



EMPLOYEE HANDBOOK

Approved by Eastern Idaho Public Health District's Board of Health
8/25/11
9/30/10

PREFACE

Eastern Idaho Public Health District's Employee Handbook has been developed in compliance with IDAPA 15.04.01 of Idaho's RULES OF DIVISION OF HUMAN RESOURCES AND PERSONNEL COMMISSION.

All requirements contained in this handbook are supported by the EIPHD's Board of Health. These policies shall prevail, provided they are not in conflict with Idaho Code, or the Rules and Regulations of the Division of Human Resources.

All District employees are required to review these policies and procedures. Any questions regarding these policies and procedures may be answered by Division Directors or the Management Assistant.

The handbook is divided into three main sections.

Section I: Employee Expectations

Section II: State laws, rules, and policies applicable to EIPHD as well as additional information or clarification that has been adopted by EIPHD's Board of Health

Section III: General Information

This manual replaces and supersedes all other employee policy and procedure manuals.

Employees that violate these policies are subject to disciplinary action up to and including dismissal.

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SECTION I:

EMPLOYEE

EXPECTATIONS

ALCOHOL AND DRUG-FREE WORKPLACE

Eastern Idaho Public Health District is committed to maintaining a drug-free and alcohol-free workplace in the interest of high quality health care, safety and efficiency for all concerned. Alcohol or drug abuse in the workplace has many detrimental effects on any organization and its individuals. Alcohol and drug abuse impacts morale, lowers productivity, and increases health care costs.

POLICY

Use or Possession at Work

The use or possession of controlled drugs and the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or use of alcoholic beverages, while on EIPHD property, on the job, or while performing EIPHD business is prohibited.

Intoxication/Impairment

Appearing for work or performing any job duties or EIPHD business while intoxicated or impaired by alcohol or drugs is prohibited. Employees who are believed to be intoxicated or impaired on the job may, in addition to any other appropriate action, be sent home or reassigned for safety reasons while the situation is evaluated.

Legal Drugs

The use of legal drugs (over the counter or prescription medications) in accordance with doctor's orders and/or manufacturer's recommendation is not prohibited.

1. Abuse of legal drugs shall be considered to be the same as use of controlled substances under this policy. If use of legal drugs in accordance with doctor's orders and/or manufacturer's recommendations may impair the employee's ability to safely and effectively perform his or her job, the employee must so notify his or her supervisor in advance so that any necessary arrangement can be made to protect safety and productivity.
2. Drug Convictions. Any employee who pleads guilty to or is found guilty of any criminal drug violation or driving under the influence of alcohol or controlled substances, must notify his or her supervisor within five (5) days after the conviction. EIPHD may be required to report such information to governmental agencies with whom it contracts.
3. Job Applicants. EIPHD will not hire a job applicant who is known to be abusing alcohol or legal drugs or illegally using controlled substances.

Right of Inspection

EIPHD reserves the right to inspect with reasonable suspicion employee desks or any other EIPHD property. EIPHD will clearly outline the place to be searched, the item searched for, and the rationale for any searching prior to conducting any inspections.

Drug and Alcohol Testing Policy

EIPHD may require any employee or job applicant to submit to a blood, breath, and/or urine test for drugs or alcohol, in the following circumstances:

1. Pre-employment. Pre-employment testing is required for all job applicants. Applicants who fail to pass a pre-employment drug or alcohol test will be ineligible for employment for a minimum of one (1) year.
2. Post Accident Testing. Employees involved in on-the-job accidents may be subject to testing. Based on the circumstances of the accident, the District Director or his/her designee may initiate the testing process. An employee subject to post-accident testing shall not consume alcohol or controlled substances prior to testing. Exceptions will be made for prescribed maintenance medications and/or medications administered to treat an injury related to the accident.
3. Reasonable Suspicion. EIPHD will require any employee to be tested for the presence of drugs or alcohol based on reasonable suspicion. Reasonable suspicion shall be defined as a reasonable suspicion, by a supervisor or above, concurred by the District Director or his/her designee, that an employee is or has been impaired on the job. This determination of a reasonable suspicion may be based on a variety of factors, including but not limited to:
 - a. Direct observation or reliable reports from co-workers or others.
 - b. Possession of drugs or alcohol on the premises, or use of drugs or alcohol at work, prior to work, or on break.
 - c. Behavior, speech, or other physical signs consistent with impairment.
 - d. A pattern of abnormal conduct or erratic behavior, which is not otherwise satisfactorily explained.
 - e. Unexplained accidents, on the job injuries, or property damage.
 - f. A combination of some of the above factors and/or other factors in the judgment of management.

Management's determination of whether reasonable suspicion exists shall be final.

TESTING PROCESS

1. Scope. Drug and alcohol testing of applicants or employees may include a urinalysis, breath analysis, and/or blood sample testing as determined by EIPHD and the testing service provider/laboratory. Testing may include, but not be limited to, detecting the presence of alcohol, marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). EIPHD may increase or decrease the list of substances for which testing is conducted at any time, with or without notice. In addition, EIPHD may require that separate samples of multiple tests are conducted. Test levels and standards will be established by EIPHD and the testing service provider/laboratory. A positive result for alcohol at a level of .02 or greater will be considered in violation of this policy.
2. Confirmation. Initial positive tests shall be confirmed using a second test in accordance with applicable law.
3. Specimen for Testing. Job applicants and employees selected for testing shall appear at the designated time and place and provide the necessary sample for testing. If the test sample is drawn off-site, employees tested based on a suspicion that the employee may be impaired shall be transported to the site by a supervisor or another person designated by EIPHD. The applicant and/or employee must sign any consent requested and provide any other information. Failure or refusal to do so may result in disciplinary action up to and including termination or denial of employment.

4. Testing an Injured Employee. An employee who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization to obtain hospital reports and other documents that may indicate whether there were any controlled substances or alcohol in his/her system.
5. Notification of Results. Employees and applicants will receive notification of positive test results and will be given an opportunity to explain such results. Failure to submit to a test in a timely manner may result in discipline up to and including termination.

REHABILITATION

1. Purpose and Responsibility. EIPHD recognizes that drug dependency and alcoholism are health problems and will attempt to work with and assist an employee who becomes dependent on controlled substances and/or is abusing alcohol. Employees will be assisted in identifying rehabilitation services, referral agencies, or other resources to help the employee in dealing with his or her problem. It is the employee's responsibility, however, to see that such problems do not interfere with proper job performance or expose others to the risk of harm. All employees are urged to obtain any necessary help before a personal problem becomes an employment problem.
2. Evaluation and Treatment. An employee may be required, in addition to discipline or as an alternative to discharge for violation of this policy, to undergo an evaluation for alcohol or chemical dependency should the employee so elect. This alternative may be offered on a case-by-case basis at the sole discretion of EIPHD management. If recommended by an evaluation, enrollment in and successful completion of chemical dependency treatment may, at the sole discretion of EIPHD management, be accepted once as an alternative to disciplinary action of an employee (not applicable to job applicants), and as a condition of continuing employment. Eligibility to return to work and any special conditions on the employee's work shall be determined on a case-by-case basis considering all relevant circumstances, including EIPHD's interest in client safety and operational efficiency.

RECORDS

EIPHD shall not release the individual test results of any employee or applicant to any person outside EIPHD without first obtaining written authorization from the tested employee or applicants unless otherwise directed by law. Information will be released within EIPHD only to those employees and agents who have a legitimate need to know the information for EIPHD business purposes.

COSTS

Mandatory drug/alcohol testing costs shall be paid by EIPHD. Treatment costs shall be the responsibility of the employee to the extent not covered by the employee's health insurance.

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CLEAN INDOOR AIR POLICY

Purpose

Due to the acknowledged dangers arising from exposure to environmental tobacco smoke and other indoor air pollutants, limiting exposure to indoor air pollutants is vital since air quality is linked to asthma, allergies, and other respiratory disorders. It is the intent of EIPHD to provide a safe and healthy environment for its employees and customers. Therefore, the purpose of this policy is to address the issues that may have an impact on Health District staff and customers.

Policy

In an effort to reduce the incidences of complications related to asthma, allergies, and/or other respiratory disorders, the following steps will be implemented in order to limit exposure to these particular indoor air pollutants by employees and customers of Eastern Idaho Public Health District.

1. There will be no smoking on Eastern Idaho Public Health District premises at any time. Any smoking by employees must be done off district property or in approved designated areas.
2. There will be no smoking in Eastern Idaho Public Health District vehicles at any time.
3. ~~Employees must maintain a clean workspace which includes, regular vacuuming and dusting, including woodwork.~~ (Repeated in another location on Page 20)

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CLIENT BILL OF RIGHTS

Clients of EIPHD and their families have a right to expect that employees will comply with the following:

Access to Care

Individuals shall be accorded impartial access to treatment or services that are available regardless of race, color, sex, national origin, religion, age, handicap, sexual preference, or diagnosis.

Respect and Dignity

The client has the right to considerate, respectful service at all times and under all circumstances with recognition of his/her personal dignity.

Privacy and Confidentiality

The client has the right, within the law (Health Information Portability and Accountability Act – HIPAA), to personal and information privacy and to expect that all communications and records pertaining to his/her service will be treated as confidential. All clients are provided with a copy of the District's privacy policy upon receiving services.

Personal Safety

The client has the right to expect reasonable safety in obtaining Health District services. In the event a client is involved in an incident while obtaining services at Eastern Idaho Public Health District, proper documentation of the event is required. District staff should complete either the [Incident Report Form \(Appendix A\)](#) or the [Medication Incident Report Form \(Appendix B\)](#) and give it to his/her supervisor immediately for follow-up with the client.

Information

The client has the right to obtain from the staff responsible for coordinating his/her service, complete and current information regarding services to be provided. This information should be communicated in terms the client can reasonably be expected to understand.

Consent

The client has the right to reasonably informed participation in decisions involving his/her service. Teaching or counseling will be provided to enable the client to understand treatment or service options prior to their consent.

Refusal of Treatment

The client may refuse services to the extent permitted by law. The client has the right to present grievances about services without fear of discrimination or reprisal, to have grievances investigated, and to be informed of the resolutions.

Health District Program Charges

The client has the right to examine and receive an explanation of his/her bill regardless of source of payment. The client also has the right to be informed of the range of charges that apply to the services rendered.

Any client who believes their rights have been violated should be referred to a Division Director.

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CLIENT CONFIDENTIALITY

Client and staff information will be regarded as confidential and will be available only to authorized users for approved purposes. Access to client information is only permitted for client care, approved administrative/supervisory functions, or for purposes of authorized audits. Employees should not access, review, or reveal client information without a legitimate need to know.

Confidential information obtained either during assigned duties or by accident shall not be released to any person or institution. No employee, student, or business associate shall seek access to confidential information out of curiosity, for malicious purpose, or financial gain. Discussion or consultation involving a client's/staff member's care or record is confidential and should be conducted in private. Individuals not directly involved in the care should not be present without the consent of the client.

Examples of breaches of client confidentiality by EIPHD employees could include, but are not limited to:

- Discussing client information in a public area.
- Leaving a copy of a client record in an unsecured or public area.
- Leaving a computer unattended in an accessible area with medical record unsecured.
- Looking up birthdates and/or address of family and friends.
- Reviewing a client record out of curiosity or concern for a client or reviewing a record of a public personality.
- Reviewing a record to use in a personal relationship.
- Using client information to compile a mailing list for personal use or to sell to others.

Eastern Idaho Public Health District employees will comply with all HIPPA laws and rules.

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COMPUTER, E-MAIL, AND INTERNET USAGE

All computers and software are the property of Eastern Idaho Public Health District. The District reserves the right to trace, review, audit, access, intercept, block, restrict, screen, delete, recover, restore, publish, or disclose any information on any computer at any time without notice.

Software

Software Development

Any software developed or completed in part on district time shall be the property of Eastern Idaho Public Health District.

Personal Programs

Personal programs are not authorized on any district computer.

Copying

It is illegal to pirate (copy) any licensed or copyrighted software program of the district for personal use.

Software Installation

Employees should not install any software programs themselves on a district computer. Software should only be installed by the district's IT staff.

Portable Media

Diskettes, CDs, thumb drives, jump drives, etc., are a great risk and should not be used to transfer files between district and other computers. Use for PowerPoint presentations is acceptable.

Internet and E-Mail

The Internet and electronic mail are powerful research, communication, and time-saving tools that have been made available to district employees. Eastern Idaho Public Health District has adopted the following policies on proper and appropriate use of the Internet and e-mail.

Encouraged Uses

- Communication and information exchanges directly relating to the mission, charter, and work tasks of the department.
- Use for advisory standards, research, analysis, or development activities relating to one's professional duties.
- Applying for or administering Health District related grants, contracts, and research programs.

Acceptable Uses

- Occasional personal use is permitted as long as it is kept to a minimum. ~~and is done on non-working hours.~~
- Examples of acceptable uses of the internet (unblocked sites) include:
 - research (if there is a research site you need access to, please e-mail IT the address so that it can be reviewed and approved)
 - News sites (some news sites will have advertisements, etc., blocked)
 - Personal banking
 - Yahoo, Google, MSN, etc. e-mail accounts
 - Windows Updates (are okay and beneficial)

Unacceptable Uses

- To knowingly or intentionally transmit or receive material that is inappropriate, false, inaccurate, illegal, racially/ethnically offensive, obscene, profane, sexually oriented, pornographic, or violates any federal, state, or local laws, regulations, or policies.
- Spamming or the act of posting a message to many people at once is prohibited if it is of a frivolous or non-work related issue, i.e., jokes, advertising, etc.

- Examples of unacceptable uses of the internet (BLOCKED SITES) include:
 - Adult/mature content (i.e., Playboy, Playgirl, etc.)
 - Alternative spirituality
 - Blogs/personal pages (i.e., Myspace)
 - Chat/Instant Messaging
 - Gambling
 - Games
 - Hacking
 - Humor/Jokes (this includes sending as attachments to co-workers)
 - Illegal/questionable
 - Internet radio (do not download music or videos)
 - Intimate apparel/swimwear
 - Online storage
 - Pay-to-Surf
 - Peer-to-Peer (type of ad-hoc computer network)
 - Personals/Dating
 - Screensavers
 - Shopping
 - Software downloads
 - Spyware Effects – Privacy Effects
 - Spyware/Malware Sources (**Spyware** programs can collect various types of [personal information](#), but can also interfere with user control of the computer in other ways, such as installing additional software, redirecting [Web browser](#) activity, accessing websites blindly that will cause more harmful viruses, or diverting advertising revenue to a third party. Spyware can even change computer settings, resulting in slow connection speeds, different home pages, and loss of [Internet](#) or other programs. In an attempt to increase the understanding of spyware, a more formal classification of its included software types is captured under the term [privacy-invasive software](#).)
 - Streaming Media/MP3
 - Web Advertising
 - Web Hosting

Sanctions

~~Any abuse of this policy by an employee may lead to disciplinary action, up to and including dismissal.~~

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CUSTOMER SERVICE POLICY

Service to customers is of the highest priority to Eastern Idaho Public Health District. As we continue to operate in an increasingly competitive environment, our ability to exist and provide services is closely tied to the quality of services. To ensure our customers receive the highest possible service quality, the following work priorities are to be observed.

- Customers will not be denied or receive delayed services because employees are busy with non-customer activities – ***remember, our customers come first.***
- Customers arriving on time for a scheduled appointment are to be served first. Walk-in customers are to be given second priority as the schedule allows. Late arriving scheduled customers are to be treated as walk-in customers if their originally scheduled appointment time has already been given to another.
- Non-direct customer activities such as coding, typing, ordering and stocking supplies, preparing reports, preparing presentations, filing, etc. are an important part of the Health District workload and should be completed during regular business hours. These duties are to be completed as your work permits. In other words, customers will be served first and non-direct customer activities will be interrupted to provide prompt customer service. Non-direct customer services (billings, reports, etc.) are crucial and important to the successful operation of the District. It is important to plan ahead and manage time carefully to ensure all responsibilities are accomplished within established timelines.
- All employees are expected to greet and treat customers and guests in a friendly, courteous manner and with dignity and respect. If a customer cannot be attended to immediately, staff is expected to acknowledge the customer's presence, explain that a delay has occurred, and inform them of the anticipated waiting time. The customer is not to be ignored. If prolonged waiting is anticipated the customer should be offered other arrangements or appointment times.
- Voice Mail: Staff with voice mail shall provide an option for the caller to obtain immediate assistance, i.e. "If you need to speak with someone immediately, please dial (extension number) for assistance". It is important that voice mail greetings be kept current. Throughout the District, a good faith effort should be made to return voice mail phone calls the same day. Phone calls must be returned no later than 48 hours or two business days after the initial contact unless the employee is out of town on business, on vacation, or other circumstances interfere.
- Other correspondence: Electronic and written correspondences require prompt attention as well. Typical responses should occur as soon as possible, but no later than 7-10 business days.
- Initial training in the District's Customer Service Policy will occur at new employee orientation. Additional specific training will occur within the various departments and programs.

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EMERGENCIES

EMPLOYEE RESPONSE ROLES

Policy Statement

Eastern Idaho Public Health District has statutory obligations to preserve and protect the health of the public. A condition of employment is a willingness and signed agreement to assist during public health emergencies as assigned and participate in preparedness training and exercises as requested.

Employee Responsibilities

All health district staff members have an emergency response role and may be expected to respond to threats of a public health emergency in accordance with the District's Public Health Preparedness Plan. This may include requirements to work longer shifts, nights, or weekends and to perform duties different than their daily routine. No one will be asked, expected, or allowed to perform duties for which they are not trained or qualified.

Condition of Employment

Employees must sign a statement indicating they understand that they may be expected to respond to emergencies as a condition of being employed by Eastern Idaho Public Health District.

- New employees (unless otherwise approved by the Division Director) are required to complete Incident Command System (ICS) 100 and 200 as well as National Incident Management System (NIMS) ICS 700 within 90 days of employment.
- In addition to completing the ICS training, new employees shall also meet with the District's trainer and complete any other emergency training. This could include reading the Point of Dispensing (POD) and other manuals such as: "Your responsibilities in a Public Health Emergency."
- All staff will be required to participate in emergency response training and exercises as appropriate to sustain a satisfactory skill level in their emergency response roles and core competencies.
- Performance Appraisals – Response roles will be included in the major responsibilities section for all staff and commented on in the performance section.
- Emergency Contact Information – All staff will keep their after-hours contact information updated with the Management Assistant.

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EMERGENCY CALL CODES

Each EIPHD office should have an emergency calling code system, which will enable other staff to assist those that need help in cases of threats, potential workplace violence, medical assistance, and, if necessary, evacuation. The individual staff member requesting assistance should use the paging system and simply state Code (color) and which room or area needed to be responded to. (*Example: Code Blue Immunization Clinic Room 2.*) Be specific to the location of the incident so staff can respond to the correct area.

The following calling codes will be used and uniform throughout the district.

- **Code Green = Assistance Needed:** This code should be used when a staff member needs immediate assistance with a situation, including threatening clients/visitors, workplace violence, etc. When **Code Green** is announced overhead, then all available staff (especially men and supervisory staff) should respond to that area as fast as possible.
- **Code Blue = Medical Assistance:** This code should be used when there is need for medical assistance, including the need for an Automated External Defibrillator. When **Code Blue** is announced overhead, then all medical staff (nursing) should respond to that area as fast as possible.
- **Code Red = Evacuation:** This code should be used if evacuation of the building is necessary. When **Code Red** is announced overhead, then all staff should follow the district's Office Response Plan for evacuation as fast as possible. The Office Response Plan is located on the health district's intranet. [Click here to link to the plan.](#)

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EVACUATION PROCEDURE

Each EIPHD office has an evacuation/fire plan that is specific to each individual office. The office manager in each of the district's satellite offices will be responsible for maintaining a copy of the plan(s) and reviewing them on an annual basis.

In Idaho Falls, each Division Director will have a copy of the building's Office Response Plan and will be responsible for ensuring their staff members are familiar with the plan. The plan is also available on the health district's intranet. [Click here to link to the plan.](#)

Periodically, drills will be conducted to allow employees to become familiar with procedures to follow in the event the evacuation of the building is required.

Generally, employees are to:

1. In the event of an actual fire, call 911 and pull the nearest fire alarm.
2. Assist clients to nearest building exit. Smocks for clients who are being examined should be located in each clinic room.
3. Check to make sure all clients have been notified.

4. Lock up files before vacating your office.
5. Close your office door as you leave.
6. Make sure all rooms have been checked and are clear of people (staff and/or public).
7. Assemble as far away from the building as you can without leaving Health District property. Staff should meet to make sure everyone is accounted for and that all rooms were checked.

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CLOSURES OF OFFICES

When a Health District office is closed or declared inaccessible because of severe weather, loss of utilities, or other disruptions, affected employees shall be authorized administrative leave with pay to cover their scheduled hours of work during the closure or inaccessibility. The decision to close or declare it inaccessible shall be the decision of the District Director or designated representative.

If a District employee is unable to report to work because of severe weather, road, or other related emergency conditions, and the work facility has not been declared closed or inaccessible by the Director, the employee shall be permitted to use accrued vacation leave to cover the period of absence from work. Notification of the employee's supervisor is required.

When a severe storm occurs during the day, the District Director or designated representative may authorize early release of employees. Such early release shall be treated as administrative leave with pay.

In the event of a power outage, the decision to close shall be the decision of the District Director or designated representative.

If a Health District is closed due to a power outage or other reason, the safety of staff and clients/public is out top priority. Therefore, the following procedures will be followed:

- A supervisory staff or designee should check his/her work area to make sure that all clients have been taken to a safe location where there is natural light available. Do not continue client services unless you can maintain confidentiality and safety. **DO NOT TAKE A CLIENT OR ALLOW THE PUBLIC TO BE ANYWHERE IN THE BUILDING WHERE THERE IS NO LIGHTING.**
- Each division is responsible to have areas where they keep a working flashlight(s).
- Put away money, checks, client files, and lock up files.
- It is not necessary to turn off your computers, just leave them alone.
- Limit phone usage to important calls only.
- Limit use of bathrooms, sinks, or water fountains for emergency use.
- Each division should have a person who will remain to assist clients that may come to the office or call.

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EMPLOYEE CONDUCT, CONFLICT OF INTEREST, NEPOTISM, DISCRIMINATION, AND WORKPLACE VIOLENCE

EMPLOYEE CONDUCT

At Eastern Idaho Public Health District, our goal is excellence in public service for our customers and the public. Each of our employees is responsible for both the integrity and consequences of his/her own actions. Every employee is expected to follow the highest standards of honesty, integrity, and fairness when engaging in any activity concerning our agency. Employees are expected to be aware of standards of conduct and ensure they follow them, using good judgment at all times and in all situations. If employees have questions, they should ask their supervisor or Division Director.

Work Ethics

The Board, Administration, and public expects you to be accountable for the work accomplished, which is reported in honest coding of time and work performed. You are expected to be to work on time and do an honest eight (8) hours of work for your eight (8) hours of pay. You are expected to use sick, vacation, and compensatory time properly. Your appearance and office is expected to be kept neat and professional. You are expected to be organized so you can carry out the workload assigned you, which means you should plan your day's activities, set goals, and then prioritize the activities in order to accomplish those jobs and tasks assigned you. It is expected that any written reports be accurate, complete, neat, and understandable. It is not appropriate to have sloppy workmanship and do substandard work.

You should be up-to-date in your specific job knowledge. You are expected to be professional and knowledgeable. You are expected to study your job responsibilities, any applicable laws, rules, regulations, and/or other scientific information necessary to know and do your job as a professional. Your work performed is expected to be of the highest quality.

Eastern Idaho Public Health District employees should be aware of and comply with the "Client Bill of Rights" policy included on page 6 in this manual, which explains what clients and their families can expect from Health District employees.

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PERSONAL CONDUCT

Dress and Personal Hygiene

Health District dress standards for employees are necessary to convey a professional image to our customers. All employees are expected to present a neat, clean, and professional appearance. Personal cleanliness and appropriate, well-cared-for clothing is required. Employees are also expected to dress in a professional manner, in accordance with his/her job responsibilities. Supervisors have discretionary power and authority to send employees home if personal appearance and dress does not meet Health District standards.

- Lab coats or uniforms are to be worn when functioning in the capacity of clinical activities, e.g. physical assessments or evaluation, administration of medication/immunizations, collection of laboratory specimens or other performance of treatment or general nursing care. ***(Open-toed shoes are not allowed in any work area where sharps are present, including needles, lancets, and other sharps).***
- In order to maintain a professional appearance, employees are not allowed to wear flip flops (those made from rubber-like material) at any time. Dressier sandal-like shoes are allowed.
- Colored denim jeans may be worn. Each Friday is designated as “Casual Dress Day.” On this day, clean denim blue jeans may be worn as long as they are worn with a designated District shirt. This will allow employees the opportunity to do appropriate office activities, cleaning etc. (Low-rider, holey, and extreme styles will not be allowed.)
- Shorts of any kind are not allowed. Capris that are at or near mid-calf length may be worn.
- Casual T-shirts and sweatshirts or those bearing advertising logos are not appropriate. Tank tops or camisoles of any kind worn alone are not allowed. Special t-shirts, such as immunization/5-a-day, Eastern Idaho Public Health District, or WIC are appropriate on days designated by the District administration.
- Excessive piercing of the body that is visual to the public is not allowed. Excessive body art must be covered when working in a public setting. Examples:
 - Reasonable piercing: Earrings; small nose stud
 - Excessive piercings: Lips, eyebrows, nose, or other facial parts
 - Excessive body art: An area covering more than 2 square inches
- Identification name tags provided by the District should be worn at all times.

Punctuality/Attendance

Employees are expected to maintain regular punctual attendance. When an employee is unable to report to work as scheduled, he/she shall notify their immediate Supervisor or Division Director. Notification prior to the absence, if at all possible, is preferable.

Work Area

The work areas of each employee should be properly maintained and provide a pleasant, orderly, and professional appearance. Any material considered offensive or discriminatory to other employees or the general public is prohibited. **Employees must maintain a clean workspace which includes regular vacuuming and dusting including woodwork.**

Religious Expression

Employees may freely exercise their religious beliefs as long as doing so does not infringe on workplace efficiency and the requirements of the Civil Rights Act of 1964 as amended concerning nondiscrimination on the basis of religion. No employment decision shall be made on the basis of religion.

Employees should respect the individuality of each person, and although they may share their belief that religion is important in a person’s life, they must refrain from attempting to influence the religious beliefs of clients, colleagues, coworkers, or subordinates while acting in any capacity as an employee of the district.

Solicitation

Employee and non-employee solicitations or the distribution of non-state sponsored material ~~in the working area are~~ is prohibited. State-endorsed solicitations and corresponding time for meetings during working hours shall be limited to only those sponsored by the State of Idaho such as: Public Employee Retirement System, State-sponsored insurance programs, United Way campaigns, Red Cross blood drawings, etc. Any other type of solicitations which require employee time or use of facilities must receive prior approval from Administration.

Solicitation to other district employees for funds to purchase gifts for employee hospitalizations, weddings, etc., are discouraged and should only be requested on a very limited basis via e-mail through a Division Director or Department Administrator.

- ~~• Any employee wanting to sell or promote a product in the workplace must first receive written approval from the Administrative Team. This could be done through e-mail or by using our current Service Request Form.~~
- ~~• No desk-to-desk sales will be allowed. Information may be posted on the bulletin board in the Employee Lounge once approved by the Administrative Team. Any selling or promotion of products must be done on non-working hours.~~
- ~~• Employees may not use the district's e-mail system to promote these activities.~~
- ~~• Monthly Brown Bag Lunches could be scheduled, in which an employee could hold an "office party." For example, an employee could have a Pampered Chef party during lunchtime. Notice of the Brown Bag Lunches would be included in the newsletter.~~
- ~~• At the discretion of the Administrative Team, outside agencies may be allowed to promote their products/services if deemed to be a service to our employees.~~

Family Members at Job Site

Friends and members of employees' family may occasionally visit; however, their stay should be brief and restricted to a minimum so as to prevent interference with the employee's work, and/or cause an adverse effect on other employees and/or the District.

Personal Use of District Resources

Employees shall not use the district facilities, equipment, materials, mail, supplies, electronic communications systems for any outside employment purposes without the Director's approval.

Employees or their agents or relatives shall not accept, lease, rent, sell, or purchase any district equipment or material.

Telephone Usage

Brief personal local calls may be made from the district's telephones. Personal long-distance calls, other than emergency calls, are allowed only when charged to personal credit cards or collect.

An employee may make a personal emergency long distance call on the district's telephone if it truly is an emergency. If a person must make an emergency call, he/she must report the call to our fiscal staff as soon as possible.

Employees should comply with the following guidelines:

- Keep personal calls to a minimum during work time.
- Personal cell phone usage is prohibited when working with the public.
- The use of cell phone while driving is prohibited.
- Texting while driving is prohibited.

Copy Machine Use

Employees may use the District's copiers for personal copies; however, if the employee makes 10 or more copies then the cost is \$.05 per page for black and white copies or \$.10 per page for color copies payable to the Management Assistant in Idaho Falls or secretary in satellite offices.

Personal Use of Fax Machines

Employees may use the fax machine for sending local personal faxes. Personal long distance faxes are allowed with the use of a personal calling card. Personal use should be kept to a minimum and should not interfere with District use.

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CONFLICT OF INTEREST

General Purpose

The maintenance of a high standard of honesty, ethics, impartiality, and conduct by district employees is essential to ensure proper performance of district business and strengthen the faith and confidence of the people of Idaho in the integrity of government's role in public health and of our employees.

Employees should not engage in conduct which might reasonably be interpreted by the people of Idaho as tending to influence or adversely affect the performance of their official duties.

Employees should not become involved in activities outside of their hours of employment on either a paid or voluntary basis, which could represent either actual or a potential conflict of interest with their employment. Employees must use sound judgment in considering outside activities which would be or could be in conflict with their employment of mission of the District.

Disclosure Requirements

Any time a real or potential conflict exists between an employee's public duty and his/her private interest, outside activities, or employment, the employee shall disclose it in writing to his/her Division Director or District Director at the earliest opportunity, but prior to acting upon the conflict or potential conflict. Failure to disclose a conflict or potential conflict of interest when an employee knows or could reasonably have known of such conflict may result in disciplinary action, up to and including dismissal.

Limitation of Political Activities

District employees shall follow Title 67, Chapter 53 Section 5311 when engaging in any political activities.

Click here to link to the Idaho Code:

<http://legislature.idaho.gov/idstat/Title67/T67CH53SECT67-5311.htm>

Private Interests

Any activity performed in the course of employment which might have the appearance of impropriety or preferential treatment of family or relatives, significant others, etc., is prohibited.

Employees shall not profit, directly or indirectly, from public funds under their control. Employees shall not have a private interest in any contract, grant, or other written agreement made by them in their official capacity.

Cohabitation and Romantic Relationships

Cohabitation of and/or relationships between employees and their supervisors and others holding a position of authority over them should be conducted in a manner that avoids potential conflicts of interest, exploitation, or personal bias. The district recognizes that it is not uncommon for married couples to be employed by the district; however they should take steps to manage or eliminate any potential conflicts.

Gratuities and Other Benefits

Employees may not accept compensation from outside sources for doing their district job.

Health district employees shall not accept personal gratuities or other personal benefits from any person who is subject to their legal jurisdiction or who is likely to become interested in any contract or transaction over which they exercise any discretionary function.

Personal honorariums shall not be accepted by District employees from Idaho citizens, associations, corporations, or governmental entities for appearances or services given in the course of their official duties.

Serving on Boards and Committees

Assignments to serve on committees and boards are subject to the approval of the supervisor and District Director. No employee of the District may accept or serve in any policy-making position or office of an organization, board, or commission in which an opportunity for conflict of interest might arise between the activity and the District employment, except upon written approval of the District Director.

Volunteering

Employees are prohibited under the Fair Labor Standards Act (FLSA) from volunteering (without expectation of compensation) to perform for this or other state agencies the same type of services they are employed by Eastern Idaho Public Health District.

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SEXUAL HARASSMENT AND OTHER PROHIBITED DISCRIMINATION PRACTICES

General Information/Affirmative Action

Eastern Idaho Public Health District is committed to providing a safe and congenial work environment for its employees. The definition of work environment shall include anywhere that employees are performing work duties such as the office, any work site, or travel time to and from a work site. Sexual harassment or discrimination of an employee based on race, sex, national origin, age, color, religion, or disability is forbidden in any manner. These types of behaviors are destructive in nature and will not be tolerated.

Any form of sexual harassment or other illegal or discriminatory practice of any employee is strictly prohibited by law and by this policy. Employees are expected to refrain from conduct that may be reasonably considered offensive to others. Offensive conduct may be written or verbal. Offensive conduct includes, but is not limited to, the use of profanity, sexual comments or images, racial slurs, gender specific comments, or any comments that would reasonably offend someone on the basis of his or her age, race, religious beliefs, national origin, or disability. All employees are expected to treat their co-workers with courtesy, respect and dignity. No employee shall use the authority of their position or the circumstances of work place to sexually harass others.

Any employee, supervisor, or Director who is made aware of an alleged incident shall bring the matter to proper resolution by taking action in accordance with the procedures in this policy. Retaliating or discriminating against an employee for complaining about sexual harassment or other illegal discrimination is prohibited.

Filing, Investigation and Resolution

Employees who believe they are being subjected to illegal, prohibited sexual harassment or any other forms of discrimination based on race, color, sex, national origin, age, religion, or disability are encouraged to file a complaint with their immediate supervisor, Division Director, or the District's Management Assistant. If they so desire, they may file a claim of illegal sexual harassment directly with Idaho Human Rights Commission and/or the Equal Employment Opportunity Commission (EEOC).

Any employee aware of or suspecting the occurrence of sexual harassment is expected to report the matter through the most confidential and direct means possible to preserve morale and discipline in the work unit. The employee will not discuss the matter with co-workers and persons not directly responsible for investigating the matter.

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WORKPLACE VIOLENCE

Eastern Idaho Public Health District is committed to providing a work environment free from violence for all employees. EIPHD will not tolerate any form of violence in the workplace including verbal or physical threats or intimidation which includes the possession of weapons in the workplace, which can undermine the safe and effective performance of employees while they work.

Duty to Report

It is the duty and responsibility of all employees to report any potentially dangerous situation to their immediate supervisor, Division Director, or District Director.

Confidentiality

After reporting the situation, employees shall not discuss the matter with co-workers or persons not directly responsible for investigating the matter, except in cases when there is risk of imminent physical danger.

Action

The Administrative Team will promptly convene to investigate any incidents of workplace violence. If evidence exists to support the allegation of violence or threats of violence, and the offender is an employee, disciplinary action may occur, up to and including immediate dismissal. If the offender is not an employee, other appropriate action will be taken by Administration.

In all situations, if the violence appears to be imminent, take the precautions necessary to assure your own safety and the safety of others and then call 911.

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EMPLOYEE IMMUNIZATIONS

The Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) strongly recommends that all health care workers be vaccinated against (or have documented immunity to) Hepatitis B, Influenza, Measles, Mumps, Rubella, and Varicella. Health care workers are at risk for exposure to and may possibly transmit vaccine-preventable diseases. Maintenance of immunity is an essential part of prevention and infection control for health care workers.

Upon Hire

- The employee will complete an [Employee Health Assessment Form \(Appendix D\)](#), attaching a copy of his/her immunization record and/or blood titer reports.
- The Immunization Coordinator will review the vaccine history as recorded by employee. After review, the Coordinator will contact the employee and provide a vaccination recommendation form to the employee and a copy to the employee's supervisor.
- The completed [Employee Vaccination Recommendation Form \(Appendix E\)](#) will be given to the Immunization Coordinator for review; she will then give them to the Administrative Assistant to place in the employee records area.
- Employees will be required to sign a vaccination declination statement if he/she refuses immunizations. See: [Vaccination Declination Statement-Hepatitis B \(Appendix F\)](#) and/or [Other Vaccination/Prophylactic Declination Statement \(Appendix G\)](#)
- A record of above information will be kept in the employee records area.

Mandatory Vaccines or Immunity

The following vaccines are free to the employee to assure immunity.

- **MMR** (All EIPHD health care workers must have documentation of two vaccines or positive titers for all three antigens.)
- **Varicella** (or history of disease)
- **Polio**
- **Hepatitis B**
 - At risk employees-any EIPHD employee with direct exposure to blood, i.e., public health nurses and clinical assistants
 - Health care workers are required to document immunity to Hepatitis B by a HBs positive titer report (with a negative titer current follow-up guidelines and recommendations will be utilized).
- **Hepatitis A**
 - At risk employees-any EIPHD employee with direct exposure to sewage or fecal matter
- **Influenza yearly** (except in unusual circumstances)

Mandatory Screening

Mandatory screenings will be provided free to the employee.

- **TB Screening (PPD)** Also see Employee TB testing protocol.
 - All new employees will be tested with the two-step protocol.
 - Employees with routine direct client contact will be tested annually on their birthday.
 - Employees that do not have routine direct client contact will be tested biannually on their birthday.
 - Supervisors will remind staff to comply.

EIPHD staff will have 10 working days to receive the recommendation vaccination/screening or provide proof of immunity.

Vaccines Highly Recommended

Vaccination for these immunizations are free to the employee.

- TDAP (one-time vaccine)
- TD (every 10 years after TDAP vaccine)

Optional Vaccines

EIPHD endorses the ACIP recommendation for these immunizations and will provide them to the staff with the current administration fee waived. The cost of the vaccine is the responsibility of the employee. Listed below are some current examples of optional vaccines.

- **Hepatitis A** (non-high risk employee)
- **Hepatitis B** (non-high risk employee)
 - If an employee chooses to receive Twinrix (Hepatitis A & Hepatitis B), he/she needs to make arrangements with the Nurse Supervisor to pay for the increase in cost that the combined vaccine would result in.
- **Pneumonia**
- **Typhoid**
- **Yellow Fever**
- **Meningococcal**
- **HPV**
- **Zostavax**
- **Japanese Encephalitis**
- **Rabies**

Immunizations for Employees' Children

EIPHD will waive the administration fee for employee's children 0-18 years of age for Vaccines for Children (VFC). The immunizations listed below show some current examples:

- **DTAP**
- **IPV**
- **MMR**
- **HIB**
- **Hepatitis A**
- **Hepatitis B**
- **Prevnar**
- **Varicella**
- **Menactra**
- **Rota-virus**
- **Tdap/TD**

Employee Imms policy/7/2007/ALG

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EMPLOYEE USE OF HEALTH DISTRICT SERVICES

Purpose

EIPHD provides valuable services to the public. District employees are allowed to utilize health district services as long as they meet the qualifications/requirements of the program just like any other individual or client.

This policy outlines the procedure employees must follow when seeking health district services to avoid any perceptions of preferential treatment and to ensure compliance with all local, state, and federal guidelines.

Policy

Any District employee seeking services provided by our agency must have their initial paperwork/application reviewed and approved by the Division Director where services are requested. Review and approval will take place prior to or at the time of service.

For services within the Family and Community Health Services and Nutrition Divisions (excluding the Immunization Program which has a separate process and policy), the following information will be reviewed for accuracy and to determine if the employee qualifies for the service:

- Income
- Family Size
- Age
- Insurance status

Employees are expected to pay for services rendered. Any non-immunization fee waivers will only be authorized by the Division Director.

IMPORTANT: No employee will review or approve a request for service or application of another employee, family member, or personal friend. Employee requests must be handled as outlined above. Requests for services, applications, and encounters of an employee's family member or friend should be referred to another staff member for processing.

Division Directors will provide the District Director with names of employees approved to use district services.

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REASONABLE ACCOMMODATIONS

It is the policy of Eastern Idaho Public Health District to provide reasonable accommodations for qualified individuals with disabilities who are employees or applicants for employment. EIPHD will adhere to all applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required affording equal employment opportunity to qualified individuals with disabilities. Reasonable accommodations shall be provided in a timely and cost-effective manner.

Employees are responsible to inform their Supervisor, Division Director, Management Assistant, or District Director that they need an accommodation. Whether the employee's request is communicated verbally or in writing, the [**Request for Reasonable Accommodation Form \(Appendix I\)**](#) should be used to document the request and to initiate dialogue about it.

Inasmuch as deciding who is a "qualified individual with a disability" is a case-by-case process, depending on the circumstances of the particular employment situation. When a qualified individual with a disability requests an accommodation, the Administrative Team will meet and determine what accommodations can reasonable be provided that is effective for that individual.

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SECTION II:

STATE POLICY

&

PROCEDURES

INFORMATION

DIVISION OF HUMAN RESOURCES AND PERSONNEL COMMISSION

15.04.01 - Rules of the Division of Human Resources and Idaho Personnel Commission

<http://dhr.idaho.gov/rules.html>

Sample of Items Addressed in the Rules

Basic Merit Requirements
Discrimination Prohibited
Conflict of Interest and Personal Conduct
Nepotism
Classification System
Reduction in Force,
Probation
Disciplinary Actions
Appeal Procedures
Performance Evaluations
Leaves

IDAPA 15.04.01.008 “These rules apply to Public Health Districts even though specific references are to state employees.” Therefore, all district employees will conform and comply with these rules.

The following are policy additions, modifications or clarifications to the Personnel Commission Rules that have been adopted by the Board of Eastern Idaho Public Health District

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DISTRICT INFORMATION

The contents of an employee’s personnel file are the property of the District; therefore, any information dissemination from the file shall be strictly on a limited basis. Documents in the personnel file shall not be photocopied for dissemination without prior approval of the Director. District performance evaluations shall in no way be disseminated to outside agencies, public or private. “Outside agencies” do not include the Division of Human Resources or State Controller’s Office, where the official personnel records are maintained, nor does it include state agencies, since all state agencies are considered by law to be one employer.

The following information is of a personal nature and will not be disclosed to outside parties without authorization from the individual concerned:

- Home address
- Home phone number
- Number of dependents
- Social security number
- Marital status
- Spouse's name
- Date of birth
- Other information which involves the employee's personal life

ON-CALL TIME

On-call time will be granted to employees who are designated by their supervisor or the District Director to be on-call according to specific criteria for full or partial on-call shifts. The rate at which time off with pay will accumulate is one hour of On Call Time Earned (OCE) will be earned for each weekday during which an individual is required to be on-call; for each weekend day or holiday, two hours OCE will be earned, up to a total of no more than 10 hours per week. Any time actually worked while in on-call status will be coded as actual time and will be added to the time earned for being in on-call status.

OVERTIME

The Division Director or Department Administrator will determine the necessity for overtime work. No employee will accrue more than forty (40) hours of compensatory time without the prior written approval of their supervisor. Supervisors will be held accountable for managing these accruals. All overtime must be approved in advance. All overtime worked will be documented on the employee's time sheet and approved by the supervisor before being compensated in cash or by compensatory time off. Division Directors, Administrators, and employees should work cooperatively to select dates to discharge accrued compensatory time which will least interfere with normal District services. Employee preference should be supported if possible.

PERFORMANCE EVALUATIONS

Idaho law mandates that performance evaluations be completed at certain times during a person's employment. In special circumstance probation evaluations may be extended for an additional time period as approved by the director. A performance evaluation is to be completed **A written probation evaluation should be conducted at the conclusion of approximately 520 hours or 3 months of service, informing employees of areas of his/her performance that may need improvement** and then again at 1,040 hours or 6 months of service. After attaining permanent status, a performance evaluation shall be done at least annually, or as often as deemed necessary by the immediate supervisor.

A Health District performance evaluation form will be required to substantiate any advancement or change in an employee's status or salary. The performance evaluation form must bear an overall rating factor of no less than "**Achieves Performance Standards**" in order to be awarded a merit increase. The evaluation form submitted previously may be used if it is no more than twelve (12) months old and is certified as being current by the Director.

PROFESSIONAL DUES

The District is not responsible for payment of professional dues. Employees may attend professional association meetings, but may be expected to pay applicable membership dues.

REPORTING CONCERNS

The Division of Human Resources follows the FLSA and all applicable federal and state laws and rules regarding employee compensation. Any employee who believes that a problem exists in regard to hours of work, whether a position is covered or exempt, or any issue related to hours of work and overtime compensation is encouraged to report the issue to their supervisor or Division Director as soon as possible. The Division Director will take prompt action to correct problems identified and communicate the action to the employee. No employee will be subject to retaliation for reporting a wage and hour concern.

TIME REPORTING

All hours worked must be recorded on the employee's time sheet, and approved by the authorizing supervisor.

TIME WORKED FOR MORE THAN ONE STATE DEPARTMENT

The state is considered a single employer for determining the number of hours worked. If an employee works for more than one state department, the employee's combined service will be subject to applicable laws and DHR rules governing overtime.

WORKWEEK

The workweek for employees of the Eastern Idaho Public Health District is 12:01 A.M. Sunday through 12:00 midnight Saturday.

WORKING "OFF THE CLOCK" PROHIBITED

Great care must be taken to ensure employees do not eat lunch at their desks and continue to work or be interrupted by work requests, phone calls, etc. If such work is expected or permitted by the supervisor, the entire lunch or break must be considered work time. Employees and their supervisors who permit or engage in working without reporting such time may be subject to discipline, up to and including dismissal.

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GENERAL EMPLOYEE INFORMATION

STATE EMPLOYEE BENEFITS: <http://dhr.idaho.gov/benefits.html>

Insurance

State employee insurance information is accessible through the Department of Administration.

Department of Administration - Insurance

- [Medical Insurance \[PDF\]](#)
- [Dental Insurance \[PDF\]](#)
- [Life Insurance \[PDF\]](#)
- [Disability Insurance \[PDF\]](#)
- [Flexible Spending Accounts \[PDF\]](#)

Retirement

State employee retirement benefits information is accessible through PERSI, the Public Employment Retirement System of Idaho.

PERSI

- [Members](#)
- [Retirees](#)
- [Employer Portal](#)

State Holidays

Idaho State Holidays	
New Years Day	January 1st
Martin Luther King, Jr.-Idaho Human Rights Day	3rd Monday in January
Presidents' Day	3rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4 th
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veterans Day	November 11th
Thanksgiving	4th Thursday in November
Christmas	December 25th

EIPHD employees receive the same benefits as state employees.

The following are policy additions, modifications or clarifications to the State Policy that have been adopted by the board of Eastern Idaho Public Health District.

BENEFITS

Employee Assistance Program (EAP)

The District provides an Employee Assistance Program to help employees better cope with personal problems caused by physical illness, emotional problems, family and marital conflict, alcohol and drug problems, financial stress, legal and other problems.

EAP is available to benefit eligible employees and dependents.

Five counseling sessions for each individual have been prepaid by the District and are free to you, your spouse, and your dependents. You may also utilize up to 200 hours of counseling by paying a co-payment for the service.

Workers Compensation

Workers compensation insurance is a no-fault insurance policy which provides wage loss and medical benefits to workers with a job-related injury or disease. Eastern Idaho Public Health District carries workers compensation insurance on all employees through the State Insurance Fund. Employees are covered beginning with their first day of work and during all hours when they are actually working.

Workers compensation insurance pays for “reasonable and necessary” medical care to treat a job-related injury or disease. Such care usually includes, but is not limited to: payment for emergency medical care, doctor bills, x-rays, medications, hospitalization, crutches, and some travel expenses required for medical care. Bills for medical treatment are sent by the medical care provider (physician, clinic, emergency room) directly to the State Insurance Fund and do not need to be paid by the employee.

In addition, if the physician confirms that an employee cannot immediately return to work because of the job-related injury or disease, the employee is eligible for **temporary disability benefits** until the physician releases the employee to return to work OR the condition has reached a point of maximum improvement. Normally, the employee qualifies for compensation for lost wages if he/she misses more than five (5) days of work or is hospitalized as an in-patient. If such a time loss exceeds fourteen (14) days, Workers Compensation will pay for the first five (5) days as well.

If an employee is able to return to part-time or modified work while recovering, but is receiving less than the usual earning, he/she may be entitled to **temporary partial disability benefits**. If the employee is determined to have permanent impairment, he/she may receive **permanent partial impairment or disability benefits**. For further information on these benefits, refer to the Idaho Industrial Commission.

Any job-related injury or disease must be reported immediately to the employee’s immediate supervisor, including when, where, and how the injury occurred. The employee is required to complete an [**Incident Report Form \(Appendix A\)**](#) or [**Medication Incident Report Form \(Appendix B\)**](#) as soon as possible after the injury occurs and give it to his/her immediate supervisor who is to report the injury to the management assistant. (If the immediate supervisor is not available, the incident should be reported directly to the management assistant or director).

Eastern Idaho Public Health District has entered into a working relationship with Eastern Idaho Regional Medical Center (EIRMC) to provide occupational health services. Employees in the Idaho Falls office, whose injuries necessitate medical intervention, are to contact the management assistant and he/she will contact EIRMC's occupational health services that will designate a particular physician. Idaho law allows an employer to designate physicians for injured employees. If time is a factor or during evenings and weekends, the employee should go directly to the emergency department at the hospital or an emergency care facility. The physician will examine the employee, schedule necessary evaluative tests (such as x-rays, MRI's, etc.), determine the treatment plan, make referrals for therapy and other treatments as indicated, determine work limitations, and issue the release to return to work when appropriate. **Employees can be held responsible for medical costs associated with their injuries if they decline to use the designated physicians.**

There are exceptions to the above plan. If an employee's injury requires emergency treatment, he/she is to seek treatment immediately, reporting the injury as soon as possible afterwards. If an injury to an employee in a satellite county occurs, the employee should seek treatment locally and report the injury per the policy above.

CONTINUING EDUCATION

Eastern Idaho Public Health District believes continuing education to be an important part of a District employee's professional development.

Training and travel requests must have prior approval by Division Director using the Travel/Education Request Form (included in this policy). Approval will be based on available funds. Training must relate to employee's job responsibilities.

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PROBLEM SOLVING AND DUE PROCESS

In accordance with IDAPA 15.04.01.200.02 “Each participating agency must maintain a written employee problem-solving and due process procedure....” This policy is in compliance with that requirement.

Purpose

For Classified Employees:

- To provide a process to discuss and resolve issues in the workplace.
- To provide due process for disciplinary dismissals, suspensions, demotions, and involuntary transfers.

(Refer to DHR Rule 200)

Problem Solving Procedure

Classified employees with permanent, provisional, or entrance probationary status are eligible to use a formal conflict resolution process called Problem Solving. This procedure is for any job-related matter except the following: (1) compensation, except as it applies to alleged inequities within a particular agency or department; (2) termination during the entrance probationary period; (3) items set forth in IC 67-5315(2) (dismissals, demotions, and suspensions); and (4) involuntary transfers.

In general, this procedure requires an employee to meet with his or her immediate supervisor to resolve the matter(s), file for problem solving, meet with the Division Director appropriate to resolving the issues, and receive a final decision from the District Director.

Sexual Harassment and other Illegal Discrimination

Complaints alleging sexual harassment or other illegal discrimination based on race, sex, national origin, age, or disability may be filed using the Problem Solving procedure, but should be filed in accordance with the procedures outlined in the “*Employee Conduct, Conflict Of Interest, Nepotism, Discrimination, And Workplace Violence*” policy in this handbook.

Time Frames

An employee should file for Problem Solving in writing no later than ten (10) working days after being notified of an action, becoming aware of the issue or problem, or when discussions with the immediate supervisor to resolve the issue have reached an impasse. The time limit for filing for Problem Solving does not include days the employee is away from work due to illness or other approved leave. The ten (10) working day calculation does not include the day on which the problem occurred, but does include administrative leave.

If an employee does not meet the time limits specified in the Problem Solving procedure for requesting the next level of review (two days), the matter may be considered resolved or dropped. Time elements or intermediate steps for this procedure may be waived upon mutual agreement of the employee and Director. It is usually in the best interest of our agency for conflicts to be discussed and resolved, regardless of time frame limitations.

Waiver of Intermediate Steps and Time Period

The intermediate steps of the Problem Solving procedure or the time frames may be waived upon mutual agreement of the employee and the supervisor or Level One official. Internal time periods of the procedure may be extended when the employee, immediate supervisor, management

representative or Director is not available due to illness or other approved leave; but in no case longer than ten (10) working days after their return unless expressly agreed upon by both parties.

Time limits specified for requesting the next level of review cannot be extended except when the employee is absent from work due to illness or approved leave. The employee must request the next level of review on the first day the employee returns to work or the matter will be considered resolved or dropped.

Leave Issues

The employee and other staff involved, upon approval of their respective immediate supervisors, will be allowed regular work time for problem resolution discussions.

Optional Mediation Step

Mediation is an optional method of dispute resolution. It may be requested at any time by the employee or by others involved in the problem solving process.

The Division Director and employee may mutually agree to engage in mediation during the problem solving or Due Process Procedures. Mediation is not possible unless both the agency and employee agrees. If mediation is pursued, and the process agreed to by both parties, the first session is usually held within five (5) working days of the agreement. All other time limits in the Problem Solving Procedure are placed on hold during mediation. The Division Director and employee must also agree upon a mediator. Employee representatives are not allowed in the mediation process.

If mediation is not successful in the resolution of an issue, the employee must request to continue problem solving within five (5) days of the conclusion of the mediation or the matter is considered resolved.

Prohibitions

No employee shall be disciplined or otherwise prejudiced in his or her employment for exercising his or her rights under the problem solving procedure. No supervisor or any other official of the Division Director may retaliate against an employee for:

- Filing under this problem solving procedure;
- Participating as a witness or an employee representative; or
- Assisting another employee in preparing a filing.

Representation

An employee has the right to be represented by anyone he or she chooses at each step of the procedure, except for the initial discussion with the immediate supervisor. Employees are responsible for notifying representatives of the time and place for meetings. The schedule limitations of the employee's representative shall not unreasonably delay the process. The employee is responsible for compensating a representative and for paying the representative's expenses.

Problem Solving Procedure Steps

Step 1: Meeting with Immediate Supervisor

Before actually filing for problem solving, an eligible employee must first make a reasonable attempt to meet with and resolve the matter(s) with his or her immediate supervisor. Representatives are not permitted at the informal meeting with the immediate supervisor.

Employees and supervisors are strongly encouraged to engage in this informal problem solving meeting in order to identify the precise matter(s) at issues, discuss ways to resolve the matter(s), and hopefully resolve the matter(s) at the lowest possible level, consistent with the intent of the Problem Solving Procedure.

Step 2: Filing for Problem Solving

Eligible employees are required to file for problem solving in writing no later than ten (10) working days after being notified of or becoming aware of any matter which may be handled through the Problem Solving Procedure. A [Problem-Solving Request Form \(Appendix H\)](#) should be used to file for Problem Solving. If the filing alleges an ongoing pattern of harassment or illegal discrimination, it shall be considered timely if filed within ten (10) working days of the last allegedly offensive action. The time limit for filing shall be extended due to the employee's illness or other approved leave, up to ten (10) days after returning to the job. Problem Solving Request forms are available from and must be filed with the employee's supervisor.

Step 3: Meeting with Management Representative

The employee will meet with the appropriate higher level management representative no later than five (5) working days after filing for problem solving. The management representative will consult with the employee's immediate supervisor to determine who may be best able to resolve the problem in this meeting with the employee. The management representative will also take into account the employee's preference in deciding who should be present. Since the goal of this procedure is to resolve problems at the lowest level possible, this meeting may involve the immediate supervisor and any additional people who may be helpful in resolving the issue(s).

Step 4: Final Decision from Director

The Director or designee may consult with the employee, immediate supervisor and management representative and any others who participated in the problem solving procedure in order to determine how best to resolve the issue(s). The employee will receive a final decision from the Director or designee no later than five (5) working days after meeting with the management representative. The problem solving procedure ends with the decision of the Director or designee. Problem solving decisions are not generally appealable to the Idaho Personnel Commission.

Due Process Procedure

General Overview

All state employees who are classified and have attained permanent status (satisfactory completion of the probationary period) are entitled to due process before the supervisor or Division Director makes any decisions to dismiss, demote, suspend, or involuntarily transfer and employee. Due process requires the Division Director to provide the employee with notice and an opportunity to be heard before such a decision is made.

Due Process Procedure Steps

Step 1: Notice

When the Division provides notice to a permanent classified employee, the notice will contain the following information:

1. Notice of the Contemplated Action. The Division Director will provide the employee with notice of the contemplated action(s). For example, the notice may state that dismissal is the contemplated action. It may also set forth alternative forms of discipline, such as demotion or suspension.

2. Notice of the Basis for the Contemplated Action. The Division Director will provide the basis or reasons for the contemplated action. The "basis" of the contemplated action is the for-cause reason and corresponding legal citation which supports the action against a permanent classified employee. The "for cause" reasons are listed in IC 67-5309(n) and in DHR Rule 190.01.
3. Explanation of the Evidence. The Division Director will provide an explanation of the information or evidence pertinent to the contemplated action. This could include an explanation of statements made by other employees, an explanation of documents, and/or an explanation of events leading to the notice.
4. Set a Time to Respond. The Division Director will set a time period within which the employee may respond, but in no event may that time period exceed ten (10) working days after the employee has received notice unless both the Division Director and the employee agree otherwise in writing. For example, the notice might include, "You have an opportunity to respond no later than five (5) working days after the date of this notice."

The Notice of Contemplated Action will be sent or delivered to the employee. The Division Director will not maintain the notice in the employee's service record. It will be placed in a file reserved for such notices and not made public. The final decision information will be placed in the employee's personnel file.

Step 2: Opportunity to Respond

A permanent classified employee who receives a notice of contemplated action is entitled to an opportunity to respond in person or in writing. The opportunity to respond is the employee's opportunity to respond to the notice and present his or her reason(s) why the contemplated action should not be taken. The employee may accept the opportunity and respond within the time period, may reject the opportunity by failing to respond within the time period, and may waive the opportunity.

Time to Respond: The Notice of Contemplated Action will contain a set time period selected by the Division within which an employee may respond. The Division will make the final decision after the employee has responded, failed to respond, or otherwise waived the opportunity to respond in writing.

Right to Representation: The law provides an employee with the right to be represented by a person of his or her choosing during the opportunity to respond.

Step 3: Division Decision

The Division will notify the employee of its decision no later than ten (10) working days after the employee has responded, failed to respond, or otherwise waived his or her right to respond in writing. If a disciplinary sanction is imposed, the employee may have the right to appeal the agency's decision to the Idaho Personnel Commission within thirty-five (35) calendar days. Any such appeal does not stay the action. The Director's final decision will be sent or delivered to the employee. The Due Process Procedure ends when the Director notifies the employee of the decision.

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STATEWIDE POLICIES AND PROCEDURES

Introduction

These human resource policies are applicable to all State of Idaho executive branch agencies. By Rule, the Public Health Districts are a part of the executive branch and as such these policies are applicable to EIPHD. These policies are designed as a working guide for agency management and human resource staff in the day-to-day administration of our State's human resource program. They are not promulgated as rules under the Idaho Administrative Procedures Act nor do they carry the force and effect of law. However, a violation of any one of these policies may be grounds for disciplinary action up to and including dismissal.

Click on the following link to view the State's Human Resource policies:

<http://dhr.idaho.gov/policies.html>

Personnel Policies

Click on the policy sections below to link to the State's policy.

Unless otherwise noted in each section below, EIPHD has adopted the State's policy. However, in some circumstances, EIPHD has expanded the policy to be more specific to our agency.

Section 1: Compensation (click to view policy)

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Initial Appointment: Classified Employee

Initial Appointment: Non-Classified Employee

Acting Appointment

Promotion

Demotion

Transfer (Inter-departmental and Intra-departmental)

Reclassification

Reallocation to a different pay grade

Reinstatement

It is the intent of Eastern Idaho Public Health District to fund competitive employee compensation and benefit packages that will attract qualified applicants, retain employees who have a commitment to public service excellence, motivate employees to maintain high standards of productivity, and reward employees for outstanding performance. Maintaining a competitive compensation system is based on the following conditions and standards:

1. EIPHD is not a state agency and as such can only compensate employees as best they can in light of funding from the following sources: State General Funds, County Contributions, Fees Collected, and Contracts Awarded.
2. Advancement in pay shall be based on job performance and market changes.
3. Pay for performance shall provide faster salary advancement for higher performers based on a merit increase matrix. For more details about the matrix, contact your Division Director.

It is the intent of this policy to ensure a consistent and fair approach to EIPHD's hiring process and to provide specific parameters which determines salary rates for newly hired and permanent employees.

EIPHD adopts the Rules of Division of Human Resources and Personnel Commission, IDAPA 15.04.01 as required. EIPHD's composition plan incorporates those items in Idaho Code 67-5309B

Internal Salary Equity and Concerns

All employees are encouraged to discuss concerns with their supervisor and/or Division Director to reach mutually satisfactory resolution. If an employee believes there is a problem with their compensation due to inequities, they are strongly encouraged to bring this issue to the forefront. No retaliation will occur for expressing such concerns or using the problem solving process

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Section 2: Vacation Leave (click to view policy)

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General Information

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Accrual

Use of Vacation Leave

Effect of Transfers on Accrued Vacation

Effect of Separation on Accrued Vacation

Vacation leave may be used only when approved by the appropriate authority. Such vacation will be approved upon mutual agreement between the supervisor and the employee. It is necessary to schedule vacation when it will least interfere with the efficiency of the department. Employees should submit vacation requests as far in advance as possible to aid the supervisor in planning the schedule. **If an employee on approved vacation leave becomes ill, sick leave cannot be substituted without a written note from a doctor.**

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Section 3 - Sick Leave (click to view policy)

Idaho Code 67-5333 and DHR Rule 240

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General Information

Eligibility

Accrual

Use of Sick Leave

Inability to Return From Medical Leave

Effect on Transfers on Accrued Sick Leave

As an employee of Eastern Idaho Public Health District, whether on a provisional, probationary, or permanent appointment, you will earn sick leave which is accrued on the number of hours worked. Sick leave is for illness and should not be abused.

In the event an employee becomes ill while on vacation leave, it is the employee's responsibility to notify their supervisor as soon as possible and periodically thereafter so the supervisor will know when the employee will return to work.

Returning to work too early from a communicable disease or serious injury may jeopardize the health of our clients or yourself.

If you are ill, you must notify your supervisor as soon as you can. You are also required to notify your supervisor each additional day of illness thereafter. If your term of illness is three (3) days or more, a written statement may be required from your doctor explaining the nature of the illness and when you will be able to return to work.

Any employee who is on approved sick leave and is found to be working at another job, or is using sick leave for purposes other than illness or injury, shall be subject to disciplinary action up to and including dismissal.

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[Section 4 - Family & Medical Leave Act \(FMLA\)](#) (click to view policy)

- [FMLA FAQs](#)
- [FMLA Forms](#)
- [Recent Changes to the FMLA](#)

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FMLA Procedures

A [FMLA Leave Request Form \(Appendix C\)](#) should be completed and turned in to the Management Assistant prior to the leave being taken.

Advance Notice and Medical Certification

The employee must provide 30 days advance notice when the leave is "foreseeable." An employee is required to provide medical certification to support a request for leave because of a serious health condition and also a fitness for duty report to return to work.

In the event an employee does not request FMLA leave for time off work for a qualifying medical condition, EIPHD will designate the employee's absence as FMLA leave.

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EIPHD does not have any additional policy guidelines to those of the state.

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Confidentiality

All donated leave must be given voluntarily. No employee shall be coerced, threatened, intimidated, or financially induced into donating vacation leave. Misuse of donated leave will be grounds for disciplinary action.

If you need to request leave donation, please fill out the [Leave Transfer Request form \(Appendix N\)](#) and return it to EIPHD's Management Assistant.

[Leave donation form](#)

(Controller's Office, click on Payroll, Forms, Payroll/Personnel Forms, EIS-180-Sick/Vacation Leave Transfer)

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[Section 7 - Telecommuting](#) (click to view policy)

- [Telecommuting Application, Agreement, & Safety Checklist](#)

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Telecommuting Guidelines

EIPHD does not have any additional policy guidelines to those of the state.

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Section 8 - Domestic Violence (click to view policy)

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EIPHD does not tolerate domestic violence. Domestic violence is a major public health issue. EIPHD's health professionals as well our other front line staff may be the first individuals whom abused victims turn for help. It is important that all district staff members are aware of accurate information and resources to provide appropriate assistance.

Policy

If a victim of domestic violence or sexual assault calls or walks into the Health District stating they have been assaulted, referral can be made to the following staff:

- Reproductive Health Clinical Staff
- Public Health Nursing Staff
- Family and Community Health Services Division Supervisors

District staff members are required to complete an [Abuse-Neglect Police Report Form \(Appendix M\)](#) outlining the details of the complaint and the resulting referrals and reports made. It is important that Division Directors be informed of and review such incidents.

Additional Resources

Victims of Domestic Violence and/or Sexual Assault can be referred to:

- Local police (911)
- Family Violence and Sexual Assault Intervention Center:
Crisis Line: (208) 235-2412 / Office (toll free): 1-866-322-4352
1050 Memorial Drive, Idaho Falls, Idaho 83402
- National Domestic Violence Hotline: 1-800-799-7233 or 1-800-799-SAFE
- Sexual Assault Hotline: 1-800-656-4673
- Blackfoot - Bingham Crisis Center: (208) 785-1047
- Driggs – Family Safety Network: (208) 354-8057
- Rexburg - Family Crisis Center: (208) 356-0065
- Salmon – Mahoney House: (208) 756-3146

According to Idaho Code Title 16, Chapter 16 (Child Protective Act), known or suspected child abuse must be reported. For anyone under 18 years of age who is a victim of abuse, Child Protective Services must be called.

- Idaho Falls: 528-5900
- Blackfoot: 785-5826
- Rexburg: 359-4750
- Salmon/Challis: 756-2985

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TRAVEL

Eastern Idaho Public Health District has adopted the State's travel policies, which are governed by the State Board of Examiners; see their policy #44250 for more information
<http://www.sco.idaho.gov/web/sbe/sbeweb.nsf/pages/trvlpolicy.htm>

STATE TRAVEL POLICY AND PROCEDURES

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18. [Third Party Reimbursements, Rebates, Promotions](#)
19. [Travel Claims Forms](#)

The following are policy additions or modifications to the State Travel Policy that have been adopted by the Board of Eastern Idaho Public Health District.

Declared Emergencies

Should there be a Federal, State or County declared emergency and should there be a need for public health involvement, this travel policy or parts of this travel policy may be modified depending on action taken by EIPHD's Board of Health.

Travel Authorization

Office travel must be authorized by the employee's supervisor or Division Director. Out-of-District travel must be authorized in writing. In the event the Division Director is unavailable to authorize the travel, he/she can designate an individual to authorize the travel.

When you plan to make an out-of-district trip, a [Travel/Education Request \(Appendix K\)](#) form must be filled out. Your supervisor and Division Director must sign your request before you incur expenses. Both the Travel/Education Request form and the [Travel Expense Form \(Appendix L\)](#) are available on the District's intranet site.

Travel Vouchers

All travel should be written down at the end of the day on a [Travel Expense Form \(Appendix L\)](#). Send this form monthly to the Idaho Falls office where it will be processed. Requests for out-of-district travel should be attached to the travel voucher. Because of the high cost of processing a travel voucher, employees with vouchers for less than \$20 are encouraged to hold it until the following month. All vouchers will be held no longer than two months.

Do not record fractions of miles. Round mileage up to the nearest mile when .5 and over, and down when less than .5. Mileage is figured from employee's home office and until return to that home office.

Compensatory Time for Travel

Compensatory time is allowed for travel outside of normal working hours of the employee. Travel time is defined as: from the time the employee leaves their home station (office) until they arrive at their destination (hotel), and from the time an employee leaves their destination (hotel) until they arrive back at their home station. Time spent eating a meal may be counted.

Meals While Traveling

There is no reimbursement for meals while traveling unless an overnight stay is involved. Actual cost of each meal need not be broken down on the travel expense voucher for each full day of an authorized trip.

Meal Expense Allowed

As per section 11 of the state's Travel Policies and Procedures manual, the Board of Eastern Idaho Public Health District hereby allows home station meal reimbursement to be made when attendance is required for employees as part of their job duties to promote trade or commerce. An example is an assignment made by a Division Director or District Director to attend a luncheon meeting such as the Chamber of Commerce which would promote commerce between the district and other business organizations.

Meetings Dealing with Non-Employees and Employees

This policy covers reimbursement for District sponsored meeting and trainings for official District business where attendees are both District employees and non-employees. Examples include medical review boards, public health preparedness training, meetings with elected officials, or other parties with which the District meets for official business. The meeting does not need to meet the mandatory attendance, duration, and requirement for number of attendees as required per section 11 of the state's Travel Policy and Procedures manual. For meals and or refreshments, the per-person cost should not exceed the State's policy for partial day meal rates. Understanding that the number of attendees can be affected by no-shows the purchaser should strive to keep the per person expectation as reasonable as possible.

Registration Fees

Registration fees which are required for conferences require a receipt for reimbursement on your travel voucher. These should be paid ahead of time if at all possible. The travel arranger in your division can instruct you on how to accomplish this.

Third-Party Reimbursement

When a third party is expected to reimburse a District employee for travel expenses, that information, along with the name and billing address of the third party must be included on the travel request. Travel expenses will be submitted to the District as usual on a travel voucher. The third-party

reimbursement will then be made to the District, or endorsed in the District's favor. For instance, if the Department of Education intends to reimburse your travel expenses for attending a conference in Boise, you would complete the District travel expense voucher as you normally would. Then when the reimbursement check arrives from the Department of Education, it will be signed over to the District.

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SECTION III:

GENERAL

INFORMATION

AUDIO-VISUAL EQUIPMENT

Equipment

Each Division and satellite office should maintain a list of all audio-visual equipment.

Scheduling

The use of any audio-visual equipment that has not been assigned to a specific section or program is scheduled through the IT department. Before any equipment can be taken from any section, program, or office it must be first approved by that department's supervisor, or office manager. Each department should maintain a schedule for checking out audio-visual equipment. Never take any equipment, even for a short time, without scheduling it first.

Responsibility

When a staff member checks out any equipment he/she is responsible for stating when they plan on using that equipment and when the equipment will be returned. If you do not know how to operate the piece of equipment, get instructions from someone who does before using it. Any problems noted with the equipment must be reported to the supervisor upon check-in for repairs to be made.

Check-out Policy

Only EIPHD staff may be allowed to check out equipment for work-related duties. Our equipment is expensive and we cannot allow it to be checked out by anyone other than immediate staff. It is **NOT** to be loaned to any other agency, facility, etc.

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AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Location of AEDs

Automated External Defibrillators or AEDs are located in most EIPHD offices. All staff should familiarize themselves with the location of the device in the office(s) in which he/she works.

Indications for AED Use

The AED is intended to be used by personnel who have been trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards. ***The AED is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing.***

Emergency Medical Response Plan Activation

Any employee witnessing or being made aware of a medical emergency in EIPHD facilities in which CPR or AED use is indicated should follow these steps:

1. Page "Code Blue to (area that incident is occurring), Code Blue to (area that incident is occurring)."
2. Call or assign someone to call "911" to report the emergency.
3. If trained, initiate CPR until help arrives. This could include use of the AED if indicated. This should be done in accordance with the American Heart Association's CPR/AED Protocol.
4. After the incident, if the AED was used, complete the [AED Incident Use Report Form \(Appendix Q\)](#) and turn it in to the district's AED Coordinator.

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BARBEQUE GRILL USAGE

In the Idaho Falls office, employee funds were used to purchase a BBQ grill for the Employee Lounge Patio. The grill is intended for use by groups of employees, and it may be used at any time. Use of the grill by a single employee at any given time is discouraged.

Procedure:

1. Use of the grill will be on a first-come, first-serve basis.
2. For any group (three or more employees) who wishes to use the BBQ grill, there is a calendar located in the Receiving Area where you can reserve the grill for use on a specific date.
3. Anyone using the grill will be responsible for cleaning the grill and any accessories used when they are finished. (BBQ tools are located in the cabinet underneath the grill.)
4. When using the grill, if you notice that the propane is low or empty, please fill out a [Service Request Form \(Appendix P\)](#) so that the propane tank can be refilled.

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BIOHAZARDOUS AND CHEMICAL MATERIALS

Be Aware

It is the responsibility of each employee to be aware of potential exposure to biohazard and chemical materials and the safety precautions necessary for the handling of such materials.

Handling

It is the responsibility of the employee to obtain the knowledge on how to safely handle any product prior to usage. Employees who have not been instructed in biohazardous and chemical handling precautions should not handle any of these products prior to usage.

Each office has a binder that contains Material Safety Data Sheet (MSDS) on all chemicals used by EIPDH.

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BREASTFEEDING MOTHERS – REASONABLE BREAK TIME

EIPHD shall provide reasonable break time for an employee to nurse or express breast milk for her nursing child for up to one year after the child's birth. EIPHD shall provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used for this purpose. EIPHD shall not be required to compensate an employee who exceeds reasonable break times for this purpose. Time allowed for nursing or expressing breast milk will be based on management decision.

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CONFERENCE/MEETING ROOM USAGE

Eastern Idaho Public Health District has several meeting rooms available for use by district employees and other authorized outside agencies, including state, county, and city agencies and non-profit organizations (only non-profit organizations that have a public health mission; meeting rooms should not be scheduled for non-profit organizations that do not have a public health purpose or mission).

EIPHD Meeting Rooms

- Board Room (room 145)
- Environmental Health Meeting Room A (Room 107)
- FACHS Classroom (Room 186)
- HPPS Classroom (Room 155)
- WIC Classroom (Room 223)

EIPHD Conference Rooms

- North Conference Room (Room 103)
- South Conference Room (Room 102)

EIPHD Satellite Meeting Rooms

POLICY

1. EIPHD staff should schedule meeting/conference rooms through GroupWise. (For training on how to schedule a room, please contact Geri Rackow.)
2. Use of EIPHD's conference rooms by an outside agency must be first approved by a Division Director, Deputy Director, or District Director and then scheduled through the district's Management Assistant. With authorization, the conference rooms may be scheduled during regular business hours, evenings, and/or weekends. The Management Assistant will complete the [Conference Room Set-up Form \(Appendix P\)](#) on behalf of the outside agency.
3. Fee for Use*:

Normal Business Hours (Monday through Friday, 7:30 a.m. – 5:00 p.m.)

Half day = 4 hours Full day = more than 4 hours

South Conference Room	North Conference Room
Half Day = \$75	Half Day = \$50
Full Day = \$125	Full Day = \$100

This fee includes set-up, take-down, and cleaning of the room as well as 15 minutes of IT staff time to help with A/V needs.

Weekends or After Hours (after 5:00 p.m.)

A fee of \$40 per hour will be charged for use of the each conference room.

*Fees may be waived by members of the Administrative Team in instances where the training/meeting being held in EIPHD's conference/meetings by an outside agency is a benefit to EIPHD employees.

4. No business or other public agency may use the district's other meeting rooms (Board Room, EH, FACHS, HPPS, WIC or satellite classrooms) outside of regular business hours (8:00 a.m. – 5:00 pm.)
5. Each division is responsible for their own classroom and conference room that they have approved the use of. This includes scheduling, set-up, and cleaning of the room. If assistance is needed with cleaning of a meeting room, a [Service Request Form \(Appendix O\)](#) should be completed and turned in to the Management Assistant. the box located in the Receiving Window. EIPHD will not provide custodial or IT assistance other than during normal working hours.
6. When any meeting room is scheduled to be used by an outside agency, the division submitting the request for approval must provide at least one district employee to be in attendance at all times and supervise the use of the room.

Since district maintenance staff does not check the cleanliness of the meeting rooms on a daily basis, any individual or group using a meeting room should empty the garbage at the end of the meeting IF FOOD IS INVOLVED. This will prevent unwelcoming odors from being created in the room.

7. If a room set-up or any computer or audio visual equipment is needed in any of the meeting rooms, a [Conference Room Set-up Form \(Appendix P\)](#) should be completed and placed in the Service Request Box located at the Reception window or given directly to the Management Assistant **at least one week in advance**. No computer or audio visual equipment set up or take down by the IT staff will be approved other than during regular working hours. Outside agencies will need to provide their own equipment after regular business hours.

PLEASE DO NOT ATTEMPT TO USE THE EQUIPMENT UNLESS YOU HAVE BEEN TRAINED.

8. EIPHD **WILL NOT** provide copies, faxes, or catering of refreshments to outside agencies using conference or meeting rooms.
9. It is the policy of EIPHD not to allow **any** outside organizations or agencies to use/rent or occupy any office space or clinic rooms during normal office hours or after hours except in the case of public health emergencies.

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LIMITED ENGLISH PROFICIENCY

Background

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin by any entity that receives federal financial assistance. Under Title VI of the law, entities that receive federal financial assistance from Health and Human Services are required to take the steps necessary to ensure that individuals with limited English proficiency (LEP) can meaningfully access the programs and services. LEP persons are entitled to receive free interpreter services. Services to LEP persons are to be provided as effectively as those provided to persons proficient in English. LEP persons should not be subjected to unreasonable delays, nor should they be limited to participating in a program or activity on the basis of English proficiency.

Policy

It is the policy of the Eastern Idaho Public Health District to provide LEP persons with interpreters as needed. Client language needs are met through “on-staff” translators. A list of EIPHD’s “on-staff” translators is maintained on the District’s intranet site. Whenever the need arises for a translator, EIPHD’s bilingual staff will be the first resource utilized by district personnel.

If staff interpretation is not available, we utilize World Wide Interpreters by dialing **1-866-278-8643. State of Idaho/EIPDH PIN: 52200**. Press 1 for Spanish and press 2 for all other languages. World Wide Interpreters provide access to interpreters who speak more than 150 languages. Demographic studies indicate non-Spanish speaking LEP individuals constitute less than 1% of all individuals served by the Eastern Idaho Public Health District.

Any employee who uses the World Wide Interpreters service is required to notify the Fiscal office of:

1. the date the service was used,
2. the language translated, and
3. the district program using the translation service.

Printed Materials

Eastern Idaho Public Health District’s essential printed forms are also made available in Spanish for those clientele utilizing the District’s services and programs.

Procedures

Language Identification

On-site: A chart of various languages is located at the front desk of each office to enable LEP persons to point to their language.

1. If the client is able to read, identify the language using the chart.
2. If the client is unable to read and the language cannot be identified, use the World Wide Interpreters service to help identify the language. Once the language is identified, use in-house bilingual staff, if available, to assist with the client request.
3. If there is no bilingual staff for the identified language, a staff member will use the World Wide Interpreters service to determine needs and schedule an appointment for service if necessary.
4. Inform the client that arrangements will be made to have an interpreter present at no cost to him/her.
5. Schedule an appointment and secure an interpreter.

Telephone Calls

1. If an individual calls seeking services and they speak little or no English or Spanish, the World Wide Interpreters service may be used to determine the client needs.
2. Determine the client's need, gather necessary information, and convey to the client what the next step will be.
3. Use the yellow long distance phone slips to document the call and pass on to the appropriate clerical person.

Bilingual Staff Training

1. Bilingual staff will receive training in medical interpretation. Eastern Idaho Public Health District provides trainings at the time of hire using the video "Communicating Effectively Through an Interpreter."
2. Each bilingual staff person will be provided with copies of:
 - Practice Guidelines for Language Interpreting in Idaho (adopted by the Idaho Task Force on Language Interpretation March 19, 2001)
 - Language Interpreter Code of Ethics (adopted by the Idaho Task Force on Language Interpretation March 19, 2001)

Interpreter Services

- Whenever possible, prior scheduling will be made to use bilingual staff so that their other duties may be adequately covered.
- Bilingual staff will charge their time spent interpreting directly to the program for which they are providing the service.
- When a client is scheduled, it is the responsibility of the program providing the service to schedule an interpreter and provide the client a written reminder (in person or via mail) of the appointment.
- Whenever possible, trained interpreters will be used.
- If the client has a Medicaid card, non-staff interpretive services will be charged against the card.
- If a client refuses interpreter services or prefers to use family or friends to interpret, documentation must be made in the client record that interpreter services were offered at no cost to the client and they refused.

•

Translation

- When possible, Eastern Idaho Public Health District will use trained translators. Since there is no professional organization and very few trained translators in the area, bilingual staff and trained interpreters may also be used to translate documents.
- Eastern Idaho Public Health District will request that vital documents provided by the State or other sources also be provided in Spanish.
- Reputable Internet sites (CDC, etc.) are used for specific disease and health information in Spanish and other languages.

Filing a Complaint

Despite the best intentions of Eastern Idaho Public Health District, if an individual believes she/he has been discriminated against, she/he should contact the Eastern Idaho Public Health District Director, Richard O. Horne, at (208) 522-0310, or the Idaho Human Rights Commission at (208) 334-2873.

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MEDIA RELATIONSHIPS

Media Relationships

The media is an important means of maintaining a strong public image related to Eastern Idaho Public Health District's mission, role, programs, services, and staff. EIPHD will respond professionally, accurately, and quickly to media requests.

Media requests will be coordinated by the Public Information Officer (PIO) or designee. In the absence of the PIO or back-up PIO, media requests will be directed to the appropriate Division Director.

In the event of a public health emergency, refer to the Annex B (Risk Communication) of the District's Public Health Preparedness Plan.

District employees have the right as private citizens to voice their opinions. It is however, important for employees to point out to the media whether they are representing EIPHD or they are simply sharing their personal opinions.

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PAYROLL

Personal Checks

Employees cannot cash personal checks, borrow, or write IOU's through any cash source maintained by the District.

Time Sheets

Employees are required to submit time sheets to their immediate supervisors bi-weekly. Time sheets must be submitted by the day designated by your supervisor. If an employee's time sheet is not submitted by the appointed day, the employee will not receive payment. Any amount of time not paid for on one time sheet will be added to the next payroll.

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RECEIVING AND INVOICE/PACKING SLIP POLICY

Idaho Falls

- All property of value will be received by the District through central receiving.
 - All property received will be logged into the package login.
 - When removed from Receiving, the item will be signed out of Receiving on the package log.
- A. All received Vaccines or Family Planning Medications:
Employee receiving package will notify someone in person using the following order:
Satellite Nurse Manager, Clerical Supervisor, Reproductive Health Nurse Manager, FACHS
Division Director.
- B. Other items received:
Employee receiving deliveries will inform the recipient the item is in the building and they will
arrange to get the item removed from receiving within one business day.

Verification will be noted by the individual who reconciles the contents, checking off each item listed on the packing slip/invoice as received, then signing and dating the form. Please use red ink so the verification marks are easily distinguished from other text on the packing slip/invoice.

If there is no packing slip/invoice included in the shipment a listing needs to be completed and noted as to shipping source, date of receipt, and item quantities then returned to the Fiscal Office.

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RECORDS DISCLOSURE (Freedom of Information Act)

Public Records

EIPHD employees will comply with Idaho statute, Title 9, Chapter 3 dealing with Public Records and the right of citizens to examine our records. Specifically employees will comply with sections 9-338 and 9-339 of the statutes.

"Public record" includes, but is not limited to, any writing containing information relating to the conduct or administration of the public's business prepared, owned, used or retained by any state agency, independent public body corporate and politic or local agency regardless of physical form or characteristics.

Record Requests

Every person has a right to examine and take a copy of any public record of Eastern Idaho Public Health District and there is a presumption that all public records in Idaho are open at all reasonable times for inspection except as otherwise expressly provided by statute.

Any employee, who receives a request from the public for public records, will take the request and forward this request onto their Division Director (Custodian) who will determine the course of action to be taken in compliance with applicable laws. In cases where the Division Director is not available, the request can be given to their Supervisor.

An employee shall make no inquiry of any person who applies for a public record, except to verify the identity of a person requesting a record in accordance with section 9-342, Idaho Code, to ensure that the requested record or information will not be used for purposes of a mailing or telephone list prohibited by section 9-348, Idaho Code, or as otherwise provided by law. The person may be required to make a written request and provide their name, a mailing address and telephone number. [An employee shall make no inquiry of any person who applies for a public record, except that the person may be required to make a written request and provide a mailing address and telephone number, and except as required for purposes of protecting personal information from disclosure under chapter 2, title 49, Idaho Code, and federal law.]

Client Records

Confidentiality of services and records maintained for clients of the District are protected by Idaho Code. (Examples: 9-203; 37-2743; 37-3102; 39-606; 39-1392.e; 39-3801; 39-4301; 39-4306; 66-348). In addition, programs augmented by federal funds have specific rules and regulations to ensure patient confidentiality that must be observed.

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RETENTION AND DISPOSAL OF RECORDS

Retention

- The District's various Divisions have division-specific retention schedules that will be followed and updated as needed.
- All records should be reviewed to assure that disposition is carried out in accordance with District retention schedule.
- Confidential records shall be safeguarded against unauthorized use and exposure during storage and use.
- One person in each department shall be responsible for management of records.
- Any financial records in the Satellite offices that are not sent to Idaho Falls must be retained until an audit has been performed and finalized on that fiscal year.

Destruction of Records

- Division Directors shall give final approval prior to the destruction of records.
- Confidential records shall be destroyed by methods that shall safeguard records against unauthorized use and exposure during their destruction.

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SERVICE REQUEST POLICY

Purpose

In order to more efficiently and effectively coordinate all requests for service, Eastern Idaho Public Health District has implemented a centralized service request procedure for use by employees. This will ensure that requests for service are routed to the appropriate individual for follow-up.

Policy

- When any type of service (building/office maintenance, vehicle maintenance or repair, computer/phone issue, etc.) is needed by an employee, a [Service Request Form \(Appendix O\)](#) should be completed.
- The form is available on the district's intranet or from the Management Assistant in the Idaho Falls office.
- Completed forms should be submitted to the Management Assistant.
- Completed forms will be routed to the appropriate party for follow-up.

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TORT CLAIMS, SUMMONS, OR COMPLAINTS

Accepting a Claim

The law requires all claims be filed **only** with the District Director in his capacity as Secretary to the District Board of Health. Should any claim, summons, or legal complaint be presented to any of the staff, it is to be **refused** and the person referred to the Director immediately. If the Director is unavailable, the Director's Management Assistant is the only one authorized to accept a claim.

Time Frame for Filing a Claim

Section 6-906, Idaho Code, requires that you file a notice with the Health District involved, within 180 days from the day of the accident or damages. A **[Notice of Claim Form \(Appendix J\)](#)** must be used when filing a claim. The claim is to be filed with the District Director in his capacity as Secretary of the District Board of Health. You may also attach copies of estimates, bids, or other information which you feel will be useful in the processing of your claim.

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VEHICLES -- DISTRICT CAR POOL

Purpose

In an effort to better manage the district's fleet of vehicles, a centralized car pool system has been implemented. This will allow EIPHD management to more effectively monitor district vehicle usage and needs, as well as develop a more efficient vehicle replacement plan.

District Vehicles

District vehicles are available in most offices and should be used rather than your personal vehicle whenever possible for both in-district and out-of-district travel. The district has a car pool in the Idaho Falls office, which is coordinated through the Receptionist. (See Vehicles – District Car Pool policy for more information.)

District vehicles may be used by employees and other persons (volunteers, students, trainees, interns, etc.) acting on behalf of the District, whether with or without compensation, with written approval of the District Director. Transporting of any other individuals in district vehicles requires the written approval of the District Director.

Use of Privately Owned Vehicle

If an agency-owned vehicle is available to the traveler, but for personal convenience a privately owned conveyance is used, the director has authorized reimbursement at the greater of 1) the district fleet average cost per mile for the prior fiscal year or 2) one-half the Board of Examiners current rate.

However, if there is already a district car going to a specific location and an employee chooses to drive a personal vehicle instead, the employee **will not** be reimbursed for mileage. In special circumstances, the District Director may grant approval for mileage reimbursement in this case. If multiple employees take personal vehicles to the same location/event, one mileage reimbursement will be granted and shall be divided equally among the travelers.

Policy

The District Car Pool will be coordinated by the Idaho Falls Fiscal Office. This is where employees will check out and return vehicles, pick up vehicle books, and report any problems with vehicles. This also includes any field office questions or problems.

All accidents involving a District vehicle as well as any activity involving a District employee that results in a loss, must be reported immediately to your supervisor. If the accident involves another vehicle, an instruction sheet is located in the vehicle packet, which is to be given to the other driver informing them how to file a claim, should they wish to do so. In addition, an Auto Accident Report Guide form, a copy of which is located in each Eastern Idaho Public Health District vehicle binder, must be completed and submitted to the employee's supervisor. Any liability complaint filed against an employee while performing within the scope of his or her employment shall be immediately directed to the Director.

Employees will be required to provide the district's Management Assistant with a copy of their current driver's license and private vehicle insurance. Employees who have their driver's license expire, suspended or revoked are responsible to notify their immediate supervisor.

Responsibility of Employees Needing to Use a District Vehicle

When checking out a district car, employees should perform a routine inspection before they take the car. The inspection should note the following:

- Any vehicle body damage
- Condition of windows (cracked, etc.)
- Tires (do they appear to have good treads, do they appear to have adequate air pressure)
- Cleanliness of car (inside and out).

If you experience any mechanical difficulties or other problems (cracked windshield, worn tires, worn wipers, unclean vehicle, etc.) with an agency vehicle, please report the problem to the Management Assistant.

When returning from a trip with an agency vehicle, if the gas tank is less than half-full, the individual operating the vehicle will fill the tank for the next user. If a gas station does not accept the agency credit card, and you use your personal credit card or pay cash, a receipt is required in order to make payment on your travel voucher. Upon returning, the agency vehicle will be left clean for the next traveler.

When returning from a business trip after 5:00 p.m., the vehicle must be returned to the agency parking lot and the keys and mileage book locked in the vehicle. It is the responsibility of the employee to return the keys and book the next morning. In these instances where prior arrangements have been made the car may be checked out until 8:00 a.m. the next morning, and returned promptly at that time.

A monthly trip report sheet is included in the packet with each agency vehicle. This is to be completed by the driver following each trip.

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FORMS

The forms included in this handbook are for reference purposes only. All of the following forms are located on the District's intranet and can be printed for use. To access the forms, go to the intranet, click on Forms and Files and then click on Employee Handbook and Handbook Forms. Open the form you need and print it. The only exception is the Incident Report Form and the Medication Incident Report Form, which are triplicate forms. They can be obtained from your supervisor.

Appendix A:	Incident Report Form
Appendix B:	Medication Incident Report Form
Appendix C:	FMLA Leave Request Form
Appendix D:	Employee Health Assessment Form
Appendix E:	Employee Vaccination Recommendation Form
Appendix F:	Vaccination Declination Statement – Hepatitis B
Appendix G:	Other Vaccination/Prophylactic Declination Statement
Appendix H:	Problem-Solving Request Form
Appendix I:	Request for Reasonable Accommodation Form
Appendix J:	Notice of Claim Form
Appendix K:	Travel/Education Request Form
Appendix L:	Travel Expense Form
Appendix M:	Abuse-Neglect Police Report Form
Appendix N:	Leave Transfer Request Form
Appendix O:	Service Request Form
Appendix P:	Conference Room Set-up Form
Appendix Q:	AED Incident Use Report Form

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APPENDIX A: INCIDENT REPORT FORM

PERSONAL INFORMATION

<input type="checkbox"/> Client		<input type="checkbox"/> Employee * During work hours <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle Initial	Guardian Name (if Minor)
Address		City	State Zip
Phone		Date of Birth (mm/dd/yyyy)	

INCIDENT DESCRIPTION

Time of Incident (AM/PM)	Date of Incident	Location of Incident (Include the County or Office)
Description of Incident (List body part affected, events leading up to incident and other contributing factors)		
MEDICAL SERVICES		
<input type="checkbox"/> Bandaged <input type="checkbox"/> Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> Exam <input type="checkbox"/> CPR <input type="checkbox"/> None Other: _____ Treated By: _____	DISPOSITION	
	<i>No Care Given</i> <input type="checkbox"/> Not Needed <input type="checkbox"/> Client Refusal <i>Released</i> <input type="checkbox"/> To Parent <input type="checkbox"/> To Self	<i>Referral</i> <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital / Clinic <i>EMS / Ambulance</i> <input type="checkbox"/> Notified by District Seven Staff <input type="checkbox"/> Notified per Client Request <input type="checkbox"/> Transported Via Ambulance
Other: _____		
Corrective Action		

SIGNATURES

	Printed Name	Signature	Phone
Person Affected or Guardian if Minor			
Witness			
Witness			

EASTERN IDAHO PUBLIC HEALTH DISTRICT STAFF

	Printed Name	Signature	Title	Date
Employee Completing Form				
Supervisor				
Division Director				
Director				

*In addition to this form the **Workers Compensation – First Report of Injury or Illness** needs to be completed for employee incident

White Copy – Personnel Office

Pink Copy – Division Director

Yellow Copy – Supervisor

APPENDIX B: MEDICATION INCIDENT REPORT FORM

PERSONAL INFORMATION

<input type="checkbox"/> Client		<input type="checkbox"/> Employee * During work hours <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle Initial	Guardian Name (if Minor)
Address		City	State Zip
Phone		Date of Birth (mm/dd/yyyy)	

INCIDENT DESCRIPTION

Time of Incident (AM/PM)	Date	Location of Incident (Include County or Office)
Description of Incident (List events leading up to incident and other contributing factors)		
TYPE OF MEDICATION ERROR INVOLVED		
<input type="checkbox"/> Incorrect Client	<input type="checkbox"/> Incorrect Medication	
<input type="checkbox"/> Incorrect Dose	<input type="checkbox"/> Incorrect Time / Timing / Spacing	
<input type="checkbox"/> Incorrect Route	<input type="checkbox"/> Gave Expired Medication	
<input type="checkbox"/> Other _____		
Corrective Action		

SIGNATURES

	Printed Name	Signature/Relationship	Phone
Person Affected or Guardian if Minor			
Witness			
Witness			

EASTERN IDAHO PUBLIC HEALTH DISTRICT STAFF

	Printed Name	Signature	Title	Date
Employee Completing Form				
Supervisor				
Division Director				
Director				

***In addition to this form the Workers Compensation – First Report of Injury or Illness needs to be completed for employee incident**

White Copy – Personnel Office

Pink Copy – Division Director

Yellow Copy – Supervisor

APPENDIX C: FMLA LEAVE REQUEST FORM

To be completed by employee and/or supervisor and submitted to the unit human resource contact

EMPLOYEE _____

Department _____ Date of Hire _____

Supervisor _____ Date notified by employee _____

REASON FOR LEAVE

Adoption of child _____ Placement of foster child _____ Birth of child _____

Serious health condition of: Employee _____ Spouse, child, or parent _____

Provide description/details as appropriate: _____

TYPE OF LEAVE REQUESTED: _____ Continuous _____ Intermittent _____ Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA? Yes _____ No _____ If so, which do you wish to use?
Sick [] Vacation []

Explanation of length and type of leave requested: _____

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative Date Supervisor's Signature Date

Received by: _____
Signature of HR contact Date

APPENDIX D: EMPLOYEE HEALTH ASSESSMENT FORM

EMPLOYEE HEALTH ASSESSMENT FORM EMPLOYEE HEALTH RECORD

NAME: _____ DATE: _____
DEPARTMENT: _____ POSITION: _____
DATE OF EMPLOYMENT: _____ BIRTHDATE: _____

TO BE COMPLETED BY ALL EMPLOYEES

Please attach a copy of your immunization records and return to Management Assistant.

TETANUS

Have you received Td and/or Tdap within the last 10 years? Yes No
If yes, when? _____

TUBERCULIN SKIN TEST

Have you received a TB skin test within the last year? Yes No
If yes, when? _____
Test type (circle one) PPD, Tine, Other, Unsure. Results _____

RUBELLA

Have you had the disease or vaccine? Yes No

MUMPS

Have you had the disease or vaccine? Yes No

MEASLES (Rubeola)

Have you had the disease or vaccine? Yes No

VARICELLA (Chicken Pox)

Have you had the disease? Yes No
Have you received the varicella vaccine? Yes No

HEPATITIS B

Do you have lab results that show protection against hepatitis B virus (HBV) Yes No
Have you received the hepatitis vaccine series of three? Yes No
Have you received any part of the vaccine series? Yes No
If yes, how many doses? _____

HEPATITIS A

Yes No

POLIO

Have you had a series of Polio vaccine? Yes No

SMALLPOX

Yes No

If yes when? _____ If yes where? _____

AFTER REVIEW OF YOUR RECORD, THE IMMUNIZATION COORDINATOR WILL CONTACT EMPLOYEE
Employeehealth09/10/2006alg

[Return to Employee Immunization Policy](#)

[Return to Forms Main Page](#)

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APPENDIX F: VACCINATION DECLINATION STATEMENT– HEPATITIS B

OSHA Mandated Hepatitis B vaccination Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection, a serious liver disease. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no cost to me and **I decline the Hepatitis B vaccine at this time.** I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious liver disease. I further understand that should I contract Hepatitis B after declining this vaccination, Eastern Idaho Public Health District will object to any claims filed against the worker compensation insurance policy. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Employee Printed Name

Employee signature

Nursing Supervisor Signature

Date

[Return to Employee Immunization Policy](#)

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APPENDIX G: OTHER VACCINATION/PROPHYLACTIC DECLINATION STATEMENT

OTHER VACCINATION/PROPHYLACTIC DECLINATION STATEMENT

(List vaccination declined)

I understand that my employment at Eastern Idaho Public Health District (EIPHD) may pose a risk for exposure to potentially infectious diseases. I may be at risk of acquiring an infectious disease and risk not only myself, but others with whom I work or come in contact with during my work related activities. **At no charge to me, I have been given the opportunity to receive a vaccination or prophylactic to reduce my chance of contracting the disease, or reduce the severity of the disease should I contract it, and reduce the potential of giving the disease to others.** I understand that by declining this vaccine/prophylactic, I continue to be at risk to myself and others and could be relieved of certain aspects of the job for which I was hired. I further understand that should I decline this vaccination EIPHD will object to any relevant claims filed against the workers compensation insurance policy. Furthermore, should I contract the disease, I may be required to excuse myself from work-related activities until I no longer pose a communicable threat to co-workers and clients as determined by competent medical authority.

Employee Printed Name

Employee signature

Nursing Supervisor Signature

Date

[Return to Employee Immunization Policy](#)

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APPENDIX H: PROBLEM-SOLVING REQUEST FORM

(Page 1 of 3)

TO: _____
Supervisor Accepting Problem-Solving Request

FROM: _____
Employee Requesting Problem-Solving

DATE: _____

The employee requesting problem-solving sets forth the following:

1. I seek resolution of the following job-related matter(s):

(Attach additional sheet if necessary)

2. My suggested solution(s) is/are:

(Attach additional sheet if necessary)

3. Please indicate who you wish to have attend the problem-solving meetings:

Employee's Signature

Date

APPENDIX H: PROBLEM-SOLVING REQUEST FORM (continued)

(Page 2 of 3)

FOR SECOND-LEVEL SUPERVISOR:

The Second-level Supervisor who met with the employee sets forth the following:

After attending the problem-solving meeting with the employee, my suggested solution(s) to the matter(s) is/are:

(Attach additional sheet if necessary)

Second-level Supervisor's Signature

Date

The employee accepts/rejects (please circle) the suggested solution(s).

Employee's Signature

Date

APPENDIX H: PROBLEM-SOLVING REQUEST FORM (continued)

(Page 3 of 3)

FOR THIRD-LEVEL SUPERVISOR

The Third-level Supervisor who met with the employee sets forth the following:

After attending the problem-solving meeting with the employee, my suggested solution(s) to the matter(s) is/are:

(Attach additional sheet if necessary)

Third-level Supervisor's Signature

Date

The employee accepts/rejects (please circle) the suggested solution(s).

Employee's Signature

Date

[Return to Problem Solving & Due Process Policy](#)

[Return to Forms Main Page](#)

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APPENDIX I: REQUEST FOR REASONABLE ACCOMODATION FORM (continued)

(Confidential)
Page 2 of 2

8. Division Director's approval or referral:

Approved

Referred

(Any requested accommodation for which a disapproval is contemplated or which involves structural change, or any other unusual accommodation request, will be submitted to the Reasonable Accommodations Committee for review before a decision is acted upon.)

Division Director's Signature: _____ Date: _____

Comments: _____

9. Reasonable Accommodation Committee review (only if required; see Step 8):

Concur

Deny

Modify

Comments: _____

Authorized Signature: _____

Date recommendation communicated to Director: _____

10. Appeal or Problem Solving Requested:

Yes

No

11. Final Disposition:

Director's Decision

Concur

Deny

Modify

This form, when completed, is to be retained in a confidential file.

[Return to Reasonable Accommodations Policy](#)

[Return to Forms Main Page](#)

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APPENDIX J: NOTICE OF CLAIM FORM

In compliance with Title 6, Chapter 9, Idaho Code, the undersigned hereby presents a claim against the State of Idaho for damages arising out of an occurrence which happened as follows:

Date and time of Claim: _____

Place or location: _____

Cause of damages (describe the details and circumstances of the accident or occurrence):

Witnesses:

Name

Address

Phone #

Amount of claim: \$ _____
(Attach all bills or other substantiating information as to the amount of the claim.)

Personal Injury (please describe the extent of your injury, your attending physician, the place of emergency treatment, etc.):

Property damage (describe the property damaged):

Dated this _____ day of _____, 20_____.

Name of Claimant: _____

Street Address: _____

City and State: _____

Phone Number: _____

[Return to Tort Claim, Summons, or Complaint Policy](#)

[Return to Forms Main Page](#)

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APPENDIX K: TRAVEL/EDUCATION REQUEST FORM

Eastern Idaho Public Health District			
TRAVEL/EDUCATION REQUEST			
Completed Signed Copy must be turned into Fiscal before incurring travel expenses			
EMPLOYEE NAME:		DATE OF REQUEST:	
CLASS OR SEMINAR TITLE:			
EXPECTED VALUE TO DISTRICT:			
LOCATION:		DATE OF DEPARTURE:	
DATE(S) OF EVENT:		DATE OF RETURN:	
ESTIMATED EXPENSES:			
		TRANSPORTATION:	AMOUNT
		DISTRICT CAR	
		PRIVATE CAR	
		AIRPLANE	
		OTHER	
		LODGING:	
		REGISTRATION:	
		MEALS:	
	\$ 30.00	Full Day	
	\$ 7.50	Breakfast	
	\$ 10.50	Lunch	
	\$ 16.50	Dinner	
OTHER:			
TOTAL ESTIMATED EXPENSES:		\$0.00	
PROGRAM(S) CHARGED:			
SUPERVISOR'S SIGNATURE:			
DIVISION MANAGER'S SIGNATURE:			

IN ORDER TO GET REGISTRATION PAID ON TIME, SUBMIT YOUR REQUEST AT LEAST TWO (2) WEEKS IN ADVANCE OF REGISTRATION DEADLINE

APPENDIX M: ABUSE/NEGLECT/POLICE/EMS REPORT FORM

Abuse/Neglect/Police/EMS Report Form

PERSONAL INFORMATION

<input type="checkbox"/> Client				<input type="checkbox"/> Other:			
Last Name		First Name		Middle Initial		Guardian Name (if Minor)	
Address				City		State	Zip
Phone				Date of Birth (mm/dd/yyyy)			

EMPLOYEE REPORTING CHECKLIST

Employee:			
	Yes/When (include date & time)	No/Why	N/A
<input type="checkbox"/> Reported to Supervisor?			
<input type="checkbox"/> Copy Filed in Clients Chart?			

INCIDENT DESCRIPTION

Time of Incident (AM/PM)		Date of Incident		Location of Incident (Include the County or Office)	
Description of Incident (circumstances resulting in report):					
Agency Notified: (list all agencies notified i.e. CPS, police)		Person(s) Spoke With:		Agency Response/Action:	
Client Notified Yes <input type="checkbox"/> No <input type="checkbox"/>					
Follow-Up:					

EIPHD STAFF

	Printed Name	Signature	Title	Date
Employee Completing Form				
Supervisor				
Division Director				
Director				

White Copy – Division Director

Pink Copy –

Supervisor

Yellow Copy – Client Chart (if applicable)

AbuseForm/ALG/05/200

[Return to Domestic Violence Policy](#)

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APPENDIX N: LEAVE TRANSFER REQUEST FORM

LEAVE TRANSFER REQUEST FORM

TO BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES

Employee: _____

Date: _____

REASON FOR REQUEST:

Serious illness/injury of employee _____

Serious illness/injury of family member _____

If family member, list name and relationship to employee _____

Provide description/detail as appropriate: _____

Employee Signature

Date

Supervisor Signature

Date

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APPENDIX O: SERVICE REQUEST FORM

SERVICE REQUEST FORM

Date: _____ Deadline for Service: _____

Person Making Request: _____ Extension: _____

Office Location: _____ Room: _____

Issue/Need: _____

Comments: _____

Idaho Falls Staff:

When completed, place this for in the basket located at the Receiving Window. Your request will be routed to the appropriate party to be completed as soon as possible.

Satellite Staff:

When completed, fax this form to Lorraine Hiltbrand. Your request will be routed to the appropriate party to be completed as soon as possible.

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APPENDIX P: CONFERENCE ROOM SET-UP FORM

EASTERN IDAHO PUBLIC HEALTH DISTRICT - CONFERENCE ROOM SET-UP FORM

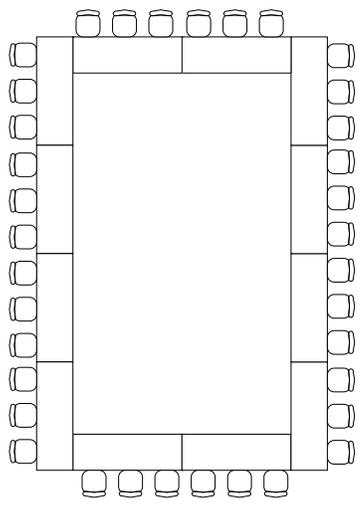
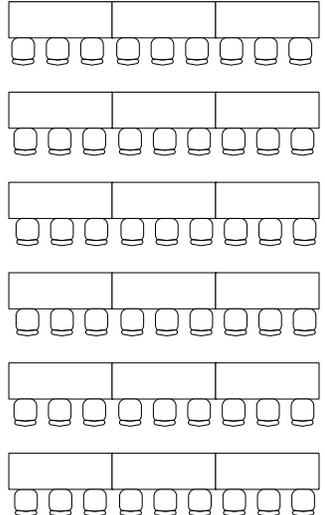
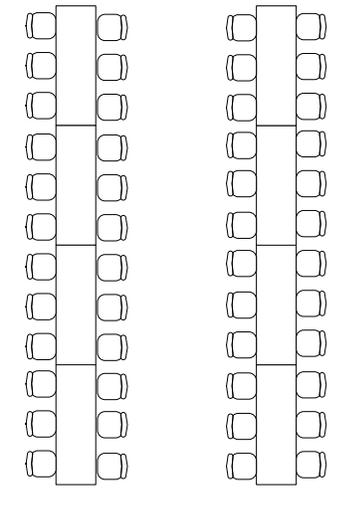
Name of Meeting: _____ Meeting Date(s): _____

Requested by: _____ Phone: _____ Today's Date: _____

Start Time: _____ End Time: _____ # of Attendees: _____

- Room Needed:**
- | | | |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> South Conference Room | <input type="checkbox"/> North Conference Room | <input type="checkbox"/> Both North & South Rooms |
| <input type="checkbox"/> HPPS Classroom | <input type="checkbox"/> FACHS Classroom | <input type="checkbox"/> Board Room |
| <input type="checkbox"/> WIC Classroom | <input type="checkbox"/> EH Classroom A | <input type="checkbox"/> Other: _____ |

- Set Up:**
- | | | |
|--------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Chairs Only | <input type="checkbox"/> Tables & Chairs (mark layout below) | <input type="checkbox"/> Head Table for Presenter |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Table(s) for handouts # _____ | <input type="checkbox"/> Refreshment Tables # _____ |
- Circle: (Hot / Cold)

A: Rectangle or U-Shape	B: Classroom	C: Rows	D: Other
			<p>Please draw how you would like the room set up</p>

A/V Equipment Needed (mark all that apply):

- | | | | |
|-------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Projector | <input type="checkbox"/> DVD Player | <input type="checkbox"/> VHS Player |
| <input type="checkbox"/> Conference Phone | <input type="checkbox"/> Hand-held microphone | <input type="checkbox"/> Lapel Microphone | |

Other: _____

Other Needs/Special Requests:

For Outside Agency Use:

Agency Name: _____

- Notifications: Maintenance IT District Director EH (if after hours/weekends)

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APPENDIX Q: AED INCIDENT USE REPORT FORM

Date: _____ Time: _____

PATIENT INFORMATION

Name: _____

Address: _____

Age: _____

Gender: Male

Female

Witnessed Arrest:

Yes No

Breathing upon arrival of designated responders:

Yes No

Pulse upon arrival of designated responders:

Yes No

Bystander CPR:

Yes No

Cardiac arrest after arrival:

Yes No

Number of defibrillation shocks: _____

Comments: _____

Rescuer Name: _____

Rescuer Signature: _____

Once this form is filled out, give it to EIPHD's AED Coordinator, Tammy Cox.

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