveyor	\$188.00
Associate Engineer/Surveyor	\$166.00
Assistant Engineer/Surveyor	\$145.00
Junior Engineer	\$125.00
Senior Designer/Technician	\$136.00
Associate Designer/Technician	\$115.00
Assistant Designer/Technician	\$ 95.00
One Person with GPS/Robotic (Party Chief)	\$185.00
Two-Person Survey Crew	\$250.00
Party Chief (Prevailing Wage)	\$325.00
Two-Person Survey Crew (Prevailing Wage)	\$230.00

**Architecture**

	<b><u>Hourly Rate</u></b>
Senior Architect	\$175.00
Project Architect	\$160.00
Assistant Architect	\$145.00
Architectural Job Captain	\$130.00
Architectural Drafter	\$110.00

**Planning/Environmental/GIS**

Principal Planner	<b><u>Hourly Rate</u></b> \$175.00
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**Administrative**

Project Management	<b><u>Hourly Rate</u></b> \$165.00
Administrative	\$100.00

**Other**

Litigation Support – Expert Witness Testimony	<b><u>Rate</u></b> \$500.00 per hour
Mileage	Current Federal Rate
Reproduction, Materials, Fees, Special Mail, etc.	Cost + 15%
Subcontractors	Cost + 15%

\*Rates typically increase 4-5% per year



Seneca Healthcare: Replacement Hospital & Skilled Nursing Facility

BID TABULATION FOR:  
**Fire Suppression**

COMPANY NAME		PROJECT SF	45,015 sf	Cosco Fire Protection	Overhead Fire Protection	Declined to Bid See Attached Report
Trade (I.E. Steel, Concrete Etc.) Contact Name (First / Last) Phone # Bond Rate				Fire Suppression Kyle Nixon (916) 871-5269 n/a	Fire Suppression Chris Reyes (775) 842-3444 n/a	
BASE BID						
1	Fire Suppression			\$ 475,000	\$ 287,350	
2	Submittal Lead Times			4 Weeks	8 Weeks -After Prequal	
3	Procurement Lead Times			n/a	n/a	
4	Procurement Cost for Long Lead Items			n/a	n/a	
BIDDING REQUIREMENTS						
1	Bid Form Complete			Y	Y	
2	Project & Trade Specific Document Acknowledgement			Y	Y	
3	Acknowledgement - Addendums 001			Y	Y	
4	Acknowledgement - Subcontract Draft			Y	N	
5	Acknowledgement - Schedule			Y	Y	
6	Prequal Status			Approved	Not Submitted	
7	Prevailing Wage / Skilled & Trained			Y	Y	
SCOPE CLARIFICATIONS						
Fire Suppression						
1	Wet Systems			Included	Included	
2	Preconstruction & Design			\$ 61,250.00	\$ 12,500.00	
3	BIM Modeling & Management			\$ 23,750.00	\$ 30,000.00	
4	Dry Systems at Exterior Overhangs			\$ 48,500.00	\$ 60,000.00	
5	Preconstruction & Design			\$ 11,500.00	\$ 11,500.00	
6	BIM Modeling & Management			Y	Y	
7	Material Escalation			Y	Y	
8	Freeze Protection @ Canopies			Y	\$ 55,000.00	
9	Caulking & Sealants as required for Scope of work			Y	\$ 12,000.00	
10	Lifts & Scaffolding as required for Scope of Work			Y	\$ 18,000.00	
11	Pipe Fittings (eval) as required			Y	\$ 42,125.00	
12	Fire Pump Required			N - Verified	\$ 100,000.00	
BASE BID				\$ 620,000	\$ 628,475	
TOTAL				\$ 620,000	\$ 628,475	
\$ / SF				\$ 13.77	\$ 13.96	
Alternates						
A1	Fire Pump - Design & Construction			\$ 98,500	\$ 100,000	

The Boldt Company

## Bidder List



104619

### Seneca Healthcare District: Replacement Critical Access Hospital, Skilled Nursing & Outpatient

02 11 00 : Fire Protection Design Build Services

Lead: Kaylee Gathard

Name	Email	Phone	Cell	Status	Bid
<b>BIM Engineering U S</b>		--		<b>Not Bidding</b>	--
Chetan Mogal	sales@bimengus.com	+1 703-994-4242	--	Invited	
<b>Cal West Fire Protection</b>		--		<b>Not Bidding</b>	--
GONZALO Pena	gpena@cal-westfire.com	+1 714-912-4552	+1 714-497-7227	Invited	
<b>California Fire Systems, Inc.</b>		--		<b>Not Bidding</b>	--
Rod Stufflebean	rodcfsi@yahoo.com	+1 530-888-7004	+1 916-417-6169	Invited	
william mccowan	billmcfsi@yahoo.com	+1 530-888-7004	--	Invited	
<b>Complete Fire Solutions Inc</b>		<b>+1 949-302-4259</b>		<b>Not Bidding</b>	--
Matt Bullian	matt@completefiresolutionsinc.net	--	--	Invited	
<b>Consolidated Fire Protection</b>		<b>+1 949-727-3277</b>		<b>Not Bidding</b>	--
Howard Hsu	hhsu@cfpfire.com	+1 949-777-0245	--	Invited	

Seneca Healthcare District: Replacement Critical Access Hospital, Skilled Nursing & Outpatient - Fire Protection Design Build Services - Bidder List

<b>Cosco Fire Protection, Inc.</b>		--		<b>Bidding</b>	--
Estimating Email	info@coscofire.com	+1 858-444-2000	--	Invited	
Kyle Nixon	knixon@coscofire.com	+1 916-871-5269	--	Viewed	
Miles Morris	mmorris@coscofire.com	+1 916-871-0354	--	Invited	
<b>Du-Mor Fire System, Inc.</b>		<b>+1 530-878-9055</b>		<b>Not Bidding</b>	--
Annie Larsen	annie@dumorfiresystems.com	+1 530-878-9055	--	Invited	
Walter Morrill	walter@dumorfiresystems.com	--	+1 916-390-7751	Viewed	
<b>F.E. Moran Inc.</b>		<b>+1 847-421-7929</b>		<b>Not Bidding</b>	--
Yolanda Troxell	yolanda.troxell@femor.com	+1 847-421-7929	--	Invited	
<b>Fault Line Plumbing, Inc.</b>		<b>+1 925-443-6450</b>		<b>Not Bidding</b>	--
Sean Collins	scollins@faultlineplumbing.com	+1 925-443-6450	--	Invited	
<b>Firestop Company</b>		<b>+1 360-718-8604</b>		<b>Not Bidding</b>	--
Richard Binder	richard.binder@firestopco.com	+1 503-568-6235	--	Invited	
<b>Foothill Fire Protection</b>		<b>+1 530-826-3013</b>		<b>Not Bidding</b>	--
Greg Stedman	gstedman@ffprotection.com	+1 916-824-9242	+1 916-824-9242	Viewed	
<b>Frontier Fire Protection Inc.</b>		<b>+1 916-488-2052</b>		<b>Not Bidding</b>	--
Phil Sawtelle	phil@frontierfp.com	+1 530-524-1352	--	Invited	
<b>HCI Systems, Inc</b>		<b>+1 909-628-7773</b>		<b>Not Bidding</b>	--
Daniel Downs	ddowns@hcisystems.net	+1 909-628-7773	+1 909-680-2774	Invited	
<b>Immoos Fire Protection</b>		<b>+1 916-714-7307</b>		<b>Not Bidding</b>	--
Todd Immoos	julia@immoosfire.com	+1 916-714-7307	--	Invited	
Todd Immoos	todd@immoosfire.com	+1 916-714-7307	+1 916-714-7308	Invited	



Seneca Healthcare District: Replacement Critical Access Hospital, Skilled Nursing & Outpatient - Fire Protection Design Build Services - Bidder List

<b>Jet Industries</b>		<b>+1 503-363-2334</b>		<b>Not Bidding</b>	<b>--</b>
Estimating Department - Katie Over...	estimating@jetindustries.net	+1 503-363-2334	+1 503-798-4469	Invited	
<b>Marquee Fire Protection</b>		<b>+1 916-641-7997</b>		<b>Not Bidding</b>	<b>--</b>
Jeff Awtrey	jeff@marqueefire.com	+1 916-641-7997	--	Invited	
Katie Hintz	katie.hintz@marqueefire.com	--	--	Invited	
Theresa Gamble	theresa.gamble@marqueefire.com	+1 916-641-7997	--	Invited	
<b>Millennium Fire Protection Corporation</b>		<b>+1 760-722-2722</b>		<b>Not Bidding</b>	<b>--</b>
Jonathan Mayhew	jmayhew@mfpcc.us	+1 760-889-7260	--	Invited	
<b>Overhead Fire Protection, Inc.</b>		<b>--</b>		<b>Bidding</b>	<b>--</b>
Rich Haffke	rich@overheadfire.com	+1 775-856-3444	+1 775-856-3555	Viewed	
<b>Pacific Valley Fire Protection Inc</b>		<b>+1 916-851-1863</b>		<b>Not Bidding</b>	<b>--</b>
Roger Arrieta	roger@pacificvalleyfire.com	+1 916-851-1863	+1 916-851-1727	Viewed	
<b>Presidential Fire Protection, Inc.</b>		<b>+1 916-379-9199</b>		<b>Not Bidding</b>	<b>--</b>
Bill Conrado	bill@presidentialfireprotection.com	+1 916-379-9199	+1 916-224-4890	Viewed	
<b>Quick Action Fire Protection</b>		<b>+1 916-612-5910</b>		<b>Not Bidding</b>	<b>--</b>
Richard Quick	rquick@quickactionfireprotection.com	+1 916-612-5910	+1 916-612-5910	Invited	
<b>RCM Fire Protection Inc.</b>		<b>+1 209-833-8228</b>		<b>Not Bidding</b>	<b>--</b>
Glen Austin	gaustin@rcmfire.com	+1 510-815-5025	--	Invited	
<b>Shambaugh &amp; Son LP</b>		<b>+1 702-832-4545</b>		<b>Not Bidding</b>	<b>--</b>
Dominic Bosco	dbosco@shambaugh.com	+1 702-832-4544	+1 714-294-8926	Invited	

Seneca Healthcare District Replacement Critical Access Hospital, Skilled Nursing & Outpatient - Fire Protection Design Build Services - Bidder List

<b>Statewide Fire Protection</b>		<b>+1 702-737-1055</b>		<b>Not Bidding</b>	<b>--</b>
David McManus	dave.mcmanus@wsfp.us	+1 702-737-1055	--	Invited	
<b>Thorpe Design</b>		<b>+1 925-634-5758</b>		<b>Not Bidding</b>	<b>--</b>
--	info@thorpedesign.com	+1 925-634-5758	--	Invited	
<b>Thorpe Design</b>		<b>+1 925-634-5758</b>		<b>Not Bidding</b>	<b>--</b>
Jose Gonzalez	jgonzalez@thorpedesign.com	+1 925-584-0096	--	Viewed	
<b>Top Line Fire Protection, Inc.</b>		<b>+1 949-299-7949</b>		<b>Not Bidding</b>	<b>--</b>
Christian Flores	tlfp@toplinefireprotection.com	+1 949-382-6493	+1 949-382-6500	Invited	
<b>West Coast Fire Protection Systems</b>		<b>+1 530-823-5022</b>		<b>Not Bidding</b>	<b>--</b>
Mike Nicholson	mike@westcoastfire.com	+1 530-823-5022	+1 916-215-5861	Invited	
<b>Western States Fire Protection Company (nka APi Group Life Safety USA, LLC)</b>		<b>+1 775-359-0396</b>		<b>Bidding</b>	<b>--</b>
--	kasey.thelander@deltafiresystems.us	--	--	Invited	
Kasey Thelander	kasey.thelander@deltafiresystems.com	--	--	Viewed	
darrin tuxon	darrin.tuxon@deltafiresystems.us	+1 775-440-6014	--	Invited	
<b>Wolverine Fire Protection</b>		<b>+1 810-686-4630</b>		<b>Not Bidding</b>	<b>--</b>
Martin Corcoran	marty@c@wolverinefp.com	+1 810-686-4630	--	Invited	

**Weber General Engineering Inc.**

240 West E Street  
Dixon, Ca 95620  
Lic #996118 SB# 1732985



August 21, 2023

To: Boldt Construction

Re: Seneca Health Center  
Chester, Ca

Weber General Engineering Inc. is pleased to submit this underground proposal work on the Seneca Health Center located in Chester, CA.

Our Bid is based on:

Civil Construction Documents – Seneca Replacement Hospital Improvement Package/Unapproved as prepared by Northstar;

Sheets C500, dated May 19, 2023

All Architectural, Dry utility, Grading plan (C200, C300, C400 and C600; Structural, Landscaping, Erosion Control (C800 and C801), Traffic Signal, Signage and Striping, Electrical Plans and sheets not listed above are strictly for reference only and are not part of this proposal or future contract.

Geotechnical Investigation Report – Seneca Healthcare District New Building, as prepared by BSK Associates, Inc.; dated

June 21, 2021

Union: Yes.

**SCHEDULE OF WORK ITEMS**

**SITE UNDERGROUND UTILITIES:**

**BASE BID \$667,640.00**

*All utility connections are per Civil plans. All connection stubs are stub per civil plans, piping to buildings by others. Excavation through existing structures will be on a time and material basis.*

*Material is prices are volatile Weber can only hold price for 30 days.*

*Excludes: Rock Trenching, De-Watering & Blasting of any kind. All Rock trench will be on T&M basis using 2023 Cal-trans rates, plus equipment move-ins.*

Underground Improvements:

Schedule of Values:

Move-in & General Conditions, Per-diem, Hotels: 1 LS \$80,000.00

Sanitary Sewer: \$127,930.00

- 1.) 6" SDR 26 660 LF
- 2.) Connection to Ex SSMH 1 EA
- 3.) 6" SSCO 1 EA
- 4.) Testing 1 LS
- 5.) SSMH 4 EA

Storm Drain: \$92,000.00

Ph: 530-795-1800 Fax: 530-795-3800

Page 1 of 3

## **Weber General Engineering Inc.**

240 West E Street  
Dixon, Ca 95620  
Lic. #996118 SB# 1732985

- 1.) 12" HDPE 700 LF
- 3.) 18" HDPE 260 LF
- 4.) Catch Basin 5 EA
- 5.) Testing, Cleaning new SD

Excludes: Under sidewalk drain, Trench Drains, Rip Rap, Excavation of Bio-Retention Swales & sandy loam.

On-Site Fire \$310,210.00 Domestic Water: \$57,500.00

- 1.) Connect to EX 2 EA
- 2.) 4" & 8" C-900 CL-150 2,050 LF
- 3.) 2" Irrigation water Meter assembly, Backflow. No actual meter
- 4.) 4", 8" DDCV 2 EA with heated cages
- 5) 8" FDC 1 EA
- 6) 6" Bld Risers 1 EA
- 7.) 4", 6" Gate Valve 4 EA
- 8.) 6" Fire Hydrant 5 EA
- 10.) 2" RPBFP device 1 EA
- 11.) Testing

### **STANDARD CONDITIONS:**

1. Weber General Engineering requires a mutually agreed Construction Schedule prior to mobilization.
2. Weber General Engineering to furnish a Schedule of Values for percentage billing.
3. One initial move-in per phase of work and one continuous operation per move-in. See \*Phasing below.
4. Additional move-ins will be charged at \$1,500.00 for each piece of Equipment / Crew.
5. Any work requested by the Owner/Client to be performed in inclement weather or during over optimum moisture conditions, will result in additional costs and will be billed at Time and Material Rates.
6. Any overtime requested by the Owner/Client to expedite completion of this project must be approved prior to the work being done and will be billed as an extra.
7. Weber General Engineering must be notified in writing within five (5) working days of any damage done by our crews.
8. There will be no repair of damaged work at our expense without prior written approval by Weber General Engineering.
9. Pricing is subject to review of final plans and soils report.
10. This proposal remains in effect for ten (10) days from receipt.
11. All inclusions, exclusions and conditions in this proposal shall be made a part of any subsequent contract.
12. Items that are not included above are excluded.
13. Utility depths bid 36" and above unless verified on plans
14. All Iron to be set to finish grade
15. This project is bid for 308 size excavator digging 20 yards an hour. If the soil due to Hard pan will not allow this all excavation will go on T & M Basis per Cal Tran 2023 Rates.
16. Curb Inlet Catch Basins Excluded (Usually done by Concrete sub.)

\*Phasing in the above scope of work is listed in the likely order work would occur. Move-ins/offs would be as follows:

- Move in for Utilities

### **STANDARD EXCLUSIONS**

*Unless Included above*

#### **UNDERGROUND**

1. Water Meter or Cost of Construction Water
2. Dewatering
3. Keyways or Sub-drain
4. Concrete Placement including Utility Housekeeping Pads or Utilities Patch-backs.
5. Removal disposal or handling of hazardous or contaminated materials.
6. Adjustment/Replacement of Existing Boxes, Vaults, or Structures. Not shown on plans
7. Bonds, fees, permits, testing, inspection, or special inspection fees.
8. Rainwater leaders, roof-drains, Trench Drains, downspouts, connections, and building connections.
9. Underground utilities not specifically included
10. Removal or relocation of existing utilities found in conflict.

Ph: 530-795-1800 Fax: 530-795-3800

## **Weber General Engineering Inc.**

240 West E Street  
Dixon, Ca 95620  
Lic. #996118 SB# 1732985

11. Testing and cleaning of backflow preventers
12. Removal or disposal of ACP (Asbestos Concrete Pipe)
13. Compaction of Trenching or Pads excavated by others
14. Fire Flow Calculations
15. Guard posts, Freezer Bags and Support Stands
16. Signage, curb markings
17. Joint trench
18. Electrical
19. Excavation spoils off haul or Re-locate
20. Staking
21. Street Cleaning
22. Protective Backflow Cages, Freeze Protection, Splash Pads.
23. Erosion Control
24. Cathodic Protection
25. Sandy loam bio retention soils
26. Bypass systems of calculations.
27. Tamper switches & conduit for Tamper switches
28. Street Painting/ Stripping or Slurry Coating by others.
29. Rock trenching or Blasting of any Kind!
30. Utility Spoils to remain on-site. (No Off-Haul of any kind)
31. No treating of Optimum soils
32. No Repairing of Existing Landscape areas
33. No Irrigation piping of any kind
34. No Sewer Bypass system or holding tanks.
35. No Asphalt trench repair (All Asphalt trench repair done by others ) Cut Back Only.
36. No Sewer Flow Calculations.
37. Relocate Existing Raw Water Line.
38. No Perf Pipe, Perm Rock or Sandy Loam.
39. Treatment of discharge water, due to contaminants
40. Electrical of any kind.
41. Surveying or staking.
42. Water Discharge Plan or storage tanks.
43. Construction Water

**ACCEPTANCE OF THIS PROPOSAL:** Price, terms and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above.

**BID CONDITIONS:** (Additional clarifications/qualifications and exclusions on attached sheet): In event of conflict pertaining to scope of work, this proposal will supersede all other documents. Work to be performed during weekday shifts under normal conditions. Prices subject to renegotiation if project extends beyond 12 months, or if work is not started or delayed beyond our control for 30 calendar days. Prices based on work being completed unobstructed, accessible, and prior to construction of foundations. Should we be awarded this project, this proposal becomes a part of our contract, and defines the scope of work. All work will be done in accordance with specifications. **SPECIFICATIONS DO NOT DEFINE THE SCOPE OF OUR WORK.** All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices.

**DISCLAIMER OF RESPONSIBILITY:** engineering design: adequacy of existing sub-grade, base or pavements: settlement, cracks, discoloration of concrete, damage or replacement of unmarked or concealed underground facilities.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, fuel, water, construction materials, and delays are beyond our control and availability of fuel, water and construction materials. Owner is required to carry fire, tornado, flood, builders' risk, landslide, and any other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

If no contract has been tendered to Weber General Engineering and fully executed when Weber General Engineering receives notice to commence work on this project, this Proposal shall constitute the working agreement. The terms and conditions of this Proposal shall supersede any and all other terms and conditions either oral or written.

**THIS PROPOSAL IS SUBJECT TO OUR APPROVAL OF FINANCIAL ARRANGEMENTS OR FUNDING SET ASIDE.** Contractor reserves the right to stop work if payment not received within 30 days of invoice. In the event it becomes necessary for contractor, by lien or other action, to enforce collection of any amount payable by Owner hereafter, owner agrees to pay contractor all expenses including interest and attorney's fees incurred in the institution and prosecution of such action. If contractor prevails in such action.

Payment schedule:

**MONTHLY PROGRESS BILLING TO BE PAID BY 10<sup>TH</sup> OF FOLLOWING MONTH WITH 5% RETENTION WITHHELD.**

If you have any questions regarding this proposal, please do not hesitate to contact the undersigned.

Bryan Weber Estimator :



Office 530.795.1800 Fax 530.795.3800  
Email: Bryan@Goweber.us

**Weber General Engineering Inc.**

240 West E Street  
Dixon, Ca 95620  
Lic. #996118 SB# 1732985



August 21, 2023

To: Boldt Construction

Re: Seneca Health Center  
Chester, Ca

Weber General Engineering Inc. is pleased to submit this underground proposal work on the Seneca Health Center located in Chester, CA.

Our Bid is based on:

Civil Construction Documents – Seneca Replacement Hospital Improvement Package/Unapproved as prepared by Northstar;

Sheets C500, dated May 19, 2023

All Architectural, Dry utility, Grading plan (C200, C300, C400 and C600; Structural, Landscaping, Erosion Control (C800 and C801), Traffic Signal, Signage and Striping, Electrical Plans and sheets not listed above are strictly for reference only and are not part of this proposal or future contract.

Geotechnical Investigation Report – Seneca Healthcare District New Building, as prepared by BSK Associates, Inc.; dated

June 21, 2021

Union: Yes.

**SCHEDULE OF WORK ITEMS**

**SITE UNDERGROUND UTILITIES:**

**BASE BID \$667,640.00**

*All utility connections are per Civil plans. All connection stubs are stub per civil plans, piping to buildings by others. Excavation through existing structures will be on a time and material basis.*

*Material is prices are volatile Weber can only hold price for 30 days.*

*Excludes: Rock Trenching, De-Watering & Blasting of any kind. All Rock trench will be on T&M basis using 2023 Cal-trans rates, plus equipment move-ins.*

Underground Improvements:

Schedule of Values:

Move-in & General Conditions, Per-diem, Hotels: 1 LS \$80,000.00

Sanitary Sewer: \$127,930.00

- 1.) 6" SDR 26 660 LF
- 2.) Connection to Ex SSMH 1 EA
- 3.) 6" SSCO 1 EA
- 4.) Testing 1 LS
- 5.) SSMH 4 EA

Storm Drain: \$92,000.00

Ph: 530-795-1800 Fax: 530-795-3800

Page 1 of 3



## **Weber General Engineering Inc.**

240 West E Street  
Dixon, Ca 95620  
Lic #996118 SB# 1732985

- 1.) 12" HDPE 700 LF
- 3.) 18" HDPE 260 LF
- 4.) Catch Basin 5 EA
- 5.) Testing, Cleaning new SD

Excludes: Under sidewalk drain, Trench Drains, Rip Rap, Excavation of Bio-Retention Swales & sandy loam.

On-Site Fire \$310,210.00 Domestic Water: \$57,500.00

- 1.) Connect to EX 2 EA
- 2.) 4" & 8" C-900 CL-150 2,050 LF
- 3.) 2" Irrigation water Meter assembly, Backflow. No actual meter
- 4.) 4", 8" DDCV 2 EA with heated cages
- 5) 8" FDC 1 EA
- 6) 6" Bld Risers 1 EA
- 7.) 4", 6" Gate Valve 4 EA
- 8.) 6" Fire Hydrant 5 EA
- 10.) 2" RPBFP device 1 EA
- 11.) Testing

### **STANDARD CONDITIONS:**

1. Weber General Engineering requires a mutually agreed Construction Schedule prior to mobilization.
  2. Weber General Engineering to furnish a Schedule of Values for percentage billing.
  3. One initial move-in per phase of work and one continuous operation per move-in. See \*Phasing below.
  4. Additional move-ins will be charged at \$1,500.00 for each piece of Equipment / Crew.
  5. Any work requested by the Owner/Client to be performed in inclement weather or during over optimum moisture conditions, will result in additional costs and will be billed at Time and Material Rates.
  6. Any overtime requested by the Owner/Client to expedite completion of this project must be approved prior to the work being done and will be billed as an extra.
  7. Weber General Engineering must be notified in writing within five (5) working days of any damage done by our crews.
  8. There will be no repair of damaged work at our expense without prior written approval by Weber General Engineering.
  9. Pricing is subject to review of final plans and soils report.
  10. This proposal remains in effect for ten (10) days from receipt.
  11. All inclusions, exclusions and conditions in this proposal shall be made a part of any subsequent contract.
  12. Items that are not included above are excluded.
  13. Utility depths bid 36" and above unless verified on plans.
  14. All iron to be set to finish grade.
  15. This project is bid for 308 size excavator digging 20 yards an hour. If the soil due to Hard pan will not allow this all excavation will go on T & M Basis per Cal Tran 2023 Rates.
  16. Curb Inlet Catch Basins Excluded (Usually done by Concrete sub.)
- \*Phasing in the above scope of work is listed in the likely order work would occur. Move-ins/offs would be as follows:
- Move in for Utilities

### **STANDARD EXCLUSIONS**

*Unless Included above*

#### **UNDERGROUND**

1. Water Meter or Cost of Construction Water
2. Dewatering
3. Keyways or Sub-drain
4. Concrete Placement including Utility Housekeeping Pads or Utilities Patch-backs.
5. Removal disposal or handling of hazardous or contaminated materials.
6. Adjustment/Replacement of Existing Boxes, Vaults, or Structures. Not shown on plans
7. Bonds, fees, permits, testing, inspection, or special inspection fees.
8. Rainwater leaders, roof-drains, Trench Drains, downspouts, connections, and building connections.
9. Underground utilities not specifically included
10. Removal or relocation of existing utilities found in conflict.

Ph: 530-795-1800 Fax: 530-795-3800

## Weber General Engineering Inc.

240 West E Street  
Dixon, Ca 95620  
Lic #996118 SB# 1732985

11. Testing and cleaning of backflow preventers
12. Removal or disposal of ACP (Asbestos Concrete Pipe)
13. Compaction of Trenching or Pads excavated by others
14. Fire Flow Calculations
15. Guard posts, Freezer Bags and Support Stands
16. Signage, curb markings
17. Joint trench
18. Electrical
19. Excavation spoils off haul or Re-locate
20. Staking
21. Street Cleaning
22. Protective Backflow Cages, Freeze Protection, Splash Pads.
23. Erosion Control
24. Cathodic Protection
25. Sandy loam bio retention soils
26. Bypass systems of calculations.
27. Tamper switches & conduit for Tamper switches
28. Street Painting/ Stripping or Slurry Coating by others.
29. Rock trenching or Blasting of any Kind!
30. Utility Spoils to remain on-site. (No Off-Haul of any kind).
31. No treating of Optimum soils
32. No Repairing of Existing Landscape areas
33. No Irrigation piping of any kind
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36. No Sewer Flow Calculations.
37. Relocate Existing Raw Water Line.
38. No Perf Pipe, Perm Rock or Sandy Loam.
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**DISCLAIMER OF RESPONSIBILITY:** engineering design; adequacy of existing sub-grade, base or pavements; settlement, cracks, discoloration of concrete, damage or replacement of unmarked or concealed underground facilities.

Any alteration of deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, fuel, water, construction materials, and delays are beyond our control and availability of fuel, water and construction materials. Owner is required to carry fire, tornado, flood, builders' risk, landslide, and any other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

If no contract has been tendered to Weber General Engineering and fully executed when Weber General Engineering receives notice to commence work on this project, this Proposal shall constitute the working agreement. The terms and conditions of this Proposal shall supersede any and all other terms and conditions either oral or written.

**THIS PROPOSAL IS SUBJECT TO OUR APPROVAL OF FINANCIAL ARRANGEMENTS OR FUNDING SET ASIDE.** Contractor reserves the right to stop work if payment not received within 30 days of invoice. In the event it becomes necessary for contractor, by lien or other action, to enforce collection of any amount payable by Owner hereafter, owner agrees to pay contractor all expenses: including interest and attorney's fees incurred in the Institution and prosecution of such action. If contractor prevails in such action.

Payment schedule:

**MONTHLY PROGRESS BILLING TO BE PAID BY 10<sup>TH</sup> OF FOLLOWING MONTH WITH 5% RETENTION WITHHELD.**

If you have any questions regarding this proposal, please do not hesitate to contact the undersigned.

Bryan Weber Estimator :



Office 530.795.1800 Fax 530.795.3800  
Email: Bryan@Goweber.us



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT:** IMAGING-CT  
**POLICY TITLE:** ~~CON~~TRAST  
**POLICY NUMBER:** CT-001.002

**COMPLIANCE REQUIREMENT:** CA Health and Safety  
Code §106985

**AUTHOR:** David Garey, Imaging Manager  
**REVISED BY:** Todd Lane, Imaging Manager

Page 1 of ~~82~~

**Date of Origin:**

**Revision Date:**

**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure that intravenous (IV) Contrast is only administered when ordered by a physician and by a staff member that has the proper licensure to do so.

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Extravasation of contrast media can result in serious injury and patients will be thoroughly evaluated and monitored venous access prior to, and during the injection of contrast media. Patients ~~whom are taking Metformin and~~ having X-RAY procedures requiring the injection of iodinated contrast media will be screened for history of diabetes and medications.

~~Glucophage should be withheld for 48 (forty eight) hours after the injection of contrast. The patient's physician will be notified that normal renal function should be determined before restarting Glucophage therapy.~~

~~This policy is applied in conjunction with the following policies for consent:~~

- ~~Photography and/or Video Consent, Administration Policy, ADMIN-014.~~
- ~~Consent for Treatment of Minor in the hospital, Emergency Medicine Policy ED-021.~~
- ~~Consent: Informed/Implied, Emergency Medicine Policy, ED-027.~~
- ~~Consent: Caregiver's Affidavit, Conditions of Service, and Consent for Treatment, Health Information Management Policy HIM-009~~
- ~~Telemedicine Consent, Lake Almanor Clinic Policy LAC-004.~~
- ~~Consent for Treatment of Minor in the Lake Almanor Clinic, Lake Almanor Clinic Policy LAC-008.~~
- ~~Informed Consent Surgical & Special Procedures, Lake Almanor Clinic Policy LAC-010.~~

- ~~• Medical Staff consent obligations, Seneca Healthcare District Medical Staff By-Laws.~~
- ~~• Informed Consent, Anesthesia Policy ANTH-018.~~
- ~~• Consent for Surgical Treatment Verification Of, Surgical Services Policy SX-003.~~

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: CT-001.002

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure that intravenous contrast is administered only when ordered by a physician and done so safely only by qualified staff members.

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### 2. Responsibilities

The ~~SHD (department)~~ is responsible for SHD Radiology department is responsible for screening all patients having procedures requiring the intravenous injection of iodinated contrast media.

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### 3. Policy for Contrast

#### a. Policy for Intravenous (IV) Contrast

- i. Intravenous injection of radiopaque contrast is necessary to enhance the visualization of vascular, soft tissue and genitourinary anatomy. Nurses certified for contrast media injection, under the guidance of the Medical Director of the Diagnostic Imaging Department, are qualified by education and experience to determine the type and amount of intravenous radiopaque contrast to be injected. - A Physician's presence in the facility is required for this procedure.
- ii. Radiologic Technologists who have met the education requirements of California for contrast administration may inject contrast materials when a Physician is present in the facility.
- iii. This procedure may be performed in all areas of ~~Diagnostic~~ Diagnostic Imaging Department for:
  1. Contrast enhanced Computerized Axial Tomography exams
    - a. When the following conditions exist:
      - i. There is a written physician's order for the procedure
      - ii. The Radiologist has ordered the dose and type of contrast to be injected by the Technologist
      - iii. A Physician is present in the facility when the Technologist or Nurse injects the contrast.
      - iv. The patient's informed consent is obtained (when the patient is unable to give "informed consent", follow hospital policy for addressing these cases).
    2. Consultation with a Radiologist is required if the patient:
      - a. Has a serum Creatinine above the normal range
        - i. Males (0.8-1.3 mg/dl)
        - ii. Females (0.6-1.0 mg/dl)
      - b. If the BUN (Blood Urea Nitrogen) is more than 22mg/dl.
      - c. If the GFR (Glandular Filtration Rate) is less than 60/ml/minGFR.
      - d. Is less than 10 years old?
      - e. Has multiple allergies.
      - f. Is in congestive failure.
      - g. Is in severe respiratory distress.

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- h. Is a Diabetic patient being treated with Glucophage (metformin).
    - i. Has a history of intermediate or major adverse reaction to previous contrast injections.
    - j. Is having a reaction to the current injection.
  - 3. Education requirements for the radiologic technologist include:
    - a. Successful completion of a contrast media course.
    - b. CPR/BLS training
    - c. Facility emergency response system.
    - d. Crash cart procedures.
    - e. Emergency use of oxygen and the ambu bag-valve mask.
  - 4. Competency will be assessed annually.
- iv. Specific, step-by-step Procedures/process:
  - 1. Verify patient ID, Physician's orders, and consent for the procedure to be performed (Attachment A).
  - 2. Check patient's wrist band for birthday and spelling of name.
  - 3. Explain injection protocol, common effects, and post injection care.
  - 4. Have patient sign a contrast release that will explain the injection and any problems that the patient may have with the injection plus some of the normal effects that the injection will cause.
  - 5. Assess patient physical condition and medical history.
  - 6. Have patient remove all ~~jelery~~jewelry including watched and rings.
  - 7. Check availability of emergency equipment and Physician. *Note: Physician must be in the facility when injection is performed by a Radiologic Technologist or Nurse.*
  - 8. Perform venipuncture, according to hospital policy and procedure. Select a vein large enough to accept an 18-23ga needle for adults, and a 20-23ga needle for children.
  - 9. Load the injector with the ~~appropriate~~appropriate contrast. Set the injector for the appropriate body part. Set the injector for the proper flow rate for contrast media and needle sizes (ml/sec).
  - 10. Arm the injector and then use the test injection for the patient and look for extravasation or pain or swelling at the site of the injection.
  - 11. Run the injector and come out of the gantry room for the procedure.
  - 12. Obtain vital signs after scan to assess the patient's tolerance to contrast media.- (Most reactions occur within 20 minutes of injection).
  - 13. Notify the Physician and the Radiologist if there are any adverse reactions to the contrast. Document in the electronic medical record any reaction and/or allergy to contrast media.
- v. Type and Amount of Contrast Media for IV Injection
  - 1. The type and amount of radiographic contrast media given for an exam depends on the patient's physical condition, clinical history, type of exam, and patient's renal function status.

2. Determine of the final amount and type of contrast media to be injected into each patient should be based on:
  - a. The indication for the procedure.
  - b. The consideration of certain risk factors.
  - c. Patients renal function status.
  - d. The type of procedure.
3. Assess and evaluate each patient's physical condition and obtain a clinical history, but not limited to:
  - a. Age
  - b. Weight
  - c. Vital Signs
  - d. ~~Iodine~~Iodine sensitivity
  - e. Previous injections of contrast media
  - f. Asthma
  - g. Allergies (multiple allergies, bee stings, shellfish)
  - h. Hydration (sufficient IV fluid intake of 100ml/hr, or as evidenced by good skin turgor, etc)
  - i. COPD, CHF, Cardiovascular disease
  - j. Liver dysfunction
  - k. Multiple myeloma
  - l. Pheochromocytoma
  - m. Chronic blood disease (dycrasia, anemia, leukemia, etc.)
4. We do not use ionic contrast at Seneca Healthcare District.
5. We will call the Radiologist for patients that have a positive history of one or more factors of reduced renal function who we may be considered at mild, moderate, or severe risk for injection of contrast media and may be given an adjusted dose of contrast media, or no contrast after consultation with a Radiologist.

b. ***Policy for Extravasation of Contrast Media***

- i. The risk of major damage to skin and subcutaneous tissue will be reduced by the prompt recognition and treatment of extravasation.
- ii. Instruct the patient to inform staff immediately of any pain or discomfort in the extremity used for injection.
- iii. Visualize the injection site for swelling.
- iv. Stop injection if any complaints or swelling.
- v. Attempt to aspirate fluid via the venous access device.
- vi. Apply warm or cold compress, according to patient comfort.
- vii. Elevate extremity above the level ~~feof~~ of the heart.
- viii. Remove watches, rings, ID bracelets or other jewelry found on the wrist or fingers, or any area adjacent to the IV site.
- ix. Assessment of the site to include:
  1. Size/volume of extravasation
  2. Swelling
  3. Pain
  4. Decreased capillary refill
  5. Change in sensation
  6. Ulceration or blistering
- x. If the extravasation is greater than 5mL:

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1. Notify the Radiologist
2. Observe for changes for 2 to 4 hours
3. Consider plastic surgery consult for any of the following:
  - a. Increased swelling or pain
  - b. Decreased capillary refill
  - c. Change in sensation
  - d. Skin ulceration or blistering
  - e. Extravasation greater than 20mL of conventional contrast or greater than 100mL of nonionic contrast.
4. Give patient discharge instructions (Attachment B).
- xi. Follow up is completed by the patient's primary care physician.
- xii. Document in the electronic medical record:
  1. Estimation of the volume of extravasation
  2. Description of signs/symptoms
  3. Treatment
  4. Notification of Radiologist, referring physician and referral, if any.
  5. Follow up

**c. Summary of Our Metformin Policy****Policy for Patients Taking Metformin**

Metformin is a medication used to treat non-insulin dependent diabetes mellitus. The most significant adverse effect of Metformin therapy is the potential for the development of metformin-associated lactic acidosis. This condition is extremely rare, and seems to occur only when one or more contraindications for the drug are overlooked.

**i. Metformin Policy**

1. All patients receiving intravascular iodinated contrast must be asked whether they are currently taking metformin-containing medications. Those who are on metformin-containing medications must be screened to determine whether they have risk factors for developing lactic acidosis.
2. The following risk factors for lactic acidosis:
  - a. Renal dysfunction (eGFR<45)
  - b. Liver dysfunction (any form of known liver disease)
  - c. Alcohol abuse (regular use of greater than 3 units per day)
  - d. Acutely ill patients\*.
3. Patients with any of these risk factors for lactic acidosis must have their metformin-containing medications withheld for 48 hours after receiving contrast, and then restarted once renal function has been re-evaluated and found to be normal.
- e. Patients without risk factors for developing lactic acidosis do not need to discontinue metformin-containing medications, and do not need to have their renal function routinely re-evaluated.
- i. When you fill out a contrast form and the patient indicates that he/she may be diabetic ask about metformin, then ask if their doctor told them about our protocol to do this if they are on metformin. If not call the doctor's office and let them know that we have given the patient a copy of the protocol we use for metformin users. (Attachment C).

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- ~~ii. Glucophage (metformin) is an oral antihyperglycemic which is contraindicated in patients with renal disease or renal dysfunction. Parenteral administration of iodinated contrast media may result in acute alteration of renal function.~~
- ~~iii. Fill out a History and Information for Intravenous Contrast Injection.~~
- ~~iv. Make sure that the patient has had a BUN/CREATININE/GFR prior to the study or within the last 30 days. Make sure that they are all normal.~~
- ~~v. If the blood tests are not normal, inform the physician that we needed to withhold contrast.~~
- ~~i. Renal function must be evaluated and found satisfactory before Glucophage therapy may be resumed.~~
- ~~vi. If the patient is screened at the time of the test for history and medications.~~
- ~~vii. After the procedure, the patient is instructed NOT to resume Glucophage therapy until directed to do so by their physician.~~
- ~~viii. Notify the physician's office after the completion of the procedure.~~
- ~~ix. The physician may order a BUN and Creatinine lab test to be done 48 hours after the procedure. In this event, the patient will be notified to resume Glucophage therapy if renal function is normal.~~
- ~~x. The patient will be referred to their physician if renal function is abnormal.~~

4.

#### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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## **REFERENCE**

### **Triage Radiology Associates Iodinated Contrast Use Article**

This policy is applied in conjunction with the following policies for consent:

- Photography and/or Video Consent, Compliance Policy, CMPL-004.
- Consent for Treatment of Minor in the hospital, Emergency Medicine Policy ED-021.
- Consent: Informed/Implied, Emergency Medicine Policy, ED-027.
- Consent: Caregiver's Affidavit, Conditions of Service, and Consent for Treatment, Health Information Management Policy HIM-009
- Telemedicine Consent, Telehealth/Lake Almanor Clinic Policy, TLH-003.
- Consent for Treatment of Minor in the Lake Almanor Clinic, Lake Almanor Clinic Policy LAC-008.
- Informed Consent – Surgical & Special Procedures, Lake Almanor Clinic Policy LAC-010.
- Medical Staff consent obligations, Seneca Healthcare District Medical Staff By-Laws.
- Informed Consent, Anesthesia Policy ANTH-018.
- Consent for Surgical Treatment-Verification Of, Surgical Services Policy SX-003.

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**Attachments:**

**Attachment A: History and Information for Intravenous Contrast Injection (1 page)**

**Attachment B: Discharge Instructions for Patients who have had Extravasation of Contrast Media (1 page)**

**~~Attachment C: IV CONTRAST PROTOCOL FOR PATIENTS TAKING METFORMIN (1 page)~~**

Attachment A: History and Information for Intravenous Contrast Injection (Page 1 of 14  
~~page~~)

**SENECA HEALTHCARE DISTRICT**  
Diagnostic Imaging Department  
History & Information for Intravenous Contrast Injection

Your doctor has scheduled you for a Diagnostic Imaging exam that requires an injection of contrast material through an IV site in your arm. The contrast helps provide the radiologist with useful information to better interpret your xray images, and aid your doctor in the diagnosis of your condition.

Because the contrast contains iodine, there are two main risks associated with its use. The first risk is that your kidneys can be adversely affected. Usually, drinking plenty of water prior to and for two days after the injection is all you need to do. For some patients, however, kidney function is compromised due to diabetes or prior kidney disease, and this increases the risk of temporary or permanent impairment. Patients over 60 years old, who are diabetic, or who have/had a history of kidney disease must have had a blood test (basic panel) within three (3) months of the exam.

The second main risk is that you could have an allergic reaction to the contrast. Allergic reactions to contrast range from very mild (mild hives) to life-threatening (cardiac arrest, anaphylactic shock, etc).

Serious allergic reactions are very rare.

In order for us to assess your risk level, please complete the following questionnaire:

Have you ever had IV contrast before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", have you ever had an allergic reaction to it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please list: \_\_\_\_\_

Do you have heart disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

Have you ever been diagnosed with sickle cell, multiple myeloma, pancythemia, or pheochromocytoma?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with kidney disease or do you only have one kidney? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you take any medication containing metformin? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the above information and answered the questions to the best of my knowledge.

My questions have been answered or I do not have any questions at this time. My signature below represents my consent to be injected with IV contrast for my imaging study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Dept use only: Contrast used: \_\_\_\_\_ Amt \_\_\_\_\_

Lot # \_\_\_\_\_ Expiration \_\_\_\_\_ CT Tech (initials) \_\_\_\_\_



**SENECA HEALTHCARE DISTRICT**  
Diagnostic Imaging Department  
History & Information for Intravenous Contrast Injection

Your doctor has scheduled you for a Diagnostic Imaging exam that requires an injection of contrast material through an IV site in your arm. The contrast helps provide the radiologist with useful information to better interpret your xray images, and aid your doctor in the diagnosis of your condition. Because the contrast contains iodine, there are two main risks associated with its use. The first risk is that your kidneys can be adversely affected. Usually, drinking plenty of water prior to and for two days after the injection is all you need to do. For some patients, however, kidney function is compromised due to diabetes or prior kidney disease, and this increases the risk of temporary or permanent impairment. Patients over 60 years old, who are diabetic, or have had a history of kidney disease must have had a blood test (basic panel) within three (3) months of the exam. The second main risk is that you could have an allergic reaction to the contrast. Allergic reactions to contrast range from very mild (mild hives) to life-threatening (cardiac arrest, anaphylactic shock, etc.). Serious allergic reactions are very rare. In order for us to assess your risk level, please complete the following questionnaire:

Have you ever had IV contrast before? Yes \_\_\_\_ No \_\_\_\_  
If "yes", have you ever had an allergic reaction to it? Yes \_\_\_\_ No \_\_\_\_

Have you ever had asthma? Yes \_\_\_\_ No \_\_\_\_

Do you have any allergies? Yes \_\_\_\_ No \_\_\_\_  
If "yes", please list: \_\_\_\_\_

Do you have heart disease? Yes \_\_\_\_ No \_\_\_\_  
If "yes", please explain: \_\_\_\_\_

Have you ever been diagnosed with sickle cell, multiple myeloma, polycythemia, or pheochromocytoma?  
Yes \_\_\_\_ No \_\_\_\_

Have you ever been diagnosed with kidney disease or do you only have one kidney? Yes \_\_\_\_ No \_\_\_\_

Are you diabetic? Yes \_\_\_\_ No \_\_\_\_  
If yes, do you take any medication containing metformin? Yes \_\_\_\_ No \_\_\_\_

I have read and understand the above information and answered the questions to the best of my knowledge. My questions have been answered or I do not have any questions at this time. My signature below represents my consent to be injected with IV contrast for my imaging study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Dept use only: Contrast used: \_\_\_\_\_ Amt \_\_\_\_\_

Lot# \_\_\_\_\_ Expiration \_\_\_\_\_ CT Tech (initials) \_\_\_\_\_

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**Attachment B: Discharge Instructions for Patients who have had Extravasation of Contrast  
Media (Page 1 of 1)**



**Discharge Instructions for Patients who have had Extravasation of Contrast Media**

1. Apply ice packs for 15 – 60 minutes, 3 – 4 times per day.
2. Avoid using moist towels or soaks for long periods of time.
3. Keep extremity elevated above the level of the heart.
4. Call your primary care physician \_\_\_\_\_ at \_\_\_\_\_  
if you have any questions or problems.

---

Patient Signature

Date

STICKER



**Discharge Instructions for Patients who have had Extravasation of Contrast Media**

1. Apply ice packs for 15 - 60 minutes, 3 – 4 times per day.
2. Avoid using moist towels or soaks for long periods of time.
3. Keep extremity elevated above the level of the heart.
4. Call your primary care physician \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Patient Sticker

CT-FORM-Discharge Instructions for Patients who have had Extravasation of Contrast Media

Field Code Changed

**Attachment C: IV Contrast Protocol For Patients Taking Metformin**

## IV CONTRAST PROTOCOL FOR PATIENTS TAKING METFORMIN

It is the policy of the Radiology Department at Seneca Healthcare District Hospital to screen patients ~~having IV contrast for a history of~~ Diabetes and medications.

Patients taking Metformin should have a BUN and Creatnine done before the test to check for normal levels.

Oral medication will need to be suspended for 48 hours after the administration of IV contrast then have a repeat BUN and Creatnine done.

The patient will then contact their physician before resuming oral medication.

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**SENECA HEALTHCARE**

**DISTRICT**

## POLICY & PROCEDURE

**DEPARTMENT:** FOOD AND NUTRITION SERVICES  
~~DIETARY SERVICES~~

**POLICY TITLE:** DEPARTMENT STAFFING,  
SUPERVISION, SCOPE OF SERVICE, AND TRAINING  
**POLICY NUMBER:** DSS-002.002

**COMPLIANCE REQUIREMENT:** CA Title 22 §71241,  
§71245(a), §71245 (c), §71245 (f)(4), §71243(j) §70271 §70273  
(a)(1-5)(b-f)(g)(1-7)(h)(i)(1-3)(j)(k)(1-6)(i)(1-5)(m)(2)(A-  
C)(3)(4), §71241 §71241 (j),§71245(a)(c)(f)(4),SOM F801  
§483.60(a)(1)(2), F802 §483.60 (a)(3)(b)

**AUTHOR:** Christine Sasser, DSS  
**REVISED BY:** Elizabeth L Steffen, Director of Information  
Technology and Policy Committee Chair AND  
Andrea Kelly, Certified Dietary Manager~~Dietary Services~~  
Supervisor

Page 1 of 4

**Date of Origin:**  
08/27/2015

**Revision Date:**  
7/25/2019

**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure that the Food and Nutrition~~Dietary~~ Services  
(FNS) Department is adequately staffed, has the oversight of a Registered Dietician, is  
satisfactorily trained in safe food handling and food preparation, and that the department functions  
in a sufficient, competent, supportive manner.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		

Governing Board		
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**POLICY NUMBER REFERENCE: DSS-002.002  
PROCEDURE**

**1. Purpose**

The purpose of this policy is to ensure the Food and Nutritional Services (FNS)~~Dietary~~ Department is adequately staffed and trained in safe food handling and preparation with the oversight of a Registered Dietician and functions in a sufficient, competent and supportive manner.

**2. Responsibilities**

The Seneca Healthcare District (SHD) FNS~~Dietary~~ Department is responsible to the Medical Staff and Administration for serving diets accurately as ordered, performing other appropriate functions as requested while operating with sufficient staff and following the policies and procedure's that are established by the facility and approved by the Governing Board.

**3. Policy for Department Staffing, Supervision, Scope of Service, and Training**

**a. General Personnel**

- i. The department will have an adequate number of food service employees.
- ii. Food service employees will be on duty for a period of no more than 12 hours. A food service employee shall be present in the kitchen during the hours of operation.
- iii. A clearly written job description for each position will be on file in this dietary policy and procedure manual available in Human Resources.
- iv. Food Service employees will be trained to perform assigned duties and will be expected to participate in in-service programs. -These programs are to be conducted by the FNS~~Dietary~~ Manager and/or Dietetics professional.
- v. Work schedules will be posted fourteen (14) days in advance. -Monthly work schedules shall include all FNS~~Dietary~~ personnel including management.
- vi. Work schedules will be maintained on file permanently.
- vii. A food service employee should not be assigned duties outside the department, except as assigned by their supervisor. -These duties must not interfere with the sanitation, safety, or time required for dietary work assignments.

**b. Scope of Services**

- i. The ~~Dietary Service~~FNS Department is responsible for serving diets accurately as ordered by the physician and for performing other appropriate functions as requested.
- ii. The ~~Dietary Service~~FNS Department is responsible to Administration for operating the department within the approved budget and following the policies and procedures approved by the Medical Staff, Administration and Governing Board.

**c. Supervision**

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- i. The ~~FNS~~Dietary Manager is hired by the ~~facilities~~ Administration ~~rator~~, and reports to the Chief Nursing Officer (CNO), ~~who is the Dietary Manager's immediate supervisor.~~
- ii. The ~~Dietary~~-FNS Manager is qualified according to State and Federal regulations.
- iii. The ~~FNS~~Dietary Manager carries out his or her duties according to the job description, work schedule and as assigned by supervisor.
- iv. The ~~FNS~~Dietary Manager is the immediate supervisor of the cooks and dietary staff.
- v. The ~~FNS~~Dietary Manager cooperates with other department heads and dietetic professionals for the health and welfare of the residents.
- vi. The ~~FNS~~Dietary Manager participates in:
  - 1. Regular meetings with the ~~CNO~~Administrator
  - 2. Regular meeting with ~~FNS~~Dietary staff
  - 3. Department Head meetings
  - 4. Plan of care meetings
  - 5. Infection Control committee meetings and activities
  - 6. Safety Committee
  - 7. QA's
  - 5-8. Policy & Procedure Committee
  - 6-9. Regular meetings with the **Dietetics** professional

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**d. Training and Orientation**

- i. Overview
  - 1. Goal: To introduce dietary work and the general responsibilities of the employee.
- ii. Food Service
  - 1. Purchasing
  - 2. Receiving
  - 3. Storage
  - 4. Organization
    - a. Standardized recipes
    - b. Proper weights/measurements
    - c. Portion control
    - d. Equipment and utensils
  - 5. Food Preparation/Safety
    - a. Methods of cooking
    - b. Time/Temperature protection
    - c. Hot/Cold food preparation and holding
    - d. Cool down and re-heating processes
  - 6. Nutrition
    - a. Diet Manual
    - b. Recipe book/Spreadsheets
    - c. Texture modified diets/thickened liquids
    - d. Tray cards populated from the Electronic Health Record (EHR)
    - ~~e. Resident/patient ethnic, cultural, or personal preferences~~
  - 7. Therapeutic Diets
  - 8. Diet manual



9. Recipe book/spreadsheets
10. Texture modified diets/thickened liquids
11. Resident/patient ethnic, cultural or personal preferences
- iii. Sanitation
  1. Personal Hygiene
  2. Equipment
  3. Cleaning Schedule
  4. Infection Control
  5. Dishwashing/Sanitizing Machine
    - a. High temperature dish machine
    - b. 2 or 3 sink method
- iv. Safety
  1. General safety guidelines
  2. Safety Data Sheets (SDS) for chemical used in the facility
- v. Policies and Procedures
  1. Meal Service
  2. Menus and Therapeutic diets
  3. Sanitization/Infection Control
  4. Emergency menus/Supplies
  5. Location of manuals
  6. Food Safety/Preparation
  7. Staffing
  8. Quality Assurance Program
  9. Menu substitutions and resident/patient preferences
- vi. Authorized Personnel Only
  1. Only ~~FNS~~~~Dietary~~ staff and any persons authorized to be in the kitchen for repair/inspections/cleaning are allowed in the kitchen.
  2. Hands washed and hair covered before crossing the red line.
  3. Any persons who has direct resident/patient contact should not come in the kitchen.
    - a. All food requests should be made from the doorway.

#### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, ~~CMPL-005~~~~ADMIN-028~~.



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SENECA HEALTHCARE

## DISTRICT

### POLICY & PROCEDURE

DEPARTMENT: ~~DIETARY SERVICES~~ **FOOD AND NUTRITION SERVICES**

POLICY TITLE: MENU GUIDELINES, SUBSTITUTIONS, REPLACEMENTS, & RECIPES

POLICY NUMBER: DSS-006.00~~21~~

COMPLIANCE REQUIREMENT: CA Title 22 §70273(b), §71243(g), §71243(a)(4) SOM F800 §483.60, SOM F803 §483.60(c)(1)-(7), SOM F805 §483.60(d)(3), SOM §483.60(e)(1)(2)

AUTHOR: Christine Sasser, DSS  
REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Andrea Kelly, Certified Dietary Manager ~~Dietary Services Supervisor~~

Page 1 of 3

Date of Origin:  
08/27/2015

Revision Date:  
12/31/2020

Periodic Review  
By:  
Date:

**Policy Rescinded by  
Policy #:  
Effective Date:**

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**Policy:** Seneca Healthcare District (SHD) shall ensure that menus and standardized recipes are followed, and that substitutions or replacements are offered, if desired, in accordance with Federal and State regulations.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

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**POLICY NUMBER REFERENCE: DSS-006.0024**

## **PROCEDURE**

**1. Purpose**

The Purpose of this policy is to ensure the nutritional needs of the residents/patients shall be met according to the Recommended Dietary Allowances as outlined in the menus and Diet Manual purchased from Healthcare Menus Direct LLC. ~~RD's for Healthcare.~~

**2. Responsibilities**

The Seneca Healthcare District (SHD) Food and Nutrition Services (FNS) ~~Dietary~~ department is responsible for offering nutritionally adequate meals. A reasonable effort will be made to offer substitutes of equal nutritional value while adhering to patient's/resident's preference.

**3. Policy for Menu Guidelines, Substitutions, Replacements & Recipes**

The 'Menu Guidelines, Substitutions, Replacements & Recipes' policy provides for following daily menus and standardized recipes in accordance with the recommended dietary allowances according to Federal and State regulations.

a. All diets are prepared and served by the FNS ~~Dietary~~ department personnel as outlined in the following guidelines:

1. Menus purchased from ~~RD's for Healthcare~~ Healthcare Menus Direct LLC are written and approved by Registered Dietitians for breakfast, lunch and dinner.
2. Standardized recipe books with step by step instructions for lunch and dinner entrees, breakfast, vegetables, (including salads), desserts, sauces/gravies, starches, soups/chowders and dressings.
3. Spreadsheets for all diets, texture modification and portion size.
4. Analysis of Nutrition breakdown.
5. Meal Service Alternates.
6. Access to the "for clients only" section of their website, which includes, alternate recipes and spreadsheets, current State write-ups, vegetarian options, egg substitutes and more.
7. Fortification Guidelines
8. Special Holiday meal posters
9. Emergency/Disaster Inventory guide, menus and spreadsheets.

- ii. Diet Manual purchased from Healthcare Menus Direct LLC ~~RD's for Healthcare~~, written and approved by Registered Dietitians', and approved by the SHD Medical Staff. It is designed to meet the specific needs of intermediary and long term care facilities, to provide a realistic approach to diets in order to make them adaptable and flexible, to meet the most recent Recommended Dietary Allowances, and to have a common language of communication among ~~Dietary~~

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~~Services~~FNS, Nursing, Physicians, Residents and their Families. The Diet Manual is updated every 5 years, and it contains the following:

1. Diet information for all regular and therapeutic diets
2. Diet information for all levels of texture modification
3. A guide to fluid measurement
4. Allergy reference sheets
5. Diet information for Vegetarian and Vegan diets
6. Nutritional management of thickened liquids
7. Description and guidelines for Enteral Feedings.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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## SENECA HEALTHCARE DISTRICT POLICY

**DEPARTMENT:** FOOD AND NUTRITION SERVICES  
~~DIETARY SERVICES~~

**POLICY TITLE:** SAFETY: CLEANING & SANITATION;  
EMERGENCY PREPAREDNESS; EQUIPMENT SAFETY; FIRE SAFETY;  
~~MSDS~~; PERSONAL HYGIENE

**POLICY NUMBER:** DSS-007.002

**COMPLIANCE REQUIREMENT:** CA Title 22 §70243(l),  
§70243(m), §70743, §71245(f)(1-4), §71247(b)SOM F812-  
§483.60(i)(1)-(2), F880-§483.80, F908- §483.90(c)(2), F867 and  
F868-§483.75(d)(g)(1)-(2)

**AUTHOR:** Christine Sasser, DSS  
**REVISED BY:** Elizabeth L Steffen, Director of Information  
Technology and Policy Committee Chair AND  
Andrea Kelly, ~~Dietary Services Supervisor~~Certified Dietary  
Manager (CDM)

Page 1 of 17

**Date of Origin:**

**Revision Date:**

**Periodic Review**

**By:**

**Date:**

**Policy Rescinded by**

**Policy #:**

**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure that all Federal and State regulations safety guidelines are followed by the Food and Nutrition Services (FNS) ~~pertaining personnel~~ pertaining to: Cleaning and Sanitation, Emergency Preparedness, Equipment Safety Operating Equipment Correctly, Fire Safety ~~and Preparation~~, Personal Hygiene and where to locate SDS Data Information..MSDS Data Sheets are readily available for staff use, and that all Dietary personnel follow proper personal hygiene regulations.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		

DSS-007.002**SAFETY:** CLEANING & SANITATION; EMERGENCY PREPAREDNESS; EQUIPMENT SAFETY; FIRE SAFETY; MSDS

Page 1 of 30

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Medical Chief of Staff	N/A	
Governing Board		

**POLICY NUMBER REFERENCE: DSS-007.002**



**Purpose-** It is the purpose of this policy to follow all Federal and State Regulations to maintain a safe and sanitary environment along with providing SDS information and being prepared for any emergencies.

**Responsibility-** It is the responsibility of SHD FNS staff to maintain a safe and sanitary environment that follows all Federal and State Requirements and be prepared for any emergencies that may arise.

## PROCEDURE

### 1. Cleaning and Sanitation

#### a. ~~Cleaning Can Openers~~

##### ~~i. Electric Can Opener~~ **Handheld Can Opener**

- ~~1. Unplug the appliance. The handheld can opener shall be washed in the ware washing machine after each use.~~
- ~~2. Wipe all parts carefully with a clean cloth soaked in sanitizing solution. Pay special attention to the blade and moving parts. If blade can be removed, wash and sanitize thoroughly.~~
- ~~3. Air dry.~~

##### ~~ii. Hand-Held~~ **Counter Mounted Can Opener**

1. Remove can opener shaft and plastic guides from base.
2. Wash in sink filled with soapy water. Pay special attention to blade and moving parts. Scrub blade assembly area with brush to remove all food particles. DO NOT USE STEEL WOOL OR ANY OTHER SCRUBBING PAD THAT CAN SHRED.
3. Rinse. Run the can opener shaft and plastic guides through ware washing machine.
4. Sanitize. Let the shaft and plastic guides air dry before reassembly.
5. Air Dry. clean and sanitize the counter mount base thoroughly.
6. Wash base thoroughly with hot detergent water. Be sure to remove all food particles from blade and base.
7. Sanitize.
8. Air Dry.
9. Reassemble.
10. Repeat guidelines after each use.

#### b. ~~Cleaning Dishes and Cookware~~

##### i. Dish Machine

1. ~~Scrape dishes clean into wastebasket, and/or garbage disposal.~~  
Note: Garbage disposal is only used for the small bits of food left on dishes after scraping into garbage. Do not DO NOT put all food scrapings, potato peels, egg shells, bones, etc. put eggshells, onion peels, citrus rinds, bones, potato peels, etc., into garbage disposal.
2. ~~Rinse dishes thoroughly prior to loading them in the racks. in sink, using hot, soapy water if needed. Scrub pots and pans with a non-metallic scouring pad when necessary and rinse in~~

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~~sink. Do not leave food on any dishes when loading them into the ware washing machine.~~

- ~~3. Load dishwasher safe items into the dishwasher. When loading racks, -a~~ Avoid overloading and nesting.
- ~~4. Push Load~~ racks into ~~the ware washing machine dishwasher~~ and pull the door down. The machine will automatically start.
- ~~5. Add detergent according to directions. Person loading dirty dishes should not handle clean dishes unless apron is changed and hands are washed thoroughly before moving from dirty to clean dishes.~~
- ~~6. Set all controls for the operation of machine. Press start button, and allow dishwasher to run full cycle.~~
- ~~7. The ware washing machine~~ dish machine operating temperature will be monitored ~~and documented 3 times daily to daily to assure~~ make sure the wash temperature is 150° F or above and the rinse temperature is 180° F or above.
- ~~8. All dishes, pots and pans should air dry completely before being put away, to dry on racks. Do not dry with towels.~~
- ~~9. Remove dishes, inspect for cleanliness and dryness, and put away if clean (be sure hands are clean).~~
- ~~10. If dishes are not clean, repeat steps 2-9.~~
- ~~11. Flatware will be pre-soaked in a bucket of soapy water, then dumped into a flat dish rack, should be pre-soaked prior to washing and loaded into cylinders with the mouthpiece exposed. Flatware shall be should be washed three times, twice laying flat, then put into cylinders with the mouthpieces down for the third wash, with the mouthpiece down during the third washing.~~
- ~~12. NOTE: Check the dish machine gauges throughout the cycle to assure proper temperatures. Those machines installed after the FDA Food Code 2001 was implemented, must automatically dispense detergents and sanitizers and must incorporate visual means or other visual audible alarm to alert the user to any concern (such as soap or sanitizer not dispensing properly).~~

#### ii. Manual Dishwashing

- ~~1. Scrape dishes into wastebasket, and/or garbage disposal.~~
- ~~2. Rinse off excess food particles the garbage disposal and stack then stack~~ carefully. Pre-soak items as needed.
- ~~3. Prepare sinks according to the established cleaning chart (Attachment A).~~ All sinks should be cleaned and sanitized prior to beginning.
- ~~4. Follow the directions for the 3-sink (Attachment A) or 2-sink (Attachment B) method. The method your establishment uses should be posted in a place where staff can easily follow it.~~ Place a few dishes at a time into the sink. Wash thoroughly

~~with clean cloth or sponge. Scrub items as needed using a scouring pad~~

c. **Cleaning Food Carts- Use and Cleaning**

i. Care shall be taken when stacking dishes on the trays, and food carts. ~~The carts will not be overloaded on the top, allowing the employee to see where they are going.~~

ii. Food Carts shall be pushed, not pulled.

~~iii. The food carts shall be wiped down using a sanitizing cloth after each meal, before set up begins for the next meal. Each day, the inside and outside of the food carts will be sanitized and wiped down.~~

~~iv. Wheels on the food carts shall~~should be cleaned as often as needed.

~~v. The outside of the food carts may be polished with stainless steel polish on occasion if applicable.~~

d. **Cleaning Food Preparation Appliances-**

~~i. Disconnect the electric power and empty food from the appliance.~~

~~ii. Remove all removable parts, disassemble for cleaning.~~

~~iii. Scrape solid leftover food particles from the parts into a garbage container.~~

~~iv. Use a brush to clean the blades of the appliances. DO NOT USE STEEL WOOL, OR ANY OTHER SCRUBBING PRODUCT THAT CAN EASILY SHRED ON THE BLADES. Rinse parts with warm water and place in dishwasher or sink. Wash and rinse following the guidelines for automatic or hand dish washing.~~

~~v. Air dry. Unplug the appliance before cleaning the base.~~

~~vi. Clean the base of outer surface of the appliance with clean cloth wet with hot, soapy water, follow with hot water rinse, and finish with a sanitizing cloth. DO NOT IMMERSE base of appliance in water. Follow with water rinse. Do not immerse the base of the appliance in water.~~

~~vii. Allow to air dry.~~

~~viii. Reassemble equipment.~~

~~ix. Return to appropriate area.~~

e. **Cleaning the Microwave Oven-**

i. The microwave ~~shall will~~ be kept clean, sanitized, and odor free, as part of the daily cleaning routine.

ii. ~~Remove trays or shelves from inside of oven, wash, rinse, sanitize and allow to air dry, if applicable. If needed, run the microwave plate through the ware washing machine.~~

iii. Remove any food particles from the interior of the microwave oven with a clean, wet cloth.

iv. Wipe the interior of the microwave oven with hot sudsy water.

v. Rinse with clear water.

vi. Sanitize.

vii. Leave the oven door ajar until interior the interior dries.

viii. Wipe exterior of the microwave oven including dials with clean, wet cloth. Wipe dry. Clean area underneath and around the machine.

ix. Clean the exterior of the glass door with an approved glass cleaner.

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- x. ~~Replace trays or shelves (if applicable).~~

f.c. Dish Clearing and Cleaning Safety

- i. ~~Carts will not be overloaded with dishes and trays. Employees should always be able to see where they are going.~~
- ii. ~~Tray carts are pushed; never pulled.~~
- iii. ~~Tray carts that are in poor repair are removed from service.~~
- iv. ~~Care is taken in stacking dishes on trays and then removing them from tables.~~
- v. ~~Any broken or chipped dishes or glassware will be removed from service and discarded.~~
- vi. ~~Staff will be trained to take time in cleaning and stacking dishes and glassware to prevent breakage.~~

g.f. General Sanitation of the Kitchen

- i. ~~A cleaning schedule shall be posted as to which tasks and the frequency of said tasks will be completed. Cleaning and sanitation tasks for the kitchen will be recorded.~~
- ii. ~~Tasks will be assigned to be the responsibility of specific positions.~~
- iii. ~~Tasks will be addressed as to frequency of cleaning.~~
- iv. ~~The method and agents to be used for cleaning will be written for each task.~~
- v. ~~Staff shall A cleaning schedule will be posted and employees will initial and date when tasks are completed.~~
- vi. ~~Protective equipment (gloves, aprons, eyewear) shall be provided should staff need to use it. Staff will wear rubber gloves and an apron to protect clothing while cleaning the kitchen. Protective eyeglasses will be worn as appropriate.~~
- vii. ~~The MSDS (Materials Safety Data Sheets) will be available for all staff to access on the computer. chemicals used by the dietary staff.~~

h.g. Handling Clean Equipment and Utensils

- i. ~~When handling cleaned and sanitized equipment and utensils, the staff person will avoid touching the parts that will come in contact with food. Be especially careful with silverware.~~
- ii. ~~Clean equipment and utensils used for food preparation and serving will shall be stored in a clean, dry location, such as a drawer or cupboard, in a way that to protects them from contamination, by splashes and dust. Stationary equipment will also be protected from contamination.~~
- iii. ~~Glasses and cups Cups and mugs will be stored in an inverted position.~~
- iv. ~~Other stored utensils should be covered or inverted whenever possible.~~
- v. ~~Flatware will be handled by the hand piece, and should be stored accordingly. When handling flatware make sure to grab it by the handles. Do not touch the mouthpiece that residents/patients will be putting in their mouth. Extra flatware not in use can be pre-rolled in napkins, or stored in a drawer until needed.~~

i.h. Sanitation of Food Service Department

- i. ~~The food service director shall record all cleaning and sanitation tasks for the department.~~

- ii. ~~Tasks shall be designated to the responsibility of specific positions in the department.~~
  - iii. ~~All tasks shall be addressed as to the frequency of cleaning.~~
  - iv. ~~The method and guidelines to be used and agents used for cleaning shall be developed for each task or piece of equipment to be cleaned.~~
  - v. ~~A cleaning schedule shall be posted weekly for all cleaning tasks, and employees will initial tasks as completed.~~
- 2. **Emergency Preparedness and Disaster Plan**
  - a. ~~This plan includes food and water for up to 50 (fifty) individuals; patients, residents, and others. Refer to the Disaster Binder housed in the FNS department.~~
  - b. ~~Upon notification of a disaster, dietary personnel shall respond and participate. The kitchen is powered by the generator in the event of an electrical failure. Assuming that the refrigerators (< 40° F) and freezers (meats may be used if not thawed for over 72 hours and temperature kept at <40°F) have continued to operate within acceptable limits, the~~
  - c. ~~staff would continue using the current menu. (If vegetables not thawed for over 48 hours and temperature maintained at <40°F; may be used)~~
  - d. ~~The disaster menu is written in the event there is not gas, water or electricity available. The menu is written to promote food serve safe guidelines and ease in preparation.~~
    - i. ~~The guidelines; Emergency Inventory Guide (Attachment B), Emergency Disaster Menu Day One (Attachment C), Emergency Disaster Menu Day Two (Attachment D), and Emergency Disaster Menu Day Three (Attachment E) indicate usage of foods which have been kept <40°F, canned and shelf stable foods. At any time MRE products may be utilized as well.~~
  - e. ~~Balance will be maintained as much as possible. The menu refers to adjustments for modified diets.~~
- 3. **Equipment Safety**
  - a. **China Dish and Glassware Safety**
    - i. ~~Use mechanical means (broom and dustpan) to clean up broken glass, put in garbage can then immediately remove garbage bag and discard in the dumpster and remove to dumpster.~~
    - ii. ~~Chipped or cracked drinking glasses or dishware china are shall be taken out of service and discarded immediately.~~
    - iii. ~~Glass and china are not placed in the pot and pan sink.~~
    - iv. ~~If dishware breaks during the 2 or 3-sink washing method, DO NOT place hands in hands in soapy water. Drain the sink, then carefully remove broken pieces. When there is a broken glass or dish in soapy water, the water is drained first then the glass pieces are removed carefully. Do not reach into a filled sink with bare hands.~~
    - v. ~~Do not use any type of glass to ladle liquids, scoop dry food items from buckets (rice, sugar, flour, etc) or form foods (cutting biscuits). Glassware is not used to form or prepare food (such as cutting biscuits or ladling liquids).~~

- vi. ~~Use caution when transporting glass and china. Maintain complete control of the load at all times.~~
- vii. ~~Do not pile or stack or pile dishware/dishes and glassware too high, too high. Use caution when clearing food off dishware.~~
- viii. ~~Wheel tray carts slowly. Do not place trays on the extreme top of the food carts. Place food carts along a wall and away from hallway intersections.~~

b. **Equipment Safety**

- i. ~~Employees will be trained in the use of the machines they will use on the job. As part of their training, employees will be shown how to properly operate the appliances/equipment they will use in the FNS department.~~
  - 1. Be sure hands are dry prior to touching an electrical appliance, plug or outlet.
  - 2. Be sure all safety devices are firmly attached and in place prior to using the ~~appliance/machine~~ (guards, attachments etc.)
  - 3. Turn the switch to “off” and unplug from the electrical outlet prior to cleaning or adjusting the ~~appliance, machine.~~
  - 4. Keep fingers, hands, spoons, knives, etc. away from moving parts. Do not remove food until the ~~machine-appliance~~ has stopped.
  - 5. Be ~~sure machines~~ sure appliance is in the “off” position prior to plugging the machine into the electrical outlet.
  - 6. Clean all equipment properly, following the instructions in the equipment manual.
  - 7. ~~Mixersing machines~~ should not be started until the bowl is ~~properly-securely locked in place~~ on the base, and the “beater” is securely ~~fastened~~ fastened, and the “tilt” arm is in the locked position.
  - 8. ~~Always use a~~ A spatula is used to push/scrape food into the mixer or grinder, ~~after it has been turned off.~~
  - 9. ~~Do not leave any equipment unattended while in use. Equipment should not be left on when unattended.~~
  - ~~10.~~ A electrical equipment used in the kitchen must plug directly into the wall. NEVER use an extension cord unless authorized to do so. Do not use extension cords.
  - ~~11.~~ 10. All electrical plugs manufactured with 3 prongs must be maintained as such.
  - ~~12.~~ 11. ~~Always use the safety food holder on the slicer—do not use hands to push the food down to the blade. Always use the safety food holder on the slicer—do not use hands to push the food down to the blade. Always turn the slicer off and return the slicer blade to zero (0) when finished slicing or walking away from the machine.~~

c. **General Kitchen Safety and Safety Guidelines**

- i. ~~Staff will be well trained on general safety tips. Safety is an important aspect of food service. Becoming familiar with practicing all safety precautions is a must.~~
- ii. ~~Important safety points for staff training.~~
- iii. Wipe up spills immediately to prevent slippage and falls.
- iv. Keep traffic areas free from debris and clutter.
- v. Prevent burns by turning appliances off after use.
- vi. ~~Turn handles of pots and pans away from work area.~~
- vii. ~~Always use dry potholders.~~
- viii. ~~Prevent back strain when lifting by using leg muscles.~~
- ix. Report all damaged electrical cords or plugs.
- x. Wear closed-toed, rubber soled shoes to prevent injury.
- xi. ~~Follow fire safety procedures if a kitchen fire occurs.~~
- xii. ~~If staff is not sure how to use a piece of equipment, they should ask for help. Thorough training on equipment and handling will prevent accidents from happening.~~
- xiii. ~~Be familiar with the material safety data sheets (MSDS) for the chemical products in use in the facility. All staff should be inserviced on this information.~~
- xiv. Use appropriate cleaners to avoid slippery area on floor. Use “wet floor” signs in appropriate areas to avoid falls.

~~xv.~~ **SAFETY GUIDELINES**

1. Employees should immediately report any unsafe conditions to the ~~Dietary M~~anager, Plant Operations and Safety Director, and the Maintenance Supervisor.
2. Equipment should be kept in proper working order. Malfunctions should be reported to the ~~d~~Dietary ~~m~~anager, Plant Operations and Safety Director and the Maintenance Supervisor, immediately.
3. Any lights that will not burn, broken chairs, frayed electrical cords, defective equipment, leaky faucets, broken ~~china or glass~~ or additional unsafe items should be reported to the dietary manager.
4. Employees shall report to the dietary manager any accident, injury, burn, cuts, sores, respiratory or gastrointestinal infections.
5. Every accident must be reported and an incident form completed. Injured employees or visitors will receive immediate medical attention.
6. Employees shall familiarize themselves with their work procedures and the safe practices to be followed.
7. ~~The dietary manager shall stress safe techniques during the orientation of new employees and on a daily basis.~~
8. ~~Instructions for operating equipment should be kept readily available. If staff is not sure how to use a piece of equipment, they should ask for help. Thorough training on equipment use and handling will help prevent accidents.~~

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9. Equipment should meet the standards set by the National Sanitation Foundation (NSF).
10. Precaution should be exercised in handling hot equipment to guard against burns. Dry flame-proof pot holders are used to handle hot pots and pans. Handles of pans are turned away from the edge of the stove to prevent accidental spilling.
11. ~~Glassware and dishes are handled with care. Chipped or cracked pieces are discarded.~~
12. ~~Spills are wiped up immediately to help prevent falls.~~
13. ~~Heavy boxes should be lifted properly to prevent injury. Two or more employees shall lift heavy articles when necessary.~~
14. Wear gloves when using bleach, oven cleaner, abrasive cleaner, or other harsh chemicals.
15. ~~Never use a box, crate, or chair to stand on. Be certain that stepladders are steady and sturdy.~~
16. ~~Extreme caution should be utilized with swinging doors.~~
17. All personnel should observe warning signs, such as "wet floor" signs.
18. Walk, don't run.
19. ~~Wear flat shoes with skid guard soles and closed toes.~~
20. Keep traffic areas free from debris and clutter.
21. ~~Be familiar with the material safety data sheets (MSDS) for the chemical products in use in the facility. All staff should be inserviced on this information.~~

d. **Knife Safety**

- i. Employees must pay special attention to their work when using knives.
  1. Knives are utilized only for the purposeoperation for which they are intended.
  2. Knives are pointed down with the blade facing away from the front of the body when transporting them through the kitchen, away from the body and away from other staff.
  3. When cleaning knives, always make sure the blade is pointing away from your body. Point the sharp edge away from the body and away from others when cleaning, drying or wiping knives.
  4. Knives shall be stored neatly and safely in the drawer with handles easily accessible to prevent cuts.~~Knives are stored safely and neatly with handles easily accessible to prevent cuts.~~
  5. ~~Remove steel particles from knives after they have been sharpened.~~
  6. Do not place any knife in a sink or bucket with soapy water. Always place knives where someone else can easily see it to avoid cuts.~~Knives are not placed in a sink full of soapy water, or other locations where they are not obviously visible.~~
  7. Do not try to catch a falling knife.
  8. Never pick up a knife by the blade~~Knives are to be picked up by the handle, not the blade.~~



9. Knives are kept sharpened for ease of use, and will be rinsed or run through the warewashing machine to remove any steel particles left on the blade. If you are not comfortable sharpening a knife, DO NOT SHARPEN IT. Ask for help.

4. **Fire Safety**

a. **Fire Plan**

- i. Never yell "Fire!" Be as calm as possible. Do not panic.
- ii. When noticing fire and smoke, follow RACE procedures, located on the back of your name badge.
- iii. ~~NEVER~~ Never put water on a grease fire. If the fire is small and contained, turn off burner, use baking soda and pan lid to smother the fire.
- iv. ~~If a fire is small and contained to a burner or a skillet fire, smother by covering with a pan lid, baking soda or a damp kitchen towel. Turn off burner.~~
- v. ~~Fires may be fought with fire extinguishers located in the kitchen, do not fight the fire if it becomes dangerous to your safety.~~
- vi. In the event that the fire is large, pull the nearest fire alarm box. If the fire is large and uncontrolled and exists in a range area or hoods, use the overhead (Ansol) fire suppression system. The handle is located on the wall next to the entrance of the FNS department. extinguishers. A Type K fire extinguisher is located in the FNS department as a secondary means of fire suppression should the Ansol system fail.
- vii. The last person out of the kitchen will shut the door. person in charge will alert the other employees of the fire.
- viii. ~~Other dietary employees are to turn off lights in storage areas and close storage area doors.~~
- ix. ~~The cook on duty will turn off all electrical and gas cooking equipment, ventilators and air conditioners.~~
- x. ~~The supervisor or person in charge is the last person to leave the Food Service area. As he or she leaves, it is a good idea to take the posted schedule. This will serve as a reference for head count.~~
- xi. ~~After employees are in a safe area, supervisor will turn off main light switch and close all outside doors.~~
- xii. ~~Dietary personnel on duty during the occurrence of a fire shall assist in evacuating residents from dining room.~~
- xiii. Stay Calm! Be ready to assist with evacuation of residents if it becomes necessary.

b. **Fire Prevention**

- i. A copy of the facility's disaster plan is ~~should be~~ kept in the ~~food service~~ FNS department.
- ii. Personnel should be familiar with the location and use of fire extinguishers and fire reporting system.
- iii. ~~In service training sessions should be conducted to familiarize staff with the—~~ The location and use of fire suppression system and fire extinguishers is included in the Annual Re-Orientation packet. The

Annual Re-Orientation is mandatory for all Seneca Staff, and this should be documented in annual inservice records.

- iv. ~~FNS~~Dietary personnel shall be made aware of procedures to follow in case of fire.
- v. Hoods, fans, vents, grills and other equipment are to be kept free of grease and dust accumulation.
- vi. A routine cleaning schedule should be posted and enforced for all equipment where grease accumulates.
- vii. Smoking is never allowed inside any area of the facility, if allowed at all, is only allowed in designated areas. It is not permitted in the kitchen, storeroom, restrooms, or resident's rooms.
- viii. All employees shall participate in routine fire drills.
- ix. All fire doors, exits, and stairways shall be maintained clean of material and equipment.
- x. **NOTE:** Do not lift heavy articles above your height. Do not strain to lift an object that is too heavy for you to lift alone, (Ask for help).

5. **Material Safety Data Sheets**

- a. The FNS personnel shall be In-Serviced routinely on proper usage of any cleaning/sanitizing chemicals used in the department. food service director arranges for staff to be inserviced on a regular basis on any chemicals for use in the Dietary department.
- b. The material Ssafety Ddata Ssheets (MSDS) are readily available on the computer desktop to staff for staff to reference.
- c. FNS personnel are trained on how to mix the sanitizing solution used in the department, and how to check that proper PPM (parts per million) has been achieved. Staff is trained on safe use of chemicals.
- d. Staff is trained on what to do in an emergency if someone is hurt by the chemicals while using them in the department.
- e. A copy of the MSDS sheets are available in the Dietary department.

6. **Personal Hygiene**

- a. FNS personnel shall wear~~Wear hair restraints and~~ clean clothes. ~~Jewelry is kept to at a minimum, of wedding rings and plain watches. No dangling earrings or necklaces. Facial piercings are to be covered or removed when handling food/beverages, plain watches and no dangle earrings. Facial piercings are to be removed or covered.~~
- b. Upon entering the FNS department, staff members will put on hair nets and wash hands prior to crossing the red line. Staff will follow the proper handwashing procedure (Attachment K) posted by the handwashing sink, paying close attention to their fingernails. Wash hands before handling food. Pay close attention to finger nails. Acrylic or painted nails must be covered when handling or serving food. Gloves must be worn if raw food is handled.
- c. FNS personnel should avoid touching their mouth, face, head or any non-sanitary surface. Should they touch one of the above-mentioned areas, they shall re-wash their hands, following proper handwashing procedures. Avoid touching mouth or face while preparing food.
- d. Any FNS employee who leaves the kitchen will wash their hands upon re-entry.

- e. There will be no personal drinks, food or cell phones in the food prep areas of the kitchen.
- e-f. No purse's, bags or personal items of clothing will be allowed in the kitchen.

#### **7. Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions policy, ADMIN28.

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#### **Reference**

U.S. Department of Health and Human Services. (2001.) *Food Code*. Public Health Service. Food and Drug Administration. Washington DC.

**Attachment A:** ~~Cleaning Chart (2 pages)~~Correct Dishwashing Procedure- 2-sink method

**Attachment B:** ~~Emergency Inventory Guide (2 pages)~~Correct Dishwashing Procedure- 3-sink method

**Attachment C:** ~~Emergency Disaster Menu Day One (1 page)~~Emergency Inventory Guide

**Attachment D:** ~~Emergency Disaster Menu Day Two (1 page)~~Emergency Menu Day One

**Attachment E:** ~~Emergency Disaster Menu Day Three (1 page)~~Emergency Menu Day Two

Attachment F: Emergency Menu Day Three

Attachment G: Menu Spreadsheet- Day One

Attachment H: Menu Spreadsheet- Day Two

Attachment I: Menu Spreadsheet- Day Three

Attachment J: Summary of Nutrition- Three Day Emergency Menu

Attachment K: Proper Handwashing Procedure

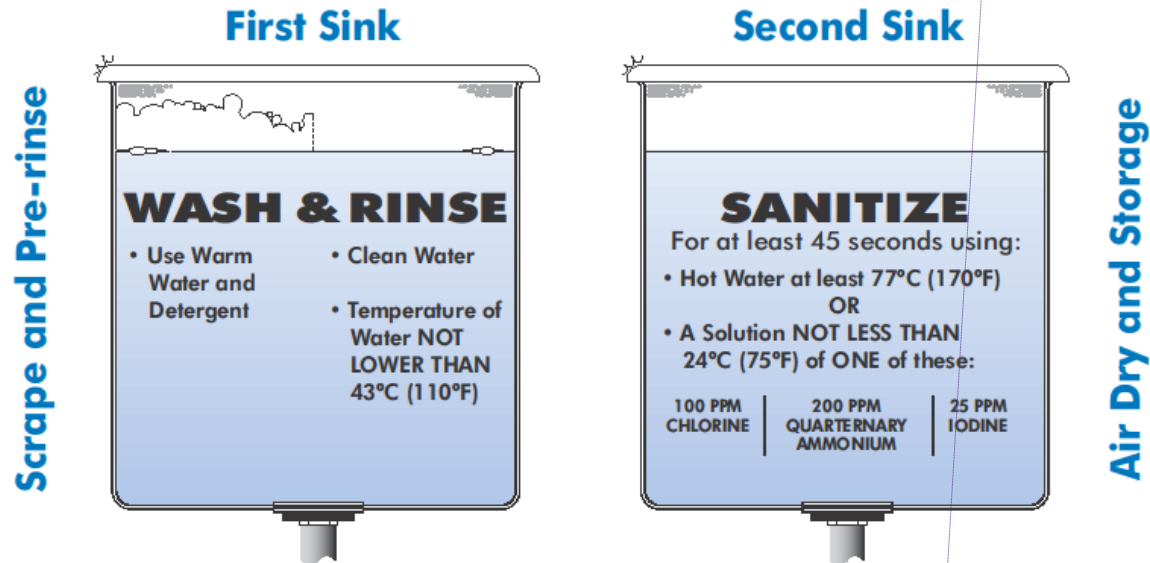
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Sink 1--Wash	Sink 2--Rinse	Sink 3--Sanitize
<ol style="list-style-type: none"> <li>1. Prepare clean sink by measuring the appropriate amount of water into the sink and marking the sink with a water line.</li> <li>2. Determine the appropriate amount</li> </ol>	<ol style="list-style-type: none"> <li>1. Prepare clean sink with hot water (120-140° F).</li> <li>2. Rinse dishes thoroughly before placing in the sanitizing sink.</li> </ol>	<ol style="list-style-type: none"> <li>1. Measure appropriate amount of sanitizing chemical into appropriate amount of water (following manufacturer's guidelines).</li> <li>2. Test sanitizing solution in sink using manufacturer's suggested test strips to assure appropriate</li> </ol>
<p>of detergent to be used, and follow manufacturer's directions for use.</p> <ol style="list-style-type: none"> <li>3. Water should be about (120-125° F).</li> <li>4. Change water frequently to assure effective cleaning of dishes.</li> </ol>		<p>level.</p> <ol style="list-style-type: none"> <li>3. Place dishes in the sanitizing sink. Allow to stand according to manufacturer's guidelines for sanitizer. (chlorine - 10 seconds) (all others - 30 seconds)</li> <li>4. Allow dishes to air dry. Invert dishes in a single layer to air dry. Check all dishes to be sure they are clean and dry prior to storing.</li> </ol>

	Temperature:
<b>Manual Washing Using Hot Water to Sanitize</b> <ul style="list-style-type: none"> <li>For sanitizing using immersion in hot water, water must be maintained at:</li> </ul>	171° F
<b>Manual Washing Using Chemicals to Sanitize</b> <ul style="list-style-type: none"> <li>An exposure time of at least 7 seconds for a chlorine solution of 50 mg/L that has a pH of 10 or less and a temperature of at least</li> <li>Or a pH of 8 or less and a temperature of at least</li> <li>An exposure time of at least 30 seconds for other chemical sanitizing solutions</li> </ul>	100° F 75° F Per Manufacturer
<b>Mechanical Dish Machine Using Hot Water to Sanitize</b> <ul style="list-style-type: none"> <li>Hot water sanitizing rinse as it enters the manifold may not be more than, or</li> <li>For a stationary rack, single temperature machine</li> <li>For all other machines</li> </ul>	194° F ≥165° F ≥180° F

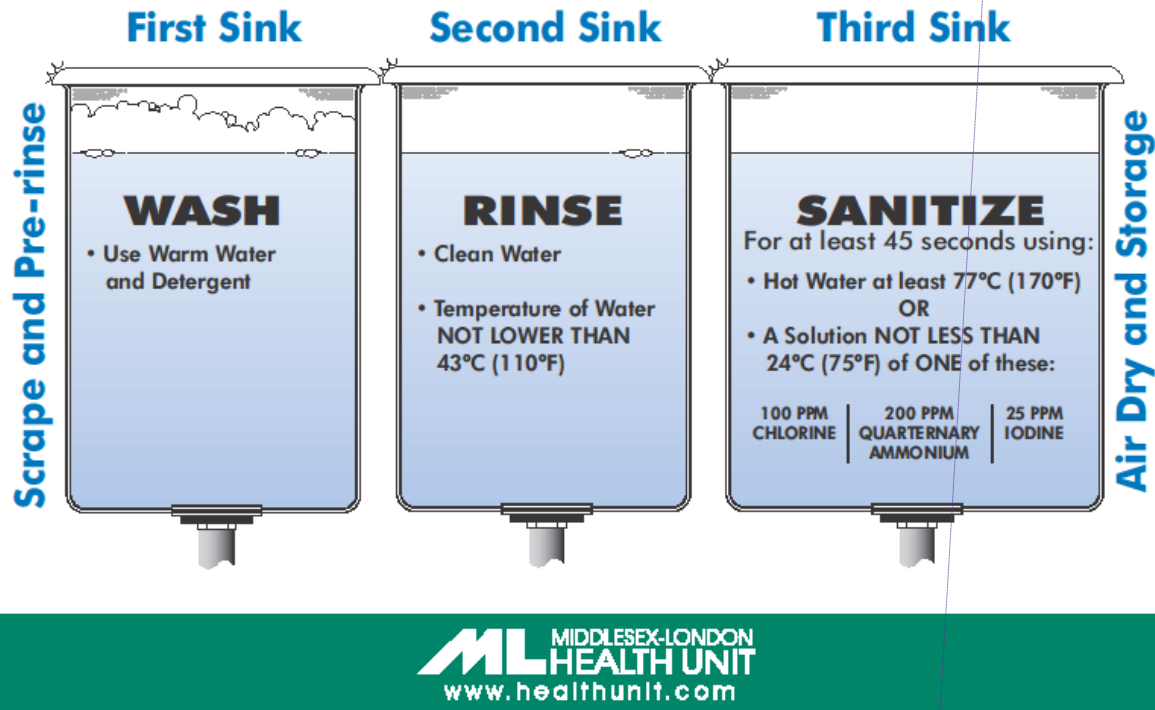
# CORRECT DISHWASHING PROCEDURE

## The Two Sink Method



# CORRECT DISHWASHING PROCEDURE

## The Three Sink Method



## EMERGENCY INVENTORY GUIDE

Item Description for 3 days	Pack	Min. Amt for 48 (Include staff)	Min. amt for	Storage length*	Date to rotate
High Fiber Juice	12/46 oz cans	13 cans		6 months	
Diced Pears in Juice	6/#10	4 cans		1 year	
Diced Peaches in Juice	6/#10	4 cans		1 year	
Applesauce in Juice	6/#10	4 cans		1 year	
Green Beans	6/#10	2 cans		1 year	
Pudding	6/#10	4 cans		1 year	
Canned Chicken	varies	6 lbs		1 year	
Canned Breakfast Meat**	varies	9 lbs		1 year	
Chili Beans	6/#10	4 cans		1 year	
Raviolis	6/#10	4 cans		1 year	
Pork and Beans	6/#10	4 cans		1 year	
Beef Stew	6/#10	4 cans		1 year	
Peas or Beets	6/#10	2 cans		1 year	
Tuna	6/66.5 oz	2 cans		1 year	
Three Bean Salad	6/#10 cans	2 cans		1 year	
Pureed Meat	12/15 oz cans	8 cans per 5 pureed diets		1 year	
Pureed Vegetable	12/15 oz cans	6 cans per 5 pureed diets		1 year	
Mayonnaise	1 gallon	3/4 gallon (3 qts)		2 months	
Cornflakes	4/35 oz	2 bags		6 months	
Farina or Oatmeal	12/28 oz	2 boxes/2 lbs		1 year	
Powdered Milk	25 lb	20 lbs		1 year	
Thickener	25 lb Or 12/8 oz	1 lb/res.on thick liq.		1 year	
Sugar Packets	2000/box	200		2 years	
Diet Sugar	3000/box	10/diabetic		2 years	
Saltines	500/2 count	2 boxes		6 months	
Graham Crackers	200/2 count	150/ 2 count		6 months	
Diet Punch or Lemonade Mix	varies	to make 1 Qt/diabetic		1 year	
Punch or Lemonade Mix	varies	to make 18 Gal		6 months	
Sugar Cookies	1/6 lb or 1/10 lb	12 lbs.		6 months	
Salt Packets	6/1000	450		no expiration	
Pepper Packets	6/1000	450		1 year	
Bread (may be in freezer)	10/24 oz	10 loaves		5 days fresh	
Bread				3 mo. Freezer	
<b>FREEZER:</b> Danish or Donuts	1.25 oz each	50		3 months	

\* or longer per manufacturers expiration date.

\*\* Breakfast meat - may use canned ham, vienna sausages, chicken, tuna, or other meat of choice to provide 1 oz edible meat. (=6-7gms protein/ounce)

### Attachement C: *Emergency Inventory Guide*

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## EMERGENCY INVENTORY GUIDE

Item Description for 3 days	Pack	Min. Amt for 46 (include staff)	Min. amt for	Storage length*	Date to rotate
Apple Juice - 100% (ready to serve-8oz/day)	12/46 oz boxes/cartons	25 boxes/cartons		6 months	
Canned Pears in Juice	6/#10	4 cans		1 year	
Canned Peaches in Juice	6/#10	4 cans		1 year	
Applesauce in Juice	6/#10	4 cans		1 year	
Green Beans	6/#10	2 cans		12 years	
Pudding	6/#10	4 cans		Use by date	
Canned Chicken	varies	6 lbs		5 years	
Canned Breakfast Meat**	varies	8 lbs		2 years	
Chili with Beans (or Chili Con Carne)	6/#10	4 cans		12 years	
Ravioli	6/#10	4 cans		2 years	
Pork and Beans	6/#10	4 cans		2 years	
Beef Stew	6/#10	4 cans		2 years	
Pas or Beans	6/#10	2 cans		2 years	
Tuna/water packed	6/66.5 oz	2 cans		3 years	
Three Bean Salad	6/#10 cans	2 cans		2 years	
Pureed Meat	12/15 oz cans	8 cans per 5 pureed diets		2 years	
Pureed Vegetable	12/15 oz cans	8 cans per 5 pureed diets		2 years	
Mayonnaise	1 gallon	3/4 gallon (3 cts)		18 months	
Cornflakes	4/85 oz	2 bags		6 months	
Farine or Oatmeal	12/28 oz	2 boxes/2 lbs		1 year	
Powdered Non-Fat Milk	25 lb	20 lbs		3 years	
Thickener	26 lb Or 12/8 oz	1 lb/eq. on thick liq.		1 year	
Saltine Crackers	500/2 count	432/2 count crackers		6 months	
Graham Crackers	200/2 count	150/2 count		6 months	
Diet Punch or Lemonade Mix	varies	to make 1 Qt/diabetic		18 months	
Punch or Lemonade Mix - (16 oz per day/per person)	varies	to make 18 Gal		18 months	
Sugar Cookies (1/2 oz)	1/6 lb or 1/10 lb	192 cookies (approx 6 lbs)		4 months	
OR Vanilla Wafers	6/13.3oz bags	384 wafers		4 months	
	83 wafers/bag	4 3/4 bags			
Bread*** (may be in freezer)	10/24 oz	10 loaves		5 days fresh 3 mo. freezer	
FREEZER: Danish or Donuts (If unable to store Danish or Donuts - add 288 more saltine crackers)	1.25 oz each	48		3 months	

\*This storage length is to be followed unless you have manufacturer's recommendation showing it can be kept longer.

\*\* Breakfast meat - may use canned ham, Vienna sausages, chicken, tuna, or other meat of choice to provide 1 oz edible meat (=6-7gms protein/ounce).

\*\*\*Note that 1 slice of bread may be substituted with 6 crackers (which is about 77 kcal and 13g Carbohydrates).

Storage guidelines are based on the FoodKeeper App (U.S. Department of Health & Human Services).



**EMERGENCY INVENTORY GUIDE**  
**PAGE 2**

Item Description for 3 days	Pack	Min. Amt for 48 (include staff)	Min. amt for	Storage length*	Date to rotate
<b>DISPOSABLE:</b>					
Dinner Plate, 9"	4/125	450			
Foam Cups, 8 oz	20/50 ct	900			
Foam cup lids-8oz	1000 ct	900			
Foam Bowls, 8 oz	20/50 ct	350			
Foam bowl lids 8 oz	1000 ct	350			
Foam Bowls, 5 oz	20/50 ct	500			
Foam bowl lids 5 oz	1000 ct	500			
Plastic Knives	2000/box	450			
Plastic Forks	2000/box	450			
Plastic Teaspoons	2000/box	450			
Napkins	20/150 ct	450			
Hand Sanitizer-Food grade	Check w/supplier	Enough for FNS employees			
Flash Lights	Large	Suggest 2/building			
Manual can opener		Suggest 1/building			
<b>CONDIMENTS:</b>					
Sugar Packets	2000/box	200		2 years	
Diet Sugar	3000/box	10/diabetic		1 year	
Salt Packets	6/1000	450		2 years	
Pepper Packets	6/1000	450		1 year	
<b>WATER-bottled**</b>	6/1 Gal			1 year	

\*\*Discuss w/ Administrator/ Facility RD how much water to be stored in FNS Department- complete #12 on page 9.2 and 9.18.

9.17

Healthcare Menu Direct, LLC. 2023

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EMERGENCY INVENTORY GUIDE  
PAGE 2

Item Description for 3 days	Pack	Min. Amt for 48 (include staff)	Min. amt for	Storage length*	Date to rotate
<b>DISPOSABLE:</b>					
Dinner Plate 9"	4/125	450			
Foam Cups, 8 oz	20/50 ct	900			
Foam cup lids-8oz	1000 ct	900			
Foam Bowls, 8 oz	20/50 ct	350			
Foam bowl lids 8 oz	1000 ct	350			
Foam Bowls, 5 oz	20/50 ct	500			
Foam bowl lids 5 oz	1000 ct	500			
Plastic Knives	2000/box	450			
Plastic Forks	2000/box	450			
Plastic Teaspoons	2000/box	450			
Napkins	20/150 ct	450			
Hand Sanitizer	ck w/supplier	enough for dietary employees			
Flash Lights	Large	suggest 2/building			
Manual can opener		suggest 1/building			
<b>WATER-bottled**</b>	6/1 Gal			1 year	

\*\*Discuss w/administrator/dietitian how much water to be stored in dietary-complete policy #12 pg 9.2

EMERGENCY AND DISASTER MENU

**DAY ONE**

**BREAKFAST**

½ cup High Fiber Juice  
¾ cup Cold or Hot Cereal  
1 oz canned Meat  
1 Slice Bread or 6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

**LUNCH**

1 each Tuna Sandwich (2 oz tuna /1 Tbsp mayonnaise –  
# 12 scoop on 2 slices of bread)  
½ cup Fruit (fresh or canned)  
2 each Sugar Cookies  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**DINNER**

1 cup Canned Beef Stew  
½ cup Canned Three Bean Salad  
½ cup Fruit (fresh or canned)  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**SNACK**

4 oz Juice or Punch (reconstituted from powder)  
1 pkg Graham Crackers Or  
2 each Sugar Cookies

## EMERGENCY AND DISASTER MENU

### DAY ONE

#### **BREAKFAST**

½ cup Juice (100% Apple Juice)  
¾ cup Cold or Hot Cereal  
1 oz canned Meat  
6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

#### **LUNCH**

1 Tuna Sandwich (2 oz tuna /1 Tbsp mayonnaise –  
# 12 scoop on 2 slices of bread)  
¼ cup Fruit (fresh or canned)  
2 Sugar Cookies or 4 Vanilla Wafers  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

#### **DINNER**

1 cup Canned Beef Stew  
½ cup Canned Three Bean Salad  
¼ cup Fruit (fresh or canned)  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

#### **SNACK**

4 oz 100% Apple Juice  
1 pkg Graham Crackers

9.9

Healthcare Menus Direct, 12.01. 2023

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EMERGENCY AND DISASTER MENU

**DAY TWO**

**BREAKFAST**

½ cup High Fiber Juice  
¾ cup Cold or Hot Cereal  
1 oz canned Meat  
1 each Bread, Danish or Donut or 6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

**LUNCH**

1 cup Canned Meat Raviolis  
½ cup Canned Green Beans  
½ cup Fruit (fresh or canned)  
½ cup Canned Pudding  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**DINNER**

1 cup Canned Chili Beans  
1 slice bread/margarine  
½ cup Fruit (fresh or canned)  
2 each Sugar Cookies  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**SNACK**

4 oz Juice or Punch (reconstituted from powder)  
1 pkg Graham Crackers or  
2 each Sugar Cookies

**EMERGENCY AND DISASTER MENU**

**DAY TWO**

**BREAKFAST**

½ cup Juice (100% Apple Juice)  
¾ cup Cold or Hot Cereal  
1 oz canned Meat  
Danish or Donut or 6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

**LUNCH**

1 cup Canned Meat Raviolis  
½ cup Canned Green Beans  
½ cup Fruit (fresh or canned)  
½ cup Canned Pudding  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**DINNER**

1 cup Canned Chili with Beans  
(or Chili Con Carne)  
1 slice Bread/Margarine  
¾ cup Fruit (fresh or canned)  
2 Sugar Cookies or 4 Vanilla Wafers  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**SNACK**

4 oz 100% Apple Juice  
1 pkg Graham Crackers

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~~Attachment C: Emergency Disaster Menu Day Three~~

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## EMERGENCY AND DIASTER MENU

### DAY THREE

#### **BREAKFAST**

½ cup High Fiber Juice  
¾ cup Cold or Hot Cereal  
1 oz canned Meat  
1 each Bread, Danish or Donut or 6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

#### **LUNCH**

1 each Chicken Sandwich (2 oz chicken, 1 Tbsp mayonnaise on 2 slices bread)  
½ cup Canned Peas or Beets  
½ cup Fruit (fresh or canned)  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

#### **DINNER**

1 cup Canned Pork and Beans  
½ cup Fruit (fresh or canned)  
½ cup Canned Pudding  
1 slice Bread or 6 Saltines with Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

#### **SNACK**

4 oz Juice or Punch (reconstituted from powder)  
1 pkg Graham Crackers or  
2 each Sugar Cookies

Attachment F: Emergency Menu Day Three

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EMERGENCY AND DISASTER MENU

**DAY THREE**

**BREAKFAST**

½ cup Juice (100% Apple Juice)  
¼ cup Cold or Hot Cereal  
1 oz canned Meat  
Danish or donut or 6 Saltines/Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Water

**LUNCH**

1 Chicken Sandwich (2 oz chicken, 1 Tbsp mayonnaise on 2 slices bread)  
½ cup Canned Peas or Beets  
½ cup Fruit (fresh or canned)  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**DINNER**

1 cup Canned Pork and Beans  
½ cup Fruit (fresh or canned)  
½ cup Canned Pudding  
6 Saltines with Margarine  
8 oz Milk (reconstituted from dry milk powder)  
8 oz Lemonade or Punch (reconstituted from powder)

**SNACK**

4 oz 100% Apple Juice  
1 pkg Graham Crackers

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### Attachment G: Menu Spreadsheet- Day One

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EMERGENCY MENUS									
Day 1 Date:									
Temp.	Regular	Small	Regular	Large	Mech Soft	Pureed	Dysphagia Mechanical	CCHO	Small
100% Apple Juice	4oz	4oz	4oz	4oz					4oz
Hot or Cold Cereal	3/4c	3/4c	1 cup	1 cup	Soften in milk	P-#8 (w/str 1/2 gm)	P-#8 (w/str 1/2 gm)	Cornflakes	3/4c
Canned Meat of Choice	1oz	1oz	1oz	1oz	Grind or mince** fine-Moist w/ mayo	Puree meat or use canned puree meat #24	Puree meat or use canned puree meat #24		1oz
Saltine Crackers	6	6	12	12		Soak in milk-mash	Mash crackers in milk-drain		6
Margarine	1 tsp	1 tsp	2 tsp	2 tsp					1 tsp
Milk (dry milk)	8 oz	8 oz	8oz	8oz					8oz
Water	8oz	8oz	8oz	8oz					8oz
Tuna Salad (#12) Sandwich (2 slices) (2oz tuna/1-2 Tbsp mayonnaise)	1	1	1	1	(Flake well or mince** tuna)	P-tuna salad #12 or pureed meat #12-Bread in milk/slurry	(Flake well or mince** tuna)- Make on wheat bread		1
Fruit	1/2c	1/2c	1 cup	1 cup	(Canned 1/2" No skin)	P- #12 or Juice 4oz	(Canned diced peaches or pears)	(Diet or fresh if available)	1/2c
Sugar Cookies-(approx 2") Or Vanilla Wafers	2	2	2	2	Plain/soft	Soak in milk	Soak in milk-Drain	Cookies Or Van. Wafers	2 sm
Milk (dry milk)	8oz	8oz	8 oz	8 oz					8oz
Lemonade or Punch	8oz	8oz	8oz	8oz				Diet or water	8oz
Canned Beef Stew	1 cup	1 cup	1 cup	1 cup	Cut meat-mince** w/ mayo or run stew through grinder	P- stew 1 cup or P-canned meat #8 with P-canned vegetables #12	P-stew 1 cup or P-canned meat #8 with P-canned vegetables #12		1 cup
Canned Three Bean Salad	#16	#8	1 cup	1 cup	Chop 1/2"	P #12 Or Veg/Fruit Juice 4oz	P #12 Or Veg/Fruit Juice 4oz		1/2c
Fruit	1/2c	1/2c	1/2c	1/2c	Soft 1/2" No skin	P #12 or Apples #12	P #12 or Apples #12	(Diet or fresh if available)	1/2c
Lemonade or Punch	8oz	8oz	8 oz	8 oz				Diet or Water	8oz
Milk (dry milk)	8oz	8oz	8oz	8oz					8oz
Snack HS	100% Apple Juice	4oz	4oz	4oz	Plain/soft	Soak in milk	Soak in milk-drain	100% Apple Juice	4oz
	Graham Crackers	2 Sq.	2 Sq.	2 Sq.				No snack	4oz
Liberal Bland: No caffeine, chili, cocoa, black pepper CCHO-Diet sugar/ally and syrup Low Fat Diet-Serve regular diet (dry milk powder is FF) IF THERE IS NOTHING LISTED UNDER THE DIET IT MEANS THEY MAY HAVE THE SAME AS THE REGULAR DIET. * P- HOT OR COLD CEREAL. HOT CEREAL SHOULD BE SMOOTH AND FREE OF LUMPS. COLD CEREAL SOAKED IN MILK, MASHED- DRAIN EXCESS, AS NEEDED. ** IF UNABLE TO GRIND BY MACHINE, ITEMS MUST BE MINCED (1/4" or LESS) FINELY WITH KNIFE.									

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### Attachment H: Menu Spreadsheet- Day Two

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Cook's spreadsheet									
EMERGENCY MENUS									
Day 2 Date:									
Temp.	Regular	Small	Regular	Large	Mech Soft	Pureed	Dysphagia Mechanical	CCHO	Small
100% Apple Juice	4oz	4oz	4oz	4oz					4oz
Hot or Cold Cereal	3/4c	3/4c	1 cup	1 cup	Soften in milk	P-#8 (w/str 1/2 gm)	P-#8 (w/str 1/2 gm)	Cornflakes	3/4c
Canned Meat of Choice	1oz	1oz	1oz	1oz	Grind or mince** fine-Moist w/ mayo	Puree meat or use canned puree meat #24	Puree meat or use canned puree meat #24		1oz
Danish, Donut Or Saltine Crackers	1	1	2	2		Plain-soak in milk	Or plain sweet roll Or Mash crackers in milk-drain		1
Margarine	1 tsp	1 tsp	2 tsp	2 tsp		Soak in milk-mash			1 tsp
Milk (dry milk)	8 oz	8 oz	8oz	8oz					8oz
Water	8oz	8oz	8oz	8oz					8oz
Canned Ravioli with Meat	1 cup	1 cup	1 cup	1 cup	(Meat is to be ground or minced**)	P- 1 cup or pureed canned meat #12 and (see table) Soak in milk	P-1 cup Or pureed canned meat #12 and Wheat 1st marg.		1 cup
Canned Green Beans (may add margarine)	1/2c	1/2c	1/2c	1/2c	Chop 1/2"	P #12 or Veg/Fruit Juice 4oz	P #12 or Veg/Fruit Juice 4oz		1/2c
Fruit	1/2c	1/2c	1 cup	1 cup	(Cnd 1/2" No skin)	P- #12 or Juice 4oz	(Cnd diced peaches or pears)	(Diet or fresh if available)	1/2c
Canned Pudding	#8	#8	#8	#8					0
Milk (dry milk)	8oz	8oz	8 oz	8 oz					8oz
Lemonade or Punch	8oz	8oz	8oz	8oz				Diet or water	8oz
Canned Chili with Beans (or Chili Con Carne) with Bread 1st/margarine 1 tsp. (all diets may have bread/marg)	1 cup	1 cup	1 cup	1 cup	Grind meat-mince** w/ mayo or run beans through grinder	P- 1 cup or P-canned meat #8 with P-canned vegetables #12 Bread in slurry or milk	P-1 cup or P-canned meat #8 with P-canned vegetables #12 Wheat bread		1 cup
Sugar Cookies Or Vanilla Wafers	2	2	2	2	Plain/soft	Soak in milk	Soak in milk-drain	No Cookies	0
Fruit	1/2c	1/2c	1 cup	1 cup	Soft 1/2" No skin	P #12 or Apples #12	P #12 or Apples #12	(Diet or fresh)	1/2c
Lemonade or Punch	8oz	8oz	8 oz	8 oz				Diet or water	8oz
Milk (dry milk)	8oz	8oz	8oz	8oz					8oz
Snack HS	100% Apple Juice	4oz	4oz	4oz	Plain/soft	Soak in milk	Soak in milk-drain	100% Apple Juice	4oz
	Graham Crackers	2 Sq.	2 Sq.	2 Sq.				No snack	4oz
Liberal Bland: No caffeine, chili, cocoa, black pepper CCHO-Diet sugar/ally and syrup Low Fat Diet-Serve regular diet (dry milk powder is FF) IF THERE IS NOTHING LISTED UNDER THE DIET IT MEANS THEY MAY HAVE THE SAME AS THE REGULAR DIET. * P- HOT OR COLD CEREAL. HOT CEREAL SHOULD BE SMOOTH AND FREE OF LUMPS. COLD CEREAL SOAKED IN MILK, MASHED- DRAIN EXCESS, AS NEEDED. ** IF UNABLE TO GRIND BY MACHINE, ITEMS MUST BE MINCED (1/4" or LESS) FINELY WITH KNIFE.									

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DSS-007.002SAFETY: CLEANING & SANITATION; EMERGENCY PREPAREDNESS; EQUIPMENT SAFETY; FIRE SAFETY; MSDS

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# Attachment I: Menu Spreadsheet- Day Three

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Cook's spreadsheet											
EMERGENCY MENUS											
Day 3 Date:											
Temp.	Regular	Small	Regular	Large	Mesh Soft	Pureed	Dysphagia Mechanical	CCHO	Small	Reg	Large
100% Apple Juice	4oz	4oz	4oz						4oz	4oz	4oz
Hot or Cold Cereal	3/4c	3/4c	1 cup						3/4c	3/4c	3/4c
Canned Meat of Choice	1oz	1oz	1oz	Soften to milk	P-#8 (see #12 Lg #8)	P-#8 (see #12 Lg #8)	Comfakes		1oz	1oz	2oz
				Grind or mince** fine	Puree meat or use canned puree meat #24	Puree meat or use canned puree meat #24					
				Model whysay	Platy-soak to milk	Or plain sweet roll or Mash crackers in milk-drain			1 or 6	1 or 6	2 or 12
Danish, Donut Or Salline Crackers	1 6	1 6	2 12								
Margarine	1 tsp	1 tsp	2 tsp						1 tsp	1 tsp	2 tsp
Milk (dry milk)	8 oz	8 oz	8oz						8oz	8oz	8oz
Water	8oz	8oz	8oz						8oz	8oz	8oz
Chicken Salad (#12) Sandwich (2 slices) (2oz chicken/1-2 Tbsp mayonnaise)	1 1	1 1	1 1	Grind or mince** fine the chicken	P-chicken salad #12 Or puree meat #12 Bread in milk/slurry	Grind or mince** fine the chicken Make on Wheat Bread			#12 chicken/ 1 sl bread	1 Sand.	1 Sand.
Peas or Beets	1/2c	1/2c	1/2c		P #12 or Veg/fruit 1/2 4oz	P #12 or Veg/fruit 1/2 4oz			1/2c	1/2c	1/2c
Fruit	1/2c	1/2c	1 cup	(Cut'd 1/2" no skin)	P- #12 or Juice 4oz	(Cut'd 1/2" no skin)			1/2c	1/2c	1 cup
Milk (dry milk)	8oz	8oz	8 oz						8oz	8oz	8oz
Lemonade or Punch	8oz	8oz	8oz						8oz	8oz	8oz
Canned Pork and Beans	1 cup	1 cup	1 cup	Grind meat-mince** whole or run soup through grinder	P-1 cup or P-canned Meat #8 with P-canned Veg. #12	P-1 cup or P-canned Meat #8 with P-canned Veg #12			1 cup	1 cup	1 cup
Salline Crackers	6	6	12		Soak in Milk- mash	Mash crackers in milk-drain			6	6	6
Pudding (1/2cup=#8)	1/2c	1/2c	1/2c						0 1/4c (#10)	1/2c (#8)	Cookies 2 sm
Fruit	1/2c	1/2c	1 cup	Soft 1/2" No skin	P #12 or Appleso #12	P #12 or Appleso #12			1/2c	1/2c	1/2c
Lemonade or Punch	8oz	8oz	8 oz						8oz	8oz	8oz
Milk (dry milk)	8oz	8oz	8 oz						8oz	8oz	8oz
Snack HS	100% Apple Juice	4oz	4oz	4oz	Soak in milk	Soak in milk- drain			100% Apple Jc	4oz	4oz
	Graham Crackers	2 Sq.	2 Sq.	2 Sq.					No snack		

Liberal Bland; No caffeine, chili, cocoa, black pepper  
CCHO-Diet sugar/jelly and syrup  
Low fat diets-Serve regular diet (dry milk powder is FF)  
IF THERE IS NOTHING LISTED UNDER THE DIET IT MEANS THEY MAY HAVE THE SAME AS THE REGULAR DIET.  
P- HOT OR COLD CEREAL. HOT CEREAL SHOULD BE SMOOTH AND FREE OF LUMPS. COLD CEREAL SOAKED IN MILK, MASHED- DRAIN EXCESS, AS NEEDED.  
\*\* IF UNABLE TO GRIND BY MACHINE, ITEMS MUST BE MINCED (1/4" or LESS) FINELY WITH KNIFE.  
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# Attachment J: Summary of Nutrition- Three Day Emergency Menu

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DSS-007.002SAFETY: CLEANING & SANITATION; EMERGENCY PREPAREDNESS; EQUIPMENT SAFETY; FIRE SAFETY; MSDS

**SUMMARY OF NUTRITION - 3 DAY EMERGENCY MENU**

The emergency and disaster menus have been written to provide adequate nourishment to all residents, regardless of diet order. Texture modifications and/or thickened liquid diet orders will be accommodated in the event of an emergency. As long as the facility and Medical Director approve the menus and policy, this will supersede any physician-ordered diets at the time of the emergency. The Facility Registered Dietitian is to approve the menus and adapt them, as needed, for your particular resident population. The calories and protein for the food items are listed below. This will assist when purchasing many of the emergency products- especially canned items.

**Summary of Nutrition Breakdown- Three Day Emergency Menus: Regular Diets**

<u>Day 1:</u>	<u>Calories</u>	<u>Protein</u>
Fruit Juice	64	0.4
Oatmeal	107	3.7
Chicken, water canned	52	6
Crackers, saltine	77	2
Margarine	34	0.04
Milk, Non fat, dry	109	11
Tuna	66	15
Mayonnaise	198	0.2
Bread, wheat	138	7
Fruit, canned	49	0.5
Cookie, sugar/vanilla	143	3
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Beef Stew	222	14
Bean Salad	57	2
Fruit, canned	49	0.2
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Fruit Juice	64	0.4
Graham Crackers	59	1

<u>Day 2:</u>	<u>Calories</u>	<u>Protein</u>
Fruit Juice	64	0.4
Cereal	77	1
Chicken, water canned	52	6
Crackers, saltine	77	2
Margarine	34	0.04
Milk, Non fat, dry	109	11
Ravioli, meat filled	249	13
Beans, green	29	1
Fruit, canned	49	1
Pudding, canned	185	3
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Chili w/beans	257	23
Bread, wheat	70	4
Margarine	34	0.04
Fruit, canned	49	1
Cookie, sugar/vanilla	143	2
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Fruit Juice	64	0.4
Graham Crackers	59	1

<u>Day 3:</u>	<u>Calories</u>	<u>Protein</u>
Fruit Juice	64	0.4
Onion	107	4
Chicken, water canned	52	7
Crackers, saltine	77	2
Margarine	34	0.04
Milk, Non fat, dry	109	11
Chicken, water canned	105	12
Mayonnaise	198	0.2
Bread, wheat	138	7
Vegetables, canned	60	4
Fruit, canned	49	1
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Pork & Beans	238	13
Fruit, canned	49	0.5
Pudding, canned	185	3
Crackers, saltine	77	2
Margarine	34	0.04
Milk, Non fat, dry	109	11
Fruit Punch, dry	97	0
Fruit Juice	64	0.4
Graham Crackers	60	1

**Total Approximate Values/ Day for Regular Diets**

<b>CALORIES:</b>	2020
<b>PROTEIN</b>	87 gm
<b>FIBER</b>	20 gm
<b>FAT</b>	51 gm
<b>POTASSIUM</b>	3536 mg
<b>CARBOHYDRATES</b>	273 gm
<b>SODIUM</b>	3609 mg

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Healthcare Menus Direct, I.I.C. 2023

**Attachment K: Proper Handwashing Procedure**

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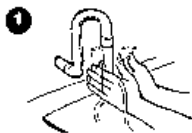
# Proper Handwashing

Washing your hands properly is one of the most important things you can do to keep microorganisms from contaminating food.

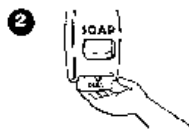
You should wash your hands before you start work and after the following activities:

- Using the restroom
- Handling raw meat, fish, or poultry (before *and* after)
- Touching your hair, face, or body
- Sneezing, coughing, or using a tissue
- Smoking, eating, drinking, or chewing gum or tobacco
- Handling chemicals that might affect the safety of the food
- Taking out trash
- Clearing tables or busing dirty dishes
- Touching clothing or aprons
- Touching anything else that may contaminate hands
- Handling money

You should follow these six steps to wash your hands properly:



Wet your hands with running water as hot as you can comfortably stand (at least 100°F/38°C).



Apply soap.



Vigorously scrub hands and arms for 10 to 15 seconds.



Clean under fingernails and between fingers.



Rinse thoroughly under running water.



Dry hands and arms with a single-use paper towel or warm-air hand dryer.

NATIONAL  
RESTAURANT  
ASSOCIATION



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: DIETARY SERVICES</b> <b>POLICY TITLE: STAFF MEALS</b> <b>POLICY NUMBER: DSS-010.002</b>  <b>COMPLIANCE REQUIREMENT: None</b>	<b>Page 1 of 2</b> <hr/> <b>Date of Origin:</b> <p style="text-align: center;">12/15/2015</p> <hr/> <b>Revision Date:</b> <p style="text-align: center;">07/25/2019</p> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Christine Sasser, DSS</b> <b>REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Andrea Kelly, Dietary Services Supervisor; Andrea Kelly, Dietary Services Supervisor</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall offer meals to staff. Under certain criteria outlined in the procedure of this policy there are occasions that meals are provided at no cost.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DSS-010.002**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to provide staff with meals with proper notice. Occasionally, staff meals may be at no cost to the employee when certain criteria are met.

### 2. Responsibility

It is the responsibility of the Dietary Department to provide meals to staff when requested whether there is a cost, or when certain criteria are met there will be no cost to the staff member.

### 3. Policy for Staff Meals

- a. *Staff Meals are available to staff 7 days a week. Staff must sign up by 1000 to receive a lunch or dinner. If a breakfast is needed please let the AM cook know by 0600.*
- b. *Staff may purchase meals directly from the Dietary Department two ways;*
  - i. Purchase the meals individually (one meal at a time) or,
  - ii. Purchase a meal card from the Dietary staff. For convenience of staff their meal cards may be kept in the kitchen.
- c. *Staff meals are available to employees at no cost when certain criteria are met;*
  - i. The staff member has worked beyond their regular shift due to an emergency situation.
  - ii. The staff member is suffering from a medical emergency that requires a meal.
  - iii. The staff member/members could not go out and get food due to inclement weather.

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, ADMIN-028.



**SENECA HEALTHCARE**

**DISTRICT**

## POLICY & PROCEDURE

<b>DEPARTMENT:</b> <del>DIETARY SERVICES</del> <b>FOOD AND NUTRITION SERVICES</b> <b>POLICY TITLE:</b> QUALITY ASSURANCE PERFORMANCE IMPROVEMENT <b>POLICY NUMBER:</b> DSS-012.001  <b>COMPLIANCE REQUIREMENT:</b> SOM [F867] §483.75(d)(1)(2)(e) §483.75(1)-(3)(g)(2) -Title 22 §72525(1)(A)  <b>AUTHOR:</b> Andrea Kelly, <del>Dietary Food and Nutrition</del> Services Supervisor <b>REVISED BY:</b> <u>Andrea Kelly, Certified Dietary Manager</u>	Page 1 of 2
	<b>Date of Origin:</b> 07/25/2019
	<b>Revision Date:</b>
	<b>Periodic Review By:</b> <b>Date:</b>
<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>	

**Policy:** Seneca Healthcare District (SHD) shall ensure a ~~dietary Food and Nutrition Services~~ (FNS) professional will conduct quality assurance monitors on a quarterly basis.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DSS-012.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to identify and implement opportunities to improve the quality of patient/resident care through patient/resident feedback, evaluation of processes and routine auditing. Using the data collected from these sources will allow the Food and Nutrition Services (FNS) Dietary Department to form strategies to improve performance.

### 2. Responsibilities

The Seneca Healthcare District's (SHD) FNS Dietary Department is responsible for examining quality assurance monitors to adjust processes and improve performance.

### 3. ~~3.~~ Policy for Quality Assurance Performance Improvement

-Quality Assurance Performance Improvement establishes a commitment to improving performance through monitored feedback and processes currently in place.

- a. *As deemed appropriate, the FNS Dietary professional will conduct quality assurance surveys.*
- b. *The quality assurance monitors may vary according to the needs of the facility and may include;*
  - i. Sanitation solution.
  - ii. Diet orders/texture modifications.
  - iii. Cool down log.
  - iv. Acute Care Nutrition Screening form/nutritional priority notification and swing patient admit emailed priority notification to Registered Dietician (RD).
  - v. Food expiration date.
  - vi. Ice machine cleaning and sanitizing.
- c. *The 'Sanitation Audit' is intended to be open ended. This is conducted monthly by the Registered Dietician (RD).*
- d. *Other audits may be done as needed.*
- e. *Copies of the quality assurance survey report will be given to the Administrator, the Chief Nursing Officer (CNO), and the Director of Nursing (DON), if appropriate.*

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ADMIN-028.

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT:** Dietary Services

**POLICY TITLE:** Isolation Trays

**POLICY NUMBER:** DSS-015.001

**COMPLIANCE REQUIREMENT:**

Page 1 of 3

**Date of Origin:**  
04/29/2021

**Revision Date:**  
7/20/2023

**Periodic Review**  
**By:**  
**Date:**

**AUTHOR:** Andrea Kelly, Dietary Services Supervisor

**REVISED BY:** Andrea Kelly, CDM

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

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**Policy:** The Seneca Healthcare District (SHD) Dietary department shall provide a standard meal tray to patients in isolation and use precautions according to Centers for Disease Control (CDC) guidelines, and the FDA Food Code, and the California Department of Public Health (CDPH).

Authorization	Signature	Date
Department Head		
Medical Department Chair		
(Interim) Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DSS-015.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to provide a standard meal tray setup to patients in isolation observation in a manner to help prevent the spread of contagious diseases to other patients, ~~staff~~, or family according to CDC guidelines, and the FDA Food Code.

### 2. Responsibilities

It is the responsibility of the SHD Dietary department to follow the CDC guidelines, and the FDA Food Code when preparing meal trays for patients in isolation observation.

### 3. Policy for Isolation Trays

The Seneca Healthcare District (SHD) Dietary department shall provide a standard meal tray setup to patients in isolation observation in a manner that promotes a safe environment that will prevent the spread of contagious diseases to other patients, ~~staff~~, or family members according to CDC guidelines, and the FDA Food Code.

a. *All patients will receive a standard meal tray setup with the Physician prescribed diet, except when a disposable meal tray is ~~needed~~ required as specified below:*

- i. When a disposable meal tray is ordered by the Physician or
- ii. When a disposable meal tray is needed for special safety precautions ~~as specified below:~~ such as:
  1. Mental health purposes to prevent patient injury to self and/or staff.
  2. ~~Suspect or positive patients with an airborne contagious disease, or during a pandemic.~~

b. ~~Precautions~~ Procedure to be followed for standard isolation meal trays:

- i. Nursing will notify Dietary when a patient is on isolation.
- ii. Nursing will wear gloves when handling isolation trays.
- iii. Dietary personnel will wear gloves to transport the isolation trays from the cart to the sink.
- iv. Dietary personnel will wear a disposable apron and gloves while washing the isolation dishes.
- v. Isolation trays do not have to be washed ~~separate~~separately from other patient's dishes.
- vi. ~~The dishwasher in the kitchen washes and sanitizes at temperatures high enough to kill the bacteria, viruses, and fungi from the isolation trays.~~
- 4.vi. The minimum wash temperature is 150 ° F and rinse temperature is 180 ° F.

c. ~~Precautions~~ Procedure to be followed ~~for when disposable isolation meal trays are required:~~

- i. ~~Nursing will notify Dietary when a patient is on isolation and use of disposable trays are needed.~~ Nursing will notify Dietary when disposable meal trays are needed.
- ii. ~~Nursing will don appropriate PPE when handling disposable isolation trays~~
- iii. ~~Nursing will place disposable isolation trays in the room trash bin when the meal is complete.~~

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d. Center for Disease Control (CDC) guidelines;

- i. According to the CDC, “The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils; reusable dishware and utensils may be used for patients requiring Transmission-Based Precautions.”

e. FDA Food Code Guidelines;

i. Warewashing Machines, Temperature Measuring Devices;

1. “The requirement for the presence of a temperature measuring device in each tank of the warewashing machine is based on the importance of temperature in the sanitization step. In hot water machine, it is critical that minimum temperatures be met at the various cycles so that the cumulative effect of successively rising temperatures causes the surface of the item being washed to reach the required temperature for sanitization. When chemical sanitizers are used, specific minimum temperatures must be met because the effectiveness of chemical sanitizers is directly affected by the temperature of the solution.” The minimum wash temperature must be at least 150° Fahrenheit (F) and the minimum rinse temperature must be at least 180° F.

ii. Warewashing Machines, Automatic Dispensing of Detergents and Sanitizers;

1. The presence of adequate detergents and sanitizers is necessary to effectively clean and sanitize utensils, dishware and equipment. The automatic dispensing of the chemicals must include a method to alert the operator when the chemicals are no longer being dispensed. The approved methods are listed below:
- a. Flow indicator
  - b. Flashing Light
  - c. Buzzer
  - d. Visible Open Air Delivery System

- f. The SHD Dietary department uses a warewashing machine that cleans and sanitizes the utensils, dishware and equipment with chemicals in hot water, which washes at no less than 150° F, and sanitizes at no less than 180° F. The chemical dispenser used has a Flashing Light, Visible Open Air Delivery System and Buzzer to alert the operator when the chemicals are no longer being dispensed. The Dietary Staff monitor and document the wash and rinse temperatures 3 times daily.

- g. California Department of Public Health (CDPH) states- “There is no need to treat meal trays differently for Residents/Patients; and there is no need to use disposable trays or utensils for COVID-19 positive Residents/Patients. As with other meal trays, staff should follow standard precautions, wearing gloves if potentially infectious materials are present on the tray (e.g., soiled tissue) and all staff should perform hand hygiene after removing PPE or handling used trays.”

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4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

[Reference- Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare settings. Prevention| Isolation Precautions| Guidelines Library| Infection Control| CDC. II.M. Dishware and Eating Utensils](#)

[Reference- FDA Food Code 2022, Annex 3. Public Health Reasons/Administrative Guidelines; 4-204.115 Warewashing Machines, Temperature Measuring Devices; 4-204.117 Warewashing Machines, Automatic Dispensing of Detergents and Sanitizers.](#)



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: FOOD AND NUTRITION SERVICES</b> <b>POLICY TITLE: ICE MACHINE CLEANING AND SANITIZING</b> <b>POLICY NUMBER: DSS-016.001</b>  <b>COMPLIANCE REQUIREMENT: SOM F812 §483.60(i)(2).; §702.73 (l)(4)</b>	<b>Page 1 of 2</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Andrea Kelly, Certified Dietary Manager</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure that all Ice Machines are cleaned and sanitized per the manufacturer's recommendations to prevent illness producing organisms from accumulating.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DEPT-016.001**

## **PROCEDURE**

### **1. Purpose**

The purpose of this policy is to prevent illness producing organisms from accumulating on the Ice Machines.

### **2. Responsibilities**

The SHD Food and Nutrition Services (FNS) Department is responsible for checking the logs kept by the Maintenance Department to ensure that all Ice Machines are being cleaned and sanitized per manufacturer's recommendations.

### **3. Policy for Ice Machine Cleaning and Sanitizing, to ensure the cleaning and sanitizing of the all Ice Machines is done in a manner that prevents illness producing organisms from accumulating.**

#### **a. *Procedure for cleaning and sanitizing Ice Machines;***

- i. Maintenance will clean and sanitize the Ice Machines per manufacturer's recommendations as well as keep and maintain the logbooks.
- ii. Housekeeping will disinfect the exterior of the Ice Machines as part of their daily routine.
- iii. The CDM will verify the logbooks on a Quarterly basis and report the findings to the appropriate committees.

### **4. Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



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## SENECA HEALTHCARE DISTRICT PROCEDURE

<b>DEPARTMENT:</b> Housekeeping, Maintenance, and Dietary	<b>Page 1 of 1</b>
	<b>Date of Origin:</b> 2 April, 2013
	<b>Revision Date:</b>
<b>PROCEDURE TITLE:</b> Scheduled Deep Cleaning of Floor – Under and Behind Appliances in Kitchen.	
<b>AUTHOR:</b> Linda McCurdy, Director of Environmental Services/Safety	

### PURPOSE:

To provide a clean and sanitary environment for the preparation and serving of food, and prevent the buildup of grease and dirt.

### PROCEDURE:

Note: This scheduled cleaning does not replace, but is in addition to the regular cleaning of the floor with disinfectant that is currently completed at least two times daily by the Housekeeping Staff.

1. At least once a week Housekeeping and Maintenance staff (if needed) will work jointly to ensure that areas behind and under appliances, and in hard to reach places are free of grease, and dirt.
2. This cleaning must not be conducted until dietary personnel authorize access to the kitchen area, and no food is open in the kitchen environment.
3. Maintenance staff will move appliances if necessary in order to allow for cleaning.
4. Staff will utilize a facility approved degreasing agent for removing any grease build up on the floor areas only.
5. With a squirt bottle containing degreasing solution, apply the solution under and around appliances and stove area of the kitchen floor, and allow solution to soak for approximately 5 minutes.
6. Pick up solution with a clean, dry microfiber mop.
7. Repeat the process as needed, and once completed rinse the area with a microfiber mop with plain water.
8. Once the above processes are completed the entire floor area will be re-mopped with the facility approved disinfectant.
9. Use all safety precautions while completing the processes, such as wet floor sign and appropriate personal protective equipment.
10. Evidence of this cleaning will be documented on the Housekeeping Weekly Cleaning Items Checklist, and copies of completed checklists are maintained in the Director of Environmental Services office for a period of at least two years.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: INFECTION CONTROL</b> <b>POLICY TITLE: COMMUNICABLE DISEASE PREVENTION AND CONTROL IN THE WORKPLACE</b>  <b>POLICY NUMBER: IC-035.001</b>  <b>COMPLIANCE REQUIREMENT: 22 CCR §72535, §707723 8 CCR §5199</b>	<b>Page 1 of 11</b>
	<b>Date of Origin:</b> 8/24/2023
	<b>Revision Date:</b>
	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure that healthcare personnel (HCP) are appropriately screened per applicable federal, state, and local regulations to prevent and control communicable diseases. All SHD personnel will prevent disease transmission to themselves, other staff, and patients. SHD shall provide direction to prevent and control communicable diseases. Pregnant HCP should check with their physician prior to receiving treatment, prophylaxis, or vaccination.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DEPT-IC-035.001**



## **PROCEDURE**

### **1. Purpose**

The purpose of this policy is to control and minimize risks inherent to working in a health care environment. HCP restrictions and/or exclusion criteria due to illness or special conditions are defined and all employees, contract personnel, and volunteers are required to comply with the standards that will be outlined.

### **2. Responsibilities**

#### **a. Employee Health (EH)**

- i. Screen all new HCP who perform patient care activities. Provide vaccines as needed, screening, diagnosis, and post exposure evaluation and treatment for communicable disease for all staff.

#### **b. Infection Prevention (IP)**

- i. Consult with EH staff to determine if a communicable disease exposure involving patients, visitors, or HCP has occurred.

#### **c. Managers/Supervisors**

- i. Ensure that employees with identified communicable diseases do not work until they have been evaluated and cleared to work by EH or their private physician.
- ii. Refer symptomatic employees who may have had exposure to a communicable disease to EH for screening.

### **3. Policy for Communicable Disease Prevention and Control in the Workplace**

HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, clinical laboratory personnel pharmacists, students and trainees, contractual staff not employees by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical, dietary, environmental services, security, engineering and facilities management, administrative, billing and volunteer personnel.

- a. SHD is required to offer certain vaccine to employees by the California Code of Regulations Title 8 §5199(h) (5). These include:

- i. Rubeola (Measles), Mumps and Rubella (MMR) vaccine
- ii. Varicella Vaccine
- iii. Tetanus, Diphtheria and Pertussis (Tdap) vaccine
- iv. Hepatitis B vaccine
- v. Influenza Vaccine
- vi. COVID-19 vaccine

- b. SHD strongly recommends each employee receive these vaccines. Those who decline are required to sign a declination form that will be maintained in their health file.
- c. ***Preventative Measures for Communicable Diseases***
  - i. Prior to clinical activities, ensure the following screening and immunizations are performed as appropriate (provided free of charge by SHD).
    - 1. Required screening tests:
      - a. Tuberculin (TB) tests
      - b. Chest X-ray (CXR) if indicated.
      - c. MMR antibody test (titer)
      - d. Anti-HBs antibody test (titer)
      - e. Varicella antibody test (titer)
    - 2. Immunizations
      - a. MMR- must have one of the following.
        - i. HCP born in 1957 or later can be considered immune to MMR only if they have documentation of:
          - 1. Laboratory evidence of immunity (titers)
          - 2. Proof of two MMR vaccines (no titers required)
          - 3. Receive two doses of MMR 28 days apart free of charge at SHD (the first before beginning work).
        - ii. HCP born before 1957
          - 1. This is considered acceptable evidence of MMR immunity and no titers are required.
            - a. SHD recommends 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose of MMR vaccine for an outbreak of rubella.
        - iii. A signed MMR declination form
      - b. Varicella (chickenpox) - must have one of the following:
        - i. History of chickenpox disease verified by provider at pre-employment physical (titer)
        - ii. Proof of two vaccines (no titer required)
        - iii. Received two doses of varicella vaccine 28 days apart (the first before beginning work)
        - iv. A signed Varicella declination form

- c. Tetanus, Diphtheria, and Pertussis (Tdap) - must have one of the following:
    - i. Proof of Tdap vaccination in the last 10 years
    - ii. Receive 1 dose of Tdap vaccination before beginning work.
    - iii. A signed Tdap declination form
  - d. Hepatitis B – must have one of the following:
    - i. Proof of series of 3 vaccines
    - ii. Laboratory proof of immunity (titer)
    - iii. Receive 3 doses of Hep B vaccine at 0, 1 and 6 months (the first dose before beginning work)
    - iv. A signed Hepatitis B declination form
  - e. Influenza – must have one of the following:
    - i. Proof of current flu season’s vaccination
    - ii. A signed Influenza vaccine declination form and will wear a mask whenever in patient, resident, or clinical care areas for the duration of the flu season (see IC-021 Mandatory Influenza Vaccination).
  - f. COVID-19
    - i. SHD encourages and promotes COVID-19 vaccine acceptance and staying up to date for all employees.
    - ii. Information regarding COVID vaccines will be gathered from the Centers for Disease Control and Prevention (CDC) and updated as necessary.
3. Periodic Screening of Employees for Communicable Disease
- a. Tuberculosis (TB) Screening – must have one of the following:
    - i. If no positive Tuberculosis Skin Test (TST) in the past:
      - 1. 2-step TST at hire. The 1<sup>st</sup> step with a negative result required before beginning work, the 2<sup>nd</sup> to be completed within 1-3 weeks. If 2<sup>nd</sup> step is not completed, the 2-step process must be restarted.
      - 2. OR proof of QuantiFERON blood test done in the past 6 months
      - 3. Annual TST required thereafter for all employees or volunteers.
    - ii. If HCP have had positive TSTs in the past:

1. Submit completed Annual TB assessment to EH.
2. Provide record of CXR following positive TST or have CXR taken at SHD.
3. Wear a mask if you are having any symptoms of TB and notify IP or EH for evaluation immediately.
4. Submit Annual TB assessment to EH annually thereafter and a CXR every 5 years thereafter.

#### 4. Exceptions

- a. If the prospective employee does not have proof of immunity to aerosol transmissible diseases, or blood test results show lack of immunity to required preventable diseases, EH will notify them and will discuss contraindications and precautions of the vaccine for that disease. The vaccine will be administered and recorded in that employee's record.
- b. Contraindications and Precautions include:
  - i. Severe allergic reaction to a vaccine or component (gelatin or neomycin) of the vaccine.
  - ii. Pregnancy or anticipating pregnancy is a contraindication to the MMR and varicella vaccines.
  - iii. Allergy to egg and minor illness are NOT a contraindication to receiving vaccines.
- d. Work Restrictions for Communicable Diseases
  - i. HCWs may be excluded for direct patient contact if they exhibit signs and symptoms of potentially transmissible conditions.
    1. HCP, as described in Attachment B, who are exposed to infectious diseases shall report to their supervisor. They or their supervisor will notify IP and EH. EH shall maintain exposure documentation.
  - ii. Infected or ill employees, including contract workers and volunteers, may not serve or handle food.
  - iii. All HCWs must be able to practice proper hand hygiene and all infection prevention strategies.
  - iv. See Attachment A for work restriction details on specific diseases and conditions, with the addition of:
    1. Acute gastroenteritis with vomiting not considered to be Norovirus should be excluded from work until at least 24 hours after the last episode of vomiting.

2. Coxsackievirus (Hand, Foot, and Mouth Disease): exclude from work until fever has been resolved for at least 72 hours.
  - e. See COVID-19 Exposure Control Plan for work restrictions for SARS-CoV-2 infection.
4. **Enforcement**  
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

## REFERENCE

*Recommended Work Restrictions for Communicable Diseases in Healthcare Workers:*  
<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf> August 8<sup>th</sup>, 2023.

*Infection Control in Healthcare personnel: infrastructure and routine practices for occupational infection prevention and control services:* <https://stacks.cdc.gov/view/cdc/82043> August 8th, 2023.

*Centers for Disease Control and Prevention; MMWR:*  
<https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf> August 8th, 2023.

## VACCINE – DECLINATION FORM

### **Attachment A: Recommended Work Restrictions for Communicable Diseases in Health Care Workers**

<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf>

### **Attachment B: Initial Evaluation and Ongoing Treatment for Occupational Exposure**



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT:</b> Infection Control <b>POLICY TITLE:</b> COVID-19 Exposure Control Plan <b>POLICY NUMBER:</b>  <b>COMPLIANCE REQUIREMENT:</b> CCR, Title 8, section 3203	<b>Page 1 of 9</b>
	<b>Date of Origin:</b>
	<b>Revision Date:</b>
	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall provide a safe and healthy workplace for all our employees. SHD has developed the following COVID-19 plan to prevent and minimize the risk of transmission of COVID-19.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DEPT-###.###**

## PROCEDURE

### 1. **Purpose**

The purpose of this policy is to address the prevention, detection and control of COVID-19 exposures and infections among patients and employees of SHD.

This policy will be updated per Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and California Department of Public Health (CDPH) guidelines as new information becomes available.

### 2. **Responsibilities**

The SHD Infection Preventionist is responsible for implementing and monitoring the COVID-19 plan in the workplace.

Managers and supervisors are responsible for implementing and maintaining this plan in their assigned work areas and for ensuring employees receive answers to questions.

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

### 3. **Policy for COVID-19 Exposure Control**

COVID-19 is an airborne novel virus that is a recognized hazard in our workplace and is addressed through this plan. This plan will be maintained to ensure that applicable CMS, CDC, CDPH and Plumas County Public Health orders and guidance will be reviewed and implemented to determine measures to prevent transmission and identify and correct COVID-19 hazards.

SHD has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included where appropriate within the plan.

COVID-19 and SARS CoV-2 are used interchangeably throughout this policy.

#### a. ***Transmission-Based Precautions (TBP) and Personal Protective Equipment (PPE)***

- i. Patients who have symptoms of COVID-19 (i.e., shortness of breath, cough, fever >100.4 F, runny nose, sore throat, malaise, or congestion) or have had a diagnostic positive test for the SARS CoV-2 infection will be placed in a room under TBP.
- ii. Employees or visitors who enter the room will adhere to standard precautions and use a NIOSH (National Institute for Occupational Safety and Health) approved particulate respirator with N95 filters or higher,

gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

1. The respirators used will be compliant with our Respiratory Protection Plan (located in SAFE-27 policy), which includes fit testing, and training in accordance with Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard (29 CFR 1910.134).

**b. *Patient Placement***

- i. Patients with suspected or confirmed SARS-CoV-2 infection shall be placed in a single-person room. The door should be kept closed (if safe to do so) and with the appropriate TBP signage on the door. Ideally, the patient should have a dedicated bathroom.
  1. As SHD does not have a negative pressure room, ideally the patient will be placed in a room with an attached anteroom and will have a high efficiency particulate air (HEPA) filter with built in Ultraviolet C (UV-C) light disinfection outside the main door.
    - a. If an acute or SNF room housing a COVID-19 positive patient or resident does not have an anteroom, a HEPA filter with UV-C light disinfection will be placed inside the room, and (if available) a HEPA filter with UV-C light disinfection will be placed directly outside the room as well.
  2. If cohorting, only patients with the same respiratory pathogen should be housed in the same room. Multidrug Resistant Organism (MDRO) colonization and/or presence of other communicable diseases should also be taken into consideration during the cohorting process.
- ii. Skilled Nursing Facility (SNF) residents who have tested positive for SARS-CoV-2 and do not meet medical necessity for acute care will be placed in TBP within the SNF unit for isolation and treatment.
- iii. Residents who test positive for SARS-CoV-2 and have a need for hospital level medical care will be transferred to an acute care facility as medically necessary.
  1. If the resident is transferred back to SNF while still SARS-CoV-2 positive, the duration of TBP will continue in the SNF for the allotted time described below.
- iv. All SNF residents who test positive for SARS-CoV-2 will follow TBP for the time period described below for those with "severe to critical illness."
  1. If the SNF unit has multiple residents who test positive for SARS-CoV-2, CDPH and Plumas County Public Health will be contacted, and the situation will be reassessed as necessary.



- v. Limit transport and movement of the patient outside of the room to medically essential purposes.
  - 1. When outside of their room, the resident shall wear a surgical mask for source control.
- c. ***Aerosol-Generating Procedures (AGPs)***
  - i. Procedures that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist.
    - 1. Endotracheal intubation or extubation
    - 2. Nebulizer treatment
    - 3. Chest physical therapy
  - ii. AGPs should take place in an airborne infection isolation room (AIIR), if possible. SHD does not have a negative pressure room. If an AGP must be performed on a positive or possible COVID positive patient, a HEPA filter with UV-C light disinfection must be in the room with the door closed.
  - iii. The number of HCPs present during the procedure should be limited to only those essential for patient care and procedural support. Visitors should not be present for the procedure.
    - 1. The HCPs in the room must wear appropriate PPE for COVID-19 TBP.
- d. ***Visitation***
  - i. For the safety of the visitor, in general, patients should be encouraged to limit in-person visitation while they are infectious. However, SHD will adhere to local, state and federal regulations related to visitation.
    - 1. SHD staff will counsel patients and their visitor(s) about the risks of an in-patient visit.
    - 2. SHD staff will encourage the use of alternative mechanisms for patient and visitor interactions such as video calls when appropriate.
    - 3. Visitors will be provided instructions, before they enter the room, on hand hygiene, limiting surfaces touched, and the use of PPE while in the room.
    - 4. Visitors will be instructed to only visit the patient's room. They should minimize their time spent in other locations in the facility.
    - 5. Visitors should not enter the hospital if they have respiratory symptoms/fever or have tested positive for/exposed to SARS-CoV-2 in the last 10 days.
- e. ***Duration of Transmission-Based Precautions (TBP) for Patients with SARS-CoV-2 Infection***
  - i. Follow these criteria to determine when TBP can be discontinued for a patient or resident at SHD.

1. In general, patients who are hospitalized for SAR-CoV-2 infection at SHD should be maintained in TBP for the time period described for patients with severe to critical illness.
  - a. Patients with mild to moderate illness who are not immunocompromised:
    - i. At least 10 days has passed since symptoms first appeared **and**
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medication **and**
    - iii. Symptoms (i.e., cough, shortness of breath) have improved **and**
    - iv. Results are negative from one respiratory specimen test using an antigen test.
  - b. Patients who are asymptomatic throughout their infection and are not immunocompromised:
    - i. At least 10 days have passed since the date of their first positive viral test **and**
    - ii. Results are negative from one respiratory specimen test using an antigen test.
  - c. Patients with severe to critical illness who are not immunocompromised (**this criterion is to be used for SNF residents**):
    - i. **At least 10 days** and up to 20 days have passed since symptoms first appeared **and**
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medication **and**
    - iii. Symptoms (i.e., cough, shortness of breath have improved)
    - iv. The test-based strategy can be used to inform the duration of isolation after the initial 10 days after onset of symptoms.
  - d. Immunocompromised patients:
    - i. Use a test-based strategy and consultation with an infectious disease specialist (if available) is recommended.
  - e. Test-based strategy:
    - i. Patients who are symptomatic:
      1. Resolution of fever without use of fever-reducing medication **and**
      2. Symptoms have improved **and**
      3. Results are negative from at least two consecutive respiratory specimen tests

collected 48 hours apart (total of 2 negative specimens) using an antigen test.

ii. Patients who are not symptomatic:

1. Results are negative from at least two consecutive respiratory specimen tests collected 48 hours apart (total of 2 negative specimens) using an antigen test.

f. These guidelines are based on CDC guidelines and are subject to change.

f. ***Environmental Infection Control***

- i. Dedicated medical equipment should be used when caring for a patient with suspected or confirmed SARS-CoV-2 infection.
  1. All non-dedicated, non-disposable medical equipment used for that patient will be cleaned and disinfected according to manufacturer's instructions before use on another patient.
- ii. Environmental Protection Agency (EPA) registered disinfectants that kill SARS-CoV-2 will be used.
- iii. Management of laundry, food service utensils, and medical waste will be performed in accordance with regular procedures.
- iv. Housekeeping staff will follow the *Terminal Clean Procedure for Isolation Room* checklist that is located on the housekeeping cart. Any personnel who enter the room after discharge must continue wearing required PPE in the room until the cleaning process is completed.
- v. Isolation Room HKG-043 policy will be followed.

g. ***Masking***

- i. Surgical facemask use inside all facilities at SHD is based on CDC COVID-19 Hospital Admission levels for Plumas County (updated weekly) but may be changed at the discretion of SHD's Infection Preventionist and/or administration.
  1. CDC COVID-19 Hospital Admission Level: **LOW**
    - a. Surgical masking is not required.
  2. CDC COVID-19 Hospital Admission Level: **MEDIUM**
    - a. Surgical masking is required when entering a patient/resident's room or when in close contact with patient/resident (within 6 feet).
      - i. Surgical masking will be maintained for 2 weeks and then reevaluated based on the current Hospital Admission Level.
  3. CDC COVID-19 Hospital Admission Level: **HIGH**
    - a. Surgical masking is required while inside the hospital or clinics.

- i. Surgical masking will be maintained for 2 weeks and then reevaluated based on the current Hospital Admission Level.
    - b. Patients (outside their room) and visitor masking (surgical) are required.
  - h. ***Testing of Staff, Patients and Residents***
    - i. Staff
      - 1. COVID-19 antigen tests will be available at no cost to all employees who have respiratory symptoms or who have had an exposure to a COVID-19 positive person in the workplace without appropriate PPE on.
        - a. Polymerase Chain Reaction (PCR) tests will be available at no cost to the employee at the discretion of the Infection Preventionist.
        - b. Employees will not enter SHD facilities until COVID-19 test is resulted as negative.
    - ii. Patients
      - 1. Patients who are admitted to observation or inpatient with respiratory signs or symptoms will be tested for SARS-CoV-2 and resulted in the emergency room (ER) prior to being placed in an inpatient room.
        - a. Exceptions to this rule will include:
          - i. High census or acuity in the ER
          - ii. Direct admit to inpatient
          - iii. Medical Doctor's discretion
        - b. For those exceptions, the patient will be placed in COVID-19 TBP on the inpatient unit until the COVID-19 test is resulted.
      - 2. Outpatient procedure patients will only be tested for SARS-CoV-2 if they have respiratory symptoms prior to their procedure.
      - 3. SHD will continue to test all general surgery patients for SARS-CoV-2 24-48 hours prior to surgery.
    - iii. LTC Residents
      - 1. Newly admitted residents to LTC will have an antigen COVID-19 test on days 1, 3 and 5 following admission.
        - a. The resident is not required to isolate in their room during this 5-day period as long as they remain asymptomatic.
  - i. ***Management of SARS-CoV-2 Infected and Exposed HCP and Residents***
    - i. Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)
      - 1. All HCP with a positive COVID-19 antigen test, regardless of vaccination status, who are asymptomatic or mildly symptomatic will be restricted from work for **at least** 5 days with a negative

antigen test and improving symptoms required before return to work.

- a. SHD will refer to CDC guidance for work restrictions for HCP with severe to critical illness.
    - b. Work restriction for HCP with COVID-19 symptoms who has not had a viral test is 10 days (with symptoms improving or resolved).
  2. During critical staffing, a HCP who has had a SAR-CoV-2 infection may return in less than 5 days with a negative antigen test.
  3. HCP returning to work before day 10 of symptom onset (after meeting criteria to return to work) will wear a N-95 mask for source control through day 10 from symptom onset or positive test.
- ii. Management of Asymptomatic HCP with SARS-CoV-2 exposure
1. All HCP, regardless of vaccination status, who have been exposed to a COVID-19 positive person and is asymptomatic will not have any work restrictions.
    - a. An exposure is defined as an individual who has had close contact (<6 feet) for 15 minutes or longer to a person with confirmed SARS-CoV-2 infection.
    - b. The HCP will be tested on day 1, 3, and 5 following exposure (no earlier than 24 hours after exposure) and may continue to work with a negative diagnostic test.
    - c. The exposed HCP will wear a N-95 mask at all times while in a SHD facility until they have a negative test on day 5.
- iii. Management of Asymptomatic LTC Residents with SARS-CoV-2 Exposure
1. Any LTC resident who has been exposed to COVID, but is asymptomatic, will be informed directly of the COVID-19 exposure. The resident representative will be contacted by phone to inform of the exposure when appropriate.
    - a. The resident will be tested for COVID-19 (no earlier than 24 hrs. since exposure) on days 1, 3 and 5 following the exposure.
    - b. The resident will be asked to remain in their room as much as possible or wear a mask outside of their room during this 5-day period to reduce chances of further exposure.

j. ***Employee Vaccinations***

- i. SHD recognizes that vaccines are important for preventing severe illnesses and promoting public health. SHD will continue to encourage, offer, and educate regarding the importance of the COVID-19 vaccine, but it is not required per CMS guidelines.

- ii. COVID-19 vaccines are provided at no cost to employees. SHD employees are encouraged to stay up to date with COVID-19 vaccines.

k. **Ventilation**

- i. SHD will develop, implement, and maintain effective methods to prevent transmission of COVID-19 including one or more of the following actions to improve ventilation.
  - 1. Maximize the supply of outside air to the extent feasible, except when the EPA Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by any other means would cause a hazard to employees or patients, for instance, from excessive heat or cold.
  - 2. Use HEPA filtration units in accordance with manufacturers' recommendations in indoor areas where ventilation is inadequate to reduce the risk of COVID-19 transmission.
    - a. A HEPA filter with UV-C light disinfection will be placed in the operating room (OR) on the days the OR is utilized. The filter shall be on during all cases that are performed in the OR.
    - b. HEPA units must have the filters changed daily when in use. OR staff, Maintenance, Plant Operations, and Infection Prevention may change the filters.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

**REFERENCE**

[Ventilation in Buildings | CDC](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html): <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>. Retrieved May 16<sup>th</sup>, 2023.

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-home-long-term-care.html): [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-home-long-term-care.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-home-long-term-care.html). Retrieved May 22<sup>nd</sup>, 2023.

CMS Final Rule: <https://public-inspection.federalregister.gov/2023-11449.pdf>. Retrieved June 8<sup>th</sup>, 2023.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT: INFECTION CONTROL**

**POLICY TITLE: COMMUNICABLE DISEASE  
PREVENTION AND CONTROL IN THE WORKPLACE**

**POLICY NUMBER: IC-035.001**

**COMPLIANCE REQUIREMENT: 22 CCR §72535, §707723  
8 CCR §5199**

**AUTHOR:  
REVISED BY:**

**Page 1 of 11**

**Date of Origin:  
8/24/2023**

**Revision Date:**

**Periodic Review  
By:  
Date:**

**Policy Rescinded by  
Policy #:  
Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure that healthcare personnel (HCP) are appropriately screened per applicable federal, state, and local regulations to prevent and control communicable diseases. All SHD personnel will prevent disease transmission to themselves, other staff, and patients. SHD shall provide direction to prevent and control communicable diseases. Pregnant HCP should check with their physician prior to receiving treatment, prophylaxis, or vaccination.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: DEPT-IC-035.001**

## **PROCEDURE**

### **1. Purpose**

The purpose of this policy is to control and minimize risks inherent to working in a health care environment. HCP restrictions and/or exclusion criteria due to illness or special conditions are defined and all employees, contract personnel, and volunteers are required to comply with the standards that will be outlined.

### **2. Responsibilities**

#### **a. Employee Health (EH)**

- i. Screen all new HCP who perform patient care activities. Provide vaccines as needed, screening, diagnosis, and post exposure evaluation and treatment for communicable disease for all staff.

#### **b. Infection Prevention (IP)**

- i. Consult with EH staff to determine if a communicable disease exposure involving patients, visitors, or HCP has occurred.

#### **c. Managers/Supervisors**

- i. Ensure that employees with identified communicable diseases do not work until they have been evaluated and cleared to work by EH or their private physician.
- ii. Refer symptomatic employees who may have had exposure to a communicable disease to EH for screening.

### **3. Policy for Communicable Disease Prevention and Control in the Workplace**

HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, clinical laboratory personnel pharmacists, students and trainees, contractual staff not employees by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical, dietary, environmental services, security, engineering and facilities management, administrative, billing and volunteer personnel.

- a. SHD is required to offer certain vaccine to employees by the California Code of Regulations Title 8 §5199(h) (5). These include:

- i. Rubeola (Measles), Mumps and Rubella (MMR) vaccine
- ii. Varicella Vaccine
- iii. Tetanus, Diphtheria and Pertussis (Tdap) vaccine
- iv. Hepatitis B vaccine
- v. Influenza Vaccine
- vi. COVID-19 vaccine



- b. SHD strongly recommends each employee receive these vaccines. Those who decline are required to sign a declination form that will be maintained in their health file.
- c. ***Preventative Measures for Communicable Diseases***
  - i. Prior to clinical activities, ensure the following screening and immunizations are performed as appropriate (provided free of charge by SHD).
    - 1. Required screening tests:
      - a. Tuberculin (TB) tests
      - b. Chest X-ray (CXR) if indicated.
      - c. MMR antibody test (titer)
      - d. Anti-HBs antibody test (titer)
      - e. Varicella antibody test (titer)
    - 2. Immunizations
      - a. MMR- must have one of the following.
        - i. HCP born in 1957 or later can be considered immune to MMR only if they have documentation of:
          - 1. Laboratory evidence of immunity (titers)
          - 2. Proof of two MMR vaccines (no titers required)
          - 3. Receive two doses of MMR 28 days apart free of charge at SHD (the first before beginning work).
        - ii. HCP born before 1957
          - 1. This is considered acceptable evidence of MMR immunity and no titers are required.
            - a. SHD recommends 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose of MMR vaccine for an outbreak of rubella.
        - iii. A signed MMR declination form
      - b. Varicella (chickenpox) - must have one of the following:
        - i. History of chickenpox disease verified by provider at pre-employment physical (titer)
        - ii. Proof of two vaccines (no titer required)
        - iii. Received two doses of varicella vaccine 28 days apart (the first before beginning work)
        - iv. A signed Varicella declination form

- c. Tetanus, Diphtheria, and Pertussis (Tdap) - must have one of the following:
    - i. Proof of Tdap vaccination in the last 10 years
    - ii. Receive 1 dose of Tdap vaccination before beginning work.
    - iii. A signed Tdap declination form
  - d. Hepatitis B – must have one of the following:
    - i. Proof of series of 3 vaccines
    - ii. Laboratory proof of immunity (titer)
    - iii. Receive 3 doses of Hep B vaccine at 0, 1 and 6 months (the first dose before beginning work)
    - iv. A signed Hepatitis B declination form
  - e. Influenza – must have one of the following:
    - i. Proof of current flu season’s vaccination
    - ii. A signed Influenza vaccine declination form and will wear a mask whenever in patient, resident, or clinical care areas for the duration of the flu season (see IC-021 Mandatory Influenza Vaccination).
  - f. COVID-19
    - i. SHD encourages and promotes COVID-19 vaccine acceptance and staying up to date for all employees.
    - ii. Information regarding COVID vaccines will be gathered from the Centers for Disease Control and Prevention (CDC) and updated as necessary.
3. Periodic Screening of Employees for Communicable Disease
- a. Tuberculosis (TB) Screening – must have one of the following:
    - i. If no positive Tuberculosis Skin Test (TST) in the past:
      - 1. 2-step TST at hire. The 1<sup>st</sup> step with a negative result required before beginning work, the 2<sup>nd</sup> to be completed within 1-3 weeks. If 2<sup>nd</sup> step is not completed, the 2-step process must be restarted.
      - 2. OR proof of QuantiFERON blood test done in the past 6 months
      - 3. Annual TST required thereafter for all employees or volunteers.
    - ii. If HCP have had positive TSTs in the past:

1. Submit completed Annual TB assessment to EH.
2. Provide record of CXR following positive TST or have CXR taken at SHD.
3. Wear a mask if you are having any symptoms of TB and notify IP or EH for evaluation immediately.
4. Submit Annual TB assessment to EH annually thereafter and a CXR every 5 years thereafter.

#### 4. Exceptions

- a. If the prospective employee does not have proof of immunity to aerosol transmissible diseases, or blood test results show lack of immunity to required preventable diseases, EH will notify them and will discuss contraindications and precautions of the vaccine for that disease. The vaccine will be administered and recorded in that employee's record.
- b. Contraindications and Precautions include:
  - i. Severe allergic reaction to a vaccine or component (gelatin or neomycin) of the vaccine.
  - ii. Pregnancy or anticipating pregnancy is a contraindication to the MMR and varicella vaccines.
  - iii. Allergy to egg and minor illness are NOT a contraindication to receiving vaccines.
- d. Work Restrictions for Communicable Diseases
  - i. HCWs may be excluded for direct patient contact if they exhibit signs and symptoms of potentially transmissible conditions.
    1. HCP, as described in Attachment B, who are exposed to infectious diseases shall report to their supervisor. They or their supervisor will notify IP and EH. EH shall maintain exposure documentation.
  - ii. Infected or ill employees, including contract workers and volunteers, may not serve or handle food.
  - iii. All HCWs must be able to practice proper hand hygiene and all infection prevention strategies.
  - iv. See Attachment A for work restriction details on specific diseases and conditions, with the addition of:
    1. Acute gastroenteritis with vomiting not considered to be Norovirus should be excluded from work until at least 24 hours after the last episode of vomiting.

2. Coxsackievirus (Hand, Foot, and Mouth Disease): exclude from work until fever has been resolved for at least 72 hours.
  - e. See COVID-19 Exposure Control Plan for work restrictions for SARS-CoV-2 infection.
4. **Enforcement**  
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

## REFERENCE

*Recommended Work Restrictions for Communicable Diseases in Healthcare Workers:*  
<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf> August 8<sup>th</sup>, 2023.

*Infection Control in Healthcare personnel: infrastructure and routine practices for occupational infection prevention and control services:* <https://stacks.cdc.gov/view/cdc/82043> August 8th, 2023.

*Centers for Disease Control and Prevention; MMWR:*  
<https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf> August 8th, 2023.

## VACCINE – DECLINATION FORM

### **Attachment A: Recommended Work Restrictions for Communicable Diseases in Health Care Workers**

<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf>

### **Attachment B: Initial Evaluation and Ongoing Treatment for Occupational Exposure**

## Attachment B: Initial Evaluation and Ongoing Treatment for Occupational Exposure

<b>Group</b>	<b>Initial Evaluation</b>	<b>Ongoing Treatment</b>
SHD Employees	Employee Health Services	Employee Health Services
SHD Physicians	Employee Health Services	Employee Health Services/ Primary Care Physician
Contract Workers	Emergency Room	Referred to Primary Care Physician or Employer Physician Services
Students	Employee Health Services	Referred to Primary Care Physician
Volunteers	Emergency Room	Referred to Primary Care Physician
Visitors	Emergency Room	Referred to Primary Care Physician



**SENECA HEALTHCARE**

**DISTRICT**

## POLICY & PROCEDURE

**DEPARTMENT: INFECTION CONTROL**  
**POLICY TITLE: ISOLATION PRECAUTIONS**  
**POLICY NUMBER: IC-007.003**

**COMPLIANCE REQUIREMENT: -Title 22 CCR Section 72515, Title 42 CFR Section 483.80**

**AUTHOR: Dave Monday, CLS, Laboratory Manager**  
**REVISED BY: Tessa Parsons, RN, BSN, Skilled Nursing Facility Director of Nurses; Catie Neely, RN, BSN, Infection Control Manager**

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**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

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**Policy:** Seneca Healthcare District (SHD) shall utilize a two-tiered system for preventing the spread of infection. The first is Standard Precautions for preventing the transmission of infection when caring for all patients and Transmission-based Precautions for interrupting at least one of the 6 main modes of transmission- **enhanced standard precautions**, contact, droplet, airborne, common vehicle, and vector-borne-in patients with known or suspected infections. Transmission-based precautions are generic and may not fully address the unique needs and circumstances of individual patients, the hospital, or the specific infectious condition and may be modified, as appropriate.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration	See Governing Board	
Medical Chief of Staff		

Governing Board		
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**POLICY NUMBER REFERENCE: IC-007.003  
PROCEDURE**

**1. Purpose**

The purpose of this policy is to ensure that proper isolation ~~precautions~~ precautions are used to contain infections.

**2. Responsibilities**

~~The SHD- The SHD Infection Prevention Practitioner is responsible for ensuring proper isolation is enforced. Infection Control Department is responsible for ensuring proper isolation is enforced.~~

**3. Policy for Isolation Precautions**

*a. Definition*

- i. For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

*b. Standard Precautions*

- i. Purpose: It is the intent of SHD that all patient blood and body fluids will be considered potentially infectious, and standard precautions are indicated for all patients.
- ii. Barriers indicated in Standard Precautions:
  1. **Gloves**-gloves should be worn whenever exposure to the following is planned or anticipated:
    - a. Blood/blood products/body fluids with visible blood
    - b. Urine
    - c. Feces
    - d. Saliva
    - e. Mucous membranes
    - f. Wound drainage
    - g. Drainage tubes
    - h. Non-intact skin
    - i. Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluids
    - j. Performing venipuncture or invasive procedure.
  2. **Masks**-masks should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids.
  3. **Gowns/Aprons**- should be worn when there is a potential for soiling clothing with blood/body fluids.
  4. **Eyewear**-protection over the eyes should be worn during procedures that are likely to generate droplets of blood/body fluids.
  5. **Private room**- consider when patient hygiene is poor or in cases where blood/body fluids cannot be contained.

6. **Hand hygiene-** refer to hand hygiene procedures. Waterless products are encouraged for use and should be placed in strategic locations.
  7. **Resuscitation equipment-** mouthpieces or other ventilation devices should be available as alternatives for mouth-to-mouth resuscitation.
  8. **Sharps precautions-** safer sharps should be used and used sharps should be placed in an appropriately labeled puncture resistant container. Container should be placed so that health care workers can easily see opening and reach across horizontally to use, whenever possible.
  9. **Lab specimens-** should be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping and should be labeled with biohazard symbol. If outside contamination of the primary container occurs, it should be placed within a second container.
  10. **Blood spills-** spills of blood or other body fluids should be removed and the area decontaminated using ~~the a~~ facility-approved ~~blood spill kit~~ germicide disinfectant. Gloves should be worn during cleaning and decontamination. The manufacturer's directions will be followed for use of the product in cleaning and decontaminating spills.
  11. **Linen-** soiled linen should be handled as little as possible. Gloves should be worn to handle wet linen.
  12. **General waste-** waste should be bagged in impervious bags.
- c. **Personal Protective Equipment (PPE)**
- i. PPE is provided to all employees. Each employee is responsible for knowing where the equipment is kept in the department.
  - ii. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
  - iii. PPE available includes gloves, gowns, ~~or aprons~~, masks, eye protection, and resuscitation devices.
- d. **Enhanced Standard Precautions (ESP) in the Skilled Nursing Facility (SNF)**
- i. **Purpose:** It is the intent of SHD SNF to use ESP for patients with medical devices (e.g., urinary catheters, feeding tubes, endotracheal or tracheostomy tubes, vascular catheters), unhealed wounds or presence of pressure ulcers who are at *increased risk* for transmission of multidrug-resistant organisms (MDRO). Examples include MRSA, VRE and Carbapenem resistant gram-negative organisms.
  - ii. **Barriers indicated for ESP:**
    1. **Patient Placement-** Patient may be placed in a private room. If a private room is not available attempt to cohort the patient with a compatible roommate based upon MDRO status (if known). In the absence of known MDRO. When a private room is not available and cohorting is not an option, consider the organism and patient population when determining placement. A decision will be made on a case-by-case basis regarding the safety of placing the patient in a room with



another patient. Patient that requires ESP will be identified by an orange triangle above the head of their bed.

2. **Patient Hygiene-** Consider bathing residents on ESP with a chlorhexidine product on their regular bathing day according to manufacturer's instructions.
  3. **Gloves and hand hygiene-** Hand hygiene should be completed prior to donning gloves. Gloves should be worn when entering the room and while providing care for a patient and any care activity involving contact with environmental surfaces likely to be contaminated by the patient. Gloves should be changed after having contact with infective material (e.g., fecal material and wound drainage). Gloves should be removed before leaving the patient's room and hands should be washed immediately. After glove removal and hand hygiene, hands should not touch potentially contaminated environmental surfaces or items.
  4. **Gowns-** A gown should be worn when entering the room if it is anticipated that clothing will have contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or wound drainage is not contained by a dressing. If a gown is worn, it should be removed before leaving the patient's room. After removal of the gown, clothing should not contact potentially contaminated environmental surfaces.
  5. **Patient Activities/Transport-** High-risk residents who can be maintained in hygienic condition and don clean clothes may leave room to participate in activities. This will be determined on a case-by-case basis. If the patient leaves the room, precautions should be maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.
  6. **Patient care equipment-** Dedicated patient-care equipment should be considered for the patient. If use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another patient.
  7. **Visitors-** Visitors do not need to routinely wear gowns and gloves when visiting a resident on ESP; however, visitors should wear gowns and gloves if participating in high-contact care activities (e.g., assistance with bathing or toileting), especially if interacting with multiple residents.
- iii. **Enhanced Standard Precautions May Be Considered for (Examples)**
1. Patients with medical devices (e.g., urinary catheters, feeding tubes, endotracheal or tracheostomy tubes, vascular catheters).
  2. Patients with unhealed wounds.
  3. Patients with the presence of pressure ulcers.

- iv. **NOTE- SNF residents known to be MDRO colonized but who do not have indwelling devices or unhealed wounds can generally be transitioned to Standard Precautions.**

e. **Contact Precautions**

- i. Purpose: It is the intent of SHD to use contact precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact with items in the patient's environment.
- ii. Barriers indicated for Contact Precautions:
  1. **Patient Placement-** Patient may be placed in a private room. If a private room is not needed/not available, the patient may be placed in a room with a patient(s) who has an active infection with the same organism but with no other infection. When a private room is not available and cohorting is not an option, consider the organism and patient population when determining placement. A decision will be made on a case-by-case basis regarding the safety of placing the patient in a room with another patient. Examples of patients who may require a private room include patients with resistant organisms who have copious drainage from a wound, patients with poor hygiene and whose behavior cannot be positively influenced, etc.- Appropriate signage will be posted on the door.
  2. **Gloves and hand hygiene-** Hand hygiene should be completed prior to donning gloves. Gloves should be worn when entering the room and while providing care for a patient. Gloves should be changed after having contact with infective material (e.g., fecal material and wound drainage). Gloves should be removed before leaving the patient's room and hands should be washed immediately. After glove removal and hand hygiene, hands should not touch potentially contaminated environmental surfaces or items.
  3. **Gowns-** A gown should be worn when entering the room if it is anticipated that clothing will have contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or wound drainage is not contained by a dressing. If a gown is worn, it should be removed before leaving the patient's room. After removal of the gown, clothing should not contact potentially contaminated environmental surfaces.
  4. **Patient Transport-** Activities of the patient may need to be limited. This will be determined on a case-by-case basis. If the patient leaves the room, precautions should be maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment.
  5. **Patient care equipment-** Dedicated patient-care equipment should be considered for the patient. If use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another patient.

iii. Contact Precautions May Be Considered for (Examples)

1. Multi-resistant organisms (e.g., vancomycin-resistant enterococci)
2. Scabies
3. Clostridium difficile

*f. Droplet Precautions*

- i. Purpose-It is the intent of SHD to use droplet precautions to decrease the risk of droplet transmission of infection agents.
- ii. Barriers indicated for Droplet Precautions:
  1. Droplet precautions are used in addition to standard precautions for patients with infections that can be transmitted by droplets. Droplet transmission involves contact of the conjunctiva or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets may be generated by the patient's coughing, sneezing, talking, or during the performance of procedures, e.g., suctioning.
  2. **Patient placement**- Patient may be placed in a private room. If a private room is not necessary/not available, the patient may be placed in a room with a patient(s) who has an active infection with the same organism but with no other infection (cohorting). When a private room is not available and cohorting is not an option, maintain spatial separation of at least 3 feet between the infected patient and other patients and visitors. Special air handling and ventilation are not ~~necessary~~necessary, and the door may remain open.
  3. **Masks**-A mask should be worn within 3 feet of the patient.
  4. **Transport**-Limit the movement and transport of the patient. If transport is necessary, masking the patient may minimize dispersal of droplets.
- iii. Droplet Precautions may be considered for (Examples):
  1. Influenza
  2. Mycoplasma pneumonia
  3. Strep pharyngitis or pneumonia

*g. Airborne Precautions*

- i. Purpose: It is the intent of SHD to use precautions to decrease the risk of airborne transmission of infectious disease. **-Because SHD does not yet have the capability to implement airborne precautions, patients presenting to the facility with illness or suspected illness (such as TB) that require this level of containment will be transferred ASAP to a suitable facility. While waiting for transfer, patients will be placed in a private room (preferably with an anteroom) with the door closed and an air purifier will be placed in the room. Please refer to Attachment ~~ppendix A1~~.**
- ii. Diseases-TB, SARS, Chickenpox, Disseminated Zoster, Measles, Hemorrhagic fevers (Ebola, Lassa, Marburg).
- ~~iii.~~ iii. Barriers indicated for Airborne Precautions:

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1. Airborne precautions are used in addition to standard precautions for patients known or suspected to be infected with a disease spread by very small droplet nuclei (5mm or smaller). These particles may be spread through the air and may be carried on air currents or inhaled by another person. Special air handling/ventilation is needed.
2. **Patient Placement**-A private, negative pressure isolation room is necessary with monitored negative air pressure relative to the other areas. Six to 12 air exchanges per hour are required. (AIA Guidelines 2001 state the need for 12 exchanges per hour with two of those being fresh outside air.) Door must remain closed to ensure negative pressure. A visual monitor is recommended to check continued negative pressure. Patients with same diseases may be placed together. -Appropriate signage will be posted on the door.
3. **Masks**-A mask should be worn when entering the room. Susceptible persons entering the room of a patient with measles, chickenpox, or disseminated zoster must wear a mask. Preferably, caregivers immune to these diseases should provide care and do not have to wear a mask. An N-95 respirator is required to be worn for patients known or suspected of having TB, smallpox, or SARS.
4. **Transport**-Patients must be masked when being transported to other areas of the facility. Efforts should be made to keep patients within the room, when possible.
5. ~~Diseases TB, SARS, Chickenpox, Disseminated Zoster, Measles, Hemorrhagic fevers (Ebola, Lassa, Marburg).~~
- 6.5. **Monitoring of controls**-A program should be established to fit test employees for the N-95 mask best suited to their anatomy and needs. Equipment should be easily available. Masks should be changed during the shift when becoming moist, misshapen, etc.
- 7.6. **Engineering controls**- Isolation rooms should be checked visually by caregivers during the course of the workday. Engineering should check air control changes and negative pressure daily while in use for airborne precautions. Visual monitors should be installed outside the rooms. (AIA Guidelines for Design and Construction of healthcare Facilities, 2001.)
- 8.7. **Contact and Airborne Isolation**-Certain diseases may require use of mask, goggles, gowns, and gloves or other additional protection at all times during the care of the patient. Both signs should be posted, and dedicated equipment should be used for that patient. Depending on the disease, the facility may choose to cohort staff or limit traffic into room. Some examples are SARS and smallpox. Each situation will be evaluated on a case-by-case basis as some diseases are emerging and information is rapidly changing.

#### iii.iv. Airborne Precautions May Be Considered For (Examples):

1. Measles
2. Tuberculosis
3. Chickenpox (Varicella, Herpes zoster, shingles)

h. ~~Neutrapenic~~Neutropenic Precautions:

i. Mode of Transmission

1. Neutropenic precautions are used to protect immunosuppressed patients from infections from staff, visitors and the environment. (~~Formerly called~~also known as Reverse Isolation)

ii. Precautions:

1. Patient Placement:

- a. Place in private room. Keep door closed (may be kept ajar 4 to 6 inches per patient's request.)

b. Patient Protective/Equipment:

- i. A designated stethoscope, B/P cuff and thermometer will be used.
- ii. Avoid sources of stagnant water:
  1. Fresh cut flowers, flower vases with standing water houseplants (may have bugs)
  2. Denture cups
  3. Irrigating containers
  4. Respiratory equipment
  5. Soap dishes and liquid soap

iii. Use mild soap for personal hygiene

iv. Use electric razor to avoid cuts

- v. Avoid fresh fruits and raw vegetables, ~~unpainted fruit~~, raw eggs, cold cuts, skim milk, chocolate milk or any milk-based product prepared in a blender that cannot be adequately cleaned.

vi. NO visitors under the age of 13 allowed

vii. NO staff or visitors allowed with illness or recent exposure to colds, measles, chicken pox, herpes simplex and herpes zoster. No persons recently vaccinated with live or attenuated microorganisms.

iii. Patient Transport:

1. Limit transport to essential purposes only. Consider using surgical mask on patient while transporting.

iv. Examples of diseases or conditions requiring ~~Neutrapenic~~Neutropenic Precautions are:

1. Severe immunosuppressed disease:

- a. Chemotherapy
- b. AIDS

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, ~~CMPL-005; ADMIN-028~~.

**REFERENCE**

Department of Labor Occupational Safety and Health Administration, *Occupational Exposure to Bloodborne Pathogens: Needlestick and Other Sharps Injuries; Final Rule 29 CFR Part. 1910-1030, ~~December 6, 1991~~January 18, 2001.*

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~~HICPAC~~CDC, *Guideline for Isolation Precautions in Hospitals*, ~~Infection Control and Hospital Epidemiology~~, January, 1996.  
[https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html/Isolation2007.pdf#July 22, 2019.](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html/Isolation2007.pdf#July%2022,%202019)  
CDC, *Guideline for Hand Hygiene in Healthcare Settings*, ~~Recommendations of the healthcare Infection Control Practice Advisory Committee the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force~~, October 22, 2002/51 (RR-16); 1-44.  
<https://www.cdc.gov/handhygiene/providers/guideline.html>, October 30, 2020.  
AIA Guidelines for Design and Construction of Healthcare Facilities, 2001.  
~~CDC Guidelines for Isolation Precautions in Hospitals. American Journal of Infection Control~~  
~~1996; 24:24-52.~~

**Attachment:**

~~Appendix~~**Attachment- A1: Tuberculosis or TB Precautions**

~~2007 CDC Guideline for Isolation Precautions in Hospitals:~~  
<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf> (226 Pages)

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**~~Attachment A Appendix 1: Tuberculosis or TB Precautions~~** *(Page 1 of 1)*

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## Appendix 1:

### Tuberculosis or TB Precautions

Per the data available from the Morbidity and Mortality Weekly Report dated December 30, 2005 / Vol. 54/ No. RR-17, Plumas County has not had a single case of TB in the past 5 years, with 1 case in the last 7 years (Rifampin and Isoniazid susceptible strain). The data indicates that SHD is at “minimal” risk for the transmission of Mycobacterium tuberculosis.

In general, patients who have **suspected or confirmed** TB disease should be considered infectious if (a) they are coughing, undergoing cough-inducing procedures, or have positive sputum smear results for acid-fast bacilli (AFB); and (b) they are not receiving adequate antituberculosis therapy, have just started therapy, or have a poor clinical or bacteriologic response to therapy.

For patients that fall within this group, the following protocols apply until the patient is ~~transferred to another suitably equipped facility.~~

1. Patient Transport  
Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible. Patients should be instructed to keep the mask on and to change the mask if it becomes wet. If patients cannot tolerate a mask, they should observe strict respiratory hygiene and cough etiquette procedures.
2. Respiratory Protection  
Wear respiratory protection (N95 respirator) when entering the room of a patient with known or suspected infectious pulmonary tuberculosis.
3. Transport ASAP to a suitable facility with special air handling capability.

### Measles and Chickenpox (rubeola and varicella) Patients

1. Patient Transport  
Limit the movement and transport of the patient from the room for essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible. Patients should be instructed to keep the mask on and to change the mask if it becomes wet. If patients cannot tolerate a mask, they should observe strict respiratory hygiene and cough etiquette procedures.
2. Respiratory Protection  
Susceptible persons should not enter the room of patients known or suspected to have measles (rubeola) or varicella (chickenpox) if other immune caregivers are available. If susceptible persons must enter the room of a patient known or suspected to have measles (rubeola) or (chickenpox) varicella, they should wear respiratory protection (N95 respirator).

~~Persons immune to measles (rubeola) or varicella need not wear respiratory protection.~~

### Attachment A: Tuberculosis or TB Precautions (Page 1 of 1)

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### **Tuberculosis or TB Precautions**

In general, patients who have suspected or confirmed TB disease should be considered infectious if (a) they are coughing, undergoing cough-inducing procedures, or have positive sputum smear results for acid-fast bacilli (AFB); and (b) they are not receiving adequate antituberculosis therapy, have just started therapy, or have a poor clinical or bacteriologic response to therapy.

For patients that fall within this group, the following protocols apply until the patient is transferred to another suitably equipped facility:

1. Patient Transport
  - a. Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible. Patients should be instructed to keep the mask on and to change the mask if it becomes wet. If the patients cannot tolerate a mask, they should observe strict respiratory hygiene and cough etiquette procedures.
2. Respiratory Protection
  - a. Wear respiratory protection (N95 respirator) when entering the room of a patient with known or suspected infectious pulmonary tuberculosis.
3. Transport ASAP to a suitable facility with special air handling capability.

### **Measles and Chickenpox (rubeola and varicella) Patients**

1. Patient Transport

Limit the movement and transport of the patient from the room for essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible. Patients should be instructed to keep the mask on and to change the mask if it becomes wet. If patients cannot tolerate a mask, they should observe strict respiratory hygiene and cough etiquette procedures.
2. Respiratory Protection

Susceptible persons should not enter the room of patients known or suspected to have measles (rubeola) or varicella (chickenpox) if other immune caregivers are available. If susceptible persons must enter the room of a patient known or suspected to have measles (rubeola) or varicella (chickenpox), they should wear respiratory protection (N95 respirator).

Persons immune to measles (rubeola) or varicella (chickenpox) need not wear respiratory protection.

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: INFECTION CONTROL</b> <b>POLICY TITLE: COMMUNICABLE DISEASE PREVENTION AND CONTROL IN THE WORKFORCE</b>  <b>POLICY NUMBER: IC-019.004</b>  <b>COMPLIANCE REQUIREMENT:</b>	<b>Page 1 of 11</b> <hr/> <b>Date of Origin:</b> 12/8/2006 <hr/> <b>Revision Date:</b> 5/30/2013 12/18/2014 5/30/2015 8/8/2023 <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure that healthcare personnel (HCP) are appropriately screened per applicable federal, state, and local regulations to prevent and control communicable diseases. All SHD personnel will prevent disease transmission to themselves, other staff, and patients. SHD shall provide direction to prevent and control communicable diseases. Pregnant HCP should check with their physician prior to receiving treatment, prophylaxis, or vaccination.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		

<b>Governing Board</b>		
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**POLICY NUMBER REFERENCE: DEPT-IC-019.004**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to control and minimize risks inherent to working in a health care environment. HCP restrictions and/or exclusion criteria due to illness or special conditions are defined and all employees, contract personnel, and volunteers are required to comply with the standards that will be outlined.

### 2. Responsibilities

#### a. Employee Health (EH)

- i. Screen all new HCP who perform patient care activities. Provide vaccines as needed, screening, diagnosis, and post exposure evaluation and treatment for communicable disease for all staff.

#### b. Infection Prevention (IP)

- i. Consult with EH staff to determine if a communicable disease exposure involving patients, visitors, or HCP has occurred.

#### c. Managers/Supervisors

- i. Ensure that employees with identified communicable diseases do not work until they have been evaluated and cleared to work by EH or their private physician.
- ii. Refer symptomatic employees who may have had exposure to a communicable disease to EH for screening.

### 3. Policy for Communicable Disease Prevention and Control in the Workplace

HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, clinical laboratory personnel pharmacists, students and trainees, contractual staff not employees by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical, dietary, environmental services, security, engineering and facilities management, administrative, billing and volunteer personnel.

#### a. *Preventative Measures for Communicable Diseases*

- i. Prior to clinical activities, ensure the following screening and immunizations are performed as appropriate.
  1. Required screening tests:
    - a. Tuberculin (TB) tests
    - b. Chest X-ray (CXR) if indicated.
    - c. Rubeola (Measles), Mumps and Rubella antibody tests

- d. Anti-HBs antibody test
- e. Varicella antibody test
- 2. Immunizations
  - a. Rubeola (Measles), Mumps, and Rubella (MMR)- must
    - i. HCP born in 1957 or later can be considered immune to MMR only if they have documentation of:
      - 1. Laboratory evidence of immunity (titers)
      - 2. Proof of two MMR vaccines (no titers required)
      - 3. Receive two doses of MMR 28 days apart free of charge at SHD (the first before beginning work).
    - ii. HCP born before 1957
      - 1. This is considered acceptable evidence of MMR immunity and no titers are required.
        - a. SHD recommends 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose of MMR vaccine for an outbreak of rubella.
  - b. Varicella (chickenpox) - must have one of the following:
    - i. History of chickenpox disease verified by provider at pre-employment physical (titer)
    - ii. Proof of two vaccines (no titer required)
    - iii. Received two doses of varicella vaccine 28 days apart free of charge at SHD (the first before beginning work)
  - c. Tetanus, Diphtheria, and Pertussis (Tdap) - must have one of the following:
    - i. Proof of Tdap vaccination in the last 10 years
    - ii. Receive 1 dose of Tdap vaccination free of charge at SHD before beginning work.
  - d. Hepatitis B – must have one of the following:
    - i. Proof of series of 3 vaccines
    - ii. Laboratory proof of immunity
    - iii. Receive 3 doses of Hep B vaccine at 0, 1 and 6 months free of charge at SHD (the first dose before beginning work)
  - e. Influenza – must have one of the following:
    - i. Proof of current flu season's vaccination

- ii. Signed a declination of the flu vaccine and will wear a mask whenever in patient, resident, or clinical care areas for the duration of the flu season (see IC-021 Mandatory Influenza Vaccination).
- 3. Periodic Screening of Employees for Communicable Disease
  - a. Tuberculosis (TB) Screening – must have one of the following:
    - i. If no positive Tuberculosis Skin Test (TST) in the past:
      - 1. 2-step TST at hire. The 1<sup>st</sup> step with a negative result required before beginning work, the 2<sup>nd</sup> to be completed within 1-3 weeks. If 2<sup>nd</sup> step is not completed, the 2-step process must be restarted.
      - 2. OR proof of QuantiFERON blood test done in the past 6 months
      - 3. Annual TST required thereafter for all employees or volunteers.
    - ii. If HCP have had positive TSTs in the past:
      - 1. Submit completed Annual TB assessment to EH.
      - 2. Provide record of CXR following positive TST or have CXR free of charge at SHD.
      - 3. Wear a mask if you are having any symptoms of TB and notify IP or EH for evaluation immediately.
      - 4. Submit Annual TB assessment to EH annually thereafter and a CXR every 5 years thereafter.
- 4. Exceptions
  - a. If the prospective employee does not have proof of immunity to aerosol transmissible diseases, or blood test results show lack of immunity to required preventable diseases, EH will notify them and will discuss contraindications and precautions of the vaccine for that disease. The vaccine will be administered and recorded in that employee's record.
  - b. Application for exceptions to these immunity requirements will be evaluated on a case-by-case basis by IP, EH, and Human Resources.
  - c. Contraindications and Precautions include:

- i. Severe allergic reaction to a vaccine or component (gelatin or neomycin) of the vaccine.
    - ii. Pregnancy or anticipating pregnancy is a contraindication to the MMR and varicella vaccines.
    - iii. Allergy to egg and minor illness are NOT a contraindication to receiving vaccines.
  - b. Work Restrictions for Communicable Diseases
    - i. HCWs may be excluded for direct patient contact if they exhibit signs and symptoms of potentially transmissible conditions.
      - 1. HCP, as described in Attachment B, who are exposed to infectious diseases shall report to their supervisor. They or their supervisor will notify IP and EH. EH shall maintain exposure documentation.
    - ii. Infected or ill employees, including contract workers and volunteers, may not serve or handle food.
    - iii. All HCWs must be able to practice proper hand hygiene and all infection prevention strategies.
    - iv. See Attachment A for work restriction details on specific diseases and conditions, with the addition of:
      - 1. Acute gastroenteritis with vomiting not considered to be Norovirus should be excluded from work until at least 24 hours after the last episode of vomiting.
      - 2. Coxsackievirus (Hand, Foot, and Mouth Disease): exclude from work until fever has been resolved for at least 72 hours.
  - c. See COVID-19 Exposure Control Plan for work restrictions for SARS-CoV-2 infection.

#### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

## REFERENCE

*Recommended Work Restrictions for Communicable Diseases in Healthcare Workers:* <https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf> August 8<sup>th</sup>, 2023.

*Infection Control in Healthcare personnel: infrastructure and routine practices for occupational infection prevention and control services:* <https://stacks.cdc.gov/view/cdc/82043> August 8<sup>th</sup>, 2023.

**ATTACHMENT A: Recommended Work Restrictions for Communicable Diseases in Health Care Workers**

<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4-CD-HCW.pdf>

**RECOMMENDED WORK RESTRICTIONS  
FOR COMMUNICABLE DISEASES IN HEALTH CARE WORKERS**

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
<b>NOTE: ALL EXPOSURES AT HOME AS WELL AS AT WORK SHOULD BE EVALUATED</b>		
<b>Ebola Virus</b> (and other hemorrhagic fever viruses)	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure.
<b>Measles (Rubeola)</b> (susceptible employees)	Exclude from work.	From day 5 through day 21 postexposure and 4 days after onset of rash.
<b>Meningococcus</b>		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	While asymptomatic.
• symptomatic employees (fever, intense headache, lethargy, stiff neck, and/or a rash that does not blanch under pressure)	Exclude from work. Close contacts and family members should be monitored.	
<b>Mumps</b> (susceptible employees)	Exclude from work.	From day 12 through day 26 postexposure, or until 9 days after onset of parotitis.
<b>Pertussis</b>		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	
• symptomatic employees	Exclude from work.	Until 5 days after initiation of antimicrobial therapy.
<b>Rubella</b> (susceptible employees)	Exclude from work.	From day 7 through day 21 postexposure.
<b>Varicella (Chicken Pox or Shingles)</b>		
• <b>Non-immune employees</b> exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles)	Exclude from work.	From day 8 through day 21 postexposure.



<ul style="list-style-type: none"> <li>• <b>Vaccinated</b> employees (those who have received 2 doses of vaccine)</li> </ul>	Monitor daily during days 8-21 postexposure. Exclude from work immediately if symptoms develop (fever, headache, skin lesions).	Until varicella is ruled out or lesions are dry and crusted.
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ACTIVE DISEASE	WORK RESTRICTIONS	DURATION
<b>Acute febrile respiratory illness / influenza-like illness (ILI)</b> (temperature $\geq 38^{\circ}$ C or $100^{\circ}$ F)	Exclude from work.	Until acute symptoms resolve and temperature $< 100^{\circ}$ for at least 24 hours without the use of antipyretic medications.
<b>Conjunctivitis (Bacterial)</b>	Exclude from work.	Until discharge (constant tearing) ceases and for 24 hours after effective treatment is initiated.
<b>Conjunctivitis (Viral)</b>	Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy) temperature $\geq 100^{\circ}$ F, work restrictions recommended by a physician, or eye drainage.	If adenovirus conjunctivitis is diagnosed, may RTW only when medically cleared by a physician (may remain infectious for $\geq 7$ days).
<b>Cytomegalovirus</b>	No restrictions.	
<b>Diarrheal diseases:</b>		
<ul style="list-style-type: none"> <li>• Acute stage (diarrhea with other symptoms)</li> </ul>	Exclude from patient care and food handling.	Until symptoms resolve.
<ul style="list-style-type: none"> <li>• <i>Clostridium difficile</i> (C-diff)</li> </ul>	Exclude from work.	Until free from diarrheal stools for 72 hours and completion of antibiotic regimen.
<ul style="list-style-type: none"> <li>• <i>E. coli</i></li> </ul>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. <b>Food handlers require 2 negative stool cultures.</b>
<ul style="list-style-type: none"> <li>• <i>Salmonella</i></li> </ul>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. <b>Food handlers require 2 negative stool cultures.</b>
<ul style="list-style-type: none"> <li>• <i>Shigella</i></li> </ul>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. <b>Food handlers and direct care providers are required to be asymptomatic and have 2 negative stool cultures 24 hours apart and <math>\geq 48</math> hours from last dose of antibiotics.</b>
<b>Diphtheria</b>	Exclude from work.	Until symptoms resolve.
<b>Enterovirus</b> (Hand Foot & Mouth Disease)	Exclude from work.	Until symptoms resolve.
<b>Hepatitis A</b>	Exclude from patient care, contact with patient's environment, and food handling.	Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.

<b>Hepatitis B</b>	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Until Hepatitis B serology indicates immunity to infection.
<b>Hepatitis C</b>	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely (the majority of infected individuals become chronically infected).

<b>Herpes Simplex</b>		
• Genital	No restriction.	
• Hands (herpetic whitlow)	Exclude from patient contact and contact with patient environment.	Until lesions are healed/dry and crusted.
• Orofacial	Infection Control and Employee Health must evaluate each employee (according to location and severity of lesions) to assess the need to restrict from care of high-risk patients.	Until lesions are healed/dry and crusted.
<b>HIV</b>	May not perform exposure-prone invasive procedures until evaluated by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely
<b>Influenza</b>	Exclude from work .	Until afebrile (<38° C / 100° F) for 24 hours without the use of antipyretic medications.
<b>Measles</b> (active or suspected)	Exclude from work.	Until 4 days after the onset of rash and temperature <100° F without the use of antipyretic medications.
<b>Meningococcus</b>	Exclude from work.	Until 24 hours after start of effective therapy.
<b>Methicillin Resistant Staphylococcus Aureus (MRSA)</b>	Exclude from work. Must be cleared for RTW by Employee Health.	Until documentation of: <ul style="list-style-type: none"> <li>• negative nasal culture and</li> <li>• negative site culture</li> </ul> Cultures should be obtained ≥24 hours after antibiotics are completed.
<b>Mononucleosis</b> (Epstein-Barr Virus)	May work. Avoid mouth-to-mouth resuscitation.	
<b>Mumps</b>	Exclude from work.	Until 9 days after onset of parotitis.
<b>Norovirus</b>	Exclude from work.	Until 48 hours after symptoms resolve.
<b>Pediculosis (Lice)</b>	Exclude from work.	Until 24 hours after treatment and observed to be free from adult and immature lice.

<b>Pertussis</b>	Exclude from work.	From beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
<b>Rubella</b>	Exclude from work.	Until 7 days after onset of rash and temperature <100° F without the use of antipyretic medications
<b>SARS</b>	Exclude from work.	Until 10 days after onset of fever and temperature <100° F without the use of antipyretic medications
<b>Scabies</b>	Exclude from work.	Until 24 hours after application of effective treatment.
<b>Staphylococcus aureus (not MRSA)</b>		
• Active draining skin lesions	May work if lesions can be adequately dressed and covered. If unable to completely dress and cover lesions, restrict from patient care, contact with patient's environment, and food handling.	Until lesions have resolved.
<b>Staphylococcus aureus (not MRSA)</b>		
• Carrier state	No restriction unless the employee is epidemiologically linked to transmission of the organism.	Until colonization is cleared (as documented by culture).
<b>Streptococcus, group A</b>	Restrict from patient care, contact with patient's environment, and food handling.	Until 24 hours after adequate treatment started and no draining lesions.
<b>Tuberculosis</b>		
• Positive TB skin test (TST) or IGRA (T-Spot or Quantiferon) test	All employees with a new positive TB test need to be evaluated by Employee Health to verify that they do not have active disease.	Once active disease is ruled out, employee may return to work with no restrictions
• Active	Exclude from work.	Until 3 negative AFB smears or cultures are obtained.
<b>Vancomycin-resistant enterococcus (VRE)</b>	Exclude from work.	Until cleared on a case-by-case basis by Infection Control and Employee Health.
<b>Varicella (Chicken Pox)</b>	Exclude from work.	Until lesions are dry and crusted.
<b>Zoster (Shingles)</b>	Exclude from work if lesions cannot be covered with clothing. Infection Control and Employee Health will evaluate the potential for communicability.	Until lesions are dry and crusted.

## **ATTACHMENT B: Initial Evaluation and Ongoing Treatment for Occupational Exposure**

Attachment B: Initial Evaluation and Ongoing Treatment for Occupational Exposure

Group	Initial Evaluation	Ongoing Treatment
SHD Employees	Employee Health Services	Employee Health Services
SHD Physicians	Employee Health Services	Employee Health Services/ Primary Care Physician
Contract Workers	Emergency Room	Referred to Primary Care Physician or Employer Physician Services
Students	Employee Health Services	Referred to Primary Care Physician
Volunteers	Emergency Room	Referred to Primary Care Physician
Visitors	Emergency Room	Referred to Primary Care Physician



**SENECA HEALTHCARE**

**DISTRICT**

## **POLICY & PROCEDURE**

**DEPARTMENT: INFECTION CONTROL**

**POLICY TITLE: STORAGE OF HOSPITAL LINEN**

**POLICY NUMBER: IC-030.001**

**COMPLIANCE REQUIREMENT:**

**Page 1 of 2**

**Date of Origin:**  
**09/24/2019**

**Revision Date:**

**Periodic Review**  
**By:**  
**Date:**

**AUTHOR: Kim Pitts, RN Infection Prevention**  
**REVISED BY: Catie Neely, RN, BSN, Infection Control**  
**Manager**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure that all linens will be stored in a manner that prevents the transmission of microorganisms to other patients and areas.

<b>Authorization</b>	<b>Signature</b>	<b>Date</b>
<b>Department Head</b>		
<b>Medical Department Chair</b>		
<b>Compliance Officer</b>		
<b>Chief Nursing Officer</b>		
<b>Director, Human Resources</b>		
<b>Administration</b>	<b>See Governing Board</b>	
<b>Medical Chief of Staff</b>		
<b>Governing Board</b>		

**POLICY NUMBER REFERENCE: IC-030.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure proper storage of linen.

### 2. Responsibilities

The SHD Infection ~~Control Department~~Prevention Practitioner is responsible for ensuring proper storage of linen.

### 3. Policy for Storage of Hospital Linen

#### a. *Soiled Linen*

- i. Soiled linen will be stored in a separate, designated utility room in marked covered hampers/carts and special soiled linen room outside of the facility.
- ii. Soiled linen will be picked up twice a week by an outside linen service.

#### b. *Clean Linen*

- i. Clean linen will be stored in a designated clean, dry area that is easily accessible to the patient care staff. The laundry will supply sufficient amount of linen to meet each departments needs.
- ii. Clean linen will be stored at least eight (8) inches off the floor.
- iii. Clean linen will be delivered 2 days a week by an outside service.

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005ADMT-028.



**SENECA HEALTHCARE**

**DISTRICT**

## **POLICY & PROCEDURE**

**DEPARTMENT: INFECTION CONTROL**

**POLICY TITLE: EMERGING INFECTIOUS DISEASES**

**POLICY NUMBER: IC-032.001**

**COMPLIANCE REQUIREMENT: California State  
Operations Manual Appendix Z §483.73 and §485.625**

**AUTHOR: Kim Pitts, RN Infection Control and Linda  
McCurdy, Safety Director**  
**REVISED BY:**

**Page 1 of 7**

**Date of Origin:**  
**09/24/2019**

**Revision Date:**

**Periodic Review  
By:  
Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall utilize an all hazards approach to emergency preparedness planning for responding to Emerging Infectious Disease threats.

<b>Authorization</b>	<b>Signature</b>	<b>Date</b>
<b>Department Head</b>		
<b>Medical Department Chair</b>		
<b>Compliance Officer</b>		
<b>Chief Nursing Officer</b>		
<b>Director, Human Resources</b>		
<b>Administration</b>	<b>See Governing Board</b>	
<b>Medical Chief of Staff</b>		
<b>Governing Board</b>		

**POLICY NUMBER REFERENCE: IC-032.001**

## PROCEDURE

### 1. **Purpose**

To provide guidance to providers on how to prepare for new or newly evolved Infectious Diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the patients, visitors, residents, resident families, and staff of Seneca Healthcare District.

### 2. **Responsibilities**

The SHD Infection Prevention Nurse; Safety Director; and Clinical leadership will be vigilant and stay informed about Emerging Infectious Diseases around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

### 3. **Policy for Emerging Infectious Diseases**

#### *a. Assumptions*

This document contains general policy elements that are intentionally broad. Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and Seneca Healthcare District's response related to a specific disease threat.

#### *b. Procedure*

The goal is to protect our patients, visitors, residents, resident families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our facility.

#### *c. General Preparedness for Emergent Infectious Diseases (EID)*

- i. Seneca Healthcare District's emergency operations program includes a response plan for a community-wide infectious disease outbreak such as COVID-19 or a pandemic influenza. This plan includes but is not limited to:

1. Build on the workplace practices described in the infection prevention and control policies
2. Include, administrative controls (screening, isolation, visitor policies and employee absentee plans)
3. Address environmental controls (isolation rooms, cleaning and disinfection of the environment; personal protective equipment; and containment, transport, storage, and treatment of Medical/Biohazardous Wastes).
4. Address human resource issues such as employee illness, and leave
5. Be compatible with the SHD's business continuity plan

- ii. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances. Clinical leadership, Infection Prevention; Safety; the Public Information Officer and –Medical Staff Coordination will monitor



for information regarding EID's that will include, but is not limited to the following:

1. CAHAN (California Health Alert Network)
  2. Local and World News – Radio and Television
  3. Social Media – Pertinent Sites
  4. Center for Disease Control – Health Alert Notices
  5. World Health Organization – Travel and World Health
  6. California Department of Public Health – Health Notices and All Facility Letters
  7. Department of Health and Human Services
  8. Local Health Departments
- iii. As part of the emergency operations plan, Seneca Healthcare will maintain a supply of personal protective equipment (PPE) which includes moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, impervious jump suits and hoods, goggles and nitrile gloves. The amount that is stockpiled will minimally be enough for several days of operation in the hospital and clinic. Stockpiles will be determined based on availability, and projected need, and appropriate storage space.
- iv. SHD has developed plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business, or an incident that has or will impact the facility, including an EID outbreak.
- v. SHD will regularly train employees upon hire, annually, whenever there are changes or revisions, and practice the EID response plan through drills and exercises as part of SHD's emergency preparedness training.

**d. Local Threat**

- i. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to SHD's service area and local communities, SHD will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- ii. SHD's Infection Prevention Nurse (IP), or designee will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for Clinics, CAH (Hospital), and Skilled Nursing Facility as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- iii. Working with advice from SHD's medical director or clinical consultant, safety officer, human resource director, local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, and work with finance and purchasing to increase stock of medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- iv. SHD's Medical Staff (providers) will be educated and kept current on any guidance or recommendations for the care and treatment of the EID.

- v. Medical Staff, and contract staff will be educated on surveillance and screening for suspect cases, the exposure risks, symptoms, and prevention of the EID. Placing special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- vi. Environmental Services and patient care staff shall be educated on the type of product to be used for proper cleaning and sanitizing, terminal cleaning practices, and proper handling and treatment of wastes and soiled linen, if it differs from SHD's current waste/linen policies or procedures.
- vii. If EID is spreading through an airborne route, then SHD will activate its respiratory protection plan to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
- viii. SHD staff will be educated and isolated based on location of work within the facility and job function. SHD staff that do not normally work in patient care areas shall be requested not to enter any patient care areas (including patient waiting areas) unless it is essential to their job function. Alternate methods of work flow shall be utilized as possible. Dietary personnel will not enter any location where suspect cases or isolation has been implemented. In extreme cases Dietary staff may have limited movement within the facility.
- ix. Provide patients, residents and resident families with education about the disease and SHD's response strategy at a level appropriate to their interests and need for information.
- x. Educate contractors (includes contracted linen service) and other relevant stakeholders on SHD's policies and procedures related to minimizing exposure risks to patients, visitors, residents, resident families, staff, and others.
- xi. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entrances of the Hospital, Clinic, Outpatient Services and the Skilled Nursing Facility. To prevent unnecessary exposure to patients, residents, and staff signage should be posted at all buildings with instruction that any person that is ill must not enter the building for any reason unless to seek medical care.
- xii. To ensure that staff, and/or new residents are not at risk of spreading the EID into SHD, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or during new employee health screening processes before allowing new staff persons to report to work.
- xiii. Self-screening – Staff will be educated on SHD's plan to control exposure to the patients, visitors, residents, resident families, and other staff. This plan will be developed with the guidance of Centers for Disease Control recommendations and public health authorities and may include:
  - 1. Reporting any suspected exposure to the EID while off duty to their supervisor, employee health, and if applicable, public health.
  - 2. Precautionary removal of employees who report an actual or suspected exposure to the EID.
  - 3. Self-screening for symptoms prior to reporting to work.

4. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- xiv. Self-isolation - in the event there are confirmed cases of the EID in the local community, SHD may consider closing the Skilled Nursing Facility to new admissions, and limiting visitors based on the advice of local public health authorities. If visitation will be limited in the Skilled Nursing facility resident family, or authorized representatives will be notified by SHD.
- xv. Environmental cleaning - the care center will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
- xvi. Engineering controls – SHD will utilize appropriate physical plant alterations such as use of private rooms for high-risk patients and residents, plastic barriers, sanitation stations, and special areas for contaminated wastes and linen as recommended by local, state, and federal public health authorities.

*e. Suspected Case in SHD*

- i. Place a resident or on-duty staff (includes medical staff and/or contracted staff) who exhibits symptoms of the EID in a room where they can be isolated and notify local public health authorities as required or necessary.
- ii. Under the guidance of public health authorities, arrange a transfer of the suspected infectious Skilled Nursing Resident and/or have staff person admitted to the ED as soon as possible.
- iii. If the suspected infectious person requires care while awaiting transfer to the ED, follow care center policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- iv. Keep the number of staff assigned to enter the room of the isolated persons to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
- v. If feasible, ask the isolated person to wear a facemask (EID spread through airborne route) while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.
- vi. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- vii. Implement the isolation protocol in SHD (isolation rooms, cohorting, cancelation of group activities and social dining (SNF), cancellation of non-essential/elective outpatient services and procedures) as described in SHD’s infection prevention and control plan and/or recommended by local, state, or federal public health authorities.

- viii. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

**f. *Employer Considerations***

- i. Management will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its patients, residents. Protecting the patients, residents and other employees shall be of paramount concern. Management shall take into account:
  - 1. The degree of frailty of the residents in SHD's Skilled Nursing Facility;
  - 2. The likelihood of the infectious disease being transmitted to patients, residents and employees;
  - 3. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
  - 4. The precautions which can be taken to prevent the spread of the infectious disease and
  - 5. Other relevant factors
- ii. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with patients, residents or other employees.
- iii. Apply whatever action is taken uniformly to all staff in like circumstances.
- iv. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- v. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- vi. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- vii. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- viii. Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the patients and residents.

**g. *Definitions***

Emerging Infectious disease (EID) -- Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- i. New infections resulting from changes or evolution of existing organisms
- ii. Known infections spreading to new geographic areas or populations
- iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation
- iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.

v. Pandemic-

1. A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

vi. Isolation-

1. Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

vii. Quarantine-

1. Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

**REFERENCE**

1. SHD's Infection Prevention/Control Policies and Procedures
2. Policy IC-014.002 Pandemic Flu Guidance
3. SHD Ebola Virus Disease (EVD) Response Plan
4. Ranbow Binder – Guidance for Agents of BioTerrorism
5. [SHD COVID-19 Response Plan](#)



### **Vaccine – Declination**

The following statement of declination for vaccination must be signed by an employee who chooses **not to accept** the vaccine(s):

- ☐ Varicella
- ☐ Measles, Mumps, and Rubella (MMR)
- ☐ Hepatitis B
- ☐ Tetanus, Diphtheria, and Pertussis (Tdap)
- ☐ COVID-19

I understand that due to my occupational exposure to aerosol, blood or other potentially infectious materials I may be at risk of acquiring transmissible diseases. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring this/these serious disease(s). If in the future I continue to have occupational exposure to transmissible diseases and want to be vaccinated, I can receive the vaccination at that time, at no charge to me.

By signing this form, I acknowledge that I have received training regarding vaccination; the efficacy, safety, method of administration, and benefits of the vaccine; appropriate CDC VIS statement of vaccination; and that if I change my mind, I can request vaccination from Employee Health.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: NURSING-SWING</b> <b>POLICY TITLE: ADMISSION ORDERS</b> <b>POLICY NUMBER: NSG-064.001</b>  <b>COMPLIANCE REQUIREMENT: F635</b> <u><b>42 CFR §482.58, §483.20(a)</b></u>	<b>Page 1 of 2</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b> <hr/> <b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>
<b>AUTHOR: Kacie Broussard, RN, BSN, House Supervisor</b> <b>REVISED BY:</b>	

**Policy:** Seneca Healthcare District (SHD) shall provide care and services related to admission orders, according to State and Federal regulations.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: NSG-064.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure services for residents are provided by physician order in accordance with State and Federal regulations.

### 2. Responsibilities

It is the responsibility of the admitting ~~charge~~ registered nurse to ensure all orders are appropriate, clear and transcribed accurately. The House Supervisor is to monitor for compliance.

### 3. Policy for Admission Orders

- a. *The facility will have physician orders for the resident's immediate care, at the time of a resident's admission.*
- b. *The admitting nurse will call the attending physician and clarify orders that are not clear or present on admission.*
- c. *The admitting orders will be transcribed to or entered into the facility electronic medical ~~orders~~ record.*
- d. *The all new orders will be ~~faxed to~~ reviewed by the pharmacy drug room pharmacist ~~nurse~~ staff in a timely manner to ensure receipt of the resident's medications on the next pharmacy delivery.*

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.





## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT:** NURSING-SWING  
**POLICY TITLE:** ACTIVITIES PROGRAM  
**POLICY NUMBER:** NSG-065.001

**COMPLIANCE REQUIREMENT:** ~~SOM-42 CFR §482.58,~~  
~~§483.1524; Title-22 CCR~~ §72381, §72383, §72445, §72055

**AUTHOR:** Kacie Broussard, RN, BSN, House Supervisor  
**REVISED BY:**

Page 1 of 4

**Date of Origin:**

**Revision Date:**

**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure residents ~~shall be~~ encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to make life more meaningful; to stimulate and support physical and mental capabilities to the fullest extent; to enable the patient to maintain the highest attainable social, physical and emotional functioning but not necessarily to correct or remedy a disability. ~~The Activity Director shall develop & maintain a volunteer program.~~ SHD shall also provide the population with regular opportunities to have interaction and contact with community agencies, resources, and points of interest in the community by providing outings and trips on a regular basis, based on input from the residents and in accordance with their interests, needs, and capabilities.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE:** NSG-065.001

## PROCEDURE

### 1. Purpose

The purpose of this policy is to encourage residents to participate in activities planned to meet their individual needs.

### 2. Responsibilities

The SHD Activities ~~Coordinator~~ Director is responsible for developing and maintaining the Activities Program including a volunteer program.

### 3. Policy for Activities Program

#### a. Activities Program

Activities ~~Director~~ Coordinator will maintain the Activities Program by the following actions:

- i. Recruit, instruct, and supervise Activity Assistant(s), volunteer workers and entertainers with the approval of the Skilled Nursing Facility (SNF) Director of Nursing.
- ii. Provide all necessary orientation to volunteers, assistants and entertainers who assist with specific activities including entertainment, outings, and one-on-one visits.
  1. Develop and implement an individual activity plan for each resident, which shall be integrated with the individual interdisciplinary resident care plan.
    - i. The individual activity plan will be reviewed quarterly and approved, in writing by the attending physician as not in conflict with the treatment plan.
  2. Provide daily group and/or individual activities, which meet the needs of each resident and contribute to the resident's quality of life which will include, but is not limited to the following:
    - i. Educational, creative, exercise, social, and indoor/outdoor activities.
    - ii. Activities away from the facility
    - iii. Provide special events at least quarterly and involve family members whenever possible.
- iii. Provide a home-like environment for residents.
- iv. Provide in-service training annually to staff and volunteers.
- v. Maintain activity supplies and equipment needed for the activities program.
- vi. Post the monthly activity schedule conspicuously, in large visible print, for the information of resident, visitors and staff.
- vii. Develop and maintain contacts with community agencies and organizations.
- viii. Maintain progress notes specific to the resident's activity plan, which are recorded at least quarterly, and more frequently if needed, in the patient's medical record.
- ix. Maintain a current record of the type and frequency of activities provided and the names of residents participating in each activity.
- x. Develop and implement activities for residents unable to leave their rooms.

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- xi. The ~~a~~Admitting nurse will notify the activities ~~director~~ coordinator when a swing resident has been admitted.
- xii. All swing bed residents ~~when~~ who leave the unit to attend/participate in activities will be ~~accompanied~~ escorted by an acute care staff member. acute care staff will continue to round on patient and provide assistance as needed.
- xiii. The Activities ~~Director~~ Coordinator will conduct an activity assessment for each new resident no later than seven (7) calendar days after admission.
  - 1. Assessments will be reviewed quarterly and revised as needed to assure accuracy. The assessments will be documented on the Activity Assessment Form, which will be kept in the resident's medical record in the "Activities ~~Director~~ Coordinator" section.

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**b. Volunteer Program**

- i. The Activity ~~Director~~ Coordinator ~~recruit~~'s recruits volunteers through regular contacts with community groups such as schools and churches, and performs marketing activities through advertisements and special community-related events, etc.
- ii. Volunteers will fill out a volunteer application form.
- iii. All volunteers will be assigned work-type code "1111" and must comply with background and health screening as required by facility guidelines prior to application approval. The facility Confidentiality Statement is completed prior to facility assignment.
- iv. The volunteer for the Activity Department is oriented through the General Orientation Program and trained by the Activity/Recreation ~~Director~~ Coordinator.
- v. Volunteers working in other departments are oriented through the General Orientation Program and trained by that Department Manager. If they wish to transfer to the Activity Department, they are cross trained by the Activity ~~Director~~ Coordinator or Department Staff.
- vi. Volunteers working with the Activities Department are supervised by the Activity ~~Director~~ Coordinator or Department staff.
- vii. Volunteers under 18 years of age must have written parental or guardian consent. (The facility determines appropriate age under 18 in accordance with State rules and regulations)
- viii. Volunteers have a written schedule of days and times at the facility.
- ix. Volunteers "sign in" and "sign out".
- x. Volunteers are recognized at least annually. This recognition is coordinated by the Activities ~~Director~~ Coordinator.

**c. Resident Outings**

- i. The Activities Department coordinates regular resident outing and trips with pertinent facility staff and residents attending the outing or trip.
- ii. Each resident has a specific physician's order permitting him/her to attend any outing or trip upon admission to the facility.
- iii. The outing or trip destination is decided by the residents planning to attend the outing during a special meeting or previous Resident Council/Group meeting. This meeting can be informal in nature. ~~Final destination~~ Destination to be determined by the Activity ~~Director~~ Coordinator.

- iv. Once the outing or trip destination is decided, the Activities Department notifies the ~~Assistant Administrator or Patient Care Services~~Acute Care Nursing Staff of the outing plans in writing, including a list of resident participants to ensure proper communication and to obtain assistance from facility staff when necessary.
- v. Resident to staff ratio varies depending upon the destination, type of outing or trip, the number of residents in attendance and the functional levels of the residents who plan to attend. Two or more staff members should accompany the group whenever two or more residents go on any recreational outing due to safety concerns. Should the outing be for an extended period of time, it is recommended that a licensed nurse accompany the group.
- vi. All staff with volunteers, attending the outing or trip should be trained on how to handle an emergency situation (basic CPR training – Red Cross First Aid training would be ideal) and be well versed regarding facility policy.
- vii. The Activities Department notifies Nutritional Services, in writing, regarding all residents who will be attending and will miss one or more meals. This notification should be done in writing and in advance of the outing or trip. If the outing does extend past a meal, the Nutritional Services Department may provide box lunches, when applicable.
- ~~viii.~~ The Activities ~~Director~~Coordinator is responsible for adhering to facility safety policies while on any outing or trip.
- viii. No resident will be discriminated against because of physical or cognitive limitations if the outing is deemed beneficial for the resident.

#### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT:** NURSING-SWING  
**POLICY TITLE:** ACTIVITIES PROGRAM  
**POLICY NUMBER:** NSG-065.001

**COMPLIANCE REQUIREMENT:** ~~SOM-42 CFR §482.58,~~  
~~§483.1524; Title-22 CCR~~ §72381, §72383, §72445, §72055

**AUTHOR:** Kacie Broussard, RN, BSN, House Supervisor  
**REVISED BY:**

Page 1 of 4

**Date of Origin:**

**Revision Date:**

**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall ensure residents ~~shall be~~ encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to make life more meaningful; to stimulate and support physical and mental capabilities to the fullest extent; to enable the patient to maintain the highest attainable social, physical and emotional functioning but not necessarily to correct or remedy a disability. ~~The Activity Director shall develop & maintain a volunteer program.~~ SHD shall also provide the population with regular opportunities to have interaction and contact with community agencies, resources, and points of interest in the community by providing outings and trips on a regular basis, based on input from the residents and in accordance with their interests, needs, and capabilities.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE:** NSG-065.001

## PROCEDURE

### 1. Purpose

The purpose of this policy is to encourage residents to participate in activities planned to meet their individual needs.

### 2. Responsibilities

The SHD Activities ~~Coordinator~~ Director is responsible for developing and maintaining the Activities Program including a volunteer program.

### 3. Policy for Activities Program

#### a. Activities Program

Activities ~~Director~~ Coordinator will maintain the Activities Program by the following actions:

- i. Recruit, instruct, and supervise Activity Assistant(s), volunteer workers and entertainers with the approval of the Skilled Nursing Facility (SNF) Director of Nursing.
- ii. Provide all necessary orientation to volunteers, assistants and entertainers who assist with specific activities including entertainment, outings, and one-on-one visits.
  1. Develop and implement an individual activity plan for each resident, which shall be integrated with the individual interdisciplinary resident care plan.
    - i. The individual activity plan will be reviewed quarterly and approved, in writing by the attending physician as not in conflict with the treatment plan.
  2. Provide daily group and/or individual activities, which meet the needs of each resident and contribute to the resident's quality of life which will include, but is not limited to the following:
    - i. Educational, creative, exercise, social, and indoor/outdoor activities.
    - ii. Activities away from the facility
    - iii. Provide special events at least quarterly and involve family members whenever possible.
- iii. Provide a home-like environment for residents.
- iv. Provide in-service training annually to staff and volunteers.
- v. Maintain activity supplies and equipment needed for the activities program.
- vi. Post the monthly activity schedule conspicuously, in large visible print, for the information of resident, visitors and staff.
- vii. Develop and maintain contacts with community agencies and organizations.
- viii. Maintain progress notes specific to the resident's activity plan, which are recorded at least quarterly, and more frequently if needed, in the patient's medical record.
- ix. Maintain a current record of the type and frequency of activities provided and the names of residents participating in each activity.
- x. Develop and implement activities for residents unable to leave their rooms.

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- xi. The ~~a~~Admitting nurse will notify the activities ~~director~~ coordinator when a swing resident has been admitted.
- xii. All swing bed residents ~~when~~ who leave the unit to attend/participate in activities will be ~~accompanied~~ escorted by an acute care staff member. acute care staff will continue to round on patient and provide assistance as needed.
- xiii. The Activities ~~Director~~ Coordinator will conduct an activity assessment for each new resident no later than seven (7) calendar days after admission.
  - 1. Assessments will be reviewed quarterly and revised as needed to assure accuracy. The assessments will be documented on the Activity Assessment Form, which will be kept in the resident's medical record in the "Activities ~~Director~~ Coordinator" section.

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**b. Volunteer Program**

- i. The Activity ~~Director~~ Coordinator ~~recruit~~'s recruits volunteers through regular contacts with community groups such as schools and churches, and performs marketing activities through advertisements and special community-related events, etc.
- ii. Volunteers will fill out a volunteer application form.
- iii. All volunteers will be assigned work-type code "1111" and must comply with background and health screening as required by facility guidelines prior to application approval. The facility Confidentiality Statement is completed prior to facility assignment.
- iv. The volunteer for the Activity Department is oriented through the General Orientation Program and trained by the Activity/Recreation ~~Director~~ Coordinator.
- v. Volunteers working in other departments are oriented through the General Orientation Program and trained by that Department Manager. If they wish to transfer to the Activity Department, they are cross trained by the Activity ~~Director~~ Coordinator or Department Staff.
- vi. Volunteers working with the Activities Department are supervised by the Activity ~~Director~~ Coordinator or Department staff.
- vii. Volunteers under 18 years of age must have written parental or guardian consent. (The facility determines appropriate age under 18 in accordance with State rules and regulations)
- viii. Volunteers have a written schedule of days and times at the facility.
- ix. Volunteers "sign in" and "sign out".
- x. Volunteers are recognized at least annually. This recognition is coordinated by the Activities ~~Director~~ Coordinator.

**c. Resident Outings**

- i. The Activities Department coordinates regular resident outing and trips with pertinent facility staff and residents attending the outing or trip.
- ii. Each resident has a specific physician's order permitting him/her to attend any outing or trip upon admission to the facility.
- iii. The outing or trip destination is decided by the residents planning to attend the outing during a special meeting or previous Resident Council/Group meeting. This meeting can be informal in nature. ~~Final destination~~ Destination to be determined by the Activity ~~Director~~ Coordinator.

- iv. Once the outing or trip destination is decided, the Activities Department notifies the ~~Assistant Administrator or Patient Care Services~~Acute Care Nursing Staff of the outing plans in writing, including a list of resident participants to ensure proper communication and to obtain assistance from facility staff when necessary.
- v. Resident to staff ratio varies depending upon the destination, type of outing or trip, the number of residents in attendance and the functional levels of the residents who plan to attend. Two or more staff members should accompany the group whenever two or more residents go on any recreational outing due to safety concerns. Should the outing be for an extended period of time, it is recommended that a licensed nurse accompany the group.
- vi. All staff with volunteers, attending the outing or trip should be trained on how to handle an emergency situation (basic CPR training – Red Cross First Aid training would be ideal) and be well versed regarding facility policy.
- vii. The Activities Department notifies Nutritional Services, in writing, regarding all residents who will be attending and will miss one or more meals. This notification should be done in writing and in advance of the outing or trip. If the outing does extend past a meal, the Nutritional Services Department may provide box lunches, when applicable.
- ~~viii.~~ The Activities ~~Director~~Coordinator is responsible for adhering to facility safety policies while on any outing or trip.
- viii. No resident will be discriminated against because of physical or cognitive limitations if the outing is deemed beneficial for the resident.

#### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT:</b> NURSING-SWING	<b>Page 1 of 3</b>
<b>POLICY TITLE:</b> Admission to Swing Bed	<b>Date of Origin:</b>
<b>POLICY NUMBER:</b> NSG-066.001	<b>Revision Date:</b>
<b>COMPLIANCE REQUIREMENT:</b> <u>42 CFR §482.58, §483.15</u>	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> Kacie Broussard, RN, BSN, House Supervisor <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

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**Policy:** Seneca Healthcare District (SHD) shall ensure appropriate admission of all Swing Bed patients.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE:** NSG-066.001

## PROCEDURE

### 1. Purpose

The purpose of this policy is to outline the process of determining admission eligibility and the admission process.

### 2. Responsibilities

The SHD Care Coordination department is responsible for ensuring appropriate admission to SWING Beds.

### 3. Policy for Admission to SWING Bed

a. *Referrals will be reviewed by the Care Coordination Department, accepting physician, and therapist(s).*

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b. *The patient must meet criteria for admission to the Swing Bed program.*

- i. Patient has Medicare or other insurance hospital based, skilled-care benefits and prior authorization is obtained by SHD.
- ii. The patient has completed a qualifying acute inpatient stay of at least three ~~consecutive~~ consecutive midnights in the previous 30 days.
- iii. Their medical condition has the potential for rehabilitation through therapy services.
- iv. A need for continued skilled nursing care exists, i.e. wound management, medication management, (one example ~~might~~ be an actively dying patient who requires IV pain management for comfort care).
- v. If a SHD acute care inpatient is to be changed to swing bed status, the patient must be discharged as an acute inpatient, meet the requirements above, and be readmitted as a swing bed patient.

c. Admission Limitations

- i. The swing bed program is located in the acute care unit of the hospital. Therefore, the census and acuity of the hospital patients will affect the number of swing beds available at any given time.
- ii. Patient referrals for therapy services and anticipated needs will ~~need to be~~ carefully reviewed and compared against current availability of therapy services. Only those patients whose therapy needs can be adequately met will be admitted.
- iii. All referrals will be accessed for a viable safe discharge plan. All patients with a home discharge plan will be assessed for a safe plan prior to admission.

d. Admission to SHD

- i. Admission will be without regard to race, color, religion, creed, ancestry, nation of origin, gender, sexual orientation, or source of payment.
- ii. Admitting will obtain any active Advance Directive paperwork.
- iii. The admitting RN ~~and/or~~ Care Coordination will ensure that each resident/family is provided with the SHD Swing Bed Packet and obtain signature of understanding.
- iv. The admitting ~~nurse~~ RN ~~or~~ and/or Care Coordination will have the patient/representative sign the Swing Bed Admission Contract.
- v. The admitting physician will complete the ~~Admission~~ admission to Swing Bed medical orders and sign the Medicare Certification form if necessary.

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- vi. The admitting nurse will initiate the patients care plan and admission assessment.
- vii. Nursing staff will inventory the patients' belongings and secure patients' valuables.
- viii. The admitting nurse will notify Activities of the admit, so they can begin their assessment.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT:** NURSING-SWING  
**POLICY TITLE:** SOCIAL SERVICES  
**POLICY NUMBER:** NSG-067.001

**COMPLIANCE REQUIREMENT:** 42 CFR §482.58, §483.15, §483.40(d), F745SOM §483.15

**AUTHOR:** Kacie Broussard, RN, BSN, House Supervisor  
**REVISED BY:**

Page 1 of 3

**Date of Origin:**

**Revision Date:**

**Periodic Review**  
**By:**  
**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

**Policy:** Seneca Healthcare District shall ensure that residents receive medically-related social services to attain or maintain their highest practicable physical, mental, and psychosocial well-being.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE:** NSG-067.001

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure our residents receive medically-related social services.

### 2. Responsibilities

The SHD House Supervisor is responsible for ensuring Social Services needs are met.

### 3. Policy for Social Services

#### a. Procedure

- i. The SNF Social Service Designee (SSD) will assess resident's needs. All needs provided to the residents shall be under the direction of the ~~SNF DON~~House Supervisor/Care Coordination.
- ii. All new residents shall receive a written SSD Assessment with 14 (fourteen) days of admission.
- iii. The plan of care related to the SSD's assessed needs of the resident shall be developed collaboratively and updated as needed with the resident and others of the care team as appropriate.
- iv. Social Service notes shall be documented in a variety of ways by multiple disciplines. For example, Social Service notes can be found in SSD progress notes, nursing notes, and nursing weekly summaries.
- v. The Social Service needs of the resident shall be addressed at least quarterly-weekly in the "~~Care Area Assessment and Interdisciplinary Team Focus Summary Statements~~"-social services weekly notes.
- ~~vi.~~ vi. ~~The resident's contact phone numbers and addresses are to be updated annually by the SSD.~~ Upon anticipated discharge the plan of care related to social service needs will be developed collaboratively with the resident and others of the care team as appropriate to ensure an organized transfer.

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#### b. Medically-related social services

- i. Medically-related social services means services provided by the facilities staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs. These services could include:
  1. Making arrangements for obtaining needed adaptive equipment, clothing, and personal items;
  2. Maintaining contact with family (with residents permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning.
  3. Assisting staff to inform residents and those they designate about the resident's health status and health care choices.
  4. Making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation)
  5. Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements);

- 6. Discharge planning services (e.g., helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities)
  - 7. Providing or arranging provisions of needed counseling services;
  - 8. Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions;
  - 9. Finding options that meet the physical and emotional needs of each resident;
  - 10. Meeting the needs of residents who are grieving; and
  - 11. Assisting residents with dental/denture care, ~~podiatric~~podiatric care; eye care; hearing services, and obtaining equipment for ~~mobility~~mobility or assistive eating devices.
- ii. Where needed services are not covered by the Medicaid State Plan, facilities are still required to attempt to ~~obtain~~obtain these services.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: NURSING</b> <b>POLICY TITLE: PAIN ASSESSMENT <del>—THE FIFTH</del></b> <b><del>VITAL SIGN</del></b> <b>POLICY NUMBER: NSG-068.001</b>  <b>COMPLIANCE REQUIREMENT: <del>Title</del> 22 <u>CCR</u> §72527</b>	<b>Page 1 of 3</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Kacie Broussard, RN, BSN, House Supervisor</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District shall ensure Acute Nursing staff shall complete a pain assessment and vital signs on each resident upon admission. If their clinical condition should change following change in physical condition, a fall or other event, or if the resident complains of pain or shows a non-verbal change in their level of pain, a pain assessment and vital signs will be taken at a minimum of every shift.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: NSG-068.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to assure that pain ~~be~~is assessed and treated promptly, effectively, and chronic pain managed.

### 2. Responsibilities

The SHD Acute Care staff is responsible for obtaining vital signs for each resident to assess for pain.

### 3. Policy for Pain Assessment —~~The Fifth Vital Sign~~

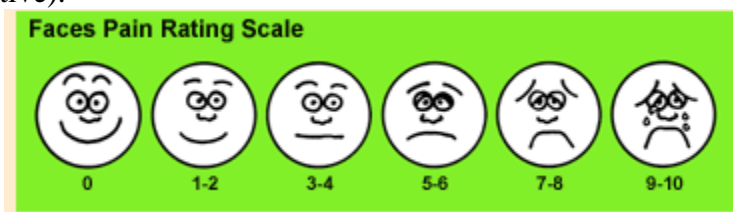
Upon admission as part of the nurse assessment, each resident will be asked if pain exists and a description of the pain. The pain will be documented using the approved pain scale of 0 to 10, or pain descriptions mild, moderate, severe; 1-4 mild, 5-7 moderate, 8-10 severe. Comments made by the resident and non-verbal indications such as groaning, grimacing, or guarding movements will be documented also. Pain is a subjective experience. The resident's evaluation should be accepted. The nurse needs to evaluate the tolerable number of pain the resident states and document in the electronic medical record.

#### a. Procedure

- i. If a resident has a cognitive deficit for using the above scale, observe for the following behavior indicators for effects of pain:
  - a. Vocalizations – moaning crying, screaming, gasping.
  - b. Facial Expressions – grimace, clenched teeth, biting lips, tightened jaw, open and alert eyes.
  - c. Body Movements – restlessness, immobilization, muscle tension, rhythmic or rubbing motions, protective movements of body parts.
  - d. Social Interactions – avoidance of conversation, reduced attention span, focus on activities only for pain relief.
  - e. Non-verbal behavior is useful in evaluating pain experienced by resident's incapable of or having difficulty with communicating verbally.
- ii. If the 0 to 10 scale of; 1-4 mild, 5-7 moderate, 8-10 severe; is not appropriate for resident, document what works best for the resident and use it consistently. Each resident is unique and will be treated accordingly.
- iii. The initial pain assessment on any resident indicating that they have pain will be documented on the Initial Assessment form and in the Nurses Notes and will include:
  - a. Intensity
  - b. Location
  - c. Character
  - d. Pain management history and
  - e. Physical exam or observation of pain site
  - f. To establish a baseline of pain experience.
- iv. The resident will be informed of the options available for pain relief and actively participate in establishing the treatment plan. The resident is the one experiencing the pain and must understand options available.



- v. Pain will be assessed each time vital signs are taken. All residents with chronic pain will have, at a minimum of each shift, and documented in the electronic medical record on the MAR. The location and intensity of pain will be documented ~~on the SNF/SWING ASSESSMENT Flowchart~~ in the Electronic Health Record (EHR). If a Certified Nurse Assistant is assessing pain, any pain will be immediately reported to the Charge Nurse. All residents have the right to appropriate assessment and management of pain.
- vi. The LVN/RN will assess the effectiveness of interventions within 15 to 60 minutes depending on the pain relief measure provided and the route given. To determine adequacy of intervention. Reassess within one hour of oral medication.
- vii. The medication given and the response of the resident will be documented in the EHR on the MAR (using the approved pain scale of 0 to 10; 1-4 mild, 5-7 moderate, 8-10 severe; if able, if resident not able to be descriptive).



- viii. The [Weekly Summary ongoing evaluation](#) will reflect the response to pain intervention and direct the staff to request further intervention from physician when necessary. To contribute to the medical record and communication between staff.
- ix. All pain management will be documented on the Care Plan and updated as needed. Pain is a subjective and highly unpleasant state which is unique for each resident.
- x. Residents, if cognitively able or surrogates, will be educated in their role in pain management and encouraged to participate in plan of care. Residents have the right to participate in their plan of care. The Interdisciplinary Team approach of educating residents/surrogates and participation in plan of care enhance effective pain management goals.

#### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT: NURSING-SWING**

**POLICY TITLE: RESIDENT RIGHT-TO-CHOOSE/BE INFORMED OF ATTENDING PHYSICIAN**

**POLICY NUMBER: NSG-069.001**

**COMPLIANCE REQUIREMENT: F555, 42 CFR  
§483.10(d)(1)-(5)**

**Page 1 of 2**

**Date of Origin:**

**Revision Date:**

**Periodic Review  
By:  
Date:**

**AUTHOR: Kacie Broussard, RN, BSN. House Supervisor**  
**REVISED BY:**

**Policy Rescinded by  
Policy #:  
Effective Date:**

**Policy:** Seneca Healthcare District (SHD) shall provide care and services in such a manner to acknowledge and respect resident rights. Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement.

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: NSG-069.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure resident/responsible party choice of Primary Care Physician (PCP) services.

### 2. Responsibilities

The SHD Case Manager is responsible to ensure Primary Care Physician (PCP) services to residents in SWING beds.

### 3. Policy for Resident Right-Right to Choose/Be Informed of Attending Physician

#### a. Resident Rights

a.i. The resident has the right to choose his or her attending physician.

b.ii. The physician must be licensed to practice, and

c.iii. If the physician chosen by the resident refuses to or does not meet visitation requirements, the facility may seek alternate physician participation to ensure requirements, the facility may seek alternate physician to assure provision of appropriate and adequate care and treatment.

d.iv. The facility will ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.

e.v. The facility will inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to ensure provision of appropriate and adequate care and treatment.

f.vi. The facility will discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.

g.vii. If the residents subsequently selects another attending physician who meets the requirements, the facility will honor that choice.

h.viii. If physician services are to change due to physician ending care. The attending physician will send out a letter of notification to end of services. Seneca Healthcare District's House Supervisor or designee will notify resident/representative of alternative Primary Care Physician choices.

i.ix. A consent will be obtained for acknowledgment and acceptance of new Primary Care Physician via written statement of acknowledgment.

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: NURSING-SWING</b> <b>POLICY TITLE: RESIDENT RIGHT-REQUIRED NOTICES AND CONTACT INFORMATION</b> <b>POLICY NUMBER: NSG-070.001</b>  <b>COMPLIANCE REQUIREMENT: F574, <u>42 CFR §483.10(g)(4)(i)-(vi)</u></b>	<b>Page 1 of 3</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review By:</b> <b>Date:</b> <hr/> <b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>
<b>AUTHOR: Kacie Broussard, RN, BSN, House Supervisor</b> <b>REVISED BY:</b>	

**Policy:** Seneca Healthcare District (SHD) shall inform its resident(s) and responsible party, ~~in such a manner to acknowledge and respect resident rights, of their rights and provide required notices and contact information in a manner they can easily understand.~~

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: NSG-070.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure residents/ responsible party have been informed of their rights.

### 2. Responsibilities

It is the responsibility of the House Supervisor to monitor compliance.

### 3. Policy for Required Notices and Contact Information

- a. *The facility resident/responsible party has the right to receive notices orally (meaning spoken) and in writing (including braille) in a format and a language he or she understands, including*
  - i. A description of the manner of protecting personal funds.
  - ii. A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924 (c) of the Social Security Act.
  - iii. A list of names, addresses (mailing and email), and telephone numbers of all pertinent State Survey Agency, the State Licensure Office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and
  - iv. A statesman that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
- b. *Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the older Americans Act of 1965, as amended 2016 (42 U.S.C 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000(42 U.S.C. 15001 et seq.)*
- c. *Information regarding Medicare and Medicaid eligibility and coverage;*
- d. *Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program;*
- e. *Contact information for the Medicaid Fraud Control Unit; and*
- f. *Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.*

[Seneca will use the most up-to-date version of all state and federal forms.](#)

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: NURSING-SWING</b> <b>POLICY TITLE: ABUSE PREVENTION AND REPORTING</b> <b>POLICY NUMBER: NSG-071.001</b>  <b>COMPLIANCE REQUIREMENT: 42 CFR §483.12 (b), (c)</b>	<b>Page 1 of 9</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Kacie Broussard, RN, BSN, House Supervisor</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure an abuse-free environment for the residents of the SWING bed program by establishing an effective abuse prevention program and shall report resident abuse per all state and federal regulations.

Authorization	Signature	Date
<b>Department Head</b>		
<b>Medical Department Chair</b>		
<b>Compliance Officer</b>		
<b>Chief Nursing Officer</b>		
<b>Director, Human Resources</b>		
<b>Administration</b>		
<b>Medical Chief of Staff</b>		
<b>Governing Board</b>		

**POLICY NUMBER REFERENCE: NSG-071.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to maintain an abuse-free environment by ensuring the following processes are in place:

- a. Training and on-going supervision of employees and volunteers who provide services, whether they are direct care givers or ancillary department staff.
  - i. All employees and volunteers who either provide direct care or work in ancillary departments of SHD shall be trained on abuse prevention and reporting process.
  - ii. There shall be written documentation attesting that employees and volunteers know and understand the abuse prevention and reporting requirements.
  - iii. Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

### 2. Responsibilities

The SHD ~~Chief Nursing Officer (CNO)~~Safety Officer shall, in collaboration with the Human Resources Director, prepare an orientation in-service to be presented at the time of hire to all new employees and volunteers on the Abuse Prevention and Reporting process.

### 3. Policy for Abuse Prevention and Reporting

The Abuse Prevention and Reporting' policy ensures SHD residents live without fear of abuse, corporal punishment, and involuntary seclusion. This policy also defines the procedure for reporting suspected abuse incurred to residents. This policy also provides specific time frames for reporting abuse of any kind.

#### a. Procedure

- i. This training shall include, but is not limited to the following:
  1. The responsibility of the mandated reporter to make sure that any abuse, alleged or confirmed, is reported per all state and federal regulations.
  2. Appropriate interventions to use with aggressive residents.
  3. Reporting mechanisms.
  4. Non-retaliation policy.
  5. Recognition of signs of employee "burn-out", frustration, and where to get assistance.
  6. What constitutes abuse, neglect, and misappropriation of property.
  7. Review of resident's rights published by the State and Federal government.
  8. Viewing of Abuse Awareness video with completion of post-test.
  9. Each employee and volunteer shall sign a written statement documenting that they fully understand the Abuse Prevention and Reporting policy.
    - a. This statement shall be retained in the employee's personnel or volunteer's record.



10. Staff and Volunteer records shall be maintained by Human Resources.
11. All employees and volunteers shall be required to review annually a re-orientation packet which includes the Abuse Prevention and Reporting process and complete a post-review test. This reorientation will include but is not limited to a review of all information received during the initial orientation training on abuse.
12. SHD shall screen all applicants who are offered a position at Seneca Healthcare District, for a history of abuse.
13. This screening shall include review of the job application, verification of applicant licensing and certification, registry clearance (if applicable), and/or previous employment references and a consumer report to include a criminal background check.
14. A minimum of one positive employment reference is kept on file. If the applicant has no work history, two personal references shall be kept on file. Reference data should attest that the potential employee is of good character and has no history of abuse, neglect, or mistreatment of persons. This information is filed with the employment application.
15. Any discrepancies in the application constitute grounds to reject the application or refuse employment.
16. If an employment reference is not available, two personal references (not immediate family) are required.
17. When changes in regulations or facility practices which affect residents' rights occur, an in-service shall be conducted to inform staff of such changes. Residents and their representatives shall be notified.
18. Maintenance of a living environment which fosters reporting of concerns and problems while protecting residents.
19. SHD shall promote an atmosphere and living environment that provides for the safety and security for all residents.
20. SHD welcomes constructive suggestions about how the residents' environment can be continuously improved.
21. All employees will complete the Statement of Concern/Safety Form for reporting concerns and/or suggestions for improvement in abuse prevention.
22. Any employee who files a report of suspected abuse shall be reimbursed for any time required while cooperating with the investigation.
23. The physical plant shall be maintained within the standards set forth in the regulations. Residents are encouraged to use all public areas of the facility, including the patio, garden, and the dining room.
24. Developing policies and procedures which include screening, training, investigation procedures, protection, and reporting.

***b. Definitions***

- i. **Abuse** is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish, including the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.
- ii. **Involuntary seclusion** is defined as separation of a resident from other residents or from their room or confinement to their room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.
- iii. **Mandated Reporters** are people who have regular contact with vulnerable people and are therefore legally required to ensure a report is made when abuse is observed or suspected.
- iv. **Mental Abuse** includes, but is not limited to, humiliation, harassment and threats of punishment or deprivation.
- v. **Physical Abuse** includes, but is not limited to, hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.
- vi. **Serious Bodily Injury** is defined as an injury involving extreme physical pain, substantial risk of death or protracted loss or impairment of function of a bodily member, organ or of mental faculty, or requiring medical intervention which may include hospitalization, surgery, or physical rehabilitation.
- vii. **Sexual Abuse** includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
- viii. **Unusual Occurrence** is any incident or event, especially one which happens without being designed or expected as an unusual occurrence or the ordinary occurrences of life.
- ix. **Verbal Abuse** is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms aimed at residents or their families or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse includes but is not limited to: threats of harm and saying things to frighten a resident, such as telling a resident that they will never be able to see their family again.

**c. *Policy for Abuse Prevention and Reporting***

- i. Abuse Prevention Measures at SHD encourages residents, families, and staff to file grievances by telephone, in person or in writing.
  - 1. A formal grievance process (see policy SNF.018. – Skilled Nursing Facility Grievance/Complaint Policy) will be included in all resident admission charts and will be posted on the informational bulletin board. All current residents and families will be informed of this procedure.

2. The ~~Chief Nursing Officer (CNO)~~Director of Nursing (DON) shall ensure that resident and family complaints and grievances are handled per the SHD SNF.018. – Patient Complaints and Grievances policy.
  3. Results of the effectiveness of the abuse prevention process shall be reported to the Quality Assurance coordinator for input and recommendations.
  4. Areas of review include inspection of the physical plant for safety, staffing to meet the needs of the resident population, supervision of the staff and identification of inappropriate staff/resident behavior which could lead to neglect or abuse of other residents.
  5. The ~~CEO~~Chief Nursing Officer (CNO) will review all reports of abuse, neglect and mistreatment, injuries of an unknown source and theft or misappropriation of resident property. The ~~CEO~~CNO will determine if policies, procedures, or facility systems need to be modified and will provide the Board of Directors with a report of findings and recommendations.
  6. The Social Service Designee or Licensed Clinical Social Worker contact information is provided to all residents and families for their use in reporting concerns.
  7. Social Service visits and are another medium through which residents' issues may be voiced and addressed.
  8. Identification of Incidents: SHD maintains an incident reporting process (see RISK 3. – Incident Reporting) whereby the CNO may review events which may indicate patterns or trends of abuse or neglect.
  9. All marks, bruises, occurrences, and events which are unusual or demonstrate a trend are documented through the facility incident reporting process.
  10. All reportable incidents are logged and reviewed by the ~~CEO~~CNO.
- ii. Reporting
1. Any employee of SHD who has knowledge of, observes or suspects abuse of any resident must report it immediately to the ~~CNO~~DON and/or the House Supervisor, if resident abuse is suspected. In their absence, report to the Safety ~~Director~~Officer, ~~CEO~~CNO or Human Resources Director, depending upon availability.
  2. The reporting person will initiate a copy of the Unusual Occurrence Alleged Abuse Reporting SNF Checklist (Abuse Reporting form). Copies of the form are located:
    - a. Dietary hallway in the file pocket next to the Safety bulletin board.
    - b. In the SNF unit in the file pocket next to the shower room in the folder marked "Abuse Reporting Checklist".
  3. It is imperative that only objective observations and facts are included in the report – do not use the word 'abuse' in any documentation as it is a subjective term.
  4. Phoned-in reports should include the following information:

- a. Name and age of resident
  - b. Present location of resident. Name and address of the person responsible for the alleged abuse.
  - c. Nature and extent of the abuse and the resident's condition.
  - d. Date of incident.
  - e. Name(s) of the person(s) who witnessed the abuse. These names shall remain confidential.
5. If an employee is suspected of abuse of any kind, the employee will be placed on paid suspension, pending temporary transfer off the unit to administrative duties until the completion of the investigation. The employee will not be allowed to return to patient care until the investigation is completed and the staff member has been cleared.
- iii. Suspected Abuse Resulting in Serious Bodily Injury
  1. Immediately (but no longer than two (2) hours after discovery) report by telephone to the Plumas County Sheriff's Office at (530) 258-3111.
  2. Immediately (but no longer than two (2) hours after discovery) submit a written report (California Health and Human Services for SOC341) to the Plumas County Sheriff's Office.
  3. Immediately (but no longer than two (2) hours after discovery) submit a written report (NOT SOC341) to the California Department of Public Health Licensing and Certification, Chico office (CDPH).
  4. Within two (2) hours submit a written report to the Ombudsmen.
- iv. Suspected Abuse which DOES NOT Result in Serious Bodily Injury
  1. Within twenty-four (24) hours after discovery, report by telephone to the Plumas County Sheriff's Office at (530) 258-3111.
  2. Within twenty-four (24) hours after discovery, submit a written report (SOC 341) to the Plumas County Sheriff's Office.
  3. Within twenty-four (24) hours after discovery, submit a written report (NOT SOC 341) to the CDPH.
  4. Within twenty-four (24) hours after discovery, submit a written report to the Ombudsman.
- v. Suspected Abuse NOT RESULTING IN SERIOUS INJURY (allegedly committed by a resident with a diagnosis of Dementia):
  1. As soon as possible after discovery, report the incident to the Ombudsman or Plumas County Sheriff's Office by telephone.
  2. Provide a written report (SOC341) to the same agency reported to in (1) above.
  3. It is not required to report to the CDPH for this event.
- vi. Suspected Abuse Other Than Physical Abuse
  1. As soon as possible after discovery, report the incident by telephone and in writing to the Ombudsman or Plumas County Sheriff's Office.

***d. Investigation***

- i. The mandated reporter will give a copy of the Unusual Occurrence Alleged Abuse Reporting Checklist (Abuse Reporting Form) to the [CNO](#)

[DON](#) or the designated investigator responsible for the in-house investigation. The reporter will keep a copy for themselves. The reporter is ultimately responsible for making sure that the allegation is reported per regulations (see paragraph 3.c.ii – vi. above).

- ii. The ~~CNO~~[DON](#) or designee shall conduct an immediate investigation on all unusual occurrences or incidents reported through the mechanisms listed above. If an incident occurs and there is no written documentation, an incident report will be filed by the appropriate person.
- iii. The ~~CNO~~[DON](#) or supervisor responsible for investigation of suspected abuse will utilize a process of abuse/neglect investigation as required by federal and state law. This investigation will include, but not be limited to testimony from the person reporting the potential or suspected abuse (resident, family, visitor, employee, etc.), information received from formal or informal grievances, employee reports, incident reports, resident/family complaints, resident council meeting minutes, phone calls, letters, nursing round, etc. The report will include the following information which notifications were made per required time frames (see paragraph 3.c.ii – vi. above).
- iv. Written statements by all persons involved before the end of the shift while the facts are fresh in their minds. Statements need to be signed, dated, and should include addresses and phone number(s) of the witnesses. Statements will include facts, conversations, and observations. Use quotations whenever possible.
- v. Conduct observations of the alleged victim, including identification of an injuries as appropriate, the location where the alleged situation occurred, interactions and relationships between staff and the alleged victim and/or other residents, and interactions/relationships between resident to other residents.
- vi. Conduct interviews with, as appropriate, the alleged victim and representative, alleged perpetrator, witnesses, practitioner, interviews with personnel from outside agencies such as other investigatory agencies and hospital or emergency room personnel.
- vii. Review of resident's record for pertinent information related to the alleged violation, as appropriate, such as progress notes, financial records, reports from hospital/emergency room records, laboratory or X-Ray reports, medication administration records, photographic evidence, and reports from other investigatory agencies.
- viii. What steps were initiated to protect the resident and assure resident safety and comfort.
- ix. A determination of whether or not abuse or neglect is verified.
- x. Time of notification of ~~CEO~~[CNO](#), Safety ~~Director~~[Officer](#), or Acute Nursing House Supervisor.
- xi. If the alleged abuse was reported to Law Enforcement, DO NOT interfere with their investigation.
- xii. The facility will document that all violations are thoroughly investigated.
- xiii. An incident report will be completed.

- xiv. The results of the investigation must be reported to the Chief Executive Officer (CEO) or designee, within 24 hours of the conclusion of the investigation.
- xv. The results of the investigation will be reported to the California Department of Public Health (CDPH) within 5 working days or per Federal/State regulations.
- xvi. There may be instances where a report is required under 42 CFR §483.12(c) [609]. The following describes the different requirements.
  - 1. What to report:
    - a. All alleged violations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property.
    - b. The results of all investigation of alleged violations.
  - 2. Who is required to report?
    - a. The facility
  - 3. To whom
    - a. The facility administrator and other officials in accordance with State Law, including to the SA and the adult protective services where State Law provides for jurisdiction in long-term care facilities.
  - 4. When:
    - a. All alleged Violations-Immediately but not later than 2 hours-if the alleged violation involves abuse or serious bodily injury.
    - b. 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury.
  - 5. If the alleged violation is verified, appropriate corrective action must be taken.
- e. Abuse Reporting Protection
  - i. SHD shall make every effort to protect residents, families and staff from any reprisal or retaliation for reporting incidents of suspected abuse or neglect.
  - ii. Any employee accused or suspected of abuse or neglect shall be immediately removed from resident care duty and assigned to administrative duties off-unit until the investigation is completed and the staff member has been cleared.
  - iii. If the offender was determined to be the resident's roommate, the resident shall be offered a different room, if possible. If a family member is suspected, the resident may be moved closer to the nursing station.
  - iv. The staff shall be alert to observe carefully for any change of condition warranting further intervention.
  - v. A Social Service consultation may be ordered for additional support of the resident or family.
  - vi. In all cases, the reporting party, resident and/or responsible party shall be provided with a follow-up report on the results of the investigation.

#### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT: NURSING-SWING</b> <b>POLICY TITLE: SWING BED STAFFING</b> <b>POLICY NUMBER: NSG-063.001</b>  <b>COMPLIANCE REQUIREMENT: 42 CFR §482.58(b)</b>	<b>Page 1 of 2</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Kacie Broussard, RN BSN, House Supervisor</b> <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure adequate staffing for all swing bed residents.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: NSG-063.001**



## PROCEDURE

### 1. **Purpose**

The purpose of this policy is to outline the necessary staff needed for ~~the~~ swing bed residents.

### 2. **Responsibilities**

The SHD House Supervisor and Chief Nursing Officer (CNO) are responsible for ensuring adequate staffing.

### 3. **Policy for Swing Bed Staffing**

#### a. *Adequate staffing for swing bed residents*

- i. Staffing for swing bed residents will follow the requirements of Title 22 and CDPH for a Critical Access Hospital. The unit will not exceed the RN to patient ratio set forth by the governing bodies. If the census consists of only swing bed residents, the LVN may be the only nurse on the floor and operate as the charge nurse.

### 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



**SENECA HEALTHCARE DISTRICT**  
**POLICY & PROCEDURE**

**DEPARTMENT: PHARMACY**

**POLICY TITLE: ANTICOAGULATION MANAGEMENT  
OF HEPARIN INTRAVENOUS INFUSION**

**POLICY NUMBER: RX-025.002**

**COMPLIANCE REQUIREMENT:**

**AUTHOR: Raymond Duro, Pharm D.**

**REVISED BY: Linda Smoot, RPH**

**Page 1 of 7**

**Date of Origin:**  
**07/27/2012**

**Revision Date:**

**Periodic Review**

**By:**

**Date:**

**Policy Rescinded by**

**Policy #:**

**Effective Date:**

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**POLICY:** Seneca Healthcare District (SHD) shall ~~Define~~ defines the roles and responsibilities of physicians, nursing and pharmacy in patients receiving heparin intravenous therapy.

<u>Authorization</u>	<u>Signature</u>	<u>Date</u>
<u>Department Head</u>		
<u>Medical Department Chair</u>		
<u>Compliance Officer</u>		
<u>Chief Nursing Officer</u>		
<u>Director, Human Resources</u>		
<u>Administration</u>		
<u>Medical Chief of Staff</u>		
<u>Governing Board</u>		
<del>Authorization:</del>	<del>Signature:</del>	<del>Date:</del>
<del>Department Head</del>		
<del>Medical Department Chair</del>		
<del>Chief Nursing Officer</del>		

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Medical Chief of Staff		
Administration		
Governing Board		

POLICY NUMBER REFERENCE: RX-025.002

## **PROCEDURE**

### **1. Purpose**

The purpose of this policy is to define an anticoagulation management program that will ensure patients receive individualized care in a uniform and consistent manner to provide safe and effective treatment.

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### **2. Responsibilities**

The SHD physician is responsible for following the protocol, or consulting with the pharmacist if protocol is not being followed. Nursing staff is responsible for ensuring proper documentation, and labs are ordered and drawn timely.

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### **3. Policy for Anticoagulation Management of Heparin Intravenous Infusion** **Call the pharmacist to confirm calculations before administration.**

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#### **a. Protocol Orders**

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i. Nursing will ensure that baseline labs for all heparin infusions will include a CBC for adequate platelet count and PTT for weight-based protocol.

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ii. Nursing will use a standard premixed back of 25,000 units of Heparin in 250ml D5W (100 units/ml).

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iii. A height and weight assessment are done on every patient and dose adjusted as indicated by the Protocol.

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iv. A Physician must enter the order and two licensed RNs must verify the order.

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v. The initial PTT levels are drawn every 6 hours until 2 PTT levels are in the therapeutic range, then are changed to daily. If changes are made to rate, PTT levels will continue to be drawn every 6 hours until 2 doses are within target range and then daily.

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#### **b. Non-protocol Orders**

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i. Physicians may order heparin and not use a protocol but will be responsible for indicating the reason for such use. The physician will be responsible for ordering rate changes and boluses as well as include the goal of treatment and labs. If the established protocol and treatment goals are not being used the Pharmacists will review with the Physician.

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ii. Heparin infusions will be administered using the primary line setting on a programmable pump. This will not be used for any other infusions.

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iii. The nurse will chart boluses, initial rate, rate changes and re-bolus doses in the EHR. Bolus doses along with rate changes require and independent double verification with another RN. This verification will be charted in the nursing notes listing the other RN's name.

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#### **c. Initiating Heparin Therapy:**

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i. **DO NOT START IN PATIENTS WHO HAVE HAD tPA FOR ISCHEMIC STROKE, WITHIN 24 HOURS**

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ii. **Obtain Baseline PTT, PT and Platelet Count (CBC), and Serum Creatinine** (If not done within 24 hrs prior to initiation of Heparin therapy).

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iii. Discontinue all IM injections and prophylactic anticoagulation.

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iv. Discontinue Aspirin > 162 mg.

#### **d. Exclusion Criteria:**

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i. Do not initiate on patient with epidural catheter.

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ii. Do not initiate on patient with platelets < 50,000 or PTT > 79 seconds.

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iii. Do not initiate on patients with suspected or proven DIC, TTP or HIT.

e. **Monitoring:**

i. STAT PTT 6 hours after start of infusion and every 6 hours until lab results within therapeutic range x2.

1. Then daily PTT.

ii. PT, INR with PTT every AM while on Heparin

iii. CBC every AM while on Heparin

1. Monitor platelets. Consider discontinuing if platelets decrease by  $\geq 30\%$  from baseline and evaluate for HIT.

2. Discontinue heparin if platelets decrease by 50% from baseline and proceed with HIT protocol.

iv. Monitor for bleeding.

1. If patient shows any signs or symptoms of bleeding call physician immediately and order PTT, CBC STAT.

2. Anticipate order for Protamine Sulfate and place crash cart nearby.

v. If a patient's PTT does not change significantly from baseline after 2 legitimate attempts to increase does, consider Heparin resistance (antithrombin III deficiency).

vi. Use Attachment D for adjusting Heparin Drip Rates.

f. **Documentation:**

i. Time of heparin administration initiation.

ii. Route of administration.

iii. Condition and location of the IV site:

1. Presence of blood return.

iv. Name of the RN who performed the independent double-check.

v. Time blood samples were sent to the laboratory.

vi. Date, time, and which practitioner was notified.

vii. Titration of the infusion rate based on the laboratory results (include lab results).

viii. Reason for discontinuation of therapy.

ix. Adverse reactions:

1. Pain at the administration site.

2. Bruising at the administration site.

3. Swelling at the administration site.

x. Date and time the infusion was stopped or completed.

xi. Any overlap with warfarin therapy

xii. Teaching provided to the patient and family.

1.—

— **PURPOSE:** A defined anticoagulation management program will ensure that patients receive individualized care in a uniform and consistent manner to provide safe and effective treatment.

— **PROCEDURE:**

— 1. Nursing will ensure that baseline labs for all heparin infusions will include a CBC for adequate platelet count and PTT for weight-based protocol.

— 2. Nursing will use a standard premixed bag of 25,000 units Heparin in 250ml D5W (100 units/ml)

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- 3. A height and weight assessment is done on every patient and dose adjusted as indicated by the Protocol
- 4. For Heparin Protocol Orders, a Physician and two RN signatures will be required to initiate the Protocol (see Heparin Drip Physician Order)
- 5. The initial PTT levels are drawn every 6 hours until 2 PTT levels are in the therapeutic range, then are changed to daily. If changes are made to rate, PTT levels will continue to be drawn every 6 hours until 2 doses are within target range and then daily.
- 6. Non-protocol heparin orders: Physicians may order heparin and not use a protocol but will be responsible for indicating the reason for such use. The physician will be responsible for ordering rate changes and boluses as well as include the goal of treatment and labs. If the established protocol and treatment goals are not being used the Pharmacist will review with the Physician.
- 7. Heparin infusions will be administered using the primary line setting on a programmable pump. This pump will not be used for any other infusions.
- 8. The Nurse will chart boluses, initial rate, rate changes and rebolus doses in the Nursing notes. Bolus doses along with rate changes require an independent double verification with another RN. This verification will be charted in the Nursing Notes listing the other RN's name.

#### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005

**REFERENCES: N/A**

#### Attachments:

Attachment A: Heparin Therapy Protocol

Attachment B: Adjusting Heparin Therapy Protocol

Attachment C: Reference Guidelines for Restarting Heparin Infusions

#### References:

Garcia, DA, Baglin TP, et al. (2012). Parenteral Anticoagulants. American College of Chest Physicians Evidence Based Clinical Practice Guidelines, 9th Edition, 24S-43S.  
Nutescu, E. (2007). Heparin, Low Molecular Weight Heparin, and Fondaparinux. In Managing Anticoagulation Patients in the Hospital: The Inpatient Anticoagulation Service (pp. 177-196). Bethesda: American Society of Health-System Pharmacists.

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### Attachment A: Heparin Therapy Protocol

**Call the pharmacist to confirm calculations before administration.**  
**DVT/PE/Arterial Embolism**

<u>WEIGHT</u>	<u>LOADING DOSE</u>	<u>INITIAL INFUSION RATE</u>	<u>NOTES</u>
<u>&lt; 125kg</u>	<u>80 units/kg IV (rounded to nearest 1000 units)</u>	<u>18 units/kg/hour</u>	
<u>&gt; 125kg</u>	<u>10,000 units IV</u>	<u>2250 units/hr divided by weight (kg) = units/kg/hr</u>	<u>1. Maximum Loading Dose = 10,000 units</u> <u>2. Maximum initial rate = 2250 units/hr</u>

### ACS/Afib/Arterial Dissection

<u>WEIGHT</u>	<u>LOADING DOSE</u>	<u>INITIAL INFUSION RATE</u>	<u>NOTES</u>
<u>&lt; 83kg</u>	<u>60 units/kg IV (rounded to nearest 1000 units)</u>	<u>12 units/kg/hr</u>	
<u>&gt; 83kg</u>	<u>5,000 units IV</u>	<u>1000 units/hr divided by weight (kg) = units/kg/hr</u>	<u>1. Maximum Loading Dose = 5,000 units</u> <u>2. Maximum initial rate = 1000 units/hr</u>

#### AFTER Thrombolytics

<u>≤ 66kg</u>	<u>60 units/kg IV (rounded to nearest 1000 units)</u>	<u>12 units/kg/hr</u>	
<u>67-83 kg</u>	<u>4,000 units IV</u>	<u>12 units/kg/hr</u>	<u>Maximum Loading Dose = 4,000 units</u>
<u>&gt;83 kg</u>	<u>4,000 units IV</u>	<u>1000 units/hr divided by weight (kg) = units/kg/hr</u>	<u>1. Maximum Loading Dose = 4,000 units</u> <u>2. Maximum initial rate = 1000 units/hr</u>

### Hypothermia/CVA

<u>WEIGHT</u>	<u>LOADING DOSE</u>	<u>INITIAL INFUSION RATE</u>	<u>NOTES</u>
<u>&lt; 83kg</u>	<u>NONE</u>	<u>12 units/kg/hr</u>	
<u>&gt; 83kg</u>	<u>NONE</u>	<u>1000 units/hr divided by weight (kg) = units/kg/hr</u>	<u>1. Maximum initial rate = 1000 units/hr</u>

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## Attachment B: Adjusting Heparin Therapy Protocol

### A. LOW BLEEDING RISK (Formerly Standard Bleeding Risk Patients)

PTT (in seconds)	Re-bolus or Hold	Rate Adjustment	Labs
≤ 60	Bolus: 40 units/kg Round to nearest 1000 units. Not to exceed initial bolus dose.	↑ 2 units/kg/hr	PTT in 6 hours
61-78	Bolus: 20 units/kg Round to nearest 1000 units. Not to exceed initial bolus dose.	↑ 1 units/kg/hr	PTT in 6 hours
<b>GOAL 79-118</b>	NONE	NONE	PTT in 6 hours until Therapeutic x2, then QAM
119-135	NONE	↓ 1 units/kg/hr	PTT in 6 hours
≥ 136	HOLD 60 minutes	↓ 3 units/kg/hr	PTT in 6 hours

Commented [AH4]: This was taken from a paper "Heparin Therapy Physician Order" located at the nursing station. I believe this is what is referenced above as there is a spot for physician and 2 RN signatures.

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### B. MEDIUM BLEEDING RISK (Formerly Higher Bleeding Risk Patients)

PTT (in seconds)	Re-bolus or Hold	Rate Adjustment	Labs
≤ 59	Bolus: 2000 units Not to exceed initial bolus dose.	↑ 2 units/kg/hr	PTT in 6 hours
60-59	NONE	↑ 1 units/kg/hr	PTT in 6 hours
<b>GOAL 70-103</b>	NONE	NONE	PTT in 6 hours until Therapeutic x2, then QAM
104-116	NONE	↓ 1 units/kg/hr	PTT in 6 hours
≥ 117	HOLD 60 minutes	↓ 3 units/kg/hr	PTT in 6 hours

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### C. HIGHEST BLEEDING RISK (Formerly Post-Op and Trauma Patients)

PTT (in seconds)	Re-bolus or Hold	Rate Adjustment	Labs
≤ 59	NONE	↑ 1 units/kg/hr	PTT in 6 hours
<b>GOAL 60-79</b>	NONE	NONE	PTT in 6 hours until Therapeutic x2, then QAM
80-90	NONE	↓ 0.5 units/kg/hr	PTT in 6 hours
91-100	NONE	↓ 1 units/kg/hr	PTT in 6 hours
101-109	HOLD 60 minutes	↓ 2 units/kg/hr	PTT in 6 hours
≥ 117	HOLD 60 minutes	↓ 3 units/kg/hr	PTT in 6 hours



### Attachment C: Reference Guidelines for Restarting Heparin Infusions

<u>Time off drip (hours)</u>	<u>Actions</u>
<u>&lt; 2 hours</u>	<ul style="list-style-type: none"><li>• <u>Review previous drip rates and PTT values.</u></li><li>• <u>Restart drip at the previous rate when the patient's PTT was at goal (or near goal) prior to discontinuation.</u></li><li>• <u>Do NOT re-bolus.</u></li><li>• <u>Recheck PTT in 6 hours and adjust as necessary.</u></li></ul>
<u>2-4 hours</u>	<ul style="list-style-type: none"><li>• <u>Get STAT PTT prior to re-starting of the drip.</u></li><li>• <u>Review previous drip rates and PTT values.</u></li><li>• <u>Do NOT re-bolus.</u></li><li>• <u>Choose the most appropriate rate based on patient response before the drip was turned off.</u></li><li>• <u>Do NOT automatically start at the initial drip rate for the indication.</u></li><li>• <u>Recheck PTT in 6 hours and adjust as necessary.</u></li></ul>
<u>&gt; 4 hours</u>	<ul style="list-style-type: none"><li>• <u>Get STAT PTT prior to re-starting of the drip.</u></li><li>• <u>Review previous drip rates and PTT values.</u></li><li>• <u>Give bolus dose based on protocol.</u></li><li>• <u>The re-bolus dose should NOT EXCEED the initial loading bolus dose.</u></li><li>• <u>Choose the most appropriate rate based on patient response before the drip was turned off.</u></li><li>• <u>Do NOT automatically start at the initial drip rate for the indication.</u></li><li>• <u>Recheck PTT in 6 hours and adjust as necessary.</u></li></ul>
<u>KEY POINTS</u>	
<ul style="list-style-type: none"><li>• <u>When the PTT value is below goal (blood drawn from when patient off drip) at the time of restart, do NOT add extra unit/kg/hr based on the protocol to the previous rate. This will lead to supra-therapeutic levels.</u></li><li>• <u>Consider even smaller adjustments or not giving bolus dose when the PTT is near goal.</u></li></ul>	

#### Bridge Therapy: Concurrent use of Heparin and Warfarin.

1. For those with active clot or high risk for clotting, there must be a five day overlap of both drugs.
2. Achieve therapeutic INR  $\geq 2$  days prior to stopping the Heparin.
3. Obtain INR prior to initiating Warfarin.

#### Reversal of Heparin Anticoagulation:

1. Slow intravenous injection of Protamine 1% solution.
2. Dose: 1mg Protamine for every 100 units of heparin administered over the last 4 hours.

#### Perioperative Management of Heparin:

1. Discontinue Heparin 6 hours prior to surgery.
2. Reorder Heparin 12 hours after surgery (if there is no evidence of bleeding).

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## SPT Report to the SHD Board

9/28/2023

SWIMLANES	SUBCATEGORIES	General Summary	Updates
EMS Helicopter Landing Site		Emergency Medical Services Helicopter Landing Site (HLS) in lieu of a full Heliport is being incorporated into the design for transport of patients as needed to nearby hospital partners. The size and infrastructure for the HLS will be such that a Heliport approval could potentially be pursued in the future if desired.	Letter has been provided by the Office of the Sheriff / Emergency Services, deeming the SHD HLS a reasonable and prudent location for safe operation. This letter is being confirmed to be needed for submittal to Division of Aeronautics (DOA). Boldt/HGA's design is proceeding with inset lights, fencing, and lighted windsock & beacon on rooftop.
Harvest Plan		Sierra Timber Services (STS) was retained to prepare a Timber Harvesting Plan (THP) and associated Timberland Conversion permit (TCP). This is needed in order to clear trees as needed for the development, and will also be a component of the CEQA/NEPA analysis.	The blue heron chicks are getting big and are expected to fledge shortly. Contract with Licensed Timber Operator is being finalized, and we have notified Registered Forester, Biologist, and Earthwork Special Inspection & Materials Testing Consultant that work will start shortly.
Wildwood Easement		There is a potential need for easement across the SW corner of Wildwood in order to properly access the new site. Communications are ongoing with Wildwood for that and for an easement for emergency access only through the North-most drive of Wildwood.	No update from 8/31 BOD meeting re the existing easement, but noting that we anticipate bringing this back to BOD for input as soon as CPUD fire completes their review/sign-off. The easement approved by both SHD & PCCDC for potential work at Wildwood's SW corner for main access from Reynolds Rd to the planned new facility has been recorded. Design-Build Entity may have an alternate/more cost-effective solution but if that is the case we can later record a retraction of the easement.  The previously-discussed potential secondary emergency access/egress at the North (Meadow Lane) is not anticipated to be needed at this time...site plans have been submitted to the County with alternate secondary access/egress behind the clinic to Brentwood.

Financing	USDA Financing	A loan is being pursued from USDA to provide revenue-supported financing for the project.	Approval for loan amount less than requested was received. Communications are ongoing to better understand the reason for the discrepancy.
	Other Funding	Anticipating a combination of state/federal funds, Philanthropy and public support.	<p>Meeting on 9/25 to discuss grant opportunities.</p> <p>Additional architectural renderings have been completed (included in BOD package) and donor packets are being developed.</p> <p>No update on SB395 from 8/31 BOD meeting. SHD has applied for SB395 funding for reimbursement for the fee associated with development of the Criteria Documents (\$280k). We are awaiting feedback on the application. There will be future additional opportunities to apply for future funding under this legislature as well.</p>
Schedule		Certificate of Occupancy anticipated June 2026 followed by 2 months of staff/stock for first patient August 2026.	Due to the decision to push start of site grading to Spring 2024, schedule has been updated to reflect that change. Updated schedule and associated cashflow provided within BOD package.
Budget		Design-Build Entity Validation Phase cost model provided for 1/26/23 meeting. Project budget at \$72M.	<p>Construction costs are showing overruns to the tune of total at \$62M, but we are working to bring those back in line via the re-bid discussed at previous BOD meetings as well as via ongoing scope evaluation and DBE negotiations of costs/inclusions within the Validation Documentation. Goal remains at \$55.5M construction costs and overall Project Cost (including soft costs) of \$72M.</p> <p>Note that excluded from the above construction costs but included in the overall Project Cost is the construction of the Support Services building for which the team is finalizing criteria design and looking to bid to metal building companies this winter.</p>

Design			<p>With CPUD fire department recent changes, we are working to determine what entity will be reviewing site for fire control/access input. This information/confirmation of acceptance is needed for HCAI permit approval.</p> <p>Interiors design is proceeding with Construction Documents CD), and Core &amp; Shell designs remain with HCAI for 1st review. Building design interiors will go to HCAI in Nov/Dec.</p>
	Design Documentation	The Boldt Company with HGA Architects have been contracted as the project Design-Build Entity (DBE).	
	Medical Equipment Planning	Contract has been executed with Ross & Baruzzini (R&B), changing company name to Introba, for Medical Equipment Planning & Procurement services. They will be involved in the project through procurement with a decision at a later point if they will also provide installation management (cost defined within their contract as a potential additional service).	Equipment list/vendor review for CD phase occurred 9/1 and 9/5. Vendors for architecturally-significant equipment (ASE) have been selected and drawings and quotes are being finalized. We are working to arrange a meeting to begin to iron out the purchase order issuance process that will first be utilized for ASE and then carry forward to all of the medical equipment procurement.
Construction	Boldt Contract GMP	Due to timing of bidding during the busy Summer months, bid coverage has been very light, leading to recommendation to the BOD to push GMP development to end of Construction Documents.	A 95% Construction Drawing (CD) set is being developed for completion 10/16 with which Boldt will be bidding for development of a GMP for presentation to the BOD at November meeting.
	Site Construction Contract/Boldt Contract Modifications	Following Boldt's previous/unsuccessful work to obtain a site subcontractor, finding no available subs that also meet the Skilled & Trained State Design-Build workforce requirements, a bid has now been obtained and vetted. That, along with the schedule modifications have led to a need to propose changes to the structure of the Boldt contract to allow for dollars to shift from Construction line-items to design line-items, noting no change to total contract value.	Boldt has submitted a request for NTP inclusive of the grading subcontract in order to hold the bid/subcontractor for the anticipated Spring start of grading. Additionally, in lieu Boldt has submitted a request for NTP for additional design components, inclusive of Boldt staffing, fire sprinkler (previously-approved by BOD but not yet incorporated into a NTP), SWPPP document development, as well as resulting fee and bond/insurance costs. This is to be discussed in the "For Approval" segment of the meeting.

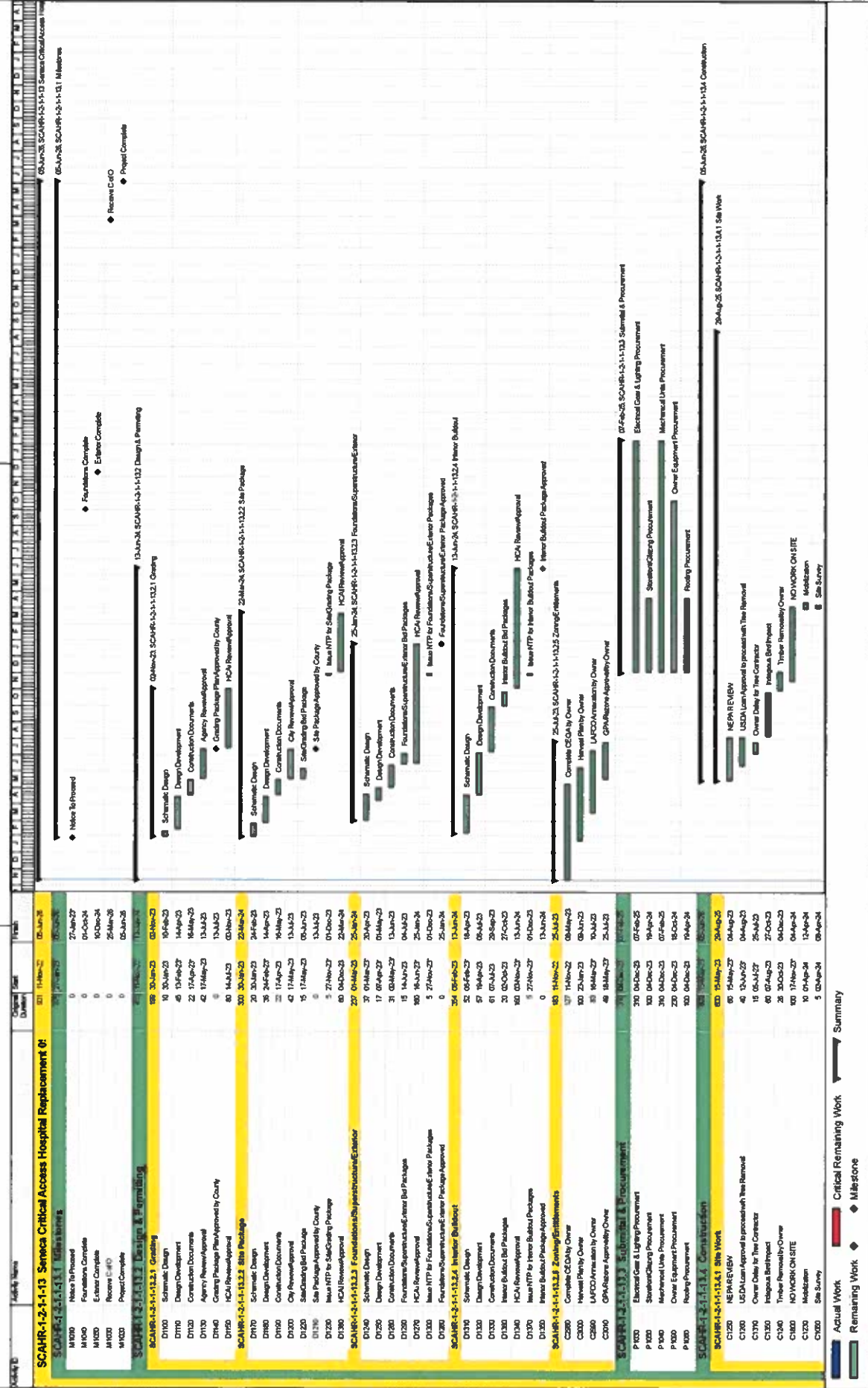


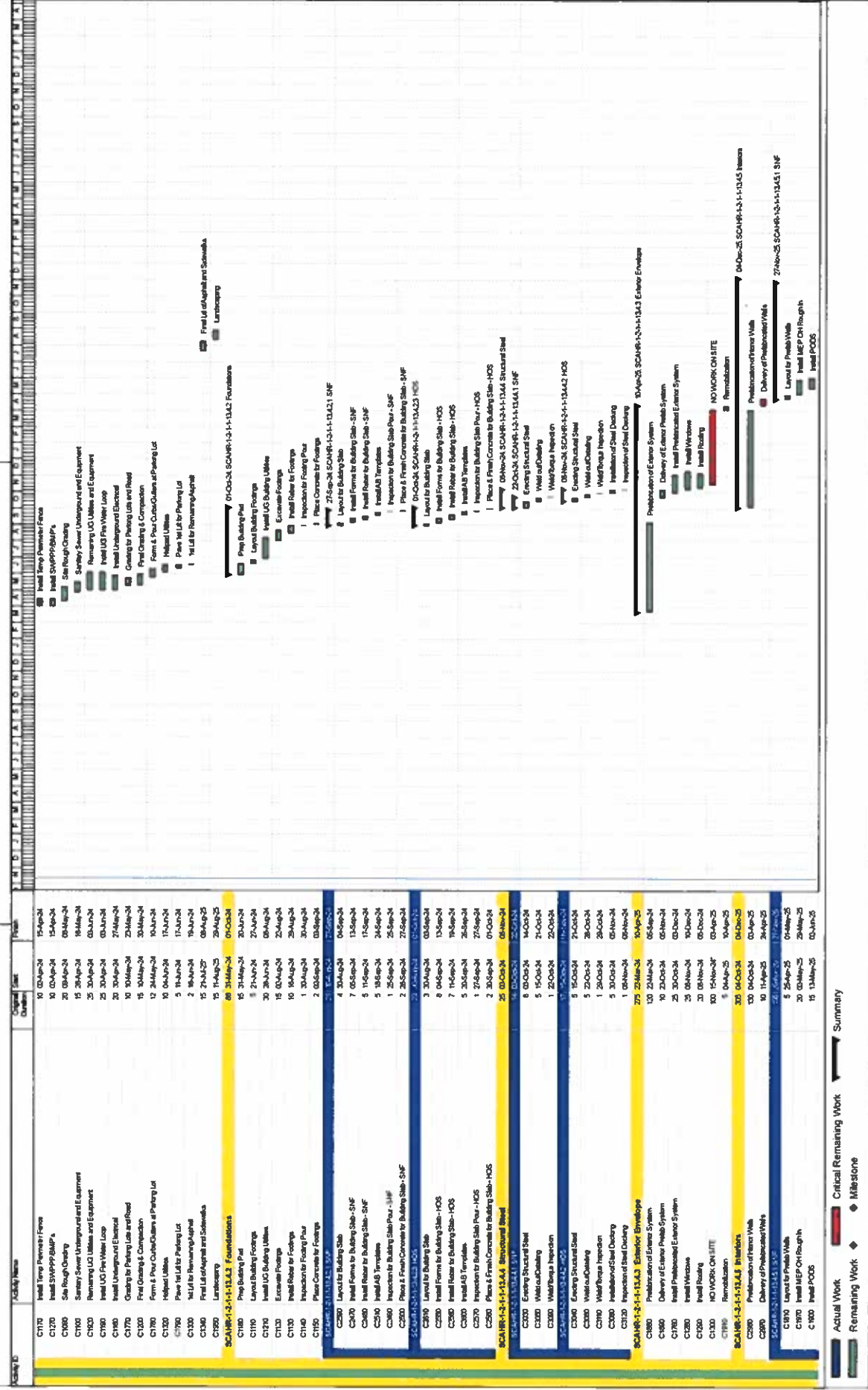
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/2112	11/1/2112	1/1/2113	3/1/2113	5/1/2113	7/1/2113	9/1/2113	11/1/2113	1/1/2114	3/1/2114	5/1/2114	7/1/2114	9/1/2114	11/1/2114	1/1/2115	3/1/2115	5/1/2115	7/1/2115	9/1/2115	11/1/2115	1/1/2116	3/1/2116	5/1/2116	7/1/2116	9/1/2116	11/1/2116	1/1/2117	3/1/2117	5/1/2117	7/1/2117	9/1/2117	11/1/2117	1/1/2118	3/1/2118	5/1/2118	7/1/2118	9/1/2118	11/1/2118	1/1/2119	3/1/2119	5/1/2119	7/1/2119	9/1/2119	11/1/2119	1/1/2120	3/1/2120	5/1/2120	7/1/2120	9/1/2120	11/1/2120	1/1/2121	3/1/2121	5/1/2121	7/1/2121	9/1/2121	11/1/2121	1/1/2122	3/1/2122	5/1/2122	7/1/2122	9/1/2122	11/1/2122	1/1/2123	3/1/2123	5/1/2123	7/1/2123	9/1/2123	11/1/2123	1/1/2124	3/1/2124	5/1/2124	7/1/2124	9/1/2124	11/1/2124	1/1/2125	3/1/2125	5/1/2125	7/1/2125	9/1/2125	11/1/2125	1/1/2126	3/1/2126	5/1/2126	7/1/2126	9/1/2126	11/1/2126	1/1/2127	3/1/2127	5/1/2127	7/1/2127	9/1/2127	11/1/2127	1/1/2128	3/1/2128	5/1/2128	7/1/2128	9/1/2128	11/1/2128	1/1/2129	3/1/2129	5/1/2129	7/1/2129	9/1/2129	11/1/2129	1/1/2130	3/1/2130	5/1/2130	7/1/2130	9/1/2130	11/1/2130	1/1/2131	3/1/2131	5/1/2131	7/1/2131	9/1/2131	11/1/2131	1/1/2132	3/1/2132	5/1/2132	7/1/2132	9/1/2132	11/1/2132	1/1/2133	3/1/2133	5/1/2133	7/1/2133	9/1/2133	11/1/2133	1/1/2134	3/1/2134	5/1/2134	7/1/2134	9/1/2134	11/1/2134	1/1/2135	3/1/2135	5/1/2135	7/1/2135	9/1/2135	11/1/2135	1/1/2136	3/1/2136	5/1/2136	7/1/2136	9/1/2136	11/1/2136	1/1/2137	3/1/2137	5/1/2137	7/1/2137	9/1/2137	11/1/2137	1/1/2138	3/1/2138	5/1/2138	7/1/2138	9/1/2138	11/1/2138	1/1/2139	3/1/2139	5/1/2139	7/1/2139	9/1/2139	11/1/2139	1/1/2140	3/1/2140	5/1/2140	7/1/2140	9/1/2140	11/1/2140	1/1/2141	3/1/2141	5/1/2141	7/1/2141	9/1/2141	11/1/2141	1/1/2142	3/1/2142	5/1/2142	7/1/2142	9/1/2142	11/1/2142	1/1/2143	3/1/2143	5/1/2143	7/1/2143	9/1/2143	11/1/2143	1/1/2144	3/1/2144	5/1/2144	7/1/2144	9/1/2144	11/1/2144	1/1/2145	3/1/2145	5/1/2145	7/1/2145	9/1/2145	11/1/2145	1/1/2146	3/1/2146	5/1/2146	7/1/2146	9/1/2146	11/1/2146	1/1/2147	3/1/2147	5/1/2147	7/1/2147	9/1/2147	11/1/2147	1/1/2148	3/1/2148	5/1/2148	7/1/2148	9/1/2148	11/1/2148	1/1/2149	3/1/2149	5/1/2149	7/1/2149	9/1/2149	11/1/2149	1/1/2150	3/1/2150	5/1/2150	7/1/2150	9/1/2150	11/1/2150	1/1/2151	3/1/2151	5/1/2151	7/1/2151	9/1/2151	11/1/2151	1/1/2152	3/1/2152	5/1/2152	7/1/2152	9/1/2152	11/1/2152	1/1/2153	3/1/2153	5/1/2153	7/1/2153	9/1/2153	11/1/2153	1/1/2154	3/1/2154	5/1/2154	7/1/2154	9/1/2154	11/1/2154	1/1/2155	3/1/2155	5/1/2155	7/1/2155	9/1/2155	11/1/2155	1/1/2156	3/1/2156	5/1/2156	7/1/2156	9/1/2156	11/1/2156	1/1/2157	3/1/2157	5/1/2157	7/1/2157	9/1/2157	11/1/2157	1/1/2158	3/1/2158	5/1/2158	7/1/2158	9/1/2158	11/1/2158	1/1/2159	3/1/2159	5/1/2159	7/1/2159	9/1/2159	11/1/2159	1/1/2160	3/1/2160	5/1/2160	7/1/2160	9/1/2160	11/1/2160	1/1/2161	3/1/2161	5/1/2161	7/1/2161	9/1/2161	11/1/2161	1/1/2162	3/1/2162	5/1/2162	7/1/2162	9/1/2162	11/1/2162	1/1/2163	3/1/2163	5/1/2163	7/1/2163	9/1/2163	11/1/2163	1/1/2164	3/1/2164	5/1/2164	7/1/2164	9/1/2164	11/1/2164	1/1/2165	3/1/2165	5/1/2165	7/1/2165	9/1/2165	11/1/2165	1/1/2166	3/1/2166	5/1/2166	7/1/2166	9/1/2166	11/1/2166	1/1/2167	3/1/2167	5/1/2167	7/1/2167	9/1/2167	11/1/2167	1/1/2168	3/1/2168	5/1/2168	7/1/2168	9/1/2168	11/1/2168	1/1/2169	3/1/2169	5/1/2169	7/1/2169	9/1/2169	11/1/2169	1/1/2170	3/1/2170	5/1/2170	7/1/2170	9/1/2170	11/1/2170	1/1/2171	3/1/2171	5/1/2171	7/1/2171	9/1/2171	11/1/2171	1/1/2172	3/1/2172	5/1/2172	7/1/2172	9/1/2172	11/1/2172	1/1/2173	3/1/2173	5/1/2173	7/1/2173	9/1/2173	11/1/2173	1/1/2174	3/1/2174	5/1/2174	7/1/2174	9/1/2174	11/1/2174	1/1/2175	3/1/2175	5/1/2175	7/1/2175	9/1/2175	11/1/2175	1/1/2176	3/1/2176	5/1/2176	7/1/217
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TAB

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CEO REPORT

Placeholder



**SENECA HEALTHCARE DISTRICT**  
**August 2023 CFO Report to Board of Directors**  
**September 28, 2023**

1. August 2023 Financial Report (see attached analysis)
2. USDA Update
3. FYE 6/30/24 Budget
4. Phase 4 Provider Relief Fund
5. LTC Billing Update
6. Private Pay Statements and Portal
7. Cerner Update

Seneca Healthcare District  
Financial Report Analysis  
August 31, 2023

Cash and Cash Equivalents-

	8/31/2023	7/31/2023	Increase/ (Decrease)
Operating Account	141,854.86	111,514.96	30,339.90
Payroll Account	24,303.01	351,097.49	(326,794.48)
Savings Account	308,270.96	308,250.59	20.37
LAIF Account	7,320,508.42	8,870,508.42	(1,550,000.00)
	7,794,937.25	9,641,371.46	(1,846,434.21)

Gross Patient Revenue-	AUGUST	JULY	JUNE	MAY
2023	1,985,177	2,221,666	1,864,555	2,087,320
2022	1,985,451	2,128,533	2,120,965	1,975,643

A/R Collections-	8/31/2023	7/31/2023	6/30/2023	Avg Monthly Collections Pre-Cerner
	1,245,574.11	776,014.81	813,743.36	1,160,519.00

Third Party A/R-	8/31/2023	7/31/2023	6/30/2023	5/31/2023
CPSI/Evident	206,650	1,577,075	2,119,347	2,779,180
Cerner (Days in A/R)	3,031,265 55.51	2,757,311	1,534,840	-

Long Term Care A/R-	8/31/2023	7/31/2023	6/30/2023	5/31/2023
CPSI/Evident	516,285	704,541	704,541	704,541
Cerner (Days in A/R)	767,446 84.75	527,088	271,929	-

Accounts Payable-	8/31/2023	7/31/2023	6/30/2023
	806,224.03	1,884,326.50	1,672,416.10

Significant Non-Reoccurring August 23 Expenditures-

Decrease in Accounts Payable	1,078,102.47
New Hospital Build- Schematic design	380,000.00
New Hospital Build- Schematic design	332,500.00
Total	1,790,602.47

# RR1

**Better  
Faster  
Stronger  
Together.**



**Seneca- August 2023 Revenue Cycle Performance & KPI**

Nicole Greene



# Executive Summary

## Key Initiatives

### Partnership



- Ongoing initiative between R1 and Client/Oracle to identify and resolve build or workflow issues

### Clean Claim Rate improvement



- Identify clean claim rate issues by identify and turning edits if necessary and reviewing workflow with coding and charge services.



# Client Scorecard- Aug MTD

Key Performance Indicators Aug MTD		UoM	Prior 3 Month Trend					Current Performance		
			Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Q3 2023 Targets	Status
Cash & Revenue	Total Gross Revenue	\$M	\$2.00	\$1.72	\$2.09	\$1.28	\$1.96	\$1.72		
	Total Cash Collected	\$M	\$1.02	\$0.75	\$1.13	\$0.01	\$0.28	\$0.72		
	Actual Daily Cash Per Business Day	\$M				\$0.00	\$0.01	\$0.02		
	Average Daily Revenue	\$K	\$64,048	\$60,525	\$63,038	\$49,432	\$56,883	\$56,424		
DNFB & Clean Claim Rate	Gross Collection Rate	%	59.0%	63.0%	59.0%	0.8%	14.0%	41.8%		
	Unbilled AR	Days	10.80	6.20	8.70	16.60	23.69	24.23		
	Unbilled AR less Standard Delay	Days				12.75	20.67	19.02		
A/R & Aging	Total AR	Days	64.3	74.6	70.7	25.7	48.5	55.8		
	Total Ins AR	Days				29.1	42.0	53.5	47.0	
	Total SP AR Days	Days				0.5	1.8	2.3		
	AR > 90 %	%	15%	13%	17%	0%	0%	0%		
	Insurance AR > 90 %	%	15%	13%	17%	0%	0%	0%	28%	
Cash Posting & Denials	SP AR > 120 %	%	56%	54%	59%	0%	0%	0%		
	Credit Balance	\$M				\$0.00	\$0.00	\$0.00		
	Credit Balance Days	Days	5.9	6.4	6.3	0.0	0.0	0.0	1.0	
	Full Denial Rate	%				1%	3%	9%		
	Full Denial Total	\$K	\$142,124	\$134,948	\$154,533	\$1,538	\$43,845	\$159,156		

# Client DNFB Scorecard- Aug EOM

ADR \$63,038 \$49,342 \$56,883

UOM	Jun-23	Jul-23 MTD	Aug-23
<b>DNFB</b>			
Bill Suppression Hold	\$ 211,378	547,194	460,909
Correction Required	\$ 12,944	33,909	-
Credit Balance - No Charges	\$ -	-	-
Held in Scrubber	\$ 210,760	275,520	269,353
Ready to Bill	\$ -	-	105,358
Standard Delay	\$ 188,415	171,672	296,295
Waiting for Coding	\$ 195,462	319,571	246,236
<b>Total Gross DNFB</b>	<b>\$ 818,958</b>	<b>1,347,864</b>	<b>1,378,151</b>
<b>Less Standard Delay</b>	<b>\$ 630,543</b>	<b>1,176,193</b>	<b>1,081,856</b>

DNFB Status Days	Jun-23	Jul-23 MTD	Aug-23
Bill Suppression Hold	Days 3.35	11.09	8.10
Correction Required	Days 0.21	0.69	-
Credit Balance - No Charges	Days -	-	-
Held in Scrubber	Days 3.34	5.58	4.74
Ready to Bill	Days -	-	1.85
Standard Delay	Days 2.99	3.48	5.21
Waiting for Coding	Days 3.10	6.48	4.33
<b>Total Gross DNFB</b>	<b>Days 12.99</b>	<b>27.32</b>	<b>24.23</b>
<b>DNFB Less Standard Delay</b>	<b>Days 10.00</b>	<b>23.84</b>	<b>19.02</b>

# Claims Processing

## Aug 2023- Clean Claim Rate – All Stops

Clean Claim Rate



60.6%

NGO		
Total Claims Volume: 1855 Value: \$3.5M	Total Claims Stopped Volume: 721 Value: \$2.1M	Total Claims Billed Volume: 1124 Value: \$1.4M
		Clean Claim Rate 60.6%

## Slide 5

NG0

HOSP: There were 629 hospital claims that hit an edit in SSI during August. Of those, 139 erroneously hit "possible duplicate" and "possible overlap" errors, which have since been turned off in SSI. The secondPHYS:

There were 71 physician claims that hit an edit in SSI during August. Of those, 11 erroneously hit "possible duplicate" and "possible overlap" errors, which have since been turned off in SSI.

Nicole Greene, 2023-08-29T16:21:39.064

# Claims Processing

## Top 5 Edits/Rejections

Edit Number	Description	# of Occurrence	# of Claims
135763	WARNING: POSSIBLE OVERLAP SITUATION. REVIEW CLAIMS FOR POSSIBLE COMBINE ACCOUNTS NEEDED FOR BILLING. ACCOUNT NUMBER: 300000939, 300000991	106	106
9074	*** PROVIDER CARRIER EDIT *** [VERSION 06/16/2023] WARNING: IF IDENTICAL SERVICES (CPT/HCPCS/MODIFIERS) ARE BILLED FOR THE SAME DATE OF SERVICE, THEY ARE CONSIDERED DUPLICATE BILLINGS AND ONLY ONE SERVICE WILL BE REMBURSED. IF SERVICE IS LEGITIMATELY RENDERED MORE THAN ONCE ON THE SAME DATE OF SERVICE, THEN REMARKS/NOTE TEXT OR ATTACHMENT IS REQUIRED TO DOCUMENT THE REASON. LOOPS/SEGMENTS 2400 SV202, 2300 NTE *** CARRIER LEVEL EDIT *** [VERSION 05/31/2023]	44	22
4820	WARNING - THE FOLLOWING CLAIM SHAVE A DUPLICATE CLAIM PROBLEM. 30000596 *** PROVIDER EDIT *** [VERSION 07/07/2023]	33	33
26389	IF PRIMARY SOURCE OF PAY CODE IS (D), THEN THE SECONDARY OR THE TERTIARY PAYOR CANNOT BE THE SAME. *** GENERIC EDIT *** [VERSION 06/19/2023]	31	31
89463	IF PRIMARY SOURCE OF PAYMENT CODE = D, THEN SECONDARY SOURCE OF PAYMENT CODE MUST BE BLANK. (MEDICAD IS THE PAYER OF LAST RESORT, NO OTHER INSURANCE MAY BE SECONDARY TO MEDICAD) *** HPAA ANSI/Generic EDIT *** [VERSION 07/05/2023] SOURCE =	31	31

Edit has been turned off

R1 will send SSR info to turn off edit based on coding working session

Edit has been turned off

SR has since been completed - related to RAPs claims; No longer an issue

SR has since been completed - related to RAPs claims; No longer an issue

# Denials UB & 1500

## 2023 Trending-6 Month Trend

### Full Denials

Denial Categories	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Additional Info Needed	\$-	\$-	\$-	\$-	\$21,814	\$-
Benefits	\$-	\$-	\$-	\$-	\$1,659	\$6,145
Billing Submission Errors	\$-	\$-	\$-	\$-	\$2,067	\$37,912
Bundling	\$-	\$-	\$-	\$-	\$4,710	\$37,122
Coding- DX	\$-	\$-	\$-	\$-	\$360	\$204
Coding Modifier	\$-	\$-	\$-	\$-	\$482	\$3,579
COB	\$-	\$-	\$-	\$-	\$1,987	\$8,164
Duplicate	\$-	\$-	\$-	\$-	\$113	\$4,081
Medical Necessity	\$-	\$-	\$-	\$-	\$521	\$6,898
Non-Covered Services	\$-	\$-	\$-	\$80	\$5,414	\$25,283
Registration/Eligibility	\$-	\$-	\$-	\$1,458	\$4,509	\$29,770
<b>Total Gross Denied</b>	<b>\$142,124</b>	<b>\$-</b>	<b>\$-</b>	<b>\$1,538</b>	<b>\$43,636</b>	<b>\$159,156</b>
<b>Total Gross Charges</b>	<b>\$1,995,756</b>	<b>\$1,716,459</b>	<b>\$2,087,320</b>	<b>\$2,087,320</b>	<b>\$1,282,897</b>	<b>\$1,722,969</b>
<b>Denial %</b>	<b>7.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>	<b>3.4%</b>	<b>9.2%</b>

# Denials

## Top Monthly Denials & Mitigation Strategies

Denial Group	Weekly/Monthly Denial Dollars	Volume	Top Payers	CARC/PRARC	Additional Details/Root Cause/Resolution
Billing Submission Errors	\$38K	87	BCBS Partnership Health Plan	129- pmt denied prior process info incorrect 5- proc cd/ bill type inconsistent with POS	<p>*Claim was denied as Proc cd/bill type inconsistent w/POS. Upon checking in CPM found all the claims was submitted with TOB 131. As this is emergency visit claim needs to resubmit with TOB 141.</p> <p>*Claim was denied as 129 - Pmt denied-Prior process info incorrect. Upon checking in EOB found claim was denied as non covered charges for CPT 36415. As per SOP update, we can adjust these charges with alias code 2152.</p>
Bundling	\$37K	190	BCBS/MCR	97- PMT included in allow for other sev/proc	<p>Claim was denied as Proc code incidental to primary proc. Need to call payer and check the primary procedure code which was denied as inclusive. We can either file a corrected claim with appropriate modifier to unbundle the service or file an appeal.</p>
Registration/Eligibility	\$29.7K	75	UHC/ GEHA	27-Expenses incurred after coverage termed 811- claim/svvc sent to proper payer/ processor	<p>*Claim was denied as Clm/svc sent to proper payer/processor. On further review found claim was submitted to incorrect payer. Upon checking eligibility patient have other insurance as primary. Claim was submitted to appropriate primary payer.</p> <p>*Claim was denied as Expenses incurred after coverage termed. On further review found claim was denied as patient have no coverage for the DOS. Need to verify COB info, To submit the claims to appropriate primary/active payer.</p>
Non-Covered Services	\$25.2K	220	MCR/ BCBS	96- Non-Covered	<p>*Claim was denied as Non-covered charges. Upon checking in CPM found claim billed as non covered charges. Claim needs to be adjusted off with alias code 3426.</p> <p>*Claim was partially paid, and the rest was processed towards coinsurance. Need to bill the balance to sec if any or else bill patient.</p> <p>*Claim was denied as Statutorily excluded service(s) for procedure code A9270 billed with GY modifier. As per SOP update, we can adjust these charges with alias code 3426.</p> <p>*Claim was partially paid, and the rest was processed towards copayment. Need to bill the balance to sec if any or else bill patient.</p>



**Aged Trial Balance Aug 23 EOM compared to July 23 EOM**



# Adjustments

Adjustment Sub Type	Jun-23	Jul-23
Contractual Allowance Adjustment	(\$5,069)	(\$200,987)
Courtesy Adjustment	(\$195)	(\$109)
Discount Adjustment	(\$35)	(\$233)
Provider Adjustment	\$70	(\$760)
Payment Adjustment		(\$9)
Charity Adjustment		(\$27,514)
Total Adjustments	-\$5,229	-\$229,613

# Payer Charge Mix

Rev by Primary HP FC	Jun-23	Jul-23	Aug-23
Blue Cross	\$237,881	\$350,198	\$277,596
Commercial	\$117,939	\$190,718	\$129,498
Indian Beneficiary	\$5,195		
Medicaid	\$11,488	\$22,198	\$896
Medicaid HMO	\$90,720	\$206,190	\$239,725
Medi-Cal	\$94,316	\$60,106	\$32,638
Medicare	\$572,724	\$868,963	\$801,165
Medicare Advantage	\$54,826	\$57,508	\$37,067
Self Pay	\$41,879	\$118,732	\$100,743
Veterans Administration	\$29,028	\$37,332	\$61,581
Worker's Compensation	\$26,855	\$44,847	\$37,024
(blank)	\$46	\$2,665	\$5,037
<b>TOTAL</b>	<b>\$1,282,897</b>	<b>\$1,959,458</b>	<b>\$1,722,969</b>

# Self Pay

Self Pay	Jun-23	Jul-23	Aug-23 MTD
Average Daily Revenue	49,342	56,883	56,424

## Statement Cycle Dunning Level

Collections # 1	\$-	\$-	\$-
Normal # 1	\$-	\$-	\$-
Normal # 2	\$-	\$-	\$93,551
Normal # 3	\$-	\$-	\$-
(blank)	\$26,696	\$99,579	\$35,568
Statement Cycle Dollars	26,696	99,579	129,120

Collections # 1	-	-	-
Normal # 1	-	-	-
Normal # 2	-	-	1.66
Normal # 3	-	-	-
(blank)	0.54	1.75	0.63
Self Pay Days	0.54	1.75	2.29

# Appendix

**R1<sup>®</sup>**



# Appendix: Calculations/Source/Target Calculations

Metric	Unit of Measure	Source	Calculation/Definition	Target Calculation
Gross Revenue	Dollars	Weekly/EOM RevWorks NOW Report (Charges)	Total for specified time period	90 day average
Cash Collections	Dollars	Weekly/EOM RevWorks NOW Report (Payments)	Total for specified time period	102% of 90 day average
Clean Claim Rate	Percentage	Revenue Manager CCR Report	Total error claims divided by total claims uploaded	HFMA Benchmark
Average Daily Revenue	Dollars	Weekly/EOM RevWorks NOW Report (Charges)	Total of 90 days charges divided by 90	90 day average
Gross Collections	Percentage	Calculated with other totals	Total current month payments divided by total current month charges	102% of 90 day average
Unbilled AR	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges divided by current ADR	7 days (HFMA Benchmark + Standard Delay)
Unbilled Less Standard Delay	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges (excluding Standard Delay) divided by current ADR	4 days (HFMA Benchmark)
Waiting for Coding	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total unbilled charges (in any coding category) divided by current ADR	4 days (HFMA Benchmark)
Total AR Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balance (all payers, including credit balances) divided by current ADR	50 Days
Total Ins AR Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total Ins balance (all payers, including credit balances) divided by current ADR	45 Days (Set by Wray Leadership)
Ins AR > 90	Percentage	Weekly/EOM RevWorks NOW Report (EATB)	Total Ins balance of all payers aged 90+ that are within the R1 Scope divided by total Ins AR balance	HFMA Benchmark
Credit Balances \$	Dollars	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balances with balance type of Credit	1 x current ADR
Credit Balance Days	Days	Weekly/EOM RevWorks NOW Report (EATB)	Total AR balances with balance type of Credit divided by current ADR	Set by Leadership
Initial Denial Rate	Percentage	Weekly/EOM RevWorks NOW Report (Denials)	Total (mapped) MTD denied dollars (excluding Information Only, Provider Liability, Patient Liability) divided by current month charges	HFMA Benchmark
Total Denials	Dollars	Weekly/EOM RevWorks NOW Report (Denials)	Total (mapped) MTD denied dollars (excluding Information Only, Provider Liability, Patient Liability)	5% of current month charges

# Appendix: Status Legend

Unit of Measure (UoM)			
\$	1% -/+ of Target	>1% -/+ of Target	>5% -/+ of Target
Days	1 Day -/+ of Target	> 1 Day -/+ of Target	>3 Days -/+ of Target
%	1% -/+ of Target	>1% -/+ of Target	>5% -/+ of Target



# Rough Draft-Ops Benchmarks

Back to Index	Metric	Type	Target	Good	Better	Best	Comment
Cash & Revenue	Total Gross Revenue	SM	AVG Prior Year				Adj monthly seasonality, data unavailable use avg prior 3 mos
	Total Cash Collected	SM	AVG Prior Year				Adj monthly seasonality, data unavailable use avg prior 3 mos
	Gross Collection Rate	%	AVG Prior Year				Adj monthly seasonality, data unavailable use avg prior 3 mos
	Net Collection Rate	%	AVG Prior Year				Adj monthly seasonality, data unavailable use avg prior 3 mos
DNFB	Unbilled AR	Days	< 6 AR Days	6	5	4	
	Unbilled AR less Standard Delay	SM					Calculated Metric Days = ADR
	Standard Delay	Days	< 3 AR Days	3	2	1	
	Unbilled AR less Standard Delay	SM					Calculated Metric Days = ADR
	Coding WIP	Days	< 1 AR Day	1	0.8	0.5	
	Coding WIP Held in Scrubber	SM					Calculated Metric Days = ADR
	Standard Delay	Days	< 1 AR Day	1	0.8	0.5	
	Standard Delay Held in Scrubber	SM					Calculated Metric Days = ADR
	Correction Required	Days	< 0.5 AR Days	0.5	0.4	0.3	
	Correction Required Standard Delay	SM					Calculated Metric Days = ADR
	Standard Delay	Days	< 4 AR Days	3	2	1	
	Standard Delay Held in Scrubber	SM					Calculated Metric Days = ADR
A/R & Aging	Suppression Hold	Days	< 1 AR Day	2	1.5	1	
	Suppression Hold Ready to Bill	SM					Calculated Metric Days = ADR
	Ready to Bill	Days	< 0.5 AR Days	0.5	0.4	0.3	
	Total Payer AR	SM					Calculated Payer AR = AR > 90
	Total Payer AR > 90	SM					
	Total AR > 90 (incl SP)	%	< 22%	22%	21%	20%	
	Total AR > 90 (excl SP)	%	< 18%	18%	17%	16%	
	Total AR > 180	%	< 5%	5%	5%	4%	
	Total AR > 365	%	< 2%	2%	2%	1%	
	AR Days (incl SP)	Days	< 50.0 AR Days	49	45	42	
	AR Days (excl SP)	Days	< 43.0 AR Days	41	38	35	
	R1-owned Work Items Last touch > 30	%					
Cash Posting & Denials	Credit Balance	Days	< 1.0 AR Days	1	0.8	0.5	
	Initial Denial Rate	%	< 10%	10%	8%	5%	
	Tech Denial	SM	< 1%				Calculated % = Gross Charges
	Total Insurance Payments	SM					
Payments & Adjustments	Total Self Pay Payments	SM					
	Contractual Adjustments Avoidable	SM					
	Adjustments	SM					
	Other Adjustments	SM					
Clearing House	Clean claim	%	> 85%	0.9	0.9	1	Exclude Warnings

## What is California CLASS?

California Cooperative Liquid Assets Securities System (California CLASS) is a joint exercise of powers entity authorized under Section 6509.7, California Government Code. California CLASS is a pooled investment option that was created via a joint exercise of powers agreement by and among California public agencies. California CLASS offers public agencies a convenient method for investing in highly liquid, investment-grade securities carefully selected to optimize interest earnings while maximizing safety and liquidity. The California CLASS Prime and Enhanced Cash funds offer public agencies the opportunity to strengthen and diversify their cash management programs in accordance with the safety, liquidity, and yield hierarchy that provides the framework for the investment of public funds.

## How is it governed and managed?

California CLASS is overseen and governed by a Board of Trustees. The Board is made up of public agency finance professionals who participate in California CLASS and are members of the Joint Powers Authority (JPA). The Board of Trustees has entered into an Investment Advisor and Administrator Agreement with Public Trust Advisors, LLC. Public Trust is responsible to the Board for all program investment and administrative activities as well as many of the services provided on behalf of the Participants.

## How can we participate?

Enrolling in California CLASS is simple. Public agencies may become Participants simply by filling out the Participant Registration Form that can be found in the document center on the California CLASS website. Public agencies may submit the completed registration packet to California CLASS Client Services for processing at [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com). To obtain account forms and fund documents, visit [www.californiaclass.com/document-center/](http://www.californiaclass.com/document-center/).

## Endorsed By:



LEAGUE OF  
**CALIFORNIA  
CITIES**

[www.calcities.org](http://www.calcities.org)



**California Special  
Districts Association**  
*Districts Stronger Together*

[www.csda.net](http://www.csda.net)

## Participants benefit from the following:

- Same-day availability of funds in Prime Fund (11:00 a.m. PT cut-off)
- Deposits by wire or ACH
- Ratings of 'AAAm' & 'AAAf/S1'
- Prime fund transacts at stable NAV
- Portfolio securities marked-to-market daily
- Secure online access for transactions and account statements
- No withdrawal notices for Prime Fund
- Participant-to-Participant transactions
- Interest accrues daily and pays monthly
- No maximum contributions
- No minimum balance requirements
- No transaction fees\*
- Annual audit conducted by independent auditing firm\*\*
- Dedicated client service representatives available via phone or email on any business day

\*You may incur fees associated with wires and/or ACH transactions by your bank, but there will be no transaction fees charged from California CLASS for such transactions.

\*\*External audits may not catch all instances of accounting errors and do not provide an absolute guarantee of accuracy.



# California CLASS

## What are the objectives of California CLASS?

### Safety

The primary investment objective of the California CLASS Prime fund is preservation of principal. Both California CLASS portfolios are managed by a team of investment professionals who are solely focused on the management of public funds nationwide. The custodian for California CLASS is U.S. Bank, N.A.

### Liquidity

When you invest in the California CLASS Prime fund, you have access to your funds on any business day. You must notify California CLASS of your funds transaction requests by 11:00 a.m. PT via the internet or phone. There are no withdrawal notices for the daily-liquid California CLASS Prime fund. Enhanced Cash is a variable NAV fund that provides next-day liquidity and a one-day notification of withdrawal.

### Competitive Returns

California CLASS strives to provide competitive returns while adhering to the objectives of safety and liquidity. Participants benefit from the investment expertise and institutional knowledge provided by the team of Public Trust professionals. Portfolio performance is strengthened by the extensive knowledge of California public agency cash flows that the Public Trust team possesses.

### Ease of Use

To make cash management streamlined and efficient, California CLASS includes many features that make it easy to access account information and simplify record keeping. Participants can transact on any business day using the California CLASS phone number (877) 930-5213, fax number (877) 930-5214, email [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com) or via the California CLASS Online Transaction Portal at [www.californiaclass.com](http://www.californiaclass.com).

### Flexibility

You may establish multiple California CLASS subaccounts. You will receive comprehensive monthly statements that show all of your transaction activity, interest accruals, and rate summaries. These statements have been specifically designed to facilitate public sector fund accounting and to establish a clear accounting and audit trail for your records.

### Legality

California CLASS only invests in securities permitted by California State Code Section 53601; permitted investments are further restricted to those approved by the Board of Trustees as set forth in the California CLASS Investment Policies.

**Have Questions?** Contact us or visit [www.californiaclass.com](http://www.californiaclass.com) for more information.



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**Rodrigo Bettini**

Director, Investment Services  
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(813) 820-0703

Any financial and/or investment decision should be made only after considerable research, consideration, and involvement with an experienced professional engaged for the specific purpose. Past performance is not an indication of future performance. Any financial and/or investment decision may incur losses. Please see the Information Statement for further details on the fee calculation and other key aspects about California CLASS. California CLASS Prime is rated 'AAAm' by S&P Global Ratings. A 'AAAm' rating by S&P Global Ratings is obtained after S&P evaluates a number of factors including credit quality, market price exposure, and management. For a full description on rating methodology, please visit [www.spglobal.com](http://www.spglobal.com). California CLASS Enhanced Cash is rated by 'AAAI/SI' by FitchRatings. The 'AAAI' rating is Fitch's opinion on the overall credit profile within a fixed-income fund/portfolio and indicates the highest underlying credit quality of the pool's investments. The 'SI' volatility rating is Fitch's opinion on the relative sensitivity of a portfolio's total return and/or net asset value to assumed changes in credit spreads and interest rates. The 'SI' volatility rating indicates that the fund possesses a low sensitivity to market risks. For a full description on rating methodology, please visit [www.fitchratings.com](http://www.fitchratings.com). Ratings are subject to change and do not remove credit risk.



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## California CLASS Registration Packet



## Welcome to California CLASS

Thank you for choosing California CLASS!

We believe you have made a sound financial decision in choosing California Cooperative Liquid Assets Securities System (California CLASS). We look forward to being a trusted partner to your organization and its investment management goals and are excited to connect with you to make your investment process a positive, easy experience.

This packet contains all the materials necessary to set up your California CLASS account(s). If you have any questions about the registration process or about your California CLASS account(s), please do not hesitate to contact us. The California CLASS Client Service team can be reached any business day from 8:00 a.m. to 4:00 p.m. PT by phone at (877) 930-5213 or by email at [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com).

## Registration Procedures

**To participate in California CLASS, please complete the following:**

- 1) Review the Joint Exercise of Powers Agreement and the applicable Information Statements relating to the California CLASS Prime Fund and the Enhanced Cash Fund (located in the Document Center at [www.californiaclass.com](http://www.californiaclass.com)).
- 2) Complete the California CLASS Participant Representation Form (page 4).
- 3) Complete the Participant Registration (page 5).
- 4) Complete the Authorized Contacts Form (pages 6/7).
- 5) Should you be interested in participating in California CLASS Prime, complete the California CLASS Prime Fund Account(s) to be Established form; you may open as many accounts as you wish (page 8).
- 6) Should you be interested in participating in California CLASS Enhanced Cash, complete the California CLASS Enhanced Cash Fund Account(s) to be Established Form; you may open as many accounts as you wish (page 9).
- 7) Keep the original forms for your records and send the completed packet to the California CLASS Client Service team by fax (877) 930-5214 or by email [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com).

**Questions? Please contact us; we would love to hear from you:**

California CLASS Client Service Team

T (877) 930-5213

[clientservices@californiaclass.com](mailto:clientservices@californiaclass.com)

Through the California CLASS website, [www.californiaclass.com](http://www.californiaclass.com), Participants will be regularly informed of important program information, holidays, upcoming Board meetings, Participant events, conferences, and more. Board of Trustee meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the California CLASS program.

## Participant Representation Form

### Participant Information

Entity Name (Participant) \_\_\_\_\_

### Participant Representations

The undersigned Authorized Signer for the Participant hereby represents and warrants the following during the period the Participant is investing in the California CLASS Investment Program:

- The Participant is (1) a Public Agency (as defined in the Joint Exercise of Powers Agreement) and (2)(a) a political subdivision of the State of California or (b) an organization whose income is excluded from taxable gross income under Section 115 of the Internal Revenue Code, in each case, that has the authority to invest funds in its treasury in investments in accordance with Section 53601 of the California Government Code.
- The Participant is authorized to invest in the California CLASS.
- Any Authorized Signer for the Participant designated in this California CLASS Registration Packet has full power and authority to make investments for the above Participant in the California CLASS Investment Program unless the California CLASS receives written notice from the Participant otherwise.
- The Participant has reviewed and agrees to the limitations described in the Joint Exercise of Powers Agreement and the Information Statements for the Funds within the California CLASS Investment Program and acknowledges that it has been supplied with or been given access to information it requested in connection with making an investment in the California CLASS Investment Program.
- The Participant has reviewed the Investment Policies for the Funds within the California CLASS Investment Program and has determined that they are consistent with the legal and policy limitations applicable to the Participant's investments.
- The Participant has consulted with its own counsel and advisers as to all matters concerning investment in the California CLASS Investment Program.

### Authorized Signer

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**



## Participant Registration

### Entity Information

Entity Name (Participant) \_\_\_\_\_

Entity Type: ☐ City/Town ☐ County ☐ School District ☐ Special District  
☐ Other (Specify) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Physical Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Tax ID \_\_\_\_\_ Fiscal Year End Date (Month/Day) \_\_\_\_\_

California CLASS is hereby authorized to honor any telephone, faxed, or electronic request believed to be authentic for withdrawal of funds. The withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each Participant is responsible for notifying California CLASS of any changes to its account by filling out and sending via mail or email the Forms available on the California CLASS website.

Wires will be distributed every hour with the final distribution ending at 11:00 a.m. PT; distribution times are subject to change as needed by the California CLASS Administrator. Additionally, California CLASS must be notified of any contributions by 11:00 a.m. PT to receive same day credit. **If funds are not received by 2:00 p.m. PT, contribution orders will be voided.**

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

☐ Wire ☐ ACH ☐ Both

### Additional Banking Information (Optional)

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

☐ Wire ☐ ACH ☐ Both

## Authorized Contacts

Authorized Signers Can:	Read-Only Users Can:
Approve changes to the Investor Profile Update banking/contact information Transfer funds Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

### Authorized Signer

Print First and Last Name

Title

Signature Required

Phone

Email

Fax

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

\*(Signature Required if Authorized Signer)

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

\*(Signature Required if Authorized Signer)

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations



## Authorized Contacts (cont.)

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
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#### Email Notifications (notice of report availability in the online portal)

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- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

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Email

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- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations





Entity Name (Participant): \_\_\_\_\_

(To be completed by Participant)

[illegible]

Once your California CLASS account has been established, you will receive a confirmation email with your login credentials from [no-reply@californiaclass.com](mailto:no-reply@californiaclass.com). If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the California CLASS Client Service team.



## California CLASS Enhanced Cash Fund Account(s) to be Established

Entity Name (Participant): \_\_\_\_\_

Desired Subaccount Name(s)\*:

(To be completed by Participant)

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California CLASS Enhanced Cash is designed to complement the daily liquidity offered by the California CLASS Prime portfolio.

**Enhanced Cash does not seek to maintain a stable net asset value (NAV) and does not offer daily liquidity.** Unlike the Prime Fund, investing in Enhanced Cash introduces the potential for the reporting of unrealized and realized gains and losses.

If you have questions about which of your local government's funds are appropriate for the California CLASS Enhanced Cash portfolio, please contact your California CLASS representative or email [info@californiaclass.com](mailto:info@californiaclass.com).

\*Name must be limited to 35 characters.

Once your California CLASS account has been established, you will receive a confirmation email with your login credentials from [no-reply@californiaclass.com](mailto:no-reply@californiaclass.com). If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the California CLASS Client Service team.

## Registration Procedures

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- The Participant is authorized to invest in the California CLASS.
- Any Authorized Signer for the Participant designated in this California CLASS Registration Packet has full power and authority to make investments for the above Participant in the California CLASS Investment Program unless the California CLASS receives written notice from the Participant otherwise.
- The Participant has reviewed and agrees to the limitations described in the Joint Exercise of Powers Agreement and the Information Statements for the Funds within the California CLASS Investment Program and acknowledges that it has been supplied with or been given access to information it requested in connection with making an investment in the California CLASS Investment Program.
- The Participant has reviewed the Investment Policies for the Funds within the California CLASS Investment Program and has determined that they are consistent with the legal and policy limitations applicable to the Participant's investments.
- The Participant has consulted with its own counsel and advisers as to all matters concerning investment in the California CLASS Investment Program.

### Authorized Signer

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.



## Participant Registration

### Entity Information

Entity Name (Participant) \_\_\_\_\_

Entity Type: ☐ City/Town ☐ County ☐ School District ☐ Special District  
☐ Other (Specify) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Physical Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Tax ID \_\_\_\_\_ Fiscal Year End Date (Month/Day) \_\_\_\_\_

California CLASS is hereby authorized to honor any telephone, faxed, or electronic request believed to be authentic for withdrawal of funds. The withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each Participant is responsible for notifying California CLASS of any changes to its account by filling out and sending via mail or email the Forms available on the California CLASS website.

Wires will be distributed every hour with the final distribution ending at 11:00 a.m. PT; distribution times are subject to change as needed by the California CLASS Administrator. Additionally, California CLASS must be notified of any contributions by 11:00 a.m. PT to receive same day credit. **If funds are not received by 2:00 p.m. PT, contribution orders will be voided.**

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

☐ Wire ☐ ACH ☐ Both

### Additional Banking Information (Optional)

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

☐ Wire ☐ ACH ☐ Both

## Authorized Contacts

Authorized Signers Can:	Read-Only Users Can:
Approve changes to the Investor Profile Update banking/contact information Transfer funds Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

### Authorized Signer

Print First and Last Name

Title

**Signature Required**

Phone

Email

Fax

**Email Notifications** (notice of report availability in the online portal)

- ☐ Monthly Statements  
☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

**Permissions** (check one only)

- ☐ Authorized Signer to Move Funds\*  
☐ Read-Only Access

**Email Notifications** (notice of report availability in the online portal)

- ☐ Monthly Statements  
☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

**Permissions** (check one only)

- ☐ Authorized Signer to Move Funds\*  
☐ Read-Only Access

**Email Notifications** (notice of report availability in the online portal)

- ☐ Monthly Statements  
☐ Transaction Confirmations

## Authorized Contacts (cont.)

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

#### Permissions (check one only)

- ☐ Authorized Signer to Move Funds\*
- ☐ Read-Only Access

#### Email Notifications (notice of report availability in the online portal)

- ☐ Monthly Statements
- ☐ Transaction Confirmations

## California CLASS Prime Fund Account(s) to be Established

Entity Name (Participant): \_\_\_\_\_

Desired Subaccount Name(s)\*:

(To be completed by Participant)

[illegible]

\*Name must be limited to 35 characters.

Once your California CLASS account has been established, you will receive a confirmation email with your login credentials from [no-reply@californiaclass.com](mailto:no-reply@californiaclass.com). If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the California CLASS Client Service team.





## California CLASS Enhanced Cash Fund Account(s) to be Established

Entity Name (Participant): \_\_\_\_\_

Desired Subaccount Name(s)\*:

(To be completed by Participant)

California CLASS Enhanced Cash is designed to complement the daily liquidity offered by the California CLASS Prime portfolio.

**Enhanced Cash does not seek to maintain a stable net asset value (NAV) and does not offer daily liquidity.** Unlike the Prime Fund, investing in Enhanced Cash introduces the potential for the reporting of unrealized and realized gains and losses.

If you have questions about which of your local government's funds are appropriate for the California CLASS Enhanced Cash portfolio, please contact your California CLASS representative or email [info@californiaclass.com](mailto:info@californiaclass.com).

\*Name must be limited to 35 characters.

Once your California CLASS account has been established, you will receive a confirmation email with your login credentials from [no-reply@californiaclass.com](mailto:no-reply@californiaclass.com). If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the California CLASS Client Service team.



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## **Investment Policy for the Prime Fund**

**June 17, 2022**

# INVESTMENT POLICY FOR THE CALIFORNIA CLASS PRIME FUND

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## Introduction

The purpose of this Investment Policy for the California CLASS Prime Fund (Prime Fund) is to describe the investment objectives, policies and restrictions for the Prime Fund, which is one of the funds within the California CLASS Investment Program offered by the California Cooperative Liquid Assets Securities System, doing business as the California CLASS (California CLASS). Reference is made to the Information Statement for the Prime Fund (Information Statement) for additional information relating to the Prime Fund and the California CLASS. Capitalized terms not otherwise defined herein shall have the meanings set forth in the Information Statement.

As set forth in Section 53601 of the California Government Code, the legislative body of a local agency having moneys in a sinking fund or moneys in its treasury not required for the immediate needs of the local agency may invest any portion of the money that it deems wise or expedient in the investments described in Section 53601. However, the California Government Code limits the amount of surplus money of a local agency that may be invested in such investments. Each Participant is responsible for monitoring the aggregate amount of its investments in any of these types of investments to ensure its own compliance with the California Government Code. Moreover, each Participant is responsible for ensuring compliance with its own internal policies and restrictions on investments. None of the California CLASS, the Administrator, the Investment Advisor, the Custodian or any other agents of the California CLASS shall be responsible for such monitoring or compliance.

## Prime Fund Investment Objectives

The general objective of the Prime Fund is to generate additional investment income for the Participants while maintaining safety and liquidity. The Prime Fund is managed by the California CLASS to comply with the requirements of California law, specifically California Government Code Section 53601.

The Prime Fund is managed by the California CLASS to offer a safe, convenient, and daily liquid investment option for Participants. As described below, the investment objectives of the Prime Fund are to preserve principal, provide daily liquidity, earn a competitive rate of return, and maintain a stable Net Asset Value (NAV) of \$1.00.

The California CLASS has established that the Prime Fund will have a maximum dollar-weighted average maturity (WAM) of 60 days and a maximum weighted average life (WAL) of 120 days.

The Investment Advisor for the Prime Fund will seek to maintain a 'AAAm' rating from S&P Global Ratings on the Prime Fund. According to S&P Global Ratings, a fund rated 'AAAm' demonstrates extremely strong capacity to maintain principal stability and to limit exposure to principal losses due to credit risk. 'AAAm' is the highest principal stability fund rating assigned by S&P Global Ratings.

The investment objectives of the Prime Fund in order of priority are:

**Safety:** The Prime Fund is managed to emphasize the preservation of principal while maintaining a stable NAV of \$1.00.

**Liquidity:** The Prime Fund is managed to provide daily liquidity to its Participants. See above for description of the maximum WAM and WAL for investments in the Prime Fund.

**Competitive Returns:** The Prime Fund is managed to generate competitive returns while providing daily liquidity and stability of principal.

No assurances can be given that the investment objectives of the Prime Fund will be achieved.

### Prime Fund Eligible Investments

Specifically designed for California local governments, the California CLASS will invest available cash in the Prime Fund exclusively in the following investments (Eligible Investments) authorized under the California Government Code Section 53601 and subject to the maturity, diversification, and credit quality requirements specified below. The Board of Trustees (Board) of the California CLASS has established this Investment Policy for the Prime Fund which is more restrictive than the California Government Code in terms of its maximum maturity limitations. The Board may amend or revise this Investment Policy, from time to time, in accordance with the JPA Agreement. Upon the Board's approval of any amendment to an Investment Policy, the amended Investment Policy will be posted to the website of California CLASS. This Investment Policy may also be amended to reflect any changes to the California Government Code.

- 1) United States Treasury notes, bonds, bills, or certificates of indebtedness, or those for which the faith and credit of the United States are pledged for the payment of principal and interest.

**Maximum Maturity:** 397 days for fixed rate obligations; 762 days for variable rate obligations

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Not Applicable

- 2) Federal agency or United States government-sponsored enterprise obligations, participations, or other instruments, including those issued by or fully guaranteed as to principal and interest by federal agencies or United States government-sponsored enterprises.

**Maximum Maturity:** 397 days for fixed rate obligations; 762 days for variable rate obligations

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Not Applicable

- 3) Repurchase agreements in securities authorized in paragraphs (1) or (2), above, provided that the term of the agreement does not exceed one year. "Repurchase agreement" means a purchase of securities by the local agency pursuant to an agreement by which the counterparty seller will repurchase the securities on or before a specified date and for a specified amount and the counterparty will deliver the underlying securities to the local agency by book entry, physical delivery, or by third-party custodial agreement. The transfer of underlying securities to the counterparty bank's customer book-entry account may be used for book-entry delivery. The market value of securities that underlie a repurchase agreement shall be valued at 102% or greater of the funds borrowed against those securities and the value shall be adjusted no less than quarterly. Since the market value of the underlying securities is subject to daily market fluctuations, the investments in repurchase agreements shall be in compliance if the value of the underlying securities is brought back up to 102% no later than the next business day.

**Maximum Maturity:** 1-Year

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Not Applicable

- 4) Registered state warrants or treasury notes or bonds of this state, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by the state or by a department, board, agency, or authority of the state.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Rating category of "A" or its equivalent or better by a NRSRO

- 5) Bonds, notes, warrants, or other evidences of indebtedness of a local agency within this state, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by the local agency, or by a department, board, agency, or authority of the local agency.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Rating category of "A" or its equivalent or better by a NRSRO

- 6) Registered treasury notes or bonds of any of the other 49 states in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other 49 states, in addition to California.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** No Limit

**Maximum Per Issuer Allocation:** No Limit

**Minimum Credit Quality:** Rating category of "A" or its equivalent or better by a NRSRO

- 7) Bankers' acceptances otherwise known as bills of exchange or time drafts that are drawn on and accepted by a commercial bank. Pursuant to Section 53601(g) of the California Government Code, purchases of bankers' acceptances shall not exceed 180 days maturity or 40% of the agency's moneys that may be invested pursuant to this section and no more than 30% of the agency's moneys may be invested in the bankers' acceptances of any one commercial bank pursuant to this section.

**Maximum Maturity:** 180 days

**Maximum Portfolio Allocation:** 40%

**Maximum Per Issuer Allocation:** 30%

**Minimum Credit Quality:** "A-1" or higher, or the equivalent, by a NRSRO

- 8) Commercial paper of "prime" quality of the highest ranking or of the highest letter and number rating as provided for by a nationally recognized statistical rating organization (NRSRO). The entity that issues the commercial paper shall meet all of the following conditions in either clause (A) or (B): (A)(1) is organized and operating in the United States as a general corporation, (2) has total assets in excess of five hundred million dollars (\$500,000,000), (3) has debt other than commercial paper, if any, that is rated in a rating category of "A" or its equivalent or higher by a NRSRO or (B)(1) is organized within the United States as a special purpose corporation, trust, or limited liability company, (2) has program-wide credit enhancements including, but not limited to, overcollateralization, letters of credit, or a surety bond, (3) has commercial paper that is rated "A-1" or higher, or the equivalent, by a NRSRO. In addition to the Maximum Per Issuer Allocation set forth below, no more than 10% of the Prime Fund shall be invested in the

commercial paper and the medium-term notes of any single issuer. Pursuant to 53601(h) of the California Government Code, local agencies, other than counties or a city and county, that have less than \$100,000,000 of investment assets under management, may invest no more than 25% of their moneys in eligible commercial paper; local agencies, other than counties or a city and county, that have \$100,000,000 or more of investment assets under management may invest no more than 40% of their moneys in eligible commercial paper; a local agency, other than a county or a city and a county, may invest no more than 10% of its total investment assets in the commercial paper and the medium-term notes of any single issuer; and counties or a city and county may invest in commercial paper pursuant to the concentration limits in Section 53635 of the California Government Code.

**Maximum Maturity:** 270 days

**Maximum Portfolio Allocation:** 40%

**Maximum Per Issuer Allocation:** 10%

**Minimum Credit Quality:** "A-1" or higher, or the equivalent, by a NRSRO

- 9) Negotiable certificates of deposit issued by a nationally or state-chartered bank or by a savings association or a federal association (as defined in Section 5102 of the California Financial Code), a state or federal credit union, or by a federally-licensed or state-licensed branch of a foreign bank, provided that the deposits in any one institution shall not exceed the shareholders' equity of such institution. In addition to the Maximum Per Issuer Allocation set forth below, no more than 10% of the Prime Fund shall be invested in the negotiable certificates of deposit and medium-term notes of any single issuer. As required by California Government Code Section 53601(i), purchases of negotiable certificates of deposit shall not exceed 30% of the agency's moneys that may be invested pursuant to this section.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** 30%

**Maximum Per Issuer Allocation:** 5%

**Minimum Credit Quality:** "A-1" or higher, or the equivalent, by a NRSRO.

- 10) Medium-term notes, defined as all corporate and depository institution debt securities issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or any state and operating within the United States. Pursuant to 53601(k) of the California Government Code, purchases of medium-term notes shall not include other instruments authorized by this section and shall not exceed 30% of the agency's moneys that may be invested pursuant to this section and a local agency, other than a county or a city



and a county, may invest no more than 10% of its total investment assets in the commercial paper and the medium-term notes of any single issuer.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** 30%

**Maximum Per Issuer Allocation:** 5%

**Minimum Credit Quality:** Rating category of "A" or its equivalent or better by a NRSRO

- 11) A mortgage passthrough security, collateralized mortgage obligation, mortgage-backed or other pay-through bond, equipment lease-backed certificate, consumer receivable passthrough certificate, or consumer receivable-backed bond. Pursuant to Section 53601(o) of the California Government Code, purchase of securities authorized by this subdivision shall not exceed 20% of the agency's surplus moneys that may be invested pursuant to this section.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** 20%

**Maximum Per Issuer Allocation:** 5%

**Minimum Credit Quality:** Rating category of "AA" or its equivalent or better by a NRSRO

- 12) United States dollar denominated senior unsecured unsubordinated obligations issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank which are eligible for purchase and sale within the United States. Pursuant to Section 53601(q) of the California Government Code, investments under this subdivision shall not exceed 30% of the agency's moneys that may be invested pursuant to this section.

**Maximum Maturity:** 397 days

**Maximum Portfolio Allocation:** 30%

**Maximum Per Issuer Allocation:** 5%

**Minimum Credit Quality:** Rating category of "AA" or its equivalent or better by a NRSRO

- 13) Shares of beneficial interest issued by diversified management companies that are money market funds registered with the Securities and Exchange Commission under the Investment Company Act of 1940. Such eligible companies shall have (1) attained the highest ranking or the highest letter and numerical rating provided by not less than two NRSROs and (2) retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission with not less than five years' experience managing money market mutual funds with assets under management in excess of five hundred million dollars (\$500,000,000). The



purchase price of shares of beneficial interest purchased pursuant to this subdivision shall not include commission that the companies may charge. Pursuant to Section 53601(I) of the California Government Code, investments under this subdivision shall not exceed 25% of the agency's moneys that may be invested pursuant to this section.

**Maximum Maturity:** NA

**Maximum Portfolio Allocation:** 20%

**Maximum Per Fund Allocation:** NA

**Minimum Credit Quality:** Highest ranking provided by not less than two NRSROs

### **Ongoing Compliance Considerations**

The credit rating requirements and percentage limitation limits set forth in this Investment Policy shall apply at the time of purchase. In the event that such percentage limitation requirements are breached due to fluctuations in the portfolio balance within the Prime Fund, this Investment Policy shall not require the sale of securities to bring the portfolio back into compliance provided that such deviations are expected to be short lived, and that due consideration is given to such concentrations when evaluating future investments. In the event that the credit rating of a security is downgraded to below the requirements of this Investment Policy subsequent to its purchase, the Investment Advisor shall evaluate the circumstances surrounding the ratings downgrade and, at its sole discretion, make a determination to hold or sell the affected securities based upon a review of the issuers financial conditions, credit outlook, the securities remaining term to maturity, and other relevant facts and considerations.

## **Investment Restrictions**

The following restrictions apply to the Prime Fund:

- 1) The California CLASS will invest funds in the Prime Fund only in securities defined in the "Eligible Investment" section of this Investment Policy unless there is a change in California law which updates or redefines the types of which are legal investments for California public agencies.
- 2) As required by California law, no funds in the Prime Fund will be invested in inverse floaters, range notes, mortgage-derived, interest-only strips or other securities which could result in zero-interest accrual if held to maturity. Notwithstanding the foregoing and as allowed by California law, the California CLASS may invest funds in the Prime Fund in securities issued by, or backed by, the United States government that could result in zero- or negative-interest accrual if held to maturity, in the event of, and for the duration of, a period of negative market interest rates.
- 3) The California CLASS shall not engage in any transaction that has the effect of creating leverage in the Prime Fund, including borrowing money, or pledging, mortgaging, or hypothecating any securities in the Prime Fund. Notwithstanding the foregoing, the California CLASS may engage in forward settling purchase and sale transactions in accordance with standard market conventions in the Prime Fund.



## A JOINT POWERS AUTHORITY INVESTMENT POOL

### Client-First & User-Friendly Cash Management Solutions Designed for California Public Agencies of All Sizes

#### California CLASS provides Participants the following benefits:

- ✓ Convenient, modern transaction portal
- ✓ Dedicated client service team equally committed to all California public agencies
- ✓ Portfolios managed in accordance with California Government Code
- ✓ Transparent governance by Board of Trustees
- ✓ Portfolios marked-to-market with net asset value and yields posted to website daily

Fund Option	Prime	Enhanced Cash
<b>Portfolio Type</b>	Prime-style fund	Enhanced cash
<b>Purpose</b>	Operating Funds	Strategic Reserves
<b>Rating</b>	'AAAm'	'AAAF/S1'
<b>Min/Max Investment</b>	None	None
<b>Withdrawals</b>	Unlimited	Unlimited
<b>Investment Horizon</b>	Day-to-Day	12-18 Months
<b>Liquidity</b>	Same-Day	Next-Day
<b>WAM</b>	≤60 days	90-200 days
<b>Net Asset Value (NAV)</b>	Stable \$1.00 per share	Variable \$10.00 per share

Learn more about building an optimal liquidity portfolio for your public agency; contact us today.



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Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. California CLASS is not a bank. An investment in California CLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although California CLASS seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please review the California CLASS Information Statement before investing. Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses. California CLASS is rated 'AAAm' by S&P Global Ratings. A 'AAAm' rating by S&P Global Ratings is obtained after S&P evaluates a number of factors including credit quality, market price exposure, and management. For a full description on rating methodology, please visit [www.spglobal.com](http://www.spglobal.com). California CLASS Enhanced Cash is rated 'AAAF/S1' by FitchRatings. The 'AAAF' rating is Fitch's opinion on the overall credit profile within a fixed-income fund/portfolio and indicates the highest underlying credit quality of the pool's investments. The 'S1' volatility rating is Fitch's opinion on the relative sensitivity of a portfolio's total return and/or net asset value to assumed changes in credit spreads and interest rates. The 'S1' volatility rating indicates that the fund possesses a low sensitivity to market risks. For a full description on rating methodology, please visit [www.fitchratings.com](http://www.fitchratings.com). Ratings are subject to change and do not remove credit risk.

TAB

J

CNO REPORT

Placeholder

# TAB

## K.a

No Compliance and Privacy

Incidents

were reported in the

2nd and 3rd Quarter of 2023



## IT Department Report for September 2023 Seneca Healthcare District

### Board of Directors Meeting

- CAIR (California Immunization Registry in the Final Stages of testing. Attempting to improve patient Matching. First Hospital successful in our Domain to connect.

1. Match Name
2. Import Records

Administration date	Selected registry	Product in selected registry	Product on patient's chart
<b>COVID-19</b>			<b>COVID-19</b>
Feb 15, 2021	California Immunization Registry CAIR	SARS-CoV-2 (COVID-19) mRNA-1273 vacc...	
Mar 15, 2021	California Immunization Registry CAIR	SARS-CoV-2 (COVID-19) mRNA-1273 vacc...	
Dec 09, 2021	California Immunization Registry CAIR	SARS-CoV-2 (COVID-19) mRNA-1273 vacc...	
Jun 17, 2022	California Immunization Registry CAIR	SARS-CoV-2 (COVID-19) mRNA-1273 vacc...	
Jan 25, 2023	California Immunization Registry CAIR	SARS-CoV-2 (COVID-19) mRNA-1273 bival...	
<b>Influenza</b>			<b>Influenza</b>
Oct 11, 2022	California Immunization Registry CAIR	influenza virus vaccine, inactivated	
<b>PneumoPCV</b>			<b>PneumoPCV</b>
Aug 28, 2019	California Immunization Registry CAIR	pneumococcal 13-valent conjugate vaccine	
<b>PneumoPPV</b>			<b>PneumoPPV</b>
Mar 07, 2023	California Immunization Registry CAIR	pneumococcal 23-polyvalent vaccine	

- SAC Valley HIE working through Connectivity Issue – Should be live in October.
- Ambra PACS image Gateway to Enloe schedule to be live by the end of the month.
  - Nuance Powershare used for Shast and Renown Next
- Cerner – MFA (Multi-Factor Authentication) rolled out for R1 to allow for remote connections to Cerner from outside the building.
- Evident legacy discussions are Picked back up way; cloud and VM options are available. Completion expected Oct 2023
- ProVation Endo upgrade is scheduled for the end of changed to 10/5 due to vendor availability, and Interface will start in October. Staff and Physician Trained
- Printer Management (Looking to move from inland to Clatronics) On hold as we work through ending existing contract.



## **Human Resources – Board Report**

**September 22<sup>nd</sup>, 2023**

- Recruitment is continuing to be a large part of my work day, as we just posted up the Chief Operating Officer position. We have received over 80 resumes for the position and Shawn and I are working through reviewing them.
- Our latest CNA class graduated on September 13<sup>th</sup>, and we are so proud of them. We have retained the two students as employees, as well, which is fantastic!
- Chelssa (PR/Marketing) and I have spearheaded the refresh of our employee breakrooms, which should be completed soon. The breakrooms needed some revitalization to be encouraging for our employees. Take a peek when you can!
- We are also working on Employee Appreciation gifts and will be rolling out those options soon for employees to choose from. We are so thankful for our awesome employees!
- Feedback is continuing to be positive regarding our Newsletter! September's version is attached to this board report.

### **Open Positions for September 2023:**

- Registered Nurse (Full Time, Part Time, Per Diem) (Acute & ER experience preferred)
- LVN (Full Time, Part Time, Per Diem)
- CNA (Full Time, Part Time, Per Diem)
- Respiratory Therapist (Per Diem)
- Clinic Coordinator/Administrative Assistant (Full Time)
- Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
- Housekeeper (Full Time, Per Diem)
- Surgical Technician (Per Diem)
- Diet Aide/Kitchen Helper (Per Diem)
- Maintenance Worker (Full Time)
- Materials Mgmt. and Plant Ops Assistant (Full Time)
- Ultrasound Technician (Full Time)

Sincerely,

Jennie Mathews  
Director of Human Resources





## List of Staff: Additions & Deletions

August 1<sup>st</sup> – 31<sup>st</sup>, 2023

Activity/Event	Status	Job Title	Start/End Date
<b><u>ADDITIONS</u></b>	PD	Registered Nurse	8/17/23
	PT	Certified Nurse Assistant	8/19/23
	FT	Director of Information Technology	8/8/23
	FT	Physician Assistant	8/21/23
<b><u>CONDITIONAL ADDITIONS</u></b>			
<b><u>DELETIONS</u></b>	FT	Materials Management & Plant Ops Assistant	8/17/23
	FT	Director of Information Technology	8/2/23
	Temp	CNA Student	8/8/23

Jennie Mathews, Director of HR



# Seneca Healthcare District **NEWSLETTER**

## ***What a Summer!***

**BY SHAWN MCKENZIE, CEO**

It is so nice to feel the crisp morning and evening air coming back to the Almanor Basin indicating that we are heading into my favorite time of year up here in our mountain home. Soon, birds and visitors will start their migration south (including our resident Great Blue Heron), which if you haven't heard, planted a nest in a tree on our property and is the sole reason we have not started our groundwork on the new hospital site. The chicks look to be about the size of momma now and will soon figure out the flying thing so they can head south with the rest of our seasonal visitors.

We will start our timber work on the property the moment they head for warmer climates.

Looking back on the spring and summer of 2023, it has been a whirlwind of activity both from the perspective of our annual tourism and the MANY projects we have successfully completed as an organization. Projects that have required the focus and relentless activity of everyone in the Seneca Family. We have completed the necessary regulatory requirements for the new facility, did our groundbreaking ceremony, nearly finished with the final design of the building, and completed a full Electronic Health Record conversion. To say the least... it has been very busy.

As we lean into our fall season with the coming holidays and much quieter surroundings, we are taking a little break from the pace of the projects experienced over the spring and summer months. Time to reflect on the amazing work we've accomplished as a team and reconnect. Take time to celebrate the great work, congratulate each other, take a deep breath and gas/oil up those snowblowers. 😊 😞

I personally want to share how proud I am of the resilience of each of you. The commitment to our community and to each other. The unwavering "can do" attitude and personality each of you bring to this amazing work home. Together, nothing is impossible!



Enjoy the changing of the seasons...



### **PAGE 2**

Notes & News

### **PAGE 3**

The Staff Corner

### **PAGES 4 & 5**

Departmental  
Updates

### **PAGE 6**

General Updates



# NOTES & NEWS

Thank you to our Courage Triathlon Team!  
You guys did great!



LAKE ALMANOR AREA CHAMBER PRESENTS

## 4TH ANNUAL COMMUNITY SCARECROW CONTEST

SEPT. 1 - OCT. 31

SEE PARTICIPATING LOCATIONS AT  
LAKEALMANORAREA.COM/FALL-EVENTS

VOTE ON LAKE ALMANOR AREA CHAMBER  
FACEBOOK PAGE OR AT B&B BOOKSELLERS  
WINNER GETS A SCARECROW TROPHY!



PRIZES FOR THE FIRST, SECOND, AND THIRD PLACE WINNERS  
11-750-2426 IN-SCHOOL PARTICIPATION

If any department is interested in participating,  
please reach out to Jennie or Chelssa!

## SEPTEMBER WORK ANNIVERSARIES

### 1 Year

September 12th - Emily De Arcos (HIM)

### 2 Years

September 7th - Judy Cline (CNO)

### 4 Years

September 9th - Kelly Temple (HIM)

September 30th - Trevor Hadley (ED)

### 6 Years

September 18th - Terri Farmer (CNA)

### 7 Years

September 6th - Carrie Andrews (HIM)

### 13 Years

September 20th - Sarah Timmins (IT)

### 27 Years

September 17th - Marian Thompson  
(Clinic)

### 30 Years!

September 20th  
Alan Eade  
(Lab)

## October Holidays:

- Breast Cancer Awareness Month
- October 22-28 - National Respiratory Care Week
- October 9th - Columbus Day
- October 10th - World Mental Health Day
- October 16th - Boss's Day
- October 31st - Halloween



# The Staff Corner

## Employee of the Month: *Barr Barton, RN*

Barr always has a positive attitude and embodies our Core Values. He is Consistent in being a team player with a positive attitude and as many "dad jokes" as you can handle. He is Safe, always seeking out the best practice or guidance for any skill he hasn't performed in a while, and making sure our environment is hazard-free. He is Service Oriented, always making sure he is helping everyone from SNF, to ED, to Clinic in any capacity needed. He is Detailed in his work, and always looking for ways to improve. Finally, he is Truthful, which helps him build trusting relationships with patients, families, and coworkers. Barr will rise to the occasion and accept any challenge thrown at him with passion, dedication and determination to do a superior job.

Nominated by: Ann Holt, RN, BSN, PHN



SEPTEMBER EMPLOYEE OF THE MONTH

## *Congratulations to our CNA Program Graduates!*



Vanessa Craven and Shantel Chavez-Sanchez!

## NEW HIRES THIS MONTH



Heather Smith  
Physician Assistant

  
**WELCOME TO  
SENECA HEALTHCARE  
DISTRICT**



Chantel Ralls  
Certified Nursing Assistant



**WELCOME**

# Departmental Updates

## SNF Bi-Weekly BBQ

Thank you to everyone who participated with the SNF BBQ!

\$741 was donated for the SNF Residents.

thank you

## SNF Construction Projects



The SNF break room & dining room renovations are complete.



Shout out to our all star maintenance team!!



## ASK THE EXECUTIVES!

Do you have a burning question for our Executive Team?

Maybe something that you've always wondered about, but never got a chance to ask?

Now's your chance: your CEO/CNO/CFO will be answering YOUR questions each newsletter, you just need to submit them!

Send any questions to Deborah in Administration before the 1st of the month: [dhousen@senecahospital.org](mailto:dhousen@senecahospital.org)



## OR Training

The Surgical Team received some hands-on training recently!



## New Chief of Staff!

Dr. Nielsen replaced Dr. Ware as Chief of Staff as of July 1st, 2023



## NEW HOSPITAL UPDATE

*The new build team continues to work through the processes needed to build a new hospital.*

*We are hoping to start the timber harvest soon, however as many of you may have heard a Blue Heron nest was found on the property prior to the commencement of the timber harvest. We are waiting until the baby bird(s) have fledged the nest before progressing with the timber harvest.*

*Note\*\*\* The nest and babies are not to be disturbed in any way.*

## Proposed History Wall



*There will be a history wall located in the lobby of the new hospital.*

*This will focus on the history of the basin throughout the years. If you have suggestions for the history wall please let Deborah in Admin know.*



# Departmental Updates Continued...

## Compliance or Privacy Reporting

If you have privacy or compliance concerns to report, please call:

**Charlene Almocera**

**(833) 227-3743/Internal Ext. 1516**

To report anonymously, please leave a message at:

**Compliance Hotline**

**(833) 227-3743 / Internal Ext. 1525**

We also have blank compliance forms for you to complete and drop into one of the Compliance Drop Boxes next to each Time Clock. Concerns or reports submitted are all investigated without fear of retaliation to the reporting employee. We prefer that you leave your name so that Compliance can respond to you timely with the status of your report as some issues may take longer to investigate and work through remediation.

## Current Positions Open at Seneca!

**Clinic Licensed Vocational Nurse**  
Full Time

**Materials Mngmt and Plant Ops Assistant**  
Full Time

**Clinic Coordinator/Clinic Admin Assistant**  
Full Time

**Occupational Therapy Assistant**  
Part Time

**Medical Assistant**  
Per diem

**Activities Coordinator**  
Part Time

**Certified Operating Room Tech**  
Per diem

**Respiratory Therapist I**  
Per diem

**Maintenance Worker**  
Full Time

**Staff Registered Nurse**  
Full Time, Part Time, Per Diem

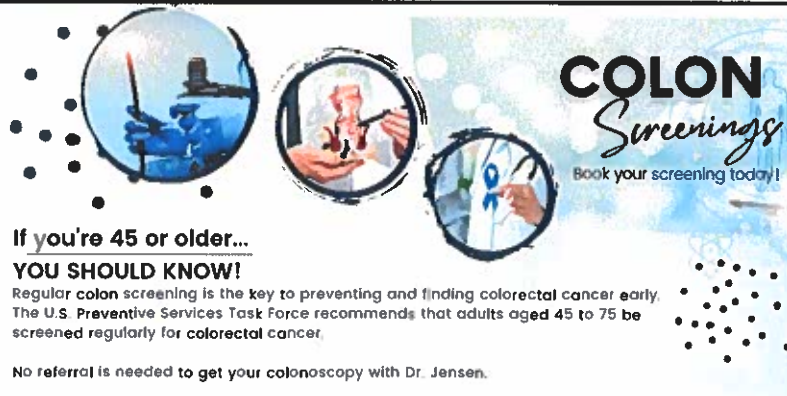
**Clinical Lab Scientist II**  
Full Time, Part Time, Per Diem

**Kitchen Helper**  
Per diem

**Licensed Vocational Nurse**  
Full Time, Part Time, Per Diem

**Ultrasound Technician**  
Per diem

[www.senecahospital.org/careers](http://www.senecahospital.org/careers)



**COLON Screenings**  
Book your screening today!

**If you're 45 or older... YOU SHOULD KNOW!**  
Regular colon screening is the key to preventing and finding colorectal cancer early. The U.S. Preventive Services Task Force recommends that adults aged 45 to 75 be screened regularly for colorectal cancer.

No referral is needed to get your colonoscopy with Dr. Jensen.

## **Plumas County FREE Flu Vaccination Clinic Schedule:**

Plumas County Public Health Agency will provide the nasal spray vaccination by appointment only at clinic (283-6330) or during the school vaccination clinics.

*High dose or adjuvanted flu vaccines for 65 and older will NOT be available during the drive through clinics. Contact public health clinic at 530-283-6330 to schedule an appointment for a free high dose vaccine in the Greenville, Chester, Portola, or Quincy areas. Supplies are limited.*

### **DRIVE THROUGH CLINICS**

All drive through clinics will be from 11:00 AM - 1:00 PM or until vaccine is gone. Flu forms can be downloaded at [www.plumascounty.us/publichealth/fluinformation](http://www.plumascounty.us/publichealth/fluinformation)

#### **Greenville - Monday - October 23, 2023**

Sponsored by Eastern Plumas Health Care  
Enter: Wasco Trail (Blairdsen-Graeagle Road to Markopa - Trail to Wasco Trail)  
If the weather is bad, the clinic will be moved inside the Graeagle Fire Department

#### **Portola - Tuesday - October 24, 2023**

Enter: 500 First Avenue (EPHC)  
If the weather is bad, the clinic will be moved to: Portola Veteran Hall

#### **Chester - Wednesday - October 25, 2023**

Enter: Chester Park - Willow Street  
If the weather is bad, the clinic will be moved to: Chester Memorial Hall

#### **Greenville - Thursday - October 26, 2023**

Enter: Indian Valley Medical Clinic - 174 Hot Springs Road

#### **Quincy - Friday - October 27, 2023**

Plumas-Sierra Fairground  
If the weather is bad, the clinic will be inside the Tulsa-Scott Building

*(Children 6 years old and older may receive the flu shot or the flu must during drive-thru clinics, if they are able to sit still with no assistance, flu forms must be filled out and signed by parent/guardian)*

### **SCHOOL AGED CHILDREN FLU VACCINATION CLINICS**

Flu forms can be downloaded at [www.plumascounty.us/publichealth/fluinformation](http://www.plumascounty.us/publichealth/fluinformation)

#### **Quincy Schools (Quincy Elementary (Both campuses)/ Quincy HS)**

Monday: November 6, 2023, during school hours

#### **Greenville Schools (Greenville Elementary/ HS)**

Tuesday: November 7, 2023, during school hours

#### **Chester Schools (Chester Elementary/ Chester HS)**

Tuesday: November 7, 2023 during school hours.

#### **Portola Schools (Roy Carmichael Elementary/ Portola HS)**

Thursday: November 9, 2023, during school hours



# SENECA HEALTHCARE DISTRICT

## Happy Retirement, Dr. Walls!

The staff retirement party for Dr. Walls was a great success. Thank you to all the staff that worked hard and helped with this party. We could not have made it happen without all of you!

06 DECEMBER, 2017

### A CONSUMMATE HEALER

PAGE 1

STACY FISHER

STAFF WRITER

CHESTERNEWS@PLUMASNEWS.COM



In honor of Dr. David Walls' many years as a medical doctor in the Seneca Healthcare District, a colleague submitted his name for "Country Doctor of the Year," a national award sponsored by Staff Care, in recognition of his dedicated medical service spanning over four decades.

No greater tribute can be given than to recognize someone who demonstrates the kind of expertise and devotion to his work shown daily by Dr. Walls in his practice in the mountain community of Chester. Hailing from Glenwillard, Pennsylvania, Dr. Walls moved to California after high school and graduated from Humboldt University with a bachelor's degree in biology.

He later graduated from the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine in 1975, but said he always wanted to return to Northern California where he had fallen in love with the beauty of the mountains, lakes and forests during his time there. He decided to make it his mission to pursue his dream practicing family medicine in the rural environment that was so dear to him.

His dreams turned into reality in 1977 when he opened up his office in Chester. Dr. Walls is a highly respected physician who rose to the challenge of working within the limited resources found in rural communities.

Dr. Walls was recently elected this year to sit on the Seneca Hospital board of directors, and is widely recognized by his colleagues as an exceptional physician, kind, knowledgeable, a pillar of the community. His expertise is honed by long years of medical service in comprehensive patient care.

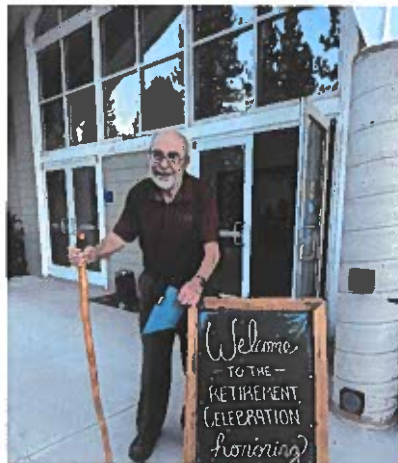
For at least 20 years, Dr. Walls has sat on the local Sierra Hospice board as well, working as a counselor for the Camp Hug Children's Bereavement Camp at Eagle Lake Village.

Affiliated with Seneca Healthcare District Hospital, Dr. Walls' practice has expanded greatly during the years serving patients over a sparsely populated region, many living in higher-than-average poverty.

Rural communities are often at a disadvantage compared to the resources available in metropolitan areas. Nevertheless, the medical needs of people living within small communities are just as great.

It's the primary reason Dr. Walls remains devoted to his patients, and why he decided to make his home in Chester rather than moving to one of the bigger cities where large medical centers are often better supplied.

An early anecdote provides the perfect example of his dedication to his patients. After Dr. Walls delivered a premature baby in the winter of 1980, no facility in Plumas County was available to properly care for the newborn.



PAGE 2

06 DECEMBER, 2017

With time of the essence, Dr. Walls used his own four-wheel drive vehicle as an ambulance, and together with his nurse and the newborn, he drove more than four hours through a heavy snowstorm to Washoe Hospital in Reno (currently Renown Hospital), where neonatal facilities were accessible.

To Dr. Walls, this situation was due to the lack of emergency medical services in the small town he served. In the long term, he realized it was unacceptable to depend on his personal vehicle to drive to neighboring cities for patients that needed a facility with more resources. Change was needed to advance a modernization effort for medical services in Chester, and he was determined to forge ahead to meet that objective no matter the effort required. Because of his tireless efforts, Dr. Walls was able to help strike a deal between Seneca Hospital and an airlift ambulance service based at Enloe Hospital in Chico to provide patients needed emergency medical services outside Chester.

Dr. Walls not only employs his medical knowledge as a rural physician, but stands as an innovator as well.

He was one of the first to use blood thinners for heart attack victims in a rural community, led in the training of paramedics and consistently looks to bring new, up-to-date technology into the office and hospital setting.

Dr. Walls has been instrumental to healthcare in the town he loves and is the reason many lives have been saved over his long career. While others have come and gone to practice elsewhere, Dr. Walls remains steadfast in his commitment to his patients, who he regards as members of his extended family.

Dr. Walls was active in the first obstetrics program in Chester, which included an alternative birthing center at Seneca Hospital. "At one time I was delivering as many as 50 babies a year," he said.

In his many years of practice, "I've delivered babies who I've watched grow up, and then delivered their babies as well," he recounted. "In one case, I've taken care of five generations of a particular family. ... I'm very close to my patients — many are personal friends. It's the main reason at this stage of my life I'm still practicing medicine."

He said one of the things he's most proud of here in the North State area "is that I introduced and taught the first EMT training classes after receiving a teaching certificate from Lassen College."

Dr. Walls added that he initiated the base station at Seneca Hospital and was acting medical director, and for 25 years he provided oversight for emergency ambulance services for the towns of Chester, Westwood and Greenville.

For the past 42 years Dr. Walls' vision of taking Chester healthcare to the next level has revolutionized the town hospital, from attracting new talent to fighting for better resources to training medical staff in emergency situations.

Dr. David Walls is seen by many as the father of healthcare and emergency medical services in the Lake Almanor Basin.



*Congratulations to a  
Job Well Done!*



## Current Projects Update September 2023

- **New Build Campaign /Philanthropy**

- Donor Tree/Heavy Timber
  - Working with Collins and SPI on possible donations for our Heavy Timbers at the new build.
  - We have reached out to JC Enterprises in Crescent Mills to see if their Mill can facilitate with this at all.
  - Request new quote/mockups from B&D Donor Recognition for the donor wall in the new hospital. – waiting to hear back on this.
- Continuing tracking donations and what donors will be eligible for bricks and leaves.
  - Recent donation has been received from the Fernandez Estate for over 10k for the new hospital build.
  - I am currently working with Mike & Carolyn Wilhoite on IRA donations and PGE match fund donations.
- Donor Brief: The donor Brief is in the final stages and should be complete soon.
  - Images are updated and we are checking to get an updated budget and timeline information.
- New Build Video: Available on our website, as well as facebook, linkedin and more.
  - This was share with the public and received great feedback.

- **General Marketing**

- Radio Ads: New radio ads being worked on for the winter Season.
  - The next live radio spot in on September 26<sup>th</sup>.
- Sponsorship – Seneca sponsored the courage triathlon with a team, and gave branded Band-Aids to all the participants, we are sponsoring this years Little League first aid kits, we also are sponsoring a scarecrow for the annual community contest and will be participating in this years merchant trick or treat.
- LACC Newsletter - Continual updates are released and ads in the LACC, we are also advertising in the highlife magazine.
- Plumas Sun – An ad for the new Plumas Sun news is being completed and should be live of their site October 1.
- Intermountain News – There is once again a printed newspaper in Chester. It is currently being delivered to Holiday Market and the Coffee station. Seneca is working with the paper to get consistent ad placement in the paper.
- Before the Movies- We are currently advertising at the Susanville theatres, and we are working with Mt. Lassen theatre to come up with an ad program for Friday nights when they screen movies.
- Highlife magazine – new ads completed.

## Marketing Report



HEALTHCARE DISTRICT  
**SENECA**  
Located in Chester, Ca

HEALTHCARE DISTRICT  
**SENECA**  
Located in Chester, Ca

HEALTHCARE DISTRICT  
**SENECA**  
Located in Chester, Ca

**24HR EMERGENCY SERVICES**



Hospital & Walk-in Clinic



**1(833)227-3743**



[WWW.SENECACHOSPITAL.ORG](http://WWW.SENECACHOSPITAL.ORG)

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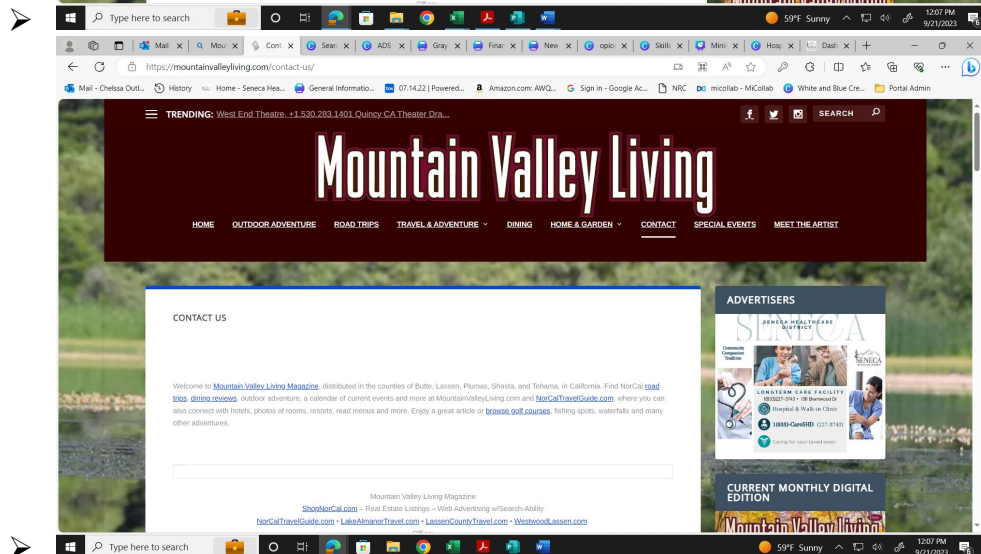
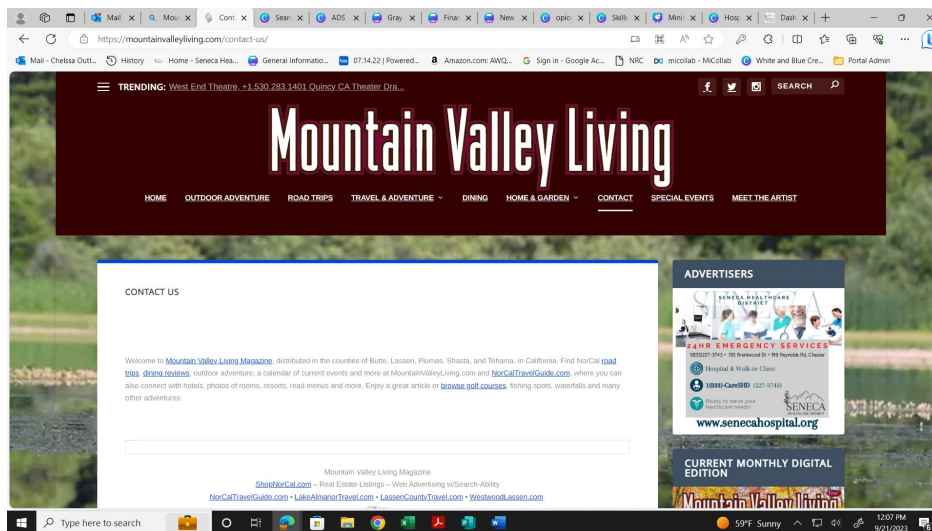


Hospital & Walk-in Clinic  
**1(833)227-3743**



[WWW.SENECACHOSPITAL.ORG](http://WWW.SENECACHOSPITAL.ORG)

- MVL Magazine – New quarterly Ads added and Website Banner Ads- quarterly ads will continue and we are now advertising on their website edition as well.



- Phonebook: listings are complete, working on the design for the back page ad.
  - This is continued from last month and is due to be completed by the end of October.
- Ravenlight Productions: Provider recruitment video is being worked on. This video will be used in for Senecas own recruitment efforts and will include short videos that focus on work life balance.
- Website Updates

- Home page is being updated
  - CNA & PHESI Pages have been updated.
  - Community Wellness pages will be updated.
  - Further information regarding Heather as a family care provider is being worked on.
- **Provider Recruitment**
    - Working on back-end website updates, and position description updates as well as scheduling social media posts.
      - **We are working on a position description and then the website for recruitment should go live soon.**
  - **Community Wellness Screenings:** The 2023 community wellness screenings are completed. We will have a post screening meeting in October to go over everything and work to set next years dates right away.