



AGENDA

**HUMAN RESOURCES COMMITTEE
A COMMITTEE OF THE BOARD OF DIRECTORS**

**REGULAR MEETING
Wednesday, August 18, 2021 - 9:00 AM**

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR’S EXECUTIVE ORDER N-29-20, THERE WILL BE NO PUBLIC LOCATION FOR ATTENDING THIS BOARD/COMMITTEE MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY LISTEN TELEPHONICALLY BY CALLING THE FOLLOWING NUMBER:

Meeting Link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m6a0ca0f52bce9f8fe7b2f95e831f3dd0>

Call in number: 1-510-338-9438

Access Code: 2551 485 2435

Password: 1234

THE TELEPHONES OF ALL MEMBERS OF THE PUBLIC LISTENING IN ON THIS MEETING MUST BE “MUTED”.

TAB

- I. Call to Order R. Rader

- II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 5:00 PM on Tuesday, August 17, 2021 which will become part of the committee meeting record.

A five-minute limitation shall apply to each member of the public who wishes to address the Human Resources Committee of the Hospital Board of Directors on any matter under the subject jurisdiction of the Committee. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to “share” his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Committee Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the San Gorgonio Memorial Hospital Board of Directors, we want you to know that the Board/Committee acknowledges the comments or concerns that you direct to this Committee. While the Board/Committee may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the CEO, or other Administrative Executive personnel, to do further research and report back to the Board/Committee prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board/Committee wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board/Committee’s part; a response will be forthcoming.

- III. ***Proposed Action - Approve Minutes** R. Rader A
 • May 19, 2021 Regular meeting

NEW BUSINESS

- IV. A. Employment Activity/Turnover Reports A. Karam B
 1. Employee Activity by Job Class/Turnover Report (5/14/2021 – 8/11/2021)
 2. Separation Reason Analysis – All Associates (5/14/2021 – 8/11/2021)
 3. Separation Reason Analysis – Full and Part Time Associates (5/14/2021 – 8/11/2021)
 4. Separation Reason Analysis – Per Diem Associates (5/14/2021 – 8/11/2021)
 5. FTE Vacancy Summary (5/14/2021 – 8/11/2021)
 6. RN Vacancy Summary (5/14/2021 – 8/11/2021)
 B. Workers Compensation report (7/1/2021 – 7/31/2021) C
- V. *** Proposed Action – recommend approval to Hospital Board** A. Karam handout
 2022 Associates Health Plan Benefits
 ▪ **ROLL CALL**
- VI. *** Proposed Action – recommend approval to Hospital Board** A. Karam D
 Associate Holiday Gift Cards
 ▪ **ROLL CALL**
- VII. Education: A. Karam E
 • Order of the State Public Health Officer Health Care Worker Vaccine Requirement
 • Protocol for Health Care Workers in Acute Care Hospitals
- VIII. Future Agenda Items R. Rader
- IX. Next Meeting: November 17, 2021
- X. Adjourn R. Rader

*** Requires Action**


In accordance with The Brown Act, Section 54957.5, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Committee. Such records shall be available at the Hospital office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Certification of Posting

SGMH Board of Directors
Human Resources Committee
August 18, 2021 Regular Meeting

I certify that on August 13, 2021, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Geronio Memorial Hospital Human Resources Committee, and on the San Geronio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Human Resources Committee (*Government Code Section 54954.2*).

Executed at Banning, California, on August 13, 2021

A handwritten signature in cursive script that reads "Ariel Whitley".

Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
May 19, 2021

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, May 19, 2021. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Susan DiBiasi, Joel Labha, Ron Rader (C), Steve Rutledge

Absent: Joel Labha

Staff Present: Steve Barron (CEO), Annah Karam (CHRO), Pat Brown (CNO), Ariel Whitley (Executive Assistant), Kyle Posvistak (GRP Financial)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ron Rader called the meeting to order at 9:05 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: February 25, 2021 Regular Meeting	Chair Rader asked for any changes or corrections to the minutes of the February 25, 2021 regular meeting. There were none.	The minutes of the February 25, 2021 regular meeting were reviewed and will stand as presented.
NEW BUSINESS		
Change in Retirement	Kyle Posvistak, with GRP Financial, explained the process in choosing VOYA as our 403b Plan Provider. He explained that	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Plan Provider (VOYA 403b Plan) – Overview	the 403b plans are reviewed tri-annually to document that fees are fair and reasonable. He was present to give a brief overview of the selection process and to answer any questions that the HR Committee Members had.	
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/ Turnover Report (2/16/2021 through 5/13/2021)	Annah Karam, Chief Human Resources Officer, reviewed the report “Employee Activity by Job Class/Turnover Report” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet.	
2. Separation Reasons Analysis All Associates (2/16/2021 through 5/13/2021)	Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet. For this time period, there were 45 Voluntary Separations and 3 Involuntary Separations for a total of 48.	
3. Separation Reason Analysis Full and Part Time Associates (2/16/2021 through 5/13/2021)	Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet. For this time period, there were 30 Voluntary Separations and 3 Involuntary Separations for a total of 33.	
4. Separation Reason Analysis Per Diem Associates (2/16/2021 through 5/13/2021)	Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet. For this time period, there were 15 Voluntary Separations and 0 Involuntary Separations for a total of 15.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
5. FTE Vacancy Summary (2/16/2021 through 5/13/2021)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 5/13/2021 was 15.46%.</p>	
6. RN Vacancy Summary (2/16/2021 through 5/13/2021)	<p>Annah reviewed the “RN Vacancy Summary” for the period of 2/16/2021 through 5/13/2021 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 5/13/2021 was 16.13%.</p>	
B. Workers Compensation Report		
Workers Compensation Report (4/1/2021 through 4/30/2021)	<p>Annah reviewed the Workers Compensation Reports covering the period of 4/1/2021 through 4/30/2021 as included in the Committee packet.</p>	
Education – Newsletters: Top Performance and Personal Best.	<p>Annah noted that the Top Performance and Personal Best newsletters for May 2021 were included in the Committee packet.</p>	
Adjourn to Closed Session	<p>Ron Rader reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Telephone conference with legal counsel regarding potential and pending litigation. <p>The meeting adjourned to Closed Session at 9:46 am.</p>	
Reconvene to Open Session	<p>The meeting adjourned from Closed Session at 10:58 am.</p> <p>Ron Rader reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Participated in a telephone conference with legal counsel 	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
	regarding potential and pending litigation.	
Future Agenda items	None	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for August 18, 2021.	
Adjournment	The meeting was adjourned at 10:59 am.	

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

05/14/2021 THROUGH 08/11/2021

1											1
2	CURRENT	2020	YTD	CURRENT	2020	YTD	ACTIVE	LOA	CURRENT	ANNUALIZED	2
3	NEW HIRES	NEW HIRES	NEW HIRES	SEPARATIONS	SEPARATIONS	TERMS	ASSOCIATE	ASSOCIATE	TURNOVER	TURNOVER	3
4	05/14/2021 THROUGH 08/11/2021		01/01/2021 THROUGH 08/11/2021	05/14/2021 THROUGH 08/11/2021		01/01/2021 THROUGH 08/11/2021	AS OF 08/11/2021	AS OF 08/11/2021	AS OF 08/11/2021		4
ADMIN/CLERICAL	3	6	4	5	14	10	76	3	6.58%	13.16%	5
ANCILLARY	6	9	17	6	15	13	61	4	9.84%	21.31%	6
CLS	2	5	4	4	5	6	18	1	22.22%	33.33%	7
DIRECTORS/MGRS	0	1	1	0	5	2	28	0	0.00%	7.14%	8
LVN	1	6	4	0	6	6	26	1	0.00%	23.08%	9
OTHER NURSING	2	23	14	9	35	23	62	4	14.52%	37.10%	10
PT	1	1	1	2	2	3	9	0	22.22%	33.33%	11
RAD TECH	0	6	3	1	5	4	33	1	3.03%	12.12%	12
RN	11	47	33	7	58	29	159	11	4.40%	18.24%	13
RT	0	5	3	0	7	1	21	2	0.00%	4.76%	14
SUPPORT SERVICES	7	41	23	6	38	17	83	5	7.23%	20.48%	15
											16
FACILITY TOTAL	33	150	107	40	190	114	576	32	6.94%	19.79%	17
											18
Full Time	17	82	56	23	84	64	368	25	6.25%	17.39%	19
Part Time	2	3	8	3	22	9	48	2	6.25%	18.75%	20
Per Diem	14	65	43	14	84	41	160	5	8.75%	25.63%	21
TOTAL	33	150	107	40	190	114	576	32	6.94%		22

Current Turnover: J22

Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:

Turnover for all Associates

=

3.10%

Turnover for all RNs

=

4.00%

SEPARATION ANALYSIS
ALL ASSOCIATES
05/14/2021 THROUGH 08/11/2021

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Full-Time	57.5%	2	3	4	2	7	5	23
Part-Time	7.5%	0	1	0	1	0	1	3
Per Diem	35.0%	3	2	3	2	2	2	14
Subtotal, Voluntary Separations	100.0%	5	6	7	5	9	8	40
Involuntary Separations								
Full-Time	0.0%	0	0	0	0	0	0	0
Part-Time	0.0%	0	0	0	0	0	0	0
Per Diem	0.0%	0	0	0	0	0	0	0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	5	6	7	5	9	8	40

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
05/14/2021 THROUGH 08/11/2021

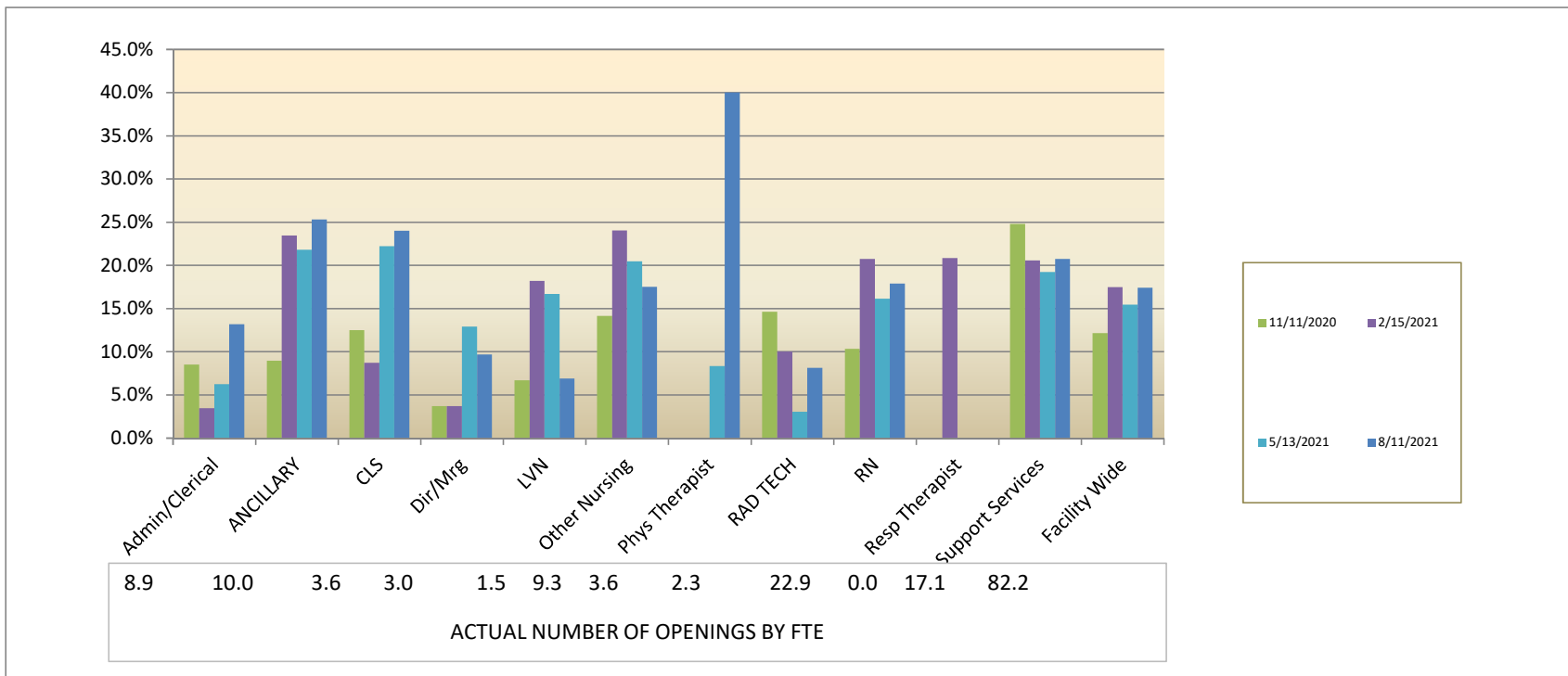
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	26.9%	2	1	1	1	1	1	7
New Job Opportunity	42.3%	0	1	2	1	4	3	11
Job Dissatisfaction	3.8%	0	1	0	0	0	0	1
Relocation	11.5%	0	0	0	0	2	1	3
Medical Reasons	0.0%							0
Did not Return from LOA	7.7%	0	0	1	1	0	0	2
Job Abandonment	0.0%							0
Return to School	3.8%	0	1	0	0	0	0	1
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	3.8%	0	0	0	0	0	1	1
Subtotal, Voluntary Separations	100.0%	2	4	4	3	7	6	26
Involuntary Separations								
Attendance/Tardiness	0.0%	0	0	0	0	0	0	0
Didn't meet certification deadline	0.0%	0	0	0	0	0	0	0
Didn't meet scheduling needs	0.0%	0	0	0	0	0	0	0
Conduct	0.0%	0	0	0	0	0	0	0
Poor Performance	0.0%	0	0	0	0	0	0	0
Temporary Position	0.0%	0	0	0	0	0	0	0
Position Eliminations	0.0%	0	0	0	0	0	0	0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	2	4	4	3	7	6	26

Separation Reason Analysis
Per Diem Associates Only
05/14/2021 THROUGH 08/11/2021

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days - 90 days	1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	14.3%	1	0	0	1	0	0	2
New Job Opportunity	35.7%	0	1	0	1	1	2	5
Job Dissatisfaction	0.0%							0
Relocation	0.0%							0
Medical Reasons	7.1%	0	0	1	0	0	0	1
Did not Return from LOA	0.0%							0
Job Abandonment	14.3%	0	0	1	0	1	0	2
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	28.6%	2	1	1	0	0	0	4
Unknown	0.0%							0
Retirement	0.0%							0
Subtotal, Voluntary Separations	100.0%	3	2	3	2	2	2	14
Involuntary Separations								
Attendance/Tardiness	0.0%	0	0	0	0	0	0	0
Didn't meet certification deadline	0.0%	0	0	0	0	0	0	0
Didn't meet scheduling needs	0.0%	0	0	0	0	0	0	0
Conduct	0.0%	0	0	0	0	0	0	0
Poor Performance	0.0%	0	0	0	0	0	0	0
Temporary Position	0.0%	0	0	0	0	0	0	0
Position Eliminations	0.0%	0	0	0	0	0	0	0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	3	2	3	2	2	2	14

FTE Vacancy Summary: 05/14/2021 THROUGH 08/11/2021

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
11/11/2020	8.51%	8.96%	12.50%	3.70%	6.67%	14.13%	0.00%	14.63%	10.31%	0.00%	24.77%	12.13%
2/15/2021	3.45%	23.46%	8.70%	3.70%	18.18%	24.04%	0.00%	10.00%	20.75%	20.83%	20.56%	17.47%
5/13/2021	6.25%	21.79%	22.22%	12.90%	16.67%	20.45%	8.33%	3.03%	16.13%	0.00%	19.23%	15.46%
8/11/2021	13.19%	25.29%	24.00%	9.68%	6.90%	17.50%	40.00%	8.11%	17.87%	0.00%	20.72%	17.39%

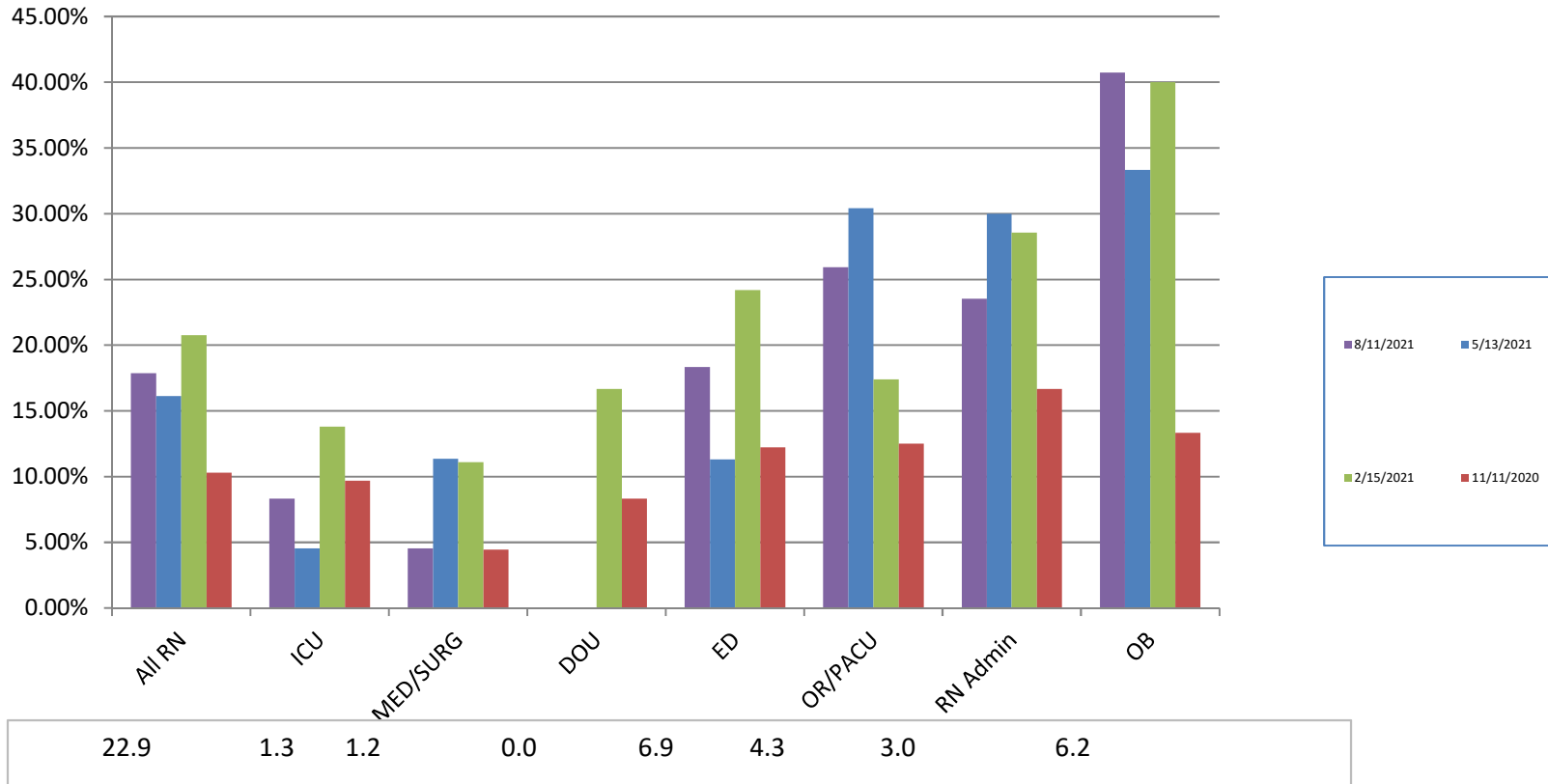


RN FTE Vacancy Summary: 05/14/2021 through 08/11/2021

VACANCY RATE = Number of openings/(total staff + openings)

	8/11/2021	5/13/2021	2/15/2021	11/11/2020
All RN	17.87%	16.13%	20.75%	10.31%
ICU	8.33%	4.55%	13.79%	9.68%
MED/SURG	4.55%	11.36%	11.11%	4.44%
DOU	0.00%	0.00%	16.67%	8.33%
ED	18.33%	11.32%	24.19%	12.24%
OR/PACU	25.93%	30.43%	17.39%	12.50%
RN Admin	23.53%	30.00%	28.57%	16.67%
OB	40.74%	33.33%	40.00%	13.33%

	OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	37	170	17.87%
ICU	2	22	8.33%
Med Surg	2	42	4.55%
DOU	0	8	0.00%
ER	11	49	18.33%
OR/PACU	7	20	25.93%
RN Adm.	4	13	23.53%
OB	11	16	40.74%



TAB C

SUMMARY DATA

FiscalYear	ValuationDate	Values				
		Total Paid	Total Reserves	Total Incurred	Count	Open Count
2015-2016	2021-07-31	816,853	64,072	880,925	40	4
2016-2017	2021-07-31	205,546	-	205,546	27	-
2017-2018	2021-07-31	72,312	-	72,312	18	-
2018-2019	2021-07-31	85,804	13,013	98,817	15	1
2019-2020	2021-07-31	66,351	6,544	72,896	15	2
2020-2021	2021-07-31	71,109	82,848	153,958	22	8
2021-2022	2021-07-31	-	1,650	1,650	1	1
Grand Total		1,317,975	168,128	1,486,103	138	16

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	167,575	24,341	191,915
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	118,375	15,571	133,946
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposure	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Open	82,637	10,912	93,549
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
15000959		Environmental Services	Miscellaneous Causes	2015-07-06	Closed	61,315	-	61,315
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	34,730	23,673	58,403
15001966		Emergency Department	Cut, Puncture, Scrape Injured by	2015-12-05	Closed	55,952	-	55,952
17000724		Security Department	Struck or Injured By	2017-06-14	Closed	46,504	-	46,504

- 2015-2016
- 2016-2017
- 2017-2018
- 2018-2019
- 2019-2020
- 2020-2021
- 2021-2022

InjuryCause

- Burn or Scald
- Caught In, Under or Between
- Cut, Puncture, Scrape Injured by
- Exposure
- Fall, Slip or Trip Injury
- Miscellaneous Causes
- Rubbed or Abraded By
- Strain or Injury By

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	29	21.01%	402,739	27.10%
Environmental Services	29	21.01%	529,821	35.65%
Dietary	16	11.59%	15,765	1.06%
Emergency Department	14	10.14%	69,448	4.67%
Surgical Services	7	5.07%	93,787	6.31%
Obstetrics	5	3.62%	191,244	12.87%
Laboratory	5	3.62%	8,076	0.54%
Business Office	4	2.90%	1,567	0.11%
Intensive Care Unit (ICU)	4	2.90%	2,675	0.18%
Medical Staff	3	2.17%	14,424	0.97%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	29	21.01%	529,821	35.65%
Medical Surgical	29	21.01%	402,739	27.10%
Obstetrics	5	3.62%	191,244	12.87%
Surgical Services	7	5.07%	93,787	6.31%
Emergency Department	14	10.14%	69,448	4.67%
Security Department	3	2.17%	47,323	3.18%
Nursing Administration	2	1.45%	40,666	2.74%
CT/Echotechnology	1	0.72%	37,364	2.51%
Dietary	16	11.59%	15,765	1.06%
Medical Staff	3	2.17%	14,424	0.97%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	38	27.54%	328,054	22.07%
Fall, Slip or Trip Injury	24	17.39%	613,232	41.26%
Struck or Injured By	18	13.04%	163,287	10.99%
Burn or Scald - Heat or Cold Exposures - Con	15	10.87%	139,185	9.37%
Cut, Puncture, Scrape Injured by	13	9.42%	73,001	4.91%
Caught In, Under or Between	8	5.80%	4,457	0.30%
Exposure	8	5.80%	26,401	1.78%
Miscellaneous Causes	7	5.07%	94,272	6.34%
Rubbed or Abraded By	7	5.07%	44,214	2.98%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	24	17.39%	613,232	41.26%
Strain or Injury By	38	27.54%	328,054	22.07%
Struck or Injured By	18	13.04%	163,287	10.99%
Burn or Scald - Heat or Cold Exposures - Con	15	10.87%	139,185	9.37%
Miscellaneous Causes	7	5.07%	94,272	6.34%
Cut, Puncture, Scrape Injured by	13	9.42%	73,001	4.91%
Rubbed or Abraded By	7	5.07%	44,214	2.98%
Exposure	8	5.80%	26,401	1.78%
Caught In, Under or Between	8	5.80%	4,457	0.30%

TAB D

2021 HOLIDAY GIFT CARDS
DISTRIBUTION Week of November 8TH, 2021

	QUANTITY	LAST YEAR	VALUE
FULL TIME	393	\$100.00	\$39,300.00
PART TIME	50	\$75.00	\$3,750.00
Per Diem	165	\$15.00	\$2,475.00
TOTAL	608		\$45,525.00

TAB E



State of California—Health and Human
Services Agency
**California Department of
Public Health**



August 5, 2021

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

Related Materials: Health Care Worker Vaccine Requirement Q&A

State Public Health Officer Order of August 5, 2021

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection and serious disease. At present, 63% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 18.3 new cases per 100,000 people per day, with case rates increasing ninefold within two months. The Delta variant is highly transmissible and may cause more severe illness. In fact, recent data suggests that viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain, according to a recent study. The Delta variant is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons. Thanks to vaccinations and to measures taken since March 2020, California's health care system is currently able to address the increase in cases and hospitalizations. However, additional statewide facility-directed measures are necessary to protect particularly vulnerable populations, and ensure a sufficient, consistent supply of workers in high-risk health care settings.

Hospitals, skilled nursing facilities (SNFs), and the other health care facility types identified in this order are particularly high-risk settings where COVID-19 outbreaks can have severe consequences for vulnerable populations including hospitalization, severe illness, and death. Further, the settings in this order share several features. There is frequent exposure to staff and highly vulnerable patients, including elderly, chronically ill, critically ill, medically fragile, and disabled patients. In many of these settings, the patients are at high risk of severe COVID-19 disease due to underlying health conditions, advanced age, or both.

Vaccinations have been available in California from December 2020 to the present, and from January 1, 2021, to July 12, 2021, a total of 9,371 confirmed COVID-19 outbreaks and 113,196 outbreak-related cases were reported to CDPH. Increasing numbers of health care workers are among the new positive cases, despite vaccinations being

prioritized for this group when vaccines initially became available. Recent outbreaks in health care settings have frequently been traced to unvaccinated staff members.

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the dramatic increase in cases, all health care workers must be vaccinated to reduce the chance of transmission to vulnerable populations.

For these reasons, COVID-19 remains a concern to public health and, in order to prevent its further spread in hospitals, SNFs, and other health care settings, new public health requirements are necessary at this time.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. All workers who provide services or work in facilities described in subdivision (a) have their first dose of a one-dose regimen or their second dose of a two-dose regimen by September 30, 2021:

a. Health Care Facilities:

- i. General Acute Care Hospitals
- ii. Skilled Nursing Facilities (including Subacute Facilities)
- iii. Intermediate Care Facilities
- iv. Acute Psychiatric Hospitals
- v. Adult Day Health Care Centers
- vi. Program of All-Inclusive Care for the Elderly (PACE) and PACE Centers
- vii. Ambulatory Surgery Centers
- viii. Chemical Dependency Recovery Hospitals
- ix. Clinics & Doctor Offices (including behavioral health, surgical)
- x. Congregate Living Health Facilities
- xi. Dialysis Centers
- xii. Hospice Facilities
- xiii. Pediatric Day Health and Respite Care Facilities
- xiv. Residential Substance Use Treatment and Mental Health Treatment Facilities

b. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

- i. By the US Food and Drug Administration (FDA), are listed at the FDA COVID-19 Vaccines webpage.
- ii. By the World Health Organization (WHO), are listed at the WHO COVID-19 Vaccines webpage.

- c. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
2. Workers may be exempt from the vaccination requirements under section (1) only upon providing the operator of the facility a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.
- a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
3. If an operator of a facility listed above under section (1) deems a worker to have met the requirements of an exemption pursuant to section (2), the unvaccinated exempt worker must meet the following requirements when entering or working in such facility:
- a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur twice weekly for unvaccinated exempt workers in acute health care and long-term care settings, and once weekly for such workers in other health care settings.
- b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.
4. Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (2), the operator of the facility then also must maintain records of the workers' testing results pursuant to section (3).

- a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.
 - b. Operators of the facilities subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).
 - c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (2) above. Testing records pursuant to section (3) must be maintained.
5. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.
6. Facilities covered by this Order are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, and education and outreach on vaccinations, including:
- a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and
 - b. access to online resources providing up to date information on COVID-19 science and research.
7. The July 26 Public Health Order will continue to apply.
8. This Order shall take effect on August 5, 2021, and facilities must be in full compliance with the Order by September 30, 2021.
9. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.



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Protocol for Health Care Workers (HCW) in Acute Care Hospitals

(Health care personnel interacting with patients for medical, nursing, dental, mental health care; includes patient transport, radiology/lab as well as social workers providing direct services, OT/PT/RT and pharmacists)

Exposed * – Asymptomatic – Fully Vaccinated

- Quarantine and Testing are not routinely required.

Exposed * – Asymptomatic – Not Fully Vaccinated

- Ten-day quarantine.
 - Twice-daily temperature check.
 - Monitor for respiratory and other symptoms consistent with COVID-19 (e.g. new loss of taste or smell).
 - If source patient tests negative, quarantine can be lifted.
 - If source patient tests positive, refer for PCR testing if it has been at least 5-7 days since date of exposure. Ten-day quarantine still required if tested prior to the end of the quarantine period.
 - During critical staffing shortages when there are not enough staff to provide safe patient care, essential critical infrastructure workers in the categories below, are not prohibited from returning after Day 7 from the date of last exposure if they have received a negative PCR test result from a specimen collected after Day 5: from last date of exposure.

Allowed for:

- Exposed asymptomatic health care workers; and
 - Exposed asymptomatic emergency responders.
- If asymptomatic, can be released from quarantine after 12:01 AM on the 11th day, with or without testing.
 - If ANY symptoms, exclude from work and refer for PCR testing unless tested within 7 days of symptom onset (otherwise evaluate for other potential causes).

Exposed * – Symptomatic (regardless of vaccination status)

- Exclude from work instruct in home isolation.
 - Twice-daily temperature check
 - Monitor worsening or development of additional symptoms suggestive of COVID- 19 (e.g., new loss of taste or smell)
- Refer for PCR testing, if testing is not available at the HCF.
 - While test is pending continue home isolation.
 - If test is negative and no longer symptomatic:
 - If source patient ruled out, discontinue isolation and clear for work.
 - If source patient is positive, complete 10-day quarantine.
 - If test is negative, but still symptomatic, an individualized assessment for other potential diagnosis (e.g., flu) is required to determine whether repeat testing is indicated.

Positive COVID-19 Test (regardless of vaccination status)

Symptomatic Health Care Workers with suspected or confirmed COVID-19:

To remain on home isolation until:

- Resolution of fever for at least 24 hours, after the last fever spike, without the use of fever-reducing medication **and** improvement of symptoms. (e.g., cough, shortness of breath, sore throat); **and**,
- At least 10 days have passed *since last positive test*.
- **Encourage HCWs not to retest** for at least 90 days unless known exposure and symptomatic.

Health Care Workers with laboratory-confirmed COVID-19 who never had any symptoms:

- To remain on home isolation until 10 days have passed since the date of their last positive COVID 19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, then the *protocol for symptomatic individuals* should be followed. **Encourage HCWs not to retest** for at least 90 days unless known exposure and symptomatic.

***Exposure definition:** Close contact within six feet of an infected person for a cumulative 15 minutes or more over a 24-hour period

Note:

PH clearance is not required. The Infection Preventionist in Acute Care Hospitals is the designated person to clear HCWs in their facilities.