



BOARD OF DIRECTORS

Katherine Burnworth, President | Laura Goodsell, Vice-President | James Garcia, Treasurer | Enola Berker, Secretary | Rodolfo Valdez, Director | Felipe Irigoyen, Director | Arturo Proctor, Director

**AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, AUGUST 13, 2026, 6:00 P.M.**

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

[Join Microsoft Teams](#)

Meeting ID: 223 221 576 359 635

Passcode: n3it7a84

~ CLOSED SESSION ~ 6:00 p.m.

a. CONFERENCE WITH REAL PROPERTY NEGOTIATORS

Property: El Centro Regional Medical Center, 1415 Ross Avenue El Centro, CA 92243 and related healthcare facilities

Agency negotiators: IVHD Ad Hoc (Katherine Burnworth, James Garcia, Laura Goodsell), Legal Counsel (Adriana Ochoa), IVHD CEO Christopher Bjornberg

Negotiating parties: Pablo Velez, ECRMC, City of El Centro

Under negotiation: Closing conditions related to Asset Transfer Agreement

b. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov. Code 54956.9 (d)(1))

Garcia v. Pioneers Memorial Healthcare District et al.

Imperial County Superior Court Case No: ECU0003564

~ REPORT OUT OF CLOSED SESSION ~

1. Call to Order – Estimated 6:15 or immediately after Closed Session

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. 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 Merger Strategic Planning Ad-Hoc Committee
- d. Finance Committee Update

8. 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 23, 2026 Regular Meeting and July 23, 2026 Special Meeting.

9. Items for Discussion and/or Board Action:

- 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
- b. Staff Recommends Action to Authorize: TK Elevator (Planned Service Agreement – 5 Years)
Presented by: Carly Zamora
Contract Value: \$88,500
Contract Term: (5) year term
Budgeted: N/A
Budgeted Classification: N/A

- c. Staff Recommends Action to Authorize: Johnson Controls Building Solutions LLC (Planned Service Agreement – 5 Years)
Presented by: Carly Zamora
Contract Value: \$368,488.00
Contract Term: (5) year term, 7/1/2026 – 6/30/2031
Budgeted: N/A
Budgeted Classification: N/A
- d. Staff Recommends Action to Authorize: Mascari Dinh Architects-NPC-4D Level 2 and NPC-5 Upgrade Add Service #1 HCAI NPC-3 Equipment Seismic Anchorage Design, Documentation and Agency Project No 2025056 20
Presented by: Carly Zamora
Contract Value: \$198,750.00
Contract Term: Refer to original contract dated December 11, 2025, for terms and conditions.
Budgeted: Required Seismic upgrades
Budgeted Classification: N/A
- e. Staff Recommends Action to Authorize: Fresenius Contract
Presented by: Carly Zamora
Contract Value: Dialysis:
- Hemodialysis 1:1 (1:1 Patient to Provider Staff ratio) 785.00/Treatment.
 - Hemodialysis Multi (more than 1:1 Patient to Provider Staff ratio) \$530.45/Treatment.
- Peritoneal Dialysis:
- CAPD (Continuous Ambulatory Peritoneal Dialysis) \$392.50/Exchange.
 - CCPD (Continuous Cycling Peritoneal Dialysis) (Treatment rate \$785.00/includes initiation and termination - Patient monitoring to be provided by HOSPITAL) Treatment.
- Additional Charges:
- Procedure canceled after setup: 75% of treatment rate.
 - Procedure canceled after nurse arrival but before setup: 50% of treatment rate.
 - Procedure canceled more than 2 hours before the scheduled start: No charge.
 - Additional disinfection (beyond routine maintenance): \$100 plus applicable treatment charge.
 - Education and training (including hospital orientation, facility-specific protocols, annual compliance, EMR, and CRRT training): \$90/hour.

Contract Term: 3-year term

Budgeted: Yes
Budgeted Classification: N/A

10. 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. Executive: Carly Zamora – Interim Chief Executive Officer
- e. Legal: Adriana Ochoa – General Legal Counsel

11. 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.

12. Adjournment

- a. The next regular meeting of the Board will be held on August 27, 2026, at 6:00 p.m. at El Centro Regional Medical Center, 1271 Ross Avenue, El Centro, Ca. 92243.

POSTING STATEMENT

A copy of the agenda was posted August 7, 2026, at 207 W. Legion Road, Brawley, Ca. 92227 at 9:30 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 23, 2026
REGULAR BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 23rd OF JULY AT 1271 ROSS AVENUE CITY OF EL CENTRO, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

CLOSED SESSION ~ 6:04 p.m.

- a. CONFERENCE WITH REAL PROPERTY NEGOTIATORS Property: El Centro Regional Medical Center, 1415 Ross Avenue El Centro, CA 92243 and related healthcare facilities Agency negotiators: IVHD Ad Hoc (Katherine Burnworth, James Garcia, Laura Goodsell), Legal Counsel (Adriana Ochoa), IVHD CEO Carly Zamora Negotiating parties: Pablo Velez, ECRMC, City of El Centro Under negotiation: Closing conditions related to Asset Transfer Agreement
- b. REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157
Report and discussion regarding hospital quality assurance matters, including accreditation survey findings and corrective action planning.
- c. REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157
Report and discussion regarding the Quality Assurance and Performance Improvement (QAPI) program, including quality risk reporting and patient grievance review for the second quarter of 2026

BOARD RECONVENED INTO OPEN SESSION AT 6:45 p.m.

No reportable action taken in closed session

1. TO CALL ORDER:

The regular meeting was called to order in open session at 6:45 p.m. by Director Berker.

2. ROLL CALL-DETERMINATION OF QUORUM:

Secretary	Enola Berker
Treasurer	James Garcia
Trustee	Felipe Irigoyen
Trustee	Arturo Proctor

ABSENT:

Katherine Burnworth-President
Arturo Proctor-Trustee

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer
Laura Goodsell-Vice-President (remote)



3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BERKER.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBERS:

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Irigoyen and second by Director Garcia to approve combining the July 23, 2026, regular and special meeting agenda. The items 3a and 3b from the special meeting agenda will be discussed during the regular meeting agenda under items 9J and 9K. Motion passed by the following vote wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

6. PUBLIC COMMENT TIME:

Flavio Grijalva, the Teamster Local Union Representative for ECRMC, wanted to begin with reaffirming that throughout the ECRMC and IVHD merger the union remains in constant comm and fully available to address any concerns IVHD may have. They have never avoided dialogue and have consistently engaged in good faith efforts to ensure a smooth transition. He would also like to make it clear that it has never been the union's intent to bring harm or disruption to IVHD. The issue he would like to bring before the board is that under their understanding IVHD is now responsible for HF functions. They must address the fact that ECRMC has failed to complete performance improvements plans that are now extremely overdue.

7. BOARD COMMENTS:

- a. Brief reports by Directors on meetings and events attended.

None

- b. Schedule of upcoming Board meetings and events.

None

- c. Report by Merger Strategic Planning Ad-Hoc Committee

Adriana reported that the Ad-Hoc committee has made a recommendation to approve the term sheet presented tonight as special meeting agenda item 3B for approval. We've come to consensus on some proposed terms with the bondholders.

- d. Finance Committee Update.

Director Garcia reported that the Finance Committee met on July 20th, and the following items are recommended for approval by the board of directors on the consent calendar 8B Approval and file PMH Expenses/Financial Report June 2026 and actions items 9H Authorization to approve Health Wise LLC agreement and item 9I Authorization to approve Curative Talent, LLC agreement.

8. CONSENT CALENDAR:



Motion was made by Director Garcia and second by Director Berker to approve the consent calendar items. Motion passed by the following vote wit:

- a. Minutes for June 25, 2026, and July 9, 2026

Motion was made by Director Irigoyen and second by Director Garcia to approve the minutes for June 25, 2026, and July 9, 2026. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- b. Approval and file PMH Expenses/Financial Report June 2026

Motion was made by Director Valdez and second by Director Irigoyen to approve and file PMH Expenses/Financial Report June 2026. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

9. ACTION ITEMS:

- a. Action Item: Policy and Procedure: Patient Safety Evaluation System

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Patient Safety Evaluation System. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- b. Action Item: Policy and Procedure: Patient Dismissal from Outpatient Center

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Patient Dismissal from Outpatient Center. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- c. Action Item: Policy and Procedure: Financial Adjustment for Adverse/Sentinel Events

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Financial Adjustment for Adverse/Sentinel Events. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None



- d. Action Item: Policy and Procedure: Ambulance Patient Offload Time (APOT) Reduction 4910-5163-7950

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Ambulance Patient Offload Time (APOT) Reduction 4910-5163-7950. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- e. Action Item: Policy and Procedure: Hand Hygiene – Compliance with CDC Guidelines

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Hand Hygiene – Compliance with CDC Guidelines. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- f. Action Item: Policy and Procedure: Obstetrics Cash Discount Policy FY 2027

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and

Procedure: Obstetrics Cash Discount Policy FY 2027. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- g. Action Items: Policy and Procedure: Parking and Electric Vehicle (EV) Charging Station

Motion was made by Director Irigoyen and second by Director Garcia to approve Policy and Procedure: Parking and Electric Vehicle (EV) Charging Station. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez

NOES: None

- h. Staff Recommends Action to Authorize: Authorization to approve Health Wise LLC agreement

Presented by: Carly Zamora

Contract Value: Based on recruitment efforts and total searches, value varies on specialty.

Contract Term: 5 years

Budgeted: Yes

Budgeted Classification: Professional Fees

Motion was made by Director Irigoyen and second by Director Garcia to approve Authorization to approve Health Wise LLC agreement. Station. Motion passed by the



following wit:

AYES: Berker, Garcia, Irigoyen, Valdez
NOES: None

- i. Staff Recommends Action to Authorize: Authorization to approve Curative Talent, LLC agreement
Presented by: Carly Zamora
Contract Value: Based on recruitment efforts and total searches, value varies on specialty.
Contract Term: 1 year
Budgeted: Yes
Budgeted Classification: Professional Fees

Motion was made by Director Irigoyen and second by Director Garcia to approve Authorization to approve Curative Talent, LLC agreement. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez
NOES: None

10. MANAGEMENT REPORTS:

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

No report
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer

Carol went over the CNO report.
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations

No report
- d. Executive: Carol Zamora – Interim Chief Executive Officer

No report
- e. Legal: Adriana Ochoa – General Counsel

Adriana reported that we received an assignment of our letter for our measure o the funding mechanism for IVHD. The count register has assigned us the letter N as in Nancy. She also did with consistent from the board’s direction finalize the measure language and sent it over to the county and she confirmed that both the election of the board of directors and Measure N are on the ballot.

11. ITEMS FOR FUTURE AGENDA:



None

12. **ADJOURNMENT:** With no future business to discuss, Motion was made unanimously to adjourn meeting at 7:18 p.m.



MEETING MINUTES
July 23, 2026
SPECIAL BOARD MEETING

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 23RD OF JULY AT 1271 ROSS AVENUE CITY OF EL CENTRO, 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 6:45 p.m. by Director Berker.

2. PUBLIC COMMENT TIME:

None

3. ITEMS FOR DISCUSSION AND/OR BOARD ACTION:

- a. Approval of First Amendment to Asset Transfer Agreement (Staff reference: Legal Counsel, Adriana Ochoa)

Motion was made by Director Garcia and second by Director Valdez to approve the First Amendment to Asset Transfer Agreement. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez
NOES: None

- b. Approval of Preliminary Summary of Terms with PHCC LLC (d/b/a Preston Hollow Community Capital) Relating to the Acquisition and Assumption and Amendment of ECRMC 2018 Bonds (Staff reference: Legal Counsel, Adriana Ochoa)

Motion was made by Director Irigoyen and second by Director Valdez to approve the Preliminary Summary of Terms with PHCC LLC (d/b/a Preston Hollow Community Capital) Relating to the Acquisition and Assumption and Amendment of ECRMC 2018 Bonds. Motion passed by the following wit:

AYES: Berker, Garcia, Irigoyen, Valdez
NOES: None

- 4. **ADJOURNMENT:** With no future business to discuss, Motion was made unanimously to adjourn meeting at 7:18 p.m.



DATE: July 23, 2026

TO: Imperial Valley Healthcare District Board of Directors

FROM: Ramaiah Indudhara, M.D; Chief of Staff, Pioneers Memorial Hospital
Ameen Alshareef, M.D, Chairman, Vice Chief of Staff, Pioneers Memorial Hospital

SUBJ: PMH Medical Staff Recommendations for Approval

ITEMS FOR CONSIDERATION: Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms or other related recommendations.

SUMMARY AND BACKGROUND: The Medical Executive Committee, upon the recommendations of the Credentials Committee and the respective clinical services and/or chiefs and based on the completed credential files, policies and procedures, recommends that medical staff membership and/or clinical privileges be granted as outlined below:

1. Recommend **Initial Appointment** effective **September 1, 2026** for the following:

- Al-Ghaieb, Buraq, MD Internal Medicine
- Bornstein, Jonathan, MD Emergency Medicine
- Choi, Dong Soon, DO Internal Medicine
- Murray, Nathan, MD Emergency Medicine
- Noyes, Brandon, DO Emergency Medicine
- Shenton, Luke, MD Internal Medicine

2. Recommend **Reappointment** effective September 1, 2026 for the following:

- Bownds, Shannon, MD Teleradiology
- Burgess, Benjamin, MD Emergency Medicine
- Godebu, Elana, MD Urology (Affiliate)
- Lotan, Roi, MD Teleradiology
- Magana Avila, Sergio, MD Internal Medicine
- Martinez, Julio, MD Family Medicine
- Spak, Daryl, MD Family Medicine
- Suliman, Mahomed, MD Gastroenterology
- Sweet, III, Patrick, MD Family Medicine
- Torres Barba, David, MD Cardiology
- Vuong, Caresse, MD Emergency Medicine
- Wallace, Nicolai, MD Internal Medicine

3. Recommend acceptance of Resignation for the following:

- Cutts, Shanoe, MD Teleradiology
- Dastagir, Tariq, MD Internal Medicine (Effective 6/16/2026)
- Dhaliwal, Jasninder, MD Internal Medicine (Effective 6/30/2026)
- Duncan, Dameon, MD Teleradiology (Effective 5/15/2026)
- Fisher, Jason, MD Teleradiology
- Hedayati, Amir, MD Teleradiology (Effective 5/28/2026)
- Pitafi, Ali, MD Teleradiology (Effective 6/18/2026)
- Singh, Amanjung, MD Internal Medicine (Effective 6/26/2026)

4. Recommend **Release from Proctoring and Advancement:**

- Suliman, Mahomed, MD Gastroenterology
- Galincinao, Gary, CRNA Nurse Anesthetist

5. Recommend **Advancement to Active Staff:**

- Quinones Vargas, Irmari, MD Nephrology
- Torres Ortiz, Aldo, MD Nephrology

6. Recommend Acceptance of Rules and Regulations as follows:
 - Clinical Service of Emergency Medicine
7. Recommend acceptance of the following policies/forms:
 - Arterial Radial Puncture (BGS-001)
 - ***Bloodborne Pathogen Exposure Control Plan (CLN-02303)***
 - Breast Milk Collection and Storage (CLN-00213)
 - Eye Exam for Premature Infants (CLN-02524)
 - GYN Pre and Post Op Orders (OR-00505)
 - High Risk Infant Follow Up (CLN-02525)
 - ***Hypoglycemia in the Newborn (CLN-02506)***
 - ***IntraFacility Transport of the Intermediate NICU Patient (CLN-02526)***
 - Lead Testing – Point of Care (CLN-02846)
 - Malignant Hyperthermia (CLN-01506)
 - ***Neonatal Endotracheal Intubation (CLN-00236)***
 - ***Neonatal Thoracentesis/Needle Decompression (CLN-02518)***
 - Radiation Protection and Safety Program (CLN-00893)
 - RH Immune Globulin (TRM-034)
 - ***Risk Evaluation and Management Strategy - REMS (CLN-02810)***
 - Routine Outpatient Post Op Orders - Lai (OR-00529)
 - Routine Pre Op Orders – Dr. Lai (OR-00500)
 - SB81-Patient Information Disclosure and Law Enforcement Access (CLN-03220)
 - ***Sentinel Event (ADM-00480)***
 - Short H & P (SU-03)
 - Surgical Pathology/Histology Specimen Collection & Handling (ANP-001)
 - Transillumination – Use in the Neonate (CLN-00265)
 - ***Tuberculosis Exposure Protocol (HRD-00121)***
 - Venipuncture Certification Requirement for Radiologic Technologists (CLN-00897)

Note: not all of these policies require Board approval. Only those requiring this approval (in bold italics) will be forwarded to the Governing Body.
8. Ms. Momberg presented the updated Physician Delinquency Policy which will be implemented August 1, 2026 to address charts that are incomplete.
9. Follow up care and Peer Review Process were discussed and are being reviewed and revised.
10. The agreement with Vituity for Tele-Neurology services has been approved. Start date will be September 1st, depending on credentialing.
11. There was a “Lessons Learned” in regard to the charging station for electric vehicles. It was reported that it has been 99 days since documented CLABSI was reported at PMH and 167 days since a CAUTI was reported. SSI with superficial 33 days, PSI4 Surgical Death in hospital, 87 days ALOS for PMH in June was 5.03 and ECRMC was 5.21 – the California benchmark is 4.6 days. Provider rating was 4.4 of 5 stars.
12. It was suggested to consider an area that members of the community and staff can reflect and remember the contributions of our physicians who have passed away.
13. Clinical Service and Committee Reports:
 - Hospitalists – ALOS discrepancies were discussed. It was suggested that the departments accept calls for consultation from the clerks. This will be forwarded to Medicine and Surgery for discussion.
 - Medicine – Dr. Krutzik had no meeting.
 - Pathology – Dr. Kay reported on pathology cases and any discrepancies. They are working on a new process for surgical specimens as well.
 - Emergency Medicine – Dr. Nelson had no meeting for the ED.
 - Surgery– Dr. Whyte stated that they had a meeting. Some policies were approved and two cases were discussed in closed session.
 - Anesthesia - Dr. Larra stated that he is working with Dr. Gwon on Anesthesia Services.



- OB/GYN – Dr. Bean stated that there has been an increase in Surgical Site Infections, we are working on terminal cleaning and reviewing data to trend these results.
- Pediatrics – No report.
- Medical Imaging – Dr. Rapp stated that we now have the ability to perform stereotactic breast biopsy. Working on the backlog of patients.
- Ambulatory Services – Dr. Fareed reported that they had a provider meeting in June. The SNF had a state survey and is fully operational.
- Credentials & Bylaws - As noted above. The initial appointments will be given temporary privileges pending the Board Meeting.
- Utilization Management – Reported information as above.

RECOMMENDATION: That the Imperial Valley Healthcare District Board of Directors approves each of the recommendations of the Medical Executive Committee for medical staff membership and clinical privileges as outlined above, policies and procedures as noted and authorize the chief executive officer to sign any documents to implement the same.

Respectfully submitted,

Ameen Alshareef, M.D.
Vice Chief of Staff, Medical Executive Committee, PMH
Chairman, Clinical Service of Pediatrics
Pioneers Memorial Hospital
AA/cb

POLICIES FOR APPROVAL AT BOARD

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Bloodborne Pathogen Exposure Control Plan	CLN-02303	• 1-14	- Added Attachment A - Added Section 5.7; Hep B Vaccine with ref to policy - Added Section 5.8; Post Exposure with ref to policy - Added reference to Haz Matl & Waste Mgmt Plan
2.	Hypoglycemia in the Newborn	CLN-02506	• 15-30	Reviewed and submitted without change
3.	IntraFacility Transport of the Intermediate NICU Patient	CLN-02526	• 31-32	Reviewed and submitted without change
4.	Neonatal Endotracheal Intubation; SOP	CLN-00236	• 33-39	Reviewed and submitted without change
5.	Neonatal Thoracentesis/Needle Decompression	CLN-02518	• 40-44	Reviewed and submitted without change
6.	Risk Evaluation and Mitigation Strategy - REMS	CLN-02810	• 45-48	- Updated references - Revised IVHD/PMHD
7.	Sentinel Event	ADM-00480	• 49-72	- Updated PMHD to IVHD - Updated Author 5.4.1 Added ClaHEART email address - Minor grammar changes - Added 5.3.6
8.	Tuberculosis Exposure Protocol	HRD-00121	• 73-74	- Annual Review, updated PMHD to IVHD - Removed 5.7 - Added physician reviewer - Added references 6.5 and 6.6 - Added clarification re: QFT

Imperial Valley Healthcare District

Title: Bloodborne Pathogen Exposure Control Plan		Policy No. CLN-02303
Current Author: Lizbette Cordova, RN		Page 1 of 7
Latest Review/Revision Date:03/01/2026		Effective: 04/21/2010
Manual: Clinical – Infection Control		

Collaborating Departments: Infection Control; Human Resource Department, Dr. Mohammed Al-Jasim, Environmental Services	Keywords: Infectious Disease, Blood Exposure		
Approval Route: List all required approval			
PSQC	Other: <u>Safety Committee</u> 04/2026		
Clinical Service _____	MSQC 04/2026	MEC 04/2026	BOD 04/2026

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 The purpose of the Bloodborne Pathogen Exposure Control Plan is to comply with Standard (Title 8, Chapter 4, Section 5193, <http://www.dir.ca.gov/title8/5193.html>) and protect healthcare workers and employees from bloodborne infectious diseases by eliminating or reducing the risk of this type of exposure.

2.0 Scope: District wide

3.0 Policy:

- 3.1 Imperial Valley Healthcare District (IVHD) is committed to providing a safe work environment for our entire staff. The following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

4.0 Definitions:

- 4.1 Blood – Human blood, human blood components, and products made from human blood.
- 4.2 Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- 4.3 Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface in or on an item.
- 4.4 Clinical Laboratory – A workplace where diagnostic or other screening procedures are performed on blood and other potentially infectious materials
- 4.5 Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- 4.6 Exposure Incident – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that result from the performance of an employee's duties.
- 4.7 EVS – Environmental Services

Imperial Valley Healthcare District

Title: Bloodborne Pathogen Exposure Control Plan		Policy No. CLN-02303
		Page 2 of 7
Current Author: Lizbette Cordova, RN		Effective: 04/21/2010
Latest Review/Revision Date:03/01/2026		Manual: Clinical – Infection Control

- 4.8 Hand Washing Facilities – Facilities providing adequate supplies of running potable water, soap, and single use towels or hot air drying machines and/or hand anti-microbial gel dispensers throughout the hospital.
- 4.9 HBV – Hepatitis B virus
- 4.10 HCV – Hepatitis C virus
- 4.11 HCW – Health Care Worker – Any employee, medical staff or other healthcares professional that has the potential for bloodborne or other exposures and works in our facility.
- 4.12 HIV – Human Immunodeficiency
- 4.13 Occupational Exposure – Reasonably anticipated skin, eye mucous membrane, or parenteral contact with blood or potentially infectious materials that may result from the performance of an employee's duties.
- 4.14 OPIM – Other Potentially Infectious Materials are as follows:
 - 4.14.1 Human Body Fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental settings, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
 - 4.14.2 Any unfixed tissue or organ (other than intact skin) from human (living or dead)
 - 4.14.3 Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV
 - 4.14.3.1 Cell, tissue, or organ cultures from humans or experimental animals
 - 4.14.3.2 Blood, organs, or other tissues from experimental animals
 - 4.14.3.3 Culture medium or other solutions
- 4.15 Parental Contact – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- 4.16 PPE – Personal Protective Equipment – Specialized clothing or equipment worn or used by HCW for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment. Personal protective equipment will be considered “appropriate only if it does not permit blood or OPIM to pass through to or reach the HCW's work clothes, street clothes, undergarments, skin, eye, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.
- 4.17 Regulated Waste
 - 4.17.1 Liquid or semi-liquid blood or OPIM
 - 4.17.2 Contaminated items that:
 - 4.17.2.1 Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM.
 - 4.17.2.2 Are capable of releasing these materials when handled or compressed
 - 4.17.3 Contaminated sharps
 - 4.17.4 Pathological and microbiological wastes containing blood or OPIM
 - 4.17.5 Regulated waste includes “medical waste” regulated by Health and Safety Codes

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- 4.18 Sharp – Any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or/and other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, and broken capillary tubes.
- 4.19 Standard Precautions – An approach to infection prevention. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

5.0 Procedure:

5.1 Responsibilities:

- 5.1.1 Employee Health Services is responsible for coordinating the annual review and update of the Bloodborne Pathogen Exposure Control Plan. Employee Health provides the initial employee training of the Exposure Control Plan during general orientation and works with Infection Control Department to identify and select safety devices. They also serve as a resource for infection prevention and control information.
 - 5.1.1.1 Employee Health Services is responsible for evaluating the circumstances surrounding exposure incidents, providing the hepatitis B vaccination for all employees who are at risk of occupational exposure to bloodborne pathogens, and for reporting safety-related incidents to the Safety Committee. Employee records for vaccinations, exposures and exposure follow-up, and confidential Sharp Injury Log are maintained by Employee Health Services.
- 5.1.2 The Safety Officer will assist Infection Control in overseeing the use of standard precautions by all HCW/personnel for Imperial Valley Healthcare District. The Safety Officer also provides input for review and update of the Exposure Control Plan as appropriate and reports safety-related incidents to the Safety Committee.
- 5.1.3 Human Resources is responsible for maintaining documentation of annual training.
- 5.1.4 Department Directors are responsible for:
 - 5.1.4.1 Determining which employees have potential occupational exposure to bloodborne disease.
 - 5.1.4.2 Ensuring that employees receive all required training and education
 - 5.1.4.3 Ensuring that personal protective equipment is available for employee use
 - 5.1.4.4 Ensuring that employees use safe practices and PPE when there is a potential of exposure to bloodborne pathogens
 - 5.1.4.4.1 Monitoring employees for compliance with Standard Precautions and work practice controls
 - 5.1.4.4.2 Maintaining current department-specific policies and procedures addressing engineering and work practice controls and PPE
 - 5.1.4.4.3 Training and counseling employees who are not using safe practice while handling sharps and/or bloodborne pathogens

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- 5.1.5 Employees are responsible for:
 - 5.1.5.1 Knowing what tasks they perform that have potential for bloodborne exposure and using safe practices, PPE, and devices as appropriate.
 - 5.1.5.2 Reviewing the Bloodborne Pathogens and associated policies as part of their annual review
 - 5.1.5.3 Maintaining a clean and safe environment
- 5.2 Employee Exposure Risk Determination (*See Attachment A-Exposure Risk by Job Title*)
 - 5.2.1 Constant Category Risk: Is a job classification in which the employees have occupational exposure 2/3 or more of the time
 - 5.2.2 Frequent Category Risk: Is a job classification in which employees have exposure 1/3 to 2/3 of the time
 - 5.2.3 Occasionally Category Risk: Is a job classification in which employees have exposure 1/3 of the time
 - 5.2.4 Not Present Category Risk: Is a job classification in which employee exposure does NOT exist
- 5.3 Exposure Control
 - 5.3.1 Work Practice Controls and Procedures have been implemented to minimize exposure to bloodborne pathogens. Each Department Manager is responsible for implementing, evaluating, and monitoring compliance with work practices on an ongoing basis..
 - 5.3.2 Engineering and work practice controls include: Needleless systems where applicable, use of needles with engineered safety devices, and disposal of sharps in sharp containers
 - 5.3.3 Personal Protective Equipment is provided to our employees at no cost. Training in the use of the appropriate PPE for the task or procedures employees will perform is provided by department directors
 - 5.3.3.1 Types of PPE available include: gloves, gowns, masks, and eye protection.
- 5.4 Standard precautions are used to prevent contact with blood or other potentially infectious materials and are to be applied to all patients. When necessary, transmission-based precautions are used in addition to standard precautions. (See policy CLN-02308; Isolation Guidelines)
- 5.5 Specimen Handling and Contact with Blood or Body Fluids:
 - 5.5.1 Eating, drinking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of Occupational exposure to blood or body fluids.
 - 5.5.1.1 Clinical departments may clearly identify areas of the department where bloodborne pathogens may be present, such as areas where clinical specimens' or blood glucose monitoring devices may be placed. Direct patient care areas are included in these designated areas.

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- 5.5.1.2 Clinical departments may clearly identify areas of the department where items which may carry bloodborne pathogens may not be present, such as clean work areas or staff rest areas. Gloves should not be worn in these areas. Items which may carry bloodborne pathogens shall not be placed in these identified areas.
 - 5.5.1.3 Staff may drink liquids, while working as allowed by their director in designated clean department areas where bloodborne pathogens are not kept. Care should be taken to minimize the risk of spilling by covering liquid.
 - 5.5.1.4 Staff food and drink are not allowed in patient refrigerators.
- 5.5.2 Food, drink, and oral medications will not be kept in refrigerators, freezers, shelves, cabinets, on countertops where blood or body fluids may be present.
- 5.5.3 Specimens' of blood or body fluids will be placed in containers that prevent leakage during collection, handling, processing, storage, transportation or shipping.
- 5.5.4 If an exposure occurs, mucous membranes and eyes will be immediately flushed copiously with water following exposure to blood or body fluids (See policy HRD-00127; Postexposure prophylaxis after occupational exposure to blood & body fluids).
- 5.6 Housekeeping:
 - 5.6.1 Environmental Services (EVS) is responsible for maintaining the facility in a clean and sanitary manner. Policies and procedures have been developed and implemented to ensure that cleaning methods and schedules are appropriate. The Infection Control and Medical Staff Quality Committee (MSQC) will review and approve all policies and procedures that address cleaning, disinfection, and/or sterilization of equipment or environmental surfaces that become contaminated. (See Policy Hazardous Materials and Waste Management Plan EOC-00111)
 - 5.6.2 Regulated Waste is placed in closable containers that prevent leakage and are appropriately labeled and closed before removal.
 - 5.6.3 Contaminated sharps are discarded immediately in containers that are puncture-resistant, leakproof, and labeled.
- 5.7 Hepatitis B Vaccination (See Policy Hep B Vaccination Program: HRD-00109))
 - 5.7.1 The Hep B Vaccination series is available at no cost to employees with exposure to Hep B. Vaccination is encouraged unless: Documentation exists that the employee has previously received the series; antibody testing reveals the employee is immune, or the vaccine is contraindicated.
 - 5.7.2 Employees who decline the vaccine must sign a declination. Employees who decline may request and obtain the vaccination at a later date at no cost.
 - 5.7.3 Documentation of refusal of the vaccination is kept at Employee Health
- 5.8 Post Exposure Evaluation and Follow-up (See Policy Post Exposure to BBF/Sharps HRD-00-127 & BBP Exposure Protocol HRD 00101))

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5.8.1 If exposure occurs, employee is to render first aid (clean wound/flush area), report injury to the immediate supervisor/house supervisor, complete the work injury packet, and report to Emergency Room for evaluation and possible collection of HBV, HCV and ,HIV.

5.8.2 Procedures for Evaluating Exposure Incident

5.8.2.1 Employee Health will review the circumstances of all exposure incidents to determine

5.8.2.1.1 Engineering Control Use

5.8.2.1.2 Work Practices followed

5.8.2.1.3 Device Description

5.8.2.1.4 PPE Use

5.8.2.1.5 Procedure being performed

5.8.3 Sharp Injury Log (see Policy Sharp Injury Log HRD-11119))

5.8.3.1 Is kept and maintained by Employee Health

5.9 Recordkeeping

5.9.1 Training Records

5.9.1.1 All employees who have occupational exposure to BBP will receive training on bloodborne pathogen exposure control.

5.9.1.2 Training records will be kept by the education department

5.9.2 Medical Records

5.9.2.1 Confidential exposure medical records will be kept by employee health. These confidential records must be kept for the duration of employment plus 30 years.

5.9.3 OSHA Record Keeping

5.9.3.1 If an exposure incident meets OSHA's recordkeeping requirements, it will be logged into IVHD OSHA log.

6.0 References:

- 6.1 CAL/OSHA and NIOSH, Calif. Code of Regulations: Title 8, Division 1, Chpt. 4, Subchapter 7, Group 16, Art. 109, 5193, <http://www.dir.ca.gov/title8/5193.html>
- 6.2 Sharp Injury Log HRD-11119
- 6.3 Bloodborne Pathogen Exposure Protocol HRD- 00101
- 6.4 Post Exposure to Blood and Body Sharps HRD-00127
- 6.5 Hazardous Materials and Waste Management Plan EOC-00111
- 6.6 Hepatitis B Vaccination Program HRD-00109

7.0 Attachment List:

- 7.1 Attachment A – Exposure Risk by Job Title

8.0 Summary of Revisions:

- 8.1 Added Attachment A- Exposure Risk by Job Title
- 8.2 Added section 5.7, Hep B vaccine with referral to Hep B policy

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- 8.3 Added section 5.8 Post Exposure with refence to policy
- 8.4 Added Reference to Hazardous Materials and Waste Management Plan

Job Title Exposure Risk

JOB TITLE	HOME DEPARTMENT	EXPOSURE CATAGORIE	CODES	
003 - Director Patient Acct-Reg	008530 - Patient Accounting	NP	NP	Not Present
008 - Director Clinical Lab Ser	007500 - Clinical Lab	C	O	Occasionally
009 - Radiology Manager	007630 - Radiology Diagnostic	O	F	Frequently
010 - Director Health Info Mgmt	008700 - Medical Records	O	C	Constantly
0102 - Lead Clinical Manager	006010 - ICU	C		
0105 - Clin Nurse Ed - Lead CM	006170 - Medical - Surgical	C		
0106 - Facilites Manager	008460 - Engineering	O		
0107 - Human Resources Manager	008650 - Human Resources	NP		
0110 - Phlebotomy Manager	007500 - Clinical Lab	C		
0120 - TJC Program Manager	008720 - Nursing Administration	F		
0129 - Accounting Manager	008510 - General Accounting	NP		
013 - Director Child Care	008880 - Child Care	F		
0131 - Sterile Processing Mgr	008380 - Sterile Processing	C		
0136 - Maintenance Sup -DPNF	006580 - Skilled Nursing Care	O		
0137 - Marketing Director - DPNF	006580 - Skilled Nursing Care	NP		
0138 - Dir of Rehab - DPNF	006580 - Skilled Nursing Care	O		
0141 - Business Office Mgr DPNF	006580 - Skilled Nursing Care	NP		
0143 - Dir of Nutritional - DPNF	006580 - Skilled Nursing Care	NP		
0144 - Social Serv Supervisor- DPNF	006580 - Skilled Nursing Care	O		
0145 - Medical Records Sup-DPNF	006580 - Skilled Nursing Care	NP		
0146 - Activities Coord DPNF	006580 - Skilled Nursing Care	F		
0152 - Executive Director SNF	008610 - Hospital Administration	O		
016 - Director Material Mgmt	008400 - Purchasing	NP		
017 - Controller	008510 - General Accounting	NP		
0180 - Clerk of the Board	008650 - Human Resources	NP		
020 - Dir Medical Staff Service	008710 - Medical Staff	NP		
023 - Director Physical Therapy	007770 - Physical Therapy	F		
026 - Chief Financial Officer	008610 - Hospital Administration	NP		
051 - RN Manager	006290 - Pediatrics	C		
052 - House Supervisor RN	008720 - Nursing Administration	C		
053 - Lead House Supervisor RN	008720 - Nursing Administration	F		
054 - Chief Nursing Officer	008720 - Nursing Administration	O		
064 - Information Tech Manager	008480 - Information Systems	NP		
067 - Director of Perinatal Ser	008720 - Nursing Administration	O		
069 - BioMedical Coord	008470 - Communications	NP		
072 - Clinical Manager-Educator	006010 - ICU	C		
0728- Administrative Nursing Manager	8720	O		
074 - Dir Nutrition Services	008340 - Dietary	NP		
0903 - Construction Manager	008460 - Engineering	O		
0913 - Director of Cardio	007720 - Inhalation Therapy	O		
0917 - Director of Facility Services	008460 - Engineering	O		
092 - Director Case Management	008750 - Continuum of Care	O		
0921 - Safety-EMS-ER Prep Mgr	008420 - Security	F		
0922 - EVS Manager	006580 - Skilled Nursing Care	F		
0924 - Chief of Clinic Operation	007189 - Clinic Administration	O		
0927 - OR Manager	007420 - Surgery and Recovery	F		
0928 - Director of MedSurg and	008720 - Nursing Administration	O		

Job Title Exposure Risk

0929 - Professional Billing Mgr	007189 - Clinic Administration	NP
0930 - Director of Cath Lab and Per	008720 - Nursing Administration	O
096 - Director of Emergency Dep	007010 - Emergency Room	O
098 - Chief Executive Officer	008610 - Hospital Administration	NP
1005 - Speech Language Pathologi	007780 - Speech Therapy	F
1008 - LIS Manager	007520 - Pathology Lab	C
102 - Perinatal Scrub Technician	006400 - LDRP	C
103 - Clinical Lab Scientist	007500 - Clinical Lab	C
105 - Radiologic Technologist	007630 - Radiology Diagnostic	O
1058 - RN Float Pool	008730 - Nursing Float Pool	C
1100 - RN Educator	006010 - ICU	C
1115 - Clinical System Developer	008480 - Information Systems	NP
1118 - Billing-Comp-Pharmacy Tec	008390 - Pharmacy	NP
1120 - Histology Technician	007520 - Pathology Lab	C
1122 - Integration Coordinator	008480 - Information Systems	NP
1126 - Clinical Documentation Sp	008750 - Continuum of Care	O
1128 - Risk Manager	008752 - Risk Management	O
1131 - BLS Instructor	008740 - Inservice Education	O
1134 - Sterile Processing Tech	008380 - Sterile Processing	C
1136 - Anesthesia Technician	007420 - Surgery and Recovery	C
1149 - Pharmacy Tech-HUC	007010 - Emergency Room	NP
1151 - RN Case Manager	008750 - Continuum of Care	O
1152 - Radiological-Surg Tech	007630 - Radiology Diagnostic	C
1154 - Infection Control Practit	008751 - Infection Control	O
1156 - Infect Disease Pharmacist	008390 - Pharmacy	NP
1158 - Interventional Rad-Cardiac Catheterization Te	007649 - Interventional Radiology	C
116 - Teacher Day Care	008880 - Child Care	F
1161 - Emergency Dept Tech	007010 - Emergency Room	C
1166 - System Administrator	008480 - Information Systems	NP
1167 - Pharmacist MDP Coord	008390 - Pharmacy	NP
117 - Pharmacist	008390 - Pharmacy	NP
1171 - Lead CT Tech	007680 - Radiology EMI	C
1172 - Training Development Mgr	008650 - Human Resources	NP
1174 - Lead Technician Maint	008460 - Engineering	O
1175 - Endoscopy Tech	007420 - Surgery and Recovery	C
1176 - Surgery Scheduler	007420 - Surgery and Recovery	NP
1177 - MA-Intake Clerk	007183 - Pioneers Health Ctr	NP
1181 - Lead Patient Op Reg Clerk	008560 - Admitting	O
1182 - Lead CLS-QA Specialist	007500 - Clinical Lab	C
1185 - Surgery Tech I	007420 - Surgery and Recovery	C
1188 - Boiler Plant Operator	008460 - Engineering	O
119 - Medical Social Worker	008750 - Continuum of Care	O
1194 - Network Technician	008480 - Information Systems	NP
1195 - Core Abstraction Peer Rev	008754 - Quality Management	NP
1196 - Lead Mammography Tech	007630 - Radiology Diagnostic	C
1197 - OR Scrub Technician	007420 - Surgery and Recovery	C
1266 - Jr System Administrator	008480 - Information Systems	NP
134 - Physical Therapist Staff	007770 - Physical Therapy	F
136 - Physical Therapy Assistant	007770 - Physical Therapy	F

Job Title Exposure Risk

145 - Senior Accountant	008510 - General Accounting	NP
160 - Case Manager - LVN	008750 - Continuum of Care	O
162 - Pharmacy Tech I	008390 - Pharmacy	NP
164 - Pharmacy Tech II	008390 - Pharmacy	NP
165 - Lead Ultrasound Tech	007670 - Radiology Ultrasound	O
167 - 340B Analyst	008390 - Pharmacy	NP
170 - Lead Clinical Lab Scienti	007500 - Clinical Lab	C
173 - Lead Telemetry Technician	006010 - ICU	C
176 - Echocardiogram Tech	007590 - ECHO	O
180 - Ultrasound Technician	007670 - Radiology Ultrasound	O
188 - Mammography Tech RT	007670 - Radiology Ultrasound	C
195 - Registered Dietitian	008340 - Dietary	NP
196 - Diagnostic Technician	007560 - EKG	O
197 - Surgery Tech II	007420 - Surgery and Recovery	C
199 - Pharmacy Buyer-Inventory Specialist	008390 - Pharmacy	NP
201 - RN MED-SURG	006170 - Medical - Surgical	C
2025 - Cath Lab-IR Scrub Tech	007649 - Interventional Radiology	C
206 - RN Permittee	006010 - ICU	C
209 - Radiology-ER Nurse	007630 - Radiology Diagnostic	C
210 - Lactation Consultant RN	006400 - LDRP	C
213 - RN III	006010 - ICU	C
214 - RN I	006010 - ICU	C
217 - RN II	006010 - ICU	C
219 - RN I Oncology	007640 - Infusion Therapy Center	C
220 - Clinic RN I	007188 - C-WHAP Clinic	F
221 - Transition of Care RN	008750 - Continuum of Care	C
225 - Nurse Intern	006170 - Medical - Surgical	C
227 - Antenatal Test Nurse	006400 - LDRP	C
230 - Newborn Hearing Screening	006400 - LDRP	F
231 - RN DPNF	006580 - Skilled Nursing Care	C
232 - Student Nurse Intern	008720 - Nursing Administration	C
233 - Interim Base Station Ad	008475 - Radio Room	C
234 - RN I DPNF	006580 - Skilled Nursing Care	C
235 - Nurse Residency Program C	008720 - Nursing Administration	O
238 - Community Health Worker	007194 - Cal AIM Grant	F
250 - Cath-IR Lab Registered Nurse II	007649 - Interventional Radiology	C
251 - Perioperative Services Registered Nurse II	007420 - Surgery and Recovery	C
271 - Perioperative Services Registered Nurse I	007420 - Surgery and Recovery	C
2800 - Clinic Lead	007186 - Peds RHC Main	F
301 - LVN	006170 - Medical - Surgical	C
307 - Clinic LVN	007183 - Pioneers Health Ctr	F
312 - LVN CDP DPNF	006580 - Skilled Nursing Care	C
392 - CNA DPNF	006580 - Skilled Nursing Care	C
401 - Nurse Assistant	006170 - Medical - Surgical	C
402 - Distribution Associate	008400 - Purchasing	O
403 - Phlebotomist	007500 - Clinical Lab	C
406 - Medical Assistant I	007183 - Pioneers Health Ctr	F

Job Title Exposure Risk

407 - Dept Aide Transporter	007630 - Radiology Diagnostic	C
410 - Physical Therapy Aide	007770 - Physical Therapy	F
411 - Dept Aide Radiology	007630 - Radiology Diagnostic	F
424 - Medical Assistant II	007183 - Pioneers Health Ctr	F
427 - Nurse Asst-Health Unit CI	006170 - Medical - Surgical	C
428 - Employee Health Assistant	008660 - Employee Health	F
435 - Lab Tech Support Assoc	007500 - Clinical Lab	C
442 - Medical Assistant III	007083 - Callexico Rural Health Ctr	C
443 - CNA	006170 - Medical - Surgical	C
444 - Medical Assistant-Scribe	007191 - WHAP	F
5001 - Control Clerk HIM Tech III	008700 - Medical Records	O
5002 - Assistant To CNO	008720 - Nursing Administration	NP
501 - Secretary	007420 - Surgery and Recovery	C
5022 - Lead Recept-Aide	007770 - Physical Therapy	F
5027 - Intake Registration Clerk	007189 - Clinic Administration	NP
503 - Transcriptionist II	008700 - Medical Records	O
5031 - Fin-Chg Master Analyst	008530 - Patient Accounting	NP
5032 - Scanning-Customer Assist	008700 - Medical Records	NP
5034 - Record Copy Serv-Release	008700 - Medical Records	O
5035 - Quality Data-Project Mgr	008754 - Quality Management	O
5036 - Supply Chain Technician	008380 - Sterile Processing	C
5037 - Lead Office Coordinator	008560 - Admitting	NP
5038 - Administrative Assistant	008710 - Medical Staff	NP
5040 - Benefits Coordinator	008650 - Human Resources	NP
5044 - HR Generalist	008650 - Human Resources	NP
5047 - Accounts Rec Billing Lead	008530 - Patient Accounting	NP
5051 - HR Assistant	008650 - Human Resources	NP
5052 - Anesthesia Assistant Clerk	007450 - Anesthesia	O
5054 - Billing File Clerk	008530 - Patient Accounting	NP
5057 - Mat Mgmt Storeroom Coord	008400 - Purchasing	O
5059 - Support Services Coord	008460 - Engineering	NP
506 - Health Unit Clerk	006070 - Neo-Natal ICU	C
5062 - PT Experience Concierge	008754 - Quality Management	NP
5063 - Hospital Centralized Scheduling Call Center I	008560 - Admitting	C
5066 - PT Registration Float	008560 - Admitting	NP
5069 - CC Intake-Referral Auth	007189 - Clinic Administration	NP
507 - Material Management Clk-B	008400 - Purchasing	NP
5070 - Intake-Scribe	007197 - Urology Center	NP
5072 - Activities Asst DPNF	006580 - Skilled Nursing Care	F
5074 - Central Supply DPNF	006580 - Skilled Nursing Care	NP
5075 - CNA DPNF	006580 - Skilled Nursing Care	C
5076 - Cook DPNF	006580 - Skilled Nursing Care	O
5077 - Dietary Aide DPNF	006580 - Skilled Nursing Care	O
5079 - Housekeeping Lndry DPNF	006580 - Skilled Nursing Care	F
508 - Accounts Payable Clerk I	008510 - General Accounting	NP
5081 - Medical Records DPNF	006580 - Skilled Nursing Care	NP
5082 - Bus Office Asst DPNF	006580 - Skilled Nursing Care	NP
5084 - PT Asst DPNF	006580 - Skilled Nursing Care	O
5085 - Receptionist DPNF	006580 - Skilled Nursing Care	NP

Job Title Exposure Risk

5086 - Occ Therapist DPNF	006580 - Skilled Nursing Care	F
5087 - Physical Therapist DPNF	006580 - Skilled Nursing Care	F
509 - PBX Operator	008560 - Admitting	O
5093 - Diet Assist Dishwash DPNF	006580 - Skilled Nursing Care	O
5094 - Cert Occ Th Asst DPNF	006580 - Skilled Nursing Care	O
5095 - Admissions Asst DPNF	006580 - Skilled Nursing Care	NP
5096 - ED-CEO Assistant	008610 - Hospital Administration	NP
5097 - Rehab Aide DPNF	006580 - Skilled Nursing Care	F
5101 - Care Management Assistant	008750 - Continuum of Care	O
5104 - Support Services Manager	008460 - Engineering	NP
5105 - HR Recruiter & Engagement Coordinator	008650 - Human Resources	NP
5106 - Facility Support Assist-DPNF	006580 - Skilled Nursing Care	C
5107 - Patient Account Specialist	008530 - Patient Accounting	NP
5108 - Manager of Outpatient Clinics	007189 - Clinic Administration	F
5109 - Manager of Rural Health Clinics	007189 - Clinic Administration	O
5110 - Director NICU and PEDS	008720 - Nursing Administration	O
5112 - Director of RHC	007189 - Clinic Administration	O
5113 - Cardio Diagnostic Services Coordinator	007560 - EKG	O
5114 - Director of Outpatient Clinics	007189 - Clinic Administration	O
5115 - Clinic Call Center Representative	007189 - Clinic Administration	NP
5116 - Medical Biller I	007189 - Clinic Administration	F
5119 - Business Office Manager	008530 - Patient Accounting	NP
5120 - Medical Biller Reviewer	007189 - Clinic Administration	NP
5121 - Population Healthcare Lead	007198 - PRIME	F
513 - Cashier I	008530 - Patient Accounting	NP
5130 - Unit Manager- DPNF	006580 - Skilled Nursing Care	C
5131 - Scheduler DPNF	006580 - Skilled Nursing Care	NP
515 - Patient Registration Cler	008560 - Admitting	NP
517 - Medical Records Clerk	008700 - Medical Records	O
518 - HIM Tech II	008700 - Medical Records	O
521 - HIM Coordinator	008700 - Medical Records	O
524 - Patient Financial Counsel	008530 - Patient Accounting	NP
534 - Office Coordinator	008560 - Admitting	F
537 - Insurance Verifier	008560 - Admitting	F
540 - Transcriptionist III Lead	008700 - Medical Records	O
541 - Certified Coder	008700 - Medical Records	O
542 - Lead Patient Reg Clerk	008560 - Admitting	F
544 - Accounts Payable Coord	008510 - General Accounting	NP
545 - Lead Cashier	008530 - Patient Accounting	NP
560 - Surgery Processor	008560 - Admitting	O
561 - Intake Clerk	007760 - Gastro Intestinal Srvcs	NP
565 - Coder I	008700 - Medical Records	O
566 - Exec Asst To CFO-Payroll	008510 - General Accounting	NP
572 - Medical Staff Coord	008710 - Medical Staff	NP
5732 - Director of Patient Access Centralized Regist	008560 - Admitting	C
5733 - Senior Director of Revenue Cycle	008510 - General Accounting	NP

Job Title Exposure Risk

5734 - Ambulatory Centralized Reg-Scheduling Manager	007189 - Clinic Administration	C
5735 - Infection Control Data Abstractor LVN	008751 - Infection Control	O
5736 - OP IP Centralized Reg Scheduling Manager	008560 - Admitting	C
5739 - Clinical Manager-NICU	006070 - Neo-Natal ICU	C
5740 - Lead Care Manager	007194 - Cal AIM Grant	F
5742 - PATIENT CARE TECHNICIAN	006170 - Medical - Surgical	C
5780 - Respiratory Care Practitioner	007720 - Inhalation Therapy	O
5781 - RN NEW GRAD	006170 - Medical - Surgical	C
581 - Cashier II	008530 - Patient Accounting	NP
5880 - RN ICU	006010 - ICU	C
5889 - RN NICU	006070 - Neo-Natal ICU	C
598 - Financial Charges Audit C	008530 - Patient Accounting	NP
601 - Cook	008340 - Dietary	NP
603 - Food Service Associate	008340 - Dietary	NP
604 - Diet Assistant	008340 - Dietary	NP
607 - Environmental Assistant I	008440 - Housekeeping	F
608 - Maintenance Generalist	008460 - Engineering	O
609 - Construction Worker I	008460 - Engineering	O
610 - Maintenance Specialist I	008460 - Engineering	O
614 - Environment Assistant II	007420 - Surgery and Recovery	F
617 - Receiving Lead	008400 - Purchasing	NP
621 - Dishwasher	008340 - Dietary	O
623 - Dietary Floater	008330 - Cafeteria and Coffee Shop	NP
626 - Maintenance Specialist II	008460 - Engineering	O
629 - Construction III -Painter	008460 - Engineering	O
630 - Dept Aide - EVS	008440 - Housekeeping	F
631 - Lead EVS Assistant	008440 - Housekeeping	F
632 - Nutritional Serv Assoc I	008340 - Dietary	NP
633 - Nutritional Serv Supervis	008340 - Dietary	NP
636 - Cafeteria Assistant	008330 - Cafeteria and Coffee Shop	NP
638 - Lead Cook	008340 - Dietary	NP
641 - Maintenance Assistant DPNF	006580 - Skilled Nursing Care	O
650 - Floor Technician	008440 - Housekeeping	O
8001 - RN ER	007010 - Emergency Room	C
801 - Nurse Practitioner	007083 - Calexico Rural Health Ctr	C
802 - Physician Assistant	007083 - Calexico Rural Health Ctr	F
805 - Certified Nurse MidwifeNP	007191 - WHAP	C
8050 - RN OB	006400 - LDRP	C
902 - Director of Imaging	007630 - Radiology Diagnostic	C
914 - Manager of Case Mgmt	008750 - Continuum of Care	O
987 - RN Couplet Care	006400 - LDRP	C
988 - Pyxis Architect	008390 - Pharmacy	NP
990 - Lead Radiology Tech	007630 - Radiology Diagnostic	C
990 - Lead Radiology Tech	007630 - Radiology Diagnostic	F
991 - Employee Health Nurse RN	008660 - Employee Health	O
994 - Clinical IS Spec II	008480 - Information Systems	NP
997 - Bio Med Tech	008470 - Communications	NP

Job Title Exposure Risk

998 - Telemetry Technician

006010 - ICU

C

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Collaborating Departments: Perinatal/Neonatal; NICU Medical Director, NICU Manager		Keywords: hypoglycemia, glucose, blood glucose, Accu-check	
Approval Route: List all required approval			
MARCC	Other:		
Clinical Service <u>Pediatrics</u> 4/2026	MSQC 5/2026	MEC 5/2026	BOD 5/2026

APPROVALS		
AUTHORITY	SIGNATURE	DATE
ADMINISTRATION		
CHIEF NURSING OFFICER		
PHYSICIAN DEPARTMENT CHAIR		
BOARD OF DIRECTORS		

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

REVIEWED ANNUALLY

1.0 Purpose:

- 1.1 To provide guidelines for obtaining blood glucose in neonates at risk for developing hypoglycemia and to delineate the appropriate interventions for hypoglycemia in newborns in the Perinatal Couplet Care area and the Intermediate NICU.

2.0 Scope: Perinatal and Neonatal Staff

3.0 Policy:

- 3.1 Neonatal blood glucose testing and interventions will be initiated by competency validated RNs.
 - 3.1.1 Circumstances under which RN may perform Standardized Procedure function(s):
 - 3.1.2 Setting:
 - 3.1.2.1 Competencies validated RN may perform neonatal blood glucose testing and intervention in any area of Pioneers Memorial Hospital providing care to the newborn
 - 3.1.3 Scope of Supervision:
 - 3.1.3.1 Neonatal blood glucose testing and intervention is done under the direct or indirect supervision of the physician.
- 3.2 Blood glucose concentration should only be measured in any infant who have clinical manifestations or who are known to be at risk.
 - 3.2.1 Routine screening and monitoring of blood glucose concentrations is not needed in the healthy term newborn infant after a normal pregnancy and delivery
- 3.3 Newborns meeting one of the following criteria are to be observed for hypoglycemia and

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bedside blood glucose monitoring and/or serum glucose testing will be implemented:

3.3.1 Within 1 hour of birth:

- 3.3.1.1 Large for gestational age (LGA) with birth weight greater than the 90TH percentile on the infant growth chart (Attachment D [male] or E [female], gender specific)
- 3.3.1.2 Small for gestational age (SGA) with birth weight less than the 10TH percentile in the infant growth chart (Attachment D [male] or E [female], gender specific)
- 3.3.1.3 Premature (37 weeks or less by examination)
- 3.3.1.4 Postmaturity (> 42 weeks gestation by examination)
- 3.3.1.5 Asphyxiated or hypoxic infant (Apgar $\leq$ 5 at 5 minutes of age)
- 3.3.1.6 Cold stressed infant (temperature less than 97.0°F at any time or less than 97.7°F after rewarming intervention)
- 3.3.1.7 Admission to the Intermediate NICU
- 3.3.1.8 Respiratory distress including – tachypnea greater than or equal to 80 bpm with grunting, flaring, retracting and/or O₂ desaturation (<88% spo₂) in the first hour of life

3.3.2 Within 30 minutes – 1 hour of life:

- 3.3.2.1 Infants of diabetic mothers (insulin dependent or gestational diabetes)

3.3.3 At 2 hours of life:

- 3.3.3.1 All infants with tachypnea greater than or equal to 70 bpm without other signs of distress
- 3.3.3.2 Any infant that met criteria as listed above in 3.3.1

3.3.4 At 6 hours, 12 hours and 24 hours of age:

- 3.3.4.1 All infants that were found to be LGA, SGA, <37 weeks, >42 weeks, Respiratory distress (as listed above in 3.3.1.8) or NICU admissions

3.3.5 At any time for infants exhibiting any of the following signs:

- 3.3.5.1 Apnea
- 3.3.5.2 Respiratory distress including – tachypnea greater than or equal to 70 bpm with grunting, flaring, retraction, and/or O₂ desaturation
- 3.3.5.3 Temperature instability – temperature less than 97.7°F after intervention
- 3.3.5.4 Hypotonia
- 3.3.5.5 Lethargy
- 3.3.5.6 Jitteriness
- 3.3.5.7 Seizure activity
- 3.3.5.8 Poor feeding – poor suck/swallow coordination for 2 consecutive feedings for infants greater than 12 hours of age

3.3.6 Note: If the infant is being fed, the test should be done prior to feeding

3.3.7 For any infant who is receiving IV therapy, testing should be done once every shift

3.4 The physician will be notified when point of care glucose value is:

- 3.4.1 Less than 25 mg/dl after intervention for infants less than 24 hours old

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- 3.4.2 Less than 25 mg/dl at any time for infants equal to or greater than 24 hours of age
- 3.4.3 Less than 45 mg/dl with any of the following signs for infants less than 24 hours of age:
 - 3.4.3.1 Apnea
 - 3.4.3.2 Hypotonia
 - 3.4.3.3 Lethargy
 - 3.4.3.4 Seizure activity
 - 3.4.3.5 Respiratory distress including: tachypnea greater than or equal to 80 bpm with grunting, flaring, retracting and/or O₂ desaturation
- 3.4.4 Less than 45 mg/dl with any signs and symptoms after intervention for infant less than 24 hours of age
- 3.4.5 Less than 50 mg/dl with any of the following signs for infants at or greater than 24 hours of age:
 - 3.4.5.1 Apnea
 - 3.4.5.2 Hypotonia
 - 3.4.5.3 Lethargy
 - 3.4.5.4 Seizure activity
 - 3.4.5.5 Respiratory distress including: tachypnea greater than or equal to 80 bpm with grunting, flaring, retracting and/or O₂ desaturation
- 3.4.6 Less than 50 mg/dl after intervention for infants equal to or greater than 24 hours of age
- 3.4.7 Between 25-44 mg/dl after intervention with 2ND dose of glucose gel for infant less than 24 hours of age without signs
- 3.4.8 Between 25-44 mg/dl after intervention with 2nd dose of glucose gel for infants less than 24 hours of age with ONLY signs of jitteriness and/or tachypnea greater than or equal to 80 bpm
- 3.4.9 Between 25-49 mg/dl for infants equal to or greater than 24 hours old with ANY of the following signs ONLY:
 - 3.4.9.1 Jitteriness
 - 3.4.9.2 Temperature instability
 - 3.4.9.3 Poor feeding
 - 3.4.9.4 Poor suck/swallow coordination for 2 consecutive feedings
- 3.5 The physician will be notified for all infants at any time with rebound hypoglycemia
- 3.6 For frequency of testing aimed at infants receiving parenteral therapy <Refer to policy CLN-02517; Intermediate NICU Standards of Practice>
- 3.7 RN Requirements:
 - 3.7.1 Education/Training/Experience:
 - 3.7.1.1 RNs successfully oriented to units caring for neonates will perform neonatal blood glucose testing and intervention after successful completion of blood glucose point of care testing competency validation and neonatal blood glucose testing and intervention posttest
 - 3.7.2 Initial and Ongoing Competency Evaluation:
 - 3.7.2.1 Initial competency evaluation includes successful completion of:

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3.7.2.1.1 Blood glucose point of care testing initial competency validation

3.7.2.1.2 Standardized Procedure: Blood Glucose in Neonates posttest with score of 100%

3.7.2.2 Annual competency evaluation includes successful completion of:

3.7.2.2.1 Blood glucose point of care testing annual competency validation

3.7.2.2.2 Validation of hypoglycemia management documentation on 1 patient/year, or if this opportunity is not possible, completes Standardized Procedure: Blood Glucose in Neonates posttest with score of 100%

3.8 RN authorized to perform standardized procedure function(s):

3.8.1 A written record of initial and annual competency will be maintained in the employee file in their respective unit. A roster of RNs competency validated to perform blood glucose testing and intervention will be sent to the Chief Nursing Officer and Lab Point of Care coordinator annually by the nursing unit manager.

4.0 Definitions:

4.1 PO – per os – oral

4.2 BPM – breaths per minute

4.3 AC – before feeding

4.4 mL – Milliliters

4.5 Glucose gel – 40% Dextrose oral gel for the treatment of hypoglycemia

4.6 Rebound hypoglycemia – a second episode of hypoglycemia following a previous hypoglycemia event that had resolved with appropriate treatment.

4.7 INICU – Intermediate Neonatal Intensive Care Unit

5.0 Procedure:

5.1 Treatment Pathways – Chose appropriate pathway based on infant's age, point of care blood glucose results and presenting symptoms (*See Attachments A, B and C*).

NOTE: *must review the infants' history for any prior hypoglycemic events. If infant had any prior hypoglycemia, go directly to PATHWAY IV*

5.1.1 PATHWAY I

5.1.1.1 Infants less than 24 hours of age with point of care blood glucose less than 45 mg/dl without signs of hypoglycemia (*See Attachment A*)

5.1.1.1.1 Under direct supervision of the nurse, place the infant skin to skin with mother if possible to achieve physiologic stability

5.1.1.1.2 Administer glucose gel based on infant's birth weight

INFANT'S BIRTH WEIGHT IN KILOGRAMS	AMOUNT OF GLUCOSE GEL IN mL	DOSE OF 40% GLUCOSE GEL IN GRAMS
1.8 – 2.4 kg	1 mL	0.4 g
2.5 – 2.9 kg	1.25 mL	0.5 g
3 – 3.4 kg	1.5 mL	0.6 g

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3.5 – 3.9 kg	1.75 mL	0.7 g
4 – 4.4 kg	2 mL	0.8 g
4.5 – 4.9 kg	2.25 mL	0.9 g
5 kg and above	2.5 mL	1 g

5.1.1.1.3 Feed Infant

5.1.1.1.3.1 If breastfeeding, attempt to breastfeed immediately

5.1.1.1.3.2 If bottle feeding, bottle feed 5-15 mLs

5.1.1.1.4 Repeat point of care glucose 30 minutes after initiating breastfeeding or completion of bottle feeding

5.1.1.1.5 If the repeat point of care glucose is:

5.1.1.1.5.1 Less than 45 mg/dl with any signs and symptoms or less than 25 mg/dl, proceed to PATHWAY IV

5.1.1.1.5.2 Between 25-39 mg/dl, without signs, administer glucose gel again and immediately breastfeed or bottle feed 5-15 mLs

5.1.1.1.6 Repeat point of care glucose 30 minutes after intervention

5.1.1.1.7 If the point of care glucose remains 25-39 mg/dl, obtain STAT serum glucose and notify the physician immediately for further orders

5.1.1.1.8 If not physician response to notification within 20 minutes, call physician on call for the INICU

5.1.1.1.9 Once the point of care glucose is greater than or equal to 45 mg/dl, obtain AC (before feeding) point of care glucose two times

5.1.1.1.9.1 If one of the AC points of care glucose values is less than 45 mg/dl and infant is otherwise asymptomatic, call physician for further orders

5.1.1.1.9.2 If either AC point of care glucose is less than 45 mg/dl with any signs and symptoms or less than 25 mg/dl, proceed to PATHWAY IV

5.1.2 PATHWAY II

5.1.2.1 Infants less than 24 hours of age, point of care blood glucose less than 45 mg/dl with only signs of jitteriness and/or tachypnea greater than or equal to 70 bpm without other signs of distress (*See Attachment A*)

5.1.2.1.1 Under direct supervision of the nurse, place the infant skin to skin with mother if possible to achieve physiologic stability

5.1.2.1.2 Administer glucose gel based on infant's birth weight

INFANT'S BIRTH WEIGHT IN KILOGRAMS	AMOUNT OF GLUCOSE GEL IN mL	DOSE OF 40% GLUCOSE GEL IN GRAMS
1.8 – 2.4 kg	1 mL	0.4 g
2.5 – 2.9 kg	1.25 mL	0.5 g

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3 – 3.4 kg	1.5 mL	0.6 g
3.5 – 3.9 kg	1.75 mL	0.7 g
4 – 4.4 kg	2 mL	0.8 g
4.5 – 4.9 kg	2.25 mL	0.9 g
5 kg and above	2.5 mL	1 g

5.1.2.1.3 Feed Infant

5.1.2.1.3.1 If breastfeeding, attempt to breastfeed immediately

5.1.2.1.3.2 If bottle feeding, bottle feed 5-15 mLs. Bottle feed only if respiratory rate is less than 70 bpm. If respiratory rate is greater than or equal to 70 bpm, notify the physician

5.1.2.1.4 Repeat point of care glucose 30 minutes after initiating breastfeeding or completion of bottle feeding

5.1.2.1.5 If the repeat point of care glucose is:

5.1.2.1.5.1 Less than 45 mg/dl with an signs and symptoms other than jitteriness and/or tachypnea greater than or equal to 70 bpm, OR less than 25 mg/dl, proceed to PATHWAY IV

5.1.2.1.5.2 Between 25-44 mg/dl, and the infant is asymptomatic or shows ONLY signs of jitteriness and/or tachypnea greater than or equal to 70 bpm without other signs of distress, administer glucose gel again and immediately breastfeed or bottle feed 5-15 mLs. Bottle feed ONLY if respiratory rate is less than 70 bpm

5.1.2.1.6 Repeat point of care glucose 30 minutes after intervention

5.1.2.1.7 If point of care glucose remains 25-44 mg/dl, obtain STAT serum glucose and notify physician immediately for further orders

5.1.2.1.8 If no physician response to notification within 20 minutes, call physician on call for the INICU

5.1.2.1.9 Once the point of care glucose value is greater than or equal to 45 mg/dl, obtain AC point of care glucose two times

5.1.2.1.9.1 If one of the AC points of care glucose values is less than 45 mg/dl and infant is otherwise asymptomatic, call physician for further orders

5.1.2.1.9.2 If either AC point of care glucose is less than 45 mg/dl with any signs and symptoms or less than 25 mg/dl, proceed to PATHWAY IV

5.1.3 PATHWAY III

5.1.3.1 Infants equal to or greater than 24 hours of age with point of care glucose 25-49 mg/dl with ANY of the following signs ONLY (See *Attachment B*)

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5.1.3.1.1 Jitteriness

5.1.3.1.2 Temperature instability

5.1.3.1.3 Poor feeding – poor suck/swallow coordination for 2 consecutive feedings

5.1.3.2 Notify the physician STAT

5.1.3.3 Under direct supervision of the nurse, place the infant skin to skin with mother of baby if possible to achieve physiologic stability. If cold stressed (temperature less than 97.0°F), infant needs to be taken to Intermediate NICU for assessment and placed in open bed with radiant warmer for warmth and observation

5.1.3.4 Administer glucose gel based on infant's birth weight

INFANT'S BIRTH WEIGHT IN KILOGRAMS	AMOUNT OF GLUCOSE GEL IN mL	DOSE OF 40% GLUCOSE GEL IN GRAMS
1.8 – 2.4 kg	1 mL	0.4 g
2.5 – 2.9 kg	1.25 mL	0.5 g
3 – 3.4 kg	1.5 mL	0.6 g
3.5 – 3.9 kg	1.75 mL	0.7 g
4 – 4.4 kg	2 mL	0.8 g
4.5 – 4.9 kg	2.25 mL	0.9 g
5 kg and above	2.5 mL	1 g

5.1.3.5 Feed Infant:

5.1.3.5.1 If breastfeeding, attempt to breastfeed immediately

5.1.3.5.2 If bottle feeding, bottle feed 5-15 mLs. Bottle feed only if respiratory rate is less than 70 bpm

5.1.3.6 Repeat the point of care glucose 30 minutes after initiating breastfeeding or completion of bottle feeding

5.1.3.7 If the repeat point of care glucose remains less than 50 mg/dl, obtain STAT serum glucose and notify the physician immediately for further orders

5.1.3.8 If no physician response to notification within 20 minutes, call the physician on call for the INICU

5.1.3.9 If repeat point of care glucose value is greater than or equal to 50 mg/dl, obtain AC point of care glucose two times

5.1.3.9.1 If either one of these values is less than 50 mg/dl, obtain STAT serum glucose and call the physician immediately for further orders

5.1.3.9.2 If no physician response to notification within 20 minutes, call physician on call for the INICU

5.1.4 PATHWAY IV

5.1.4.1 Infant less than 24 hours of age with a point of care glucose less than 45 mg/dl OR infants greater than or equal to 24 hours of age with a point of care glucose less than 50 mg/dl with any of the following signs (See Attachment A or B)

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5.1.4.1.1 Apnea

5.1.4.1.2 Respiratory distress including: tachypnea greater than or equal to 70 bpm with grunting, flaring, retracting and/or O₂ desaturation

5.1.4.1.3 Hypotonia

5.1.4.1.4 Lethargy

5.1.4.1.5 Seizure activity

5.1.4.2 Infants equal to or greater than 24 hours of age with point of care glucose less than 25 mg/dl at any time

5.1.4.3 As indicated in PATHWAY I and II

5.1.4.4 Infants with rebound hypoglycemia

NOTE: Review history for previous hypoglycemia event

5.1.4.4.1 Do Not feed or gavage infant

5.1.4.4.2 If the infant is not already in the INICU, contact the INICU to transfer the infant into the INICU immediately

5.1.4.4.3 Notify the physician of the transfer. If no response within 20 minutes, call the physician on call for the INICU

5.1.4.4.4 Obtain a STAT serum glucose

5.1.4.4.5 Administer IV glucose (*Physician response should not delay the IV glucose administration*)

5.1.4.4.5.1 Glucose dose for bolus administration is 2 mL/kg of D10W given over 15 minutes

5.1.4.4.6 Repeat the point of care glucose 30 minutes after completion of the IV bolus

5.1.4.4.7 Notify the physician for further orders

5.1.4.4.8 Once the point of care glucose is 45 mg/dl or greater, obtain a point of care glucose every 2-3 hours two time

5.1.4.4.9 Maximal concentration of glucose in peripheral IV is D12.5W

5.1.4.4.10 If infant requires IV dextrose concentrations of >12.5%, insert an umbilical venous catheter

5.2 Documentation in the Electronic Medical Record:

5.2.1 Point of Care Glucose values

5.2.2 Laboratory Glucose values

5.2.3 Signs of hypoglycemia

5.2.4 Interventions

5.2.5 Response to interventions

5.2.6 Physician notification, as applicable

6.0 References:

6.1 New Intrauterine Growth Curves Based on US data – Pediatrics, Volume 125, pages e214-e244 (2010) American Academy of Pediatrics

<https://pediatrics.aappublications.org/content/125/2/e214>

6.2 Postnatal Glucose Homeostasis in Late-Preterm and Term Infants – Clinical Report from American Academy of Pediatrics. Pediatrics Vol 127 No 3 March 1, 2011. Pp 575-

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- 6.4 Intensive Care Nursery House Staff Manual. (2004). Neonatal Hypoglycemia. pg. 154-154. The Regents of the University of California
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<https://pedsinreview.aappublications.org/content/38/4/147>
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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2606074/>
- 6.8 Sharp Hospital San Diego Policy & Procedure 47621.99 "Standardized Procedure – Blood Glucose in Neonates – Criteria for Obtaining & Interventions for Hypoglycemia" (2016)
- 6.9 Giouleka, S. et al (2023) "Diagnosis and Management of Neonatal Hypoglycemia: A Comprehensive Review of Guidelines"
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10378472/>

7.0 Attachment:

- 7.1 Attachment A – Interventions for Hypoglycemia for infants less than 24 hours of age
- 7.2 Attachment B– Interventions for Hypoglycemia for infants greater than 24 hours of age
- 7.3 Attachment C – Blood Glucose in Neonates – Criteria for Obtaining and Interventions for Hypoglycemia
- 7.4 Attachment D – Intrauterine Growth Curves (2 sided) – Male
- 7.5 Attachment E – Intrauterine Growth Curves (2 sided) - Female

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change

Pathway I (less than 24 hours)
BG less than 45mg/dl without signs/symptoms

Under direct supervision of the nurse, place infant skin to skin with mother of baby if possible to achieve physiologic stability.

Administer glucose gel per dosing guidelines

Breastfeed immediately OR bottle feed 5- 15 mLs

Repeat point of care glucose 30 minutes after initiating breastfeeding or completion of bottle feeding

BG less than 45 mg/dl with any s/s **OR** less than 25 mg/dl, proceed to Pathway IV.

If BG is 25-44 mg/dl without signs, administer glucose gel again and immediately breastfeeding OR bottle feed 5-15 mLs

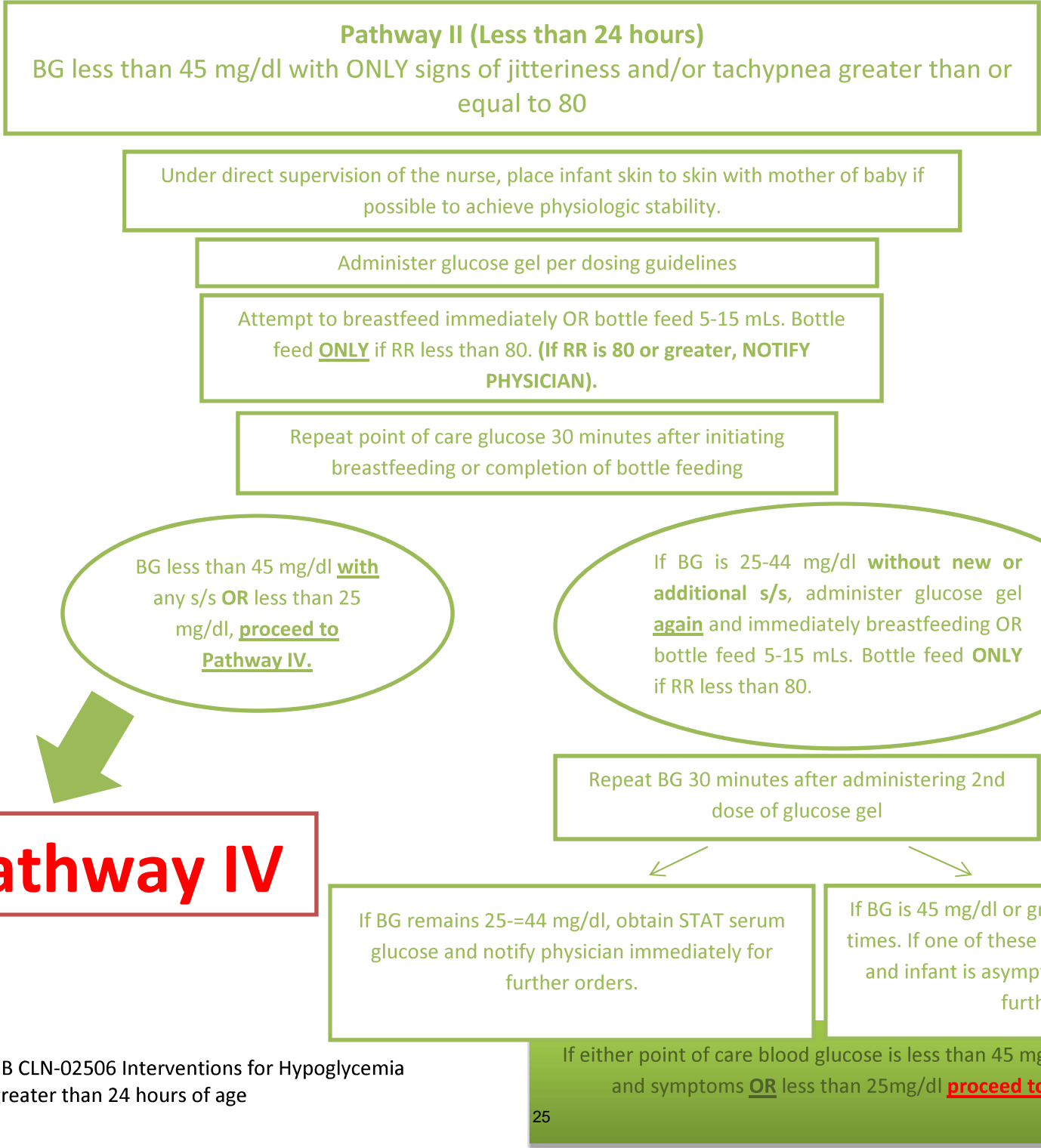
Repeat BG 30 minutes after administering 2nd dose of glucose gel

If BG remains 25-44 mg/dl, obtain STAT serum glucose and notify physician immediately for further orders.

If BG is 45 mg/dl or greater, obtain BG 2 more times. If one of these values is less than 40 mg/dl and infant is asymptomatic, call physician for further orders.

See Pathway IV

If either point of care blood glucose is less than 45 mg/dl with any signs and symptoms **OR** less than 25mg/dl proceed to Pathway IV



Pathway III

Infants equal to or over 24 hours of age BG 25-49 mg/dl with ANY of the following signs **ONLY**:

- Jitteriness
- Temperature instability
- Poor feeding, poor suck/swallow coordination for 2 consecutive feedings

Notify Pediatric Provider STAT

Under direct supervision, place infant skin to skin with mother of baby if possible to achieve physiologic stability. If cold stressed (temperature less than 36.1°C) follow rewarming guidelines.

Administer glucose gel per dosing guidelines

Breastfeed immediately OR bottle feed 5-15 mLs. Bottle feed ONLY if RR less than 80

Repeat BG in 30 minutes after initiating breastfeeding or completion of bottle feeding.

If BG remains less than 50 mg/dl, obtain STAT serum glucose and notify physician immediately for further orders.

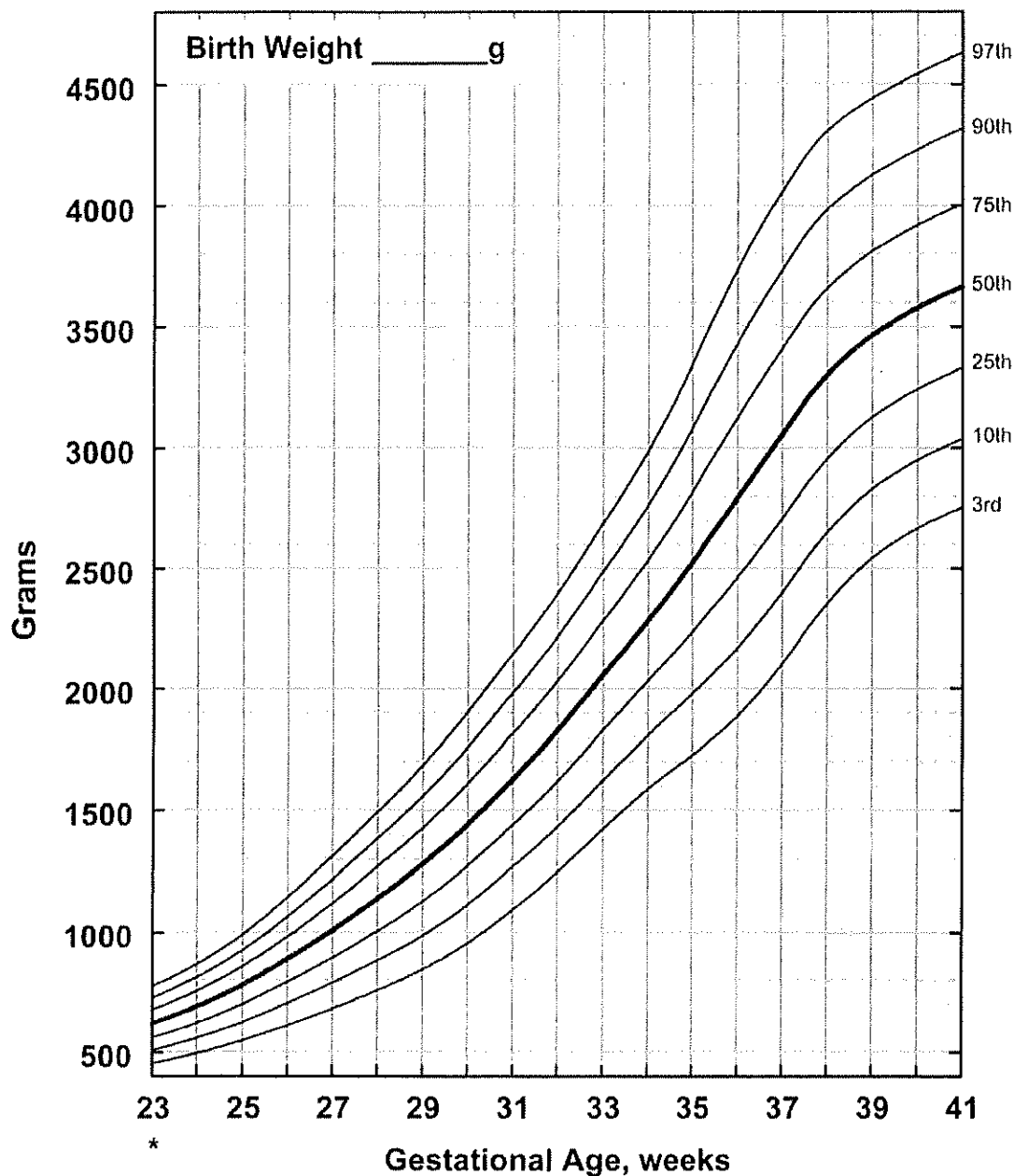
If BG is 50 mg/dl or greater, obtain BG two times. If either one of those values is less than 50mg/dl, obtain STAT serum glucose and notify physician immediately for further orders.

Intrauterine Growth Curves

Name _____

Record # _____

MALES

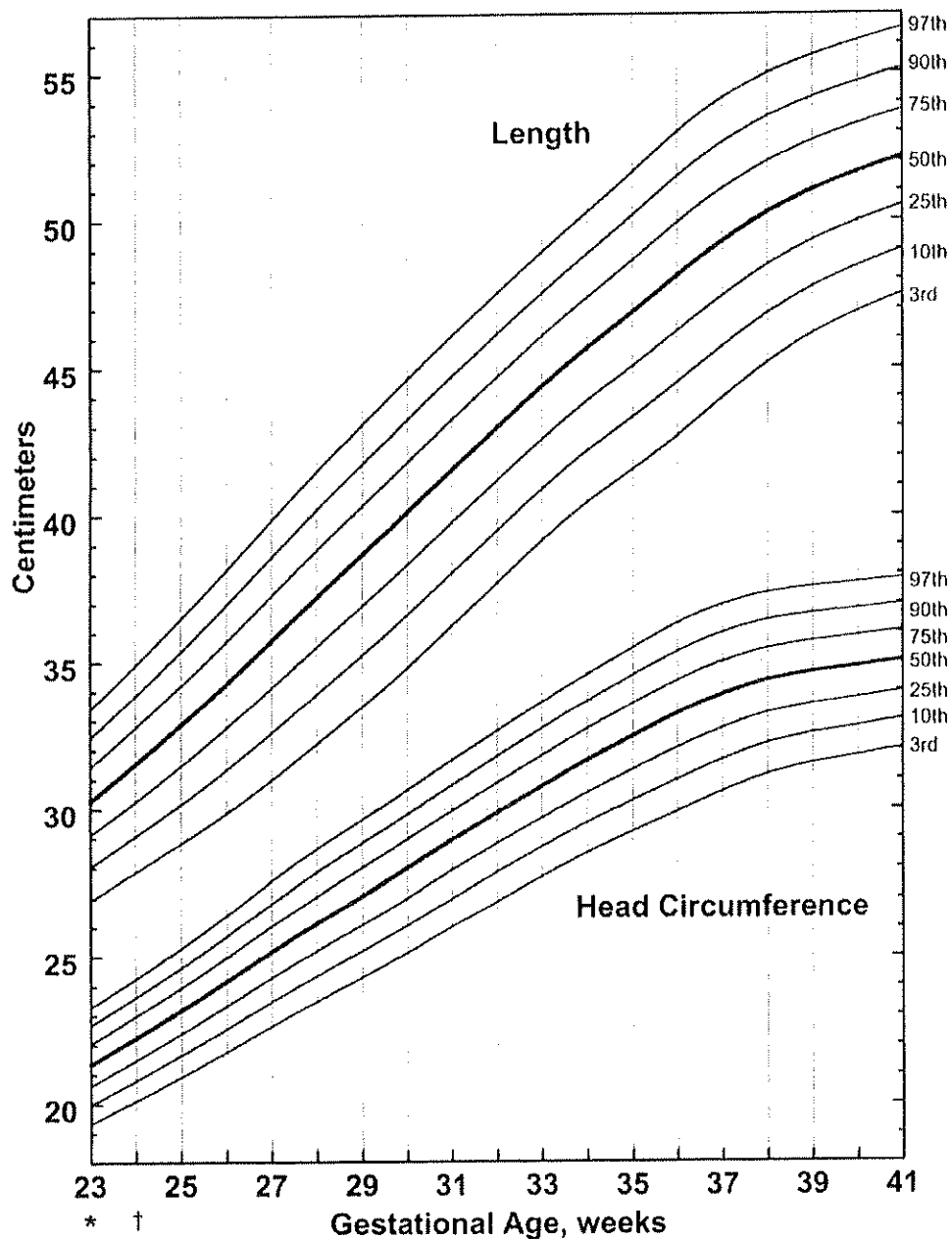


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BIRTH SIZE ASSESSMENT:

Date of birth: / / (wks GA)	Select one
Large-for-gestational age (LGA) >90 th percentile	☐
Appropriate-for-gestational age (AGA) 10-90 th percentile	☐
Small-for-gestational age (SGA) <10 th percentile	☐

* 3rd and 97th percentiles on all curves for 23 weeks should be interpreted cautiously given the small sample size.

MALES

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[illegible]

• 3rd and 97th percentiles on all curves for 23 weeks should be interpreted cautiously given the small sample size.

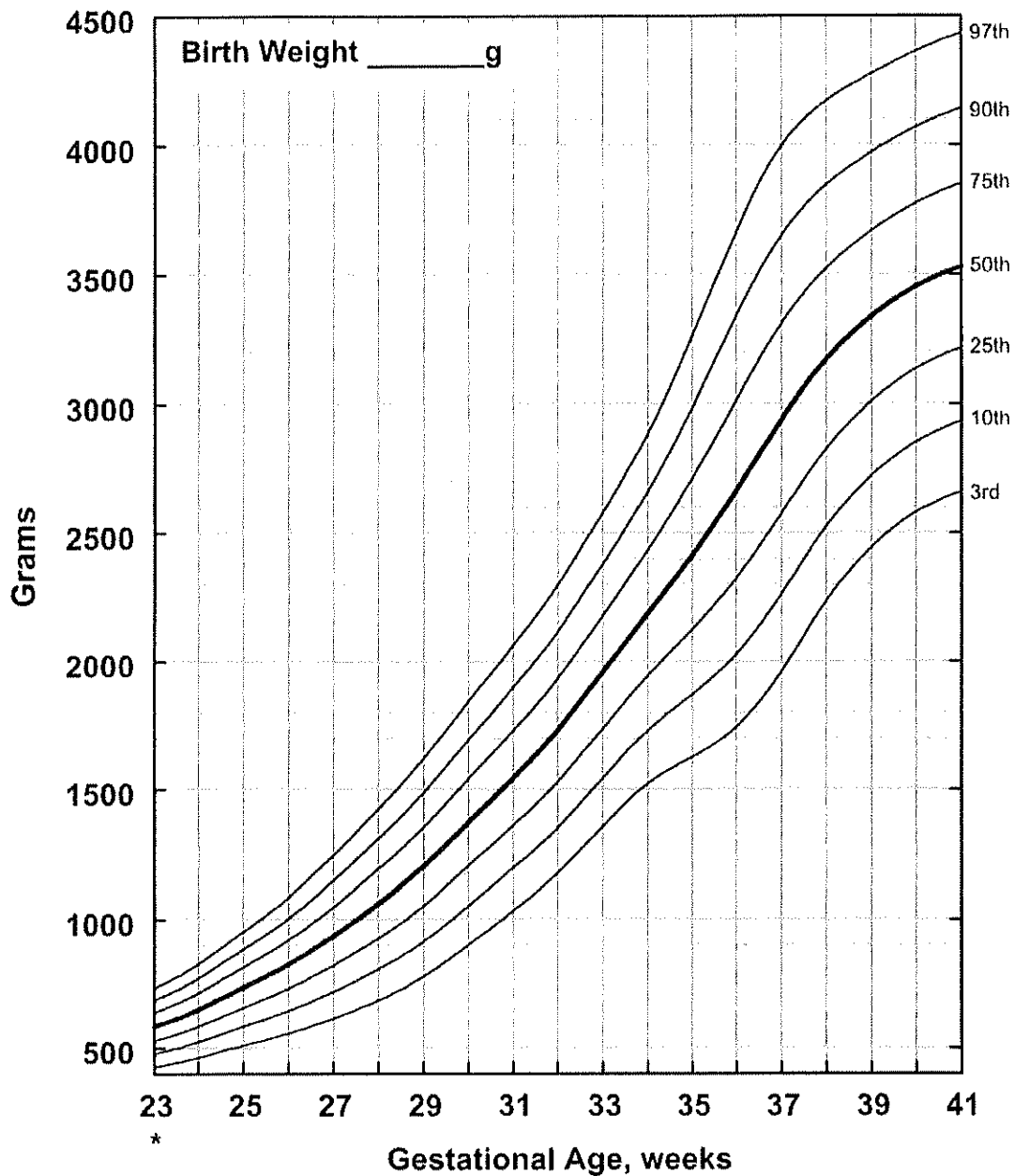
[†] Male head circumference curve at 24 weeks all percentiles should be interpreted cautiously as the distribution of data is skewed left.

Intrauterine Growth Curves

Name _____

Record # _____

FEMALES



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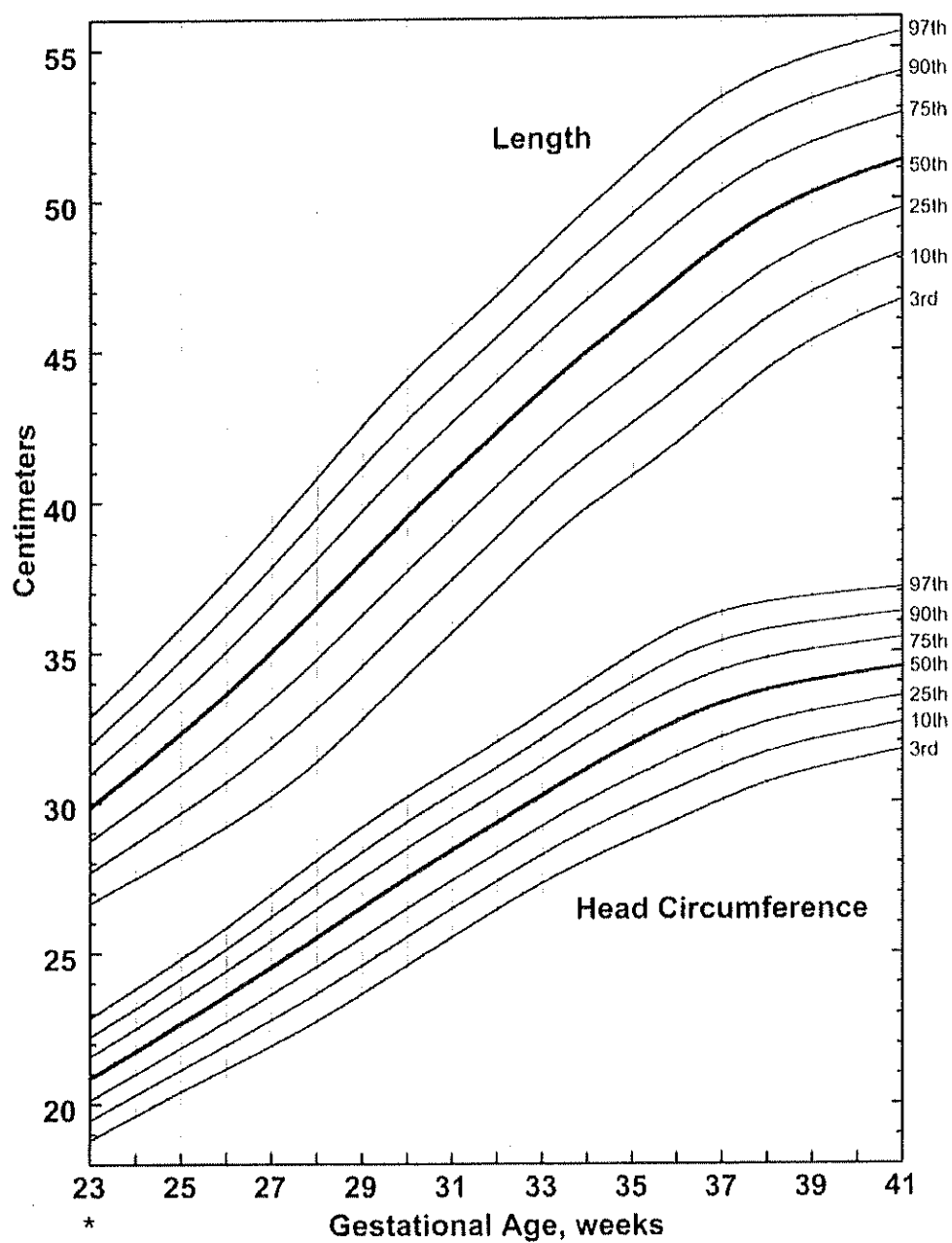
BIRTH SIZE ASSESSMENT

Date of birth: / / (wks GA)	Select one
Large-for-gestational age (LGA) >90 th percentile	☐
Appropriate-for-gestational age (AGA) 10-90 th percentile	☐
Small-for-gestational age (SGA) <10 th percentile	☐

* 3rd and 97th percentiles on all curves for 23 weeks should be interpreted cautiously given the small sample size.

Name _____

Record # _____

FEMALES

Reproduced with permission from: Olsen IE, Groveman S, Lawson ML, Clark R, Zemel B. New intrauterine growth curves based on U.S. data. *Pediatrics*. Volume 125, Pages e214-e244. Copyright 2010 by the American Academy of Pediatrics. Data source: Pediatrix Medical Group

Date																			
GA (wks)																			
WT (g)																			
L (cm)																			
HC (cm)																			

* 3rd and 97th percentiles on all curves for 23 weeks should be interpreted cautiously given the small sample size.

Imperial Valley Healthcare District

Title: Intra-Facility Transport of the Intermediate NICU Patient		Policy No. CLN-02526
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 1 of 2
Latest Review/Revision Date: 03/18/2026		Effective: 5/30/2018
Manual: Clinical / OB		

Collaborating Departments: Neonatal, Cardio NICU Medical Director, NICU Manager		Keywords: Neonate transport		
Approval Route: List all required approval				
Administration 3/2026	PSQC	Other:		
Clinical Service <u>Pediatrics</u> 4/2026		MSQC 5/2026	MEC 5/2026	BOD 5/2026

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 establish a standard of care for transporting neonatal patients to other departments within Pioneers Memorial Hospital

2.0 Scope: Perinatal/Neonatal Staff

3.0 Policy:

- 3.1 All infants will be transported in an open crib or isolette.

4.0 Definitions:

- 4.1 INICU – Intermediate NICU
- 4.2 RT – Respiratory Therapist
- 4.3 EMR – Electronic Medical Record

5.0 Procedure:

- 5.1 Designated staff member will call the receiving department prior to transfer to insure department's readiness for patient.
- 5.2 Intermediate NICU patients will be transported in transport isolette/resuscitation bed with an INICU nurse. Patients requiring mechanical ventilation will be accompanied by the INICU RN and RT.
- 5.3 The interdisciplinary team (physician, RN, RT) will determine if the acuity warrants additional personnel such as the RT or the physician to assist with the transport.
- 5.4 Confirm patient identity using two-identifier system. Refer to policy CLN -00242; "Identification of the Newborn."
- 5.5 The RN is responsible for:
 - 5.5.1 Overseeing the transport
 - 5.5.2 Staying with the patient throughout the procedure
 - 5.5.3 Ongoing patient monitoring and safety
 - 5.5.4 Attaching resuscitation bag to full oxygen cylinder
 - 5.5.5 Ensuring a mask is present
 - 5.5.6 Ensuring bulb syringe is present
 - 5.5.7 Maintaining airway security and patency
 - 5.5.8 Managing and monitoring oxygen flow and oxygen saturation

Imperial Valley Healthcare District

Title: Intra-Facility Transport of the Intermediate NICU Patient		Policy No. CLN-02526
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 2 of 2
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		Manual: Clinical / OB

5.5.9 Documentation in the EMR

5.6 The RT is responsible for (if assisting with transport):

5.6.1 Assisting RN as needed

5.6.2 Check respiratory equipment or monitoring ventilator for correct connections and proper function as needed

5.6.3 Documentation in EMR

5.7 Family Centered Care: The parents are invited to accompany the patient on transport. If they are unable to attend, the physician and/or INICU RN will update the parents about the patient's clinical status as soon as possible.

5.8 Documentation:

5.8.1 The transport will be documented in the EMR.

5.8.2 The RT will document the ventilator check for intubated patients.

6.0 References:

6.1 Riley, L.E., & Stark, A.R. (Eds.) (2017). *Guidelines for Perinatal Care 8th Edition*. American Academy of Pediatrics and the American College of Obstetricians and Gynecology.

6.2 Bowles. Sue, and Sandra S. Beaman, (Eds.) (2019). Policies, Procedures, and Competencies for Neonatal Nursing Care. Glenview, IL: National Association of Neonatal Nursing Care

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Reviewed and submitted without change

Imperial Valley Healthcare District **REVIEWED ANNUALLY**

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
		Page 1 of 7
Current Author: S. Taylor, RNC-NIC, BSN		Effective: 11/1/1995
Latest Review/Revision Date: 02/18/2026	Manual: Clinical / Nursery/NICU	

Collaborating Departments: Perinatal; Neonatal NICU Medical Director, NICU Manager	Keywords: Intubation, Neonatal Intubation		
Approval Route: List all required approval			
MARCC	Other:		
Clinical Service <u>Credentials</u> 3/2026 <u>OB/Peds</u> 4/2026	MSQC 5/2026	MEC 5/2026	BOD 6/2026

APPROVALS		
AUTHORITY	SIGNATURE	DATE
CHIEF EXECUTIVE OFFICER		
CHIEF NURSING OFFICER		
PHYSICIAN DEPARTMENT CHAIR		
PMHD BOARD OF DIRECTORS		

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 standardized procedure is designed to establish guidelines that allow the Neonatal Advanced NRP RN to perform neonatal endotracheal intubation.

2.0 Scope: Neonatal Advanced NRP RN only

3.0 Policy:

- 3.1 Only approved RNs may function under any Standardized Procedure. The Advanced NRP RN may perform endotracheal intubation on neonates as outlined in procedure.
- 3.2 Circumstances under which the competency validated Advanced NRP RN may perform endotracheal intubation:
 - 3.2.1 In the Perinatal/Neonatal Department of Pioneers Memorial Hospital
 - 3.2.2 In the Emergency Department of Pioneers Memorial Hospital
- 3.3 When possible, the physician should be contacted before the procedure. In all emergencies, the primary physician will be notified as soon as possible while advanced life support is being initiated.
- 3.4 Scope of Supervision – The competency validated Advanced NRP RN will receive:
 - 3.4.1 Indirect supervision by the attending physician
 - 3.4.2 A physician will be available at all times for consultation
- 3.5 In the event that this procedure is altered via a physician's written or verbal order, the Advanced NRP RN will inform the physician that he/she is not certified to carry out the altered plan and must either adhere to the procedure or relinquish responsibility to the physician.
- 3.6 RN Requirements

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
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- 3.6.1 Education/Training/Experience
 - 3.6.1.1 The Advanced NRP RN will have been a Registered Nurse for a minimum of 3 years with at least 3 years of Neonatal Nursery experience
 - 3.6.1.2 The RN will be certified in all aspects of NRP
- 3.6.2 Initial and Ongoing Competency Evaluation
 - 3.6.2.1 Initial competency will be validated by the physician or experienced Advanced NRP RN
 - 3.6.2.2 The Advanced NRP RN will successfully complete three (3) endotracheal intubations under direct supervision of the physician or experienced Advanced NRP RN before being allowed to perform the procedure without direct supervision
- 3.6.3 Annual Competency Assessment
 - 3.6.3.1 Complete three (3) successful endotracheal intubations supervised by a physician or experienced Advanced NRP RN
 - 3.6.3.2 If minimum number of annual procedures is not obtained, the following are options for competency maintenance:
 - 3.6.3.2.1 Attend skills lab offered biannually (procedure review & simulation)
 - 3.6.3.2.2 Competency validation test and demonstration of skill
- 3.6.4 This Standardized Procedure will be subject to periodic review by the appropriate interdisciplinary committees

4.0 Definitions:

- 4.1 Endotracheal Intubation – The placement of a flexible plastic tube into the trachea to maintain an open airway or to serve as a conduit through which certain drugs may be administered
- 4.2 CO2 – Carbon dioxide
- 4.3 LMA – Laryngeal Mask Airway
- 4.4 NRP – Neonatal Resuscitation Program
- 4.5 Competency Validation – Has completed required education, demonstrated competency and completes ongoing competency validation as required
- 4.6 EMR – Electronic Medical Record
- 4.7 RSI – Rapid Sequence Intubation

5.0 Procedure:

- 5.1 Database
 - 5.1.1 Subjective
 - 5.1.1.1 Historical information relevant to present illness
 - 5.1.2 Objective
 - 5.1.2.1 Physical examination with focus on pulmonary and cardiovascular systems
 - 5.1.3 Assessment

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
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Latest Review/Revision Date: 02/18/2026	Manual: Clinical / Nursery/NICU	

- 5.1.3.1 Decision for endotracheal intubation will be based upon subjective and objective data and in collaboration with the attending physician when not an emergent life-saving maneuver
 - 5.1.4 Plan
 - 5.1.4.1 Parents/primary caregivers will be provided with the appropriate information prior to initiation of the endotracheal intubation procedure if not an emergent lifesaving procedure, and obtain consent as per hospital protocol
 - 5.1.4.2 A chest x-ray will be obtained upon completion of the procedure
 - 5.1.4.3 Inability to intubate the trachea
 - 5.1.4.4 Inability to oxygenate or ventilate effectively
 - 5.1.4.5 Trauma, including tracheal or hypoxemia, bradycardia, cardiac arrest
 - 5.1.4.6 If the patient's condition is unstable
 - 5.1.4.7 If there are any complications or unexpected outcomes from the procedure
- 5.2 Indications
 - 5.2.1 When continued positive pressure ventilation or mechanical ventilation is required
 - 5.2.2 To resolve a critical upper airway obstruction or protect airway due to the inability to clear secretions
 - 5.2.3 To provide selective bronchial ventilation
 - 5.2.4 To obtain a sterile specimen for tracheal culture
 - 5.2.5 To provide ventilation for suspected congenital diaphragmatic hernia
 - 5.2.6 To administer surfactant therapy
- 5.3 Contraindications
 - 5.3.1 In the neonatal population, there is not conclusive contraindication for intubation. Cervical injuries would be contraindication for use of a laryngoscope; however injuries of this type are infrequent in this patient population.
- 5.4 Equipment
 - 5.4.1 Select appropriate size of endotracheal tube
 - 5.4.1.1 2.5 for infant less than 1000 grams
 - 5.4.1.2 3.0 for infant 1001-2000 grams
 - 5.4.1.3 3.5 for infant 2001-3700 grams
 - 5.4.1.4 3.5-4.0 for infant 3701-4500 grams
 - 5.4.2 Sterile stylet (optional)
 - 5.4.3 Laryngoscope – blades for term and preterm infants
 - 5.4.3.1 #0 blade for preterm infants
 - 5.4.3.2 #1 blade for full term infants
 - 5.4.4 Positive pressure device – resuscitation bag/mask, manometer and oxygen/air source with blander and analyzer, oxygen tubing
 - 5.4.5 Wall suction and 6fr, 8fr and 10fr suction catheters
 - 5.4.6 Stethoscope
 - 5.4.7 Carbon dioxide (CO2) detector

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
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- 5.4.8 Pulse oximeter with neonatal probe
- 5.4.9 Personal protective equipment such as gloves
- 5.4.10 Adhesive tape or endotracheal intubation securing device
- 5.5 Considerations
 - 5.5.1 Prepare equipment prior to starting the procedure. Keep equipment ready and available near bedside of patients that will likely require intubation
 - 5.5.2 Use appropriate sized tubes for the patient to minimize airway trauma
 - 5.5.3 Each intubation attempt should be limited to 30 seconds to minimize hypoxia of patient
 - 5.5.4 Interrupt an unsuccessful attempt with bag and mask ventilation. The one exception is a diagnosed or suspected diaphragmatic hernia
 - 5.5.4.1 If the patient has a known congenital diaphragmatic hernia, try to avoid bag and mask ventilation prior to intubation
 - 5.5.5 Ensure the visualization of the larynx. Have an assistant maintain good position of the patient without hyperextending or rotating the neck
 - 5.5.6 Do not use pressure or force that may cause trauma. Avoid using a rocking motion with the laryngoscope, using extensive pressure on the external trachea, or pushing the tube against any obstruction.
 - 5.5.7 Make sure all attachments are secure and in a careful position to avoid dislodging, kinking or moving the endotracheal tube.
 - 5.5.8 Avoid pushing the endotracheal tube in too far to avoid right main stem bronchus intubation.
 - 5.5.9 Recognize factors that may lead to spontaneous extubation, such as increased oral secretions, infant activity, frequent repositioning, tube slippage
 - 5.5.10 RSI when in the presence of a physician
 - 5.5.10.1 RSI in the neonate has been shown to reduce the number of intubation attempts and decrease the amount of time needed for neonatal intubation. RSI should be strongly considered prior to intubation, except for emergent intubation during resuscitation or in the delivery room. Medications with rapid onset and short duration of action are preferred. Preferred medications include analgesic agents or anesthetic dose of a hypnotic drug, vagolytic agents and rapid-onset muscle relaxants.
- 5.6 Guidelines for Procedure/Practice:
 - 5.6.1 Prior to procedure, perform "Time Out" Universal Protocol according to hospital policy
 - 5.6.2 Proceed with RSI if clinically indicated and/or appropriate
 - 5.6.3 Choose the appropriate sized tube based on weight or gestational age. Stylet is optional. While maintaining aseptic technique, thread sterile stylet inside endotracheal tube being careful to not advance the stylet beyond the end of the tube.
 - 5.6.4 Choose appropriately sized blade, Open blade and ensure working light. Hold blade in left hand with thumb and first three fingers with blade directed at patient.

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- 5.6.5 Clear oropharynx with gentle suctioning using suction catheter
- 5.6.6 Empty stomach
- 5.6.7 Pre-oxygenate infant with bag and mask ventilation as indicated. Follow heart rate and oxygenation on monitor.
- 5.6.8 Position and stabilize infant with head midline and neck slightly extended in the sniffing position. It may be helpful to place a roll underneath the patient's shoulders.
- 5.6.9 Open a sterile towel to place equipment on (blade and ETT) between attempts
- 5.6.10 Open infant's mouth with right index finger, depress and move tongue towards the left side of the mouth. Do not use the laryngoscope to open mouth.
- 5.6.11 Insert laryngoscope blade into the mouth sliding the blade along the tongue until the tip is resting in the vallecula (area between base of tongue and epiglottis). In extremely premature infant, it may be appropriate to use the blade tip to lift epiglottis.
- 5.6.12 Lift the laryngoscope blade slightly, lifting the tongue out of the way to expose the pharyngeal area allowing visualization of the epiglottis and glottis. Lift the entire blade with one motion. Do not use a rocking motion.
- 5.6.13 Suction if necessary
- 5.6.14 Identify marks. It may be helpful to have an assistant apply gentle pressure on external trachea to bring the glottis into view.
- 5.6.15 Once vocal cords and trachea are visualized, with the endotracheal tube in the right hand, introduce it to the right side of the mouth to maintain direct visualization of the glottis. When the vocal cords are apart, place the tube through the cords approximately 2 cms, or until the vocal cord guide is at the level of the cords.
- 5.6.16 If the cords are together, wait for them to open. Do not touch the cords with the tube. Do not force the tube between closed cords. If the cords do not open in seconds, stop and ventilate with bag and mask.
- 5.6.17 Try to limit the intubation attempt to 30 seconds. If infant's vital signs become unstable or if the endotracheal tube is thought to be misplaced in the esophagus, remove tube and administer positive pressure ventilation. Place endotracheal tube on sterile towel to maintain sterile/clean equipment before next intubation attempt.
- 5.6.18 Once the tube has passed through vocal cords, stabilize the tube and carefully remove the laryngoscope. Continue to stabilize the tube and carefully remove the stylet, if used.
- 5.6.19 Confirm placement by placing a CO2 detector on end of tube, attach a ventilation bag and assess for color change when giving positive pressure ventilation. Have assistant listen to chest to ensure equal breath sounds and chest rise bilaterally. No breath sounds should be heard over the stomach.
- 5.6.20 Verify tube depth. Once verified, secure the tube to the infant's face using adhesive tape or other endotracheal tube securing device.

Weight (kg)	Depth of insertion
-------------	--------------------

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
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	(cm mark at upper lip)
Babies less than 750 grams	5.5-6
1	7
2	8
3	9
4	10

- 5.6.21 Obtain chest x-ray to verify correct placement (tip of endotracheal tube at T2-3)
- 5.7 Documentation
 - 5.7.1 A written consent per hospital protocol will be obtained and placed in the patient's medical record prior to the procedure if not a lifesaving procedure. If consent is not obtained in advance, the parent/guardian is to be notified as soon as possible after procedure.
- 5.8 Laryngeal Mask Airway application
 - 5.8.1 LMA's may be utilized for resuscitation in neonates over 1500gms. Size 1
 - 5.8.2 Using clean technique, removed the device from the sterile package
 - 5.8.3 Deflate the cuff following manufactures recommendations
 - 5.8.4 Stand at the baby's head and position the infant in a sniffing position
 - 5.8.5 Hold the device along the airway tube with the closed bottom if the mask facing the baby's palate and the open bowl of the mask facing towards the baby's chin
 - 5.8.6 Open the baby's mouth by pressing gently downward on the baby's chin
 - 5.8.7 Insert the leading tip of the mask into the baby's mouth, on top of the tongue, with the bottom of the mask pressed against the baby's palate
 - 5.8.8 Glide the device downward and backward, following the contour of the palate, with a continuous but gentle push until you feel definitive resistance
 - 5.8.9 Holding the tube in place, attach a CO2 detector and PPV device.
 - 5.8.10 Begin PPV and secure the device following the manufactures recommendation for cuff inflation
 - 5.8.11 If the LMA is correctly inserted and you are providing ventilation that inflates the lungs, you should detect exhaled CO2 within 8-10 positive pressure breaths. You should see synchronized chest wall movement and hear equal breath sounds when you listen with a stethoscope. You should not hear a large leak of air coming from the mouth or see a growing bulge in the baby's neck.
 - 5.8.12 Babies can breathe spontaneously through the device, crying and grunting sounds may be audible
 - 5.8.13 Removing the LMA:
 - 5.8.13.1 The airway can be removed when the baby establishes effective spontaneous respirations and the device is no longer needed or when an endotracheal tube can be inserted successfully.
 - 5.8.13.2 When the device is to be removed, suction secretions from the mouth and throat before you remove the device.
 - 5.8.13.3 Deflate the cuff before removal of the LMA

Title: Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation		Policy No. CLN-00236
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Latest Review/Revision Date: 02/18/2026	Manual: Clinical / Nursery/NICU	

6.0 References:

- 6.1 American Academy of Pediatrics, American Heart Association, Neonatal Resuscitation Textbook 9th edition (2025)
- 6.2 Trevisanup, D. MD, et al "The Laryngeal Mask Airway: Potential Applications in Neonates" (2022) <https://fn.bmj.com/content/89/6/F485>
- 6.3 University of California, San Francisco Medical Center, Standardized Procedure (2008) http://www.ucsfmedicalcenter.org/medstaffoffice/Standardized_Procedures/Neonatal%20Intubation.pdf
- 6.4 Rady Children's Hospital Standardized Procedure SP 2-01 "Neonatal Endotracheal Intubation" (2017)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change

Imperial Valley Healthcare District **REVIEWED ANNUALLY**

Title: Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression		Policy No. CLN-02518
Current Author: S. Taylor, RNC-NIC, BSN		Page 1 of 5
Latest Review/Revision Date: 02/18/2026		Effective: 4/19/2018
Manual: Clinical / Nursery/NICU		

Collaborating Departments: Neonatal, NICU Medic Director NICU Manager	Keywords: Neonate Thoracentesis, Needle decompression		
Approval Route: List all required approval			
MARCC	Other:		
Clinical Service <u>Pediatrics</u> 4/2026	MSQC 5/2026	MEC 5/2026	BOD 5/2026

APPROVALS		
AUTHORITY	SIGNATURE	DATE
CHIEF EXECUTIVE OFFICER		
CHIEF NURSING OFFICER		
PHYSICIAN DEPARTMENT CHAIR		
PMHD BOARD OF DIRECTORS		

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 standardized procedure is designed to establish guidelines that allow the Neonatal Advanced NRP RN to perform neonatal emergency thoracentesis.

2.0 Scope: Neonatal Advanced NRP RN

3.0 Policy:

- 3.1 Only approved RNs may function under any Standardized Procedure. The Advanced NRP RN may perform thoracentesis on neonates as outlined in the procedure.
- 3.2 Circumstances under which the competency validated Advanced NRP RN may perform thoracentesis:
 - 3.2.1 In the Perinatal/Neonatal Department of Pioneers Memorial Hospital
 - 3.2.2 In the Emergency Department of Pioneers Memorial Hospital.
- 3.3 When possible, the physician should be contacted before the procedure. In all emergencies, the primary physician will be notified as soon as possible while advanced life support is being initiated.
- 3.4 Scope of Supervision – The competency validated Advanced NRP RN will receive:
 - 3.4.1 Indirect supervision by the attending physician
 - 3.4.2 A physician will be available at all times for consultation.
- 3.5 In the event that this procedure is altered via a physician's written or verbal order, the Advanced NRP RN will inform the physician that he/she is not certified to carry out the altered plan and must either adhere to the procedure or relinquish responsibility to the

Title: Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression		Policy No. CLN-02518
Current Author: S. Taylor, RNC-NIC, BSN		Page 2 of 5
Latest Review/Revision Date: 02/18/2026		Effective: 4/19/2018
Manual: Clinical / Nursery/NICU		

physician.

3.6 RN requirements:

3.6.1 Education/Training/Experience – below will be documented and maintained in the employee file:

3.6.1.1 The Advanced NRP RN will have been an RN for a minimum of three (3) years with at least three (3) years of Neonatal Nursery experience.

3.6.1.2 The RN will be certified in all aspects of NRP.

3.6.1.3 The Advanced NRP RN will demonstrate competencies in skills lab that will be held biannually

3.6.2 Initial and Ongoing Competency Evaluation:

3.6.2.1 Initial competency will be validated by the physician or experienced Advanced NRP RN

3.6.3 Annual Competency Assessment:

3.6.3.1 Completed three (3) successful thoracentesis supervised by a physician or experienced Advanced NRP RN

3.6.3.2 If minimum number of annual procedures are not obtained, the following are options for competency maintenance:

3.6.3.2.1 Attend skills lab offered biannually (procedure review & simulation)

3.6.3.2.2 Competency validation test and demonstration of skill

3.6.4 This standardized procedure will be subject to periodic review by the appropriate interdisciplinary committees.

4.0 Definitions:

4.1 Thoracentesis – (closed chest needle aspiration) to remove air or fluid from the pleural space.

4.2 Competency Validation – Has completed required education, demonstrated competency and completes ongoing competency validation as required.

4.3 NRP – Neonatal Resuscitation Program Certification

5.0 Procedure:

5.1 Database:

5.1.1 Subjective:

5.1.1.1 Historical information relevant to present illness

5.1.2 Objective:

5.1.2.1 Physical examination with focus on pulmonary, cardiovascular and neurological systems.

5.1.2.1.1 Symptoms may vary from irritability and restlessness to apneic spells, tachypnea, grunting and retractions and in severe cases, bradycardia, cyanosis and shock. A tension pneumothorax must be diagnosed and treated promptly.

5.1.2.1.2 Clinical signs of a tension pneumothorax include:

5.1.2.1.2.1 Abrupt worsening of the respiratory or circulatory status

Title: Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression		Policy No. CLN-02518
Current Author: S. Taylor, RNC-NIC, BSN		Page 3 of 5
Latest Review/Revision Date: 02/18/2026		Effective: 4/19/2018
Manual: Clinical / Nursery/NICU		

- 5.1.2.1.2.2 Hypertension followed by hypotension with decreased pulse pressure.
 - 5.1.2.1.2.3 Tachycardia followed by bradycardia
 - 5.1.2.1.2.4 Absent or decreased breath sounds on affected side.
- 5.1.3 Assessment:
 - 5.1.3.1 Decision for needle thoracentesis will be based upon subjective and objective data and in collaboration with attending physician prior to the initiation of the procedure when not an emergent/lifesaving procedure.
- 5.1.4 Plan:
 - 5.1.4.1 Parents/primary caregivers will be provided with the appropriate information prior to initiation of the thoracentesis procedure if not an emergent lifesaving procedure, and obtain consent as per hospital protocol.
 - 5.1.4.2 A chest x-ray will be obtained upon completion of procedure.
 - 5.1.4.3 Documentation of the procedure performed, outcome and any complications will be recorded in the electronic medical record.
- 5.2 Indication:
 - 5.2.1 Symptomatic treatment of air or fluid accumulation in the pleural space
- 5.3 Contraindications
 - 5.3.1 Confirmed/suspicion of diaphragmatic hernia.
 - 5.3.2 Small air or fluid collection without significant hemodynamic symptoms.
 - 5.3.3 Spontaneous pneumothorax that, in the absence of lung disease, is likely to resolve without intervention.
- 5.4 Equipment:
 - 5.4.1 Cardio/respiratory and pulse oximeter in place with alarms on.
 - 5.4.2 Transilluminator
 - 5.4.3 Sterile gloves and gown
 - 5.4.4 Non-sterile hat and mask
 - 5.4.5 Thoracentesis insertion kit, including:
 - 5.4.5.1 Chlorhexidine antiseptic solution (Povodine if infant less than 1000gms).
 - 5.4.5.2 Sterile towels/drape
 - 5.4.5.3 Three-way stopcock
 - 5.4.5.4 20 ml syringe
 - 5.4.5.5 2 x 2 sterile gauze pads
 - 5.4.5.6 Transparent dressing and tape
 - 5.4.5.7 IV extension tubing
 - 5.4.5.8 23 gauge butterfly
- 5.5 Guidelines for procedure/practice – Thoracentesis
 - 5.5.1 Prior to the procedure, analgesia will be administered prophylactically as/if needed in accordance with the “Pain Management” policy CLN-00223.
 - 5.5.2 Gather equipment
 - 5.5.3 Connect the 3-way stopcock and syringe to IV extension tubing.
 - 5.5.4 Turn the stopcock “off” to the remaining outlet (off to atmosphere)

Title: Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression		Policy No. CLN-02518
Current Author: S. Taylor, RNC-NIC, BSN		Page 4 of 5
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Manual: Clinical / Nursery/NICU		

- 5.5.5 Sterile technique is required throughout the procedure.
- 5.5.6 Have an assistant position the infant appropriately. The most preferred position is supine with affected side slightly elevated. Restrain the infant's arms and legs.
- 5.5.7 Identify entry site. Use second or third intercostal space along the midclavicular line.
- 5.5.8 Prep skin with antiseptic solution.
- 5.5.9 Puncture skin at a 45° angle, angling over the third or fourth rib, and advance needle at a 90° angle. Inserting the needle over the top of the rib will avoid blood vessels and nerves that run along the bottom of the rib.
- 5.5.10 As needle enters pleural space, decrease angle to approximately 15° horizontal.
- 5.5.11 Attach the butterfly to the stopcock and syringe. The stopcock allows for aspiration of free air or fluid into the syringe and emptying of the syringe while maintaining a closed system.
- 5.5.12 Aspirate air into syringe attached to 3-way stopcock and evacuate via open position. When free air or fluid is obtained, stabilize the catheter and continue to aspirate until preparation for chest tube insertion is complete, or until the air leak or fluid accumulation is evacuated. Continue intermittently as patient's condition warrants.
- 5.5.13 Remove butterfly needle once air evacuation is complete.
- 5.5.14 Cleanse site and apply sterile dressing over site using 2x2 gauze and transparent dressing.
- 5.5.15 Monitor closely for signs of re-accumulation of pleural air.
- 5.5.16 Assess, treat and reassess pain according to "Pain Management" policy.
- 5.6 Complications:
 - 5.6.1 Hemorrhage.
 - 5.6.2 Infection.
 - 5.6.3 Needle injury to lung or adjacent structures.
 - 5.6.4 Damage to breast tissue.
 - 5.6.5 Pain.
- 5.7 Documentation:
 - 5.7.1 A written consent per hospital protocol will be obtained and placed in the patient's medical record prior to procedure if not a lifesaving procedure. If consent is not obtained in advance, the parent/guardian is to be notified as soon as possible after procedure.
 - 5.7.2 Document according to the hospital policy: date, time, butterfly size, location, amount of air/fluid evacuated, patient's tolerance of procedure and any medications used.
 - 5.7.3 A procedure note will be added to the electronic medical record.

6.0 References:

- 6.1 Verklan, M. T., Walden, M. et al, Core Curriculum for Neonatal Intensive Care Nursing, 6th Ed. (2020). Elsevier
- 6.2 Gardner, S.L, Carter, B.S. et al, Merenstein & Gardner's Handbook of Neonatal

Imperial Valley Healthcare District *REVIEWED ANNUALLY*

Title: Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression		Policy No. CLN-02518
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- intensive Care, 9th ed (2021). Elsevier
- 6.3 Neonatal Thoracentesis policy SP 2-06 & SP 3-06, Rady Children's Hospital, San Diego (2016 & 2017)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change

Imperial Valley Healthcare District

Title: Risk Evaluation and Mitigation Strategy – REMS		Policy No. CLN-02810
Current Author: John P. Teague / Cyrus Laborde		Page 1 of 4
Latest Review/Revision Date: 04/22/2025		Effective: 3/25/2013
Manual: Clinical / Pharmacy		

Collaborating Departments: Pharmacy; P&T Chairs 04/22/2025		Keywords: REMS; ESA		
Approval Route: List all required approval				
P&T Chairs 04/22/2025	PSQC	Other:		
Clinical Service <u>Medicine</u> 4/2022		MSQC 5/2022	MEC 5/2022	BOD 5/2022

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 define a process for managing medications with FDA Risk Evaluation and Mitigation Strategies (REMS)

2.0 Scope:

- 2.1 All Clinical Staff
- 2.2 Quality/Risk Department
- 2.3 Credentialing Committees
- 2.4 Medical Records

3.0 Policy:

- 3.1 The hospital evaluates REMS requirements as part of the hospital's formulary management process.
- 3.2 A system is developed and implemented to facilitate the identification and management of medications used in the District that are subject to FDA REMS requirements, including non-formulary medications and medications brought into the facility that are approved for use.
- 3.3 New and updated REMS requirements are communicated to the clinical and medical staffs.
- 3.4 Proof of individual REMS program requirements (e.g., staff education, protocols, patient enrolment, pharmacy/provider registration, etc.) are maintained and available if requested for FDA sponsored audits of the manufacturer's program compliance.

4.0 Definitions:

- 4.1 Background – “The Food and Drug Administration Amendments Act (FDAAA) of 2007 gave FDA the authority to require a Risk Evaluation and Mitigation Strategy (REMS) from manufacturers to ensure that the benefits of a drug or biological product outweigh its risks.”¹
 - 4.1.1 A REMS can include a Medication Guide, Patient Package Insert, a communication plan, elements to assure safe use, and an implementation system.
- 4.2 REMS Components and Terms – REMS may contain as many different components as necessary to manage the risk of a drug.
 - 4.2.1 **Medication Guide/Patient Package Insert (PPI)** – The FDA official Medication Guide is written information used to provide patient education. The guide is

¹ <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>

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written using non-technical language and a standardized format.

- 4.2.2 **Communication Plan** – A communication plan is developed by the drug’s sponsor to support implementation of an element of the REMS, and can inform key audiences (health care providers) about the risks of the drug. A communication plan educates, informs and raises awareness about the risks. Examples include letters to healthcare providers, communications to professional societies and/or professional education.
- 4.2.3 **Elements to Assure Safe Use (ETASU)** – ETASU are required medical interventions or other actions healthcare professionals need to execute prior to prescribing or dispensing the drug to the patient. These special requirements or restrictions are to optimize safe use of a drug. ETASU include a wide range of measures such as; special training for prescribers and/or dispensers, enrollment in a special registry, specialized distribution systems with select distributors or specialty pharmacies, patient monitoring requirements and more.
- 4.2.4 **Implementation System** – The drug’s sponsor may be required to monitor, evaluate, and make efforts to improve the ETASU program.
- 4.2.5 **Timetable for Assessment** – Timetable for assessments must be at least by 18 months, 3 years, and in the 7th year after the REMS is approved. Assessment results may be used to modify the REMS, or even eliminate it after 3 years, if the assessment shows changes are needed or that the REMS has met its goal.

5.0 Procedure:

5.1 REMS Identification and Formulary Management

5.1.1 Formulary Medications

- 5.1.1.1 As part of the annual formulary review process, medications with active FDA REMS requirements are compared with the hospital formulary. Drugs on the formulary with active REMS are identified and evaluated for applicable required elements to assure safe use (ETASU).

5.1.2 Non-Formulary Medications

- 5.1.2.1 REMS requirements for non-formulary medications are identified during order entry and/or review by the pharmacist *prior* to dispensing. As indicated by the REMS requirements, a copy of the REMS communication plan and any other REMS requirements are communicated to other healthcare providers.

5.1.3 Patient Own Medications

- 5.1.3.1 REMS requirements for medications brought into the facility, such as a patient’s own medication that is authorized for use, are assessed and identified by the pharmacist during order review. As indicated by the REMS, applicable requirements are verified (e.g. patient registry, required labs, etc.) and as needed to assure safe use are communicated to other healthcare providers.

5.1.4 Sample Medications

- 5.1.4.1 Sample medications with REMS requirements are prohibited.

5.1.5 Flags, Notifications, and Alerts

The electronic version of this policy supersedes any printed copy.

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5.1.5.1 REMS medications in medication storage areas are identified with markers/signage/flags.

5.2 **Practice Guidelines, Order Set and Protocols** – The Pharmacy and Therapeutics Committee, or equivalent medical staff committee, assesses the need to develop drug-specific guidelines, order sets or protocols for medications with REMS ETASU. As required by the REMS ETASU, applicable medication management processes are addressed.

5.2.1 Procurement

5.2.1.1 Hospital registration per program requirements, when applicable

5.2.1.2 Registration with a restricted distributor or specialty pharmacy, if required

5.2.2 Prescribing

5.2.2.1 Ordering physician training, credentialing and/or registration per program requirements

5.2.2.2 Patient registration with the appropriate agency, if required

5.2.2.3 Applicable clinical precautions are executed (e.g. Boxed Warning, if available, patient inclusion/exclusion criteria, dose limitations, dose ordering criteria/calculations, etc.)

5.2.2.4 Applicable monitoring requirements and orders are executed (e.g. laboratory testing, vital signs, etc.)

5.2.3 Preparation and Dispensing

5.2.3.1 Pharmacy/pharmacist training, credentialing and/or registration per program requirements

5.2.3.2 Applicable clinical precautions are executed (e.g. independent double check of dose and/or dose preparation, auxiliary labeling and precautions, special packaging, delivery systems or transport procedures)

5.2.4 Administration

5.2.4.1 Nursing services, or designated healthcare provider, to provide patient/caregiver education and the official FDA Medication Guide/PPI, if required by the ETASU, prior to administration.

5.2.4.2 Patient education and understanding documentation per hospital policy.

5.2.4.3 Appropriate clinical precautions are executed (e.g. patient education prior to administration, independent double checks for dose and/or preparation, monitoring for adverse events.)

5.2.5 Patient Monitoring

5.2.5.1 Patient monitoring parameters, as required, are defined and executed

5.2.5.2 Monitoring and reporting adverse events per hospital policy and notification of product manufacturer pursuant to REMS ETASU.

5.3 **Quality Assurance Performance Improvement (QAPI)**

5.3.1 REMS processes previously implemented are reviewed at least annually to assess continued applicability and compliance with current requirements.

5.3.2 REMS medications are incorporated into the hospitals ADR/ADE assessment

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process.

- 5.3.3 Quality assurance measures related to REMS medications are part of a comprehensive safety assessment and include outcome measures when applicable.

6.0 References:

- 6.1 The Food and Drug Administration Amendments Act of 2007 (FDAAA)
- 6.2 The Joint Commission Standard MM.01.01.03; MM.02.01.01; MM.05.01.01; MM.05.01.11; MM.06.01.01
- 6.3 Centers for Medicare and Medicaid Services (CMS) CoP §482.25 (a)
- 6.4 Healthcare Facilities Accreditation Program (HFAP) 25.01.20
- 6.5 DNV National Integrated Accreditation for Healthcare Organizations (NIAHO –DNV) MM.1, MM.2
- 6.6 FDA Approved Risk Evaluation and Mitigation Strategies (REMS)
<https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm> Accessed December 2024
- 6.7 FDA Medication Guides <https://www.fda.gov/drugs/drug-safety-and-availability/medication-guides> Accessed December 2024
- 6.8 FDA REMS e-mail alerts
https://public.govdelivery.com/accounts/USFDA/subscriber/new?topic_id=USFDA_340
Accessed December 2024
- 6.9 Related Policies:
 - 6.9.1 Formulary Management
 - 6.9.2 Medication Brought into the Hospital (Patient's Own Medications)
 - 6.9.3 Pharmacist Review of Medication Orders
 - 6.9.4 Medication Administration Policy
 - 6.9.5 Patient Education Policy

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Updated references
- 8.2 Revised IVHD and PMH

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Title: Sentinel Event		Policy No. ADM-00480
		Page 1 of 6
Current Author: Merlina Esparza/Mersedes Martinez		Effective: 2/16/2007
Latest Review/Revision Date: 04/27/2026 R1		Manual: Administration/Risk

Collaborating Departments: Senior Leaders, Legal Counsel (Doug Habig), Chair of Quality – Dr. Su		Keywords: Adverse Event, adverse outcome, root cause analysis, RCA, sentinel event reporting, TJC sentinel event reporting		
Approval Route: List all required approval				
MARCC X	PSQC X	Other:		
Clinical Service _____	MSQC	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 The purpose of this policy is based on a belief that in order to improve performance, the organization must conduct timely, thorough, and credible investigations of sentinel events by understanding the systems and processes leading to the incident, in accordance with Just Culture principles, The Joint Commission Sentinel Event Policy, California Department of Public Health (CDPH) adverse event reporting requirements, and applicable Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.

2.0 Scope:

- 2.1 District wide - including: volunteers, consultants, students, contracted employees, licensed independent practitioners, and physicians and applies to all clinical and non-clinical care settings, including inpatient, outpatient and ancillary services in compliance with TJC, CDPH, and CMS regulatory requirements.

3.0 Policy:

- 3.1 Imperial Valley Healthcare District (IVHD) is committed to taking proactive steps to reduce and prevent errors in order to improve patient care and comply with The Joint Commission National Patient Safety Goals, CMS Conditions of Participation and state regulatory requirements.
- 3.2 IVHD is committed to understanding the processes, attitudes and behavior and system vulnerabilities that contribute to sentinel events, adverse events, and near misses, consistent with TJC's system-based approach to patient safety.
- 3.3 IVHD is committed to making sustainable changes in systems and processes, as well as attitudes and behavior to reduce the probability of reoccurrence and to meet TJC expectations for root cause analysis (RCA)/investigation and action planning.
- 3.4 No disciplinary or retaliatory action will be taken against individuals for reporting safety/quality concerns, except in cases of reckless behavior or willful violation, consistent with Just Culture principles, CMS whistleblower protections, and organizational policy.

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- 3.5 All “Never 28” Adverse Events as defined by California Department of Public Health (CDPH) will be managed as Sentinel Events, reported in accordance with Title 22, California Health and Safety Code 1279.1, and CMS reporting expectations as applicable. *<Attachment A – Never 28 Adverse Events to Report to California Department of Public Health>*.
- 3.6 Sentinel events meeting The Joint Commission reviewable sentinel event criteria will be managed in accordance with The Joint Commission Sentinel Event Policy, including timely RCA/investigation completion and leadership oversight, regardless of voluntary or self-reporting status.

4.0 Definitions:

- 4.1 Sentinel Event – An unexpected occurrence involving death, permanent harm, or severe temporary harm, as defined by The Joint Commission not related to the normal course of the patient’s illness or underlying condition.
- 4.2 Serious Injury – Specifically includes loss of limb or function or severe temporary harm requiring life sustaining interventions.
- 4.3 Serious Disability – A physical or mental impairment that substantially limits one or more of the major life activities, or loss of bodily function lasting more than seven (7) days or still present at the time of discharge, consistent with CDPH and CMS definitions of reportable harm.
- 4.4 Care for the Care Giver – A multidisciplinary support team comprised of Risk Management, Quality, Human Resources and Medical Leadership to address the emotional and psychological needs of staff involved in adverse or sentinel events consistent with TJC recommendations for support following adverse events.

5.0 Procedure:

- 5.1 Management of potential/actual sentinel event shall follow The Joint Commission Sentinel Event Policy, CDPH reporting statues, and CMS Conditions of Participation. *<Attachment B – Sentinel Event Checklist>*
 - 5.1.1 Notify the physician, stabilize and treat the patient.
 - 5.1.2 Support the patient and/or family.
 - 5.1.3 Address the patient/families immediate medical and psychosocial needs, including consultation with Social Services and/or Pastoral Services to provide psychological or counseling support.
 - 5.1.4 Notify department leader immediately or House Supervisor if after hours.
 - 5.1.5 Notify Risk Management: 760-351-4484 within 60 minutes.
 - 5.1.6 Notify Administration, if after hours House Supervisor will notify Administrator on- call.
 - 5.1.7 Collect all potential evidence or documents, this may include:
 - 5.1.7.1 All relevant documents
 - 5.1.7.2 Medication(s)
 - 5.1.7.3 Equipment

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- 5.1.7.4 Photography
 - 5.1.8 Protect and forward all potential evidence to Risk Management to retain for examination (i.e. insurers, coroners, etc.)
 - 5.1.9 Administrative representative will notify Chief of Staff and/or Chief of Service.
 - 5.1.9.1 Address disclosure of the event *See policy ADM-00134; Communication with Patient/Family after a Harm Event*
 - 5.1.10 Complete a Quality Review Report (QRR)
 - 5.1.11 Care for the Caregiver
 - 5.1.11.1 Offer support for staff and providers.
 - 5.1.11.2 If assistance is accepted, refer staff and providers to Employee Assistance Program and Care for the Caregiver team.
- 5.2 Sentinel Event Determination
 - 5.2.1 The administrative representative and Risk Manager, in collaboration with the medical staff leader, shall determine whether the occurrence meets criteria for: A sentinel event, CDPH reportable adverse event, CMS reportable event *<Attachment A – Never 28 Adverse Events to Report to California Department of Public Health>*.
- 5.3 If the occurrence is deemed a Sentinel Event the following will be notified if not already aware:
 - 5.3.1 Chief Nursing Officer
 - 5.3.2 Risk Management
 - 5.3.3 Compliance Officer
 - 5.3.4 Department Manager
 - 5.3.5 Public Relations (if communication to the community is required or media presence is anticipated)
 - 5.3.6 Chair of Department or Designee when indicated.
- 5.4 IVHD shall meet all mandatory external reporting requirements, including: CDPH reporting timeliness and mechanisms, CMS reporting when events affect Medicare and Medicaid beneficiaries, and coordinate with The Joint Commission if applicable.
 - 5.4.1 If the adverse event is ongoing, urgent or emergent threat to the welfare, health or safety of patients, personnel or visitors, CDPH must be notified within 24 hours via email CalHEART <https://healthcareportal.cdph.ca.gov/>. or telephone or fax at 619-688-6190 or 619-688-6444 respectively.
 - 5.4.2 Otherwise CDPH must be notified within 5 calendar days of the adverse event detection.
 - 5.4.3 The following individuals are authorized to report events to CDPH:
 - 5.4.3.1 Chief Executive Officer
 - 5.4.3.2 Chief Nursing Officer
 - 5.4.3.3 Quality Resource Director
 - 5.4.3.4 Risk Manager
 - 5.4.3.5 Compliance Officer

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- 5.5 The Risk Manager is responsible for
 - 5.5.1 Contacting and reporting events to liability carrier (BETA Healthcare Group) and hospital attorney <See policy ADM-00477; *Claims Management*>
 - 5.5.2 Receiving and compiling all reports, documents and /or materials for Risk Management, Quality Review and Legal Counsel.
 - 5.5.3 Gathering and securing all pertinent items including:
 - 5.5.3.1 List of staff involved
 - 5.5.3.2 Relevant documents, materials, and equipment
 - 5.5.4 Notifying the Health Information Management (HIM) Director, Patient Accounting Supervisors and Medicare Biller of account number to ensure proper billing and auditing take place <See policy ADM-00127; *Financial Adjustment for Adverse/Sentinel Event*>
- 5.6 Root Cause Analysis/investigation shall be conducted in accordance with The Joint Commission's Framework for RCA, emphasizing system and process failures, contributing human and organizational factors and elimination of reliance on individual blame. <Attachment D – A Framework for Root Cause Analysis and Attachment E – Action Plan and Sentinel Event RCA Matrix>
 - 5.6.1 Risk Manager or designee is responsible for:
 - 5.6.1.1 Assembling the RCA team
 - 5.6.1.2 Facilitating team meetings
 - 5.6.1.3 Monitoring and reporting progress on RCA
 - 5.6.2 Team members include individuals with the most knowledge of the event and will carry out determined action plan.
 - 5.6.3 The RCA/investigation should be initiated as soon as possible and completed within timelines consistent with Regulatory expectations (typically within 45 calendar days of event occurrence, unless otherwise extended).
 - 5.6.4 The team shall document RCA activities <Attachment D – A Framework for Root Cause Analysis/Investigation and Action Plan>
 - 5.6.5 The RCA/investigation must be thorough, credible and acceptable by:
 - 5.6.5.1 Determine if the event was due to human error, at risk behavior, or reckless behavior and/or any other factors directly associated with the event
 - 5.6.5.2 Analyzing underlying systems and processes through a series of asking “why”
 - 5.6.5.3 Identifying risk points and their potential contributions to this type of event
 - 5.6.5.4 Determining potential improvement in systems or processes that may decrease the likelihood in the future
 - 5.6.5.5 To be credible the RCA/investigation must include the following:
 - 5.6.5.5.1 Participation by leadership and individual(s) most closely involved in the systems and processes under

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review

5.6.5.5.2 Be internally consistent, do not contradict or leave obvious questions unanswered.

5.6.5.5.3 Provide an explanation for all findings if not applicable (N/A).

5.6.5.5.4 Include consideration of any relevant policies, procedures, and literature.

5.6.5.6 To be acceptable the Action Plan must include the following:

5.6.5.6.1 Identification of changes to be implemented in order to reduce risk, or rationale for not undertaking the changes

5.6.5.6.2 Identification of the action or change to be implemented, who is responsible for the implementation and how effectiveness of the actions will be measured or evaluated.

5.6.6 If the RCA/investigation finds the sentinel event to be caused by the performance or competence of a medical staff member holding clinical privileges, the corrective action will be managed through the outlined medical staff committee process under the supervision and direction of the Medical Executive Committee (MEC).

5.7 Action Plan

5.7.1 The corrective action plans shall meet Joint Commission standards for clarity, measurability, leadership accountability and sustainability, and shall be monitored for effectiveness in accordance with CMS quality oversight expectations.

5.7.2 Upon completion of the RCA/investigation, the team must develop and implement a corrective action plan to address direct and root causes, as well as, any special or common cause variations to reduce the risk of reoccurrence.

5.7.3 The Action Plan must be developed and finalized timely (typically 30 calendar days).

5.7.4 Responsibility for implementation, oversight, testing and managing timeliness must be assigned.

5.7.5 The action plan implementation and improvements must identify how the effectiveness of each action is measured and evaluated, as well as, establish a monitoring plan for ongoing effectiveness.

5.8 Reporting and Governance

5.8.1 Report to Patient Safety and Quality Council (PSQC), Medical Staff Quality Council) and Medical Executive Committee (MEC), a blinded summary of the sentinel event, the root cause(s) identified, corrective action and lessons learned.

5.8.2 Report to Board of Directors (BOD) a blinded report of trends and corrective actions.

5.8.3 Disseminate Lessons Learned to all appropriate staff through multiple methods.

5.8.4 An annual review of sentinel event cases will be reviewed to ensure compliance

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with policy.

6.0 References:

- 6.1 Policy ADM-00134; Communication with the Patient/Family After a Harm Event
- 6.2 Policy ADM-0047; Claims Management
- 6.3 Policy ADM-00127; Financial Adjustment for Adverse/Sentinel Events
- 6.4 Policy ADM-00079; Just Culture
- 6.5 Title 22, Division 5, Chapter 1, Article 70737
- 6.6 Senate Bill 1301, Alquist, Chapter 647, Statutes of 2006 (All Facilities Letter July 27, 2007)
- 6.7 California Health and Safety Code Statutes 1279.1
- 6.8 California Evidence Code Section 1157
- 6.9 The Joint Commission. Sentinel Event Policy and Procedures
- 6.10 Centers for Medicare & Medicaid Services (CMS). Conditions of Participation- Quality Assessment and Performance Improvement (QAPI)

7.0 Attachment List

- 7.1 Attachment A – Never 28 Adverse Events to Report to California Department of Public Health
- 7.2 Attachment B – Sentinel Event Checklist
- 7.3 Attachment C – Adverse Event Reporting Form
- 7.4 Attachment D – A Framework for Root Cause Analysis and Action Plan
- 7.5 Attachment E – Sentinel Event RCA Matrix
- 7.6 Attachment F – Glossary of Terms

8.0 Summary of Revisions:

- 8.1 Updated PMHD to IVHD
- 8.2 Added author: Mercedes Martinez
- 8.3 Changed PMHD to IVHD
- 8.3 5.4.1 added CalHEART email address
- 8.4 Minor grammar changes throughout
- 8.5 Added 5.3.6



“NEVER – 28”

ADVERSE EVENTS TO REPORT TO CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Adverse Event Type

- **Surgical Events**
 - Surgery on the wrong body part
 - Surgery on the wrong patient
 - Wrong surgical procedure performed on the patient
 - Retained instruments inpatient discovered after surgery invasive procedure
 - Unexpected death during surgery or within 24 hours after anesthesia begins
- **Device or Products Events: Patient death or serious disability associated with**
 - The use of contaminated drugs, devices, biologic
 - The use or function of a device in a manner other than the device's intended use
 - Intravascular air embolism, excluding during certain neurosurgical procedures
- **Patient Protection Events**
 - Discharge of an infant to the wrong person
 - Patient death or serious disability associated with elopement from the health care facility
 - Patient suicide, attempted suicide, or deliberate self-harm resulting in serious disability
 - Intentional injury to a patient by a staff member, another patient, visitor, or other
 - Unanticipated death of a full term infant
- **Environmental Events**
 - Any incident in which a line designated for oxygen or other came to be delivered to a patient and contains the wrong gas or is contaminated by toxic substances
 - Patient death or serious disability while being cared for in a health care facility associated with:
 - A burn incurred from any source
 - A slip, trip or fall
 - An electric shock
 - The use of restraints or bedrails
- **Care Management Events**
 - Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
 - Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy

- Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal test results
- Death/serious disability related to hypoglycemia, onset in hospital
- Death/serious disability associated with failure to identify and treat hyperbilirubinemia in neonates during first 28 days of life
- Stage 3 or 4 ulcer acquired after admission (unless progression to Stage 3 was from a Stage 2 identified at admission)
- Death/serious disability from spinal manipulation at hospital
- Medication error leading to the death or serious disability of patient due to incorrect administration of drugs. For example:
 - Omission error
 - Dosage error
 - Dose preparation error
 - Wrong time error
 - Wrong rate of administration error
 - Wrong administrative technique error
 - Wrong patient error
 - Wrong medication

- **Criminal Events**

- Any instance of care ordered by or provided by an individual impersonating a clinical member of staff
- Abduction of a patient
- Death or significant injury of patient or staff resulting from physical assault
- Sexual assault of patient

AND/OR

Never #28

An adverse event, or series of events, that causes the death or serious disability of a patient, personnel, or visitor. (As stated in the California Senate Bill 1301)

Sentinel Event Checklist
Event Number:

Deadline	Action	Responsible Person	Comment	Date & Time Completed	Completed by
Immediately (Within 60minutes)	Notify physician, stabilize/treat patient, and ensure family needs are met.	Nurse or Charge RN			
	Notify Department Leader immediately or House Supervisor if after hours	Nurse or Charge RN			
	Update patient care plan to address problem(s) associated with the event	RN/ Charge RN Director or House Sup.			
	Notify Risk Management ext. 4484	Director or House Sup			
	Assess and arrange if necessary staff support assistance	House Supervisor/Department Director			
	Initiate investigation - Collect names and contact information of staff/witnesses - Collect and secure evidence - Gather relevant documentation - Commence interview process - initiate QRR	Director or House Sup or Risk Manager			
	Notify Administrative Representative(s), CNO, CEO, Quality Director	Director and Risk Manager			
	Notify Chief of Service & Chief of Staff	Risk and/or Administration			
	Disclose event to patient/family – provide information and appropriate support - Social Worker - Pastoral Support	Risk and Administration to determine			
	Determine if potential Sentinel/Reportable Event to: - CDPH (24 hrs if ongoing, or 5 calendar days) - Law Enforcement, - Adult or Child Protective Services - Licensing Boards	Risk, Administration and/or Chief of Staff			

Sentinel Event Checklist
Event Number:

Within 24 hours	Notify required agencies of reportable event as per policy/requirement	Risk, House Supervisor, Department Designee as need, Administration			
	Notify Public Relations if applicable	Administration			
	Initiate RCA • Schedule meetings • Determine if provider peer review required • Document immediate action to prevent recurrence	Risk, Quality, Department Designee			
	Notify billing to hold charges until review is complete	Risk			
	Place chart in legal	Risk			
	Report to Beta Healthcare Group (liability carrier)	Risk			
	Notify PMHD Legal Counsel if applicable	Risk			
To follow	RCA activity • Flow chart process • Determine root cause • Human Factors/System Design • Maintain minutes • Medical Staff Peer Review Determination • Develop Corrective Action • Implement Corrective Action • Monitor Corrective Action • Disseminate Lessons Learned • Document on SE log • Report to PSQC, MSQC, MEC and BoD	RCA Team			

*Time frames are not definite



Adverse Event Reporting Form

Date:

California Department of Health Services
Licensing and Certification District Office
7575 Metropolitan Drive, Suite 211
San Diego, California 92108

Fax #: 619-688-6444 Alternate Fax #: 619-688-6036

To Whom It May Concern:

This hospital believes it may have detected the adverse event indicated below as defined in Health and Safety Code Section 1279.1, and is hereby reporting pursuant to Health and Safety Code Section 1279.1 as well as Title 22, California Code of Regulations, Section 70737 (the “unusual occurrence” reporting requirement).

Due to the short timeframe required for reporting in the law, the information this hospital has may be incomplete. If further investigation shows that no adverse event as defined in this law took place, you will be notified. However, in order to comply with the law’s short timeframe, this hospital is taking a precautionary measure and reporting accordingly.

This hospital may have detected the adverse event checked below:

- ☐ 1. Surgery performed on a wrong body part that is inconsistent with the documented informed consent for that patient. This does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
- ☐ 2. Surgery performed on the wrong patient.
- ☐ 3. The wrong surgical procedure performed on a patient, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. This does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.

- ☐ 4. Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
- ☐ 5. Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
- ☐ 6. Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
- ☐ 7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, “device” includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
- ☐ 8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
- ☐ 9. An infant discharged to the wrong person.
- ☐ 10. Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision-making capacity.
- ☐ 11. A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for the admission to the health facility.
- ☐ 12. A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
- ☐ 13. A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- ☐ 14. A maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.

- ☐ 15. Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility.
- ☐ 16. Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, “hyperbilirubinemia” means bilirubin levels greater than 30 miligrams per deciliter.
- ☐ 17. A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
- ☐ 18. A patient death or serious disability due to spinal manipulative therapy performed at the health facility.
- ☐ 19. A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
- ☐ 20. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.
- ☐ 21. A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility.
- ☐ 22. A patient death associated with a fall while being cared for in a health facility.
- ☐ 23. A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.
- ☐ 24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- ☐ 25. The abduction of a patient of any age.
- ☐ 26. The sexual assault of a patient within or on the grounds of a health facility.
- ☐ 27. The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility. *[Note: if this item is checked because a staff member suffered death or significant injury due to a physical assault on the grounds of the facility, please indicate the staff member’s name at the bottom of the form, rather than a patient’s name or code.]*

- ☐ 28. An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. *[Note: An “adverse event” is defined as the incidents described in items 1 through 27, above. Thus, it is not clear that this category requires the reporting of any events not noted above. If a hospital has an adverse event that causes the death or serious disability of a patient, personnel, or visitor but is not listed above, legal counsel should be consulted to determine whether it is reportable.]*

Hospital’s code to link this report to its file regarding this potential adverse event: (MRUN) #__ - __ - __

Brief statement regarding this event:

If you should require further information, please contact _____, _____ Department, at 760-351-_____ or 760-351-_____.

Sincerely,

Name
Title

Note: “Serious disability” means:

- (a) *A physical or mental impairment that substantially limits one or more of the major life activities of an individual, if the impairment lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or*
- (b) *The loss of bodily function, if the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or*
- (c) *The loss of a body part.*

Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event at IVHD

Appendix 3

ROOT CAUSE ANALYSIS

Date of RCA:

RCA Team:

<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
What happened?	Sentinel Event	What are the details of the event? (Brief description) Include: Age, Sex, ASA Class if surgical case, event outcome, medical history, medication history, psychiatric history, autopsy results if applicable, and any other pertinent information				
	Sentinel Event	When did the event occur? (Date, day of week, time)				
	Sentinel Event	What areas or service lines were impacted?				

<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
Why did it happen?	The process or activity in which the event occurred.	The process or activity in which the event occurred. What are the steps in the process, as designed? How is it usually done? A flow diagram may be used				
What were the most proximate factors?	The process or activity in which the event occurred.	What steps were involved in the event? What steps or lack of contributed to the event? Were there any steps that did not occur as intended?				

RCA INSTRUCTIONS: Not all questions will apply and there may be others that will emerge in the course of the analysis. However, all should be fully considered in "root cause" & risk reduction.

The three columns on the right are provided to be checked off for later reference:

- "Root cause?" should be answered "Yes" or "No" for each finding. A root cause is typically a finding related to a process or system that has a potential for redesign to reduce risk. If a particular finding is relevant, but is not a root cause, be sure that it is addressed later with a "Why?" question. Root causes should have an action item.
- "Ask 'Why?'" should be checked off whenever it is reasonable to ask why finding occurred, or didn't occur – drill down further. It is expected that any significant findings that are not identified as root causes themselves have "roots".

"Take action?" should be checked for any finding that can reasonably be considered for a risk reduction strategy. Each should have an action item and its # placed in this column.

Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event at IVHD

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<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
(Typically "special cause" variation)	Human factors	What human factors were relevant to the outcome? Consider: fatigue, personal problems, inability to focus, complex critical thinking skills needed, failure to follow policies, substance abuse, boredom, rushing to complete task?				

<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
	Equipment factors	How did the equipment performance affect the outcome? Consider any equip used including AED, crash carts, suction, oxygen, etc. Were biomedical checks done/up to date? Was equip available? Was staff in-serviced on the equip? Were alarms or displays operating properly?				
	Controllable environmental factors	What controllable factors directly affected the outcome? Consider site markings, overhead pager system, visitors.				
	Uncontrollable environmental or external factors	What can be done to protect against the effects of and of the uncontrollable factors? Are they truly beyond the organization's control? Natural disaster?				

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Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event at IVHD

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	Other	Are there any other factors that have directly influenced this outcome? Consider forms, signage, etc.			
	Other	What other areas are impacted? Where else could this happen?			

<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
Why did that happen? What systems and processes underlie those proximate factors?	Human Resources factors	To what degree is staff properly <u>qualified and currently competent</u> at the time of the event? Consider: orientation, scope of practice, certifications, performance or discipline issues				
(Common cause variation here may lead to special cause variation in dependent processes)	Human Resources factors	How did actual staffing compare with <u>ideal levels</u> ? Include actual staffing ratios				
Systems	Human Resources factors	What are the <u>plans for dealing with contingencies</u> that would tend to reduce effective staffing levels? Consider: staffing plan for crisis, registry, etc.				
Systems	Human Resources factors	To what degree is <u>staff performance</u> in the operant process(es) addressed? Did the staff perform as expected? Did staff follow policies?				
Systems	Human Resources factors	How can <u>orientation and in-service</u> training be improved?				

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<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
System	Information Management issues	To what degree is all necessary information available when needed? Accurate? Complete? Unambiguous? Consider the availability assessments medications, orders, etc. Was level of automation appropriate? Did staff follow policies?				
System	Communication	To what degree is <u>communication among participants</u> adequate? Consider: MD to MD, RN to RN, MD to RN, RN to Tech, Tech to Tech, etc. Was information timely?				
System	Barriers to communication	What are the <u>barriers to communication</u> of potential risk factors? Is there reluctance to report risks? Is SBAR used? Any language barriers, etc.?				
<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
System	Environmental management issues	To what degree was the <u>physical environment appropriate</u> for the processes being carried out? Consider: space, access, lighting, noise, etc.				
	Environmental management issues	What systems are in place to <u>identify environmental risks</u> ? Does the staff know how to report a safety risk? Was a risk identified in this event?				

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	Environmental management issues	What emergency and failure-mode responses have been planned and tested? Consider: drills, back-up generators, mock codes, etc.				
<u>Level of Analysis</u>		<u>Questions</u>	<u>Findings</u>	<u>Root Cause?</u>	<u>Ask "Why?"</u>	<u>Take Action</u>
System	Leadership factors: Corporate culture	To what degree is the culture conducive to risk identification and reduction? How does the facility encourage change or suggestions for risks? How does leadership show that quality is important?				
System	Leadership factors: Corporate culture	To what degree is the <u>prevention of adverse outcomes communicated as a high priority</u> ? Describe leadership's role in adverse outcome prevention and how it is put into practice? How are these values reflected back by staff?				
System	Questions Regarding Future Planning	Was <u>available technology</u> used as intended? Consider: CT, Pyxis, Nighthawk services, electronic charting? What are future plans for redesign or implementing technology?				

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Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event at IVHD

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ACTION PLAN

Instructions: For each of the findings identified in the analysis as needing an action, indicate the planned action expected, implementation date and associated measure of effectiveness. OR If after consideration of such a finding, a decision is made not to implement an associated risk reduction strategy, indicate the rationale for not taking action at this time. Check to be sure that the selected measure will provide data that will permit assessment of the effectiveness of the action. Consider whether pilot testing of a planned improvement should be conducted. Improvements to reduce risk should ultimately be implemented in all areas where applicable, not just where the event occurred. Identify where the improvements will be implemented.

<u>Risk Reduction Strategies</u>	<u>Measure of Success</u>	<u>MOS Target</u>	<u>MOS Actual</u>	<u>Sample Size</u>	<u>Person(s) Responsible</u>
Action Item #1:					
Action Item #2:					

<u>Risk Reduction Strategies</u>	<u>Measure of Success</u>	<u>MOS Target</u>	<u>MOS Actual</u>	<u>Sample Size</u>	<u>Person(s) Responsible</u>
Action Item #3:					
Action Item #4:					

<u>Risk Reduction Strategies</u>	<u>Measure of Success</u>	<u>MOS Target</u>	<u>MOS Actual</u>	<u>Sample Size</u>	<u>Person(s) Responsible</u>
Action Item #5:					
Action Item #6:					

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Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event at IVHD

Appendix 3

Bibliography

Instructions: Cite any books or journal articles that were considered in developing this analysis and action plan:

- 1.
- 2.

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Root Cause Analysis Matrix

Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

Note: Updates are highlighted in **RED**

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

	Suicide (24 hr care)	Med. Error	Procedural Complication	Wrong site surgery	Treatment delay	Restraint death	Elopement death	Assault/ rape/ homicide	Transfusion death	Patient Abduction	Unanticipated death of full term infant	Unintended Retention of foreign body	Fall related
Behavioral assessment process (1)	X					X	X	X					
Physical assessment process (2)	X	X	X	X	X	X	X				X		X
Patient identification process		X		X					X				
Patient observation procedures	X				X	X	X	X	X		X		X
Care planning process	X		X			X	X				X		X
Continuum of care	X	X			X	X							X
Staffing levels	X	X	X	X	X	X	X	X	X	X		X	X
Orientation & training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/ credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff (3)	X	X	X		X	X			X			X	
Communication with patient/ family	X	X		X	X	X	X			X			X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X	X			X		X		X
Adequacy of technological support		X	X										
Equipment maintenance/ management		X	X		X	X					X		X
Physical environment (4)	X	X	X	X		X	X	X	X	X			X
Security systems and processes	X						X	X		X			
Medication Management (5)		X	X		X				X		X		X

- (1) Includes the process for assessing patient's risk to self (and to others, in cases of assault, rape, or homicide where a patient is the assailant).
- (2) Includes search for contraband.
- (3) Includes supervision of physicians-in-training.
- (4) Includes furnishings; hardware (e.g., bars, hooks, rods); lighting; distractions.
- (5) Includes selection & procurement, storage, ordering & transcribing, preparing & dispensing, administration, and monitoring.



GLOSSARY OF TERMS

Accrediting Watch An attribute of an organization's Joint Commission accreditation status. A health care organization is placed on Accreditation Watch when a reviewable sentinel event has occurred and has come to the Joint Commission's attention and a thorough and credible root cause analysis of the sentinel event and action plan have not been completed within a specified time frame.

Action Plan The product of the root cause analysis which identifies the strategies that an organization intends to implement to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

Adverse Drug Event (adverse drug error) any incident in which the use of a medication (drug or biologic) at any dose, a medical device, or a special nutritional product (for example, dietary supplement, infant formula, medical food) may have resulted in an adverse outcome in a patient.

Aggregate Data Information collected and reported by organizations as a sum or total over a given time period, for example, monthly or quarterly.

Benchmarking Continuous measurement of a process, product, or service compared to those considered industry leaders, or to a similar activity in the organization in order to find and implement ways to improve it. This is one of the foundations of both total quality management and continuous quality improvement. Internal benchmarking occurs when similar processes within the same organization are compared with best practices within the industry. Functional benchmarking refers to benchmarking in a similar function or process, such as scheduling, in another industry.

Complication A detrimental patient condition that arises during the process of providing health care, regardless of the setting in which the care is provided. For instance, perforation, hemorrhage, bacteremia, and adverse reactions to medication (particularly in the elderly) are four complications of colonoscopy and its associated anesthesia and sedation. A complication may prolong an inpatient's length of stay or lead to other undesirable outcomes.

Flowchart (*Flow Diagram*) a pictorial summary that shows the symbols and words the steps, sequence, and relationship of the various operations involved in the performance of a function or process.

Near Miss When an error does not result in an adverse event for a patient, because the error was "caught," it is a near miss.

Measurement of Success (*MOS*) A numerical or quantifiable measure usually related to an audit that determines if an action was effective related to an audit that determines if an action was effective and sustained due four months after Evidence of Standards Compliance approval.

Medical Error A medical error is defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Errors can include problems in practice; products, procedures, and systems.

Near Miss Used to describe any process variation which did not affect an outcome, but for which a recurrence carries a significant chance of a serious adverse outcome. Such a “near miss” falls within the scope of the definition of a sentinel event, but outside the scope of those sentinel events that are subject to review by the Joint Commission under its Sentinel Event Policy.

Outcome The result of the performance (or nonperformance) of a function(s) or process (es)

Process A goal-directed, interrelated series of actions, events, mechanisms, or steps.

Proximate Cause An act or omission that naturally and directly produces a consequence. It is the superficial or obvious cause for an occurrence. Treating only “symptom,” or the proximate special cause, may lead to some short-term improvements, but will not prevent the variation from recurring.

Root Cause The most fundamental reason for the failure or inefficiency of a process.

Root Cause Analysis A process for identifying the basic or casual factor(s) that underline variation in performance, including the occurrence or possible occurrence of a sentinel event.

Surveillance Ongoing monitoring using methods distinguished by their practicability, uniformity, and rapidity, rather than by complete accuracy. The purpose of surveillance is to detect changes in trend or distribution to initiate investigative or control measures. Active surveillance is not systematic. Cases may be reported through written incident reports, verbal accounts, electronic transmission, or telephone hot lines, for example.

Underlying Cause The systems or process cause that allows for the proximate cause of an event to occur. Underlying causes may involve special-cause variation, common-cause variation, or both.

Variation The difference in results obtained in measuring the same phenomenon more than once. The sources of variation in a process over time can be grouped into two major classes: common causes and special causes. Excessive variation frequently leads to waste and loss, such as the occurrence of undesirable patient health outcomes and increased cost of health services. Common-cause variation, also called endogenous cause variation or systematic cause variation, in a process is due to the process itself and is produced by interactions of variables of that process inherent in all processes, not a disturbance in the process. It can be removed only by making basic changes in the process. Special-cause variation, also called exogenous-cause variation or extra systematic cause variation, in performance results from assignable causes. Special-cause variation is intermittent, unpredictable, and unstable. It is not inherently present in a system; rather, it arises from causes that are not part of the system as designed.

Imperial Valley Healthcare District

Title: Tuberculosis Exposure Protocol		Policy No. HRD-00121
		Page 1 of 2
Current Author: Lizbette Cordova, RN		Effective: 10/1/1995
Latest Review/Revision Date: 03/01/2026		Manual: HR / Employee Health

Collaborating Departments: Infection Control, Dr. Mohammed Al-Jasim		Keywords: TB, Exposure		
Approval Route: List all required approval				
	PSQC	Other: Safety Committee 04/2026		
Clinical Service _____		MSQC 04/2026	MEC 04/2026	BOD 04/2026

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 ensure prompt identification of employees exposed to tuberculosis (TB) while caring for patients.

2.0 Scope: District wide

3.0 Policy:

- 3.1 Employee Health is notified of possible exposure by Infection Control, Public Health Department (PHD), Laboratory or Department Nurse. Employee Health will maintain a log of possible TB exposures.

4.0 Definitions:

- 4.1 QFT- QuantiFERON
- 4.2 TB – Tuberculosis
- 4.3 Exposure is considered when active TB is diagnosed, and no isolation precautions were taken.

5.0 Procedure:

- 5.1 Employee is notified by Department Manager, Infection Control or Employee Health of possible exposure to TB.
- 5.2 Employee will have a baseline QuantiFERON – QFT (TB blood test) done as soon as possible and again at 8 to 10 weeks post-exposure.
- 5.3 If the exposed Employee is a known positive QFT, a Health Status Update form should be completed instead
 - 5.3.1 If Employee has had QFT and/or HSU form completed in the past 10 weeks, it may be used as the baseline.
- 5.4 If the QFT is positive at 8 to 10 weeks post exposure, a repeat confirmatory test shall be performed
- 5.5 If the repeat confirmatory test is positive, a chest x-ray will be done and Health Status Update form will be completed. Employee will be referred to the Occupational Health Provider for follow-up and the ICPHD will be notified of the employee's QFT conversion
- 5.6 Any Employee with symptoms of TB (persistent cough, fever, anorexia, weight loss, night sweats) should see the Employee Health Nurse and/or Infection Control Nurse for appropriate referral.

Imperial Valley Healthcare District

Title: Tuberculosis Exposure Protocol		Policy No. HRD-00121
		Page 2 of 2
Current Author: Lizbette Cordova, RN		Effective: 10/1/1995
Latest Review/Revision Date: 03/01/2026		Manual: HR / Employee Health

6.0 References:

- 6.1 Imperial County Public Health Department, TB Control Program
- 6.2 Title 8, Section 5199, Cal/OSHA Aerosol Transmissible Disease Standard
- 6.3 Aerosol Transmission Plan ATP, CLN-02378
- 6.4 IVHD Form HRD-00122A; Health Status Update Form
- 6.5 CDC TB Prevention in Health Care Setting: Baseline Tuberculosis Screening and Testing for Health Care Personnel, 12/19/2023
- 6.6 TB Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, MMWR

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Annual Review; updated PMHD to IVHD
- 8.2 Removed section 5.7 Failure to comply, as this process is not followed.
- 8.3 Added Dr. Al-Jasim as physician reviewer
- 8.4 Added References 6.5 and 6.6
- 8.5 Added clarification regarding if QFT is positive at 8 to 10 weeks post exposure (conversion), a repeat confirmatory test shall be performed

PIONEERS MEMORIAL HOSPITAL
CLINICAL SERVICE OF EMERGENCY MEDICINE
RULES AND REGULATIONS



(Revised June, 2026)

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**PIONEERS MEMORIAL HOSPITAL
EMERGENCY MEDICINE SERVICE
RULES AND REGULATIONS**

PHYSICIAN DIRECTOR

A member of the organized Active Medical Staff shall have overall responsibility for the Emergency Medicine Clinical Service. The Director or designee shall be responsible for:

1. Implementing established policies and procedures and providing overall direction in continuing operation of the Service.
2. Providing physician staffing for the emergency services 24 hours a day.

CRITERIA FOR GRANTING EMERGENCY MEDICINE PRIVILEGES

Board certified by the American Board of Emergency Medicine or its equivalent, or board eligibility due to training in an accredited residency in emergency medicine.

MEDICAL SCREENING EXAMINATIONS:

A medical screening examination will be performed on all patients presenting to the Emergency Department. This procedure may be initiated by the RN at triage and may be performed by the Physician Assistant or Nurse Practitioner. No patient will be discharged or transferred unless certified as Medically Stable on the Medical Record or until stabilized as much as possible given the resources available at this hospital. Telemedicine screenings will be permitted to the extent permitted by CMS.

EMERGENCY PHYSICIANS

Emergency Physician staffing will be available 24 hours a day. The degree of evaluation and treatment rendered to any patient who presents themselves or is brought to the Emergency Room is ultimately the responsibility of the Emergency Physician.

In the event of a disaster, the Emergency physician, with the assistance of the E. R. nurses, should activate the Disaster Plan and assess available help.

Emergency physicians will respond to any in house emergencies when requested.

REFERRAL OF PATIENTS

All physicians providing on-call services for the Emergency Medicine Clinical Service shall be members of the Medical Staff.

Patients who require follow-up care after having been seen in our Department, and who do not currently have a primary or specialist physician shall be given either:

1. A referral to an appropriate primary physician
2. A referral to an appropriate specialist if needed.

These patients will be instructed to return to our Emergency Room should they be unable to get an appointment with a primary care or specialty physician.

MOONLIGHTING FOR RESIDENTS

Final year residents in an Emergency Medicine Training Program will be allowed to moonlight and become members of the Medical Staff at Pioneers following the same procedure as all other Medical Staff members. These individuals will be allowed to work under the supervision of a physician member of the medical staff in the Emergency Department until completion of their training program.

Imperial Valley Healthcare District

BOARD MEETING DATE: August 13, 2026

SUBJECT: TK Elevator (Planned Service Agreement – 5 Years)

BACKGROUND: Imperial Valley Healthcare District has (5) elevators and (1) dumbwaiter that are critical for transportation of patients, employees and supplies throughout the hospital. A preventive maintenance agreement is necessary to ensure all elevators and dumbwaiter are safely operating at all times.

KEY ISSUES: Current contract with Amtech expires 7/25/2026

CONTRACT VALUE: \$88,500

CONTRACT TERM: (5) year term

BUDGETED: N/A

BUDGET CLASSIFICATION: N/A

RESPONSIBLE ADMINISTRATOR: Carly Zamora

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

FIRST OR SECOND SUBMITTAL: ☐ 1st ☐ 2nd

RECOMMENDED ACTION: Seeking approval of (5) year contract with TK Elevator, upon review of legal counsel.

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Pioneers Memorial Hospital

April 07, 2026

Purchaser: Pioneers Memorial Hospital
Address: 207 W Legion Rd
Brawley, CA 92227

Location: Pioneers Memorial Hospital
Address: 207 W Legion Rd
Brawley, CA 92227

TK Elevator Corporation ("TK Elevator Corporation," "TK Elevator," "we," "us," and "our"), agrees with Purchaser ("Purchaser," "you," and "your"), to maintain the equipment described below in accordance with the terms and conditions of this agreement ("the Agreement") with the goal of maximizing its performance, safety, and life span. TK Elevator and Purchaser may hereinafter be referred to individually as a "Party" or collectively as the "Parties."

Covered Equipment

This Agreement covers the units described in the table below (individually a "Unit" or collectively the "Units").

Equipment Type	Nickname	Legal ID	Stops	Controller Manufacturer
Hydraulic		113799	2	Dover
Hydraulic		113801	2	Dover
Hydraulic		113800	2	Dover
Geared(Traction)		023129	2	MCE
Geared(Traction)		026513	2	MCE
Dumbwaiter(Other)		023127	2	Elevator Electric

Scope of Work

Service Activities

TK Elevator will maintain the Units as follows: (A) examine only the following parts, which will be accomplished either in person or through MAX (as described elsewhere in this Agreement) or any other TK Elevator technology system, and (B) shall adjust and lubricate only the following parts, with (A) and (B) performed as TKE, in its sole opinion, determines as necessary to promote the proper operation of those Units (collectively, "Service Activities"):

- Controller parts, selectors and dispatching equipment, relays, solid-state components, transducers, resistors, condensers, power amplifiers, transformers, contacts, leads, dashpots, timing devices computer and microcomputer devices, steel selector tapes, mechanical and electrical driving equipment, signal lamps, and position indicating equipment.
- Door operators, car door hangers, car door contacts, door protective devices, load weighing equipment, car frames, car safety mechanisms, platforms, car and counterweight guide shoes including rollers and gibs, and emergency car lighting.
- Hoistway door interlocks and hangers, bottom door guides, and auxiliary door closing devices.
- Machines, worms, gears, thrust bearings, drive sheaves, drive sheave shaft bearings, brake pulleys, brake coils, contacts, linings, and component parts.
- Motors, brushes, operating-switch and relay components, plug-in relays, special lamps for car and hall fixtures, special lamps for emergency car lighting, and fuses (except main line disconnect).
- Governor components, governor sheaves and shaft assemblies, bearings, contacts, governor jaws, deflector or secondary sheaves, car and counterweight buffers, car and counterweight guide rails, car and counterweight sheave assemblies, top and bottom limit switches, governor tension sheave assemblies, and compensating sheave assemblies.
- Pumps, pump motors, operating valves, valve motors, leveling valves, plunger packings, exposed piping, above ground plungers and cylinders, and hydraulic fluid tanks.

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All Service Activities will be performed Monday to Friday, 8:00 AM to 3:30 PM except during holidays recognized in the National Elevator Bargaining Association's collective bargaining agreement with the International Union of Elevator Constructors ("Regular Time").

Parts Repair/Replacement

Service Activities also include the repair or replacement of only the following parts (using replacement parts of TK Elevator's choosing): motor brushes, operating-switch and relay components, plug-in relays and fuses (except main line disconnect). In order to qualify for repair or replacement under this Agreement such parts' repair or replacement must be necessitated solely by normal wear and tear and not a cause otherwise excluded elsewhere in this Agreement.

Service Activities Include TK Elevator's Maintenance Control Program

TK Elevator performs all work covered by this Agreement in accordance with the version of ASME A17.1 that is, according to the relevant authority having jurisdiction, applicable to the Unit(s) at the time the Agreement is first fully executed by both Parties. Section 8.6 of that code currently requires Unit owners to have a Maintenance Control Program ("MCP"). TK Elevator's MCP meets or exceeds section 8.6 of that code. Our MCP takes into consideration the age and usage of the Unit(s). Our MCP also includes TK Elevator's Maintenance Tasks & Records documentation to record the performance of those tasks. This Agreement does not include any work mandated as a consequence of changes to that code after this Agreement is executed.

Service Requests

This Agreement also includes, "Service Requests" during Regular Time. Service Requests are defined as the dispatch of our technician to release any entrapped passengers from a Unit and/or to address adjustments to any of the parts listed under the section of this Agreement titled "Service Activities" so long as such adjustments are not otherwise excluded in this Agreement, take less than two (2) hours, excluding travel time and require, in TK Elevator's sole opinion, less than two (2) technicians to complete. Adjustments resulting from a Service Request that do not meet all three (3) conditions listed in the preceding sentence will be invoiced to Purchaser at our standard billing rates. Service Requests may be made from one or more of the following: you or your representative, the building or building's representative, emergency personnel, and/or passengers through the Unit's communication device and/or from any applicable remote monitoring device attached to the Unit if monitored by TK Elevator.

Overtime Service Requests are those Service Requests performed in whole or in part before or after Regular Time ("Overtime Service Requests"). On all Overtime Service Requests, you will be responsible for all material and labor costs including travel time, travel expenses, and time spent on the job. Such costs will be invoiced at our standard Overtime billing rates.

Testing

Equipment Testing

This Agreement does not include any testing of any kind.

Should your Unit(s) require any type of equipment testing as required by any applicable law and/or code, we will provide you with a separate written estimate that includes the cost of any associated labor and/or material(s) and any third party witness attendance and coordination fees if any witnessing is required by your authority having jurisdiction.

Should your Unit(s) require any safety tests as mandated by any applicable law and/or code on the commencement date of this Agreement, TK Elevator assumes no responsibility for the day-to-day operation of the governor or safeties on applicable traction elevators, or the hydraulic system on applicable hydraulic elevators under the terms of this Agreement until the test has been completed and the Unit has passed. Should the respective Unit fail any of those tests, it shall be solely your responsibility to make necessary repairs and place the Unit(s) in a condition that we deem acceptable for further coverage under the terms of this Agreement. Because the performance of any safety test places the Unit under extreme conditions that are outside of the Unit's normal operating parameters, you agree that TK Elevator shall not be liable for any damage to the building structure or the Unit(s) resulting from the performance of any safety tests we perform at any time under this Agreement.

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Should your jurisdiction require the presence of either the applicable authority having jurisdiction or a third party witness at the time of testing, you agree to pay for any costs of that individual along with any inspection/coordination fees or any costs incurred by TK Elevator.

Firefighters' Service Testing

Should your Unit(s) be equipped with a phase I and phase II firefighters' service feature, all testing, record-keeping and record storage obligations associated with that feature that are required by any applicable law or code are expressly excluded from this Agreement and shall remain solely your responsibility to satisfy. The first time that your testing of that feature following the full execution of this Agreement reveals that it is not operating properly, you shall immediately remove the Unit from operation, immediately notify TK Elevator of the condition, and agree to remain responsible for all costs associated with any repairs necessary to return that feature to full and proper operation in accordance with any applicable law or code which will be billed at TK Elevator's standard billing rates (whether Regular Time or Overtime depending on when the repairs are performed) including travel time (calculated roundtrip from the dispatching location to the Unit location and return), travel expenses, and time spent on the job.

Exclusions

Service Activities, Service Requests, and Overtime Service Requests do not include: the removal or retrieval of items unrelated to the operation of the Unit(s) from the pit, machine room, or hoistway; the dispatching of any technician that results in the discovery by that technician that the Unit is either functioning on independent service or firefighters' service or that the Unit is operating properly but the stop button or stop function has been engaged by others; any request or obligation to address any condition associated with a part or component specifically excluded or not covered elsewhere in this Agreement; and/or any request or obligation to service, repair, replace any part or component or address any condition caused in whole or in part by any one or more of the following: anyone's abuse, misuse and/or vandalism of the equipment; anyone's negligence in connection with the use or operation of the equipment; dust or debris; any loss of power, power fluctuations, power failure, or power surges that in any way affect the operation of the equipment; oxidization, rust, or other conditions caused in whole or in part by the environment in which the affected component is located; fire, smoke, explosions, water, storms, wind, and/or lightning; any acts of God; acts of civil or military authorities, strikes, lockouts, other labor disputes, riot, civil commotion, war, malicious mischief, or theft; or any other reason or cause beyond our control that affects the use or operation of the Unit ("Billable Work"). Any Service Request and Overtime Service Requests that are necessitated by, in whole or in part, the condition, operation and/or non-operation of parts that are "obsolete" (as that term is defined below) are also (a) excluded from this Agreement and (b) constitute Billable Work. On all Billable Work you will be solely responsible for the cost of all parts or materials along with all labor invoiced at TK Elevator's standard billing rates (whether Regular Time or Overtime depending on when the Billable Work is performed) including travel time (calculated roundtrip from the dispatching location to the Unit location and return), travel expenses, and time spent on the job.

With the passage of time, equipment technology and designs will change. If, at any time under this Agreement, (1) any part that is specifically listed as eligible for repair or replacement under the section of this Agreement entitled "Service Activities" cannot, in TK Elevator's sole opinion, be safely repaired and (2) a brand new direct replacement is no longer in stock and readily available from the Original Equipment Manufacturer ("OEM"), that part shall be considered "obsolete", regardless of whether it can be custom-made, fabricated or acquired at any price or whether or not a refurbished or reconditioned version is available from anyone. Moreover, if, at any time after the expiration of the initial term of this Agreement, (A) any part that is specifically listed as eligible for repair or replacement under the section of this Agreement entitled "Service Activities" cannot, in TK Elevator's sole opinion, be safely repaired and (B) that part was either (i) installed or (ii) manufactured ten (10) or more years earlier, that part will also be considered "obsolete". You will be responsible for all charges associated with replacing that obsolete part or component as well as all charges required to ensure that the remainder of the equipment associated with that Unit is functionally compatible with that replacement part.

In addition, we will not be required to make any changes or recommendations in the existing design or function of the Unit(s) nor will we be obligated to install new attachments or parts upon the equipment as recommended or directed by insurance companies, governmental agencies or authorities, or any other third party.

Should Purchaser elect to modernize any Unit described in this Agreement during the original or any renewal term of this Agreement, Purchaser agrees to provide TK Elevator with the modernization proposals prepared by any other vendor and at least fourteen (14) calendar days thereafter to both evaluate such proposals and, at TK Elevator's sole option, make its own proposal to Purchaser. Should Purchaser thereafter elect to accept the proposal of another vendor, the Parties agree that the current term of this Agreement applicable to the Units that are the subject of such modernization shall be frozen until the modernization work is complete and TK Elevator has inspected such work and

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deemed the modernized Unit acceptable for service under the terms of this Agreement. In the event such Unit is not, in TK Elevator's sole opinion, acceptable for service under the terms of this Agreement, TKE will submit a written proposal to Purchaser to address the items in question at an additional cost. Should Purchaser decline that proposal, TKE retains the right to remove the Unit from the Agreement and adjust the price accordingly or cancel the Agreement if the proposal affects all Units that are the subject of the Agreement.

Pre-Existing Conditions and/or No or Limited Pre-Maintenance Inspection

TK Elevator submits this Agreement with the expectation and understanding that the Unit(s) has/have previously and continuously been the subject of an appropriate maintenance program. During the first ninety (90) days of this Agreement, TK Elevator, at its sole option, will inspect the Unit(s) to confirm that expectation and understanding and may thereafter determine, in its sole opinion, that certain parts or components require repair and/or replacement. In that event, TK Elevator will provide Purchaser with a written proposal for that work at additional cost. Should Purchaser fail to authorize that additional work on the terms proposed, TK Elevator shall have the exclusive right to either immediately terminate this Agreement or exclude the affected component from this Agreement upon written notice to Purchaser. Moreover, should that inspection reveal the existence of unsafe or hazardous conditions, TK Elevator retains the exclusive right to terminate this Agreement immediately upon written notice to Purchaser.

Digital Customer Experience

MAX - Digital Maintenance

MAX is a cloud-based Internet of Things ("IOT") platform that we, at our election, may connect to your Unit(s) by installing a remote-monitoring device (a "Device"). Purchaser consents and authorizes TK Elevator to (1) access Purchaser's premises to install a Device to the Unit(s) and thereafter maintain and/or repair the Device(s) and (2) to collect, store, maintain, own, use, delete, and/or destroy any or all of the data generated by the Device(s) as well as all data collected by the Device(s) and all data sent by the Device(s) to TK Elevator (all such data generated, collected, and/or sent shall be collectively referred to herein as the "MAX Data"). Purchaser agrees that all MAX Data is, and shall be, owned by TK Elevator and agrees to assign and hereby does assign any right, title or interest it may have in such MAX Data to TK Elevator. Any Device, once installed, is not intended, nor should it be considered, as a fixture. Instead, TK Elevator shall retain the right to remove the Device from any Unit(s) and/or cease any data collection and/or analysis at any time at its sole discretion. Moreover, TK Elevator shall retain the exclusive right and ability to, at its sole discretion, remove, delete and/or destroy all associated data generated from the Device(s). Because the Device and the MAX Data contain trade secrets belonging to TK Elevator, Purchaser agrees not to permit Purchaser's own personnel or any third parties to use, access, tamper with, relocate, copy, alter, destroy, disassemble or reverse engineer the Device or the MAX Data and shall treat the MAX Data as confidential information of TK Elevator, including by using no less than reasonable care to protect the confidentiality of such MAX Data. The installation of any Device on a Unit shall not confer any rights or operate as an assignment or license to you of any patents, copyrights or trade secrets with respect to the Device and/or any software contained or embedded therein or that it utilizes/utilized in connection with the collection, monitoring and/or analysis of data.

With a MAX device connected to your equipment, information obtained via machine learning may be sent to our technicians to promote early diagnosis, faster fixes and reduced downtime.

Customer Web Portal and Mobile App

TK Elevator provides a web-based customer portal (the "CP") and mobile application (the "App") which, following the effective date of this Agreement, may contain certain maintenance and service call data associated with the Unit(s). To the extent applicable, TK Elevator will provide Purchaser with a user name and password to access the CP and App platforms. Purchaser shall, at its sole cost, provide and ensure the functioning integrity of its own hardware, software and internet connection necessary to access the CP and App. To the extent applicable, TK Elevator reserves the right to restrict Purchaser's access to the CP and App if any of Purchaser's accounts with TK Elevator has an outstanding unpaid balance greater than 30 days or in the event of anticipated or pending litigation of any kind. TK Elevator reserves the right to discontinue the CP and App altogether at its sole discretion and without notice to Purchaser and Purchaser expressly agrees to release TK Elevator from any and all claims of any type or kind arising out of or related to that discontinuation.

TK Elevator Communications

You may supplement this Agreement with an additional suite of services through our TK Elevator Communications call center at an additional fee contingent upon your agreement to all of the terms and conditions as set forth in the attached exhibit entitled "TK Elevator Communications Services." These additional available services involve the

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provision of 24/7/365 monitoring of your Units' code-compliant and compatible emergency telephone and in-cab video and text communication equipment (the "Communication Equipment"), the dispatch of a TK Elevator technician or emergency personnel under certain circumstances, the provision of a cellular connection for that Communication Equipment, and limited repair/replacement coverage for that Communication Equipment which is otherwise excluded from this Agreement.

Contract Term, Price & Payment

Term

This Agreement is effective for 60 months starting on the date it is fully executed by both Parties including an authorized manager of TK Elevator and is non-cancellable. Time is of the essence.

If this Agreement is terminated before the end of the initial 60-month period by either (A) TK Elevator for any breach by you or (B) by you for any reason other than our own default after you've provided any contractually-required notice and opportunity to cure, you agree as follows:

- (i) That TK Elevator may also terminate our obligations under this Agreement.

You further agree that the rights and obligations in (i), (ii) and (iii) above are material conditions of this Agreement, are reasonable and necessary, are not subject to offset, dispute or reduction and that under such circumstances, TK Elevator also reserves all of its other rights under this Agreement and applicable law.

Price

The price for the Agreement shall be \$1,475.00 per month, inclusive of all applicable sales and use taxes, payable annually in advance.

The price of this Agreement contemplates that each Unit covered under this Agreement will make no more than 37,000 trips, defined as passenger-initiated travel of the Unit between two (2) to ten (10) landings as determined by TK Elevator, within any six (6) month period. In the event that any Unit covered by this Agreement makes more than 37,000 trips within any six (6) month period during the term of this Agreement then Purchaser agrees to pay TK Elevator an additional fee equal to 2% to the monthly billing amount during the following six (6) month period for each such Unit which will appear as a separate line item on any applicable invoice or on a separate invoice altogether.

The price of this Agreement does not include any value added taxes, tariffs, duties or similar assessments imposed on TK Elevator for any parts and/or components replaced under this Agreement or for the related increase in the cost of such parts and/or components charged by their suppliers (collectively, the "Additional Costs"). In the event any such Additional Costs are incurred by TK Elevator, TK Elevator shall provide Purchaser reasonable written notice that such Additional Costs will be invoiced to the Purchaser on the next invoice sent by TK Elevator and Purchaser agrees to pay, such Additional Costs, together with TK Elevator's profit and overhead associated with those amounts, all in addition to the price of this Agreement.

We reserve the right to semi-annually increase all charges under this Agreement five percent plus an additional amount resulting from any increase of any of TK Elevator's expenses relating to one or more of the following categories during the preceding calendar year: labor, employment benefits, materials, tools, vehicles, fuel, rent, internet and/or communication access, data storage, utilities, logistics/shipping, waste disposal, taxes, tariffs, and any governmentally-imposed charges.

Payment

Payments are due upon receipt of each of your TK Elevator invoices. Any payments by credit card shall be subject to a 3% credit card fee. If you do not timely pay any sum due to TK Elevator related to your Unit(s) described in this Agreement, regardless of whether it is billed pursuant to this Agreement or any other agreement with us, within the stipulated payment term calculated from the billing date, we may also choose to do one or more of the following:

- suspend all services until all amounts due have been paid in full, and/or



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- declare all sums for the unexpired term of this Agreement due immediately as liquidated damages which the Parties agree are a good faith estimate of TK Elevator's damages and not a penalty and terminate our obligations under this Agreement

A service charge capped at 3% shall apply to all overdue accounts you have with TK Elevator that are in any way related to any of the Unit(s) described in this Agreement. If TK Elevator elects to suspend service, we shall not be responsible for personal injury, death, damage to property (including damage to the Unit(s)) or losses of any other type or kind that is in any way related to TK Elevator's suspension of service. Upon resumption of service, you will be responsible for payment to TK Elevator for all costs we incur that result from our suspension of service and to remedy any damage caused to your equipment during that time. Time is of the essence.

All invoices generated in connection with services performed under this Agreement shall be delivered to Purchaser electronically. It shall solely be Purchaser's responsibility to ensure that TK Elevator, at all times, has been provided with accurate Purchaser contact information in order to successfully deliver such invoices. TK Elevator reserves the right to apply any overpayments it receives from Purchaser to any open invoices issued in connection with the subject matter of this Agreement regardless of whether or not the invoices were generated in connection with this Agreement or with any other contract, agreement, or work order between the parties.

TK Elevator reserves the right to assign payments owed to TK Elevator under this Agreement. If for any reason this Agreement is terminated prior to the end of the current term, a condition of such termination shall be that you agree to pay us the full amount of the any discount you received during the initial and any subsequent term. This is in addition to and not in lieu of any other rights or remedies we may have under this Agreement and the law.

Purchaser's Responsibilities

You agree to instruct or warn passengers in the proper use of the Unit(s) and to keep them under continued surveillance by competent personnel to detect irregularities between our examinations. You agree to immediately report any condition that may indicate the need for correction before the next regular examination. You agree to immediately shut down the Unit(s) upon manifestation of any irregularities in either the operation or the appearance of the Unit(s), to immediately notify us, and to keep the Unit(s) shut down until the completion of any repairs. Under those circumstances you agree not to re-set the mainline disconnect. In the event of a Service Request where our technician finds that the mainline disconnect has been reset, you agree that you will be responsible for all labor costs associated with that Service Request invoiced at TK Elevator's standard billing rates (whether Regular Time or Overtime depending on when we respond to that Service Request) including travel time (calculated roundtrip from the dispatching location to the Unit location and return), travel expenses, and time spent on the job. In the event of a passenger entrapment, you agree to call TK Elevator immediately and, absent a medical emergency, wait for a TK Elevator technician to release the passenger(s). You agree to separately pay TK Elevator to repair or replace any parts of the Unit(s) damages in connection with your failure to do so. You agree that your employees, agents and/or contractors shall not attempt to release or extricate any entrapped passenger(s) from the Unit(s) in light of the life safety risks such attempts create. You agree to give us immediate verbal notice and written notice within ten (10) days after any occurrence or accident in or about the Unit(s) involving personal injury or property damage and that you will be solely responsible for preserving any parts that are replaced after such occurrence or accident. You agree to provide our personnel with a safe place to work. You agree to provide a suitable machine room, including secured doors, waterproofing, lighting, ventilation, and appropriate air temperature control to maintain that room at a temperature between 50°F and 90°F, with relative humidity less than 95% non-condensing at all times. You agree to provide properly maintained and functioning mainline disconnect(s). You agree to maintain the elevator pit in a dry condition at all times. Should water or other liquids become present, you are responsible for the cost associated with the removal and the proper handling of such liquids. You agree that if TK Elevator's inspection of a Unit serviced under this Agreement reveals an operational problem which, in TK Elevator's sole judgment, jeopardizes the safety of the riding public, TK Elevator may shut down the Unit until such time as the operational problem is resolved. In that event, TK Elevator will immediately advise you in writing of such action, the reason for such action, and whether any proposed solution is covered by the terms of this Agreement.

TK Elevator assumes no responsibility for any part of the Unit(s) except that upon which work has been performed under this Agreement. No work, service, examination or liability on the part of TK Elevator other than that specifically mentioned herein is included or intended. It is agreed that TK Elevator does not assume possession or control of any part of the Unit(s) and that such remains Purchaser's exclusively as owner, lessor, lessee, possessor, or manager thereof.

We reserve the right to discontinue work in the building whenever, in our sole opinion, our personnel do not have a safe place to work. For safety reasons, you agree not to permit others to make alterations, additions, adjustments, or



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repairs or replace any component or part of the Unit(s) during the term of this Agreement. You agree to accept our judgment as to the means and methods employed by us for any corrective work under this Agreement.

Upon the commencement of this Agreement and as a condition of TK Elevator's performance of its obligations, Purchaser shall provide any wiring diagrams, manuals, special tools, monitoring devices, software, hardware or any other items designed to work with, diagnose, service, or repair the Unit(s) (1) as originally supplied by the OEM with the installation or (2) solely available to Purchaser from the OEM.

Some equipment covered by this Agreement may be encoded with serialized onboard diagnostics or other closely held diagnostic intelligence. In the event that the cause of a shutdown or other equipment issue cannot be diagnosed and/or resolved without enlisting the OEM's assistance, Purchaser agrees to obtain the assistance of the OEM and any resulting costs or fees shall be exclusively the Purchaser's responsibility.

Since TK Elevator's top priority is the satisfaction of its customers, if you should have any concern(s) with our performance or the means and methods used to meet our obligations under this Agreement, you agree to provide us with written notice of that concern and give us thirty (30) days to respond either in writing or commence action to appropriately resolve it.

In the event of the sale, lease or other transfer of the ownership of the premises in which the Unit(s) described herein are located, you agree to see that such transferee is made aware of this Agreement and agrees to assume and/or be bound by the conditions hereof for the balance of the unexpired term of this Agreement. Should the transferee fail to assume this Agreement, you shall remain liable for all unpaid amounts, including those owed for the balance of the current unexpired term of this Agreement.

This Agreement expressly excludes any materials, labor and/or services involving or related to either the monitoring of or provision of a response to any communications initiated from any Communication Equipment installed within the Unit(s) and Purchaser remains solely responsible for contracting with a separate vendor to monitor and respond to such communications in accordance with all applicable codes, statutes and/or laws absent its inclusion elsewhere in this Agreement of any later amendment.

You expressly agree to release and discharge us and our employees for any and all claims and/or losses of any type or kind (including but not limited to personal injury, death and property damage, specifically including damage to the property which is the subject matter of this Agreement) (1) associated with any components excluded in this Agreement or (2) associated with any Billable Work or (3) caused in whole or in part by reason(s) outside of our control. TK Elevator shall also automatically receive an extension of time commensurate with any delay in performance caused by or related to the aforementioned.

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, IN NO EVENT WILL TK ELEVATOR OR ITS AFFILIATES, BE LIABLE TO THE CUSTOMER OR ANY THIRD PARTY FOR ANY USE, INTERRUPTION, DELAY OR INABILITY TO USE THE UNIT(S), PARTS, PLATFORMS AND/OR SERVICES OR FOR THE ACT OF ANY THIRD PARTY RELATED THERETO, INCLUDING BUT NOT LIMITED TO THE INCORPORATION OF A VIRUS, SPYWARE OR ANY OTHER MALICIOUS PROGRAM INTO THE PURCHASER'S SOFTWARE OR HARDWARE OR PLATFORM.

In no event shall TK Elevator's liability for damages arising out of this Agreement exceed the amounts available for TK Elevator's insurance.

You expressly agree to release and discharge TK Elevator from any and all claims for consequential, special or indirect damages arising out of the performance of this Agreement.

In the event an attorney is retained to enforce, construe or defend any of the terms and conditions of this Agreement or to collect any monies due hereunder the prevailing Party shall be entitled to recover all costs and reasonable attorney's fees.

You agree that this Agreement shall be construed and enforced in accordance with the laws of the state where the Unit(s) is/are located. You consent to jurisdiction of the courts, both state and Federal, of the state in which the Unit(s) is/are located as to all matters and disputes arising out of this Agreement.

TK Elevated Agreement

Universal Service by TK Elevator
Any Brand | Any Place | Any Time

In the event any portion of this Agreement is deemed invalid or unenforceable by a court of law, public policy or statute, such finding shall not affect the validity or enforceability of any other portion of this Agreement.

Our rights under this Agreement shall be cumulative and our failure to exercise any rights is not intended to be, nor shall it operate to forfeit or waive any of those rights. Moreover, any extension, indulgence or change by us in the method, mode or manner of payment or any of our other rights under this Agreement shall not be construed as a waiver of any of our rights under this Agreement

TK Elevated Agreement

Universal Service by TK Elevator
Any Brand | Any Place | Any Time

Acceptance

Until executed by both Parties this Agreement is a proposal that shall only remain available for acceptance for a period of sixty (60) calendar days from the date appearing on the first page of this document unless revoked by TK Elevator earlier in writing to Purchaser. Your acceptance of this Agreement and its approval by an authorized manager of TK Elevator will constitute exclusively and entirely the agreement for the services herein described. All other prior representations or agreements, whether written or verbal, will be deemed to be merged herein and no other changes in or additions to this Agreement will be recognized unless made in writing and properly executed by both Parties. Should your acceptance be in the form of a purchase order or other similar document, the provisions of this Agreement will exclusively govern the Parties' responsibilities. No agent or employee of TK Elevator shall have the authority to waive or modify any of the terms of this Agreement without the express prior written approval of an authorized TK Elevator manager.

**Pioneers Memorial Hospital
(Purchaser):**

TK Elevator Corporation Management Approval

By:

By:

(Signature of Authorized Individual)

(Signature of Branch Representative)

Sean Beckham

Bryan Jenkins

(Print or Type Name)

Director of Facilities

Branch Manager

(Print or Type Title)

(Date of Acceptance)

(Date of Execution)

For inquiries regarding your contract or services provided by TK Elevator, please contact your local branch office:

1965 Gillespie Way Ste 101
El Cajon, CA 92020
619-596-7220

Thank you for choosing TK Elevator. We appreciate your business.

Nicole Orduno

TK Elevated Agreement

Universal Service by TK Elevator
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Customer Onboarding Form

1) To elect a Payment Frequency other than Annual:

Initial To Accept

Semi-Annual	3% Addition	
Quarterly	4% Addition	
Monthly	7% Addition	

BILL TO INFORMATION

Company Name: Imperial Valley Healthcare District

Address: 207 W Legion Road

Address 2: _____

City: Brawley

State: California

Zip Code: 92227

ACCOUNTS PAYABLE CONTACT

Name: Maricela Rodriguez

Phone: (760) 351-3567

Fax: (760) 351-3568

Email: mgrodrig@iv-hd.org

TAX STATUS:

Are you tax exempt? ☐

TK Elevated Agreement

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Exhibit A

TK Elevator Communications

TK Elevator offers an additional suite of services through our TK Elevator Communications call center separate and apart from those services included with your elevator service agreement with TK Elevator (the "Agreement"). We have notated below each additional TK Elevator Communications Service that you have selected for each of the Unit(s) covered under your Agreement and the corresponding total price per month of those services per Unit.

Building Name	Equipment Type	Nickname	Phone Monitoring	Elevator Telephone #
Pioneers Memorial Hospital	Hydraulic		Current Selection	
Pioneers Memorial Hospital	Hydraulic		Current Selection	
Pioneers Memorial Hospital	Hydraulic		Current Selection	
Pioneers Memorial Hospital	Geared(Traction)		Current Selection	
Pioneers Memorial Hospital	Geared(Traction)		Current Selection	
Pioneers Memorial Hospital	Dumbwaiter(Other)		Current Selection	

Elevator telephone # is not required on units with MAX Link selected.

Price

In light your selections in the chart above, you agree to an additional price of \$0.00 per month which will be billed to you as a separate line item from all other scopes of work specifically provided for by TK Elevator under your Agreement (the "TK Elevator Communications Services Charge"). The TK Elevator Communications Services Charge is not subject to any discounts

A description of each available TK Elevator Communications service and the additional applicable terms and conditions follow.

Phone Monitoring Service

If "Phone Monitoring" is selected for specific Units in the chart above, so long as those specific Units have operational telephone equipment capable of placing an outgoing call to TK Elevator Communications' call center, we will provide monitoring of such calls through that call center on a 7 days per week, 24 hours per day, 365 days per year basis. Depending on the nature of each call and circumstances, TK Elevator Communications' operators can call one or more of the following: Purchaser's Designated Contacts set forth below; Local Emergency Services at phone numbers provided by Purchaser below; and/or a local TK Elevator service technician to be dispatched to the location of the equipment. Calls cannot be placed to "9-1-1" as the centralized TK Elevator Communications call center does not have dialing access to local "9-1-1" numbers.

This Phone Monitoring service specifically excludes any maintenance, repair or replacement of any type or kind of the Purchaser's telephone or other communication equipment. The Purchaser retains exclusive possession and control of its telephone and other communication equipment and is solely responsible for ensuring uninterrupted operation of that equipment so that it is continuously capable of placing a call to TK Elevator Communications' call center.

Terms and Conditions

Any of the services mentioned in this Exhibit shall be governed by both the terms and conditions of the Agreement covering the Unit(s) described in that Agreement and the terms and conditions of this Exhibit and in the event that those terms conflict, the terms and conditions of this Exhibit will exclusively govern the subject matter of those terms and conditions. Should the Agreement covering the Unit(s) be terminated for any reason by either Party then this Exhibit shall also be automatically terminated. In the event that this Exhibit is terminated for whatever reason, Purchaser agrees to immediately both transfer the connection of the communication equipment to an appropriate telephone service provider and also make arrangements with its replacement elevator service vendor to reprogram the communication equipment to initiate contact with a replacement call center.

TK Elevated Agreement

Universal Service by TK Elevator
Any Brand | Any Place | Any Time

TK Elevator Communications Contact Information - To Be Completed by Purchaser

Purchaser hereby acknowledges that as a condition precedent to TK Elevator's placement of calls to Purchaser's Designated Contacts and any Local Emergency Services under this Agreement, Purchaser must first complete all sections of the TK Elevator communications Contact Information section below. Purchaser further acknowledges that it is Purchaser's sole responsibility to advise TK Elevator immediately in writing of any changes to the information contained in this exhibit during the term of this Agreement. Purchaser acknowledges that no revision to that information will be made without TK Elevator first receiving such request in writing from Purchaser's authorized representative.

Under those circumstances where TK Elevator is unable to reach Purchaser's Designated Contacts, Purchaser hereby gives TK Elevator express permission to dispatch a TK Elevator service technician to the location of the equipment at Purchaser's expense in accordance with TK Elevator's applicable billing rates. Purchaser further agrees that TK Elevator does not assume any duty or responsibility to advise any caller, regardless of his or her location within or outside the elevator, to take or not take any specific action resulting from a medical or other emergency or any other situation including, but not limited to, entrapment of persons, evacuation, repair or return to service of any equipment.

In the event of an emergency, or perceived emergency, one or more of the following are to be Purchaser's Designated Contacts:

Contact Name	Title	Primary Telephone #	Secondary Telephone #
Engineering On-Call Cell	Maintenance/Engineer	(760) 790-7227	(760) 351-3320
Oscar Clemente	Engineering Manager	(760) 791-7383	(760) 351-4511
Jovani Tapia	Support Services Coordinator	(760) 351-3449	(760) 351-3547
Yolanda Lopez	Support Services Lead	(760) 351-3547	(760) 351-3449

In the event of an Emergency or perceived emergency, TK Elevator has the express permission to contact one or more of the following (**911 is not sufficient, local phone numbers are required**):

Police Department: (760) 344-2111

Fire Department: (760) 351-9110

Special instructions/remarks:

In the event that a TK Elevator call center operator perceives that a call from within the elevator constitutes a medical or other emergency, Purchaser hereby gives TK Elevator the express permission to call Local Emergency Services at the telephone numbers provided above at TK Elevator's sole discretion. Under those circumstances, Purchaser agrees to pay all related charges for services provided by any Local Emergency Services in response to that call. Purchaser agrees that TK Elevator shall not be responsible for ensuring an appropriate (or any) response by Local Emergency Services to that call.



Customer Portal & Mobile App setup form

Name:	Jovani Tapia	Yolanda Lopez	
Address: (if different from contract)			
City:	Brawley	Brawley	
State:	CA	CA	
Zip Code:	92227	92227	
Phone:	(760) 351-3449	(760) 351-3547	
Email:	JRTapia@iv-hd.org	YLopez@iv-hd.org	
Subscribe to email notifications:	☒	☐	☐

PIONEERS MEMORIAL HEALTHCARE DISTRICT

BOARD MEETING DATE APPROVED:

SUBJECT: Johnson Controls Building Solutions LLC (Planned Service Agreement – 5 Years)

BACKGROUND: Imperial Valley Healthcare District contracts with Johnson Controls Building Solution LLC for preventive maintenance of the (3) chillers at the main hospital's central plant. The chillers supply chilled water to the air handler units that regulate temperature and humidity throughout the hospital.

KEY ISSUES: Contract expired on 6/30/2026.

CONTRACT VALUE: \$368,488.00

CONTRACT TERM: (5) year term, 7/1/2026 – 6/30/2031

BUDGETED:

BUDGET CLASSIFICATION:

RESPONSIBLE ADMINISTRATOR: Carly Zamora

DATE SUBMITTED TO LEGAL: Renewal of existing **REVIEWED BY LEGAL:** ☒ Yes ☐ No

RECOMMENDED ACTION: Seeking approval of (5) year contract with Johnson Controls Building Solutions LLC, upon review of legal counsel.

Johnson Controls planned service proposal

Prepared for IMPERIAL VALLEY HEALTHCARE DISTRICT

Customer
IMPERIAL VALLEY HEALTHCARE DISTRICT

Local Johnson Controls Office
3568 RUFFIN RD
SAN DIEGO, CA 92123-2597

Agreement Start Date:
07/01/2026

Proposal Date
05/27/2026

Estimate No:
1-1QXJUQ45

Price for recommended offering:
\$68,564.00



Partnering with you to deliver value-driven solutions

Every day, we transform the environments where people live, work, learn and play. From optimizing building performance to improving safety and enhancing comfort, we are here to power your mission.

A Planned Service Agreement with Johnson Controls provides you with a customized service strategy designed around the needs of your facility. Our approach features a combination of scheduled, predictive and preventative maintenance services that focus on your goals.

As your building technology services partner, Johnson Controls delivers an unmatched service experience delivered by factory-trained, highly skilled technicians who optimize operations of the buildings we work with, creating productive and safe environments for the people within.

By integrating our service expertise with innovative processes and technologies, our value-driven planned service solutions deliver sustainable results, minimize equipment downtime and maximize occupant comfort.

With more than a century of healthy buildings expertise, Johnson Controls leverages technologies to successfully deliver smart solutions to facilities worldwide.

F R O S T  S U L L I V A N

2020 | North American Company of the Year for
Award | Innovation in Smart Connected Chillers

Johnson Controls was recognized by Frost & Sullivan as the 2020 North American Company of the Year for innovation in the Smart connected Chillers market

Executive summary

Planned service proposal for IMPERIAL VALLEY HEALTHCARE DISTRICT

Dear Customer,

We value and appreciate your interest in Johnson Controls as a service provider for your building systems and are pleased to provide a value-driven maintenance solution for your facility. The enclosed proposal outlines the Planned Service Agreement we have developed on your facility.

Details are included in the Planned Service Agreement summary (Schedule A), but highlights are as follows:

- In this proposal we are offering a service agreement for 5 Years starting 07/01/2026 and ending 06/30/2031.
- The agreement price for first year is **\$68,564.00**; see Price and Payment Terms, for pricing in subsequent years.
- The equipment options and number of visits being provided for each piece of equipment are described in Schedule A, Equipment list.

As a manufacturer of both mechanical and controls systems, Johnson Controls has the expertise and resources to provide proper maintenance and repair services for your facility.

Again, thank you for your interest in Johnson Controls and we look forward to becoming your building technology services partner.

Please contact me if you have any questions.

Sincerely,

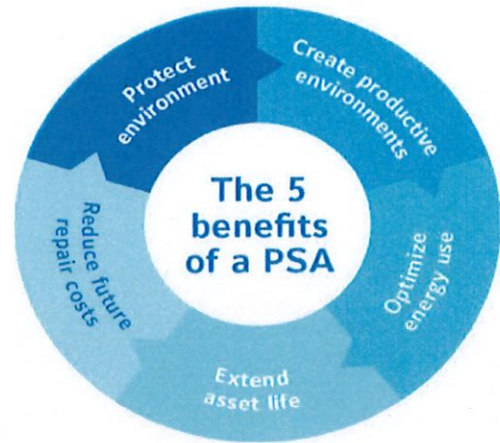
Armando Paez
Service Manager
(866) 283-6733

The power behind your mission

Benefits of planned service

A Planned Service Agreement with Johnson Controls will allow you to optimize your building's facility performance, providing dependability, sustainability and energy efficiency. You'll get a value-driven solution that fits your specific goals, delivered with the attention of a local service company backed by the resources of a global organization.

With this Planned Service Agreement, Johnson Controls can help you achieve the following five objectives:



1. Identify energy savings Opportunities

Since HVAC equipment accounts for a major portion of a building's energy usage, keeping your system performing at optimum levels may lead to a significant reduction in energy costs.

2. Reduce future repair costs

Routine maintenance may maximize the life of your equipment and may reduce equipment breakdowns.

3. Extend asset life

Through proactive, factory-recommended maintenance, the life of your HVAC assets may be extended, maximizing the return on your investment.

4. Ensure productive environments

Whether creating a comfortable place where employees can be productive or controlling a space to meet specialized needs, maintenance can help you achieve an optimal environment for the work that is being accomplished

5. Promote environmental health and safety

When proper indoor conditions and plant requirements are maintained, business outcomes may be improved by minimizing sick leave, reducing accidents, minimizing greenhouse gas emissions and managing refrigerant requirements.

All of the services we perform on your equipment are aligned with "The 5 Values of Planned Maintenance" and our technicians understand how the work they perform can help you accomplish your business objectives.

Our partnership

Personalized account management

A Planned Service Agreement also provides you with the support of an entire team that knows your site and can closely work with you on budget planning and asset management. Your local Johnson Controls account management team can help guide planned replacement, energy retrofits and other building improvement projects. You'll have peace of mind that an entire team of skilled professionals will be looking out for what is best for your facility and budget.

A culture of safety

Johnson Controls technicians take safety seriously and personally, and integrate it into everything they do. All of our technicians participate in regular and thorough safety training. Because of their personal commitment, we are a leader in the HVAC service industry for workplace safety performance. This means that you do not have to worry about us when we are on your site.

Commitment to customer satisfaction

Throughout the term of your Planned Service Agreement, we will periodically survey you and use your feedback to continue to make improvements to our service processes and products. Our goal is to deliver the most consistent and complete service experience possible. To meet this goal, we've developed and implemented standards and procedures to ensure you receive the ultimate service experience – every time.

Energy & sustainability

A more sustainable world one building at a time – Johnson Controls is a company that started more than 125 years ago with a product that reduced energy use in buildings. We've been saving energy for customers ever since. Today, Johnson Controls is a global leader in creating smart environments where people live, work and play, helping to create a more comfortable, safe and sustainable world.

The value of integrity

Johnson Controls has a long, proud history of integrity. We do what we say we will do and stand behind our commitments. Our good reputation builds trust and loyalty. In recognition for our commitment to ethics across our global operations, we are honored to be named one of the World's Most Ethical Companies by Ethisphere Institute, a leading think tank dedicated to business ethics and corporate social responsibility. In addition, Corporate Responsibility Magazine recognizes Johnson Controls as one of the top companies in its annual "100 Best Corporate Citizens" list.

Service delivery

As part of the delivery of this Planned Service Agreement, Johnson Controls will dedicate a local customer service agent responsible for having a clear understanding of the agreement scope, and your facility procedures and protocols.

A high-level overview around our service delivery process is outlined below including scheduling, emergency service, on-site paperwork, communication and performing repairs outside of the agreement scope.

Scheduling

Preventative maintenance service will be scheduled using our automated service management system. In advance of the scheduled service visit, our technician is sent a notice of service to a smartphone. Once the technician acknowledges the request, your customer service agent will call or e-mail your on-site contact to let you know the start date and type of service scheduled.

The technician checks in, wears personal protective equipment, performs the task(s) as assigned, checks out with you and asks for a screen capture signature on the smartphone device. A work order is then e-mailed, faxed or printed for your records.

Emergency services

Emergency service can be provided 7 days a week, 24 hours a day, 365 days a year. During normal business hours, emergency service will be coordinated by the customer service agent. After hours, weekends and holidays, the emergency service number transfers to the Johnson Controls after-hours call center and on-call technicians are dispatched as needed.

Johnson Controls is committed to dispatching a technician within hours of receiving your call through the service line. A work order is e-mailed, faxed or printed for your records. Depending on the terms of your agreement, you may incur charges for after hour services.

Communication

A detailed communication plan will be provided to you so you know how often we will provide information to you regarding your Planned Service Agreement. The communication plan will also provide you with your main contacts at Johnson Controls.

Approval process for non-covered items

Johnson Controls will adhere to your procurement process. No work will be performed outside of the agreement scope without prior approval. Johnson Controls will work with you closely to ensure your procurement process is followed before any non-covered item work is started.

Summary of services and options

Comprehensive and operational inspections

During comprehensive and operational inspections, Johnson Controls will perform routine checks of the equipment for common issues caused by normal wear and tear on the equipment. Additional tests can be run to confirm the equipment's performance.

Routine maintenance, such as lubrication, cleaning and tightening connections, can be performed depending on the type of equipment being serviced. Routine maintenance is one of the keys to the five values of maintenance – it can help identify energy saving opportunities, reduce future repair costs, extend asset life, ensure productive environments, and promote health and safety.

Chiller Tube Brushing

Dirt, minerals (scale), and/or biological elements (algae) on chiller tubes prevent the efficient transfer of heat from the chilled water to the cool refrigerant. This requires operation of the chiller unit at lower evaporator (chiller) temperatures to accomplish the same level or capacity of cooling to satisfy building load. Johnson Controls technicians will brush the tubes to improve heat transfer and system efficiency. When required, they will make recommendations for hard mineral (scale) removal. This service does not include chemical treatment required to control or eliminate biohazards such as Legionella unless chemical water treatment services have been added as a separate option.

Site Operator Training Hours

Our expert technicians will provide your operators with the specified number of hours of informal, on-the-job operator training at your site. Site specific training brings the unique value of training on the exact equipment and controls that your staff work with daily.

Advantages: Provides your team with expert help and training, which helps them maintain productive environments, identify energy efficiency opportunities, reduce future repairs and extend the life of your equipment.

Vibration Analysis - Chiller

Johnson Controls maintains the world's largest database of vibration signatures based on more than 50,000 chiller analyses. Data from your chiller is collected by Johnson Controls personnel and uploaded to our predictive diagnostics team for analysis. It is then compared with vibration standards which have been statistically derived from 20 years of compiled data using patented formulas. This allows you to identify and correct potential issues before they cause unscheduled downtime.

Customer Portal / Service Information Access

The Johnson Controls customer portal is the online gateway to easily access various elements of your service information. This real-time, self-service mechanism is just one more way for you to stay in touch with our service within your facilities. Using the internet, you can view service call history by location, monitor agreements, as well as view asset and invoice information.

Summary

Thank you for considering Johnson Controls as your building technology services partner. The following agreement document includes all the details surrounding your Planned Service Agreement.

With planned service from Johnson Controls, you'll get a value-driven solution that can help optimize your building controls and equipment performance, providing dependability, sustainability and energy efficiency. You'll get a solution that fits your specific goals, delivered with the attention of a local service company backed by the resources of a global organization.

The power behind your mission

Planned Service Agreement

Customer Name : IMPERIAL VALLEY HEALTHCARE DISTRICT
Address: 207 W LEGION RD BRAWLEY, CA 92227-7780
Proposal Date: 05/27/2026
Estimate #: 1-1QXJUQ45

Scope of Service

Johnson Controls Building Solutions LLC ("JC" or "Johnson Controls") and the Customer (collectively the "Parties") agree Preventative Maintenance Services, as defined in Schedule A ("Services"), will be provided by JC at the Customer's facility. This Planned Service Agreement, the Equipment List, Supplemental Price and Payment Terms, Terms and Conditions, and Schedules attached hereto and incorporated by this reference as if set forth fully herein (collectively the "Agreement"), cover the rights and obligations of both the Customer and JC.

"Contract Price" means the price that Customer shall pay to JC for the Services.

"Covered Equipment" means the equipment for which Services are to be provided under this Agreement. Covered Equipment is set forth in Schedule A - Equipment List.

"Equipment Failure" means the failure, under normal and expected working conditions, of moving parts or electric or electronic components of the Covered Equipment that are necessary for its operation.

"Repair Labor" is the labor necessary to restore Covered Equipment to working condition following an Equipment Failure, but does not include services relating to total equipment replacement due to obsolescence or unavailability of parts.

"Repair Materials" are the parts and materials necessary to restore Covered Equipment to working condition following an Equipment Failure, but excludes total equipment replacement due to obsolescence or unavailability of parts, unless excluded from the Agreement. At JC's option, Repair Materials may be new, used, or reconditioned.

"Scheduled Service Materials" are the materials required to perform Scheduled Service Visits on Covered Equipment, unless excluded from the Agreement.

"Scheduled Service Visits" are the on-site labor visits required to perform JC recommended inspections and preventive maintenance on Covered Equipment.

Extended Service Options for Premium Coverage

If Premium Coverage is selected, on-site repair services to the equipment will be provided as specified in this Agreement for the equipment listed in the attached Equipment List.

Basic Coverage means Scheduled Service Visits, plus Scheduled Service Materials (unless excluded from this Agreement). No parts, equipment, Repair Labor or Repair Materials are provided for under Basic Coverage.

Premium Coverage means Basic Coverage plus Repair Labor, plus Repair Materials (unless excluded from the Agreement). If Customer has ordered Premium Coverage, JC will inspect the Covered Equipment within forty-five (45) days of the date of this Agreement, or as seasonal or operational conditions permit. JC will then advise Customer if JC finds any Covered Equipment not in working order or in need of repair. With Customer's approval, JC will perform the work necessary to put the Covered Equipment in proper working condition, subject to the terms of this Agreement. Customer will pay for such work at JC's standard rates for parts and labor in effect at the time that the work is performed. If

Customer does not want JC to perform the work identified as necessary by JC, any equipment thereby affected will be removed from the list of Covered Equipment, and the Contract Price will be adjusted accordingly. Should Customer not make JC's recommended repairs or proceed with the modified Premium Coverage, JC reserves the right to invoice Customer for the cost of the initial equipment inspection.

Extended Service means Services performed outside JC's normal business hours and is available only if Customer has Premium Coverage. Extended Service is available either 24/5 or 24/7, at Customer's election. The price for Extended Service, if chosen by Customer, is part of the total Contract Price.

Equipment List

Only the equipment listed in the Equipment List will be covered as part of this Agreement. Any changes to the Equipment List must be agreed upon in writing by both Parties.

Term / Automatic Renewal

This Agreement takes effect on 07/01/2026 and will continue until 06/30/2031 ("Original Term"). The Agreement may be renewed and extended only upon the prior written agreement of both parties for successive terms equal to the Original Term (each a "Renewal Term"). The Original Term and any Renewal Term may be referred to herein as the "Term". Renewal price adjustments are discussed in the Terms and Conditions.

Refrigerant Charges

Refrigerant is not included under this Agreement and will be billed separately to the Customer by JC.

Price and Payment Terms

The total Contract Price for JC's Services during the first year of the Original Term is \$68,564.00. Pricing for each subsequent year of a multiyear Original Term is set forth below under Payment Amount. Unless otherwise agreed to by the parties, all payments will be due upon receipt. Renewal price adjustments are set forth in the Terms and Conditions. Any additional taxes, duties, tariffs or similar items imposed prior to shipment will be charged.

- Payment Amount

Year	Total Annual Dollar Amount	Payment Frequency
Year1	\$68,564.00	Quarterly
Year2	\$70,620.00	Quarterly
Year3	\$72,738.00	Quarterly
Year4	\$76,374.00	Quarterly
Year5	\$80,192.00	Quarterly

- Payment frequency: Quarterly in advance
- Payment terms: NET 30
- Billing Method: (please check where applicable)

☒ E-mail – E-mail address to be used: ylopez@iv-hd.org

☐ Portal – Portal Name: _____

Vendor ID Number: _____

☐ Mail – to be sent to the following address: IMPERIAL VALLEY HEALTHCARE DISTRICT
207 W LEGION RD
BRAWLEY, CA 92227

- Billing Requirements:
 - PO required: (please check where applicable)
 - ☐ No: This signed contract satisfies billing requirement
 - ☐ YES: Please reference this PO number : _____
 - Other billing requirements: _____

This proposal is valid for thirty days from the proposal date.

Johnson Controls Building Solutions LLC ("JC" or "Johnson Controls")

Johnson Controls **Planned Service Proposal**
Prepared for IMPERIAL VALLEY HEALTHCARE DISTRICT

JC Manager:

Customer Manager:

SEAN BECKHAM

JC Manager Signature:

Customer Manager Signature:

Sean Beckham

Title:

Date:

Title:

Date:

DIRECTOR OF FACILITIES

7/20/26

JC Branch: JOHNSON CONTROLS SAN DIEGO CA CB - 0N0N

Address: 3568 RUFFIN RD

SAN DIEGO, CA 92123-2597

Branch Phone: (866) 283-6733

Branch Email:

Schedule A - Equipment List

IMPERIAL VALLEY HEALTHCARE DISTRICT

**207 W LEGION RD
 BRAWLEY, CA 92227-7780**

Product: Site Operator Training Hours - Chiller Heavy

Quantity: 1

Coverage Level: Basic

Services Provided

1 Preventive Maintenance

Customer Tag
 CHILLER TRAINING

Manufacturer

Model #

Serial #

Product: Site Operator Training Hours - Controls

Quantity: 1

Coverage Level: Basic

Services Provided

1 Preventive Maintenance

Customer Tag
 CONTROLS TRAINING

Manufacturer
 JCI_YORK

Model #

Serial #
 0000001

Product: Chiller, Water Cooled, Screw (Single Compressor), <250 Tons

Quantity: 3

Coverage Level: Basic

Services Provided

3 Operational
 1 Oil Sample and Analysis
 1 Vibration Analysis
 1 Condenser Tube Brushing
 (removal and replacement of
 one head only)
 1 Comprehensive

Customer Tag
 Chiller 1
 YSCACAS2-CHC 1
 YSCACAS2-CHC 1

Manufacturer
 JCI_YORK

Model #
 YSCACAS2-CHC

Serial #
 SEFM-432240
 PHMC3
 PHMC1

Product: Block Hours - Controls

Quantity: 1

Coverage Level: Basic

Services Provided

12 Preventive Maintenance

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>
Metasys SSV			

Enhanced Tier	
Product: Controls, Building Automation System, Non-Connected System	
Quantity: 1	Services Provided
Coverage Level: Basic	1 Non-Standard Service Delivery Fee

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>

Equipment tasking

Block Hours - Controls

Preventive Maintenance Check with appropriate customer representative for operational deficiencies
Perform scheduled block hour tasks
Complete any required maintenance checklists, report observations to appropriate customer representative

Chiller, Water Cooled, Screw (Single Compressor), <250 Tons

Vibration Analysis All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Record equipment specific information for reference
Install pads and labels (if applicable)
Install sensors in proper location.
Start equipment and run at normal operating conditions.
Record readings and remove sensors.
Submit readings for report generation and deliver to customer with recommendations.
Document tasks performed during visit and report any observations to appropriate customer representative

Condenser Tube Brushing (removal and replacement of one head only) All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Isolate tubes
Drain water from tubes
Remove head
Mechanically brush tubes
Replace gasket
Replace head
Remove and dispose any debris from any maintenance activity
Document tasks performed during visit and report any observations to appropriate customer representative

Oil Sample and Analysis All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Remove sample in approved container
Drop off for analysis
Label and complete paperwork indicating present operating conditions
Document tasks performed during visit and report any observations to appropriate customer representative

Operational All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Review control panel for proper operation and recorded fault histories
Check for proper condenser and chilled water flow
Check system pressures and temperatures
Check refrigerant charge (sight glass)
Check oil separator level

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Check for proper capacity control operation
Check for proper oil temperature and pressure
Check for visual signs of refrigerant/oil leak(s)
Check for unusual noise and vibration
Check overall condition of unit
Record oil level in seal oil bottle
Check for proper operation of oil return system
Record and log all operating parameters
Document tasks performed during visit and report any observations to appropriate customer representative

Comprehensive

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Review control panel for proper operation and recorded fault histories
Conduct refrigerant leak check
Check oil separator level
Record oil level in seal oil bottle
Change oil filters (isolation valves must be present and functional)
Change oil eductor filter dryer (isolation valves must be present and functional)
Verify oil heater operation
Check and tighten electrical connections
Perform preventative procedures to flow proving devices
Lubricate motor bearings (per manufacturer's recommendations)
Check for unusual noise and vibration
Check overall condition of unit
Remove and dispose any debris from any maintenance activity
Document tasks performed during visit and report any observations to appropriate customer representative

Controls, Building Automation System, Non-Connected System

**Non-Standard Service
Delivery Fee**

All work must be performed in accordance with Johnson Controls safety policies

Site Operator Training Hours - Chiller Heavy

Preventive Maintenance

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Perform scheduled site operator training
Document tasks performed during visit and report any observations to appropriate customer representative

Site Operator Training Hours - Controls

Preventive Maintenance

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Perform scheduled site operator training
Document tasks performed during visit and report any observations to appropriate customer representative

Special Additions and Exceptions

This agreement includes the following discounts on additional labor and material work outside the scope of the contract. Discounts apply to current pricing and rates and are subject to renegotiation.

Labor 15%

Discount:

JCI Parts Discount: 10%

3rd Party Part Discount: 10%

Baltimore Part 10%

Discount:

Johnson Controls Standard Service Terms: One PSA

Terms

These terms cover the services and equipment provided by Johnson Controls. This Agreement includes the proposal, these terms and any referenced links. Conflicts are resolved in that order.

Scope of Work

We will provide the services or equipment described in the proposal. If the services include planned maintenance of equipment, only the equipment set forth in our proposal is covered by our services ("**Covered Equipment**"). Unless otherwise agreed in the proposal, services are performed during our normal working hours, excluding holidays. We reserve the right to modify or substitute materials.

Payment Terms

Services fees are paid annually in advance due 30 days from the invoice date via EFT/ACH, unless stated otherwise. Payment is required before services are performed or equipment is ordered or installed. Failure to pay on time is a breach that permits us to suspend or delay services until full payment is received, without liability, or to terminate this Agreement. Interest may also be charged on unpaid amounts at the lesser of 1.5% per month (19.56% annually) or the highest rate permitted by law. If you require a purchase order to process payments, you must send it to us at least 30 days before the end of a term but you must pay invoices even without a purchase order. No purchase order is required for any emergency services you request.

Prices

Prices do not cover taxes, fees, duties, tariffs, permits and levies or other charges imposed and/or enacted by a government. You are responsible for these items unless you provide an acceptable exemption certificate. If we need to pay any of these items or the exemption certificate is invalid or only covers some of these items, you must reimburse us on demand for the amounts owing. Prices may be adjusted at any time to reflect changes in costs, labor or market conditions. We will try to notify you of any changes in pricing in advance. Additional charges will be required for: (i) changes to these services or the Covered Equipment; (ii) additional services or equipment; (iii) unexpected site conditions or issues with the Covered Equipment; (iv) appointments that are cancelled less than 24 hours beforehand or for service, warranty or alarm calls caused by your error; (v) changes required to comply with laws, codes and regulations ("**Laws**"), including prevailing wage laws; and (vi) costs to notify and dispatch emergency personnel. We may change prices on equipment or parts prior to shipment or installation to reflect increases in costs from raw materials, third party products, any new or additional tariffs, duties, quotas, taxes, the withdrawal of trade agreement concessions or any unforeseen or other extra cost elements.

Limited Warranty

We warrant that services will be performed in a good and workmanlike manner for 90 days from the date of performance. Equipment we provide is also warranted to be free from defect in materials and workmanship for 90 days from installation. No warranty is provided for third-party equipment we install or furnish. Third-party HVAC and controls equipment is provided with the third-party manufacturer's warranty to the extent available. This limited warranty does not cover failures, defects, or damages caused in whole or in part by: (i) misuse, neglect, accident, Force Majeure, changes to your premises, or installation, maintenance or repairs not performed by us; (ii) environmental, electrical or other causes beyond our control; (iii) normal wear and tear or corrosion; (iv) use of unauthorized replacement parts or products or using the equipment for purposes not intended by the manufacturer; or (v) issues arising from your failure to comply with this Agreement or your obligations. To qualify for warranty consideration, you must notify us in writing of your warranty claim prior to the end of the warranty period, complete all instructions on warranty procedures and provide us with reasonable site access to inspect the equipment and/or perform any necessary warranty work. Your sole remedy is to have defective services re-performed or equipment repaired or replaced at our election. **THESE**

WARRANTIES ARE EXCLUSIVE AND ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THOSE OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. You need to determine if our equipment are suitable for your use.

Warranty service does not cover: (i) system upgrades and replacing obsolete systems, equipment, or consumable parts and components ; (ii) reloading, updating, or maintaining software; (iii) additional costs for access, deinstallation, re-installation and transportation; and (iv) the exclusions set out in the Supplemental Terms. If you call us for warranty service and the problem is due to any of these reasons, we may charge you for the service call even if we do not work on the equipment. We may offer these services at an extra cost.

Customer Obligations

You must provide all relevant information about the equipment and premises, follow all applicable Laws and ensure us safe access. You must operate, test, maintain, and repair the equipment according to manufacturer and our recommendations and notify us immediately of any issues.

In addition, you agree to, (i) obtain necessary licenses and permits and pay related fees and taxes; (ii) provide a suitable environment for the equipment as recommended by us or the manufacturer including heat to avoid freezing; (iii) supply the necessary electrical service, power, heat, heat tracing, water and schematics ; (iv) provide proper water treatment for condensers, cooling towers, and boilers, and protect against environmental issues; (v) set and test alarm systems as recommended by us or the manufacturer; (vi) avoid causing false alarms and reimburse us for any fines or fees; (vii) notify all necessary parties, such as local authorities and monitoring providers, about system testing or repairs; (viii) keep accurate and up-to-date work logs for the equipment; and (ix) take precautions for Covered Equipment failure to prevent injury or property damage. If you do not meet any of these obligations, we are not responsible for equipment breakdowns, repairs, or replacements. We can suspend services until these issues are fixed and charge for any corrective work needed.

For equipment connected to your computer network, we provide and install the software to run the equipment and connect to it based on the network settings you provide. You must provide us with secure access to your computer network as required in our specifications. If we cannot connect to the network or need extra equipment for connectivity, additional charges may apply. Our services do not include changes to the network, security, or firewall settings. You are solely responsible to protect your data, computer network, and products networked or connected to the Internet; and we are not responsible for any loss or damage, as allowed by Law. You should back up data and software before services are performed. You must promptly remove any devices that interfere with the operation of the Covered Equipment.

Insurance

We do not guarantee that services or equipment will prevent risk of loss at your premises or detect all events. You are responsible for any losses and need to rely on your own insurance. You release and waive for yourself and your insurer all subrogation and other rights to recover from us.

Limitations on Liability

Neither we or our suppliers or vendors ("JCI Parties") are liable for special, incidental, consequential, punitive or indirect damages, or for lost profits, revenue, data or business interruption. The total liability of the JCI Parties is limited to \$250,000 or 12 months of fees paid to Johnson Controls under this Agreement, whichever is less.

Claims Limitation; Forum; Choice of Law

California law governs any agreement performed in the U.S., with disputes resolved in California. Any claims by you must be brought within the statutory limitation period.

Term and Termination

The term of this Agreement is set out in the proposal. This Agreement may be renewed for successive terms equal to the length

of the original term upon the prior written agreement of both parties before the end of a term, unless the parties agree in writing on a different length of renewal term. Either party can terminate for cause with 10 days' notice, but only after written notice the defaulting party has 30 days to cure any alleged default. We can terminate immediately if we can no longer service the Covered Equipment for whatever reason including if we stop selling the Covered Equipment, providing the services or if we cannot obtain equipment, parts or support the technologies. Either can terminate this Agreement without cause with 60 days' written notice. Upon termination, you must pay all amounts owed and provide access for us to remove any of our property at your premises and reprogram systems.

Access and Hazardous Materials

You must provide us with reasonable and safe access to the Covered Equipment. We will follow our health and safety policies and applicable Laws. You must inform us of any hazardous conditions or materials (e.g., mold, asbestos containing materials, biohazards) and you are responsible for resolving, removing and disposal. If we encounter hazardous conditions or materials, we may stop work without liability and you are required to provide us reasonable evidence of abatement before we will restart work. Additional charges will apply if access to a confined space is required.

Force Majeure

We are not in breach or liable for any delays or failures caused, in whole or in part, by any events beyond our control, such as natural disasters, severe weather, public health risks, government actions, cyberattacks, civil disturbances, labor disputes, strikes or shortages of parts or materials ("Force Majeure"). You must allow us additional time to perform the services and reimburse us for increased costs due to such events.

Data and Intellectual Property; Digitally Enabled Services

You own your data, but we may use it to perform services and you grant us a perpetual, worldwide, irrevocable, royalty free license to use your building data on a de-identified basis. We retain rights to any intellectual property created. Digital enabled services mean services provided under this Agreement that employ our software and cloud-hosted software offerings and tools. They may include, but are not limited to, (i) remote inspection, (ii) advanced equipment fault detection and diagnostics, and (iii) data dashboarding and health reporting. Digital enabled services may require data collection, and you consent to this.

Software-Digital Solutions

Use of our software, including software to provide digital enabled services and solutions, is governed by our standard terms at <https://www.johnsoncontrols.com/techterms>. These terms apply to the software you are allowed to use, but we retain ownership and rights to the software, including improvements. If provided as part of our services, third-party software is subject to its own terms.

Privacy

If provided to us, we will process personal data according to our Data Processing Agreement at www.johnsoncontrols.com/dpa and adhere to our privacy notice at <https://www.johnsoncontrols.com/privacy>. You consent to this processing and will ensure all necessary consents are obtained.

Miscellaneous

Notices must be in writing. This Agreement cannot be assigned without our consent; any assignment without our consent is void. We can assign this Agreement, in whole or in part, or subcontract the work, without notice. Invalid, illegal or unenforceable provisions do not affect the rest of this Agreement. This Agreement is subject to specific supplemental terms located at www.johnsoncontrols.com/legal/one-psa-supplemental-terms. In addition, if you request us to perform any work outside the scope of this Agreement, you consent to it being performed subject to our standard customer terms then in effect at www.johnsoncontrols.com/customerterms. This Agreement is the entire contract and supersedes prior written or oral communications and documents, and terms in any purchase order or other documents you later provide are rejected. We may convert this Agreement to an electronic format.

Johnson Controls **Planned Service Proposal**
Prepared for IMPERIAL VALLEY HEALTHCARE DISTRICT

[END OF DOCUMENT]

Johnson Controls Standard Service Terms: One PSA, version 6.12.2025

PIONEERS MEMORIAL HEALTHCARE DISTRICT

BOARD MEETING DATE: August 13th, 2026

SUBJECT: Mascari Dinh Architects- NPC-4D Level 2 and NPC-5 Upgrade
Add Service #1 HCAI NPC-3 Equipment Seismic Anchorage Design, Documentation
and Agency Project No 2025056 20

BACKGROUND: Mascari Dinh Architects (MDA) shall develop architectural, civil, structural, mechanical, plumbing, and electrical design for NPC-4D Levels 1, 2 seismic upgrades where required, and NPC-5 for the entire campus. The following buildings are part of the project scope per level:

KEY ISSUES: Additional Service #1 for your review and consideration. This additional service includes the architectural and engineering required to incorporate HCAI NPC-3 seismic anchorage requirements for equipment within, and utilities serving, designated critical care areas into the NPC-4D Level 2 and NPC-5 upgrade drawing set.

CONTRACT VALUE: \$198,750.00

CONTRACT TERM: Refer to original contract dated December 11, 2025, for terms and conditions.

BUDGETED: Required Seismic upgrades

BUDGET CLASSIFICATION:

RESPONSIBLE ADMINISTRATOR: Carly Zamora Interim CEO

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

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

Comp-01, Compliance Officer 3/2023

July 21st, 2026

Carly Zamora
Interim Chief Executive Officer
Imperial Valley Healthcare Services
Pioneers Hospital

Re: **NPC-4D Level 2 and NPC-5 Upgrade**
Add Service #1 HCAI NPC-3 Equipment Seismic Anchorage Design,
Documentation and Agency Approval
Brawley, California
Architect's Project No. 2025056.20

Dear Carly,

Thank you for your continued confidence in Mascari Dinh Architects. We are pleased to submit the Additional Service #1 for your review and consideration. This additional service includes the architectural and engineering required to incorporate HCAI NPC-3 seismic anchorage requirements for equipment within, and utilities serving, designated critical care areas into the NPC-4D Level 2 and NPC-5 upgrade drawing set.

SCOPE OF WORK

1. Perform (2) field investigation visits to verify existing conditions and collect information required for design (architectural, structural).
2. Develop HCAI NPC-3 seismic anchorage design for equipment located within the designated critical care area.
3. Prepare engineering calculations and construction drawings documenting the required anchorage details.
4. Attend (1) coordination / review meeting with the Owner to discuss findings and review the proposed design.
5. Submit the required HCAI drawings and documentation for approval associated with this NPC-3 scope as part of NPC-4D Level 2 and NPC-5 drawings.

EXCLUSIONS AND ASSUMPTIONS:

1. Anchorage design is limited to equipment within the identified critical care area.
2. Design of equipment itself, relocation of equipment, mechanical or plumbing modifications beyond those required for anchorage are excluded.
3. Construction Administration will be provided under the main project NPC-4D Level 2 and NPC-5, which will be submitted after plan approval from HCAI. Construction observation and special inspections are excluded.
4. Please refer to original contract dated December 11, 2025 for terms and conditions.

FEE

Based on the Scope of Work described above, the Professional Services fee is proposed as lump sum amount as follows:

DESIGN / PERMIT **\$ 198,750.00**

Carly, this proposal is comprehensive reflecting the additional work requested. If this proposal is acceptable to you, please indicate by signing below and returning one (1) copy of the proposal for my files.

Sincerely,

Accepted by:

Mascari Dinh Architects

A California Corporation



Thai Dinh, AIA, MBA, ACHA

Client

CA License No. C-34803

Date

CC:

Joseph Mascari, Principal / Mascari Dinh Architects

Gabriela Bendeck, Associate / Mascari Dinh Architects

Pioneers Memorial Hospital
NPC-3 Resolution
Meeting with HCAI
July 15, 2026

HCAI #S261005-13-00

Architect's Project No. 2025056.10

Location: Teams

Attendees:

	Name	Co.	Phone No.	E-Mail Address
Y	Thai Dinh	Mascari Dinh Architects	619-814-0080	tdinh@mascaridinh.com
Y	Gabriela Bendeck	Mascari Dinh Architects	619-814-0080	gbendeck@mascaridinh.com
Y	Giang Nguyen	Mascari Dinh Architects	619-814-0080	gnguyen@mascaridinh.com
Y	Joseph Nowell	IV-HD	760-482-5003	Joseph.Nowell@ECRMC.org
Y	Ali Sumer	HCAI	916-440-8314	ali.sumer@hcai.ca.gov
Y	Gina Sandoval	HCAI	916-440-8391	gina.sandoval@hcai.ca.gov

Item #	Issue	Action	Target Date
1.00	Purpose of the meeting The intent of the meeting is to resolve an issue with NPC-3 construction drawings submittal. HCAI secondary review team returned the drawings and requested that NPC-3 project cannot be submitted alone. The drawings are prepared by Walter P. More, and currently with HCAI for review. Thai D. asked that HCAI review the two projects (NPC-3) and NPC-4 and 5 independently, with the ultimate goal of achieving NPC-5 for the whole campus	Info	
1.01	Walter P Moore's NPC 3 submittal Ali expressed frustration that, on multiple occasions, he had advised WPM not to submit NCP-3-only drawings. Despite this guidance, the drawings and report were submitted.	PMH	N/A
1.02	NPC-4 Report Ali informed MDA that the NPC-4 report must incorporate all the information shown on WPM's NPC-3 report because our report's rating is higher. MDA cannot say something is NPC-4, 4D or 5, before NPC-3 is reviewed and approved.	MDA / PMH	
1.03	NPC-4D L2 / NPC-5 drawings - Ali stated that continually referencing WPM's NPC-3 drawings to capture portions of the scope could create scope gaps and ambiguity regarding responsibility. He questioned who ultimately own that scope if it is only referenced rather than fully incorporated into the NPC-4D documentation. - Ali indicated that, as currently presented, the submission will not be reviewed and that revisions are required before the review can proceed.	MDA / PMH	

The foregoing constitutes our understanding of matters discussed and conclusions reached. Other participants are requested to review these items and advise the originator in writing of any errors or omissions.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 13, 2026

SUBJECT: Fresenius Contract

BACKGROUND:

Fresenius provides essential inpatient dialysis services for hospitalized patients requiring acute dialysis treatment. These life-sustaining services are critical to ensuring timely, high-quality care and positive patient outcomes. There is an extension to the contract, which expires 08/15/26.

KEY ISSUES:

We need to continue with the care of in-patient dialysis

CONTRACT VALUE:

Dialysis:

- Hemodialysis 1:1 (1:1 Patient to Provider Staff ratio) **\$785.00/Treatment.**
- Hemodialysis Multi (more than 1:1 Patient to Provider Staff ratio) **\$530.45/Treatment.**

Peritoneal Dialysis

- CAPD (Continuous Ambulatory Peritoneal Dialysis) **\$392.50/Exchange.**
- CCPD (Continuous Cycling Peritoneal Dialysis) (Treatment rate **\$785.00**/includes initiation and termination - Patient monitoring to be provided by HOSPITAL) Treatment.

Additional Charges:

- Procedure canceled after setup: **75%** of treatment rate.
- Procedure canceled after nurse arrival but before setup: **50%** of treatment rate.
- Procedure canceled more than 2 hours before the scheduled start: No charge.
- Additional disinfection (beyond routine maintenance): **\$100** plus applicable treatment charge.
- Education and training (including hospital orientation, facility-specific protocols, annual compliance, EMR, and CRRT training): **\$90/hour.**

CONTRACT TERM: 3-year term.

BUDGETED: Yes

BUDGET CLASSIFICATION:

RESPONSIBLE ADMINISTRATOR: Carol Bojorquez, CNO

DATE SUBMITTED TO LEGAL: 8/5/2026

REVIEWED BY
LEGAL:

☒

Yes

☐

No

FIRST OR SECOND SUBMITTAL:

☒

1st

☐

2nd

RECOMMENDED ACTION: That the Board approves this contract so we can continue with providing services.

Third Amendment To In-Hospital Dialysis Services Agreement

This Third Amendment to In-Hospital Dialysis Services Agreement (“**Amendment**”) is by and between Bio-Medical Applications of California, Inc. (“**PROVIDER**”), and Imperial Valley Healthcare District, a California local health care district (“**IVHD**” or “**HOSPITAL**”).

WHEREAS, PROVIDER and HOSPITAL are parties to that In-Hospital Dialysis Services Agreement effective July 1, 2020, as amended by the First Amendment to In-Hospital Dialysis Services Agreement effective July 1, 2023, and as amended by that Second Amendment to In-Hospital Dialysis Services Agreement effective July 1, 2026 (collectively, “**Agreement**”); and

WHEREAS, PROVIDER and HOSPITAL wish to extend the term of the Agreement; and

WHEREAS, the parties wish to amend the Agreement by the following terms and conditions.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and further good and valuable consideration, the parties agree to amend the Agreement as follows:

1. EFFECTIVE DATE. This Amendment is effective as of August 16, 2026 (the “**Amendment Effective Date**”).
2. DEFINED TERMS. Unless otherwise indicated herein, the parties agree that terms used herein without further definition shall have the same meanings ascribed to them in the Agreement.
3. TERM. The parties agree that the Agreement shall continue without interruption and that, commencing August 16, 2026, the term of the Agreement is extended through June 30, 2029, unless sooner terminated as provided in the Agreement.
4. COMPENSATION AND COMPLIANCE. The parties acknowledge and agree that the compensation and other financial terms under the Agreement, as amended by this Amendment, have been negotiated at arm’s length, are intended to reflect fair market value for the Services, are commercially reasonable even if no referrals are made between the parties, and are not intended to induce or reward referrals or other business reimbursable by any federal or state health care program. The parties further reaffirm their obligations under Sections 6.05 and 7.16 of the Agreement.
5. NOTICES TO HOSPITAL. Section 7.13 of the Agreement is amended to replace the notice address for HOSPITAL with the following: Imperial Valley Healthcare District, 207 West Legion Road, Brawley, California 92227, Attn: Chief Executive Officer; with

a copy to Imperial Valley Healthcare District, 207 West Legion Road, Brawley, California 92227, Attn: Legal Counsel.

6. NOTICES TO PROVIDER. Section 7.13 of the Agreement is amended to replace the notice address for PROVIDER with the following: Bio-Medical Applications of California, Inc., 920 Winter Street, Waltham, Massachusetts 02451-1457, Attn: Law Department (Inpatient Services).
7. CALIFORNIA PUBLIC RECORDS. Notwithstanding any confidentiality provision in the Agreement, PROVIDER acknowledges and agrees that the Agreement is subject to and governed by California law regarding public records, and, to the extent necessary to ensure compliance with the requirements of applicable California law, HOSPITAL will make the Agreement available for review and inspection by the public. HOSPITAL shall promptly notify PROVIDER in writing within five (5) days of receiving a request for the disclosure of any information related to the Agreement that PROVIDER claims or has claimed to be confidential or proprietary, including but not limited to PROVIDER's pricing, programs, services, business practices or procedures. Upon receipt of such notice, PROVIDER shall immediately notify HOSPITAL of its intention to seek injunctive relief in a California court for protective order and HOSPITAL agrees to withhold any requested confidential or proprietary information until the request for injunctive relief is resolved.
8. RECITALS. The whereas clauses in this Amendment are not merely precatory, but are specifically agreed to by the parties, and are fully incorporated into and constitute a substantive part of the Agreement.
9. AUTHORIZED SIGNATURE; COUNTERPARTS. This Amendment shall not be deemed accepted unless and until an authorized representative of PROVIDER and HOSPITAL has signed this Amendment. Each person signing this Amendment represents that such person is duly authorized to bind the party on whose behalf such person signs, and HOSPITAL's signatory represents that all approvals required by HOSPITAL's governing body or applicable law have been obtained. No other act or writing by an agent, employee, officer or director of PROVIDER or HOSPITAL shall cause this Amendment to be a valid, effective or binding contract on PROVIDER or HOSPITAL. This Amendment may be executed in any number of counterparts with the same effect as if all the parties had signed the same document. Such executions may be transmitted by facsimile, e-signature, email or other electronic transmission and are to be deemed for all purposes to have been executed and delivered by that party to the other party.
10. INCONSISTENCY. Except to the extent inconsistent with the terms and conditions contained herein, all terms and conditions of the Agreement shall remain in full force and effect. In the event of any conflict, inconsistency, or incongruity between any provision of this Amendment and the Agreement, the provisions of this Amendment shall govern and control.

11. JOINT EFFORT. The preparation of this Amendment has been the joint effort of the parties, and the resulting document shall not be construed more severely against one of the parties than the other.

[Signatures Appear on Following Page]

IN WITNESS WHEREOF, the parties, through their duly authorized representatives, have executed this Amendment as of the dates written below.

PROVIDER

Bio-Medical Applications of
California, Inc.

Signature:

Name:

Title: Authorized Signatory

Date:

HOSPITAL

Imperial Valley Healthcare District

Signature:

Name:

Title: Authorized Signatory

Date: