



BOARD OF DIRECTORS

Katherine Burnworth, President | Laura Goodsell, Vice-President | Donald W. Medart Jr., Treasurer Arturo Proctor, Secretary | Enola Berker, Director | Rodolfo Valdez, Director | James Garcia, Director

**AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, August 14, 2025, 6:00 P.M.**

**Pioneers Memorial Hospital | PMH Auditorium
207 W. Legion Road, Brawley, CA. 92227**

[Join Microsoft Teams](#)

Meeting ID: 246 240 245 373 1

Passcode: y45Rc3Ax

1. Call to Order

2. Roll Call

3. Pledge of Allegiance

4. Approval of Request for Remote Appearance by Board Member(s), if Applicable

5. Consider Approval of Agenda

In the case of an emergency, items may be added to the agenda by a majority vote of the Board of Directors. An emergency is defined as a work stoppage, a crippling disaster, or other activity that severely imperils public health, safety, or both. Items on the agenda may be taken out of sequential order as their priority is determined by the Board of Directors. The Board may take action on any item appearing on the agenda.

6. Public Comments

At this time the Board will hear comments on any agenda item. If any person wishes to be heard, they shall stand; address the president, identify themselves, and state the subject for comment. Time limit for each speaker is 3 minutes individually per item to address the Board. Individuals who wish to speak on multiple items will be allowed four (4) minutes in total. A total of 15 minutes shall be allocated for each item for all members of the public. The board may find it necessary to limit the total time allowable for all public comments on

items not appearing on the agenda at anyone one meeting to one hour.

7. Critical Elements of Effective Governance by Jeff Bills with Confidence Consulting (90 minutes) Part 3

8. Board Comments

Reports on meetings and events attended by Directors; Authorization for Director(s) attendance at upcoming meetings and/or events; Board of Directors comments.

- a. Brief reports by Directors on meetings and events attended
- b. Schedule of upcoming Board meetings and/or events
- c. Report by Education and Outreach Ad-Hoc Committee
- d. Report by AB 918 Negotiation Ad-Hoc Committee

9. Consent Calendar

Any member of the Board may request that items for the Consent Calendar be removed for discussion. Items so removed shall be acted upon separately immediately following approval of items remaining on the Consent Calendar.

- a. Approve minutes for meetings of July 24, 2025

10. Items for Discussion and/or Board Action:

- a. Update Regarding Asset Transfer Agreement with City of El Centro and El Centro Regional Medical Center (ECRMC)
- b. Discussion and Possible Action Regarding Future ECRMC Hospital Facility Naming/Branding
- c. Action Item: Policy and Procedure: Aerosol Transmissible Plan Attachment D
- d. Action Item: Policy and Procedure: Aerosol Transmission Plan (ATP)
- e. Action Item: Policy and Procedure: Chemical Materials and Waste Management Plan
- f. Action Item: Policy and Procedure: Aerosol Transmissible Diseases/Pathogens: Appendix A
- g. Staff Recommends Action to Authorize: Sanders Inc
Presented by: Christopher R. Bjornberg CEO/ Tomas Virgen
Contract Value: \$35,863.00
Contract Term: None
Budgeted Classification: Progress Invoice No 0424-01

- h. Staff Recommends Action to Authorize: Xpedient Communication Security System.
Presented by: Christopher R. Bjornberg CEO/ Jorge Mendoza
Contract Value: \$ 52,287.01-Milestone Server and Devices Base
\$13,908.00-Xprotect Professional and Device License
Total: \$67,902.22 (Sales Tax \$1707.21)
Contract Term: None
Budgeted: Yes
- i. Staff Recommends Action to Authorize: Purchase of two Stryker Towers for General, Urology and GYN cases.
Presented by: Carol Bojorquez, CNO
Contract Value: \$372,858.92
Contract Term: One time purchase
Budgeted: Yes
Budgeted Classification: Medical Equipment, Perioperative Services Department
- j. Staff Recommends Action to Authorize: Authorize the Statement of Work between INNOVA Revenue Group and Imperial Valley Healthcare District ("IVHD")
Presented by: Carly Loper, CFO
Contract Value: Not to exceed \$2,400 per week
Contract Term: 6 Month Agreement
Budgeted: No
Budgeted Classification: Purchased Services
- k. Discussion and Possible Action to Approve to Approve Amended and Restated IVHD Board Bylaws
- l. Discussion and Possible Action to Dissolve IVHD Education and Outreach AD HOC
- m. Discussion and Possible Action to Appoint Members to Standing Committees:
- Finance & Budget
 - Hospital Operations & Integration
 - Governance
 - Quality Audit, Compliance & Ethics
 - Advocacy & Outreach
- n. Discussion and Possible Action Regarding Board Treasurer Position
- o. Discussion and Possible Action to Appoint AD HOC Committee for ECRMC Merger Strategic Planning

- p. Discussion and Possible Action to Approve Ordinance No. [2025-0814](#)
an Ordinance of the Imperial Valley Healthcare District Board of
Directors Establishing Compensation of Directors

11. Management Reports

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations
- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support
for AB 918
- e. Executive: Christopher R. Bjornberg – Chief Executive Officer
- f. Legal: Adriana Ochoa – General Counsel

12. Items for Future Agenda

This item is placed on the agenda to enable the Board to identify and schedule future items for discussion at upcoming meetings and/or identify press release opportunities.

13. Closed Session

- a. CONFERNECE WITH LEGAL COUNSEL – EXISTING LITIGATION
(Gov. Code 54956.9(d)(1))
Name of Case: Jennifer and Hector Ledezma v.
Pioneers Memorial Healthcare District
Imperial County Superior Court
BETA Claim No. [23-001571](#)

14. Adjournment

- a. The next regular meeting of the Board will be held on August 28,
2025, at 6:00 p.m.

POSTING STATEMENT

A copy of the agenda was posted August 8, 2025, at 601 Heber Avenue, Calexico, California 92231 at 10:30 p.m. and other locations throughout the IVHD pursuant to CA Government code 54957.5. Disclosable public records and writings related to an agenda item distributed to all or a majority of the Board, including such records and written distributed less than 72 hours prior to this meeting are available for public inspection at the District Administrative Office where the IVHD meeting will take place. The agenda package and material related to an agenda item submitted after the packets distribution to the Board is available for public review in the lobby of the office where the Board meeting will take place.

In compliance with the Americans with Disabilities Act, if any individuals request special accommodations to attend and/or participate in District Board meetings please contact the District at (760)970- 6046. Notification of 48 hours prior to the meeting will enable the District to make reasonable accommodation to ensure accessibility to this meeting [28 CFR 35.102-35.104 ADA title II].



MEETING MINUTES
July 24, 2025
REGULAR BOARD MEETING

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 24th OF JULY AT 601 HEBER AVENUE CITY OF CALEXICO, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

1. TO CALL ORDER:

The regular meeting was called to order in open session at 6:01 pm by Katie Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Katherine Burnworth
Vice-President	Laura Goodsell
Secretary	Arturo Proctor
Trustee	Enola Berker
Trustee	Rodolfo Valdez

ABSENT:

Donald W. Medart Jr. – Treasurer
James Garcia - Trustee

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer
Christopher R. Bjornberg - Chief Executive Officer
Tomas Virgen - Support for IVHD (AB 918)

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)

None

5. CONSIDER APPROVAL OF AGENDA:

Attorney Adriana addressed that there was a typo on item 9F that should be approval of Resolution number 2025-0724, the actual resolution that's attached to the packet has the correct year. This is just minor typo. Also, ahead of the closed session items she will be making a verbal announcement for closed session based on Government code section 54956.8. That is going to be an opportunity for the board to discuss the status of the real property negotiations for the ECRMC property. She will make full disclosure ahead of the closed session.

Motion was made by Director Goodsell and second by Director Proctor to approve the agenda for July 24, 2025, with the changes addressed by the attorney. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez
NOES: None

6. PUBLIC COMMENT TIME:



None

7. BOARD COMMENTS:

- a. Brief reports by Directors on meetings and events attended. Schedule of upcoming Board meetings and events.

None

- b. Report by Education and Outreach Ad-Hoc Committee

None

- c. Report by AB 918 Ad Hoc Negotiation Committee re AB 918

Attorney Adriana reported that we continue discussions with the City and ECRMC regarding the asset transfer agreement which was approved on June 26th. There is a version of asset agreement that has been modified slightly from the June 26th version, but in our opinion not substantively, that we sent over to the city for consideration. We believe that if the city approves that version, we're ready to sign it and move forward. It is her understanding that ECRMC is ready and okay with the version and believes the bond holder is not a party to that agreement and also approving of that version. It is sitting with the city; The city has a special meeting on Monday and hope that the city will consider and approve the asset transfer agreement at that time.

8. CONSENT CALENDAR:

Motion was made by Director Goodsell and second by Director Proctor to approve the consent calendar item A minutes for June 26, 2025, and PMH Expenses/ Financial Report June 2025. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

9. ACTION ITEMS:

- a. MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations

Motion was made by Director Goodsell and second by Director Proctor to approve the MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None



- b. Staff Recommends Action to Authorize: Authorization to approve Emergency On-call for Dr. Athar A. Ansari, M.D.

Presented by: Carly Zamora/Christopher R. Bjornberg

Contract Value: value varies depending on coverage

Contract Term: 2 Years

Budgeted: Yes

Budgeted Classification: On-call

Motion was made by Director Berker and second by Director Goodsell to approve the Emergency On-call for Dr. Athar A. Ansari, M.D. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

- c. Staff Recommends Action to Authorize: Authorization to approve Emergency On-call for Dr. Mobin Malik, M.D.

Presented by: Cary Zamora/Christopher R. Bjornberg

Contract Value: value varies depending on coverage

Contract Term: 2 Years

Budgeted: Yes

Budgeted Classification: On-call

Motion was made by Director Berker and second by Director Goodsell to approve the Emergency On-call for Dr. Mobin Malik, M.D. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

- d. Staff Recommends Action to Authorize: Authorization to approve Pain Management Professional Service Agreement for Anesthesia Medical Group of Imperial Valley

Presented by: Carly Zamora/Christopher Bjornberg

Contract Value: Compensation is based on coverage and depends based on visits, volumes and wRVU. Administration compensation does not exceed \$25,000 per contract year.

Contract Term: 3 years

Budgeted: Yes

Budgeted Classification: Professional Fees

Motion was made by Director Berker and second by Director Proctor to approve the Pain Management Professional Service Agreement for Anesthesia Medical Group of Imperial Valley. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

- e. Staff Recommends Action to Authorize: Review and approve the updated premium for Beazley Breach Response (BBR) endorsement for Imperial Valley Healthcare District.

Presented by: Carly Loper



Contract Value: \$54,169.50 (previous quote was \$48,169)

Contract Term: One Year Agreement (July 1, 2025 to June 30, 2026)

Budgeted: Yes

Budgeted Classification: Insurance

Motion was made by Director Goodsell and second by Director Proctor to approve the updated premium for Beazley Breach Response (BBR) endorsement for Imperial Valley Healthcare District. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

- f. Action Item: Approval of Resolution No. 2025-0724, Resolution of the Imperial Valley Healthcare District Board of Directors Authorizing the Acquisition of Property.

Motion was made by Director Goodsell and second by Director Berker to approve Approval of Resolution 2025-0724, subject to the addition of the following authorization language to the last sentence of Section 2 of the resolution: “including execution of a building management agreement.” Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

- g. Discussion and Possible Action Item: Modify Regular Board Meeting Dates

Motion was made by Director Goodsell and second by Director Valdez to approve modifying the Regular Board Meeting Schedule as follows:

August 28 meeting will occur at ECRMC
September 11 meeting at Calexico Location
October 9 meeting at Pioneers Location
October 23 meeting at ECRMC Location
November 13 meeting at Calexico Location
December 11 meeting at Pioneers Location

Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez

NOES: None

10. MANAGEMENT REPORTS:

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer

Carly went over the June 2025 finance report.

- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer



None

- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations

None

- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support for AB 918

Tomas reported that he will be meeting with our CEO. Dr. Tyson called him and wanted to go over some issues. He is concerned about the south side. He will meet with our CEO and hopefully present at our next meeting.

- e. Executive: Christopher R. Bjornberg – Chief Executive Officer

Chris reported that they had an all-staff meeting last week. For the most part it was a pretty good meeting but there's a lot of misinformation and rumors out here right now. One example is the rumor of the hospital closing and people thought that we were going to close and that was a topic that was talked about. Another rumor is that we are closing the Pioneers campos all together and turning it into a nursing home. Those are just a few of those rumors going on right now and were talked about and cleared up. He also reported that once the ATA is done more of those questions people have will be answered because right now, they cannot give answers to some questions until we get passed that point.

He also reported that today he signed the paperwork for the grant that was talked about and reported that they did get a Facility Director that will start in August.

- f. Legal: Adriana Ochoa – General Counsel

Attorney Adriana reported that the general counsel for ECRMC and herself have been in touch with reviewing contracts. They are reporting on a contract review team for both organizations to determine which should be assigned, consolidated, terminated, going to go hand in hand nicely with our bylaws committee and rewriting of the bylaws and then on the operational side Pablo for rewriting of the NC bylaws. We have a tentative contract for new team consisting of administration, finance, human resources, legal, clinical operations, physician services, IS services, contracting and quality and education. The ball is rolling on that, and we will start having meetings with the various groups to discuss efficiencies, coordination, and harmonization of procedures and contracts.

11. ITEMS FOR FUTURE AGENDA:

Board meeting dates

Legal Counsel made the following verbal announcement in the open and public session: Pursuant to Government Code section 54956.8, the Board will now break into closed session with its negotiators regarding the price and terms of payment for the purchase of the El Centro Regional Medical Center and ancillary facilities. The address of the facilities are 1415 Ross Ave, El Centro, CA 92243, the agency's negotiators are the AB 918 Ad Hoc Committee



(Katherine Burnworth, James Garcia, Laura Goodsell), Christopher Bjornberg, and Adriana Ochoa, and the parties with whom its negotiators may negotiate are the City of El Centro staff and legal counsel, and ECRMC's CEO and legal counsel.

BOARD ENTERED INTO CLOSED SESSION AT 7:24PM

12. CLOSE SESSION:

a. PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Gov. Code 54957(b)(1))

- Title: Chief Executive Officer

BOARD RECONVENED INTO OPEN SESSION AT 8:43PM

No reportable action taken in closed session

13. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 8:44 p.m.

Imperial Valley Healthcare District

Title: Aerosol Transmissible Plan Attachment D		Policy No.
		Page 1 of 4
Current Author:		Effective:
Latest Review/Revision Date: 4/2/2025		Manual:

Collaborating Departments:		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD	

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

Aerosol Transmissible Pathogens – Laboratory (Mandatory)

This appendix contains a list of agents that, when reasonably anticipated to be a laboratory to comply with Section 5199 for laboratory operations by performing a risk assessment and establishing a biosafety plan that includes appropriate control measures as identified in the standard.

Adenovirus (in clinical specimens and in cultures or other materials derived from clinical specimens)
Arboviruses, unless identified individually elsewhere in this list (large quantities of high concentrations of Arboviruses for which CDC recommends BSL-2, e.g., dengue virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving Arboviruses for which CDC recommends SL-3 or higher, e.g., Japanese encephalitis, West Nile virus, Yellow Fever)

Arenaviruses: (large quantities or high concentrations of arenaviruses for which CDC recommends BSL-2, e.g., Pichinde virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods' involving arenaviruses for which CDC recommends BSL-3 or higher, e.g., Flexal virus)

Bacillus anthracis – (activities with high potential for aerosol production, large quantities or high concentrations, screening environmental samples from anthracis – contaminated locations)

Blastomyces dermatitidis: (sporulating mold-form cultures, processing environmental materials known or likely to contain infectious conidia)

Bordetella pertussis (aerosol generation, or large quantities or high concentrations)

Brucella abortus, B. canis, B. 'maris', B. melitensis, B. Suis: (cultures, experimental animal studies, products of conception containing or believed to contain pathogenic Brucella spp.)

Burkholderia mallei, B. pseudomallei: (potential for aerosol or droplet exposure, handling infected animals, large quantities or high concentrations)

Cercopithecine herpes virus: (see Herpes virus simiae)

Chlamydia pneumoniae: (activities with high potential for droplet or aerosol production, large quantities or high concentrations)

Chlamydia psittaci (activities with high potential for droplet or aerosol production, large quantities or high concentrations, non-avian strains, infected caged birds, necropsy of infected birds and diagnostic examination of tissues or cultures known to contain or be potentially infected with C. psittaci strains of avian origin)

Chlamydia trachomatis: (activities with high potential for droplet or aerosol production, large quantities or high concentrations, cultures of lymphogranuloma venereum (LGV) serovars, specimens known to likely to contain C. trachomatis)

Clostridium botulinum: (activities with high potential for aerosol or droplet production, large quantities or high concentrations)

Imperial Valley Healthcare District

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Coccidioides immitis, C posadasii (sporulating cultures, processing environmental materials known or likely to contain infectious arthroconidia, experimental animal studies involving exposure by the intranasal or pulmonary route)

Corynebacterium Diphtheriae

Coxiella burnetti: (inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies, animal studies with infected arthropods, necropsy of infected animals, handling infected tissues)

Crimean-Congo hemorrhagic fever virus

Cytomegalovirus, human: viral production, purification, or concentration)

Eastern equine encephalomyelitis virus (EEEV): (clinical materials, infectious cultures, infected animals or arthropods)

Ebola Virus

Ebstein-Barr virus: (viral production, purification, or concentration)

Escherichia coli, shiga toxin-producing only: (aerosol generation or high splash potential)

Flexal virus

Francisella tularensis: (suspect cultures including preparatory work for automated identification systems, experimental animal studies, necropsy of infected animals high concentrations of reduced-virulence strains)

Guanarito virus

Haemophilus influenzae, type b

Hantaviruses: (serum or tissue from potentially infected rodents, potentially infected tissues, large quantities or high concentrations, cell cultures, experimental studies)

Helicobacter pylori: (homogenizing or vortexing gastric specimens)

Hemorrhagic fever: specimens from cases thought to be due to dengue or yellow fever viruses or which originate from areas in which communicable hemorrhagic fever are reasonably anticipated to be present

Hendra virus:

Hepatitis B, C, and D viruses: (activities with high potential for droplet or aerosol generation, large quantities or high concentrations of infectious materials)

Herpes simplex virus 1 and 2

Herpes virus simiae B-virus: consider for any material suspected to contain virus, mandatory for any material known to contain virus, propagation for diagnosis cultures)

Histoplasma capsulatum: (sporulating mold-form cultures, propagating environmental materials known or likely to contain infectious conidia)

Human herpes viruses 6A, 6B, 7, and 8: (viral production, purification, or concentration)

Influenza virus, non-contemporary human (H2N2) strains: 1918 influenza strain, highly pathogenic avian influenza (HPAI) (large animals infected with 1918 strain and animals infected with HPAI strains in ABSL-3 facilities, loose-housed animals infected with HPAI strains in BSL-3-Ag facilities)

Influenza virus, H5N1: human, avian

Junín virus

Kyasanur forest disease virus

Lassa fever virus

Legionella pneumophila, other legionella-like agents: (aerosol generation, large quantities or high concentrations)

Imperial Valley Healthcare District

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Lymphocytic choriomeningitis virus (LCMV): (field isolates and clinical materials from human cases, activities with high potential for aerosol generation, large quantities or high concentrations, strains lethal to nonhuman primates, infected transplantable tumors, infected hamsters)

Machupo virus

Marburg virus

Measles virus

Monkeypox virus: (experimentally or naturally infected animals)

Mumps virus

Mycobacterium tuberculosis complex: M. africanum, M. bovis, M. caprae, M. microti, M. pinnipedii, M. tuberculosis (aerosol-generating activities with clinical specimens, cultures, experimental animal studies with infected nonhuman primates)

Mycobacterium spp. Other than those in the M. tuberculosis complex and M. leprae: (aerosol generation)

Neisseria gonorrhoeae: (large quantities or high concentrations, consider for aerosol or droplet generation)

Neisseria meningitidis: (activities with high potential for droplet or aerosol production, large quantities of high concentration)

Nipah virus

Omsk hemorrhagic fever virus

Parvovirus B19

Prions: (bovine spongiform encephalopathy prions, only when supported by a risk assessment)

Rabies virus, and related lyssaviruses: (activities with high potential for droplet or aerosol production, large quantities or high concentrations)

Retrovirus, including Human and Simian Immunodeficiency viruses (HIV and SIV): (activities with high potential for aerosol or droplet production, large quantities or high concentrations)

Rickettsia prowazekii, Orientia (Rickettsia) tsutsugamushi, R. typhi (R. mooseri), Spotted Fever group agents (R.australis, R. conorii, r. japonicum, r. rickettsii, and R. siberica): (known or potentially infectious materials; incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies with infected arthropods)

Rift valley fever virus (RVFV)

Rubella virus

Sabia virus

Salmonella spp. Other than S. typhi: (aerosol generation or high splash potential)

Salmonella typhi: (activities with significant potential for aerosol generation, large quantities)

SARS coronavirus: (untreated specimens, cell cultures, experimental animal studies)

Shigella spp.: (aerosol generation or high splash potential)

Streptococcus spp., group A

Tick-borne encephalitis viruses: (Central European tick-borne encephalitis, Far Eastern tick-borne encephalitis, Russian spring and summer encephalitis)

Vaccinia virus

Varicella zoster virus

Variola major virus (smallpox virus)

Variola minor virus (Alastrim)

Imperial Valley Healthcare District

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Venezuelan equine encephalitis virus (VEEV): (clinical materials, infectious cultures, infected animals or arthropods)

West Nile virus (WNV): (dissection of field-collected dead birds, cultures, experimental animals or arthropods)

Western equine encephalitis virus (WEEV): (clinical materials, infectious cultures, infected animals or arthropods)

Yersinia pesis: (antibiotic resistance strains, activities, with high potential for droplet or aerosol production, large quantities or high concentrations, infected arthropods, potentially infected animals.

*'Large quantities or a high concentration' refers to volumes or concentrations considerably excess of those typically used for identification and typing activities. A risk assessment must be performed to determine if the quantity or concentration to be used carries and increased risk, and would therefore require aerosol control.

**'activities with high potential for aerosol generation' include centrifugation



GLOSSARY

The following terms are used as part of the Chemical Hygiene Program:

1. **ACUTE:** An adverse effect with symptoms of high severity coming quickly to a crisis.
2. **CARCINOGEN:** A substance capable of causing cancer.
3. **CHEMICAL AGENTS:** A wide variety of fluids that have a high potential for body entry by various means. Some are more toxic than others and require special measures of control for safety and environmental reasons.
4. **CHRONIC:** An adverse effect with symptoms that develop slowly over a long time period or that frequently recur.
5. **COMBUSTIBLE:** Able to catch on fire and burn.
6. **DOT:** Department of Transportation.
7. **EPA:** Environmental Protection Agency.
8. **FLAMMABLE:** Capable of being easily ignited and burning with extreme rapidity.
9. **INFECTIOUS AGENTS:** Sources that cause infections either by inhalation, or direct contact with the host material.
10. **LABORATORY SCALE:** Work with chemicals that can easily and safely manipulated by one person excluding the commercial production of chemicals for sale.
11. **LABORATORY USE:** A workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.
12. **LC 50:** The concentration of a substance in air that causes death in 50% of the animals exposed by inhalation. A measure of acute toxicity.
13. **LD 50:** The dose that causes death in 50% of the animals by swallowing a substance. A measure of acute toxicity.

- 14.MSDS: Material Safety Data Sheet.
- 15.MUTAGEN: Capable of changing cells in such a way that future generation is affected. Mutagenic substances are usually considered suspect carcinogens.

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Glossary – Chemical Hygiene Program

- 16.OSHA: Occupational Safety and Health Administration, the regulatory branch of the Department of Labor concerned with employee safety.
- 17.PEL: Permissible Exposure Limit. This is the legally allowed concentration in the workplace that is considered a safe level of exposure for an 8-hour shift, 40 hours per week.
- 18.pH: A measure of how acetic or caustic a substance is on a scale of 1 to 14. A pH of 1 indicates that a substance is very acetic, and a pH of 14 indicates that a substance is very basic.
- 19.PHYSICAL AGENTS: Workplace sources recognized for their potential effects on the body. Heat exposure or excessive noise levels are examples of this risk group.
- 20.SENSITIZERS: Agents to repeated exposure over time creating an allergic reaction at some point in time.
- 21.STERILITY: Changers made in male or female reproductive systems resulting inability to reproduce.
- 22.TETRAGENS: A substance that causes deformity in newborns if a significant exposure exists during pregnancy.
- 23.TLV: Threshold Limit Value. The amount of exposure for an employee in an 8 hour day.

Measles, Mumps, Rubella Vaccine Consent/Declination Form

Name:	Date of Birth:
Department:	Position/Title:

MMR vaccine can prevent measles, mumps, & rubella. MMR can spread through the sneezes and coughs of infected persons. **Measles (rubeola)** causes fever, cough, runny nose and a rash that covers the entire body. It can lead to seizures and pneumonia. **Mumps** causes fever, headache, muscle aches, swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and swollen testicles/ovaries. **Rubella** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in teenage and adult women, if a person becomes infected with Rubella while pregnant, it can lead to miscarriage or birth defects.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Allergic to Neomycin? |
| ☐ | ☐ | Allergic to Eggs? |
| ☐ | ☐ | HIV/Aids, or other disease that affects the immune system |
| ☐ | ☐ | Current treatment with medications that affect immune system (steroids, biological, rheumatoid) |
| ☐ | ☐ | Current treatment for cancer with radiation or chemotherapy |
| ☐ | ☐ | History of low platelet count |
| ☐ | ☐ | Recent blood transfusion or other blood product |

CONSENT: : I have read the information on Measles, Mumps, & Rubella (MMR) Virus Vaccine and have had the opportunity to ask questions. I understand the benefits and risks of MMR virus vaccination. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from it, I request that it be given to me.

Print Name

Signature

Date

<i>Date Vaccinated</i>	<i>Site</i>	<i>Manufacturer</i>	<i>Lot/Expiration Date</i>	<i>Administered/Title</i>
#1		Merck		
#2		Merck		

DECLINE: I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with **Measles, Mumps, Rubella**. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, **I decline this vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring Measles, Mumps, Rubella, a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Print Name

Signature

Date

IMPERIAL VALLEY HEALTHCARE DISTRICT- PIONEERS MEMORIAL HOSPITAL
RESPIRATORY PROTECTION
EVALUATION QUESTIONNAIRE
Attachment B – Aerosol Transmission Plan

Employee: Complete questionnaire for scheduling of fit test. Fit testing is required annually. Failure to complete this requirement will result in removal from the work schedule.

INSTRUCTIONS: Employee, please complete Sections A and B—type or print clearly.

Evaluations are based on the employee's ability to use the following particulate respirators:

- 3M 9205 Particulate Respirator
- 3M 1860R & 1860S Particulate Respirator
- 3M 1870+ N-95 Particulate Respirator
- Moldex 1510 XSmall
- PAPR (Powered Air Purifying Respirator)
- Other _____

SECTION A

SECTION A			
NAME (Last) PRINT (First) (Middle)			SOCIAL SECURITY NUMBER (Last 4 numbers only)
_____			XXX – XX - _____
Department: _____			
HEIGHT Feet _____ Inches _____	WEIGHT Pounds _____	GENDER Male _____ Female _____	AGE (To nearest year)
DAY TIME PHONE (include area code)			TODAY'S DATE
Have you ever used a respirator? Check Yes or No. _____ Yes _____ No			

SECTION B

Read the question and check the appropriate box. YES NO	4. Do you currently have any of the following symptoms of pulmonary or lung illness? YES NO
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month? () ()	a. Shortness of breath? () ()
a. Have you ever had any of the following Conditions?	b. Shortness of breath when walking fast on () ()
b. Seizures (fits) () ()	c. Level ground or walking up a slight hill or incline. () ()
c. Diabetes (sugar disease)? () ()	d. Shortness of breath when walking with () ()
d. Allergic reactions that interfere with your breathing? () ()	e. Other people at an ordinary pace on level ground? () ()
e. Claustrophobia (fear of closed-in-places)? () ()	f. Have to stop for breath when walking at () ()
e. Trouble smelling odors? () ()	g. Your own pace on level ground? () ()
	h. Shortness of breath when washing or dressing yourself? () ()
	i. Shortness of breath that interferes with your job? () ()
	j. Coughing that produces phlegm (thick Sputum)? () ()
	k. Coughing that wakes you early in the morning? () ()
	l. Coughing that occurs mostly when you are lying down? () ()
3. Have you ever had any of the following Pulmonary or lung problems:	m. Coughing up blood in the last month? () ()
a. Asbestosis? () ()	n. Wheezing? () ()
b. Asthma? () ()	o. Wheezing that interferes with you job? () ()
c. Chronic Bronchitis () ()	p. Chest pain when you breathe deeply? () ()
d. Emphysema? () ()	q. Any other symptoms that you think may () ()
e. Pneumonia? () ()	r. Be related to lung problems? () ()
f. Tuberculosis () ()	If yes, describe below:
g. Silicosis () ()	_____
h. Pneumothorax (collapsed lung)? () ()	_____
i. Lung Cancer () ()	_____
j. Broken ribs () ()	_____
k. Any chest injuries or surgeries? () ()	
l. Any other lung problem that you've been told about? If yes, describe below. () ()	

IMPERIAL VALLEY HEALTHCARE DISTRICT- PIONEERS MEMORIAL HOSPITAL
RESPIRATORY PROTECTION
EVALUATION QUESTIONNAIRE
Attachment B – Aerosol Transmission Plan

5. Have you ever had any of the following cardiovascular or heart problems? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. Heart attack?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>b. Stroke?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>c. Angina?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>d. Heart failure</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>e. Swelling in your legs or feet (not</td><td></td><td></td></tr> <tr><td>f. caused by walking)</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>g. Heart arrhythmia (heart beating irregularly)?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>h. High blood pressure?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>i. Any other heart problem that you've</td><td></td><td></td></tr> <tr><td> Informed of?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> </tbody> </table> If yes, describe below: _____ _____		Yes	No	a. Heart attack?	()	()	b. Stroke?	()	()	c. Angina?	()	()	d. Heart failure	()	()	e. Swelling in your legs or feet (not			f. caused by walking)	()	()	g. Heart arrhythmia (heart beating irregularly)?	()	()	h. High blood pressure?	()	()	i. Any other heart problem that you've			Informed of?	()	()	9. Have you had a pulmonary function test before? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> </tbody> </table> If yes, when? _____ If yes, where? _____		Yes	No		()	()
	Yes	No																																						
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Informed of?	()	()																																						
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6. Have you ever had any of the following Cardiovascular or heart symptoms: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. Frequent pain or tightness in your chest?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>b. Pain or tightness in your chest during activity?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>c. Pain or tightness in your chest that interferes with your job?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>d. In the past two years have you noticed your heart skipping or missing a beat?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>e. Heartburn or indigestion that is not related to eating?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>f. Any other symptoms that you think may be related to heart or circulation problems?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> </tbody> </table> If yes, describe below: _____ _____ _____		Yes	No	a. Frequent pain or tightness in your chest?	()	()	b. Pain or tightness in your chest during activity?	()	()	c. Pain or tightness in your chest that interferes with your job?	()	()	d. In the past two years have you noticed your heart skipping or missing a beat?	()	()	e. Heartburn or indigestion that is not related to eating?	()	()	f. Any other symptoms that you think may be related to heart or circulation problems?	()	()	10. Have you had any changes in the past year in your <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. Health</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>b. Weight</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>c. Face shape</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>d. Other</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> </tbody> </table> Explain: _____ _____ _____		Yes	No	a. Health	()	()	b. Weight	()	()	c. Face shape	()	()	d. Other	()	()			
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7. Do you currently take medication for any of the following problems: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>a. Breathing or lung problems?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>b. Heart trouble?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>c. Blood pressure?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>d. Seizures (fits)?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> </tbody> </table>	a. Breathing or lung problems?	()	()	b. Heart trouble?	()	()	c. Blood pressure?	()	()	d. Seizures (fits)?	()	()	To the best of my knowledge I Have () Have No () medical condition that would interfere with wearing an N-95 respirator. I understand that heart disease, high blood pressure, or lung disease may require specific medical evaluation by a physician before safe use of a respirator can be determined.																											
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8. If you have ever used a respirator (i.e. TB mask), answer the following questions. If you have never used a respirator, proceed to question 9. Type(s) of respirators used: _____ _____ Have you ever had any of the following problems associated with the use of a respirator? <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>a. Eye irritation?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>b. Skin allergies or rashes?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>c. Anxiety?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>d. General weakness or fatigue?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> <tr><td>e. Any other problem that interfered with the use of a respirator?</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr> </tbody> </table> If yes, describe below: _____ _____	a. Eye irritation?	()	()	b. Skin allergies or rashes?	()	()	c. Anxiety?	()	()	d. General weakness or fatigue?	()	()	e. Any other problem that interfered with the use of a respirator?	()	()	Signature: _____ Department: _____ Date: _____ Pioneers Memorial Hospital 207 W. Legion Road Brawley, CA 92227 760-351-3245 Fit Testing																								
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Manual: Clinical / Infection Control		

Collaborating Departments: Facilities, Training & Development, Nursing, Case Management; Human Resources, Employee Health, Dr Al Jasim		Keywords: ATP, transmissible disease, TB exposure control, Tuberculosis		
Approval Route: List all required approval				
	PSQC	Other: Safety x		
Clinical Service _____		MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 This document is intended to limit the risk of transmission of aerosol transmissible diseases, pathogens, and all aspects of the Tuberculosis (TB) Exposure Control Plan. This program shall provide guidelines for the identification and isolation of patients with suspected or diagnosed Aerosol Transmissible Diseases (ATD) as defined by California Occupational Safety and Health Standards (Cal-OSHA). All prior policies regarding TB Exposure Control Plan are superseded by this document.

2.0 Scope:

- 2.1 The policies and procedure in the ATD/TB Control plan are applicable to all individuals who work at Pioneers Memorial Hospital and associated clinics and have face-to-face contact with patients. This includes volunteers, LIPs, rotating staff such as travelers/registry, therapists, environmental services, contractors, and administrative personnel who may work in patient care areas, etc. This policy also applies to any Pioneers Memorial Hospital funded employee whose worksite location may be away from the facility. Lab workers who work with specimens or tissues that may be infected or potentially infected with ATDs are included. The ATD plan is applicable to all Pioneers Memorial HCW with potential for contact with patients who may be infected with any ATD listed in Attachment A.

3.0 Policy:

- 3.1 The intent of the policy is to provide care to patients with ATD in a manner that minimizes the risk of transmission to staff, patients, and visitors. Early diagnosis, timely and effective treatment, environmental controls, and the use of respiratory protection, a comprehensive healthcare worker (HCW) surveillance program, effective use of administrative work practices and engineering controls are the key to this policy.
- 3.2 The ATD plan is intended to serve as a guidance document for preventing healthcare associated transmission of ATDs. This policy and the policies and procedures referenced in this document are consistent with the current recommendations from the Center for Disease Control and Prevention (CDC), the requirements of Cal-OSHA and the California Department of Public Health (CDPH).
- 3.3 This plan is made available to all employees upon hire. A copy is maintained in

The electronic version of this policy supersedes any printed copy.

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Compliance 360 and is reviewed with all employees on hire and at least annually as part of the annual update. The plan will be reviewed at least annually by the Infection Control Committee and revised, as necessary. PMHD administration will ensure compliance with this plan.

4.0 Definitions:

- 4.1 Accredited Laboratory – A laboratory that is licensed by the CDPH pursuant to Title 17 of The California Code of Regulations (CCR), or which has participated in a quality assurance program leading to a certification of competence administered by a governmental or private organization that test and certifies laboratories.
- 4.2 Aerosol Transmissible Disease (ATD) – A pathogen for which airborne precautions are recommended, as listed in Attachment A.
- 4.3 Aerosol Transmissible Pathogen – Laboratory (ATP-L): A pathogen that meets one of the following criteria: (1) the pathogen appears on the list in Attachment D (2) the Biosafety in Microbiological and Biomedical Laboratories (BMBL) recommends biosafety level 3 or above for the pathogen, (3) the pathogen is a novel or unknown pathogen.
- 4.4 Airborne Infection Isolation (All) – Infection control procedures as described in Guidelines for preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.
- 4.5 Airborne Infection Isolation Room or Area (AIIR) – A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized M. tuberculosis and other airborne infectious pathogens and that meets the requirements stated in the CalOSHA standard.
- 4.6 Airborne Infectious Disease (AirID) – Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which All is recommended by the CDC or CDPH, as listed in Attachment A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.
- 4.7 Airborne Infectious Pathogen (AirIP) – Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agents, and for which the CDC or CDPH recommends All, as listed in Attachment A, or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility of transmission through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.
- 4.8 Biological Safety Officer (s) – A person who is qualified by training and/or experience to

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- evaluate hazards associated with laboratory procedures involving ATP-L, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.
- 4.9 Biosafety Level 3 – Compliance with criteria for laboratory practices, safety equipment, and facility design and construction recommended by the CDC in Biosafety in Microbiological and Biomedical Laboratories for laboratories in which work is done with indigenous or exotic agents with a potential for aerosol transmission and which may cause serious or potentially lethal infection.
 - 4.10 Biosafety in Microbiological and Biomedical Laboratories (BMBL) - Biosafety in Microbiological and Biomedical Laboratories, 6th Edition (2020) CDC and National Institutes for Health, 2007, which is hereby incorporated by reference for the purpose of establishing biosafety requirements in laboratories.
 - 4.11 CDC – Centers for Disease Control
 - 4.12 CDPH – California Department of Public Health and its predecessor, the California Department of Health Services (CDHS)
 - 4.13 Chief – The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.
 - 4.14 CTCA – The California Tuberculosis Controllers Association
 - 4.15 Drug Treatment Program – A program that is (A) licensed pursuant to Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code; or Chapter 1 (commencing with Section 11876), Part 3, Division 10.5 of the Health Safety code; or (B) certified as a substance abuse clinic or satellite clinic pursuant to Section 21200, Title 22, CCR and which has submitted claims for Medi-Cal reimbursement pursuant Section 11831.5 or Section 11994 of the Health and Safety Code.
 - 4.16 Droplet Precaution – Infection control procedures as described in Guidelines for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 um in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.
 - 4.17 Exposure Incident – An event in which all of the following have occurred:
 - 4.17.1 An employee has been exposed to an individual who is a case or suspected case of an ATD, or to a work area or to equipment that is reasonably expected to contain ATPs.
 - 4.17.2 The exposure occurred without the benefit of applicable exposure controls required by this section.
 - 4.17.3 And it reasonably appears from the circumstances of the exposure that transmission of disease is likely to require medical evaluation.
 - 4.18 Health Care Worker (HCW) – A person who works in a health care facility, service, or operations, or who has potential for occupational exposure.
 - 4.19 High Hazard Procedure – Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of

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containing an ATP-L, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens.

- 4.20 Initial Treatment – treatment provided at the time of the first contact a health care provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures.
- 4.21 Latent TB Infection (LTBI) – Infection with *M. tuberculosis* in which bacteria are present in the body but are inactive. Persons who have LTBI but who do not have active TB disease are asymptomatic, do not feel sick and cannot spread TB to other persons. They typically react positively to TB tests.
- 4.22 Local Health Officer – The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.
- 4.23 *M. tuberculosis* – *Mycobacterium* TB complex, which includes *M. tuberculosis*, *M. bovis*, *M. africanum*, and *M. microti*. *M. tuberculosis* is the scientific name of the group of bacteria that causes tuberculosis.
- 4.24 Negative Pressure – a relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent area, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.
- 4.25 NIOSH – The Director of the National Institute for Occupational Safety and Health, CDC, or his or her designated representative.
- 4.26 Novel or Unknown ATP – A pathogen capable of causing serious human disease meeting the following criteria:
 - 4.26.1 There is credible evidence that the pathogen is transmissible to humans by aerosols.
 - 4.26.2 The disease agent is a newly recognized pathogen, or a newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility.
 - 4.26.3 A recognized pathogen that has been recently introduced into the human population.
 - 4.26.4 A not yet identified pathogen.
- 4.27 PAPR – Positive Air Purifying Respirator
- 4.28 Reportable Aerosol Transmissible Disease (RATD) – A disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD)
- 4.29 Respiratory Hygiene/Cough Etiquette in Health Care Settings – Respiratory Hygiene/cough Etiquette in Health Care Settings, CDC, November 4, 2004, which is hereby incorporated by reference for the sole purpose of establishing requirements for source control procedures.
- 4.30 Screening By Health Care Provider – The initial assessment of persons who are

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potentially AirID or ATD cases by a health care provider in order to determine whether they need airborne infection isolation or need to be referred for further medical evaluation or treatment to make that determination.

- 4.31 Significant Exposure – An exposure to a source of ATPs or ATPs-L in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a LIP.
- 4.32 Source Control Measures – The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as a persistent cough.
- 4.33 Surge – a rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.
- 4.34 Suspected Case – either of the following:
 - 4.34.1 A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Attachment A
 - 4.34.2 A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements as applied to a particular disease condition listed in Attachment A.
- 4.35 TB Conversion – A change from “negative” to “positive” as indicated by TB test based upon current CDC or CDPH guidelines for interpretation of the TB test.

5.0 Procedure:

- 5.1 Administration has designated the Infection Control Practitioner as the administrator of the plan, under the authority and direction of the Medical Director of Infection Control and the Infection Control Committee (ICC). However, the prevention and control of infection is a shared responsibility among all clinical and non-clinical individuals of the hospital.
 - 5.1.1 The Infection Control Practitioner shall be responsible for the establishment, implementation, and the maintenance of written infection control procedures to control the risks of transmissions of ATDs.
 - 5.1.2 Each individual who works at Pioneers Memorial Hospital and associated clinics has the responsibility to know, understand, and follow the ATD/TB control Plan. Specifically, they must wear respiratory protection as described in this plan, complete an annual TB screening every 12 months for employees and report all incidents of exposure to Employee Health. If conversion rate increases TB screening will be conducted every 6 months for employees who work in high-risk areas.
 - 5.1.3 Medical Staff: LIPs hold the primary responsibility for the early identification of ATD cases; prompt isolation of patients, and administration of appropriate

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therapy.

- 5.1.4 Department Managers/Directors are responsible to ensure that annual department specific ATD/TB prevention related in service is provided and documented. They are responsible for monitoring healthcare workers for compliance with the ATD/TB exposure control plan.
- 5.1.5 Facility Services are responsible for maintenance, testing, and documentation of environment controls relating to Airborne Infection Isolation Rooms (AIIR). Facility services will change filters as required, when changing ventilation system filters, personnel will wear N95 respirator and dispose of used filters as bio-hazardous wastes. Facilities will maintain all necessary records regarding assessments of AIIR for five years and ensure annual certification of the AIIR ventilation system. Annual AIIR airflow verification and logs to be maintained digitally and reviewed quarterly by ICP.
- 5.1.6 Healthcare Workers (HCW) are responsible to know and understand and follow the ATD/TB control plan. Each employee is responsible for the use of standard precautions and other infection control policies and procedures to minimize risk of exposure to patient blood and body fluids. Additionally, each HCW is responsible for instituting appropriate infection control precautions, based on identified signs and symptoms, whenever an ATD is suspected.
- 5.1.7 Employee Health is responsible for healthcare worker ATD surveillance, record keeping and preventative therapy (including vaccination), exposure incident evaluation and follow-up. TB risk assessment shall be performed annually, on an as needed basis, and when an increase in HCW exposures is identified.
- 5.1.8 Case Management will identify patients with active or suspected ATD upon admission or initial review. The case manager will collaborate with the ICP to ensure appropriate and timely notification to the Imperial County Public Health Department. Case Managers will complete the discharge plan for all patients with active pulmonary TB.
- 5.1.9 Education and training is provided to all employees who have potential contact with suspected/confirmed patients or specimens. Personal Protection Equipment and hand hygiene education and training is incorporated in employee initial and annual re-orientation, annual skills fair and when significant changes to the plan are made. Participation in the annual skills fair is mandatory. The education department will maintain attendance records.
- 5.1.10 Engineering will monitor HEPA filters, ventilation and negative pressure systems as well as act as a resource for training and to department managers for clarification and review of departmental policies and/or concerns. Facilities shall act as the administrative liaison during a Cal-OSHA inspection and coordinate follow-up activities. Any deficiencies found in engineering performance will be reported to appropriate department leaders and the ICP.
- 5.2 Healthcare Worker Exposure Risk Determination:
 - 5.2.1 The following are job classifications in which HCWs have potential for occupational exposure as listed in Attachment A

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- Category I – the following identifies the job classification in which most HCWs have risk of occupational exposure.
 - Nursing personnel
 - Physicians, Nurse Practitioners, Physician Assistants, Nurse Anesthetist
 - Laboratory Personnel
 - Cardio-Pulmonary Personnel
 - Environmental Services Personnel
 - Radiology/Nuclear Medicine
 - Rehabilitation Therapy
- Category II – the following list identifies the job classification in which some HCWs have risk of occupational exposure.
 - Facilities Personnel (maintenance, bio-med)
 - Transport Personnel
 - Unit Secretaries/clerks/admitting
 - Dietary workers, Dieticians
 - Chaplains
 - Social Workers
 - Case Management
 - Security
 - Volunteers

5.3 Engineering and Work Practice Controls and Personal Protective Equipment:

5.3.1 Work practices shall be implemented following transmission-based precautions to prevent or minimize HCW exposures to airborne, droplet, and contact transmission of aerosol with CDC guidelines for isolation guidelines. Airborne precautions shall be in accordance with CDC guidelines for preventing the transmission of MTB in healthcare settings. These work practices and source controls may include but are not limited to; hand washing and gloving procedures; the use of ante-rooms; the use of respiratory protection; the use of personal protective equipment such as eye and face protection, surgical mask, gowns, and other PPE; and cleaning and disinfecting contaminated surfaces.

5.4 Respiratory Protection:

5.4.1 Droplet transmissible diseases

- A procedure or surgical mask is the mask of choice for employees caring for suspected or confirmed patients placed in droplet precautions.
- Patients must wear a surgical mask for any transport or treatment outside their room.

5.4.2 Airborne transmissible diseases

- NIOSH approved particulate respirator type N-95 is the mask of choice for employees.
- All employees required to wear the N-95 mask receive health screening from employee health and are fit tested. If employees fail the fit test and are

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required to enter a room that requires an N-95 mask, those employees will be educated and trained in the use of PAPR by employee health or designee.

- Patients must wear a surgical or isolation mask for any transport or treatment outside their room.

5.5 Respiratory Protection When Performing a High Hazard Procedure:

5.5.1 High Hazard Procedures, environmental controls, and respiratory protection for ATD requiring airborne isolation:

- Sputum Induction
- Bronchoscopy
- Aerosolized administration of medications
- Pulmonary Function tests (unless patient is in a booth)
- Clinical, Surgical, and Laboratory procedures that may aerosolize pathogens
- Intubation
- Open circuit suctioning

5.5.2 PPE for healthcare workers caring for EBOLA patients include:

- ##### 5.5.2.1 PAPR, full fluid resistant body suit, fluid resistant boots, fluid resistant gloves, and tape to tape around boots and gloves.

5.5.3 PPE for healthcare workers caring for COVID-19 patients include:

- ##### 5.5.3.1 N-95 respirator (or higher), isolation gown, gloves and eye protection

5.5.4 Effective September 1, 2010 the employer shall provide a powered air purifying respirator (PAPR) with a high efficiency particulate air filter or a respirator providing equivalent or greater protection for all high-risk procedures on a patient requiring All. The PAPRs are located in the Emergency Department, in a closet by the ambulance entrance. If needed, there are additional PAPRs in the other clinical departments.

- In the event of an influx of infectious patients refer to PMHD policy EOC-00135; Guidelines for Influx of Patients with Highly Communicable Diseases or for surge capacity see EOC-00180.

5.6 Specific Requirements for all All rooms and areas:

5.6.1 Hospital isolation rooms are constructed in conformance with Title 24, California Code of Regulations, Chapter 12, Section 1224, and with Cal-OSHA Title 8 guidelines.

5.6.2 Negative pressure shall be maintained in ALL rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate air (HEPA) filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than 6 ACH. Hoods, booths, tents and other local exhaust control measures shall comply with CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings.

5.6.3 HEPA-filtration Units:

- There are 6 HEPA filters for use
- Engineering is responsible for connecting the unit to the established mounting

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in AIIRs.

- HEPA-filter changes are stored in Bio Med
- Pre-filters will be changed per manufactures guidelines or at least bi-annually.
- Hospital approved TB disinfectant will be used to clean HEPA-filtration Units
- Engineering and bio-medical departments are responsible for the preventative maintenance of the HEPA-filter unit

5.6.4 Engineering controls shall be maintained, inspected and performance monitored for filter loading and leakage at least annually and more often, if necessary, to maintain effectiveness. Problems found shall be corrected within a reasonable period of time. If the problem(s) prevent the room from providing effective AIIR, then the room shall not be used for that purpose until the condition is corrected.

5.6.5 An isolation precaution sign will be placed outside the room, as a source control measure, to alert any person prior to entering the room of infection prevention precautions.

5.6.6 The corridor door is kept closed except when patients are being transferred out of the room. Negative pressure monitoring is performed by the nursing department every shift while the room is occupied by an AirID.

5.6.7 When a case or suspected case vacates an AIIR or area, the room shall be ventilated according to the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings for removal of 99-99.9% before permitting employees to enter without respiratory protection.

- After patient is discharged the HEPA filter will run for 35 minutes
- Engineering will disconnect the HEPA-filter from the mounting; Housekeeping will then clean the unit and cover it. Then the unit will be placed in storage in the former surgery area "Old OR."

5.7 Environmental controls for High Hazard Procedures:

5.7.1 High-hazard procedures shall be conducted in All rooms or areas, such as a ventilated booth, tent or a single/private room with a HEPA filter. Persons not performing the procedures shall be excluded from the area, unless they use the respiratory and personal protective equipment required for employees performing these procedures. Employees working in the room or area where the procedure is performed shall use respiratory protection and as well as other necessary PPE.

5.8 Precautions for Managing Infectious Patients: 5199 ATD (c)

5.8.1 Transfer of patients within facility to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no All room or area available within this time, the employer shall transfer the individual to another suitable facility.

5.8.2 Transfers to other facilities shall occur within 5 hours of identification, unless the facility documents, at the end of the 5-hour period, and at least every 24 hours thereafter, each of the following:

- The facility case manager has contacted the local health officer
- There is no All room or area available within that jurisdiction

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- Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.
- All applicable measures recommended by the local health officer or the Infection Control Committee have been implemented
- All employees who enter the room or area housing the individual are provided with, and use, appropriate PPE and respiratory protection in accordance with these guidelines

5.8.3 Where the treating LIP determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case the facility shall ensure that employees use respiratory protection when entering the room or are housing the individual. The patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded as described above. Once transfer is determined to be safe, the transfer must be made within the time period set forth above.

5.9 Employee Health Services: 5199 ATD (h)

5.9.1 Any employee with potential for occupational exposure shall be provided with general surveillance for ATDs, and infection with ATPs and ATPs-L, as recommended by the CDC and/or the CDPH for the type of work setting. When and employer is also acting as the evaluating health care professional, the employer shall advise the employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation and follow-up from the employer-health care professional. When consent is refused, the employer immediately shall make available a confidential vaccination, medical evaluation or follow-up from a LIP other than the exposed employees employer.

5.9.2 General surveillance provisions, including vaccinations, examinations, evaluations, determination, procedures, and medical management and follow-up, shall be:

- Performed by Employee Health
- Provided according to current applicable public health recommendations
- Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.

5.9.3 Vaccines and Vaccinations:

- PMHD will offer vaccines to all susceptible health care workers with potential for occupational exposure.
- Recommended vaccinations shall be made available to all employees who have occupational exposure after the employee has received the training required and within 10 working days of initial assignment unless:
 - The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose
 - HCW has proven immunity in accordance with current CDC and CDPH

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guidance or by titer or documented immunization

- The vaccine(s) is contraindicated for medical reasons
- The employer shall make additional vaccination(s) available to employees within 120 days of the issuance of new CDC or CDPH recommendations
- Participation in a prescreening program is not a prerequisite for receiving a vaccination, unless CDC or CDPH guidelines recommend prescreening prior to administration of the vaccine
- If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the vaccination available within 10 working days of that request.
- PMHD shall ensure that employees who decline to accept a recommended and offered vaccination shall sign the appropriate declination form that includes the ATD plan required declination statement. (See policy HRD-00113 for a list of vaccines offered)
- Employee Health Nurse administering a vaccination or determining immunity will provide the following information to the employer:
 - The employee's name and employee identifier
 - The date of the vaccine dose or determination of immunity
 - Whether an additional vaccination dose is required, and if so, the date the additional vaccination dose shall be provided. *Exception: When the employer cannot implement these procedures because of the lack of availability of vaccine, the employer shall document efforts made to obtain the vaccine in a timely manner and inform employees of the status of the vaccine at least every 10 working days and inform employees when the vaccine becomes available.*
 - Vaccines will be offered by Employee Health or Pioneers Health Center (PHC).

5.10 Exposure Incidents:

5.10.1 A health care provider or the employer of a health care provider who determines that a person is an RATD case, or suspected case shall report, or ensure that the health care provider reports the case to the local health officer, in accordance with Title 17.

- In addition to the report required, the employer in the facility, service or operation that originates the report, shall determine, to the extent that the information is available in the employer's records, whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of this section. The employer shall notify the other employer(s) within a timeframe that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course and will also permit the prompt initiation of an investigation to identify exposed employees. In no case, shall the notification be longer than 72 hours after the report to the

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local health officer. The notification shall include the date, time, and nature of the potential exposure of his or her employees. The notifying employer shall not provide the identity of the source patient to the other employer(s).

Note 1: These employees may include, but are not limited to, paramedics, emergency personnel, referring health care facilities or agencies, and corrections personnel. Note 2: Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as Varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability. For other diseases such as TB there may not be a need for immediate medical intervention, however prompt follow-up is important to the success of identifying exposed employees.

- Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do the following:
- Within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours following as applicable, the employers report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L and shall record the names and any other employee's identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a LIP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any LIP or local health officer consulted in making the determination shall be recorded.
- Within a timeframe that is reasonable for the specific disease, but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
- As soon as feasible, provide post-exposure medical evaluation to all employees who had significant exposure. The evaluation shall be conducted by a LIP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For M. tuberculosis and for other pathogens recommended by applicable public health

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guidelines, this shall include testing of isolate from the source individual or material for drug susceptibility, unless the LIP determines that it is not feasible.

- Obtain from the LIP a recommendation regarding precautionary removal and written opinion.

5.10.2 Determine, to the extent that the information is available in the employer's records, whether employees of any other employers may have been exposed to the case or material. The employer shall notify these other employers within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing LIP. The notifying employer shall not provide the identity of the source patient to other employers.

5.10.3 Information provided to the LIP;

- Pioneers Memorial Hospital shall ensure that all LIPs responsible for making determinations and performing procedures as part of the medical services program are provided with a copy of this standard and applicable public health guideline. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, and any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing equipment, and the duration and frequency of respirator use.
- Pioneers Memorial Hospital shall ensure that the LIP who evaluates an employee after an exposure incident is provided the following information:
- A description of the exposed employee's duties as they relate to the exposure incident
- The circumstances under which the exposure incident occurred
- Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee
- All the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results, tuberculosis blood test results (Quantiferon-gold) and other relevant tests for ATP infection, vaccination status, and determinations of immunity.

5.10.4 Precautionary removal recommendation from the LIP

- Each employer who provides a post-exposure evaluation shall request from the LIP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. Pioneers Memorial shall request that the LIP convey to the Employee/Occupational Health any recommendations for precautionary removal immediately via phone or fax and that the LIP document the

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recommendation in the written opinion.

- If the LIP recommends precautionary removal, or the local health officer recommends precautionary removal, Pioneers Memorial shall comply until the employee is determined to be non-infectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her job or otherwise medically limited. *Exception: Precautionary removal provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.*

5.10.5 Written opinion from the LIP:

- Each employer shall obtain and provide the employee with a copy of the written opinion of the LIP within 15 working days of the completion of all required medical evaluations.
- For respirator use, the LIPs opinion shall have the required content (See section 5144(e)(6) Section 5144. Respiratory Protection <http://www.dir.ca.gov/Title8/5144.html>)
- For all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:
 - The employee's applicable RATD test status for the exposure of concern
 - The employee's infectivity status
 - A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment
 - A statement that the employee has been told about any medical conditions resulting from exposure to TB, other RATD, or ATP-L that required further evaluation or treatments and that the employee has been informed of treatment options
 - Any recommendations for precautionary removal from the employee's regular assignment
- All other findings or diagnosis shall remain confidential and shall not be included in the written report.

5.11 Training: 5199 ATD (i)

5.11.1 Training is provided to all employees with occupational exposure at the time of initial assignment and annually, and when any significant changes to the plan are made.

5.11.2 Training material will be appropriate in content and vocabulary to the education level, literacy and language of the employee.

5.11.3 The program must contain the following:

- An accessible copy of the regulation available online at www.dir.ca.gov/Title8/5199.html
- A general explanation of ATDs with signs and symptoms that would require further medical evaluation

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- An explanation of the modes of transmission of ATPs and control procedures
- An explanation of the ATD Plan, how to give input and how to obtain a copy
- How to recognize task and other activities that may put them at risk
- Appropriate engineering work practice controls, decontamination and disinfection procedures, and personal and respiratory equipment use and limitations
- Selection, use and care of PPE
- Information on vaccination
- What to do in case of exposure
- Information on the hospital surge plan
- An opportunity for interactive questions answered within 24 hours

5.12 Record Keeping 5199 ATD (i)

5.12.1 Employee Health Services shall maintain a medical record for each employee who sustains an occupational exposure to an ATD. This record may be combined with blood borne pathogen exposure records but may not be with non-medical personnel records. This record shall include:

- The employees name and any other employee identification used in the workplace.
- The employee's vaccination status for all vaccines required by this standard, including the information provided by the LIP, any vaccine record provided by the employee, and any signed declination forms.
- Regarding seasonal influenza vaccination, the medical record need only contain a declination form for the most recent seasonal influenza vaccine.
- A copy of all written opinions provided by a LIP in accordance with this standard, and the results of all TB assessments.
- A copy of the information regarding an exposure incident that was provided to the LIP as required by this standard
- PMHD shall ensure that all employees' medical records required by this section are kept confidential, not disclosed or reported without the employees, express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law. Note: These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed. The employee file must be maintained for at least the duration of employment plus 30 years.

5.12.2 Records of Exposure incidents shall be retained and include:

- The date of the exposure incident
- The names, and any other employee identifiers used in the workplace
- The disease or pathogen to which employees may have been exposed
- The name and job title of the person performing the evaluation
- The identity of any local health officer and/or LIP consulted
- The date of the evaluation

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- The date of contact and contact information for any other employer who either notified the employer or was notified by the employer regarding potential employee exposure
- 5.12.3 Records of unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact.
- 5.12.4 Training Record shall include the following information:
- The dates(s) of the training
 - The contents or a summary of the training session(s)
 - The names and qualifications of persons conducting the training or who are designated to respond to interactive questions
 - The names and job titles of all persons attending the training session
 - The training records shall be maintained for 3 years from the date on which the training occurred.
- 5.12.5 Review of the ATD plan shall be conducted annually by the Infection Control committee
- 5.12.6 Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, shall be maintained for a minimum of five years and shall include the name(s) of personnel performing the test, inspection or maintenance, the date, and any significant findings and actions that were taken.
- 5.12.7 Records of the respiratory protection program shall be established and maintained in accordance with Section 5144, Respiratory Protection, of these orders. Employers who provide fit-testing in accordance with subsection (g) (6) (B) 3 [fit testing every two years except for employees performing high-hazard procedures, until January 1, 2014] shall retain the screening record for two years.
- 5.12.8 Records of the unavailability of All rooms or areas shall include the name of the person who determined that an All room or area was not available, the names and affiliation of persons contacted for transfer possibilities, and the date of the contact, the name and contact information for the local health officer providing assistance, and the times and dates of these contacts. This record, which shall not contain a patient's individually identifiable medical information shall be retained for three years
- 5.12.9 Records of decisions not to transfer a patient to another facility for All for medical reasons, shall be documented in the patient's chart, and a summary shall be provided to the Plan administrator providing only the name of the LIP determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review. The summary record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.
- 5.13 Availability
- 5.13.1 The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of NIOSH and the local

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health officer for examination and copying.

5.13.2 Employee training records, the ATD Exposure Plan, and records of implementation of the ATD Exposure Control Plan, shall be available as employee exposure records.

5.13.3 Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the subject employee, local health officer, and to the Chief and NIOSH in accordance with Section 3204 of these orders.

5.14 Transfer of Records

5.14.1 The employer shall comply with the requirements involving the transfer of employee medical exposure records (See Cal-OSHA standards section 3204 Access to Employee Exposure and Medical Records).

5.14.2 If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Chief and NIOSH, at least three months prior to the disposal of the records and shall transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

6.0 References:

- 6.1 California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 109. Hazardous Substances and Processes, Section 5199. Aerosol Transmissible Diseases/Pathogens www.dir.ca.gov/Title8/5199.html
 - 6.1.1 Appendix A: Aerosol Transmissible Diseases/Pathogens (Mandatory) <http://www.dir.ca.gov/title8/5199a.html>
 - 6.1.2 Appendix B: Alternate Respirator Medical Evaluation Questionnaire (This Attachment is Mandatory if the Employer chooses to use a Respirator Medical Evaluation Questionnaire other than the Questionnaire in Section 5144 <http://www.dir.ca.gov/Title8/5199b.html>
 - 6.1.3 Appendix C1: Vaccination Consent and Declination Statement (Mandatory) <http://www.dir.ca.gov/title8/5199c1.html>
 - 6.1.4 Appendix C2: Seasonal Influenza Vaccination Declination Statement (Mandatory) <http://www.dir.ca.gov/title8/5199c2.html>
 - 6.1.5 Appendix D: Aerosol Transmissible Pathogens –Laboratory (Mandatory) <http://www.dir.ca.gov/title8/5199d.html>
 - 6.1.6 Appendix E: Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory) <https://www.dir.ca.gov/title8/5199e.html>
 - 6.1.7 Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory) <http://www.dir.ca.gov/title8/5199f.html>
 - 6.1.8 Information for Respirator Fit-Test Screening (Mandatory if employer does not provide annual fit-test) <http://www.dir.ca.gov/title8/5199g.html>

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- 6.2 California code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 107. Dusts, Fumes, Mists, Vapors and Gases, Section 5144. Respiratory Protection at work
<http://www.dir.ca.gov/Title8/5144.html>
- 6.2.1 Appendix A Section 5144: Fit Testing Procedure
<http://www.dir.ca.gov/Title8/5144a.html>
- 6.2.2 Appendix C Section 5144: Respirator Medical Evaluation Questionnaire
<http://www.dir.ca.gov/Title8/5144c.html>
- 6.3 California Department of Health Services
- 6.4 Centers for Disease Control and Prevention, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
<https://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>
- 6.5 Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005
<http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>
- 6.6 Loeb, Mark, MD, MSc, et al. Surgical Mask vs. N95 Respirator for Preventing Influenza Among Health Care Workers, JAMA. 2009; 302(17) (doi:10.1001/jama.2009.1466)
<http://jamanetwork.com/journals/jama/fullarticle/184819>
- 6.7 10/7/2009 California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders
- 6.7.1 Section 5199. Aerosol Transmissible Disease/Pathogens
www.dir.ca.gov/Title8/5199.html
- 6.7.2 Attachment A: <http://www.dir.ca.gov/title8/5199a.html>
California Code of Regulations, Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4. Division of Industrial Safety, Subchapter 7. General Industry Safety Orders Group 16. control of Hazardous Substances, Article 107. Dusts, Fumes, Mists, Vapors and Gases, Section 5144. Respiratory Protection <http://www.dir.ca.gov/Title8/5144.html>
- 6.8 California Department of Health Services
- 6.9 California Association of Health Facilities, Model Respiratory Protection Program, June, 2009. http://www.cahfdownload.com/cahf/dpp/CAHF_MRPP.pdf
- 6.10 Centers for Disease Control and Prevention, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in healthcare Settings
<https://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>
- 6.11 Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005
<http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>

7.0 Attachment List:

- 7.1 Attachment A – Aerosol Transmissible Pathogens
- 7.2 Attachment B – Respiratory Medical Evaluation Questionnaire

Title: Aerosol Transmission Plan (ATP)		Policy No. CLN-02378
		Page 19 of 19
Current Author: Angela McElvany		Effective: 3/17/2011
Latest Review/Revision Date: 4/2/2025		Manual: Clinical / Infection Control

- 7.3 Attachment C1 – Consent/Decline MMR Vaccination
- 7.4 Attachment C2- Consent/Decline Influenza Vaccination
- 7.5 Attachment D – Aerosol Transmissible Pathogens Laboratory/Mandatory

8.0 Summary of Revisions:

- 8.1 Removed outdated references.
- 8.2 Changed Pioneers Memorial Healthcare District to Imperial Valley Healthcare District.
- 8.3 5.6.1 Updated Code Reference
- 8.4 5.6.7 Updated storage area for HEPA units
- 8.5 5.9.3 Removed Imperial County Public Health Department from end of section.
- 8.6 Updated attachment A to mirror ATD Appendix A
- 8.7 5.6.3 Updated number of HEPA units and filter storage area.
- 8.8 Added “environmental services, contractors, and administrative personnel who may work in patient care areas, etc.” to 2.1
- 8.9 Updated 4.10 edition
- 8.10 Updated 5.1.5 Added review of AIIR reports/logs
- 8.11 Attachment A: Changed Pioneers Memorial Healthcare District to Imperial Valley Healthcare District.
- 8.12 Attachment D: Changed Pioneers Memorial Healthcare District to Imperial Valley Healthcare District.

Imperial Valley Healthcare District

Title: Chemical Materials and Waste Management Plan		Policy No. EOC-00097
		Page 1 of 5
Current Author: Jorge Mendoza		Effective: 10/1986
Latest Review/Revision Date: 4/2025		Manual: Hazardous Materials and Waste

Collaborating Departments: Risk, EVS, Facilities		Keywords: disposal of chemical materials, waste, guidelines, EPA, DOT		
Approval Route: List all required approval				
	PSQC	Other: <u>Safety x</u>		
Clinical Service _____		MSQC	MEC	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 To describe procedures for the identification and disposal of chemical materials and waste within the confines of Pioneers Memorial Hospital.

2.0 Scope:

- 2.1 District-wide

3.0 Policy:

- 3.1 To insure these materials and waste are handled and disposed of in accordance with the Environmental Protection Agency (EPA), Department of Transportation (DOT), and State and local regulations and guidelines
- 3.2 To insure that there is minimal risk to patients, staff, public, and the environment.

4.0 Definitions:

- | | |
|--------------------|---|
| 4.1 Authority | Power to influence or command thought, opinion, or behavior. |
| 4.2 Chemical waste | Chemical waste as used in this plan means chemicals waste that exhibits any of the characteristics of chemical waste as outlined in the Environmental Protection Agency Code of Federal Regulation #40, 260, and 261. |
| 4.3 Corrosion | The result of slow chemical and electrochemical reaction between a metal and its environment. (Rusting iron is the most common example.) |
| 4.4 Flammable | The ability to burn easily under normal conditions. |
| 4.5 Isolation | The process of separating and/or detaching from other persons or things. The limitation of movement and social contact. |
| 4.6 Oxidizer | A chemical that combines or mixes with oxygen. |
| 4.7 Toxic | Poisonous |

5.0 Procedure:

- 5.1 General Information

Imperial Valley Healthcare District

Title: Chemical Materials and Waste Management Plan		Policy No. EOC-00097
		Page 2 of 5
Current Author: Jorge Mendoza		Effective: 10/1986
Latest Review/Revision Date: 4/2025		Manual: Hazardous Materials and Waste

- 5.1.1 Hazardous Chemical Materials and Waste is defined as any chemical that is toxic, flammable, corrosive, or reactive, or capable of causing harm or serious injury to humans, animals or the environment.
- 5.1.2 The Director of Facility Services has authority to institute the Emergency Plan in the event of a major chemical waste accident or incident.
- 5.1.3 A Safety Data Sheet (SDS) is to be complied on every hazardous chemical used in the facility and identified as hazardous.
- 5.1.4 A master file of the SDS is to be maintained in the Materials Management Office. These will be consulted in the event of a hazardous chemical spill, splash, burn, or other accident/incident.
- 5.1.5 It is the responsibility of the department using a hazardous chemical to determine if a less hazardous one may be substituted.
- 5.1.6 The Hazardous Chemical Substance Register will be kept on file for the period of time specified by the facility for retaining such information.
- 5.1.7 All persons required to handle hazardous chemical or materials will be provided with appropriate orientation, equipment, and on-the-job training. All training will be documented.
- 5.1.8 Each department that generates or handles chemical materials and waste will have written specific policies and procedures that contain information pertinent to the department. These policies and procedures will be reviewed annually and approved by the Safety Committee.
- 5.1.9 The Safety Committee will review all lists of chemicals known to the State of California to cause cancer or reproductive toxicity (per Propositions 65) issued by the California Health and Welfare Agency to ascertain if any of these chemicals are in use at Pioneers Memorial hospital. The procedure in Proposition 65 will be followed, if any chemical on the list is in use at Pioneers Memorial hospital.
- 5.2 Identification
 - 5.2.1 At a minimum, the Safety Committee will classify certain materials and waste from the following departments as hazardous.
 - 5.2.1.1 Dietary
 - 5.2.1.2 Engineering
 - 5.2.1.3 Environmental Services
 - 5.2.1.4 Laboratory
 - 5.2.1.5 Pathology
 - 5.2.1.6 Radiology
 - 5.2.2 All hazardous chemicals will be identified using the criteria defined by the Resources Conservation and Recovery Act of 1976 (RCRA), Subtitle C, Hazardous Waste Regulations, 40 CFR, Part 261. A brief summary of these identification criteria is as follows:
 - 5.2.2.1 Chemical Characteristics
 - 5.2.2.1.1 Ignitable (flammable)
 - 5.2.2.1.2 Corrosivity (ph2.0 or ph 12.5)

Imperial Valley Healthcare District

Title: Chemical Materials and Waste Management Plan		Policy No. EOC-00097
		Page 3 of 5
Current Author: Jorge Mendoza		Effective: 10/1986
Latest Review/Revision Date: 4/2025		Manual: Hazardous Materials and Waste

- 5.2.2.1.3 Reactivity (unstable at normal temperatures and pressures or release of explosive vapors)
 - 5.2.2.1.4 EP Toxicity (toxic due to contaminated heavy metals or specific chlorinated organic)
 - 5.2.2.1.5 Acutely Hazardous Chemical Wastes (Section 261.33e)
Example include: arsenate and arsenic containing compounds, cyanide and cyanide containing compounds, warfarin, parathion, osmium tetroxide, sodium azide)
 - 5.2.2.2 Commercial Chemical Products and Manufacturing Chemical Intermediates (example include: carbon tetrachloride, chlorambucil, chlordane, clorodane, chloroform, DES, Mitomycin C, pyridine, toluene)
 - 5.2.2.3 Toxic Waste (Examples include: cyclophosphamide, daunomycin, phenol, reserpine, PCB's ethylene oxide, 2, 4-D)
- 5.2.3 All drums, buckets jugs, or any other container containing a hazardous chemical substance will have a clear, complete, conspicuous and durable label identifying the chemical used.
- 5.3 Storage and Handling
 - 5.3.1 Hazardous chemicals being saved for recycling will be stored in appropriately labeled drums maintained for the purpose.
 - 5.3.2 Regular inspections will be made of the storage site to insure there are no leaking or spilled containers. If a spill or leak is found, the following actions will be taken:
 - 5.3.2.1 Before attempting to clean up any hazardous chemical spill or splash, know what the chemical is.
 - 5.3.2.2 Follow the directions according to the established procedure for cleaning up that kind of chemical spill or leak.
 - 5.3.2.3 Evacuate or isolate all personnel from the area.
 - 5.3.2.4 Extinguish all flames.
 - 5.3.2.5 Insure adequate ventilation.
 - 5.3.2.6 Call the Environmental Services Department. The Environment Services Staff has members trained in cleaning up chemical spills.
 - 5.3.2.7 If a fire occurs set off the alarm
 - 5.3.2.8 Wait by the spill area, well out of danger, until help arrive. Avoid tracking through the spill.
 - 5.3.2.9 Obtain appropriate protective safety equipment.
 - 5.3.2.10 Clean up the spill according to established procedure.
 - 5.3.2.11 If it is inside the building, contact Environmental Services for cleaning the area.
 - 5.3.2.12 Complete an Incident Report (QRR) on the spill or leak.
 - 5.3.2.13 Any major spills, splashes, leaks, burns, etc., from hazardous chemical substance will be reported to the Risk Manager by QRR.

Imperial Valley Healthcare District

Title: Chemical Materials and Waste Management Plan		Policy No. EOC-00097
		Page 4 of 5
Current Author: Jorge Mendoza		Effective: 10/1986
Latest Review/Revision Date: 4/2025		Manual: Hazardous Materials and Waste

- 5.3.3 Materials that ignite easily under normal conditions (flammable) are considered fire hazardous and will be stored in a cool, dry, well-ventilated storage space and away from areas of fire hazard.
- 5.3.4 Highly flammable materials will be kept in an area separate from oxidizing agents (material susceptible to spontaneous heating; explosive, etc.)
- 5.3.5 The storage area for flammable will be supplied with firefighting equipment, either automatic or manual. There will be "No Smoking or Striking of Matches" signs post around the storage area.
- 5.3.6 Oxidizers will not be stored close to liquid of low flash point.
- 5.3.7 Acids and acid fume sensitive materials will be stored in a cool, dry, well ventilated area, preferably wooden.
- 5.3.8 Materials which are toxic as stored or which can decompose into toxic components from contact with heat, moisture, acids or acid fumes will be stored in a cool, well ventilated placed out of the direct rays of the sun. Incompatible toxic material will be isolated from each other.
- 5.3.9 Corrosive material will be stored in a cool, well-ventilated area (above their freeze point). The containers will be inspected at regular intervals insure they are labeled and kept closed.
- 5.3.10 Corrosive will be isolated from other materials.
- 5.3.11 Protective clothing and equipment will be available for use when handling these materials.
- 5.4 Disposal
 - 5.4.1 Disposal of small amount of liquid chemical waste (60cc, 2 oz) may be disposed of by diluting one (1) part chemical to 100 parts water and flushed down the sewer system. These amounts should be diluted and flushed down the sewer system at varying times during the day. (Varying times during the day should be approximated according to their quantity of chemicals needing dilution).
 - 5.4.2 In diluting chemicals for flushing down the sewer system, always add the one (1-part chemical to the 100 parts waters. Never add the water to the chemical container.
 - 5.4.3 Wear rubber gloves, fume mask, and/or other safety equipment as required when preparing liquid chemicals for disposal.
 - 5.4.4 Small amount of pathological waste containing hazardous chemicals should be placed into a garbage disposal and thoroughly ground while adding copious amounts of water and flushed down the sewer.
 - 5.4.5 No empty drums, buckets, jugs, pails, or any other container that has held toxic corrosive materials or chemicals will ever be used for anything.
 - 5.4.6 These containers will be contaminated and disposed of by:
 - 5.4.6.1 Washing with hot water and soda ash or 5% caustic solution
 - 5.4.6.2 Flushed and washed twice more.
 - 5.4.6.3 Perforate the top, side, and bottoms to render them non-flushable.
 - 5.4.6.4 Burn out the perforated drum (avoid smoke inhalation).

Imperial Valley Healthcare District

Title: Chemical Materials and Waste Management Plan		Policy No. EOC-00097
		Page 5 of 5
Current Author: Jorge Mendoza		Effective: 10/1986
Latest Review/Revision Date: 4/2025		Manual: Hazardous Materials and Waste

5.4.7 The Director of Facility Services is responsible for assuring that proper permits are obtained for disposal of the hazardous chemical waste generated at the facility.

5.4.8 A certificate of disposal will be obtained from the receiver for all hazardous chemicals disposed of off-site.

6.0 References:

- 6.1 U.S. EPA Title 40, Subchapter K, Regulations under the Toxic Substances Control Act, Code of Federal Regulations, 40 CFR 761. U.S. Governmental Printing Office, March 10, 2025.
- 6.2 National Fire Protection Association, (NFPA) Bulletin #49, Hazardous Chemicals Data, 2001.
- 6.3 Prudent Practices for Handling Hazardous Chemicals in Laboratories: Committee on Hazardous Substances in the Laboratory; Assembly of Mathematical and Physical Sciences; Mathematics and Resources; National Research Council and National Academy Press, Washington, D.C. 1981
- 6.4 Prudent Practices for Disposal of Chemicals from Laboratories: Committee on Hazardous Substances in the Laboratory; Commission on Physical Sciences; Mathematics and Resources; National Research Council; and National Academy Press, Washington, D.C., 2011.
- 6.5 U.S. Department of Labor Occupational Safety and Health Administration. Specifications for Accident Prevention Signs and Tags. Biological Hazard Signs. Code of Federal Regulations, 29 CFR 1910. 145 (e) (4). Washington, D. C. United States Government Printing Offices, 2013

7.0 Attachment List:

- 7.1 Attachment A – Glossary of terms

8.0 Summary of Revisions:

- 8.1 Changed Pioneers Memorial healthcare district to Pioneers Memorial hospital.
- 8.2 Updated reference 6.1 from 1981 to the most recent regulations, March 10, 2025.
- 8.3 Reference National Fire Protection Association, (NFPA) Bulletin #49, Hazardous Chemicals Data, 1975, was last revised in 2001.
- 8.4 Reference in section 6.4 was updated from 1983 to 2011.
- 8.5 Changed updated revised date on reference section 6.5 from 1979 to 2013.
- 8.6 Removed reference section 6.6 Joint Commission and Accreditation of Hospitals, Chicago, Illinois, 1986. Accreditation Manual for Hospitals, 1986. Edition
- 8.7 Revised with no further changes.

Imperial Valley Healthcare District

Title: Aerosol Transmissible Diseases/Pathogens: Appendix A		Policy No.
		Page 1 of 2
Current Author: Angela McElvany		Effective:
Latest Review/Revision Date:12/5/2023		Manual:

Collaborating Departments:		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD	

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

Aerosol Transmissible Diseases/Pathogens:

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 regarding airborne infectious diseases or pathogens for those pathogens and diseases listed below under "Airborne Infectious Diseases/Pathogens"

Airborne Infectious Diseases/Pathogens:

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g.

Anthrax/Bacillus anthracis

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient

Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubeola)/Measles virus

Monkeypox/Monkeypox virus

Novel or unknown pathogens

Severe acute respiratory syndrome (SARS) SARS- associated corona virus (SARS-CoV)

Smallpox (variola)/Variola virus (see vaccine for management of vaccinated persons)

Tuberculosis (TB)/Mycobacterium tuberculosis-Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed: Pulmonary or laryngeal disease, suspected

Any other disease for which the CDC or CDPH recommends airborne infection isolation

Droplet Precautions

Diphtheria/Corynebacterium diphtheriae – pharyngeal

Epiglottitis, due to Haemophilus influenza type b

Group A Streptococcal (GAS) disease (strep throat, necrotizing fasciitis, impetigo)/Group A streptococcus

Haemophilus influenza Serotype b (Hib) disease/Haemophilus influenzae serotype b – Infants and children

Influenza, human (typical seasonal variations)/influenza viruses

Meningitis

Haemophilus influenzae, type b known or suspected

The electronic version of this policy supersedes any printed copy.

Attachment A for- Aerosol Transmission Plan

Imperial Valley Healthcare District

Title: Aerosol Transmissible Diseases/Pathogens: Appendix A		Policy No.
		Page 2 of 2
Current Author: Angela McElvany		Effective:
Latest Review/Revision Date:12/5/2023		Manual:

Neisseria Meningitidis (meningococcal) known or suspected
Meningococcal disease/Neisseria Meningitidis: sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia/Mycoplasma pneumoniae
Parvovirus B19 infection (Erythema infectiosum, fifth disease)/Parvovirus B19
Pertussis (whooping cough)/Bordetella pertussis
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
Pneumonia
Adenovirus
Chlamydia pneumoniae
Mycoplasma pneumoniae
Neisseria meningitidis
Streptococcus pneumoniae
Pneumonic Plague/Yersinia pestis
Rubella virus infection (German measles) (also see congenital rubella)/Rubella virus
Scarlet fever in infants and young children/ Group A streptococcus, Serious invasive disease
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses, and Hantaviruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which the CDC or CDPH recommends droplet precautions

Declination of Influenza Vaccination 2024-2025

Name:	Date of Birth:
Department:	Position/Title:
☐ Hospital ☐ SNF ☐ Physician, NP, PA, Midwife (APP-Medical Staff) ☐ Student ☐ Volunteer ☐ Traveler/Contract	

My employer or affiliated health facility, **Pioneers Memorial Healthcare District**, has recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- ♦ Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- ♦ Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
- ♦ If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- ♦ If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- ♦ I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- ♦ I understand that I cannot get influenza from the influenza vaccine.
- ♦ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
 - all patients in this healthcare facility
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

If NO, please check all the following that apply:

- | | |
|--|--|
| ☐ a. Fear of injection (sore arm, tenderness) | ☐ b. Fear of getting influenza from the vaccine |
| ☐ d. Medical Contraindication | ☐ e. Other, specify: |

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring **seasonal influenza**. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring **influenza**. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.. **I also understand that if I decline to receive the influenza vaccine (regardless of the reason) that I will be required to wear a mask while working in the organization, with the exception of restrooms, staff lounges (while on a designated break), and the cafeteria.**

I have read and fully understand the information on this declination form.

Signature:

Date:

2024-2025 Influenza Vaccine Consent

(Please Print Clearly)

Return form to Human Resources/Employee Health

Technical content reviewed by the Centers for Disease Control and Prevention, October 2011.
Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

(Please Print Clearly)

Return form to Employee Health

Name:	Date of Birth:
Department:	Position/Title:
☐ Hospital ☐ SNF ☐ Physician, NP, PA, Midwife (APP-Medical Staff) ☐ Student ☐ Volunteer ☐ Traveler/Contract	

Yes No (Permanent Contraindications)

- ☐ ☐ 1. Have you ever had Guillian-Barre Syndrome?
- ☐ ☐ 2. Have you ever had an anaphylactic reaction to the influenza vaccine?

- ☐ **Yes, I would like to have the influenza vaccination given to me**
- ☐ *I have had the flu shot already this year. * (Must provide proof)*
- ☐ I am not able to receive the flu shot due to permanent contraindication 1 – 2 above.

X

Signature

Date

For Healthcare Provider Use Only

Vaccine Manufacturer: **GSK** Lot #: Expires: **06/30/2025**

Site: ☐ Left deltoid ☐ Right deltoid Dose: 0.5ml VIS: 08/06/2021

Signature: (RN / LVN) Date:

Imperial Valley Healthcare District

BOARD MEETING DATE: 08/14/2025

SUBJECT: Sanders Inc

BACKGROUND: 400 MARY A VENUE PROPERTY MODERNIZATION MEDICAL
AND IMAGING CLINIC ARCHITECTURAL AND ENGINEERING INVOICE
PROGRESS INVOICE No. 0424-01

KEY ISSUES: Billing for work completed to date:

Design and Construction Documents complete. Bidding Complete, Clinic Construction
Documents Complete Construction in progress.

CONTRACT VALUE: \$35,863.00

CONTRACT TERM: None

BUDGETED:

BUDGET CLASSIFICATION: Progress Invoice No 0424-01

RESPONSIBLE ADMINISTRATOR: Tomas Virgen/Christopher R. Bjornberg CEO

DATE SUBMITTED TO LEGAL: _____ **REVIEWED BY LEGAL:** ☐ Yes ☒ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

Comp-01, Compliance Officer 3/2023

January 28, 2025

Tomas Virgen, Administrative Coordinator
Imperial Valley Healthcare District
601 Heber Ave
Calexico CA 92231
tvirgen@iv-hd.org

RE: IMPERIAL VALLEY HEALTHCARE DISTRICT
400 MARY AVENUE PROPERTY MODERNIZATION
MEDICAL AND IMAGING CLINIC
ARCHITECTURAL AND ENGINEERING INVOICE

PROGRESS INVOICE No. 0424-01

Billing for professional service rendered for Design, Production of Construction Document Phase, Bidding and Construction Review and Project Closeout.

Architectural fee based on actual construction cost.

Total construction cost for billing \$ 5,126,929.00

Fee per contract:

8.5% of 2,000,000 \$ 170,000.00

8% of 3,126,929 \$ 250,154.00

Total Architectural Fee..... \$ 420,154.00

Billing for work completed to date:

Design and Construction Documents complete. Bidding Complete, Clinic Construction Documents complete
Construction in progress.

(100% of \$ 420,154.00)..... \$ 420,154.00

Credit to date: (\$ 384,991.00)

(See Invoice 0723-13 dated October 19, 2023)

Reimbursable Expense 700.00

(See backup documents attached)

Total amount due this billing \$ 35,863.00

Thank you for the opportunity to be of service.

Sincerely,



Jimmy Sanders

Imperial Valley Healthcare District

BOARD MEETING DATE: 08/14/2025

SUBJECT: Xpedient Communication Security System.

BACKGROUND: Xpedient is a San Diego based technology contractor with extensive experience completing projects of similar scope and size. Our team of specialists have the industry knowledge and experience required to design, install, and support the solutions included in the attached proposal

KEY ISSUES: To provide our workplace safety guidelines that are established by OSHA and Workers compensation board and to ensure employee and customer safety.

CONTRACT VALUE: \$52,287.01- Milestone Server and Devices Base
\$13,908.00-Xprotect Professional and Device License
\$ Total-67,902.22 (Sales Tax \$1707.21)

CONTRACT TERM: None

BUDGETED: Yes

BUDGET CLASSIFICATION:

RESPONSIBLE ADMINISTRATOR: Jorge Mendoza/Christopher R. Bjornberg CEO

DATE SUBMITTED TO LEGAL: _____ **REVIEWED BY LEGAL:** ☐ Yes ☒ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

Comp-01, Compliance Officer 3/2023



**Xpedient
Communications/Security**

Phone: 858-964-5333
Fax: 858-964-5335

5490 Complex Street, #603
San Diego, CA 92123

Contractor's License #: 973645
Alarm Operator's License #: 7527

Quote

No.: **13375**

Date: 8/6/2025

Prepared for:
Jorge Mendoza (760) 442-2161
Imperial Valley Healthcare District
dba Pioneer Memorial Hospital
207 West Legion Road
Brawley, CA 92227

Prepared by: John H. Zinn
Account No.: 22

Job: Add Alt Additional 50 Milestone Camera Licenses

Jorge,
Per our conversations I have prepared the following "Add Alternate Pricing" for (50) Milestone (Expansion Licenses) Camera Licenses.

Scope of Work:

Provide and install (50) Milestone Professional Device Licenses on the newly installed server.

End of Scope of Work.

50 XPPPLUSDLMilestone Xprotect Professional + Device License (Expansion Licenses)

Pricing

Net Sale: \$13,908.00

Total: \$13,908.00

Accepted by:

Prices are firm until 8/24/2025

Terms: Net 30 with Pioneers Purchase Order Assignment

Disclaimer

All prices quoted are valid for 10 business days and may be subject to revision due to manufacturer pricing changes that are out of our control. Due to current market conditions, we are experiencing higher than normal fluctuations in pricing and extended lead times. Xpedient continues to work with our manufacturer/distribution partners to ensure we are delivering the best products, services and pricing to our customers.



Xpedient Communications/Security
5490 Complex Street, #603
San Diego, CA 92123
Phone: 858-964-5333
Fax: 858-964-5335

Contractor's License #: 973645
Alarm Operator's License #: 7527

Prepared especially for
Imperial Valley Healthcare District
dba
Pioneers Memorial Hospital
"Milestone Server + License + Devices Base"

On Wednesday, August 8, 2025

Prepared by John H. Zinn

johnz@xpdcom.com

(619) 972-6171

Proposal: 13374
Created: 8/6/2025

August 6, 2025

Imperial Valley Healthcare District dba Pioneer Memorial Hospital
207 West Legion Road
Brawley, CA 92227

RE: Milestone Server + License + Devices Base

Dear Jorge Mendoza:

Xpedient Communications is pleased to have the opportunity to submit this proposal to Pioneer Memorial Healthcare District for the installation of the Milestone Server + License + Devices Base for your new facility.

Xpedient is a San Diego based technology contractor with extensive experience completing projects of similar scope and size. Our team of specialists have the industry knowledge and experience required to design, install, and support the solutions included in the attached proposal.

At Xpedient, we understand that every project, no matter how big or small, has its own unique requirements. By providing clients a single-point-of-contact, we are able to simplify the design and installation process and ensure a seamless project experience. My role as Account Manager is to be that single-point-of-contact to oversee all design, sales, and cost management throughout the project.

Please contact me if you have any questions or concerns regarding this proposal.

Sincerely,
John H. Zinn
(619) 972-6171

Hi Jorge,

Thank you for the opportunity to present this proposal to Imperial Valley Healthcare District dba Pioneers Memorial Hospital referred as 'IVHD/PMH' for the replacement of your end-of-life surveillance system server, storage, and associated software licenses.

This base proposal includes the necessary server, software, and licenses to support 98 cameras. Additionally, we've included an alternate add-on option for 50 more camera, server, and software licenses. Please note, this proposal does not include the provision or installation of any new cameras.

Scope of Work:

1. Video Surveillance Server Installation & Configuration

Xpedient will provide and install a new Milestone Video Surveillance Server, including the latest available Milestone VMS Software (as of April 9, 2025). Our team will manage the complete installation and configuration to ensure optimal system performance and readiness.

2. Device Licensing:

We will supply and install (98) Milestone Professional Device Licenses to fully integrate with your new server and ensure coverage of all existing surveillance devices.

3. Camera Migration:

Xpedient will migrate all existing cameras and current system settings to the new server.

Prior to migration, we will perform a comprehensive system health check to assess the condition of all connected devices.

Any non-functioning equipment identified during this assessment will be documented. Please note: additional charges may apply for repair or replacement of faulty devices.

4. Migration Process & Infrastructure Requirements:

We assume the customer will provide adequate rack space and electrical power to allow both the old and new servers to operate simultaneously during the migration period.

5. User Training & Documentation:

Xpedient will deliver customized user training based on the specific needs of your team and the features of the Milestone VMS.

A detailed training guide and all applicable manufacturer documentation will be provided to ensure your staff can operate and manage the system confidently.

End of Scope of Work

End of Scope of Work:

CLARIFICATIONS & EXCLUSIONS *(standard unless stated otherwise in Scope of Work):*

- 1). Proposal assumes all pathways to be free and clear and accessible unless otherwise noted.
- 2). Proposal assumes plywood backboards in each MDF/IDF will be provided by others.
- 3). Proposal assumes Electrical Contractor to provide grounding bus bar in each MDF/IDF. Xpedient proposal includes required #6 ground wire, ground lugs, ground straps, etc. for grounding of racks and cable tray systems in MDF/IDF's.
- 4). Proposal assumes Electrical Contractor to provide conduit, pull string, junction box, floor box, etc. at each communication outlet location (where required).
- 5). Proposal assumes Electrical Contractor to provide all cable tray outside of MDF/IDF unless otherwise stated in Scope of Work.
- 6). Proposal assumes Electrical Contractor to provide all conduit, cores, sleeves, etc. providing pathways at each MDF/IDF (where required).
- 7). Proposal assumes if a lift is required due to installation heights and/or to meet OSHA safety standards, one will be provided onsite by the customer or contractor. If Xpedient is required to provide a lift, additional charges will apply (unless stated otherwise in Scope of Work).
- 8). All cabling to be installed in accordance with TIA/EIA standards.
- 9). All cables to be suspended in ceiling plenum by j-hooks at every four feet unless otherwise noted.
- 10). Proposal assumes customer to provide patch cords and patching to network equipment unless otherwise noted. Xpedient can provide upon request for an additional fee.
- 11). On access control installations, proposal assumes all electrified locksets, hinges, door coring etc. will be provided by customer's door contractor unless otherwise noted.
- 12). Proposal assumes use of onsite trash receptacles for removal of trash debris. If trash receptacles are not made available, additional charges may apply.
- 13). Unless otherwise noted, this proposal does not include removal of existing cabling or cable support. Additional charges will apply if required.
- 14). Proposal assumes standard labor rates unless otherwise noted. All work to be performed Monday - Friday, 7:00 am - 5:00 pm. Any overtime incurred as a result of delays by others will be invoiced as an additional fee.
- 15). All cables to be labeled at faceplate and patch panel port, sequentially by group, unless otherwise noted. If a "sequential-by-building" installation is required, this must be identified prior to installation and will require additional labor charges.
- 16). All cables to be tested in accordance with industry standards. An electronic copy of test results will be provided upon project completion.
- 17). As-built drawings to be provided in electronic format upon project completion. Customer required to provide AutoCAD, Visio, or PDF file

IMPLEMENTATION PLAN:

Design/Engineering:

- 1). Confirm Design and Scope of Work
- 2). Prepare Riser Diagrams, Rack Elevations, Server Room Diagrams, etc.

Project Management:

- 1). Prepare Job Plan
- 2). Coordinate Xpedient Internal Kick-Off Meeting
- 3). Develop/Coordinate Project Schedule
- 4). Material Procurement and Staging

- 5). Schedule Installation Team
- 6). Oversee Installation Practices
- 7). Attend Weekly Construction Meetings
- 8). Provide Weekly Project Updates to Project Team

Installation:

- 1). Installation as Identified on Scope of Work
- 2). Comply with all Installation Standards
- 3). Site Clean Up and Trash Removal
- 4). Provide Labeling and Testing of all System Components
- 5). Commissioning and Programming of all Systems as Identified on Scope of Work

Close-Out:

- 1). Provide User Manuals for All Systems
- 2). Provide User Training for All Systems
- 3). Provide Electronic Copy of As-Built Drawings
- 4). Submit Required Documentation to Manufacturer to Register Warranty

XPEDIENT SAFETY POLICY:

All employees will adhere to the workplace safety guidelines that have been established by OSHA, NEC and the Workers Compensation Board to ensure employee and customer safety. All of our employees participate in weekly tailgate meetings to review old and implement new safety procedures. During any project, the Project Manager emphasizes safety habits on a daily basis. Xpedient supplies our crews with UL rated and approved safety equipment for everyone's personal protection. We constantly stress to our staff the importance of maintaining a safe working environment at all times

CUSTOMER RESPONSIBILITIES:

- 1). Provide current floor plans designating each work station location. Xpedient respectfully requests floor plans to be provided in an AutoCAD file DWG format.
- 2). Provide free and clear access to all designated workstation locations.
- 3). Unless otherwise noted, provide adequate onsite storage for materials. If adequate storage is not provided, additional charges may apply.
- 4). Provide notification of any potential safety or health hazards that may exist at the site, such as asbestos or other toxic materials.
- 5). Provide all necessary building access and appropriate escorts required during this project.
- 6). Proposal requires a two-week notice of installation. If less than a two-week notice is provided, additional charges may be required to expedite project.
- 7). Provide timeliness in both coordination and required assistance. Any delays due to client tardiness shall not be the responsibility of Xpedient and may result in additional charges.

JOB SITES:

Access without delay is the responsibility of others. Delays attributable to customer, other trades, etc. may have an impact on project schedule and pricing. All conduits, ducts, ceiling space, and pathways to be free and clear. All work to be completed in a workmanlike manner and in accordance with industry practices. Any alteration or deviation from above specifications will be executed only upon written orders, and will become an extra charge over and above the estimate if additional costs are incurred. 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 original estimate, contract or proposal. Any credits on contract and change order work requires specific written authorization from Xpedient Communications, Inc. Management. This proposal pricing is based on standard Xpedient Communications, Inc. labor values and not Davis Bacon act or any other prevailing wage determination. No other accord or satisfaction is recognized. All agreements are contingent upon strikes, accidents, or delays beyond our control. This estimate is valid for 30 days. Payment terms are Net 10 days from invoice date, and progress payments will be invoiced commensurate to work accomplished at the end of each month. Owner to carry all necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

CONTRACT TERMS:

XPEDIENT LIFETIME WARRANTY:

In addition to the manufacturer's hardware warranty, Xpedient Communications provides a **LIFETIME WARRANTY** on Craftsmanship related to installation of all systems installed by Xpedient Communications. The **LIFETIME WARRANTY** is a statement of confidence to our customers that the installation practices employed at Xpedient Communications comply with all industry standards and reflect our commitment to excellence.

ASSUMPTIONS or COMMENTS:

Two week notice to proceed preferred to allow for proper scheduling of manpower, and material procurement. A purchase order or letter of intent is required by Xpedient Communications, Inc. prior to start of work, or material procurement. Access to work areas without delay is the responsibility of others. Delays attributed by other trades are not factored into this proposal. All systems to be installed in a workmanlike fashion. Lift rentals are not included within this proposal. Total price includes Tax.

PAYMENT TERMS:

Payment terms are: Deposit invoice due upon receipt and the balance due upon completion. 25% of quote to be invoiced upon award of project. Terms are dependent upon the length of the project and availability of product listed in the above Scope of Work.

CUSTOMER ACCEPTANCE (Purchase Order if required):

I have clearly selected which option(s) we have chosen. The above pricing, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to perform the work as specified. Payment will be made as outlined above.

STANDARD TERMS AND CONDITIONS:

All work to be performed during normal working hours. Unless otherwise noted, it is assumed the job sites within 60 miles of Xpedient Communications, Inc.. job sites beyond this radius may require additional charges for travel.

CUSTOMER ACCEPTANCE:

Installation / Pricing:

Proposal is a turn-key solution to include all materials, labor and taxes.

All work to be completed during normal business hours, Monday - Friday, 7:00 am - 5:00 pm.

Net Sale:	\$52,287.01
Sales Tax	\$1,707.21
SubTotal:	\$53,994.22

Total:	\$53,994.22
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Prices are firm until 8/24/2025

Terms: 25% Deposit - Monthly Progress Billings

All prices quoted are valid for 10 business days and may be subject to revision due to manufacturer pricing changes that are out of our control. Due to current market conditions, we are experiencing higher than normal fluctuations in pricing and extended lead times. Xpedient continues to work with our manufacturer/distribution partners to ensure we are delivering the best products, services and pricing to our customers.

By signing below, Customer acknowledges all information provided within this proposal and has accepted all conditions and aspects of said proposal. Receipt of deposit is required prior to confirming schedule and/or procuring materials (unless otherwise agreed upon).

Accepted by:

Date

Customer Signature / Purchase Order #

Date

Printed Name

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE:

August 14, 2025

SUBJECT: Purchase of two Stryker Towers for General, Urology and GYN cases.

BACKGROUND:

The Stryker Laparoscopy tower provides cross-specialty standardization. It features 10 surgical specialties along with subspecialties in ENT and Laparoscopy, to give surgeons even more customization.

KEY ISSUES:

Our current Olympus towers were purchased previously without a service agreement. These towers have experienced consistent malfunctions during procedures, posing a potential safety risk.

CONTRACT VALUE: \$ 372, 858.92

CONTRACT TERM: One time purchase

BUDGETED: Yes

BUDGET CLASSIFICATION: Medical Equipment, Perioperative Services Department

RESPONSIBLE ADMINISTRATOR: Carol Bojorquez, CNO

DATE SUBMITTED TO LEGAL: _____

REVIEWED BY LEGAL:

☐

Yes

☒

No

FIRST OR SECOND SUBMITTAL:

☐

1st

☐

2nd

RECOMMENDED ACTION:

That the Board authorizes the purchase agreement between Stryker and Pioneers Memorial Hospital/Imperial Valley Healthcare District.



1 Quote Summary

Quote Number: 10256562
 Quote Name: 1788 General Towers
 Prepared For: 213460 : PIONEERS MEMORIAL HLTHCR DISTRICT
 Quote Date: 07/22/2025

To	From
Name: PIONEERS MEMORIAL HLTHCR DISTRICT	Rep: Cole Habib
Address: 207 W LEGION RD BRAWLEY, California 92227-7780	Rep Phone: Email: cole.habib@stryker.com
Phone:	GPO Name: HEALTHTRUST PURCHASING GROUP, LP

Standard/Sample

Product	Description	Qty	List Price	List Total	Contract Price	Contract Total
240-099-155	Connected OR Cart 120 V	2	\$14,318.10	\$28,636.20	\$5,939.61	\$11,879.22
0240031300	Pkg 32IN 4K OLED Surgical Display	2	\$28,346.13	\$56,692.26	\$12,973.10	\$25,946.20
1788010000	PKG 1788 Camera Control Unit CCU	2	\$44,409.87	\$88,819.74	\$20,796.81	\$41,593.62
1788210105	PKG 1788 4K CAMERA HEAD C-MOUNT	3	\$40,724.38	\$122,173.14	\$19,070.93	\$57,212.79
1788020122	Pkg 1788 4K Coupler C-Mount	3	\$10,547.68	\$31,643.04	\$4,939.41	\$14,818.23
0220240300	PKG L12 LED LIGHT SOURCE WITH AIM	2	\$39,398.41	\$78,796.82	\$18,449.99	\$36,899.98
0620050001	PNEUMOCLEAR CO2 CONDITIONING INSUFFLATOR KIT BOTTLE GAS	2	\$36,632.20	\$73,264.40	\$14,319.14	\$28,638.28
0240200809	Connected OR Hub Base System with Device Control SDP1000 Printer and VIP	2	\$103,626.28	\$207,252.56	\$46,257.39	\$92,514.78
0240031065	Pkg SYNK 4K Wireless Transmitter	2	\$17,581.91	\$35,163.82	\$7,383.04	\$14,766.08
P37329	SDC4K IR Remote Control	2	\$57.63	\$115.26	\$57.63	\$115.26
0233050400	FG SAFELIGHT FIBER OPTIC CABLE WITH ADVANCED IMAGING MODALITY 5 MM	3	\$1,864.95	\$5,594.85	\$801.87	\$2,405.61
0233050087	PKG SAFELIGHT HENKE DYONICS STORZ SCOPE ADAPTER	3	\$141.98	\$425.94	\$55.80	\$167.40
233-050-072	PKG ASSY OLYMPUS ADAPTOR	3	\$233.12	\$699.36	\$88.11	\$264.33
0233-032-301	PKG AIM STERILIZATION TRAY	3	\$2,304.02	\$6,912.06	\$906.86	\$2,720.58
0502538010K	SPY LAPAROSCOPE AUTOCLAVABLE DIA 5.4mm 0 DEG 30cm and Safelight Adapter Kit	3	\$15,441.39	\$46,324.17	\$7,152.76	\$21,458.28
0502538030K	SPY LAPAROSCOPE AUTOCLAVABLE DIA 5.4mm 30 DEG 30cm and Safelight Adapter Kit	3	\$15,441.39	\$46,324.17	\$7,152.76	\$21,458.28

Grand Total: \$372,858.92



Applicable taxes and shipping will apply upon invoice. Estimates are subject to change. If you have provided a freight account, charges will be billed through your freight carrier.

The parties agree that this quote will be governed by HealthTrust Agreements #HPG-2839, HPG-2832, and/or HPG-2752 that cover the products set forth above.

Each of the parties will have all of the rights, benefits and obligations as set forth in such group purchasing agreement. Warranty: (1) year, unless stated per product: Three (3) years: Printers, Ninety (90) days: Scopes, Fiber optic cables, Monitors

F.O.B.: Origin.
Prices: In effect for 60 days
Terms: Net 30 Days
Contact your local Sales Representative for more information about our flexible payment options.

Comments

STRYKER REPRESENTATIVE SIGNATURE

AUTHORIZED CUSTOMER SIGNATURE

MEDICAL VIDEO | POWERED ARTHROSCOPY INSTRUMENTS | OPTICS & INSTRUMENTS FOR ARTHROSCOPY AND LAPAROSCOPY | FLOURESCENCE IMAGING

THIS SALES PROPOSAL IS THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND IS SUBJECT TO STRYKER'S TERMS OF SALE (FOUND AT www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), WHICH RELATE TO THE SALE AND PURCHASE OF THE PRODUCTS AND SERVICES OF STRYKER ENDOSCOPY, STRYKER COMMUNICATIONS, STRYKER SPORTS MEDICINE, AND STRYKER PROCARE, AND ANY DIFFERENT OR ADDITIONAL TERMS ARTICULATED BY STRYKER HEREIN. NONE OF STRYKER'S TERMS MAY BE REJECTED OR REVOKED BY BUYER WITHOUT THE CONSENT OF STRYKER ENDOSCOPY'S LEGAL TEAM. ADDITIONALLY, ANY DIFFERENT OR ADDITIONAL TERMS ON ANY PURCHASE ORDER OR OTHER DOCUMENT SUBSEQUENTLY SUBMITTED BY BUYER ARE NULL AND VOID UNLESS EXPLICITLY APPROVED BY STRYKER ENDOSCOPY'S LEGAL TEAM. ACCORDINGLY, ACCEPTANCE OF BUYER'S PURCHASE ORDER AND SHIPPING OF STRYKER PRODUCT TO BUYER DOES NOT SERVE AS ACCEPTANCE OF ANY SUCH DIFFERENT OR ADDITIONAL TERMS. IF YOU HAVE ISSUE WITH ANY OF STRYKER'S TERMS OF SALE, PLEASE CONTACT YOUR STRYKER SALES REPRESENTATIVE. BY ACCEPTING THE PRODUCT/S AND/OR SERVICES, YOU ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Stryker Sales Corporation acting through its Endoscopy Division

5900 Optical Ct, San Jose, CA 95138

For Customer Service Call: 800-624-4422

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 14, 2025

SUBJECT:

Authorize the Statement of Work between INNOVA Revenue Group and Imperial Valley Healthcare District ("IVHD").

BACKGROUND:

With IVHD's recent implementation of the Cerner Oracle Electronic Health Record system, the management of patient information and referrals has become increasingly challenging. This Statement of Work with INNOVA will provide a resource for IVHD scheduling staff to help lessen the referral backlog and enhance the operational workflow within the Cerner Oracle system.

KEY ISSUES: None

CONTRACT VALUE: Not to exceed \$2,400 per week

CONTRACT TERM: Six Month Agreement

BUDGETED: No

BUDGET CLASSIFICATION: Purchased Services

RESPONSIBLE ADMINISTRATOR: Carly Loper, CFO

DATE SUBMITTED TO LEGAL: 7-28-25 **REVIEWED BY LEGAL:** ☐ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

That the Board authorizes the Statement of Work between INNOVA Revenue Group and Imperial Valley Healthcare District ("IVHD"), as outlined.

Scope of Work

INNOVA Referral Backlog Support for Pioneers Imperial Valley Health District

1. Introduction

INNOVA Revenue Group will support Pioneers Imperial Valley Health District in addressing their referral backlog within the Cerner Oracle Referral Application. INNOVA will provide one full-time equivalent (FTE) resource with extensive knowledge of Cerner Oracle Referral workflows to assist in reviewing, processing, and resolving outstanding referrals.

2. Objective

The objective of this engagement is to reduce the current referral backlog efficiently and accurately, ensuring continuity of care and improving operational workflow within the Cerner Oracle system.

3. Scope of Services

The INNOVA Referral Coordinator will perform the following services:

- Access and work within the Cerner Oracle Referral Management system to identify, prioritize, and process outstanding referrals.
- Review referral status, documentation, and provider notes to determine next steps.
- Contact provider offices, patients, and specialty clinics as needed to complete referral workflows.
- Accurately update referral records, attach required documentation, and ensure completeness.
- Follow organizational protocols for triaging urgent or time-sensitive referrals.
- Collaborate with clinical and administrative staff to ensure continuity of care and reduce delays.
- Assist in maintaining referral metrics and tracking progress on backlog reduction.
- Report system issues or workflow inefficiencies to management.

4. Staff Qualifications

INNOVA will assign one experienced Referral Coordinator who possesses the following qualifications:

- Thorough knowledge of Cerner Oracle Referral workflows.
- Experience in referral coordination, medical office administration, or healthcare scheduling.
- Knowledge of medical terminology and health insurance processes.
- Strong communication, organization, and follow-up skills.
- Ability to work independently and meet productivity targets in a fast-paced environment.

- High school diploma or equivalent required; additional healthcare certification or training preferred.

5. Timeline & Duration

This engagement will begin upon agreement execution and is expected to continue for 6 months, with the potential for extension based on mutual agreement and project needs.

6. Reporting & Communication

The Referral Coordinator will report progress to the designated point of contact at Pioneers Imperial Healthcare District and will participate in regular status updates as required.

9. Approval & Sign-Off

Authorized representatives from both parties will sign off on this Scope of Work to initiate services.

8. Pricing

The services outlined in this Scope of Work will be billed at a rate of \$60 per hour, not to exceed 40 hours per week. Any additional hours or changes in scope will require prior written approval from Pioneers Imperial Healthcare District.

IMPERIAL VALLEY HEALTHCARE DISTRICT

AMENDED AND RESTATED BYLAWS

Approved August 14, 2025

PREAMBLE

Pursuant to AB 918 (2023), codified in Health and Safety Code §§ 32499.5 *et seq.*, the IMPERIAL VALLEY HEALTHCARE DISTRICT was created within the County of Imperial effective October 8, 2023, under the terms of The Local Health Care District Law of the State of California (H&S Code §§ 32000 *et seq.*)

The objectives of this District shall be to promote the public health and general welfare of the communities it serves.

This District shall be empowered to receive and administer funds for the attainment of these objectives, in accordance with the purposes and powers set forth in The Local Health Care District Law of the State of California (H&S Code §§ 32000 *et seq.*) and other applicable law.

ARTICLE I
Purposes and Scope

Section 1. Scope of Bylaws.

These Bylaws shall be known as the "District Bylaws" and shall govern the IMPERIAL VALLEY HEALTHCARE DISTRICT (referred to herein as the "District"), its Board of Directors, and all of its affiliated and subordinate organizations and groups.

The Board of Directors may delegate certain powers to the Medical Staff, and/or to other affiliated and subordinate organizations and groups, such powers to be exercised in accordance with the respective Bylaws of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups in the Bylaws of such other organizations or groups are to be considered residual powers vested in the District Board of Directors.

The Bylaws of the Medical Staff and other affiliated and subordinate organizations and groups, and any amendments to such Bylaws, shall not be effective until they are approved by the District Board of Directors. In the event of any conflict between the Bylaws of the Medical Staff and any other affiliated or subordinate organization or group, and the provisions of these District Bylaws, these District Bylaws shall prevail. In the event the District Bylaws are in conflict with any statute of the State of California governing hospital and health care districts, such statute shall be controlling.

Section 2. Purposes.

The purposes of the District shall include, but not necessarily be limited to, the following:

- a. Within the limits of community resources, to provide the best facilities and services possible for the acute and continued care of the injured and all persons of the Imperial Valley, regardless of race, creed, national origin, age or disability.
- b. To assure the highest level of patient care in the hospital of the District.
- c. To coordinate the services of the District with community agencies and other hospitals providing health care services.
- d. To conduct educational and research activities essential to the attainment of its purposes.
- e. To do any and all other acts necessary to carry out the provisions of the Local Health Care District Law, other applicable law, and District Bylaws and policies.

Section 3. Profit or Gain.

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits, to any individual, under any guise whatsoever, nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

Section 4. Disposition of Surplus.

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable hospital purposes, such as the establishment of free or part-free hospital beds, or for improvements in the hospital's facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Law, other applicable law, and District Bylaws and policies.

ARTICLE II

OFFICES

Section 1. Offices.

The principal office for the transaction of and for the business of the District is hereby fixed at 207 W Legion Rd, Brawley, California 92227. Branch offices may at any time be established by the Board of Directors at any place within or without the boundaries of District, for the benefit of District and the people served by the District.

Section 2. Mailing Address.

The mailing address of District shall be as follows:

IMPERIAL VALLEY HEALTHCARE DISTRICT
207 W Legion Rd.
Brawley, CA 92227

ARTICLE III
DIRECTORS

Section 1. Number, Qualifications, Election or Appointment.

The initial Board of Directors shall be appointed pursuant to Health & Safety Code 32499.6. The initial Board of Directors shall adopt a resolution to divide the district into seven (7) voting districts, numbered consecutively. By the conclusion of the 2028 general election, the Board of Directors shall consist of seven (7) members, one per voting district, who are elected (or appointed) in accordance with the Local Health Care District Law of the State of California, and other applicable law, each of whom shall be a registered voter residing in their respective electoral district. (H&S Code 32499.7, 32100 & 32100.5.)

Section 2. Term.

The initial Board of Directors shall create a staggered board of directors by choosing a number of board members to remain on the board following the first district election occurring after January 1, 2024. The voting districts established pursuant to this section shall be effective for subsequent district elections, commencing with the next district election occurring after January 1, 2024. At the expiration of the terms of office of the members of the board of directors then in office, and thereafter, these members of the board of directors shall be elected by voting districts. By the conclusion of the 2028 general election, all seven Board members shall be elected officials.

A person shall not be eligible to hold the office of member of the board of directors unless they have been a resident of the voting district from which they are elected for 30 days next preceding the date of the election. A member of the initial board of directors, appointed pursuant to Section 32499.6, shall not be eligible to become an elected board member of the district for the first round of elections for each respective board seat.

The term of each member of the Board of Directors elected shall be four (4) years, or until his or her successor is elected and has qualified. A member of the Board of Directors elected (or appointed pursuant to the provisions of the Uniform District Election Law, Elections Code 10500-10556) shall take office at noon on the first Friday in December next following the District general election. (H&S Code 32002, 32100 and 32100.5; Elections Code 10554.)

Section 3. Powers and Duties.

The Board of Directors shall have and exercise all the powers of a Health Care District set forth in the Local Health Care District Law (H&S Code 32000 *et seq.*), other applicable law, and District Bylaws and policies, as well as the powers listed herein:

- a. To control and be responsible for the management of all operations and affairs of the District.

- b. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.
- c. To appoint the President/Chief Executive Officer and to define the powers and duties of such appointee.
- d. To appoint the Chief Compliance Officer and to define the powers and duties of such appointee.
- e. To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations in accordance with their respective bylaws. The Medical Staff shall notify the Board of Directors upon election of the Chief of the Medical Staff and of all Chairpersons of the various medical departments and services, whose powers and duties shall be defined by the Medical Staff Bylaws as approved by the Board of Directors.
- f. To approve or disapprove all constitutions, bylaws, rules and regulations, including amendments thereto; of all affiliated or subordinate organizations.
- g. To appoint, promote, demote and remove all members of the Medical Staff. The Medical Staff shall make recommendations in this regard.
- h. To establish policies for the operation of this District, its Board of Directors and its facilities.
- i. To designate by resolution persons who shall have authority to sign checks drawn on the funds of the District.
- j. To do any and all other acts necessary to carry out the provisions of these Bylaws or the provisions of the Local Health Care District Law and other applicable law.
- k. To negotiate and enter into agreements with independent contractors, including physicians, paramedical personnel, other agencies and other facilities within the District's jurisdiction. (H&S Code 32121 and 32128.)

Along with the powers of the Board of Directors, it shall be the duty of the Board of Directors to establish rules of the hospitals and other facilities within District jurisdiction, which shall include the following:

- aa. Provision for the organization of physicians and surgeons, podiatrists, and dentists, licensed to practice in the State of California who are permitted to practice in the hospitals and other facilities within District jurisdiction into a formal Medical Staff, with appropriate officers and bylaws and with staff appointments on an annual or biennial basis.

- bb. Provision for a procedure for appointment and reappointment of Medical Staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations.
- cc. Provision that the Medical Staff shall be self-governing with respect to the professional work performed in hospitals and other facilities within District jurisdiction; that the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Healthcare Organizations; and that the medical records of the patients shall be the basis for such review and analysis.
- dd. Provision that accurate and complete medical records be prepared and maintained for all patients.
- ee. Limitations with respect to the practice of medicine and surgery in the hospitals and other facilities within District jurisdiction as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership, as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California.

Members of the Board of Directors shall also have the following duties:

- aaa. Duty of Care. Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstances.
- bbb. Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
- ccc. Duty of Obedience. Directors shall be faithful to the underlying purposes of the District described in Article I, section 2, herein.

If it is found, by a majority vote of all of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to removal from office according to the procedures set forth in section 9, subdivision a, of Article IV.

The rules of the hospitals and other facilities within District jurisdiction shall, insofar as is consistent with the Local Health Care District Law and other applicable law, be in accord with and contain minimum standards not less than the rules and standards of private or voluntary hospitals. Unless specifically prohibited by law, the Board of Directors may adopt other rules which could be lawfully adopted by private or voluntary hospitals. (H&S Code 32121 and 32128.)

Section 4. Compensation.

- a. The Board of Directors shall serve without compensation, except that the Board of Directors, by a Resolution adopted by a majority vote of the members of the Board of Directors, may authorize the payment of not to exceed One Hundred and No/100 Dollars (\$100.00) per meeting not to exceed six meetings a month as compensation to each member of the Board of Directors. (H&S Code 32103.). If the District compensates its members for more than five meetings in a calendar month, the Board of Directors shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the District. The Board of Directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board by no more than 5 percent annually.
- b. For purposes of this provision, "meeting" shall have the same definition as set forth in the Ralph M. Brown Act (Gov. Code 54950 *et seq.*) and other applicable law; provided that payment of compensation shall be further subject to a member's compliance with such policies as the Board of Directors may establish. A Director is eligible for compensation under this provision for attendance at a regular or special meeting of a committee or subcommittee only if the Director is a duly-appointed member of that committee or subcommittee as of the date of attendance, or as may be authorized by Board of Directors Policy as an "occurrence" and permitted by law.
- C. Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board of Directors in accordance with applicable law, including but not limited to the provisions set forth in AB 1234, as they may be revised from time to time. (H&S Code SS 32103.)

Section 5. Vacancies.

Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code, State of California laws and other applicable law. (H&S Code SS 32100.)

Section 6. Resignations.

Any member of the Board of Directors may resign at any time by giving written notice to the Board of Directors, or to the Chairperson, or to the Secretary or to the Clerk of the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein and unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.

Section 7. Absences From Meetings.

The term of any member of the Board of Directors shall expire if he or she is absent from three consecutive regular meetings, or from four of any five consecutive regular meetings of the Board of Directors, and the Board of Directors by resolution declares that a vacancy exists on the Board of Directors.

MEETINGS OF DIRECTORS

Section 8. Regular Meetings.

Regular meetings of the Board of Directors of the District shall be scheduled for the second Thursday of each calendar month at 6:00 p.m. PST or as otherwise determined by the Board of Directors at least annually, at the address indicated on such regular meeting agendas in the County of Imperial, California. The Board of Directors may, from time to time, change the time, the day of the month of such regular meetings and the location (provided the location is within the boundaries of the District) as dictated by holiday schedules or changing circumstances. (H&S Code ss 32104; Gov. Code 54954.)

Section 9. Special Meetings.

A special meeting of the Board of Directors may be called at any time by the presiding officer of the Board of Directors or by four (4) members of the Board of Directors, by providing written notice as specified herein to each member of the Board of Directors and as otherwise provided by the Brown Act.

The notice shall be delivered by any means to effectuate actual notice, including but not limited to, personally, email or by mail and shall be received at least twenty-four (24) hours before the time of the meeting as specified in the notice.

The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board of Directors.

The call and notice shall be posted at least twenty-four (24) hours prior to the special meeting in a location that is freely accessible to members of the public. (Gov. Code 54956.)

Section 10. Quorum.

A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business. (H&S Code 32106.) A quorum of the Board of Directors is the number of members that must be present in order to transact business. Members of the Board of Directors who are disqualified by law from participating in a given matter may not be counted toward a quorum for that matter. Members who are entitled to vote, but who voluntarily abstain from voting on a given matter, shall be counted toward a quorum for that matter.

Section 11. Number of Votes Required for Board of Directors Action.

In order for the Board of Directors to take action, a majority of the Directors present and qualified to vote on the matter (in other words, a majority of the Directors who have not recused themselves due to a conflict) must vote in favor of the motion, proposal or resolution.

Section 12. Adjournment.

The Board of Directors may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Secretary or Assistant Secretary of the Board of Directors may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided for special meetings, unless such notice is waived as provided for in special meetings.

A copy of the order or notice of adjournment shall be conspicuously posted on the District's website and on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four (24) hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as herein provided, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by these Bylaws. (Gov. Code 54955.)

Section 13. Public Meetings.

All meetings of the Board of Directors shall be open and public, and all persons shall be permitted to attend any meeting of the Board of Directors, except as otherwise provided in the Ralph M. Brown Act, the Local Health Care District Law and other applicable law. (Gov. Code 54953(a); H&S Code 32106 & 32155.)

Section 14. Setting the Agenda.

At least seventy-two (72) hours before a regular meeting, the District Board of Directors or its designee shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public. If requested, the agenda, shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 121 32). In addition, the agenda shall include information regarding how, to whom, and when a request for disability related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meetings.

The agenda is developed by the Board of Directors' Chairperson, President/Chief Executive Officer and General Legal Counsel. Any other Board of Directors member has the right to place an item on the agenda through the Chairperson. In the absence of the Chairperson, the Vice Chairperson has the authority to place an item on the agenda, and in the absence of both the Chairperson and Vice Chairperson, the Secretary has the right to place an item on the agenda. In the absence of the Chairperson, Vice Chairperson, and Secretary, the President/Chief Executive Officer or General Legal Counsel shall place an item on the agenda, as requested by any Board of Directors member. All requests by Board of Directors members regarding placement of an item on the agenda shall be in writing. No action or discussion shall be undertaken on any item not appearing on the posted agenda, and Board Directors shall not engage in substantive discussions with members of the public during public comment. On their own initiative or in response to questions posed by the public, a member of the Board of Directors or its staff may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. Furthermore, a member of the Board of Directors or the Board of Directors itself, subject to rules or procedures of the Board of Directors, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

Section 15. Rules of Order.

The rules contained in Robert's Rules of Order on Parliamentary Procedure shall govern the meetings of the District Board of Directors in all cases to which they are applicable and in which they are not inconsistent with the law of the State of California, the United States, or these Bylaws and/or policies and procedures as adopted by this governing body.

Section 16. Conflicts of Interest.

The District Board of Directors shall comply with all applicable laws regarding conflicts of interest, including but not limited to the California Political Reform Act, the provisions of the California Government Code regarding Prohibited Interests in Contracts, the California Doctrine of Incompatible Offices, as these laws may be amended from time to time.

ARTICLE IV

OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be a Chairperson, a Vice Chairperson, a Secretary, and a Treasurer. No person shall hold more than one office. Whenever a Board of Directors officer is authorized to execute a written instrument in his or her official capacity, other than for reimbursement of expenses, the Chairperson and Secretary shall do so.

The Board of Directors has the power to prescribe the duties and powers of the District President/Chief Executive Officer, the secretary, and other officers and employees of any health care facilities of the District, to establish offices as may be appropriate and to appoint Board of Directors members or employees to those offices, and to determine the number of and appoint all officers and employees and to fix their compensation. The officers and employees shall hold their offices or positions at the pleasure of the Board of Directors. (H&S Code §§ 32100.001 and 32121(h).)

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every calendar year by the Board of Directors at the regular January meeting. They shall assume office at the close of that meeting, and each officer shall hold office for one year, or until his or her successor shall be elected and qualified, or until he or she resigns or is otherwise disqualified to serve.

Section 3. Chairperson.

The Board of Directors shall elect one of their members to act as Chairperson. If at any time the Chairperson shall be unable to act, the Vice Chairperson shall take his or her place and perform his or her duties. If the Vice Chairperson shall also be unable to act, the Board of Directors may appoint some other member of the Board of Directors to do so and such person shall be vested temporarily with all the functions and duties of the office of the Chairperson.

The Chairperson, or member of the Board of Directors acting as such as above provided:

- a. Shall preside over all the meetings of the Board of Directors.
- b. Board of Directors Chairperson, or his or her designee, shall attend Medical Executive Committee, Joint Conference Committee meetings and other similar meetings of non-District organizations related to operations of the hospital (including those of Medical Staff committees and the hospital foundation) on behalf of the Board of Directors. Designees shall be Board of Directors members and shall at all times exclusively represent the interests of the Board of Directors.

Designees may be removed at any time at the sole discretion of the Board of Directors Chairperson.

- c. Shall sign as Chairperson, on behalf of the District, all instruments in writing which he or she has been specifically authorized by the Board of Directors to sign, provided that such instruments shall also be signed by the Secretary of the Board of Directors (other than for reimbursement requests).
- d. Shall have, subject to the advice and control of the Board of Directors, general responsibility for management of the affairs of the District during his or her term in office. (H&S Code 32100.001.)

Section 4. Vice Chairperson.

The Board of Directors shall elect one of their members to act as Vice Chairperson. The Vice Chairperson shall, in the event of absence, incapacitation, resignation, or other inability of the Chairperson, exercise all the powers and perform all the duties herein given to the Chairperson.

Section 5. Secretary.

The Board of Directors shall elect one of their members to act as Secretary. The Secretary of the Board of Directors shall perform ministerial duties (i.e., sign legal documents on behalf of the Board of Directors of the District. (H&S code 32100.001.)

Section 6. Treasurer.

The Board of Directors shall elect one of their members to act as Treasurer. The Treasurer shall be required to fulfill the duties under Health and Safety Code Section 32127; provided, however, that these duties are hereby delegated to the District's Chief Financial Officer to the extent permitted by law. (H&S Code 32127; Gov. Code 53600 et seq.)

Section 7. Reserved [Assistant Secretary].

Section 8. Reserved [Assistant Treasurer].

Section 9. Removal, Resignation or Vacancy.

- a. Any officer appointed or elected by the Board of Directors may be removed from that office for failure to discharge the duties of that office, for violation of any of the policies of the Board of Directors, or for any other good cause, as determined by a majority vote of all the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.
- b. Any officer may resign from said office at any time by giving written notice to the

Chair of the Board of Directors, the Board of Directors Secretary or to the Clerk of the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein, and, unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.

- c. In the event of a vacancy in the office of the Chairperson, the Vice-Chairperson shall succeed to that office for the balance of the unexpired term of the Chairperson. In the event of a vacancy in the office of the Secretary or Treasurer, the Board of Directors shall elect an officer to fill the vacancy for the balance of the unexpired term of that officer.

Section 10. Determination of and Sanctions for Willful or Corrupt Misconduct in Office

The following procedure may be used, in addition to any other procedures authorized by law or policy, to determine whether a Board of Directors member has engaged in willful or corrupt misconduct in office within the meaning of Government Code section 3060.

- a. Any member of the Board of Directors may present an accusation in writing to the Board of Directors against member of the Board of Directors alleging willful or corrupt misconduct in office, together with any written materials to support the accusation. "Misconduct in office" shall be broadly construed and include any willful malfeasance, misfeasance, and/or nonfeasance in office, and shall be interpreted in a manner consistent with Government Code section 3060.
- b. After consideration of the accusation, the Board of Directors members present shall then vote on the question of authorizing a formal hearing on the accusation presented. A formal contempt hearing is authorized by the Board of Directors upon the concurrence of a majority of the members present, excluding the accused who shall not have a vote.
- c. Within 7 days of the authorization for a formal contempt hearing, the Board of Directors shall serve upon the accused a copy of the accusation, a statement identifying the reasons for the hearing, and a notice of the days of the hearing. The date of the hearing shall not be less than 10 days from the service of the accusation. Service shall be in person, or if that fails, by leaving a copy of the accusation taped to the entry door of the accused's last known address in plain view.
- d. The accused shall appear before the Board of Directors at the time and date stated in the accusation. However, if the date chosen by the Board of Directors is unacceptable to the accused for good cause as determined by the Board of Directors, another date shall be assigned, but shall not be more than 30 days beyond the original date set by the Board of Directors.

- e. The accused may be represented by counsel in preparing for and/or to be present at the hearing. The cost of such counsel shall be borne by the accused. If the accused chooses to have an attorney represent him at the hearing, he must notify the Secretary of the Board of Directors in writing of that fact at least 5 days before the hearing. The Board of Directors may have a lawyer who is not the regular Board of Directors lawyer, present at the hearing who will conduct the presentation of the Board of Directors' case and question witnesses. Formal rules of evidence shall not apply; however, witnesses and statements shall be made under oath and documentary evidence shall be authenticated. The Board of Directors may establish reasonable time limits on the duration of the hearing. Board of Directors counsel shall not participate in any way in the preparation of the accusation or presentation of evidence, but shall advise the Board of Directors on procedural matters.
- f. Five days before the scheduled hearing, each party shall submit to the Secretary of the Board of Directors a witness list and outline of anticipated evidence, either oral or written, which they intend to introduce at the hearing. Upon demand by either party, this information shall be given to the opposing party by the Board of Directors Secretary on this date. A willful failure to supply this information on a timely basis may cause it to be excluded at the hearing.
- g. At the hearing, the accused may introduce any oral testimony he or she feels will be helpful to the defense. The member of the Board of Directors who presented the accusation may introduce rebuttal evidence. The Board of Directors shall give weight to all evidence presented. The Board of Directors shall have the power to limit or exclude evidence which is repetitive, not relevant, or has little probative value. The proceeding shall be recorded.
- h. The Board of Directors shall have the burden of establishing the willful or corrupt misconduct by the accused and the burden of proof shall be by a preponderance of the evidence. The Board of Directors may introduce any evidence, oral or written testimony, the Board of Directors feels will be helpful to its case.
- i. If the accused fails to appear before the Board of Directors on the specified hearing date, the hearing may be held, based upon the evidence previously provided to the accused and other relevant evidence.
- j. At the conclusion of presentation of evidence, the Board of Directors shall vote whether to hold the accused in contempt. The accused shall not be present during deliberation. A determination of misconduct shall be upon the concurrence of a majority of the Board of Directors members present, excluding the accused who shall not have a vote and cannot take part in deliberations.
- k. Upon the determination of the Board of Directors of misconduct by the accused, the Board of Directors shall ask if the accused wishes to make a statement to the

Board of Directors. Thereafter, The Board of Directors shall excuse the accused from the hearing and move to the determination of sanctions, which may include:

1. A statement of censure, identifying the misconduct;
2. Removal of the offending Board of Directors member from membership on one or more Board of Directors committees, or, if chair of any committee, removal from that position, for a specified period, or if no period is specified, until the annual election of Board of Directors officers;
3. Removal of the offending Board of Directors member from holding any Board of Directors office or other appointment currently held;
4. A determination that no compensation shall be earned by the offending Board of Directors member for attendance at the meeting at which the contempt occurred, or for a specified period;
5. A determination that the offending Board of Directors member shall not be provided any defense or indemnity in any civil actions or proceedings arising out of or related to the member's misconduct;
6. Rendering the offending Board of Directors member ineligible to receive any advances or reimbursement of expenses to attend future conferences or meetings (except those previously-approved for which expenses have been incurred prior to the time of the finding of misconduct, for a period of time or subject to conditions specified in the motion;
7. Referral of the matter to the County Grand Jury pursuant to Government Code section 3060, including the evidence adduced during the hearing.
8. Declaring a vacancy in the office of the accused. [May require legislation]

ARTICLE V
COMMITTEES

Section 1. Committees

At any time, the Chairperson may nominate, and a majority of the Board of Directors may appoint at a duly noticed public meeting, one or more members of the Board of Directors and other persons as necessary or appropriate, to constitute committees for the investigation, study or review of specific matters. At the time of appointing and establishing the committee(s), the Chairperson, with the concurrence of the Board of Directors, shall establish the responsibilities of the committee(s).

The Chairperson, with the approval of the majority of the Board of Directors, may, from time to time, with or without cause, remove one or more members of the Board of Directors and any other persons from membership in any standing or other committee, or may temporarily discontinue, change the functions of, or combine standing or other committees.

Any committee(s) established to deliberate issues affecting the discharge of Medical Staff responsibilities shall include Medical Staff members.

No committee shall use written ballots, whether or not secret, for any purpose in its deliberations. No committee appointed shall have any power or authority to commit the Board of Directors or the District in any manner, unless the Board of Directors, by a motion duly adopted at a meeting of the Board of Directors, has specifically authorized the committee to act for and on behalf of the District.

Any advisory committee, whether permanent or temporary, which is a legislative body as defined in the Brown Act and other applicable law, shall post agendas and have meetings open to the public as provided by law.

Notices of meetings of committees which are legislative bodies shall be made in accordance with Article IV, Section 7 of these Bylaws.

Section 2. Standing Committees

Standing committees as defined by the Brown Act are open to the public and require posting of Notice of Meetings and Agendas. The Board of Directors shall review annually the committees, their functions, and their membership.

The following committees are the only current standing committees of the Board of Directors:

- A. Finance & Budget
- B. Hospital Operations & Integration
- C. Governance
- D. Audit, Compliance & Ethics

E. Advocacy & Outreach

Summaries of these standing committees, their primary purpose, and the frequency of their meetings are set forth below. Each committee shall be responsible for creating their own committee bylaws and may revise its meeting frequency, as appropriate, from time to time.

Name	Primary Purpose	Meetings
Finance & Budget	Fiscal oversight, budgeting, bond monitoring, and audit preparation	Monthly
Hospital Operations & Integration	Monitor hospital performance, oversee integration, ensure alignment with UCSD JPA	Monthly
Governance	Bylaws, board development, ethics compliance, policy updates	Quarterly
Quality Audit, Compliance & Ethics	Oversees compliance with quality and safety; ensure patient safety; monitor and review risk management activities and outcomes.	Quarterly
Advocacy & Outreach	Legislative affairs, public awareness, community mobilization	Monthly

A. Finance & Budget Committee

Responsible for matters related to financial planning, budgeting, and fiscal oversight. Reviews and monitors financial statements, budget performance, and key financial indicators to ensure the District remains financially stable and transparent. Advises on the development and implementation of financial policies, internal controls, and long-term financial strategies. Oversees preparation of the annual operating and capital budgets, reviews cash flow and revenue forecasts, and monitors progress on financial obligations, including bond-related matters. May coordinate with auditors and legal or financial advisors to support financial audit readiness and ensure compliance with applicable financial regulations. This may involve reviewing financial reports, evaluating major expenditures, and providing recommendations to the Board to support responsible stewardship of public funds and alignment with the District's strategic priorities. The Board Treasurer shall always be a member of this committee, and shall Chair the Finance & Budget Committee.

B. Hospital Operations & Integration Committee

Responsible for matters related to hospital operations, system integration, and alignment with the District's strategic goals. Oversees the coordination and transition of hospital services and functions between El Centro Regional Medical Center, Pioneers Memorial Hospital, Calexico

facilities, and other healthcare partners. Monitors operational performance, quality metrics, patient access, and service delivery to ensure consistency and continuity of care throughout the integration process. Reviews reports and updates related to hospital management agreements, including those under the Joint Powers Agreement with UCSD, to ensure accountability and alignment with District priorities. May evaluate system-wide efficiencies, resource utilization, and clinical coordination efforts to support improved outcomes and operational sustainability. This may involve reviewing key performance indicators, identifying barriers to integration, and making recommendations to the Board to ensure a unified, patient-centered healthcare system that meets the needs of the Imperial Valley community.

C. Governance Committee

Responsible for matters related to board member appointments, bylaws review, and policies and procedures. Assess and update bylaws, policies, and procedures to ensure they are current and aligned with best practices. Ensures the governing board is up to date with ethics, orientations, and governance training and fulfilling fiduciary responsibilities. May develop and implement educational programs for board members to enhance their understanding of governance, healthcare regulations, strategic planning, and best practices in healthcare district management. This might involve workshops, conferences, webinars, or materials focusing on board self-assessments, legal requirements (like the Brown Act), and specific needs based on the district's strategic plans.

D. Quality Audit, Compliance & Ethics Committee

Oversees compliance with quality and safety related accreditation standards and regulations, like those set by the CDPH and the Joint Commission. Oversees annual quality audits. Help ensure a safe environment for patients and reduce preventable patient safety events. They receive and review reports of patient safety events, including adverse events and healthcare-associated infections. They monitor the implementation of corrective actions based on patient safety event reviews and make recommendations to eliminate future patient safety events. They monitor and review risk management activities and outcomes and report findings and recommendations to the board.

E. Advocacy & Outreach Committee

Focuses on legislative, regulatory, and grassroots activities related to healthcare districts. These committees work to ensure that districts can effectively provide healthcare services to their communities by influencing policy decisions at the local, state, and potentially federal levels. The committee may also mobilize local communities and stakeholders to support the healthcare district's advocacy efforts. This could involve public awareness campaigns, community forums, and calls to action to engage residents and demonstrate public support for the district's work. This committee may also foster collaboration among healthcare districts, other healthcare providers, and community organizations. This may involve joint initiatives, shared advocacy efforts, and partnerships to address common challenges and opportunities. The Board Chair

shall always be a member of this committee, and shall Chair the Advocacy & Outreach Committee.

Section 3. Ad Hoc Committees

At any time, the Chairperson may nominate, and a majority of the Board of Directors may appoint at a duly noticed public meeting, one or more members of the Board of Directors to serve on an Ad Hoc Committee for any purpose the Board of Directors deems appropriate. Ad Hoc Committees are advisory committees that are composed solely of Board Members, are less than a quorum of the District Board of Directors, and limited subject matter jurisdiction, and meetings that are not standing or fixed by charter, ordinance, resolution, or formal action. Ad Hoc Committees are not legislative bodies and are not subject to the Brown Act. Ad Hoc Committee meetings are not open to the public, do not require publicly posted agendas and may be held virtually or in person.

ARTICLE VI
MANAGEMENT OFFICIALS

Section 1. President/Chief Executive Officer.

The Board of Directors shall select and employ a hospital administrator to be known as “President/Chief Executive Officer” who, subject to such policies as may be adopted and such orders as may be issued by the Board of Directors, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the President/Chief Executive Officer of the institution, translating the Board of Directors’ policies into actual operation. Additionally, the President/Chief Executive Officer has the authority to make recommendations to the Board of Directors on policies related to the effective ongoing operations of the District. The Chief Operating Officer/Chief Nurse Executive and/or the Chief Financial Officer are granted signing authority on behalf of the Chief Executive Officer, in order to maintain day-to-day operation of the District.

Section 2. Clerk of the Board of Directors.

The Clerk of the Board of Directors shall be the Executive Assistant under the immediate supervision of the President/Chief Executive Officer. The President/Chief Executive Officer may assign other staff members as may be necessary to complete the work of the Board of Directors.

Section 3. Chief Compliance Officer

The Chief Compliance Officer, hired by the Board of Directors, shall advise the Board of Directors and Chief Executive Officer regarding the design and implementation of the organization's ethics and compliance programs. The Chief Compliance Officer shall report directly to the Board of Directors regarding material legal and compliance risks and mitigation efforts.

Section 4. President/Chief Executive Officer's Evaluation.

The Board of Directors shall evaluate the President/Chief Executive Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the President/Chief Executive Officer. The President/Chief Executive Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications concerning any evaluations shall be retained in the confidential files of the Board of Directors and/or the President/Chief Executive Officer’s private personnel files. (Gov. Code 54957.)

Section 5. Chief Compliance Officer's Evaluation.

The Board of Directors shall evaluate the Chief Compliance Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the Compliance Officer and Vice President, Legal Affairs. The Chief Compliance Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications concerning any evaluations shall be retained in the confidential files of the Board of Directors and/or the Chief Compliance Officer's private personnel files. (Gov. Code 54957.)

ARTICLE VII
MEDICAL STAFF

Section I. Medical Staff.

The physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in the State of California, who are permitted to practice in the hospitals and other facilities under the jurisdiction of District, shall be formed into a formal Medical staff, in accordance with the Medical Staff Bylaws, Rules and Regulations, which have been approved by the District Board of Directors. The Medical staff Bylaws shall include, but not be limited to, the following provisions:

- a. Appropriate officers.
- b. Staff appointments on an annual or biennial basis.
- c. Procedure for appointment and reappointment of Medical Staff as provided by the Standards of the Joint Commission on Accreditation of Health Care Organizations.
- d. That the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Health Care Organizations.

The Medical Staff shall be self-governing with respect to the professional work performed in the hospital and the medical records of the patients shall be the basis for such review and analysis of the professional work of the Medical Staff. The Medical Staff members shall be responsible for preparing and maintaining accurate and complete medical records for all patients (medical records to include, but not be limited to, identification data, personal and family history, history of present illness, physician examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and such other matters as the Medical Staff shall determine or as may be required by applicable law). The practice of medicine and surgery in the hospitals and other facilities under the jurisdiction of the District shall be within the limitations as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California. The Medical Staff shall be responsible for the development, adoption and annual review of the Medical Staff Bylaws and Rules and Regulations that are consistent with District policy and with any applicable law. The Medical Staff are subject to, and effective upon, appointment and reappointment by the Board of Directors in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations. (H&S Code 32128.)

The District shall maintain a Quality Assurance/Performance Improvement ("QA/PI") Program developed by a committee composed of at least five (5) physicians who are members of the

Medical Staff and one (1) clerical staff member. The QA/PI Program shall be implemented by the QA/PI Committee, and shall be a data-driven, quality assessment and performance improvement program, implemented and maintained on a hospital-wide basis, in compliance with the requirements of Section 482.21 of Title 42 of the Code of Federal Regulations, and other applicable law, as it may be amended from time to time.

Section 2. Medical Staff Membership.

Membership on the Medical Staff is a privilege, not a right, which shall be extended only to physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in this State whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Medical Staff Bylaws and Rules and Regulations of the District, and applicable law. The word "Physician" when used hereafter in this Article, shall be deemed to include physicians, surgeons, dentists, and podiatrists. (H&S Code 32128.)

Section 3. Exclusion from the Medical Staff.

- a. The Board of Directors shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to restrict the privileges of any physician, whether a general practitioner or specialist, in any hospital operated by the District, who has not exhibited that standard of education, training, experience, and demonstrated competence, references and professional ethics which will assure, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care.
- b. In the case of both general practitioners and specialists, the medical resources available in the field of his or her practice shall be considered in determining the skill and care required. No physician shall be entitled to membership on the Medical Staff, or to the enjoyment or particular privileges, merely by virtue of the fact that he or she is duly licensed to practice medicine or surgery in this or any other state, or that he or she is a member of some professional organization, or that he or she, in the past or presently, has such privileges at another hospital. The burden shall be upon the physician making an initial application for membership to establish that he or she is professionally competent and ethical. (H&S Code 32128 and 32150; B&P Code 809.3.)

Section 4. Hospital Rules.

The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of professional privileges shall be determined. Such Bylaws shall provide that the Medical Staff or a committee or committees thereof, shall study the qualifications of all applicants in the establishment of professional privileges, and shall submit to

the Board of Directors recommendations thereon. Such recommendations shall be considered by the Board of Directors, but shall not be binding upon the Board of Directors. The Medical Staff shall be responsible for a process or processes designed to assure that individuals who provide patient care services, but who are not subject to the Medical Staff privilege delineation process, are competent to provide such services and that the quality of patient care services provided by these individuals is reviewed as a part of the District's quality assurance programs. (H&S Code 32150.)

Section 5. Hearings and Appeals.

The Board of Directors hereby incorporates by reference the provisions of the Medical Staff Bylaws relating to hearing procedures and appeals regarding the professional privileges of any member of, or applicant for membership on, the Medical Staff, as those Bylaws may be amended from time to time, subject to applicable law. These provisions are presently outlined in the relevant sections of the Medical Staff Bylaws.

ARTICLE VIII
MISCELLANEOUS

Section 1. Title to Property.

The title to all property of the District shall be vested in the District, and the signature of any officers of the Board of Directors, authorized at any meeting of the Board of Directors, shall constitute the proper authority for the purchase or sale of property or for the investment or other disposal of funds which are subject to the control of the District. (H&S Code 32121(c) and 32123.)

Section 2. Seal.

The Board of Directors shall have the power to adopt a form of Corporate Seal, and to alter it at its pleasure. (H&S Code 32121 (a).)

Section 3. Amendment.

These Bylaws may be altered, amended, repealed, added to or deleted, by a majority vote of all of the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.

Section 4. Annual Review of Bylaws.

The Board of Directors shall review the Bylaws annually and make any necessary changes that are necessary to be consistent with District policy, any applicable laws or other rules and regulations connected with operation of a hospital or other facility within District jurisdiction.

Section 5. Reserved.

Section 6. Affiliated Organizations.

- a. Auxiliary Organizations. The Board of Directors may authorize the formation of auxiliary organizations to assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.
- b. Foundations. The Board of Directors may authorize the formation of non-profit public benefit corporations, under applicable law, to assist in the fulfillment of the purposes of the District. Each such corporation shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.

- c. Pioneers Memorial Hospital Auxiliary. The Pioneers Memorial Healthcare District Auxiliary, a non-profit California corporation, shall be renamed the Pioneers Memorial Hospital Auxiliary and is hereby recognized as an organization, the activities of which shall include promotion and advancement of the welfare District and its patients. The IVHD Board of Directors shall annually appoint one IVHD Board member to participate in the Pioneers Memorial Hospital Auxiliary.
- d. Pioneers Memorial Hospital Foundation. The Pioneers Memorial Hospital Foundation, a non-profit California corporation, shall be and is hereby recognized as an organization which supports the District through the solicitation, receipt and prudent administration of gifts from individuals, corporations, private foundations and grant-making entities.

These Bylaws of the IMPERIAL VALLEY HEALTHCARE DISTRICT are hereby approved this 14th day of August, 2025.

Chairperson

CODE FOR LEGISLATIVE AUTHORITY

- California Health and Safety Code Section 32000 *et seq.* – The Local Health Care District Law
- California Elections Code Section 10500 *et seq.* – Uniform District Election Law
- California Government Code Section 54950 *et seq.* – Ralph M. Brown Act
- California Business and Professions Code

SECRETARY’S CERTIFICATE

I, Arturo Proctor, Secretary of the Board of Directors of Imperial Valley Healthcare District, a California healthcare district, County of Imperial, California, certify as follows:

The attached is a full, true, and correct copy of the Imperial Valley Healthcare District Amended and Restated Bylaws, adopted at the meeting of the Board of Directors of the Imperial Valley Healthcare District, which was duly held August 8, 2025, at which meeting a quorum of the members of the Board of Directors were present; and at such meeting such bylaws were adopted by the following vote:

YES:

NO:

ABSTAIN:
ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached Bylaws are a full, true and correct copy of the bylaws adopted at such meeting and entered in such minutes; and these bylaws have not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this 14th day of August, 2025

Secretary
Imperial Valley Healthcare District

Style Definition: List Paragraph

IMPERIAL VALLEY HEALTHCARE DISTRICT

AMENDED AND RESTATED BYLAWS

Approved ~~April 11, 2024~~ August 14, 2025

PREAMBLE

Pursuant to AB 918 (2023), codified in Health and Safety Code §§ 32499.5 *et seq.*, the IMPERIAL VALLEY HEALTHCARE DISTRICT was created within the County of Imperial effective October 8, 2023, under the terms of The Local Health Care District Law of the State of California (H&S Code §§ 32000 *et seq.*)

The objectives of this District shall be to promote the public health and general welfare of the communities it serves.

This District shall be empowered to receive and administer funds for the attainment of these objectives, in accordance with the purposes and powers set forth in The Local Health Care District Law of the State of California (H&S Code §§ 32000 *et seq.*) and other applicable law.

ARTICLE I
Purposes and Scope

Section 1. Scope of Bylaws.

These Bylaws shall be known as the "District Bylaws" and shall govern the IMPERIAL VALLEY HEALTHCARE DISTRICT (referred to herein as the "District"), its Board of Directors, and all of its affiliated and subordinate organizations and groups.

The Board of Directors may delegate certain powers to the Medical Staff, and/or to other affiliated and subordinate organizations and groups, such powers to be exercised in accordance with the respective Bylaws of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups in the Bylaws of such other organizations or groups are to be considered residual powers vested in the District Board of Directors.

The Bylaws of the Medical Staff and other affiliated and subordinate organizations and groups, and any amendments to such Bylaws, shall not be effective until they are approved by the District Board of Directors. In the event of any conflict between the Bylaws of the Medical Staff and any other affiliated or subordinate organization or group, and the provisions of these District Bylaws, these District Bylaws shall prevail. In the event the District Bylaws are in conflict with any statute of the State of California governing hospital and health care districts, such statute shall be controlling.

Section 2. Purposes.

The purposes of the District shall include, but not necessarily be limited to, the following:

- a. Within the limits of community resources, to provide the best facilities and services possible for the acute and continued care of the injured and all persons of the Imperial Valley, regardless of race, creed, national origin, age or disability.
- b. To assure the highest level of patient care in the hospital of the District.
- c. To coordinate the services of the District with community agencies and other hospitals providing health care services.
- d. To conduct educational and research activities essential to the attainment of its purposes.
- e. To do any and all other acts necessary to carry out the provisions of the Local Health Care District Law, other applicable law, and District Bylaws and policies.

Section 3. Profit or Gain.

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits, to any individual, under any guise whatsoever, nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

Section 4. Disposition of Surplus.

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable hospital purposes, such as the establishment of free or part-free hospital beds, or for improvements in the hospital's facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Law, other applicable law, and District Bylaws and policies.

ARTICLE II
OFFICES

Section 1. Offices.

The principal office for the transaction of and for the business of the District is hereby fixed at _____, address 207 W Legion Rd, Brawley, California 92227. Branch offices may at any time be established by the Board of Directors at any place within or without the boundaries of District, for the benefit of District and the people served by the District.

Section 2. Mailing Address.

The mailing address of District shall be as follows:

IMPERIAL VALLEY HEALTHCARE DISTRICT

~~c/o XXXXXXXX~~

~~ADDRESS~~

~~CHY~~ 207 W Legion Rd.
Brawley, CA ~~ZIP~~ 92227

Formatted: Not Highlight

ARTICLE III

DIRECTORS

Section 1. Number, Qualifications, Election or Appointment.

The initial Board of Directors shall be appointed pursuant to Health & Safety Code 32499.6. The initial Board of Directors shall adopt a resolution to divide the district into seven (7) voting districts, numbered consecutively. By the conclusion of the 2028 general election, the Board of Directors shall consist of seven (7) members, one per voting district, who are elected (or appointed) in accordance with the Local Health Care District Law of the State of California, and other applicable law, each of whom shall be a registered voter residing in their respective electoral district. (H&S Code 32499.7, 32100 & 32100.5.)

Section 2. Term.

The initial Board of Directors shall create a staggered board of directors by choosing a number of board members to remain on the board following the first district election occurring after January 1, 2024. The voting districts established pursuant to this section shall be effective for subsequent district elections, commencing with the next district election occurring after January 1, 2024. At the expiration of the terms of office of the members of the board of directors then in office, and thereafter, these members of the board of directors shall be elected by voting districts. By the conclusion of the 2028 general election, all seven Board members shall be elected officials.

A person shall not be eligible to hold the office of member of the board of directors unless they have been a resident of the voting district from which they are elected for 30 days next preceding the date of the election. A member of the initial board of directors, appointed pursuant to Section 32499.6, shall not be eligible to become an elected board member of the district for the first round of elections for each respective board seat.

The term of each member of the Board of Directors elected shall be four (4) years, or until his or her successor is elected and has qualified. A member of the Board of Directors elected (or appointed pursuant to the provisions of the Uniform District Election Law, Elections Code 10500-10556) shall take office at noon on the first Friday in December next following the District general election. (H&S Code 32002, 32100 and 32100.5; Elections Code 10554.)

Section 3. Powers and Duties.

The Board of Directors shall have and exercise all the powers of a Health Care District set forth in the Local Health Care District Law (H&S Code 32000 *et seq.*), other applicable law, and District Bylaws and policies, as well as the powers listed herein:

- a. To control and be responsible for the management of all operations and affairs of the District.

- b. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.
- c. To appoint the President/Chief Executive Officer and to define the powers and duties of such appointee.
- d. To appoint the Chief Compliance Officer and to define the powers and duties of such appointee.
- e. To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations in accordance with their respective bylaws. The Medical Staff shall notify the Board of Directors upon election of the Chief of the Medical Staff and of all Chairpersons of the various medical departments and services, whose powers and duties shall be defined by the Medical Staff Bylaws as approved by the Board of Directors.
- f. To approve or disapprove all constitutions, bylaws, rules and regulations, including amendments thereto; of all affiliated or subordinate organizations.
- g. To appoint, promote, demote and remove all members of the Medical Staff. The Medical Staff shall make recommendations in this regard.
- h. To establish policies for the operation of this District, its Board of Directors and its facilities.
- i. To designate by resolution persons who shall have authority to sign checks drawn on the funds of the District.
- j. To do any and all other acts necessary to carry out the provisions of these Bylaws or the provisions of the Local Health Care District Law and other applicable law.
- k. To negotiate and enter into agreements with independent contractors, including physicians, paramedical personnel, other agencies and other facilities within the District's jurisdiction. (H&S Code 32121 and 32128.)

Along with the powers of the Board of Directors, it shall be the duty of the Board of Directors to establish rules of the hospitals and other facilities within District jurisdiction, which shall include the following:

- aa. Provision for the organization of physicians and surgeons, podiatrists, and dentists, licensed to practice in the State of California who are permitted to practice in the hospitals and other facilities within District jurisdiction into a formal Medical Staff, with appropriate officers and bylaws and with staff appointments on an annual or biennial basis.

- bb. Provision for a procedure for appointment and reappointment of Medical Staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations.
- cc. Provision that the Medical Staff shall be self-governing with respect to the professional work performed in hospitals and other facilities within District jurisdiction; that the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Healthcare Organizations; and that the medical records of the patients shall be the basis for such review and analysis.
- dd. Provision that accurate and complete medical records be prepared and maintained for all patients.
- ee. Limitations with respect to the practice of medicine and surgery in the hospitals and other facilities within District jurisdiction as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership, as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California.

Members of the Board of Directors shall also have the following duties:

- aaa. Duty of Care. Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstances.
- bbb. Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
- ccc. Duty of Obedience. Directors shall be faithful to the underlying purposes of the District described in Article I, section 2, herein.

If it is found, by a majority vote of all of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to removal from office according to the procedures set forth in section 9, subdivision a, of Article IV.

The rules of the hospitals and other facilities within District jurisdiction shall, insofar as is consistent with the Local Health Care District Law and other applicable law, be in accord with and contain minimum standards not less than the rules and standards of private or voluntary hospitals. Unless specifically prohibited by law, the Board of Directors may adopt other rules which could be lawfully adopted by private or voluntary hospitals. (H&S Code 32121 and 32128.)

Section 4. Compensation.

- a. The Board of Directors shall serve without compensation, except that the Board of Directors, by a Resolution adopted by a majority vote of the members of the Board of Directors, may authorize the payment of not to exceed One Hundred and No/100 Dollars (\$100.00) per meeting not to exceed six meetings a month as compensation to each member of the Board of Directors. (H&S Code 32103.). If the District compensates its members for more than five meetings in a calendar month, the Board of Directors shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the District. The Board of Directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board by no more than 5 percent annually.
- b. For purposes of this provision, "meeting" shall have the same definition as set forth in the Ralph M. Brown Act (Gov. Code 54950 *et seq.*) and other applicable law; provided that payment of compensation shall be further subject to a member's compliance with such policies as the Board of Directors may establish. A Director is eligible for compensation under this provision for attendance at a regular or special meeting of a committee or subcommittee only if the Director is a duly-appointed member of that committee or subcommittee as of the date of attendance, or as may be authorized by Board of Directors Policy as an "occurrence" and permitted by law.
- C. Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board of Directors in accordance with applicable law, including but not limited to the provisions set forth in AB 1234, as they may be revised from time to time. (H&S Code SS 32103.)

Section 5. Vacancies.

Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code, State of California laws and other applicable law. (H&S Code SS 32100.)

Section 6. Resignations.

Any member of the Board of Directors may resign at any time by giving written notice to the Board of Directors, or to the Chairperson, or to the Secretary or to the Clerk of the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein and unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.

Section 7. Absences From Meetings.

The term of any member of the Board of Directors shall expire if he or she is absent from three consecutive regular meetings, or from four of any five consecutive regular meetings of the Board of Directors, and the Board of Directors by resolution declares that a vacancy exists on the Board of Directors.

MEETINGS OF DIRECTORS

Section 8. Regular Meetings.

Regular meetings of the Board of Directors of the District shall be scheduled for the second Thursday of each calendar month at 6:00 p.m. PST or as otherwise determined by the Board of Directors at least annually, at the address indicated on such regular meeting agendas in the County of Imperial, California. The Board of Directors may, from time to time, change the time, the day of the month of such regular meetings and the location (provided the location is within the boundaries of the District) as dictated by holiday schedules or changing circumstances. (H&S Code ss 32104; Gov. Code 54954.)

Section 9. Special Meetings.

A special meeting of the Board of Directors may be called at any time by the presiding officer of the Board of Directors or by four (4) members of the Board of Directors, by providing written notice as specified herein to each member of the Board of Directors and as otherwise provided by the Brown Act.

The notice shall be delivered by any means to effectuate actual notice, including but not limited to, personally, email or by mail and shall be received at least twenty-four (24) hours before the time of the meeting as specified in the notice.

The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board of Directors.

The call and notice shall be posted at least twenty-four (24) hours prior to the special meeting in a location that is freely accessible to members of the public. (Gov. Code 54956.)

Section 10. Quorum.

A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business. (H&S Code 32106.) A quorum of the Board of Directors is the number of members that must be present in order to transact business. Members of the Board of Directors who are disqualified by law from participating in a given matter may not be counted toward a quorum for that matter. Members who are entitled to vote, but who voluntarily abstain from voting on a given matter, shall be counted toward a quorum for that matter.

Section 11. Number of Votes Required for Board of Directors Action.

In order for the Board of Directors to take action, a majority of the Directors ~~entitled present and qualified~~ to vote on the matter ~~and (in other words, a majority of the Directors~~ who have not ~~abstained~~ recused themselves due to a conflict) must vote in favor of the motion, proposal or resolution.

Section 12. Adjournment.

The Board of Directors may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Secretary or Assistant Secretary of the Board of Directors may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided for special meetings, unless such notice is waived as provided for in special meetings.

A copy of the order or notice of adjournment shall be conspicuously posted on the District's website and on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four (24) hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as herein provided, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by these Bylaws. (Gov. Code 54955.)

Section 13. Public Meetings.

All meetings of the Board of Directors shall be open and public, and all persons shall be permitted to attend any meeting of the Board of Directors, except as otherwise provided in the Ralph M. Brown Act, the Local Health Care District Law and other applicable law. (Gov. Code 54953(a); H&S Code 32106 & 32155.)

Section 14. Setting the Agenda.

At least seventy-two (72) hours before a regular meeting, the District Board of Directors or its designee shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public. If requested, the agenda, shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 121 32). In addition, the agenda shall include information regarding how, to whom, and when a request for disability related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meetings.

The agenda is developed by the Board of Directors' Chairperson, President/Chief Executive Officer and General Legal Counsel. Any other Board of Directors member has the right to place an item on the agenda through the Chairperson. In the absence of the Chairperson, the Vice Chairperson has the authority to place an item on the agenda, and in the absence of both the Chairperson and Vice Chairperson, the Secretary has the right to place an item on the agenda. In the absence of the Chairperson, Vice Chairperson, and Secretary, the President/Chief Executive Office or General Legal Counsel shall place an item on the agenda, as requested by any Board of Directors member. All requests by Board of Directors members regarding placement of an item on the agenda shall be in writing. No action or discussion shall be undertaken on any item not appearing on the posted agenda, and Board Directors shall not engage in substantive discussions with members of the public during public comment. On their own initiative or in response to questions posed by the public, a member of the Board of Directors or its staff may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. Furthermore, a member of the Board of Directors or the Board of Directors itself, subject to rules or procedures of the Board of Directors, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

Section 15. Rules of Order.

The rules contained in Robert's Rules of Order on Parliamentary Procedure shall govern the meetings of the District Board of Directors in all cases to which they are applicable and in which they are not inconsistent with the law of the State of California, the United States, or these Bylaws and/or policies and procedures as adopted by this governing body.

Section 16. Conflicts of Interest.

The District Board of Directors shall comply with all applicable laws regarding conflicts of interest, including but not limited to the California Political Reform Act, the provisions of the California Government Code regarding Prohibited Interests in Contracts, the California Doctrine of Incompatible Offices, as these laws may be amended from time to time.

ARTICLE IV

OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be a Chairperson, a Vice Chairperson, a Secretary, and a Treasurer. No person shall hold more than one office. Whenever a Board of Directors officer is authorized to execute a written instrument in his or her official capacity, other than for reimbursement of expenses, the Chairperson and Secretary shall do so.

The Board of Directors has the power to prescribe the duties and powers of the District President/Chief Executive Officer, the secretary, and other officers and employees of any health care facilities of the District, to establish offices as may be appropriate and to appoint Board of Directors members or employees to those offices, and to determine the number of and appoint all officers and employees and to fix their compensation. The officers and employees shall hold their offices or positions at the pleasure of the Board of Directors. (H&S Code §§ 32100.001 and 32121(h).)

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every calendar year by the Board of Directors at the regular January meeting. They shall assume office at the close of that meeting, and each officer shall hold office for one year, or until his or her successor shall be elected and qualified, or until he or she resigns or is otherwise disqualified to serve.

Section 3. Chairperson.

The Board of Directors shall elect one of their members to act as Chairperson. If at any time the Chairperson shall be unable to act, the Vice Chairperson shall take his or her place and perform his or her duties. If the Vice Chairperson shall also be unable to act, the Board of Directors may appoint some other member of the Board of Directors to do so and such person shall be vested temporarily with all the functions and duties of the office of the Chairperson.

The Chairperson, or member of the Board of Directors acting as such as above provided:

- a. Shall preside over all the meetings of the Board of Directors.
- b. ~~[Optional for Future]~~ Board of Directors Chairperson, or his or her designee, shall attend Medical Executive Committee, Joint Conference Committee meetings and other similar meetings of non-District organizations related to

operations of the hospital (including those of Medical Staff committees and the hospital foundation) on behalf of the Board of Directors. Designees shall be Board of Directors members and shall at all times exclusively represent the interests of the Board of Directors. Designees may be removed at any time at the sole discretion of the Board of Directors Chairperson.

- c. Shall sign as Chairperson, on behalf of the District, all instruments in writing which he or she has been specifically authorized by the Board of Directors to sign, provided that such instruments shall also be signed by the Secretary of the Board of Directors (other than for reimbursement requests).
- d. Shall have, subject to the advice and control of the Board of Directors, general responsibility for management of the affairs of the District during his or her term in office. (H&S Code 32100.001.)

Section 4. Vice Chairperson.

The Board of Directors shall elect one of their members to act as Vice Chairperson. The Vice Chairperson shall, in the event of absence, incapacitation, resignation, or other inability of the Chairperson, exercise all the powers and perform all the duties herein given to the Chairperson.

Section 5. Secretary.

The Board of Directors shall elect one of their members to act as Secretary. The Secretary of the Board of Directors shall perform ministerial duties (i.e., sign legal documents on behalf of the Board of Directors of the District. (H&S code 32100.001.)

Section 6. Treasurer.

The Board of Directors shall elect one of their members to act as Treasurer. The Treasurer shall be required to fulfill the duties under Health and Safety Code Section 32127; provided, however, that these duties are hereby delegated to the District's Chief Financial Officer to the extent permitted by law. (H&S Code 32127; Gov. Code 53600 et seq.)

Section 7. Reserved [Assistant Secretary].

Section 8. Reserved [Assistant Treasurer].

Section 9. Removal, Resignation or Vacancy.

- a. Any officer appointed or elected by the Board of Directors may be removed from that office for failure to discharge the duties of that office, for violation of any of the policies of the Board of Directors, or for any other good cause, as determined by a majority vote of all the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.

- b. Any officer may resign from said office at any time by giving written notice to the Chair of the Board of Directors, the Board of Directors Secretary or to the Clerk of the Board of Directors. Any such resignation shall take effect as of the date of the receipt of the notice or any later time specified therein, and, unless specified therein, the acceptance of such resignation shall not be necessary to make the resignation effective.
- c. In the event of a vacancy in the office of the Chairperson, the Vice-Chairperson shall succeed to that office for the balance of the unexpired term of the Chairperson. In the event of a vacancy in the office of the Secretary or Treasurer, the Board of Directors shall elect an officer to fill the vacancy for the balance of the unexpired term of that officer.

Section 10. Determination of and Sanctions for Willful or Corrupt Misconduct in Office

The following procedure may be used, in addition to any other procedures authorized by law or policy, to determine whether a Board of Directors member has engaged in willful or corrupt misconduct in office within the meaning of Government Code section 3060.

- a. Any member of the Board of Directors may present an accusation in writing to the Board of Directors against member of the Board of Directors alleging willful or corrupt misconduct in office, together with any written materials to support the accusation. "Misconduct in office" shall be broadly construed and include any willful malfeasance, misfeasance, and/or nonfeasance in office, and shall be interpreted in a manner consistent with Government Code section 3060.
- b. After consideration of the accusation, the Board of Directors members present shall then vote on the question of authorizing a formal hearing on the accusation presented. A formal contempt hearing is authorized by the Board of Directors upon the concurrence of a majority of the members present, excluding the accused who shall not have a vote.
- c. Within 7 days of the authorization for a formal contempt hearing, the Board of Directors shall serve upon the accused a copy of the accusation, a statement identifying the reasons for the hearing, and a notice of the days of the hearing. The date of the hearing shall not be less than 10 days from the service of the accusation. Service shall be in person, or if that fails, by leaving a copy of the accusation taped to the entry door of the accused's last known address in plain view.
- d. The accused shall appear before the Board of Directors at the time and date stated in the accusation. However, if the date chosen by the Board of Directors is unacceptable to the accused for good cause as determined by the Board of

Directors, another date shall be assigned, but shall not be more than 30 days beyond the original date set by the Board of Directors.

- e. The accused may be represented by counsel in preparing for and/or to be present at the hearing. The cost of such counsel shall be borne by the accused. If the accused chooses to have an attorney represent him at the hearing, he must notify the Secretary of the Board of Directors in writing of that fact at least 5 days before the hearing. The Board of Directors may have a lawyer who is not the regular Board of Directors lawyer, present at the hearing who will conduct the presentation of the Board of Directors' case and question witnesses. Formal rules of evidence shall not apply; however, witnesses and statements shall be made under oath and documentary evidence shall be authenticated. The Board of Directors may establish reasonable time limits on the duration of the hearing. Board of Directors counsel shall not participate in any way in the preparation of the accusation or presentation of evidence, but shall advise the Board of Directors on procedural matters.
- f. Five days before the scheduled hearing, each party shall submit to the Secretary of the Board of Directors a witness list and outline of anticipated evidence, either oral or written, which they intend to introduce at the hearing. Upon demand by either party, this information shall be given to the opposing party by the Board of Directors Secretary on this date. A willful failure to supply this information on a timely basis may cause it to be excluded at the hearing.
- g. At the hearing, the accused may introduce any oral testimony he or she feels will be helpful to the defense. The member of the Board of Directors who presented the accusation may introduce rebuttal evidence. The Board of Directors shall give weight to all evidence presented. The Board of Directors shall have the power to limit or exclude evidence which is repetitive, not relevant, or has little probative value. The proceeding shall be recorded.
- h. The Board of Directors shall have the burden of establishing the willful or corrupt misconduct by the accused and the burden of proof shall be by a preponderance of the evidence. The Board of Directors may introduce any evidence, oral or written testimony, the Board of Directors feels will be helpful to its case.
- i. If the accused fails to appear before the Board of Directors on the specified hearing date, the hearing may be held, based upon the evidence previously provided to the accused and other relevant evidence.
- j. At the conclusion of presentation of evidence, the Board of Directors shall vote whether to hold the accused in contempt. The accused shall not be present during deliberation. A determination of misconduct shall be upon the concurrence of a majority of the Board of Directors members present, excluding the accused who shall not have a vote and cannot take part in deliberations.

- k. Upon the determination of the Board of Directors of misconduct by the accused, the Board of Directors shall ask if the accused wishes to make a statement to the Board of Directors. Thereafter, The Board of Directors shall excuse the accused from the hearing and move to the determination of sanctions, which may include:
1. A statement of censure, identifying the misconduct;
 2. Removal of the offending Board of Directors member from membership on one or more Board of Directors committees, or, if chair of any committee, removal from that position, for a specified period, or if no period is specified, until the annual election of Board of Directors officers;
 3. Removal of the offending Board of Directors member from holding any Board of Directors office or other appointment currently held;
 4. A determination that no compensation shall be earned by the offending Board of Directors member for attendance at the meeting at which the contempt occurred, or for a specified period;
 5. A determination that the offending Board of Directors member shall not be provided any defense or indemnity in any civil actions or proceedings arising out of or related to the member's misconduct;
 6. Rendering the offending Board of Directors member ineligible to receive any advances or reimbursement of expenses to attend future conferences or meetings (except those previously-approved for which expenses have been incurred prior to the time of the finding of misconduct, for a period of time or subject to conditions specified in the motion);
 7. Referral of the matter to the County Grand Jury pursuant to Government Code section 3060, including the evidence adduced during the hearing.
 8. Declaring a vacancy in the office of the accused. [May require legislation]

ARTICLE V
COMMITTEES

Section 1. Committees

At any time, the Chairperson may nominate, and a majority of the Board of Directors may appoint at a duly noticed public meeting, one or more members of the Board of Directors and other persons as necessary or appropriate, to constitute committees for the investigation, study or review of specific matters. At the time of appointing and establishing the committee(s), the Chairperson, with the concurrence of the Board of Directors, shall establish the responsibilities of the committee(s).

The Chairperson, with the approval of the majority of the Board of Directors, may, from time to time, with or without cause, remove one or more members of the Board of Directors and any other persons from membership in any standing or other committee, or may temporarily discontinue, change the functions of, or combine standing or other committees.

Any committee(s) established to deliberate issues affecting the discharge of Medical Staff responsibilities shall include Medical Staff members.

No committee shall use written ballots, whether or not secret, for any purpose in its deliberations. No committee appointed shall have any power or authority to commit the Board of Directors or the District in any manner, unless the Board of Directors, by a motion duly adopted at a meeting of the Board of Directors, has specifically authorized the committee to act for and on behalf of the District.

Any advisory committee, whether permanent or temporary, which is a legislative body as defined in the Brown Act and other applicable law, shall post agendas and have meetings open to the public as provided by law.

Notices of meetings of committees which are legislative bodies shall be made in accordance with Article IV, Section 7 of these Bylaws.

Section 2. Standing Committees

Standing committees as defined by the Brown Act are open to the public and require posting of Notice of Meetings and Agendas. The ~~following committees are the only current standing committees of the~~ Board of Directors: shall review annually the committees, their functions, and their membership.

~~A. —~~ The following committees are the only current standing committees of the Board of Directors:

A. Finance & Budget

B. Hospital Operations & Planning Committee Integration

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- C. B. Governance & Legislative Committee
D. C. Audit, Compliance & Ethics
E. Advocacy & Outreach

Summaries of these standing committees, their primary purpose, and the frequency of their meetings are set forth below. Each committee shall be responsible for creating their own committee bylaws and may revise its meeting frequency, as appropriate, from time to time.

<u>Name</u>	<u>Primary Purpose</u>	<u>Meetings</u>
<u>Finance & Budget</u>	<u>Fiscal oversight, budgeting, bond monitoring, and audit preparation</u>	<u>Monthly</u>
<u>Hospital Operations & Integration</u>	<u>Monitor hospital performance, oversee integration, ensure alignment with UCSD JPA</u>	<u>Monthly</u>
<u>Governance</u>	<u>Bylaws, board development, ethics compliance, policy updates</u>	<u>Quarterly</u>
<u>Quality Audit, Compliance & Ethics</u>	<u>Oversees compliance with quality and safety; ensure patient safety; monitor and review risk management activities and outcomes.</u>	<u>Quarterly</u>
<u>Advocacy & Outreach</u>	<u>Legislative affairs, public awareness, community mobilization</u>	<u>Monthly</u>

A. Finance & Budget Committee

Responsible for matters related to financial planning, budgeting, and fiscal oversight. Reviews and monitors financial statements, budget performance, and key financial indicators to ensure the District remains financially stable and transparent. Advises on the development and implementation of financial policies, internal controls, and long-term financial strategies. Oversees preparation of the annual operating and capital budgets, reviews cash flow and revenue forecasts, and monitors progress on financial obligations, including bond-related matters. May coordinate with auditors and legal or financial advisors to support financial audit readiness and ensure compliance with applicable financial regulations. This may involve reviewing financial reports, evaluating major expenditures, and providing recommendations to the Board to support responsible stewardship of public funds and alignment with the District's strategic priorities. The Board Treasurer shall always be a member of this committee, and shall Chair the Finance & Budget Committee.

B. Hospital Operations & Integration Committee

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The Board of Directors shall review annually the committees, their functions, and their membership.

Responsible for matters related to hospital operations, system integration, and alignment with the District's strategic goals. Oversees the coordination and transition of hospital services and functions between El Centro Regional Medical Center, Pioneers Memorial Hospital, Calexico facilities, and other healthcare partners. Monitors operational performance, quality metrics, patient access, and service delivery to ensure consistency and continuity of care throughout the integration process. Reviews reports and updates related to hospital management agreements, including those under the Joint Powers Agreement with UCSD, to ensure accountability and alignment with District priorities. May evaluate system-wide efficiencies, resource utilization, and clinical coordination efforts to support improved outcomes and operational sustainability. This may involve reviewing key performance indicators, identifying barriers to integration, and making recommendations to the Board to ensure a unified, patient-centered healthcare system that meets the needs of the Imperial Valley community.

C. Governance Committee

Responsible for matters related to board member appointments, bylaws review, and policies and procedures. Assess and update bylaws, policies, and procedures to ensure they are current and aligned with best practices. Ensures the governing board is up to date with ethics, orientations, and governance training and fulfilling fiduciary responsibilities. May develop and implement educational programs for board members to enhance their understanding of governance, healthcare regulations, strategic planning, and best practices in healthcare district management. This might involve workshops, conferences, webinars, or materials focusing on board self-assessments, legal requirements (like the Brown Act), and specific needs based on the district's strategic plans.

D. Quality Audit, Compliance & Ethics Committee

Oversees compliance with quality and safety related accreditation standards and regulations, like those set by the CDPH and the Joint Commission. Oversees annual quality audits. Help ensure a safe environment for patients and reduce preventable patient safety events. They receive and review reports of patient safety events, including adverse events and healthcare-associated infections. They monitor the implementation of corrective actions based on patient safety event reviews and make recommendations to eliminate future patient safety events. They monitor and review risk management activities and outcomes and report findings and recommendations to the board.

E. Advocacy & Outreach Committee

Focuses on legislative, regulatory, and grassroots activities related to healthcare districts. These committees work to ensure that districts can effectively provide healthcare services to their communities by influencing policy decisions at the local, state, and potentially federal levels.

The committee may also mobilize local communities and stakeholders to support the healthcare district's advocacy efforts. This could involve public awareness campaigns, community forums, and calls to action to engage residents and demonstrate public support for the district's work. This committee may also foster collaboration among healthcare districts, other healthcare providers, and community organizations. This may involve joint initiatives, shared advocacy efforts, and partnerships to address common challenges and opportunities. The Board Chair shall always be a member of this committee, and shall Chair the Advocacy & Outreach Committee.

Section 3. Ad Hoc Committees

At any time, the Chairperson may nominate, and a majority of the Board of Directors may appoint at a duly noticed public meeting, one or more members of the Board of Directors to serve on an Ad Hoc Committee for any purpose the Board of Directors deems appropriate. Ad Hoc Committees are advisory committees that are composed solely of Board Members, are less than a quorum of the District Board of Directors, and limited subject matter jurisdiction, and meetings that are not standing or fixed by charter, ordinance, resolution, or formal action. Ad Hoc Committees are not legislative bodies and are not subject to the Brown Act. Ad Hoc Committee meetings are not open to the public, do not require publicly posted agendas and may be held virtually or in person.

ARTICLE VI
MANAGEMENT OFFICIALS

Section 1. President/Chief Executive Officer.

The Board of Directors shall select and employ a hospital administrator to be known as “President/Chief Executive Officer” who, subject to such policies as may be adopted and such orders as may be issued by the Board of Directors, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the President/Chief Executive Officer of the institution, translating the Board of Directors’ policies into actual operation. Additionally, the President/Chief Executive Officer has the authority to make recommendations to the Board of Directors on policies related to the effective ongoing operations of the District. The Chief Operating Officer/Chief Nurse Executive and/or the Chief Financial Officer are granted signing authority on behalf of the Chief Executive Officer, in order to maintain day-to-day operation of the District.

Section 2. Clerk of the Board of Directors.

The Clerk of the Board of Directors shall be the Executive Assistant under the immediate supervision of the President/Chief Executive Officer. The President/Chief Executive Officer may assign other staff members as may be necessary to complete the work of the Board of Directors.

Section 3. Chief Compliance Officer

The Chief Compliance Officer, hired by the Board of Directors, shall advise the Board of Directors and Chief Executive Officer regarding the design and implementation of the organization's ethics and compliance programs. The Chief Compliance Officer shall report directly to the Board of Directors regarding material legal and compliance risks and mitigation efforts.

Section 4. President/Chief Executive Officer's Evaluation.

The Board of Directors shall evaluate the President/Chief Executive Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the President/Chief Executive Officer. The President/Chief Executive Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications concerning any evaluations shall be retained in the confidential files of the Board of Directors and/or the President/Chief Executive Officer’s private personnel files. (Gov. Code 54957.)

Section 5. Chief Compliance Officer's Evaluation.

The Board of Directors shall evaluate the Chief Compliance Officer's performance annually. Such evaluation shall be reduced to writing, with a copy furnished to the Compliance Officer and Vice President, Legal Affairs. The Chief Compliance Officer shall have an opportunity to reply in writing to the Board of Directors in reference to such evaluation. All written communications concerning any evaluations shall be retained in the confidential files of the Board of Directors and/or the Chief Compliance Officer's private personnel files. (Gov. Code 54957.)

ARTICLE VII
MEDICAL STAFF

Section I. Medical Staff.

The physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in the State of California, who are permitted to practice in the hospitals and other facilities under the jurisdiction of District, shall be formed into a formal Medical staff, in accordance with the Medical Staff Bylaws, Rules and Regulations, which have been approved by the District Board of Directors. The Medical staff Bylaws shall include, but not be limited to, the following provisions:

- a. Appropriate officers.
- b. Staff appointments on an annual or biennial basis.
- c. Procedure for appointment and reappointment of Medical Staff as provided by the Standards of the Joint Commission on Accreditation of Health Care Organizations.
- d. That the Medical Staff shall meet in accordance with the minimum requirements of the Joint Commission on Accreditation of Health Care Organizations.

The Medical Staff shall be self-governing with respect to the professional work performed in the hospital and the medical records of the patients shall be the basis for such review and analysis of the professional work of the Medical Staff. The Medical Staff members shall be responsible for preparing and maintaining accurate and complete medical records for all patients (medical records to include, but not be limited to, identification data, personal and family history, history of present illness, physician examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and such other matters as the Medical Staff shall determine or as may be required by applicable law). The practice of medicine and surgery in the hospitals and other facilities under the jurisdiction of the District shall be within the limitations as the Board of Directors may find to be in the best interests of the public health and welfare, including appropriate provision for proof of ability to respond in damages by applicants for staff membership as long as no duly licensed physician and surgeon is excluded from staff membership solely because he or she is licensed by the Osteopathic Medical Board of California. The Medical Staff shall be responsible for the development, adoption and annual review of the Medical Staff Bylaws and Rules and Regulations that are consistent with District policy and with any applicable law. The Medical Staff are subject to, and effective upon, appointment and reappointment by the Board of Directors in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations. (H&S Code 32128.)

The District shall maintain a Quality Assurance/Performance Improvement ("QA/PI") Program developed by a committee composed of at least five (5) physicians who are members of the

Medical Staff and one (1) clerical staff member. The QA/PI Program shall be implemented by the QA/PI Committee, and shall be a data-driven, quality assessment and performance improvement program, implemented and maintained on a hospital-wide basis, in compliance with the requirements of Section 482.21 of Title 42 of the Code of Federal Regulations, and other applicable law, as it may be amended from time to time.

Section 2. Medical Staff Membership.

Membership on the Medical Staff is a privilege, not a right, which shall be extended only to physicians, surgeons, podiatrists, dentists, and allied health professionals, licensed to practice in this State whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Medical Staff Bylaws and Rules and Regulations of the District, and applicable law. The word "Physician" when used hereafter in this Article, shall be deemed to include physicians, surgeons, dentists, and podiatrists. (H&S Code 32128.)

Section 3. Exclusion from the Medical Staff.

- a. The Board of Directors shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to restrict the privileges of any physician, whether a general practitioner or specialist, in any hospital operated by the District, who has not exhibited that standard of education, training, experience, and demonstrated competence, references and professional ethics which will assure, in the judgment of the Board of Directors, that any patient admitted to or treated in the hospitals and other facilities under District jurisdiction will be given high quality professional care.
- b. In the case of both general practitioners and specialists, the medical resources available in the field of his or her practice shall be considered in determining the skill and care required. No physician shall be entitled to membership on the Medical Staff, or to the enjoyment of particular privileges, merely by virtue of the fact that he or she is duly licensed to practice medicine or surgery in this or any other state, or that he or she is a member of some professional organization, or that he or she, in the past or presently, has such privileges at another hospital. The burden shall be upon the physician making an initial application for membership to establish that he or she is professionally competent and ethical. (H&S Code 32128 and 32150; B&P Code 809.3.)

Section 4. Hospital Rules.

The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of professional privileges shall be determined. Such Bylaws shall provide that the Medical Staff or a committee or committees thereof, shall study the qualifications of all applicants in the establishment of professional privileges, and shall submit to

the Board of Directors recommendations thereon. Such recommendations shall be considered by the Board of Directors, but shall not be binding upon the Board of Directors. The Medical Staff shall be responsible for a process or processes designed to assure that individuals who provide patient care services, but who are not subject to the Medical Staff privilege delineation process, are competent to provide such services and that the quality of patient care services provided by these individuals is reviewed as a part of the District's quality assurance programs. (H&S Code 32150.)

Section 5. Hearings and Appeals.

The Board of Directors hereby incorporates by reference the provisions of the Medical Staff Bylaws relating to hearing procedures and appeals regarding the professional privileges of any member of, or applicant for membership on, the Medical Staff, as those Bylaws may be amended from time to time, subject to applicable law. These provisions are presently outlined in the relevant sections of the Medical Staff Bylaws.

ARTICLE VIII
MISCELLANEOUS

Section 1. Title to Property.

The title to all property of the District shall be vested in the District, and the signature of any officers of the Board of Directors, authorized at any meeting of the Board of Directors, shall constitute the proper authority for the purchase or sale of property or for the investment or other disposal of funds which are subject to the control of the District. (H&S Code 32121(c) and 32123.)

Section 2. Seal.

The Board of Directors shall have the power to adopt a form of Corporate Seal, and to alter it at its pleasure. (H&S Code 32121 (a).)

Section 3. Amendment.

These Bylaws may be altered, amended, repealed, added to or deleted, by a majority vote of all of the Board of Directors in office at that time, at any regular or special meeting of the Board of Directors.

Section 4. Annual Review of Bylaws.

The Board of Directors shall review the Bylaws annually and make any necessary changes that are necessary to be consistent with District policy, any applicable laws or other rules and regulations connected with operation of a hospital or other facility within District jurisdiction.

Section 5. Reserved.

Section 6. Affiliated Organizations.

- a. Auxiliary Organizations. The Board of Directors may authorize the formation of auxiliary organizations to assist in the fulfillment of the purposes of the District. Each such organization shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.
- b. Foundations. The Board of Directors may authorize the formation of non-profit public benefit corporations, under applicable law, to assist in the fulfillment of the purposes of the District. Each such corporation shall establish its bylaws, rules, and regulations, which shall be subject to Board of Directors approval and which shall not be inconsistent with these bylaws or the policies of the Board of Directors.

- c. Pioneers Memorial Hospital Auxiliary. The Pioneers Memorial Healthcare District Auxiliary, a non-profit California corporation, shall be renamed the Pioneers Memorial Hospital Auxiliary and is hereby recognized as an organization, the activities of which shall include promotion and advancement of the welfare District and its patients. The IVHD Board of Directors shall annually appoint one IVHD Board member to participate in the Pioneers Memorial Hospital Auxiliary.
- d. Pioneers Memorial Hospital Foundation. The Pioneers Memorial Hospital Foundation, a non-profit California corporation, shall be and is hereby recognized as an organization which supports the District through the solicitation, receipt and prudent administration of gifts from individuals, corporations, private foundations and grant-making entities.

These Bylaws of the IMPERIAL VALLEY HEALTHCARE DISTRICT are hereby approved this ~~11th~~^{14th} day of ~~April, 2024~~August, 2025.

Chairperson

ATTEST:

Board Secretary

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CODE FOR LEGISLATIVE AUTHORITY

- California Health and Safety Code Section 32000 *et seq.* – The Local Health Care District Law
- California Elections Code Section 10500 *et seq.* – Uniform District Election Law
- California Government Code Section 54950 *et seq.* – Ralph M. Brown Act
- California Business and Professions Code

SECRETARY'S CERTIFICATE

I, Arturo Proctor, Secretary of the Board of Directors of Imperial Valler Healthcare District, a California healthcare district, County of Imperial, California, certify as follows:

The attached is a full, true, and correct copy of the Imperial Valley Healthcare District Amended and Restated Bylaws, adopted at the meeting of the Board of Directors of the Imperial Valley Healthcare District, which was duly held August 8, 2025, at which meeting a quorum of the members of the Board of Directors were present; and at such meeting such bylaws were adopted by the following vote:

YES:

NO:

ABSTAIN:

ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached Bylaws are a full, true and correct copy of the bylaws adopted at such meeting and entered in such minutes; and these bylaws have not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this 14th day of August, 2025

Secretary
Imperial Valley Healthcare District
-

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Name	Primary Purpose	Board Members	Meetings
Finance & Budget	Fiscal oversight, budgeting, bond monitoring, and audit preparation	1. Treasurer - Chair 2. 3.	Monthly
Hospital Operations & Integration	Monitor hospital performance, oversee integration, ensure alignment with UCSD JPA	1. 2. 3.	Monthly
Governance	Bylaws, board development, ethics compliance, policy updates	1. 2. 3.	Quarterly
Audit, Compliance & Ethics	Oversees compliance with quality and safety; ensure patient safety; monitor and review risk management activities and outcomes.	1. 2. 3.	Quarterly
Advocacy & Outreach	Legislative affairs, public awareness, community mobilization	1. Board Chair - Chair 2. 3.	Monthly

ORDINANCE NO. 2025-0814

AN ORDINANCE OF THE IMPERIAL VALLEY HEALTHCARE DISTRICT BOARD OF DIRECTORS ESTABLISHING COMPENSATION OF DIRECTORS

WHEREAS, Imperial Valley Healthcare District (“**IVHD**”) is a California healthcare district established by the California Legislature pursuant to Assembly Bill 918 (2023), Health and Safety Code (the “**Code**”) section 32499.5 *et seq.*, that is duly organized and existing under the laws of the State of California;

WHEREAS, consistent with Section 32103 of the Code and the IVHD Board of Directors bylaws, the Board may authorize compensation through an ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, which increases the amount of compensation received for attending meetings of the board by no more than 5 percent annually;

WHEREAS, the IVHD Board of Directors desires to establish reasonable compensation for all IVHD Board Directors, excluding Advisory Directors, from time to time by ordinance of the Board of Directors;

NOW, THEREFORE, BE IT ORDAINED THAT:

Section 1. General Provisions. The IVHD Board of Directors shall establish compensation every five years for all IVHD Directors, excluding Advisory Directors, beginning with Fiscal Year 2024-2025 through the end of Fiscal Year 2029-2030 (the “**Period**”). If the IVHD Board of Directors does not adopt a new ordinance establishing future compensation before the end of the Period, compensation shall remain at the same amount established in the 2029-2030 Fiscal Year until a new ordinance establishing compensation is subsequently adopted.

Section 2. Compensation Established. Beginning Fiscal Year 2024-2025, IVHD Directors shall be paid compensation in the amount of \$100.00 (“**Compensation**”) for attendance at IVHD meetings, including attendance at meetings of an advisory body of IVHD, such as at a standing committee or ad hoc committees, orientations, trainings, tours, or for each day’s service rendered as a IVHD Director by request of the Chair or the Board. For each subsequent Fiscal Year thereafter during the remainder of the Period, the Per Diem amount shall increase at an annual rate of 5.00%, as established below.

Fiscal Year	2025	2026	2027	2028	2029	2030
Stipend (\$)	\$100.00	\$105.00	\$110.00	\$115.00	\$121.00	\$127.00
Increase (%)	0.00%	5.00%	~5.00%	~5.00%	~5.00%	~5.00%

Section 3. Expenses. Each member of the board of directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the district as approved by the board. For purposes of this section, the determination of whether a director’s activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the

Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code, as may be amended from time to time.

Section 4. Attendance at Multiple Meetings. Where a Director attends multiple but distinct IVHD meetings (including advisory body meetings) in the same day, the Director shall be paid Compensation for each meeting attended, so long as each meeting's duration lasts at least fifteen (15) minutes or longer.

Section 5. Limit on Number of Compensable Meetings. No Board Director shall be paid Compensation for more than five (5) meetings per month. All Compensation requests must be submitted to the IVHD Board Clerk within sixty (60) days of the day for which a Per Diem is requested.

Section 6. This ordinance shall take effect 60 days from the date of its adoption.

IT IS SO ORDAINED, PASSED, ADOPTED AND SIGNED ON THIS 14th DAY OF AUGUST 2025.

SECRETARY'S CERTIFICATE

I, Arturo Proctor, Secretary of the Board of Directors of Imperial Valley Healthcare District, a California healthcare district, County of Imperial, California, hereby certify as follows:

The attached is a full, true, and correct copy of the ordinance(s) duly adopted at a meeting of the Board of Directors of Imperial Valley Healthcare District, which was duly held on August 14, 2025, at which meeting a quorum of the members of the Board of Directors was present; and at such meeting such ordinance(s) was/were adopted by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached ordinance is a full, true, and correct copy of the original ordinance adopted at such meeting and entered in such minutes; and such ordinance has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this 14th day of August, 2025

Secretary

Imperial Valley Healthcare District

ATTEST:

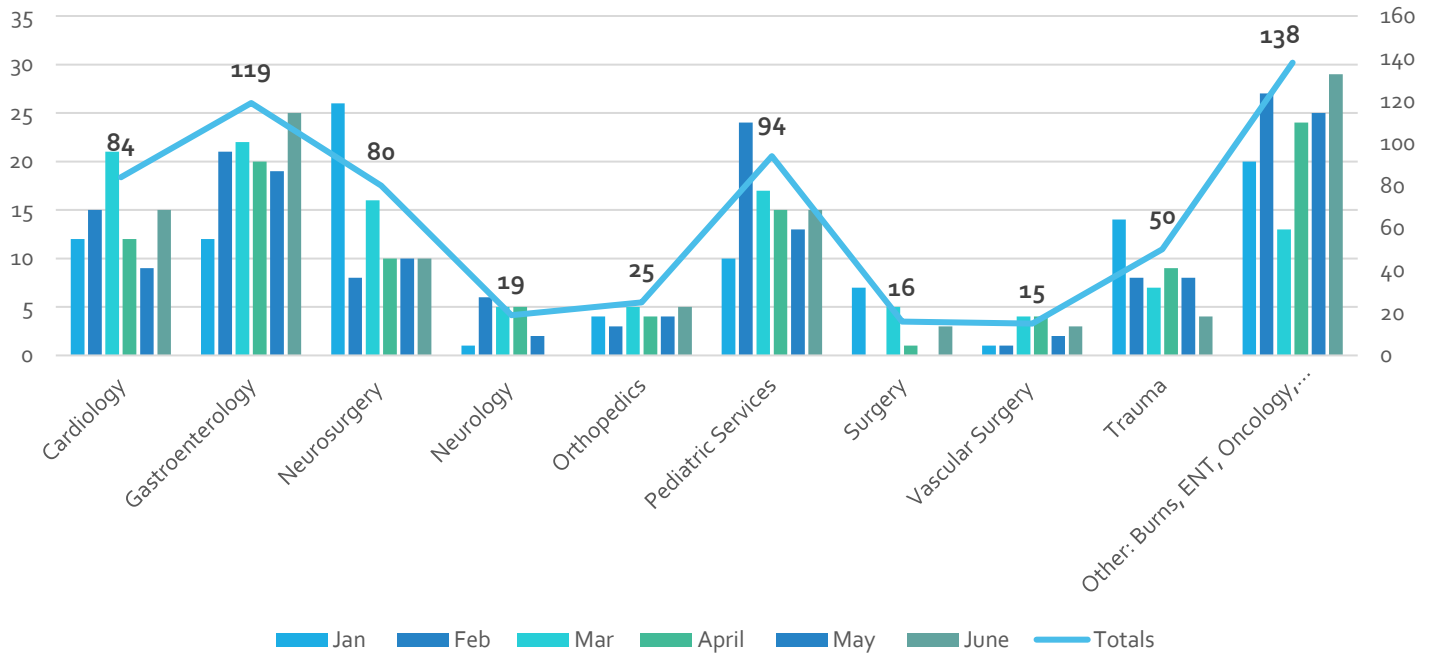
Brenda Ryan, Board Clerk
Imperial Valley Healthcare District

APPROVED AS TO FORM:

Adriana R. Ochoa, Legal Counsel
Imperial Valley Healthcare District

Board of Directors Meeting – Chief Nursing Officer Report
August 2025

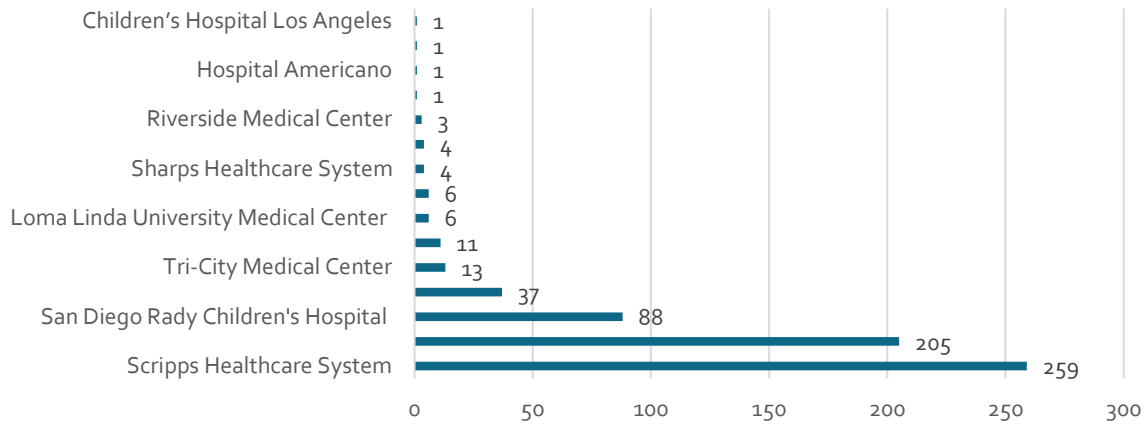
TRANSFERS by SPECIALTY SERVICE



Specialty	January	February	March	April	May	June	Totals
Cardiology	12	15	21	12	9	15	84
Gastroenterology	12	21	22	20	19	25	119
Neurosurgery	26	8	16	10	10	10	80
Neurology	1	6	5	5	2	0	19
Orthopedic	4	3	5	4	4	5	25
Pediatrics	10	24	17	15	13	15	94
Surgery	7	0	5	1	0	3	16
Vascular Surgery	1	1	4	4	2	3	15
Trauma	14	8	7	9	8	4	50
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry, Urology	20	27	13	24	25	29	138
January through April 2025	107	113	115	104	92	109	640

TRANSFERS BY ACCEPTING FACILITY

January - June 2025



Accepting Facilities	January	February	March	April	May	June	Total
Scripps Healthcare System	40	42	37	42	39	59	259
Desert Regional Medical Center	38	27	51	36	30	23	205
San Diego Rady Children's Hospital	10	22	15	14	12	15	88
UCSD	5	6	4	8	7	7	37
Tri-City Medical Center	6	1	3	0	0	3	13
John F. Kennedy Memorial Hospital	1	4	2	1	3	0	11
Loma Linda University Medical Center	0	3	2	1	0	0	6
El Centro Regional Medical Center	2	3	0	0	0	1	6
Sharps Healthcare System	1	2	1	0	0	0	4
Eisenhower Medical Center	0	3	0	0	0	1	4
Riverside Medical Center	3	0	0	0	0	0	3
Banner University Medical Center Phoenix	1	0	0	0	0	0	1
Hospital Americano	0	0	0	1	0	0	1
UCLA Healthcare System	0	0	0	1	0	0	1
Children's Hospital Los Angeles	0	0	0	0	1	0	1
Totals	107	113	115	104	92	109	640

From January through June, there were a total of 23,434 Emergency Department visits. Of these, 640 visits (2.73%) resulted in transfers to other facilities. The most commonly transferred specialties were Gastroenterology, Cardiology, and Pediatrics.

As of July 17, 2025, the affiliation between IVHD and the Scripps Healthcare System officially ended, along with the streamlined transfer processes previously in place. To support continued patient access to specialty care, a formal transfer agreement with UCSD is needed to help facilitate and standardize transfers to their system.

- **Gastroenterology transfers** were primarily due to the need for definitive GI intervention/management and intervention, often involving critically ill patients requiring specialized care. We will be increasing on-call GI coverage in the immediate future.
- **Cardiology transfers** were mainly for emergent catheterizations or other invasive cardiac procedures.
- **Pediatric transfers** were typically required for higher-level care or pediatric specialty services not available at the current facility (i.e., genetic counseling, pediatric surgery, pediatric neurology, and pediatric critical care).

In July 2025, we received a total 3 incoming transfer requests from ECRMC. These included one obstetrics case and two pediatric cases. All three were accepted.



Board of Directors Meeting – Chief Nursing Officer Report

August 2025

Staffing:

	New Hires	In Orientation	FT to PD status	Resignations	Open Positions
Medical Surgical	7	10	0	2	1
Intensive Care Unit	1	3	0	0	1
Pediatrics	1	0	0	0	2(CNA)
Emergency Department	7	2	0	0	7
Perioperative Services	3	4	0	1	3
Perinatal Services	1	3	1	0	0
NICU	1 (PD)	0	0	0	1
Cardiopulmonary Services	0	0	0	0	2(RCP- PD)
Case Management	0	2	0	0	0
Totals	21	24	1	3	17

Travelers:

- (3) Labor and Delivery Nurses: 3-day shift
- (1) Emergency Department - Night shift
- (1) Neonatal Intensive Care Unit - Night shift

Notable Updates:

Nursing Administration:

Barcode Medication Administration:

BCMA							
1Q2025	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025
89.11%	83.70%	88.63%	90.71%	91.88%	91.4%	91.73%	92.58%

Patient Experience – Q2 2025

HCAHPS							
	JULY 2025	2Q2025	1Q2025	4Q2024	3Q2024	2Q2024	1Q2024
Overall	71.79%	62.80%	66.7%	69.5%	69.7%	84.6%	73.7%
Communication With Nurses	80.66%	82.80%	80%	76.7%	78.2%	76.3%	79.6%
Communication With Doctors	83.57%	83.44%	81%	80.2%	73.1%	82.8%	81.8%

Nurse Residency Program

Student Nurse Interns	17
20/40 Program students	9
Newly Hired Novice Nurses (RNIP)	14

- June 2025 Nurse Residency Cohort:
 - Practice Ready and Practice Safe
 - Implemented See One, Do One – with TEACH ONE to be completed with their preceptor.
 - TEAM STEPPS tool of the month implemented 7/29/25- with strong positive feedback and interest.
 - SBAR and I-PASS
- Clinical Placements: *IVC, SDSU, CNEI and Honor*
 - All fall clinical placements have been confirmed
 - PMH Onboarding Week starts August 11- August 15
- Total Nurse Residents: 57
 - 17 December 2024 cohort
 - 22 June cohort (IVC, Yuma)
 - 8 August cohort (SDSU)
- Total Student Nurse Interns: 20
 - 11 IVC
 - 9 SDSU

Emergency Department:

ED Throughput Metrics					
INDICATOR	GOAL	1 ST QUARTER	MAY	JUNE	July
Average Daily Visits	>125 Patients	137 Patients	130 Patients	123 Patients	119 Patients
Median Time to Triage	<10 minutes	10 minutes	8 minutes	7 minutes	8 minutes
Average Length of Stay for Discharged Patients	<180 minutes	190 minutes	187 minutes	183 minutes	183 minutes
Average Length of Stay for all Patients	<160 minutes	205 minutes	210 minutes	198 minutes	203 minutes
Average Length of Stay for all Transfers	<160 minutes	511 minutes	446 minutes	515 minutes	473 minutes

Medical Surgical Department:

Inpatient Throughput								
INDICATOR	GOAL	1Q2024	1Q2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025	JULY 2025
Time of Orders Written to Head in Bed	90 min	372 min	220 min	130 min	111 min	123 min	185 min	152 min

Board of Directors Meeting – Chief Nursing Officer Report August 2025

Case Management:

	Indicator	Goal	Jan	Feb	Mar	Apr	May	June	July	Average / Total
	Average Daily Census		57	46	44	46	50	NA	NA	48.6
Acute LOS	GMLOS (Expected)		3.62	3.49	3.53	3.5	3.37	3.62	3.46	3.44
	ALOS (Actual)	<4.50	3.75	2.93	2.65	2.56	2.76	3.16	2.88	2.89
Case Mix Index	Acute: Case Mix Index (CMI)	>1.40	1.47 3	1.41	1.28	1.33	1.29	1.353	1.257	1.344
	Acute: Medicare CMI	>1.55	1.59	1.54	1.48	1.47	1.62	1.357	1.438	1.504
Medicare	Medicare One-Day Stay Count		8	13	12	11	16	10	13	11.60
	% Medicare 1-day Stays		7	10	12	15	14	11	11	11.62
Observation	Total Observation Cases		33	24	39	17	38	37	37	33.78
	Observation to IP Converted		23	5	15	4	18	21	15	16.78
	Observation % Conversion Rate		69.7	20.8	38.5	23.5	47.4	56.8	40.5	48.01
Readmissions	All Cause Hospital Wide Readmissions (HWR)	<10	3.86	6.16	3.62	4.05	2.93	5.23	3.57	4.47

*N/A= not available at time of report

Perioperative Services:

	Goal	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025
First Case On-Time Starts (%)	≥ 90%	65.9	70.8	59.7	69.1	67.6	65.6
Day Of Surgery Cancellation Rate (%)	≤ 5%	3.2	2.5	2	4.1	3	2.2
Time-Out Compliance (%)	100%	98	98	98	99	98.21	94.52
Case Volumes Including Robotics	YTD-1578	497	348	385	348	477	373
Robotics	YTD-70	19	11	11	17	17	19
IUSS	0%	0	0	0	0	0	0

Perinatal Department:

- In Progress – Implementation of the Maternal Fetal Triage Index (MFTI). It will make the triage process safer, as patients will be assisted and prioritized by acuity.
- August - OB Skills Fair with the use of high-fidelity mannequins.
- June Deliveries: 147 (90 vaginal, 29 primary C-Section, 28 secondary C-Section)
- June Non-Stress Tests conducted: 183
- June OB checks: 233

Neonatal Intensive Care Unit:

- Neonatal Resuscitation Team (CODE NEO) established.

Pediatrics:

- Continuing with Enhanced Communication (SBAR) on planning stage for Asthma Prevention and Management program.

Medical Surgical Unit:

- Improving patient experience via patient experience rounding and reinforcing hourly rounding by staff.

Intensive Care Unit:

- Critical Care Skills Fair hosted – Over 50 RNs participated.
- iRounding – Patient and Family rounding implemented.
- great and appreciative feedback from patients and family members

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: July 2025 Activity	Chief of Clinic Operations	Carly Zamora, MSN, RN

2025 IVHD/PMH AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing:	Ongoing	N/A	No openings
Reviewing Expansion of RHC	Early Stages	N/A	On-HOLD
Provider Additions	100%	N/A	GI, Behavioral Health tentative October 2025.
Quality Measures	Pending	Grant	Health Net Grant approved \$5,638.00 for weekend Clinics (HEDIS Measures). Dates on 8/16, 8/22, and 8/23 (Women's Health and Primary Care)
Stats			Will Report Next Month

2025 IVHD/PMH PHARMACY ACTIVITIES/UPDATES

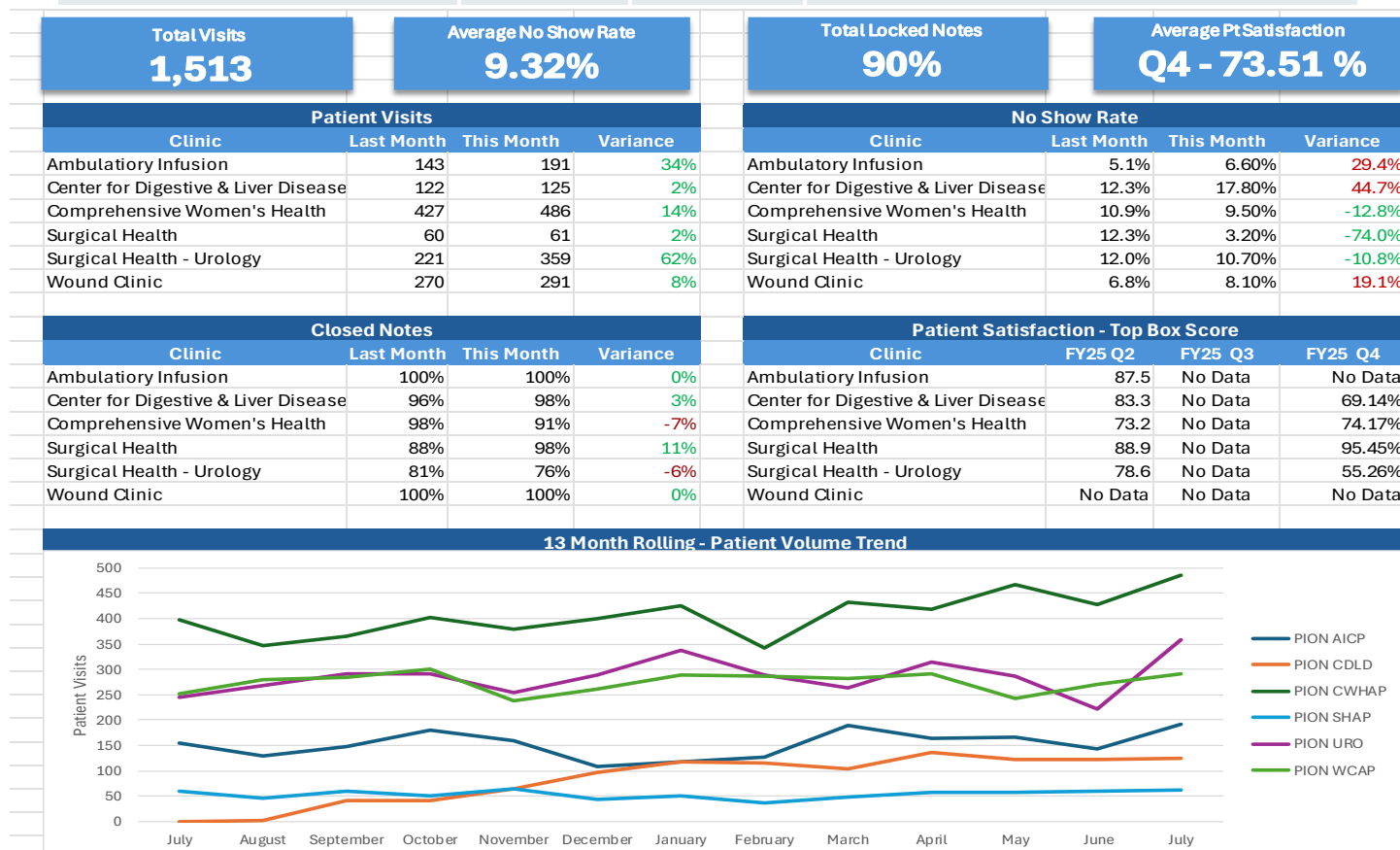
PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	Ongoing	N/A	No Current Positions Open
IVHD Transition	Ongoing	N/A	Meetings being held weekly.
Board of Pharmacy Licenses	Ongoing	Annual Reduction	License change was approved by the board: Change Permit \$206 applied to add 2 compounding rooms onto one compounding license for a total of 3 licensed compounding rooms. License renewals for the Pharmacy license and Compounding license are being sent to the Board of Pharmacy together with the discontinuation of 1 compounding license. This will lead to an annual reduction of fees of over \$4,000 per year.
Policy Updates-IVHD PMHD	Ongoing	N/A	Policies and procedures are being reviewed and updated to reflect the IVHD PMH name change. This includes pharmacy operations, compliance documentation, and clinical protocols.
Clean Room/Compounding Trailer/Pharmacy Space	Review Stages	N/A	July met reviewed space needs. Exploring move of the main Pharmacy, to a more usable space and keeping compound rooms in their current locations.
Provider Collaboration	Ongoing	N/A	Ongoing work with providers to update policies and protocols. Formulary requests are being reviewed for drug efficiency and cost. Additional updates include collaboration on Medication Error Reporting Program (MERP) and quality improvement initiatives.
Pharmacy & Therapeutics (P&T) Committee	Scheduled	N/A	Meeting set for August 21st. The committee oversees evaluation and approval of medications, formulary management, and clinical guidelines to ensure safe and effective patient care.

2025 IVHD/PMH CENTRALIZED SCHEDULING

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	Ongoing	N/A	3 FT Temp positions posted, interviews ongoing, reviewing additional needs due call volumes. 1 PD Intake opening due to resignation.
Referral Process Review	Ongoing	N/A	Weekly Meetings with Admin- working on identifying accurate reporting and mapping, consultant onsite July 2025 (workload due to Transition)
Call Center Review	Ongoing	N/A	Weekly Meetings with Admin

2025 IVHD/PMH AMBULATORY DIVISION OPD SPECIALITY CLINIC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
GI	Ongoing	None	Streamlining staffing due to added Provider starting August 25 th , 2025, increase in Volumes. 2 FT Positions open in GI. 1 Resignation MA.
Staffing ECM	Ongoing	TBD	PT RN onboarded, Community Health Worker Opening FT Temp
Staffing	Ongoing	N/A	1 FT LVN Position filled for Float position (GI/Wound Care).
Stats			See below:



2025 IVHD/PMH AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held Bi-Weekly
Staffing	Ongoing	N/A	1 PT Physical Therapy Assistant opening due to 20/40-Pending- Speech Pathologist needs
Cerner on-going	Ongoing	N/A	Working with patient accounting on Cerner Reviews and Reporting-Tickets Placed
Inpatient/Outpatient Review	Meetings Ongoing with Nursing	N/A	OP Volumes increasing

2025 IVHD/PMH RADIOLOGY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held Bi-weekly
Canon CT Project	Early Stages	. Payments will occur once the scanner is installed and operational	Currently in the early stages, Plans/Proposals being reviewed for general contracting.
Creating a Centralized system	100%	None	Finalized with IT and Centralized Scheduling, Live with Notable (Self registering)6/4-Day 1-40% completed forms and Day 2- 50% had completed forms
Staffing	Ongoing	None	RN/LVN FT (New Hire), Offer letter pending, Nuclear Medicine FT Position Opening (traveler to extend additional 13 weeks) MRI FT position filled due to FT resignation (retirement), 1 PD MRI Offer pending
Radiology Monthly Meeting Schedule	100%	None	Meeting continues to be held to discuss Radiology orders and workflow with departments, goals set. Quarterly Meeting held July 2025.
Stats:			

	24-Jul	YTD-24	25-Jul	YTD-25
Nuclear Med	38	238	47	279
DIAGNOSTIC	2,654	20,014	3,034	22,396
DEXA	56	409	85	470
Mammo	229	1,546	264	1,665
MRI	186	1,244	239	1,490
US	1,596	11,514	1,590	10,633
CT	1,757	12,272	2,162	14,842

2025 IVHD/PMH LABRATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	New CDPH Registrations and Licenses ownership of all clinics and PMH Main Lab approved and now under IVHD. Meetings being held weekly.
Staffing	Ongoing	Contracting	2 FT Clinical Laboratory Scientist Position open- 1 Traveler CLS onboarded (6 months)
Process Improvement	Ongoing	N/A	Q1 25 Reports submitted; ED turnaround Times, blood utilization and Blood culture contamination monitoring.
QuantiFERON Gold Analyzer	100%	Decrease in Annual cost of outsourcing by expected 50k	Training and Validation completed. PMH Lab is ready to perform 'in-house' the 800++ samples from the upcoming Annual Employee Wellness Fair. We were able to negotiate better pricing of tubes and reagents to decrease the cost of testing. Patient testing officially start September 1st, with or without Cerner interface ready.

Lab Indicators 2025	Target	1st QTR	2nd QTR	3rd QTR	4th QTR
Blood Culture Contamination Rates	<3%	2.37%	3.7%		
Order to Results for Troponin and CMP	<60 Minutes				
Troponin		48%	43%		
CMP		63%	54%		

2025 IVHD/PMH CHIEF OF CLINIC OPERATIONS/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Physician Updates	Ongoing	N/A	Recruitment ongoing- 4 pending Provider Contracts (September-November Board Meeting) PD-Pediatric GI Physician-start 2025-New Provider Urologist Renewal Wound Care Renewals in Review General Surgery Renewal in Review Psychiatrist in Review Call Contracts in Review with FMV-Received Draft
Contracts	Ongoing	N/A	Contract Review ongoing monthly
Locums	Ongoing	N/A	No Current Locums and pending Gaps in OB Call December 2025 (Currently in Review)
Projects:			
Centralized Scheduling	Ongoing	N/A	Working on Internal Review of Referrals, Orders and streamlining the process within all Clinics and Providers. Meetings Held in July with Managers, Directors and Consulting Group.

Ring Central (New Call Center Software)	Ongoing	Monthly Expense	Ring Central Productivity being monitored and reviewed, added team members to nurse line as of 8/7/2025.
Expansion of OP Infusion	Early Stages	N/A	On HOLD:
Notable	Ongoing	N/A	49% utilization within all departments
Grants	Ongoing	N/A	Health Net approved 15 K Grant, funding received. Health Net Approved Grant for Community Health Worker- Grant Funding Received for \$55k Health Net Grant approved \$5,638.00 for weekend Clinics (HEDIS Measures). Dates on 8/16, 8/22, and 8/23 (Women's Health and Primary Care) Path Cited Grant Submitted 5/2/2025 Additional documentation requested and submitted, awaiting notification if awarded.
IVHD Transition	Ongoing	N/A	Meet weekly

