


<b>Policy &amp; Procedure - TEMPORARY</b>			
<b>Title:</b>	Coronavirus Workforce Management		
<b>Policy #:</b>	HR-CON-030 Temporary		
<b>Issuing Dept.:</b>	Human Resources	<b>Effective Date:</b>	03/12/2020
<b>Approved by:</b>	AltaMed Executive Governance Leadership Committee	<b>Revision Date:</b>	
<b>Distribution:</b>	<input checked="" type="checkbox"/> All Employees	<b>Review Date:</b>	

### Contact information

For further information about this policy and procedure, contact your Human Resources Business Partner or your supervisor.

### Purpose

This policy is intended to provide guidance in light of the current state of emergency regarding the coronavirus ("COVID-19") outbreak. This policy addresses employee absences and other arrangements in order to maintain a safe working environment for all employees.

### Policy


To ensure that AltaMed is handling employee absences and other arrangements related to the current COVID-19 outbreak in compliance with its approved policies and procedures and applicable laws.

### Definitions

None.


### Procedure

1. If an employee travels to an area on the CDC list for COVID-19 ongoing community transmission concern, as periodically updated or modified, the employee must notify their supervisor and the AltaMed Employee Health Department at 323-765-6153 as soon as possible upon return to the U.S. Consistent with the CDC's "self-quarantine" recommendation, as periodically updated or modified, the employee may not enter the premises at or near any AltaMed clinic, office, facility, or other property for fourteen (14) calendar days ("Clearance Period") following their return to the U.S. If the employee requests the opportunity to work from home during the Clearance Period, AltaMed will evaluate the situation and advise employee of its decision. The employee may not return to an AltaMed worksite until after the end of the Clearance Period and unless s/he delivers to the AltaMed Leaves Department (at 323-622-2439 and/or HRLeaveOfAbsence@altamed.org) a completed fitness for duty certification or otherwise directed by the Health Department (see attached).
2. If an employee travels to an area on the CDC list for COVID-19 ongoing community transmission concern, as periodically updated or modified, the employee must notify their supervisor and the AltaMed Employee Health Department at 323-765-6153 as soon as possible upon return to the


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U.S. Consistent with the CDC’s “self-quarantine” recommendation, as periodically updated or modified, the employee may not enter the premises at or near any AltaMed clinic, office, facility, or other property for the Clearance Period following their return to the U.S. If the employee develops any COVID-19 symptoms (fever and/or signs of lower respiratory infection like cough and shortness of breath) during the Clearance Period, the employee should immediately contact a medical provider. The employee may use accrued paid time off for any portion of the Clearance Period. The employee should also contact the AltaMed Leaves Department to determine eligibility for a FMLA/CFRA or other legally required leave of absence. The employee may not return to work until after the end of the Clearance Period and unless s/he delivers to the AltaMed Leaves Department a completed fitness for duty certification or otherwise directed by the health department (see attached).

3. If an employee has a close high-risk contact with a person believed to be infected with COVID-19 (the definition of high-risk contact is periodically updated by CDC guidance) the employee may not enter the premises at or near any AltaMed clinic, office, facility, or other property for the Clearance Period as determined by CDC guidance. The employee must notify their supervisor and the AltaMed Employee Health Department of the situation as soon as possible. If the employee requests the opportunity to work from home during the Clearance Period, AltaMed will evaluate the situation and advise employee of its decision. The employee may not return to an AltaMed worksite until after the end of the Clearance Period and unless s/he delivers to the AltaMed Leaves Department a completed fitness for duty certification or otherwise directed by the department of health (see attached).
4. If an employee has a close high- risk contact with a person believed to be infected with COVID-19, (the definition of high-risk contact is periodically updated by CDC guidance) the employee may not enter the premises at or near any AltaMed clinic, office, facility, or other property for the Clearance Period as determined by CDC guidance. The employee must notify their supervisor and the AltaMed Employee Health Department of the situation as soon as possible. If the employee develops any COVID-19 symptoms (fever and/or signs of lower respiratory infection like cough and shortness of breath) during the Clearance Period, the employee should immediately contact a medical provider. The employee may use accrued paid time off for any portion of the Clearance Period. The employee may also contact the AltaMed Leaves Department to determine eligibility for a FMLA/CFRA or other legally required leave of absence. The employee may not return to an AltaMed worksite until after the end of the Clearance Period and unless they deliver to the AltaMed Leaves Department a completed fitness for duty certification or otherwise directed by the department of health (see attached).

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5. If an employee is at work and demonstrating symptoms consistent with COVID-19, their supervisor reserves the right to send the employee home. The employee should visit her/his health care provider immediately. If the employee is sent home, s/he will be paid for the remainder of that work day. Thereafter, the employee may use accrued paid time off during this period. The employee should also contact the AltaMed Leaves Department to determine eligibility for a FMLA/CFRA or other legally required leave of absence. The employee may not return to work until they have delivered to the AltaMed Leaves Department a completed fitness for duty certification or otherwise directed by the department of health (see attached). If the illness is a result of exposure at work, employee may qualify for Workers Compensation benefits.
6. If an employee is ill and unable to work, the employee should stay at home until they are no longer considered infectious and visit their health care provider as needed for medical evaluation. In this situation, an employee may use accrued paid time off. See HR Policy HR-BEN-010. The employee may also contact the AltaMed Leaves Department to determine eligibility for a FMLA/CFRA or other legally required leave of absence. Before returning to work, the employee must contact the AltaMed's Leaves Department to determine whether a completed fitness for duty certification is required (see attached). If the illness is a result of exposure at work, employee may qualify for Workers Compensation.
7. If a school closure or other similar event occurs that impacts an employee's immediate family member and the employee has no alternative care arrangements, the employee may apply for a personal leave of absence. See HR Policy HR-BEN-018. The employee may use accrued paid time off while on a personal leave. During the COVID-19 outbreak, AltaMed will temporarily waive the minimum one (1) year service requirement in order to be eligible for this leave of absence.
8. If an employee is required to care for a qualified family member that is ill, the employee may be eligible for a FMLA/CFRA or other legally required leave of absence. See HR Policy HR-BEN-015. If the employee is ineligible for a FMLA/CFRA or other legally required leave of absence, the employee may apply for a personal leave of absence.
9. During this evolving COVID-19 outbreak, AltaMed is committed to providing a safe work environment for employees and quality care to our customers. On a case by case basis, supervisors and HR may consider any of the following with regard to any affected employee:
  - a. AltaMed may temporarily assign employees to perform different tasks
  - b. AltaMed may temporarily assign employees to work at different departments and/or worksites
  - c. AltaMed may temporarily assign employees to work from remote locations
  - d. AltaMed may temporarily assign employees to work alternative schedules

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e. Employees will be notified of any material changes to work schedules, duties or work locations by their manager as soon as practical. AltaMed will make every effort to provide as much notice as possible for any temporary work changes, but will be responding to evolving CDC, government and applicable regulatory body recommendations as soon as possible to ensure the safety of our employees and customers.


10. During the period of time this Policy is in effect, AltaMed will waive the 12 months of employment and 1,250 work hour eligibility requirements under FMLA/CFRA for: (a) employees diagnosed with COVID-19, and (b) employees providing care to a qualified family member diagnosed with COVID-19.

#### Education & Training Plan

1. Managers and supervisors will be sent an email communication requiring their review of this temporary policy.
2. Managers must complete an attestation confirming: (a) their review and understanding of this policy, and (b) that this policy has been discussed with employees reporting to them, directly or indirectly
3. This policy will also be published on Town Square/Policy & Procedure Section for all employees.
4. VP HR and Director Business Services will conduct training for all HR departments and payroll to ensure an understanding and consistent application.

#### Implementation Monitoring Plan:

1. During the COVID-19 outbreak, Human Resources will meet regularly with the Infection Control Committee and other relevant departments, as appropriate.
2. Human Resources will monitor employee leaves of absences and other actions related to the coronavirus outbreak and report to leadership and/or applicable workgroups as requested.
3. The procedures contained in this policy shall be evaluated for effectiveness and Human Resources will deliver reports to EGLC, as requested.
4. HR will rely on the Infection Control Committee and other departments for information regarding the coronavirus outbreak and such information will be used for purposes of evaluating the appropriateness including modification or cancellation of this temporary policy.
5. AltaMed will notify its temporary labor vendors of this temporary policy and require adherence thereto by the employees of the vendor providing services to AltaMed, as applicable.
6. This policy will apply to independent contractors providing services to AltaMed, as applicable.
7. Exceptions to this policy must be approved in advance by the VP HR and applicable EGLC member.

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8. AltaMed reserves the right to modify or cancel this policy at any time.

#### Forms & Attachments

HR Policy Personal Leave of Absence, HR-BEN-018  
 HR Policy Mandated Leaves of Absence (FMLA/CFRA), HR-BEN-015  
 HR Policy Paid Time Off, HR-BEN-010  
 HS Policy N-95 Respirator Fit Testing, HS-IEC-031  
 Fitness for Duty Form

#### References & Citations

- Centers for Diseases Control and Prevention (CDC) <http://www.cdc.gov/>
- Occupational Safety and Health Administration (OSHA) <http://www.osha.gov/>



## Fitness for Duty Certification

This Fitness for Duty Certification must be completed by your Health Care Provider and submitted to AltaMed's Leave of Absence Department at least two workdays prior to your return to work for a federal and/or state and/or a company leave.

Email to [hrleaveofabsence@altamed.org](mailto:hrleaveofabsence@altamed.org) or Fax to (323) 889-7803

This section to be completed by the EMPLOYEE:	
<b>Employee Name:</b>	<b>Employee ID:</b>
<b>Department/Location:</b>	
I understand that I cannot return to work without a release from my health care provider.	
<b>Employee's Signature:</b>	<b>Date:</b>

This section to be completed by the Health Care Provider:	
I have examined the employee named above and certify that this person is medically able to resume working.	
<b>Return to Work Date:</b>	
<b>This employee can return to work:</b> <input type="checkbox"/> With <u>No</u> Restrictions <input type="checkbox"/> With Restrictions (outline details below)	
If the employee is returning with restrictions, please state in detail the employee's restrictions and the duration of these restrictions: _____ _____ _____	
<b>Signature of Health Care Provider:</b>	<b>Date:</b>
<b>Name and Address of Health Care Provider (Please Print):</b>	