

ITEM 4

Balance Sheets**WESTSIDE HEALTHCARE DISTRICT**

Unaudited

As of

As of

6/30/2022 9/30/2022**Assets**Current assets:

Cash and cash equivalents	\$ 4,055,681	\$ 3,861,230
Short term investments	1,571,007	1,573,948
Patient Accounts Receivables, net	333,515	284,858
Grant and other receivables	52,218	20,410
Property Tax Receivables	22,891	317,669
Prepaid expenses and other assets	81,528	111,325
Total current assets	<u>6,116,839</u>	<u>6,169,440</u>

Settlements third party payer	613,448	563,448
Land and Land Improvements	486,950	486,950
Buildings	2,212,747	2,212,747
Equipment	533,771	567,705
Construction in Progress	10,088,975	10,089,515
Accumulated Depreciation	(1,479,053)	(1,506,803)
Capital Assets, net of accumulated depreciation	<u>11,843,389</u>	<u>11,850,113</u>

Assets limited as to use

Total assets	<u>\$ 18,573,676</u>	<u>\$ 18,583,001</u>
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Liabilities and Net PositionCurrent liabilities:

Accounts payable and accrued expenses	\$ 134,107	\$ 120,816
Accrued payroll and related liabilities	290,990	185,998
Deferred revenue	113,139	113,139
Total current liabilities	<u>538,236</u>	<u>419,953</u>
Total liabilities	538,236	419,953

Net position:

Restricted, by contributors		-
Unrestricted	18,035,440	18,163,048
Total net position	<u>18,035,440</u>	<u>18,163,048</u>

Total liabilities and net position	<u>\$ 18,573,676</u>	<u>\$ 18,583,001</u>
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Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/22	YTD 9/30/22	Budget YTD 9/30/22	Variance
Revenues and other support				
Patient services revenue, net	\$ 5,191,344	\$ 1,350,056	\$ 1,147,003	\$ (203,053)
Contract revenues	413,864	14,950	-	(14,950)
Rents	16,106	4,592	1,200	(3,392)
Other revenues	4,434	984	1,740	756
Total revenues	5,625,748	1,370,582	1,149,942	(220,639)
Expenses				
Salaries and wages	2,509,827	703,918	624,159	(79,759)
Employee benefits	702,269	125,824	192,661	66,837
Professional Medical fees	527,706	249,391	156,660	(92,731)
Professional fees	147,870	48,781	53,625	4,844
Purchased services	854,807	194,947	96,258	(98,689)
Supplies	475,063	130,176	114,125	(16,051)
Repairs and maintenance	181,254	47,983	23,750	(24,233)
Rents	58,306	11,242	6,750	(4,492)
Utilities	109,007	43,117	28,875	(14,242)
Travel, meeting and conferences	8,094	6,324	11,500	5,176
Recruiting	4,349	2,748	3,750	1,002
Insurance	119,671	31,452	28,842	(2,611)
Other expenses	73,060	15,989	19,363	3,373
Depreciation and amortization	123,193	27,750	27,750	-
Total expenses	5,894,476	1,639,643	1,388,066	(251,577)
Excess revenues over expenses and other support	(268,727)	(269,061)	(238,124)	30,937
District Tax Revenues	1,000,000	300,000	300,000	-
COVID Grants and other contributions	-	-	-	-
Income, Gains and losses from investments	4,429	2,970	4,000	1,030
Total Non operating Revenue	1,004,429	302,970	304,000	1,030
Increase(decrease) in net position	735,702	33,909	65,876	31,967
Net position at <i>beginning of the year</i>	17,299,738	18,129,139	18,129,139	
Net position at the <i>end of the period</i>	\$ 18,035,440	\$ 18,163,048	\$ 18,195,015	

Statements of Cash Flows

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/22	YTD 9/30/22
Increase(decrease) in net position	\$ 735,702	\$ 33,909
Add/(deduct) Non Cash items		
Depreciation	123,193	27,750
Changes in operating assets and liabilities		
Patient account receivable	(75,783)	48,657
Grant and other receivables	949	41,850
Property Tax Receivables	99,129	(294,778)
Settlements third party	1,624,427	50,000
Prepaid expenses and deposits	(45,724)	(29,797)
Accounts payable and accrued expenses	54,897	809
Accrued payroll and related liabilities	147,342	(35,435)
Deferred revenue	13,139	-
Net Cash provided by operating activities	2,677,271	(157,035)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(3,176)	(34,474)
Changes in short term investments	(4,374)	(2,941)
Net Cash used in investing activities	(7,550)	(37,415)
Cash flows from financing activities		
Net cash used by financing activities	-	-
Net change in cash and cash equivalents	2,669,721	(194,450)
Cash at the beginning of the year	1,385,960	4,055,681
Cash at the end of the period	\$ 4,055,681	\$ 3,861,230

Statements of Revenues, Expenses By Service Line

WESTSIDE HEALTHCARE DISTRICT

	YTD 9/30/22	Outpatient Clinic	COVID Operations	COVID Testing	Rentals	Administration
Revenues and other support						
Patient services revenue, net	\$ 1,350,056	\$ 1,350,056	\$ -	\$ -	\$ -	\$ -
Contract revenues	14,950	-	-	14,950	-	-
Rents	4,592	-	-	-	4,592	-
Other revenues	984	984	-	-	-	-
Total revenues	1,370,582	1,351,040	-	14,950	4,592	-
Expenses						
Salaries and wages	703,918	628,034	-	-	-	75,884
Employee benefits	125,824	108,954	-	(3,023)	-	19,893
Professional Medical fees	249,391	249,391	-	-	-	-
Professional fees	48,781	3,456	-	-	-	45,325
Purchased services	194,947	169,129	-	25,500	-	318
Supplies	130,176	125,224	540	-	-	4,412
Repairs and maintenance	47,983	41,680	-	-	1,150	5,153
Rents	11,242	-	-	5,016	-	6,226
Utilities	43,117	39,852	-	-	-	3,265
Travel, meeting and conferences	6,324	2,763	-	-	-	3,561
Recruiting	2,748	2,349	-	-	-	399
Insurance	31,452	6,209	-	-	-	25,243
Other expenses	15,989	8,018	-	-	-	11,699
Depreciation and amortization	27,750	27,751	-	-	-	-
Total expenses	1,639,642	1,412,811	540	27,493	1,150	201,378
Excess revenues over expenses and other support	(269,061)	(61,771)	(540)	(12,543)	3,442	(201,378)
Admin Allocation		197,302	75	3,839	161	(201,378)
Excess revenues over expenses and other support	(269,061)	(259,073)	(616)	(16,383)	3,281	-
District Tax Revenues	300,000	-	-	-	-	300,000
Gain on Sale of Asset	-	-	-	-	-	-
Income, Gains and Losses from Investments	2,970	-	-	-	-	2,970
Total Non Operating Revenue	302,970	-	-	-	-	302,970
Increase(decrease) in net position	\$ 33,909	\$ (259,073)	\$ (616)	\$ (16,383)	\$ 3,281	\$ 302,970
Net position at <i>beginning of the year</i>	18,129,139					
Net position at the <i>end of the period</i>	<u>\$ 18,163,048</u>					

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

Assets

	9/30/2022	8/31/2022	7/31/2022	6/30/2022	5/31/2022	4/30/2022	3/31/2022	2/28/2022	1/31/2022	12/31/2021	11/30/2021	10/31/2021
Current assets:												
Cash and cash equivalents	\$ 3,851,230	\$ 3,990,216	\$ 4,057,060	\$ 4,055,681	\$ 3,966,257	\$ 3,902,739	\$ 3,467,180	\$ 3,538,636	\$ 3,508,997	\$ 2,395,391	\$ 1,891,828	\$ 1,616,720
Short term investments	1,573,948	1,573,948	1,573,948	1,571,007	1,571,007	1,571,007	1,569,770	1,569,770	1,569,770	1,568,866	1,568,866	1,568,866
Patient Accounts Receivables, net	284,858	286,511	284,645	333,515	314,261	267,401	260,441	267,162	352,144	263,352	315,709	261,822
Grant and other receivables	20,410	55,110	49,910	52,218	12,870	11,570	31,460	27,184	54,463	132,004	57,980	57,980
Property Tax Receivables	317,669	217,669	117,669	22,891	-	-	83,781	11,255	-	-	314,655	244,976
Prepaid expenses and other assets	111,325	77,558	71,953	81,528	54,305	31,478	41,674	48,909	54,486	64,064	69,775	79,571
Total current assets	6,169,440	6,201,013	6,125,135	6,116,839	5,918,699	5,784,195	5,454,306	5,459,516	5,537,860	4,423,677	4,218,813	3,830,335
Settlement Third Party	563,448	563,448	613,448	613,448	557,751	557,751	557,751	557,751	557,751	1,516,599	1,701,110	1,701,110
Land and Land Improvements	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950
Buildings	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747
Equipment	567,705	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771
Construction In Progress	10,089,515	10,089,515	10,088,975	10,088,975	10,088,855	10,088,459	10,088,327	10,086,327	10,086,425	10,086,425	10,086,425	10,085,799
Accumulated Depreciation	(1,506,803)	(1,497,553)	(1,488,303)	(1,479,053)	(1,445,417)	(1,436,167)	(1,426,917)	(1,417,667)	(1,408,417)	(1,399,167)	(1,389,917)	(1,380,667)
Capital Assets, net of accumulated Depreciation	11,850,113	11,825,429	11,834,139	11,843,389	11,876,905	11,885,759	11,894,877	11,904,127	11,911,475	11,920,725	11,929,375	11,938,600
Total assets	\$ 18,589,890	\$ 18,572,782	\$ 18,573,676	\$ 18,573,676	\$ 18,353,355	\$ 18,227,705	\$ 17,906,935	\$ 17,921,395	\$ 18,007,086	\$ 17,861,002	\$ 17,849,899	\$ 17,470,045

Liabilities and Net Position

Current liabilities:												
Accounts payable and accrued expenses	120,815	82,468	101,340	134,107	93,683	68,656	72,771	58,309	206,516	162,319	330,120	75,376
Accrued payroll and related liabilities	185,999	195,762	215,166	290,990	19,350	26,897	66,384	58,061	62,523	64,450	14,853	(16,815)
Deferred revenue	113,139	113,139	113,139	113,139	506,469	586,819	337,812	337,812	360,096	431,288	337,812	337,812
Total current liabilities	419,953	391,369	429,645	538,236	619,501	682,372	476,967	452,182	629,935	658,057	682,785	396,373
Total liabilities	419,953	391,369	429,645	538,236	619,501	682,372	476,967	452,182	629,935	658,057	682,785	396,373
Net position:												
Unrestricted	18,163,048	18,198,521	18,105,707	18,035,440	17,733,854	17,545,333	17,429,968	17,469,213	17,377,152	17,202,945	17,167,114	17,073,672
Total net position	18,163,048	18,198,521	18,105,707	18,035,440	17,733,854	17,545,333	17,429,968	17,469,213	17,377,152	17,202,945	17,167,114	17,073,672
Total liabilities and net position	\$ 18,583,001	\$ 18,589,890	\$ 18,535,352	\$ 18,573,676	\$ 18,353,355	\$ 18,227,705	\$ 17,906,935	\$ 17,921,395	\$ 18,007,086	\$ 17,861,002	\$ 17,849,899	\$ 17,470,045

Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

Revenues and other support

	9/30/22	MTD	8/31/22	MTD	7/31/22	MTD	6/30/22	MTD	5/31/22	MTD	4/30/22	MTD	3/31/22	MTD	2/28/22	MTD	1/31/22	MTD	11/30/21	MTD	10/31/21		
\$	485,592	\$	456,423	\$	408,042	\$	345,334	\$	513,135	\$	415,025	\$	395,538	\$	483,511	\$	546,250	\$	493,413	\$	420,314	\$	318,302
	2,730		5,200		7,020		42,630		12,870		5,590		5,980		26,136		134,484		37,824		35,750		57,980
	1,531		1,531		1,531		1,531		1,531		1,531		2,661		1,531		1,531		-		800		1,531
	349		402		233		275		182		1,255		399		328		200		23		81		476
Total revenues	490,201		463,556		416,825		389,769		527,717		423,400		404,577		511,506		682,465		531,260		456,945		378,288

Expenses

Salaries and wages	315,905		193,578		194,435		262,735		190,285		187,193		270,399		194,593		200,758		193,144		186,795		180,809
Employee benefits	43,676		41,805		40,343		120,786		41,534		42,074		34,606		40,930		37,326		141,929		45,351		87,772
Professional Medical fees	112,508		82,937		53,946		46,523		57,038		47,303		81,967		64,633		56,415		36,355		19,623		24,631
Professional fees	19,385		18,182		11,214		7,519		17,336		8,099		8,745		(2,879)		34,330		19,776		12,288		13,338
Purchased services	49,466		67,752		77,729		51,513		19,985		21,813		42,007		122,350		119,741		101,786		85,625		92,197
Supplies	42,939		37,948		49,290		43,802		43,237		39,391		29,988		35,454		52,012		39,330		31,919		32,171
Repairs and maintenance	20,488		14,967		12,528		13,377		20,078		9,344		22,763		15,466		15,466		8,606		27,231		10,294
Rents	4,325		1,665		5,251		7,330		4,521		4,775		3,607		3,355		5,798		4,276		4,376		4,317
Utilities	17,899		14,377		10,841		8,042		5,713		9,329		6,144		7,980		10,834		5,912		7,107		7,882
Travel, meeting and conferences	1,560		2,389		2,375		495		1,335		-		3,207		2,292		-		150		-		-
Recruiting	2,238		340		170		944		170		545		170		170		170		375		170		-
Insurance	10,944		10,944		9,565		13,563		10,197		10,197		9,577		8,228		11,547		10,346		10,346		10,196
Other expenses	8,533		(232)		7,689		6,574		1,863		3,320		4,728		5,680		6,419		6,328		2,701		10,000
Depreciation and amortization	9,250		9,250		9,250		21,443		9,250		9,250		9,250		9,250		9,250		9,250		9,250		9,250
Total expenses	659,114		495,903		484,626		604,646		422,541		392,631		527,159		502,786		556,747		578,764		442,782		482,856
Excess Expenses over revenues and other support	(168,913)		(32,347)		(67,801)		(214,877)		105,177		30,770		(122,581)		8,719		125,718		(47,505)		14,163		(104,568)

District Tax Revenues

District Tax Revenues	100,000		100,000		100,000		83,337		83,333		83,333		83,333		83,333		83,333		83,333		83,333		83,333
Gain on sale of Asset	2,970		-		-		4,429		-		-		-		-		-		-		-		-
Income, Gains and Losses from Investments	-		-		-		-		-		-		-		-		-		-		-		-
Total Non operating Revenue	102,970		100,000		100,000		87,766		83,333		83,333		83,333		83,333		83,333		83,333		83,333		83,333
Increase(decrease) in net position	(65,943)		\$67,653		\$32,199		(\$127,111)		\$188,510		\$114,103		(\$39,248)		\$92,052		\$209,051		\$55,828		\$97,496		(\$21,235)

	6/30/2021	6/30/2022	7/31/2022	8/31/2022	9/30/2022	Budget
Cash Positions	\$ 2,952,593	\$ 5,626,688	\$ 5,631,008	\$ 5,564,164	\$ 5,435,178	\$ 5,626,496
Operating Expense	5,874,558	5,894,476	483,854	983,495	1,639,643	5,552,265
	123,193	123,193	9,250	18,500	27,750	111,000
	5,751,365	5,771,283	474,604	964,995	1,611,893	5,441,265
<i>days</i>	365	365	31	62	92	365
	15,757	15,812	15,310	15,564	17,521	14,908
<u>Days Cash on Hand</u>	\$ 187	\$ 356	\$ 368	\$ 357	\$ 310	\$ 377

Current Assets	3,407,315	6,116,839	6,087,765	6,163,583	6,169,440
Current Liabilities	336,648	538,236	429,645	391,369	419,953
<u>Current Ratio</u>	10.1	11.4	14.2	15.7	14.7

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West Side Health Care District

Outpatient Clinic AR

	0-30	31-60	61-90	91-120	121-150	151-180	181+	Total	AR Mix
MANAGED MEDI CAL	133,104	21,586	18,846	8,331	15,744	8,685	19,260	225,555	29.83%
MEDI CAL	165,612	3,062	1,944	444	436	-	336	171,834	22.72%
MEDICARE	30,377	13,908	9,613	9,982	7,527	3,044	20,454	94,906	12.55%
MANAGED CARE GLOBA	9,522	3,844	655	691	315	453	2,895	18,376	2.43%
SELF PAY	323	1,207	82	45	151	4	1,884	3,695	0.49%
COMMERCIAL	71,912	29,239	22,135	16,430	16,966	10,783	66,758	234,223	30.98%
Employer Direct Billing	610	1,158	-	-	-	-	752	2,520	0.33%
WORKER'S COMPENSAT	526	506	151	215	448	462	2,743	5,052	0.67%
411,986	74,510	53,427	36,138	41,587	23,432	115,082	756,161	100.00%	

MANAGED MEDI CAL	59.0%	9.6%	8.4%	3.7%	7.0%	3.9%	8.5%	100.0%
MEDI CAL	96.4%	1.8%	1.1%	0.3%	0.3%	0.0%	0.2%	100.0%
MEDICARE	32.0%	14.7%	10.1%	10.5%	7.9%	3.2%	21.6%	100.0%
MANAGED CARE GLOBA	51.8%	20.9%	3.6%	3.8%	1.7%	2.5%	15.8%	100.0%
SELF PAY	8.7%	32.7%	2.2%	1.2%	4.1%	0.1%	51.0%	100.0%
COMMERCIAL	30.7%	12.5%	9.5%	7.0%	7.2%	4.6%	28.5%	100.0%
Employer Direct Billing	24.2%	45.9%	0.0%	0.0%	0.0%	0.0%	29.8%	100.0%
WORKER'S COMPENSAT	10.4%	10.0%	3.0%	4.2%	8.9%	9.2%	54.3%	100.0%
54%	10%	7%	5%	5%	3%	15%	100.0%	

MANAGED MEDI CAL	33,276	5,881	5,135	2,270	4,290	2,366	5,248	58,466
MEDI CAL	115,928	2,143	1,361	311	278	-	214	120,236
MEDICARE	15,188	6,954	4,806	4,991	2,918	1,180	-	36,038
MANAGED CARE GLOBA	7,141	2,883	491	518	305	438	-	11,777
SELF PAY	197	736	50	27	-	-	-	1,010
COMMERCIAL	28,765	11,696	8,854	6,572	-	-	-	55,886
Employer Direct Billing	305	579	-	-	-	-	-	884
WORKER'S COMPENSAT	211	202	61	86	-	-	-	559
201,012	31,075	20,758	14,776	7,790	3,985	5,462	284,858	38%
Contractual Allowance							471,304	62%

ITEM 5



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Medication Management Emergency Response to Power Failure	REVIEWED: 2/25/16; 2/16/17; 2/2/18; 12/20/18, 1/7/20; 9/30/21; <u>09/29/22</u>
SECTION: Medication Management	REVISED: 1/10/19; 1/7/20; 9/30/21
EFFECTIVE: 10/28/21 <u>10/27/22</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Medication Management – Emergency Response to Power Failure

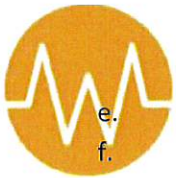
Objective: Outline of steps required for the appropriate management of medications during power failure emergencies.

Response Rating: Mandatory

Required Equipment: N/A

Procedure:

1. Determine the reason for the power failure (circuit breaker failure, refrigerator/freezer unplugged, or power outage).
2. Notify Clinic Management
 - a. Clinic Director
 - b. District Executive Director
3. Power Outage
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS.
 - b. The 1-to-2-hour time frame is affected by the room temperature
 1. The hotter the room, the shorter the time the medications may remain in the fridge/freezer
 2. If the room temperature is excessive, plan to remove the medications more quickly
 3. Monitor the data-logger connected to the thermometer in the device and posted on the exterior of the fridge/freezer
 - c. In the event of a power outage in Building A the emergency generator located behind the clinic will automatically start and the electrical outlets designated for emergency power (Red Outlets) will receive power. All major medical equipment i.e., Medication Fridge/Freezer, Lab Fridge, Power Exam Tables, Computer Work Stations etc. will receive emergency power.
 - d. If the emergency generator does not automatically start the Executive Director and Clinic Director will be immediately notified and the generator will be manually started. Manual start directions are posted on the generator start panel and in the emergency operations binder.
 - i. Keys to the Generator Gate and Generator Panel are located in the Information Technology Room.



e.
f.

The District will contract a third party to manage ongoing preventative maintenance.

In the event of a power outage in Building B, portable generators stored in the District garage may be accessed to power the red emergency power outlet located in the room across from the hallway restroom and/or directly charge essential equipment.

i. All other services not powered by portable generator will be inoperable during the electrical outage.

g. Generator testing will be documented and testing documentation retained as a part of the Quality Assurance/Performance Improvement Program.

h. The Executive Director will be responsible for overseeing generator preventative maintenance.

4. The District-owned portable generator(s) will be tested, at minimum, on a quarterly basis to ensure its functionality.

a. Generator testing will be documented and testing documentation retained as a part of the Quality Assurance/Performance Improvement Program.

b. The District-owned portable generator will only be used in instances where the fixed generator behind the clinic is non-functional.

5. Requirement for transporting vaccines:

a. Frozen Vaccines: Utilize the Temp Amour vaccine transport cooler with condition panels to maintain recommended temperatures (-50°C to -15°C), (-25°C to -15°C for Pfizer/Comirnaty).

b. Refrigerated Vaccines: These vaccines can be transported utilizing the Temp Amour vaccine transport cooler or a hard cooler. When using the Temp Amour vaccine cooler condition, the panels to 2-4°C. If using the hard cooler, the refrigerated vaccines should be prepared following Vaccines for Children vaccine transport guidelines using conditioned ice packs and bubble wrap.

c. Digital Data loggers and a temperature transport log must be used for all vaccine transport.

d. Ice packs and Temp Amour panels should be stored in the freezer for potential use.

6. All Clinic staff are responsible for being familiar with this protocol and for taking appropriate action in the event of a power failure to safeguard vaccines.

7. For any questions concerning degradation of viability of vaccines, contact a Vaccines for Children Representative.

Karen Turner	559-228-5840
Souk Mouanoutoua	559-228-5855
Isidro Fragoza	559-228-5807
Yunuen Garcia	559-228-5857

Universal General #:
#. Toll free #: 800-232-4630

Are these accurate?



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Threatening or Hostile Patient	REVIEWED: 2/10/16; 2/16/17; 2/19/18; 1/17/19; 1/7/20; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 2/16/17; 3/15/18; 1/7/20; 9/30/21
EFFECTIVE: 10/28/21 <u>10/27/2022</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Threatening or Hostile Patient

Objective: To ensure the safety and well-being of patients, visitors, and Clinic staff

Response Rating:

Required Equipment:

Procedure:

If someone in the Clinic displays hostile behavior and/or is threatening you or others:

1. Attempt to defuse the situation by speaking calmly with the person. Do not approach the person or touch them.
2. If the person does not calm down and de-escalate their behavior, request intervention by on-site security officer. If the on-site security officer is not available, tell the person that they must leave the premises.
3. Notify Licensed Staff and/or Lead Medical Assistant if unavailable. If situation persists call for the Clinic Director or medical provider for assistance.
4. Call 911 if the person does not comply with your request to leave the premises.
5. If the person does not comply with your request to leave the premises and you are unable to dial 911 activate the silent panic alarm located on the desktop phone by dialing #*1-
6. *→ If person does comply ↓* Call local law enforcement's non-emergency line to report the hostile person and ask for drive-by observation during the balance of the business day. *haven't we done this already 11/1*
7. Complete an Incident Report according to policy and forward to the Clinic Director, who will ensure the report is also reviewed by the Medical Director and Executive Director.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

11/1 ✓

POLICY: External Hazmat Incident	REVIEWED: 10/12/17; 6/16/19; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 9/30/21
EFFECTIVE: <u>10/27/22</u> 10/28/21	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: External Hazmat Incident

Objective: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

Response Rating: Mandatory

Required Equipment: N/A

Procedure:

1. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority will notify the patients, guests, and staff that a hazmat incident has occurred.
2. *Call 911* Shut down outside intake ventilation.
 - i) Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.
 - ii) Heating and cooling system for Reception and Lobby areas in Building A must be turned off at the unit located on the roof of Building A. In the event roof access is not available, all patient, guests, and staff will be moved to the back-office areas of the Clinic.
3. Close all doors to the outside and close and lock all windows.
4. ~~Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.~~
- a. ~~Heating and cooling system for Reception and Lobby areas in Building A must be turned off at the unit located on the roof of Building A. In the event roof access is not available, all patient, guests, and staff will be moved to the back-office areas of the Clinic.~~
5. Turn off all exhaust fans.
6. Close as many internal doors as possible in the building.
7. Use tape and plastic food wrapping, wax paper, or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.



8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains, or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune in to the Emergency Broadcasting System on the radio or television for further information and guidance.
11. Call "911" if patient has difficulty breathing or other life-threatening condition(s) occur.
12. Notify "911" if evacuation of patients is necessary.



No Change ✓
11/1 ✓

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Earthquake Or Weather Emergency	REVIEWED: 6/28/16; 9/20/17; 7/22/18; 6/16/19, 1/7/20; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 9/20/17; 1/7/20; 9/30/21
EFFECTIVE: <u>10/28/21</u> 10/27/2022	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Earthquake or weather emergency response/management

Objective: To ensure the safety of patient, personnel, and visitors in the event of an earthquake or weather-related disaster.

Response Rating: Mandatory

Required Equipment: N/A

Procedure:

In the event of a fire or weather-related disaster:

1. Patients and visitors will be moved to the safest location(s) within the Clinic, as follows:
 - A. Earthquake
 - i. Structurally strong interior spaces, excluding doorways.
 - ii. Away from objects on shelves and ceiling that may fall and cause injury
 - iii. Exterior areas which are not under trees, near power poles, or other tall structures (South and East parking lots near the clinic and/or the District parking lot)
 - B. Weather-related disaster
 - i. In the case of a high wind storm/tornado, persons will be moved to interior rooms without windows.
 - ii. In the case of a rainstorm causing flooding, persons will be moved to rooms that are dry and/or have furniture that will allow the person to be up and away from the water.
 - iii. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will ensure that a census of the patients and visitors is developed, with any special needs noted (requirement for oxygen, medication, additional supervision, aided support) and addressed as quickly as possible and documented (example: downtime form or other written document) and later scanned into the EMR as the situation ———and time permits.
 - iv. If required, utilities will be terminated at the source:



Building A	
Service Type	Source Location
Natural gas	Meter, control valve (exterior/alleyway behind clinic; near electrical room and bicycle storage)
Electrical service	Electrical panel (Main -interior; Electrical Room; Breaker Boxes - interior; Supply Room, Storage Hallway D, Storage Hallway C)
Water	Main service valve (exterior; front of clinic inside landscape between patient drop off and North Street)

Building B	
Service Type	Source Location
Natural gas	Meter, control valve (exterior)
Electrical service	Electrical panel (janitorial closet)
Water	Main service valve (exterior)

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- v. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will contact 911 if assistance is required to evacuate or render care to patients, visitors and/or personnel.
- vi. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will contact the District Office to advise emergency situation and request support, if required.
- vi. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will meet emergency personnel when they arrive.
- vii. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will record all actions taken and include that information in their Incident Report.
- viii. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority will prepare a thorough incident report and forward that report to the District Office Manager and/or Executive Director.
- viii. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority will contact the District Office for assistance in identifying damage to the premises and to coordinate arrangements for the repair and replacement of damaged facilities and equipment.
- ix. The District Office Manager and/or Executive Director will notify Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic —is safe



for continue use, and if not, what alternate arrangements have been made so that care of —the patients may continue.

2. Clinic staff should prepare to receive additional patients that may result from the situation.



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Mass Casualty Response	REVIEWED: 9/20/17; 7/30/18; 6/16/19; 1/7/20; 9/20/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 1/7/20; 9/30/21
EFFECTIVE: 10/28/21 <u>10/27/2022</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Mass casualty response

Objective: For the purpose of this policy, Mass Casualty will be defined as any patient care situation that disrupts regular Clinic operations.

Response Rating: Mandatory

Required Equipment: N/A

Procedure

1. Clinic may be advised of a mass casualty from one of the following sources:
 - a. Law enforcement
 - b. Community member
 - c. County EMS
 - d. Patient surge
 - e. News broadcast (television, radio, internet)

2. In a mass casualty situation, the Clinic will activate the Command Center. The Command Center will be located in one of the following locations that will commensurate with the situation and weather conditions:
 - a. Clinic lobby
 - b. East Clinic parking lot, adjacent to the Clinic
 - c. South Clinic parking lot, across the street from the Clinic
 - d. District parking lot, adjacent to the District Office
 - e. District Office

3. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority will serve as the person in charge during a mass casualty event.

4. The following supplies will be placed in the Emergency Response bin, which will be stored in the Clinic at the front desk area:

Incident Command Team t-shirts/vests (incident Commander, Safety Officer, Operations Officer, Logistics Officer)



Dual band radios, batteries, car chargers
A copy of the current, approved Emergency Preparedness Plan which cont
personnel, providers, and resources
Flashlights and batteries
Duct tape
Pads and pens
Patient registration forms (downtime)
Patient care forms (downtime)
Incident command forms

5. Additional supplies, such as Easy-Up temporary shelters, bottled water, etc. will be located at the District Office in the garage storage area.
6. If the building is safe for use, Clinic operations will take place within the confines of the building.
7. If the Clinic building is not safe for use, the parking lot(s) will be established as the alternative patient care site.
8. If neither the Clinic building nor the parking lots are safe for Clinic operations, District and/or Clinic leadership will coordinate with City of Taft to determine where Clinic personnel may set up to provide patient care services.
9. It is understood that, based upon the type and severity of the emergency, the Clinic may not be able to offer usual and customary Clinic services in the location and manner to which patients are accustomed. Clinic services may be enhanced or reduced based upon provider and staff availability. At no time will Clinic personnel provide service outside their training and/or scope of practice.
10. If forced to move Clinic operations out of the Clinic building:
 - a. Designate space for command and/or patient intake/assessment
 - b. Move clinic furniture and medical supplies/medications that do not require refrigeration outside to accommodate patient waiting and care, if appropriate.
11. Utilize approved forms for documentation.
12. Activate on duty and off duty staff, as required.
13. If not already involved, notify ambulance service and local law enforcement of Clinic status (normal operations, partially operational (define), non-operational).
14. Contact local ambulance service to ensure they have contacted potential receiving hospital(s)
15. RN/LVN and/or FNP/PA serve as triage nurse.



16. The RN/LVN will makes assignments for remaining staff. Absent an RN/LVN —the Lead Medical Assistant will designate staff assignments

Annual Review

11/1 ✓



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Kaiser Eligibility Verification	REVIEWED: 2/10/16; 2/16/17; 2/2/18; 11/15/18; 10/29/19; <u>09/29/22</u>
SECTION: Registration	REVISED: <u>09/29/22</u>
EFFECTIVE: 11/21/19 <u>10/27/2022</u>	MEDICAL DIRECTOR:


Subject: Kaiser Eligibility Verification

Objective: To ensure insurance eligibility for patients covered by Kaiser.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Kaiser members must be verified at ~~https://epiclink-sc.kp.org.epiclink.sc.kp.org.epiclink.sc.kp.org.~~ 
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. Use the approved Kaiser verification process
 - a. Log in on the Kaiser website: ~~epiclink.sc.kp.org.~~ https://epiclink-sc.kp.org
 - b. Select "Select Patient"
 - c. Enter subscriber ID ~~or~~, name and date of birth
 - d. Select Search
 - e. Enter eligibility information into the EMR
4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.



11/1/22 ✓

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 3/1/16; 2/16/17; 3/2/18; 9/20/18; 8/23/19; 1/8/20; 01/10/22; <u>09/29/22</u>
SECTION: Medication Management	REVISED: 9/20/18; 8/26/19; 1/7/20; <u>09/29/22</u>
EFFECTIVE: 01/27/2022 <u>10/27/2022</u>	MEDICAL DIRECTOR:

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All Pharmaceuticals are stored according to the manufacturer' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. All pharmaceuticals are stored in original manufacturer's containers to maintain proper labeling.
4. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
5. Proper consideration is given to the safe storage of poisons and flammable compounds.
6. Internal medications are stored separately from external medications.
7. Non-medications and flammables are not to be stored in medication refrigerators.
8. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). The Medication Room and drug storage area temperatures will be maintained within this range. A log will be maintained to document the daily temperature of the Medication Room. The Clinic Director ~~and Director of Clinical Operations~~ will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Director will be consulted to insure proper relocation.



- 9 Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
- 10 If the temperature is not within the specified range, the Clinical Director will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented either directly on the Refrigerator Temperature Log.
- 11 Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°-15°C (-45°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, both the Clinic Director and Director of Clinical Operations will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The Clinic Director will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -15°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

12. Each refrigerator/freezer will have a serviceable thermometer or other temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Director or designee to check and document the temperature twice daily.
 - b. Medication Room – Medication Room is to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, and Medical Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Dispense cabinets maintain control and storage of medications and keeps specific documentation of all transactions in regards to distribution and administration.

Controlled Substances

1. All Controlled Substances are handled, as directed by the Drug Enforcement Agency (DEA) Practitioner's Manual, in a manner that guards against theft and diversion.



- a. Schedule II drugs are stored and secured in the medication room, locked in the Med-Dispense, separate from other drugs. Surplus stock of Schedule II drugs are stored and in the locked box secured to the wall, in the medication room. Access to this locked box is the sole responsibility of the Clinic Director or Clinic Director's Designee.

b. All Schedule II drug receipt, transfer from storage lockbox to Med-Dispense, and Schedule II waste will be documented with co-signature/co-witness in the Controlled Substance Binder on the applicable log.

- b. Schedule III, IV, and V drugs are secured in the medication room, locked in the Med-Dispense or in the emergency response cart.

↳ Any expired or less than 1 in container will be put through med waste process.

2. The clinic maintains adequate record keeping of the receipt of controlled drugs. The receipt and distribution of controlled drugs are reconcilable in the Med-Dispense log.

3. DEA 222 forms will be stored in a securely locked compartment.

4. Any thefts or significant losses will be reported to the DEA.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives MUST sign-in with the District Office and are allowed ONLY to the Clinic if approved by the Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without PRIOR approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, not more than a 14 days supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved as needed when par levels are determined low from weekly order inventory performed by designated staff member.



4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to insure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts.
2. In keeping with Clinic policy, emergency response carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Volunteer Deployment	REVIEWED: 9/7/17; 7/22/18; 6/16/19; 6/19/20; 9/30/21; <u>09/29/2022</u>
SECTION: Safety	REVISED: 7/22/18
EFFECTIVE: <u>10/27/2022</u> 10/28/21	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Volunteer Deployment

Objective: To properly manage the use of volunteers in an emergency or other staffing strategies including the process and role for integration of State and Federally designated health care professional to address surge needs during an emergency.

Response Rating: Mandatory

Required Equipment:

*Do we have any of this/these
NO*

Procedure

1. City, County, State, and/or Federal agencies may offer/direct volunteers to the Clinic in the case of an emergency/surge situation. All volunteers will be required to follow Clinic processes before being directed to the Incident Commander for deployment.
2. Volunteer provider and provider support staff will be accepted to serve at the Clinic to assist in meeting patient needs after providing the following minimum information to the Credentialing Specialist or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of license, DEA certificate/furnishing license, and photo identification
 - c. Copy of BLS, ACLS, PALS card(s)
 - d. Signed copy of the Clinic's HIPAA non-disclosure document
3. Volunteer non-medical staff will be accepted to serve at the Clinic to assist in meeting patient access and Clinic operations needs after providing the following minimum information to the Human Resources Director or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of BLS, ACLS, PALS card(s), if applicable
 - c. Signed copy of the Clinic's HIPAA non-disclosure document
4. Community members, not affiliated with City, County, State, and/or Federal agencies may report to the Clinic for the purpose of volunteering in an emergency/surge situation.



5. Community volunteers will be accepted for service, based upon the Clinic's needs and the volunteers' skill set(s). Volunteers who have medical training (MD, DO, DC, DDS, NP, PA, RN, LVN, RT, PT, MA) will be asked to provide information per item 2 above. Volunteers with no medical office experience will be asked to provide information per item 3 above.
6. Volunteer provider and provider support staff will be paired with current Clinic personnel for orientation to the physical space, equipment, supplies, and documentation resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime medical record forms will be utilized.
7. Volunteer non-medical staff will be paired with current Clinic personnel for orientation to the physical space, telephone equipment, supplies, and registration resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime registration and medical record forms will be utilized.
8. Volunteers will be given assignments by the Incident Commander or their designee commensurate with their licensure and training. Care will be taken to ensure persons are not given assignments that exceed their scope of practice. Example: medical assistants will not be asked/allowed to place or remove urinary or IV catheters
9. A record of all volunteers will be maintained to include:
 - a. Volunteer name, address, and cell phone number
 - b. Agency sending the volunteer or an indication that the volunteer was self-directed from the community
 - c. License/certification information with copies/photos of same
 - d. Time in/time out and assignment
10. If credentials and identity of volunteers were not able to be checked before the volunteers were deployed, Credentialing Specialist and Human Resources Director will pursue that verification after the emergency/surge situation has passed.



11/1 ✓

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Disaster Plan	REVIEWED: 2/22/16; 9/22/16; 7/22/18; 6/16/19; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 9/22/16; 6/16/19
EFFECTIVE: <u>10/27/2022</u> 10/28/21	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Disaster Plan

Objective: To ensure the safety of patients, visitors, and personnel during disasters; to provide a means for a safe and orderly evacuation, rendering of emergency medical care and other necessary services; and to establish a routine emergency plan, personnel shall be prepared to follow a planned course of action in the event of a fire, severe weather conditions or other disaster that would affect the normal operation of the Clinic.

Response Rating: Mandatory

Required Equipment: N/A

Procedure:

1. When notified of a drill or disaster, the staff will gather as a group to receive direction from their supervisor or incident commander ~~report immediately to the Clinic front office area.~~
2. The Incident Commander as identified in the Emergency Operations Plan Delegation of Authority or designee will take charge and document on a communication log all communication activities including the date and time the emergency is called.
3. In case of internal disaster, fire, etc., the Incident Commander will determine evacuation procedure and ensure that all areas of the facility are checked for patients, personnel and visitors.
4. The Clinic will maintain an Emergency Operations Plan that is reviewed, amended and implemented through drills and as needed.
5. In the case of off-site emergencies (i.e., snowstorm, flood, area mass casualty, wild fire) the Medical Director and/or the Executive Director will assess the off-site emergency to determine whether the Clinic will be impacted by a surge of patients and/or a loss of resources (i.e., water, power, access to ambulance service, access to Civil Authorities).
 - a. Based upon that assessment, the District Office will be contacted and will support the Clinic by making contact with off-duty personnel, including but not limited to medical care providers, requesting they report to the Clinic per the request of Clinic leadership.
 - b. Where possible, cell phone and text messaging will be used between Clinic and District office in order to leave Clinic phone lines available for patients and staff.



6. Should the Clinic find, it cannot serve the community, notice will be made (i.e. posted, via the patient portal/clinic website, at the clinic, telephone, text message) an assessment will be made as to what alternative health care resources are available in the community and that information will be made available upon patient inquiry. It is acknowledged that there are sparse alternatives in the community and options for patients may be limited to Bakersfield.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Alternate Communications in Emergency Situations	REVIEWED: 9/19/17; 7/22/18; 6/16/19, 1/7/20; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 7/22/18; 1/7/20
EFFECTIVE: <u>10/28/21</u> 10/27/2022	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Alternate communications in emergency situations

Objective: To ensure personnel are able to communicate amongst themselves and with emergency services in the event of a clinic/community telephone/internet failure.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Personnel will be provided with a confidential list of personnel (including District leadership and provider personnel) so as to maintain those contacts in their personal cell phone for access when Clinic and/or District telephone service malfunctions. The list will be updated monthly and the content will not be shared with persons not employed or under contract with the District.
2. The personnel list (with phone numbers) will be available in the Clinic at the following locations:
 - a. Front of the "Staff Huddle Binder"
 - b. At the front desk in the lobby
 - c. Nurse Station 1
 - d. Radiology department workstation
 - e. Incident Command Binder
3. The District will purchase and maintain a minimum of the following emergency communications equipment:
 - a. Dual band (VHF/UHF) two-way radios
 - b. Car chargers for said radios
 - c. Active and supplemental batteries for said radios
4. Staff will be oriented to the use of the radios as part of their Emergency Preparedness training.
5. Batteries will be charged and radios tested monthly.



6. Radios, batteries and chargers will be stored in the Clinic and District office in accessible locations.

Annual Review



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Bomb Scare	REVIEWED: 10/10/17; 7/30/18; 6/16/19, 1/8/20; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED: 1/8/20
EFFECTIVE: 10/28/21 <u>10/27/2022</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Bomb scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of patients, staff, and guests.

Response Rating: Mandatory

Required Equipment: N/A

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.
2. Ask the caller:
 - a. Their name
 - b. Where the bomb is located
3. Record/document:
 - a. Every word spoken by the person making the call
 - b. The time the call was received and terminated
4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.
5. If possible, during the call:
 - a. Call law enforcement via 911
 - b. Notify the Clinic Director and other clinic leadership, if not present.
 - c. Organize staff, patients, and guests to evacuate premises upon police or leadership order.
6. Once the police have arrived:
 - a. Keys and keypad codes shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
 - b. All keys are stored at the District Office.
 - c. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

✓
11/1/24

POLICY: Bioterrorism Threat	REVIEWED: 10/12/17; 7/30/18; 6/16/19; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED:
EFFECTIVE: 10/28/21 <u>10/27/2022</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Bioterrorism Threat

Objective: A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria, and/or other agents that cause illness or death in people, animals, or plants. Biological agents can be spread through the air, water, or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents, like smallpox, can spread from person to person. Other agents, such as anthrax, are not spread person to person.

Response Rating: Mandatory

Required Equipment: N/A

Procedure:

1. In the case of a biological threat:
 - a. Notice of a biological event may come from the California Department of Public Health (CDPH).
 - b. The Clinic Director will be notified when a notice of a biological event is received and when a patient presents at the clinic with symptoms related to a biological exposure.
 - c. Directions may be received from CDPH on how to proceed.
 - d. Patients with symptoms that may be the result of a biological exposure will be reported according to current policy for the reporting of diseases as outlined by the CDC, the State of California, and the Kern County Public Health Department.
 - e. The Clinic may be directed by CDPH to give information to patients regarding the biological event.



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Disruption of Electrical Services	REVIEWED: 1/28/16; 10/30/17; 8/19/18; 8/2/19, 1/8/20; 9/30/21; <u>09/29/22</u>
SECTION: Operations	REVISED: 12/7/16; 8/13/19; 1/8/20; 9/30/21
EFFECTIVE: <u>10/27/2022</u> 10/28/21	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Disruption of Electrical Services

Objective: To ensure maintenance of basic emergency services during a power outage and to ensure the safety of patients, personnel, and visitors during such occurrences.

Response Rating: Mandatory

Required Equipment: N/A

Procedure

1. In the event of disruption of the electrical services in Building A, the emergency power generator will automatically start and electrical power will be restored to all emergency power outlets (Red Outlets). Refer to Medication Management Response to Power Failure for details related to operating the generator and how to ensure medication/vaccine refrigerators and freezers maintain proper temperatures for the safe storage of inventory.
2. In the event of disruption of electrical services in Building B, portable generators located in the District garage may be accessed to power the single red outlet located in room across from the hallway restroom and/or direct generator connection. All other services provided in Building B requiring electrical power will be out of service until power is restored.
 - a. Tenants of Building B may have access to the District owned portable generators.
3. Clinic Director or designee will report the service disruption to the local electrical utility and inquire as to when the electricity will be back in service. Upon reporting to the utility, the Clinic Director or designee will notify the Executive Director if available.
4. The Executive Director or designee will notify the contractor responsible for District/Clinic phone systems and internet connection identified in the Emergency Operations Plan to assist with troubleshooting. In the event the clinician is performing a procedure, he/she will turn the equipment off and make the patient comfortable according to acceptable medical protocol until electrical service is restored.
5. The Clinic Director will maintain a supply of flashlights and fresh batteries in the emergency



~~5. The Clinic Director will maintain a supply of flashlights and fresh batteries in the emergency preparedness box (located in the receptionist area) and nurses' stations of the clinic. The receptionist(s) will distribute flashlights to staff members as required.~~

6. All examination rooms and bathrooms will be checked to ensure patients have sufficient light. Patients who do not have sufficient light will be offered the choice of a flashlight or a seat in the waiting area until electrical service is restored.
7. In the event of a long-term service outage in which the generator is not able to provide emergency power to Building A, the Incident Commander will direct staff to reschedule the balance of the day's patients and close the office.



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURE**

POLICY: Exam Table And Exam Room Cleaning And Disinfection	REVIEWED: 3/24/16; 3/15/17; 2/27/18; 11/19/18; 10/29/19; <u>09/29/22</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: 11/21/19 <u>10/27/2022</u>	MEDICAL DIRECTOR:

Subject: Exam Table and Exam Room Cleaning and Disinfection

Objective: To reduce nosocomial infections to patients and staff, ALL non-autoclavable materials and surfaces will be sanitized and cleansed with approved agents that are used according to manufacturers' instructions.

Acuity Rating: Mandatory

Procedure:

1. Exam tables, chairs, gurneys, and wheelchairs shall be cleaned between patients.
2. All table paper and pillow covers will be changed between patients.
3. All exam tables will be wiped with approved sanitizing wipes between patients and allowed to air dry.
4. Surfaces coming into direct contact with a patient or used during a treatment or procedure, will be wiped with sanitizing wipes, according to manufacturer guidelines and allowed to air dry.
5. Blood and body fluids must be thoroughly cleaned from all surfaces prior to disinfecting.
6. For large amounts of blood and/or body fluids, an approved spill kit will be used.
7. Allow moisture left on surface from cleaning products to air dry. DO NOT WIPE SURFACES TO DRY.
8. Wipes can be used once gross contamination is removed.
9. Disposable gloves and personal protective equipment (PPE) are to be used while cleaning and to prevent direct contact with blood, body fluids and any surface that may be contaminated by an infectious source.
10. When cleanup is finished, remove gloves and PPE and wash hands.



11/1 ✓

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Extreme Temperatures	REVIEWED: 10/12/17; 7/20/18; 6/16/19; 6/19/20; 9/30/21; <u>09/29/22</u>
SECTION: Safety	REVISED:
EFFECTIVE 10/28/21 <u>10/27/2022</u>	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Extreme Temperatures

Objective: To provide precautionary and preventative measures for staff, patients, and guests during the hot summer months. Older adults and children are extremely vulnerable to heat related disorders.

Response Rating: Mandatory

Required Equipment: N/A

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The persons turn pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds, and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.



4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.
6. If symptoms of heat illness are experienced by staff, patients, or guests report symptoms to medical staff.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

11/1 ✓ ✓

POLICY: Fire Safety	REVIEWED: 3/27/16; 3/1/17; 3/28/18; 3/27/19; <u>09/29/22</u>
SECTION: Safety	REVISED:
EFFECTIVE: <u>4/25/19</u> <u>10/27/2022</u>	MEDICAL DIRECTOR:

Subject: Fire Safety

Objective: To identify potential fire hazards or sources of ignition and establishing procedures that minimizes the risk of workplace fires.

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control
 - a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.
 - b. Fuel sources include:
 1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.
 2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.
 - c. Ignition sources include:
 1. Keep fuel sources away from electrical equipment.
 2. Electrical equipment requires keeping 36” clearance and good housekeeping.
 3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.
 4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.



2. Housekeeping

- a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.
- b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
- c. Suitable clearances (18" or more) shall be maintained below sprinkler heads to storage.
- d. There shall be no accumulation of paper, rags, sweepings, or debris.
- e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

1. There are three basic fire classes. All fire extinguishers are labeled with standard symbols stating the class of fires they can put out. A red slash through any of the symbols tells you the extinguisher cannot be used on that class of fire. A missing symbol only tells you that the extinguisher has not been tested for a given class of fire.

Class A: ordinary combustibles such as wood, cloth, paper, rubber, and many plastics.

Class B: flammable liquids such as gasoline, oil, grease, oil-based paint, lacquer, and flammable gas.

Class C: Energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery, and appliances.

b. Extinguisher sizes

1. Portable extinguishers are also rated for the size of fire they can handle. This rating is a number from 1 to 40 for Class A fires and 1 to 640 for Class B fires. The rating will appear on the label. The larger the number, the larger the fire the extinguisher can put out. Higher rated models are often heavier. Make sure you can hold and operate the extinguisher before you attempt using it.

c. Installation and maintenance

1. Extinguishers should be installed in plain view above the reach of children, near an escape route, and away from stoves and heating appliances. Consult the local fire department for advise on the best locations.
2. Extinguishers require routine care. The operator's manual and dealer outline how the extinguisher should be inspected and serviced. Rechargeable models are serviced after use. Disposable fire extinguishers can be only used once; they must be replaced after



one use. Following the manufacturer's instructions, check the pressure in the Clinic extinguishers once a month.

d. Remember "P-A-S-S"

1. Stand 6-8 feet away from the fire and follow the four-step P-A-S-S procedure. If the fire does not begin to go out immediately, leave the area at once. Always be sure the fire department inspects the fire site
 - **PULL** the pin: this unlocks the operating lever and allows you to discharge the extinguisher. Some extinguishers have another device that prevents accidental operation.
 - **AIM** low: point the extinguisher nozzle (or hose) at the base of the fire.
 - **SQUEEZE** the lever below the handle: this discharges the extinguishing agent. Releasing the lever will stop the discharge. Note: some extinguishers have a button to press instead of a lever.
 - **SWEEP** from side to side: while moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

4. Fighting the fire

a. Before you begin to fight a fire:

1. Make sure the fire is confined to a small area and is not spreading.
2. Make sure you have an unobstructed escape route where the fire will not spread.
3. Make sure that you have read the instructions and that you know how to use the

extinguisher.

b. It is reckless to fight a fire under any other circumstances. Instead, close off the area and leave immediately.

c. Fire extinguishers

1. Used properly, a portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the fire department arrives.
2. Portable extinguishers (intended for the home or office), are not designed to fight large or spreading fires. But even against small fires, they are useful only under certain conditions:
 - The operator must know how to use the extinguisher. There is no time to read directions during an emergency.
 - The extinguisher must be within easy reach, fully charged, and in working order.



- Some models are unsuitable for grease or electrical fires.
3. Choose your extinguisher carefully. A fire extinguisher should have the seal of an independent testing laboratory. It should also have a label stating the type of fire it is intended to extinguish.
 4. The extinguisher must be large enough to put out the fire. Most portable extinguishers discharge completely in as few as eight (8) seconds.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

✓
11/1 ✓

POLICY: Sensitive Services	REVIEWED: 11/12/18; 10/29/19; <u>09/29/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 11/21/19 <u>10/27/2022</u>	MEDICAL DIRECTOR:

Subject: Sensitive Services

Objective: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
 - a. Sexual assault
 - b. Drug or alcohol abuse for children 12 years of age or older
 - c. Pregnancy
 - d. Family planning
 - e. Sexually transmitted diseases designated by the State for children 12 years of age or older
 - f. Sexually transmitted diseases for adults
 - g. HIV testing
 - h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Consents For Treatment - Guidance	REVIEWED: 2/16/16; 2/15/17; 2/28/18; 10/25/18; 9/29/19; <u>09/29/22</u>
SECTION: Clinical	REVISED: 2/15/17; 2/28/18
EFFECTIVE: <u>10/27/2022</u> 10/24/19	MEDICAL DIRECTOR:

Subject: Guidance for use of Consent for Treatment documents

Objective: To ensure ~~that~~ consents for all patients are made in accordance with State and Federal HIPAA guidelines.

Response Rating: Mandatory

Required Equipment:

Procedure:

Definitions:

Adult: An adult is any person who has reached the age of eighteen (18) or who has a contracted valid marriage (regardless of subsequent divorce or annulment). Such adult must sign their own consents and agreements, except in an actual emergency or after judicial declaration of incompetence with appointment of a legal guardian.

Person in Custody of Law Enforcement: Patients in the custody of Law Enforcement must still give consent for medical treatment. Minors in the custody of Law Enforcement must have a signed consent from a legal parent or guardian with the following exception:

- a. A juvenile in the custody of the Juvenile Enforcement agencies may have medical, surgical, dental, or other remedial care authorized by the probation officer acting on the recommendations of the attending practitioner. It is the responsibility of the Probation Officer to locate and inform the parents. If the parents object, the Juvenile Court can order treatment.

Person Under Guardianship(Minor) or Conservatorship (Adult) Care ~~(Adult or Minor)~~: All persons under legal custody of a guardian or Conservatorship shall have consents signed by that legal guardian or Conservator. A certified copy of their official letter of guardianship or Conservatorship shall be obtained and a copy scanned into the patient’s medical record prior to any treatment being provided.

Minors: Minors (persons under the age of eighteen (18)) should be treated only with the presence of a parent or legal guardian unless an actual emergency exists (implied consent) or with one (1) of the following exceptions:

- a. Minor on active duty with United States Forces may give their own personal consent;



- b. Minors receiving pregnancy care may consent for care related to the pregnancy;
- c. When a minor is fifteen (15) years of age or older and lives apart from their parents and manages their own financial affairs regardless of the source of income;
- d. When a minor of twelve (12) years of age or older has a communicable disease that must be reported to the local health department.
- e. When a minor of 12 years or older presents for a physical examination, the parent/guardian will be encouraged to allow the patient to interact with the practitioner absent the parent/guardian, with the opportunity for a consultation between the adults at the end of the examination.

The parents or legal guardian incurs no obligation to pay in the cases of C and D unless they have previously consented.

Minors with divorced parents may have consent given by either parent. However, if there is a conflict, the parent with custody has the final word.

Minors whose parents are unavailable, usually when the minor is away from the home or parents are away short term, if the parents have consented in writing that the person in care, custody, or possession of the minor can give consent, that this consent can be accepted. Consent may imply in emergency situations.

Initial and Annual Form: The Initial and Annual form is completed by a patient prior to their first encounter with a Clinic practitioner. Subsequent to the initial completion, the form is reviewed and signed annually thereafter. The form contains a consent for treatment section which must be completed and, for minor patients whose forms are completed by their parent or guardian, the relationship of the signor to the patient must be documented.

Consent by Telephone: Acceptable only in an emergency situation, when a delay would jeopardize life or health of the patient and the parent or legal guardian is only available by phone.

Consent by telephone will be witnessed by two (2) individuals and a written record of the conversation will be filed in the medical record. Notation will indicate exact time of call and the nature of the consent given. Immediate steps are to be taken to obtain confirmation of consent by fax. ?

Witnesses to Signatures: Witnesses will be adults. Receptionists, nurses, medical assistants, practitioners, or those of similar responsibilities employed by the medical group should act as a witness. There is no need to have consents notarized. All dates, times, and signatures should be in black ink.

Emergency Consents: Treatment of a patient without a written consent is authorized under the doctrine of "implied consent".

Determination whether a treatment is immediately required and necessary to prevent deterioration or aggravation of patient's condition will be decided by the practitioner after consultation. The medical consultation will be documented and will include a statement to include why immediate treatment was



required.

Obtaining Consents: Prior to any invasive procedure, the practitioner will give a full explanation of the risk and benefits of the procedures as well as any alternative treatment. The practitioner will answer all of the patient's questions and document the conversation. The nurse will obtain signatures for the consent. The patient will be given a copy of the consent form and the original copy will be filed in the patient's chart.

Consents are to be obtained for all invasive examinations and surgical procedures.

WEST SIDE FAMILY HEALTH CARE

EMERGENCY OPERATIONS PLAN

TABLE OF REVIEW AND APPROVAL

Date Reviewed	Date Approved
11/29/18	12/14/18
1/31/20	2/27/20
9/15/20	9/24/2020
09/30/21	10/29/2021
<u>09/29/2022</u>	<u>10/27/2022</u>

The Emergency Plan (EP) was originally written and approved on 10/26/17.

As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

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TABS

Facility Location Map
Facility Floorplan
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SITUATIONAL RISKS ANNEXES

Active Shooter
Alternate Communications in Emergency Situations
Bioterrorism Threats
Bomb Scare
Disaster Plan to Ensure Safety of Patients
Disruption of Electric Service
Earthquake or Weather Emergency
External Hazmat Incident
Extreme Temperatures
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Loss of Sewerage Water
Mass Casualty Response
Medication Management Response to Power Failure
Operation During Internal Disaster
Severe Weather
Shelter in Place for Staff and Patients
Threatening or Hostile Patient
Use/Deployment of Volunteers in an Emergency Situation

I. ORGANIZATION INFORMATION

Facility: West Side Family Health Care

Address: 100 E. North Street

City: Taft State: CA Zip Code: 93268-3606

Phone Number: 661-765-1935

Primary Contact E-mail Address: Summer Wood-Luper, RN, PHN (Clinic Director)
swoodluper@wshcd.org

Owner: West Side Health Care District

Address: 119 Adkisson Way

City: Taft State: CA Zip Code: 93268-3606

Phone Number: 661-765-7234

Primary Contact E-mail Address: Ryan Shultz, Executive Director
rshultz@wshcd.org

Administrator/Executive Director/Chief Executive Officer/Manager:

Office Address: 119 Adkisson Way

City: Taft State: CA Zip Code: 93268-3606

Phone Number: 661-765-7234

E-mail Address: Ryan Shultz, Executive Director
rshultz@wshcd.org
Robyn Melton, District Manager
rmelton@wshcd.org

II. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology, and other emerging issues, this plan will be reviewed and updated annually and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the patients, staff, and guests of this facility are kept safe from harm. The safety and wellbeing of the patients and staff take first priority over all other considerations.

Demographics:

- A. This facility is located at 100 E. North Street, Taft. A map showing the location is attached as Tab 1.
- B. The patient care facility has one building designated into two areas: Area A and Area B. Primary Care, Walk-in, Urgent Care, and Telemedicine services are provided in Area A. Radiological services are provided in Area B. There is one floor. There is access to the roof in the interior of Area A and exterior of Area B. A floor plan is attached as Tab 2. The administrative office facility is located at 119 Adkisson Way, Taft.
- C. Laboratory services are provided by WestPac Laboratories in Area B. WestPac Laboratories leases approximately 400 sq/ft in Area B. See Tab 2 for WestPac Laboratories leased space.
- D. The building will have appropriate placement of exit signs, clearly designated on floor plans.
- E. Oxygen is stored in the clinic. Other than cleaning products located in the Housekeeping Room, there are no hazardous materials on the premises.
- F. This facility provides primary care, urgent care, walk-in, telemedicine and radiological services to patients that are children, adults, and seniors. Some patients are non-ambulatory and must use assistive devices to access and move through the Clinic facility.

III. EMERGENCY PLAN

Risk Assessment

- A. This facility does an annual all hazard vulnerability assessment (HVA Worksheet) (Tab 3). This EOP is written based on the risk assessment. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVA will be kept with the EOP.
- B. A copy of the EOP will be kept in Care Team 2, Inside the Incident Command Binder (located inside Emergency Bin at Reception in Area A), as well as the Radiology Office. A copy of the EOP will be provided to WestPac Laboratories and stored in the shared reception area in Area B.
- C. The major hazards that could affect this facility as determined by the all-hazard vulnerability assessment are listed in the Annex portion of this EOP.

Command and Control

- A. The facility shall develop and document an Organizational Chart (Tab 4). The organizational chart will include a Delegation of Authority that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the in-charge position.
- B. Depending on the type of emergency, the person in charge will enact the Orders of Succession (Tab 5) for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all patients, guests, and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost or evacuation is required.
- C. The person in charge will determine whether to lockdown the facility, shelter in place, or evacuate based on the emergency. In the event that the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities (Tab 6).
- D. Only the person in charge can issue an "all clear" for the facility indicating that the facility is ready to assume normal operations.

Coordination

- A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, such as fire or threat of violence, call 911.
- B. During activation for an incident or exercise, communications with State, County, and City authorities can be made by contacting authorities listed in Tab 7.
- C. The person in charge or designee will act as a liaison with building tenant WestPac Laboratories. The person in charge will communicate updates and operational decisions to the designated WestPac Laboratories contact listed in Tab 8.

IV. POLICIES AND PROCEDURES

Facility Lockdown

- A. Facility Lockdown means that the staff, patients, and guests at the facility will remain in the facilities' building(s) with all doors and windows locked.
- B. Facility Lockdown can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff, patients, or visitors.
- C. The facility will remain in Lockdown until the authorities or facility person in charge gives an "all clear".
- D. It is recommended that staff, patients, and guests be secured behind at least two locked doors. (Main entrance door and interior room door.)

Shelter in Place (SIP) ([Please refer to Shelter in Place Policy](#))

- A. SIP means that the staff, patients, and guests will remain in the facility's building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.
- B. Windows and doors will be firmly closed. If a storm becomes severe, and windows are threatened, staff, patients, and guests will move to interior rooms and hallways.

- C. In the event of a tornado warning, staff, patients, and guests will move to interior hallways.
- D. If sheltering SIP is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditions and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.
- E. The facility will remain in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in charge.

Evacuation Plan

- A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building(s), rising floodwaters or an evacuation order issued by the police, fire department, or other governmental authority (Please refer to risk analysis).
- B. The facility person in charge will order an evacuation.
- C. If the emergency is limited to a single building or area, staff, patients, and guests will move to a safe distance.
- D. If the entire facility has to be evacuated staff, patients, and guests will move to a predestinated evacuation site listed in Receiving Facilities at Tab 6.
- E. Staff will verify that all staff, patients, and guests are accounted for either at the evacuation site or listing where they went.
- F. Notifications to others, by staff, will be done as needed.
- G. Notification to proper authorities is the responsibility of the person in charge.
- H. Evacuation routes are posted in each room identifying exit routes. Emergency Exit signs are illuminated at each exit.

Suspension of Services

- A. In the event the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.
- B. Patients will be notified that the facility will not be able to provide services.
- C. The facility has pre-identified facilities that can deliver required services. The facilities are listed in Tab 6.

Documentation

- A. During an emergency, documentation should continue for all patients in the process of treatment.
- B. During an emergency, evaluation should be made on whether to start treatment for patients at the facility when treatment has not been initiated. Document decision and plan of care based on patient's condition and facility's ability to provide treatment during the emergency.
- C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency.
- D. Should the Electronic Medical Record ("EMR") not be accessible due to power failure, internet access issues, equipment failure, patient registration and care will be documented on approved downtime forms. Completed forms will be scanned into the patient's EMR when the system has been restored.

Volunteers

- A. Volunteers may be used at this facility consistent with the policy [Volunteer Deployment](#).

V. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number and emergency contact is located at the Front Desk, Radiology Office, Care Team 1, Care Team 2 billing office, the Clinic Director's Office in the Clinic, as well as the District Managers office. Further, a contact list can be found in the Emergency Operations Binder. The designated contact for WestPac Laboratories will be included in the emergency contact list. Key contacts for WSHCD and WSFHC will be provided to WestPac Laboratories and stored with the EOP in the reception area of Building B.
- B. A list of vendors and contact numbers that may be needed during an emergency is attached as Tab 8.
- C. In the event that telephone and cell phone services are not available, alternative communications are available. The communication system equipment is listed in Tab 9 with its location. All alternative communication systems are tested monthly.

External

- A. Call "911" for an emergency that threatens the safety or life of staff, patients, or guests.
- B. This EOP contains the name of corporate and/or ownership persons that must be notified on page 5 section I Organization Information.
- C. This EOP contains a list of all State, County, and City emergency management persons that should be notified in Tab 7.
- D. This EOP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at Tab 6.

Communications with Patients and Guests

- A. During an emergency, Incident Commander and/or designee is responsible for notifying patients and guests about the emergency and what actions to take.

Communications with Healthcare Providers

- A. Only the Incident Commander, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the patient and consistent with HIPAA regulations.

Surge Capacity and Resources

- A. Based on staffing and active cases, this facility may be available to accept patients from other outpatient clinics requiring like services.
- B. As requested by local and regional governmental representatives, the facility will provide excess supplies and/or equipment not needed for their own use.
- C. The District maintains emergency and disaster preparedness supplies in the garage adjacent to the District Office. An inventory of available supplies, is located on the shared drive and inside a binder on the north wall of the temperature-controlled side of the garage.

Requesting Assistance

- A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows:

1. From the corporate, ownership entity
2. From the City, County, and State representatives. These representatives are listed on Tab 7.

VI. TRAINING

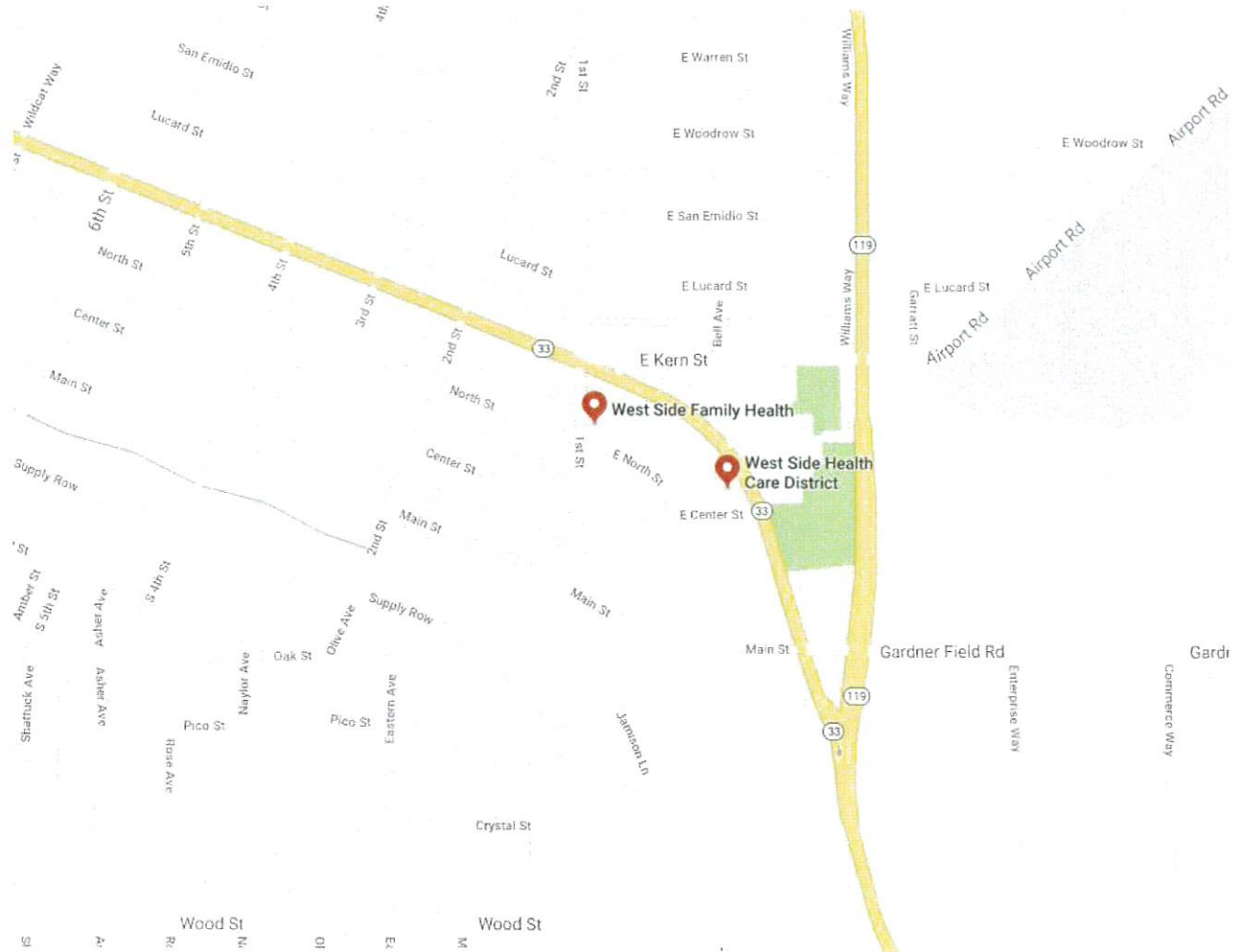
- A. The current staff will be trained on the new or updated EOP at the time of its publication.
- B. All new staff will be trained on the EOP in orientation.
- C. Physicians, and tenants performing services on site and volunteers must be trained on the EOP.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by the Human Resources Department.

VII. TRAINING

- A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based full-scale exercise will be done annually.
- B. In the event that the facility experiences actual natural or man-made emergencies that require activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for one (1) year following the onset of the actual event.
- C. The facility must conduct a second exercise bi-annually. The second exercise can be another full-scale exercise or a tabletop exercise.
- D. After full-scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and update the EOP, if required. Drill reports can be found at Tab 10.

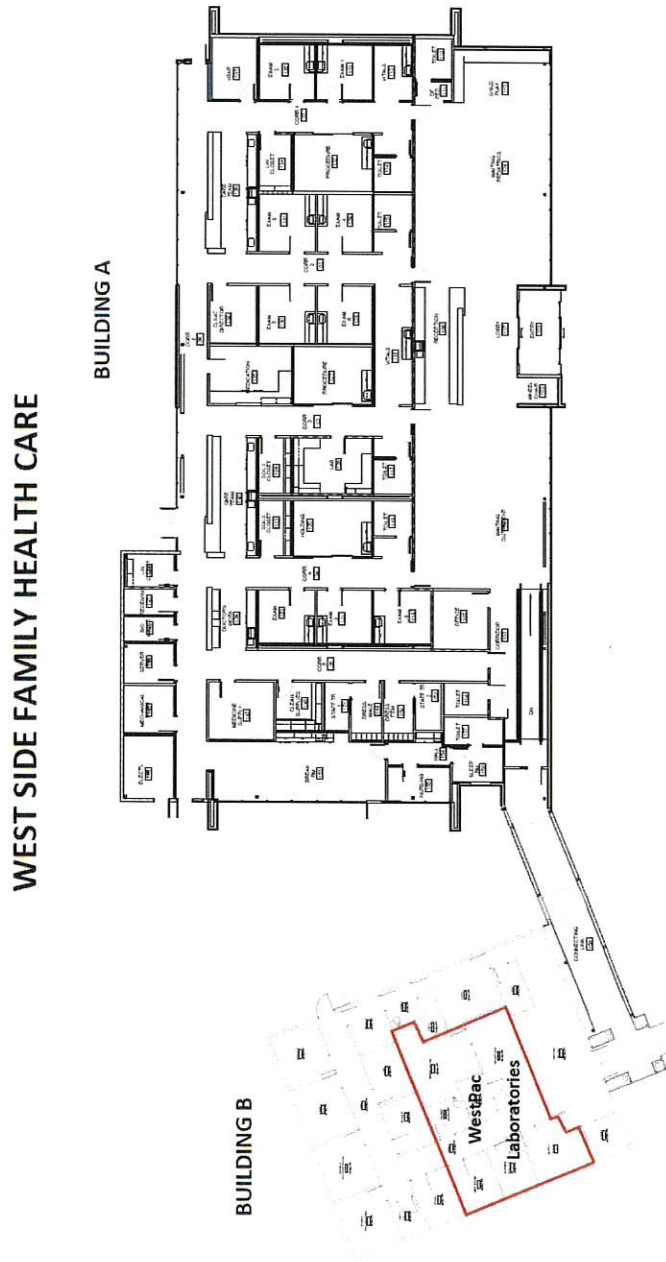
TAB 1

Facility Location Map



TAB 2

Facility Floor Plan



**HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS**

EVENT	PROBABIL ITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERT Y IMPACT	BUSINESS IMPACT	PREPARE D-NESS	INTERNAL RESPONS E	EXTERNAL RESPONS E	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0-N/A 1- Low 2- Moderate 3- High	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	1	1	1	1	0	1	1	9%
Severe Thunderstorm	2	2	1	2	2	2	2	41%
Snow Fall	1	0	0	0	0	0	0	0%
Blizzard	0	0	0	0	0	0	0	0%
Ice Storm	0	0	0	0	0	0	0	0%
Earthquake	3	3	3	3	3	3	3	100%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	3	2	0	1	1	1	1	33%
Drought	3	1	1	0	1	0	0	17%
Flood, External	1	1	1	1	1	1	2	13%
Wild Fire	1	1	1	0	0	0	0	4%
Landslide	0	0	0	0	0	0	0	0%
Dam Inundation	0	0	0	0	0	0	1	0%
Volcano	0	0	0	0	0	0	0	0%
Epidemic	2	2	0	3	3	3	3	52%
AVERAGE SCORE	1.06	0.81	0.50	0.69	0.69	0.69	0.81	8%

*Threat increases with percentage.

17
67

RISK = PROBABILITY * SEVERITY
0.08 0.35 0.23

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGICAL EVENTS**

EVENT	PROBABILIT Y	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 - 100%
Electrical Failure	3	0	1	2	3	3	3	67%
Generator Failure	1	0	1	1	1	1	1	9%
Transportation Failure	0	0	0	0	0	0	0	0%
Fuel Shortage	1	0	0	1	1	1	1	7%
Natural Gas Failure	1	1	1	1	1	1	1	11%
Water Failure	1	2	1	1	2	2	3	20%
Sewer Failure	1	2	1	1	1	1	1	13%
Steam Failure	0	0	0	0	0	0	0	0%
Fire Alarm Failure	1	0	0	1	0	0	0	2%
Communications Failure	2	0	0	2	2	2	2	30%
Medical Gas Failure	0	0	0	0	0	0	0	0%
Medical Vacuum Failure	0	0	0	0	0	0	0	0%
HVAC Failure	3	2	2	3	2	2	2	72%
Information Systems Failure	2	0	0	2	2	2	0	22%
Fire, Internal	1	1	2	2	2	2	2	20%
Flood, Internal	1	1	1	1	1	1	1	11%
Hazmat Exposure, Internal	1	1	1	1	1	1	1	11%
Supply Shortage	2	1	0	2	2	2	2	33%
Structural Damage	1	1	1	2	1	1	1	13%
AVERAGE SCORE	1.16	0.63	0.63	1.21	1.16	1.16	1.11	13%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.13 0.39 0.33

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY Likelihood this will occur	SEVERITY = (MAGNITUDE - MITIGATION)						RISK Relative threat*
		HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPAREDNESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 - 100%
Mass Casualty Incident (trauma)	1	1	0	1	1	1	1	9%
Mass Casualty Incident (medical/infectious)	1	1	0	1	1	1	1	9%
Terrorism, Biological	0	0	0	0	0	0	0	0%
VIP Situation	0	0	0	0	0	0	0	0%
Infant Abduction	0	0	0	0	0	0	0	0%
Workplace Violence	1	1	1	1	1	1	1	11%
Civil Disturbance	1	1	1	1	1	1	1	11%
Labor Action	0	0	0	0	0	0	0	0%
Forensic Admission	0	0	0	0	0	0	0	0%
Bomb Threat	0	0	0	0	0	0	0	0%
AVERAGE	0.40	0.40	0.20	0.40	0.40	0.40	0.40	2%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.02	0.13	0.14

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
		Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = Low or None	0 = N/A 1 = Low 2 = Moderate 3 = Low or None	0 = N/A 1 = Low 2 = Moderate 3 = Low or None	0 - 100%
Mass Casualty Incident (trauma)	1	1	0	1	1	1	1	9%
Mass Casualty Incident (medical/infectious)	1	1	0	1	1	1	1	9%
Terrorism, Biological	0	0	0	0	0	0	0	0%
VIP Situation	0	0	0	0	0	0	0	0%
Infant Abduction	0	0	0	0	0	0	0	0%
Workplace Violence	1	1	1	1	1	1	1	11%
Civil Disturbance	1	1	1	1	1	1	1	11%
Labor Action	0	0	0	0	0	0	0	0%
Forensic Admission	0	0	0	0	0	0	0	0%
Bomb Threat	0	0	0	0	0	0	0	0%
AVERAGE	0.40	0.40	0.20	0.40	0.40	0.40	0.40	2%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.02 0.13 0.14

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS**

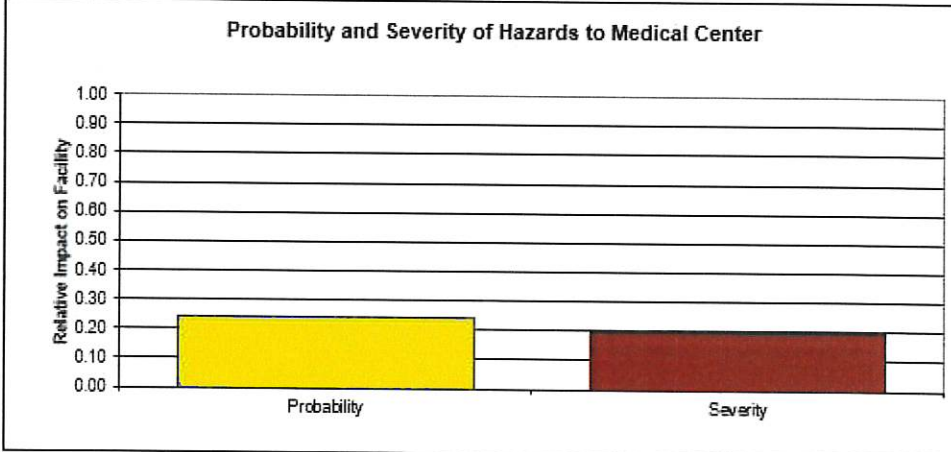
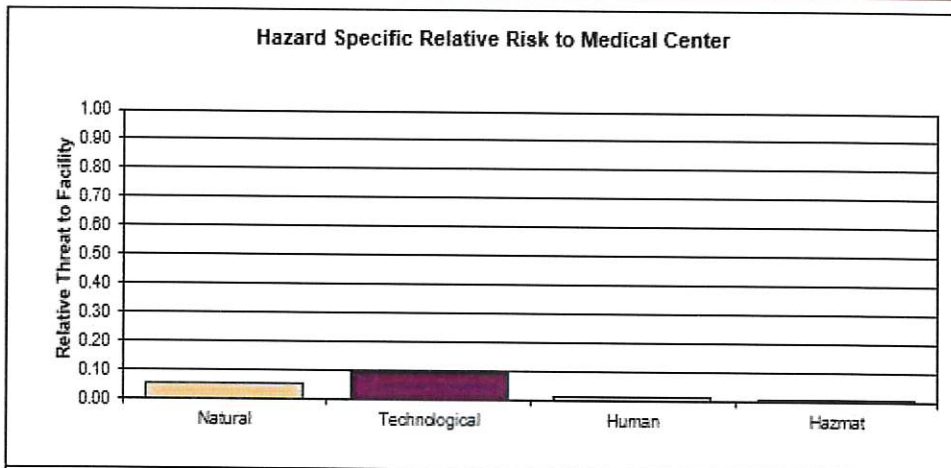
EVENT	PROBABILITY Likelihood this will occur	SEVERITY = (MAGNITUDE - MITIGATION)						RISK Relative threat*
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 - 100%
Mass Casualty Hazmat Incident <i>(From historic events at your NIC with >= 5 victims)</i>	1	1	1	1	1	1	1	11%
Small Casualty Hazmat Incident <i>(From historic events at your NIC with < 5 victims)</i>	1	1	1	1	1	1	1	11%
Chemical Exposure, External	1	1	1	1	1	1	1	11%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	11%
Large Internal Spill	1	1	1	1	1	1	1	11%
Terrorism, Chemical	0	0	0	0	0	0	0	0%
Radiologic Exposure, Internal	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Terrorism, Radiologic	0	0	0	0	0	0	0	0%
AVERAGE	0.67	0.67	0.67	0.67	0.67	0.67	0.67	5%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.05	0.22	0.22

SUMMARY OF CLINIC HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.29	0.33	0.13	0.07	0.24
Severity	0.20	0.29	0.14	0.07	0.20
Hazard Specific Relative Risk:	0.06	0.10	0.02	0.01	0.05

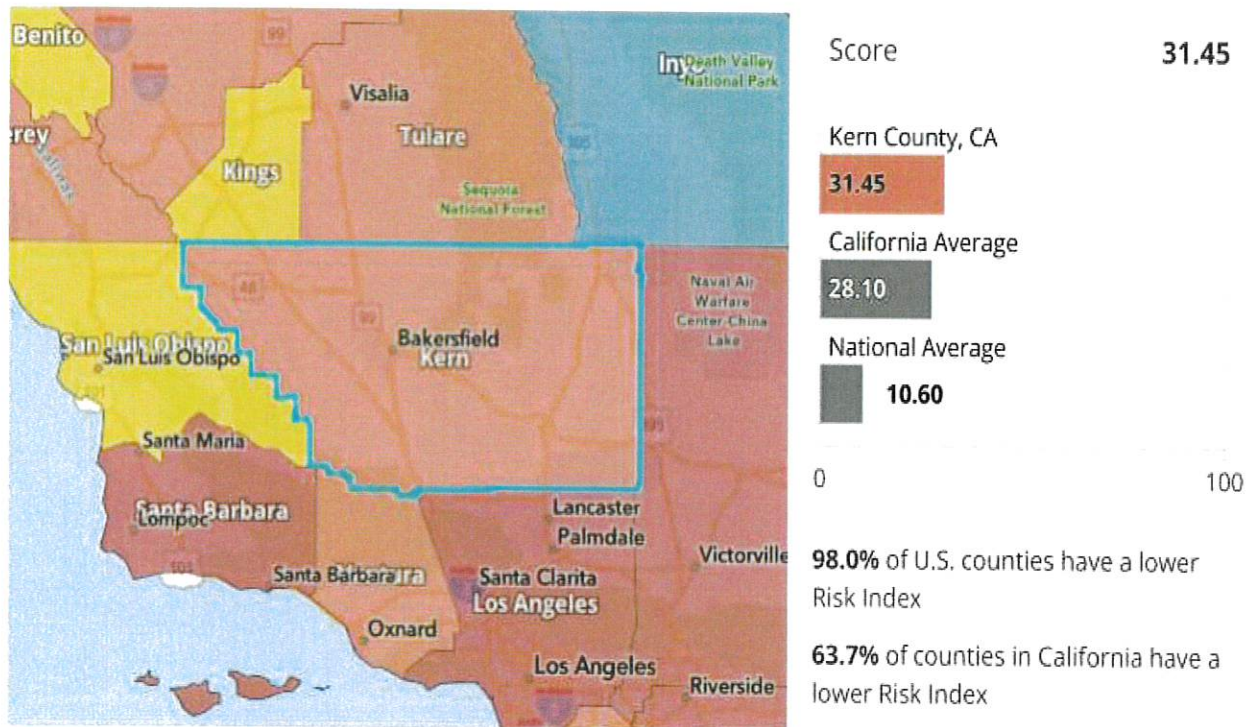


Analysis from the County of Kern has been provided as a comparison to the clinics Hazard and Vulnerability Assessment.

County Risk Index

(Data obtained on 07/19/2022)
Community Report - Kern County, California | National Risk Index

The Risk Index rating is **Relatively High** for Kern County, CA when compared to the rest of the U.S.



Risk Index Legend

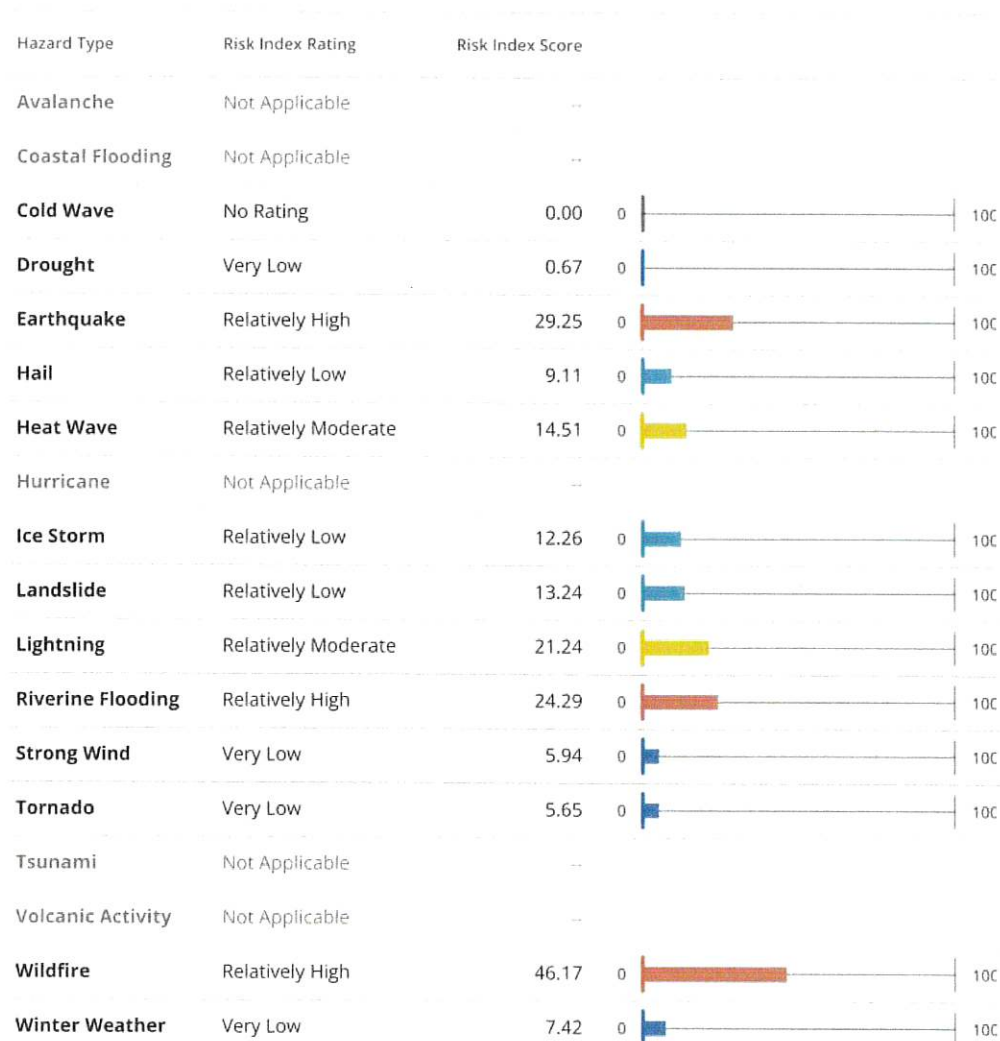
- Very High
- Relatively High
- Relatively Moderate
- Relatively Low
- Very Low
- No Rating
- Not Applicable
- Insufficient Data

<https://hazards.fema.gov/nri/report/viewer?dataLOD=Counties&dataIDs=C06029#SectionRiskIndex>

County Hazard Type Risk Index

(Data obtained on 07/19/2022)

Hazard type Risk Index scores are calculated using data for only a single hazard type, and reflect a community's relative risk for only that hazard type.



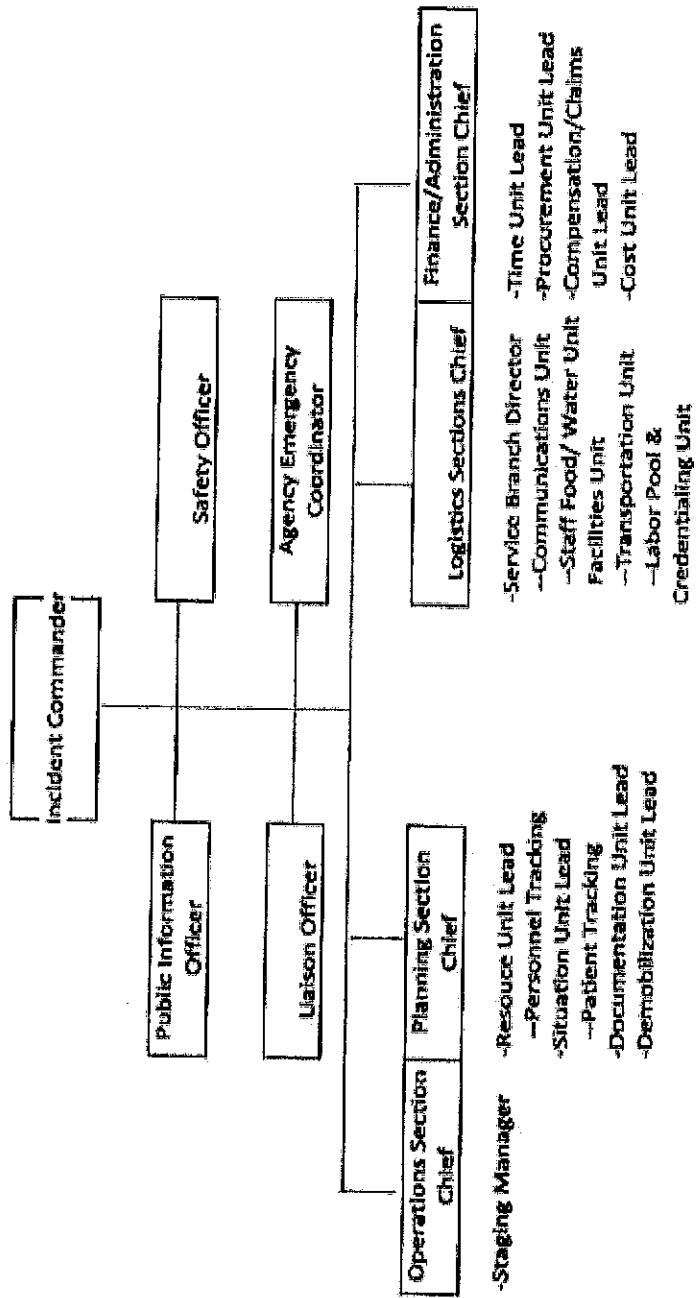
<https://hazards.fema.gov/nri/report/viewer?dataLOD=Counties&dataIDs=C06029#SectionRiskIndex>

TAB 4

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Incident Command	R. Shultz	S. Wood-Luper	
Human Resources	R. Melton	R. Shultz	Some records may be electronic
Logistics	R. Shultz	S. Wood-Luper	
Patient Care Supervision	R. Ostrom, DO	H. Bosma, NP	
Finance Reporting	R. Shultz	R. Melton	Some records may be electronic

Organizational Chart



TAB 5

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
District Leadership/Incident Commander	R. Shultz	R. Melton	S. Wood-Luper	C. Coleman
Human Resources	R. Melton	C. Coleman	C. Coleman	C. Morrow
Finance Tracking and Reporting	R. Shultz	R. Melton	R. Shultz	C. Morrow
Logistics (Supplies)	R. Shultz	R. Melton	S. Wood-Luper	C. Morrow
Communications (to media/community)	R. Shultz	R. Melton	S. Wood-Luper	R. Ostrom, DO

TAB 6

Receiving Facilities

Temporary Evacuation Site	Patient parking lot adjacent to Clinic 100 E North St
Long Term Evacuation Site	District Parking lot adjacent to District Office 119 Adkisson Way, Taft
Hospitals (include contact numbers)	Kern Medical Center 661-326-2000
	Mercy Southwest 661-663-6000
	Memorial Hospital 661-327-4647
	Adventist Health Hospital 661-395-3000
Transfer Agreement Agencies (include contact numbers)	Kern Medical Center 661-326-2000
	Mercy Southwest 661-663-6000
	Memorial Hospital 661-327-4647

TAB 7

State, County, City Governmental Contacts

Agency	Contact Name and Title	Contact E-Mail and Phone
California Department of Public Health		661-336-0543
California Emergency Preparedness Office	California Department of Public Health Emergency Preparedness Office PO Box 997377 MS 7002 Sacramento, CA 95899	916-558-1784
FEMA	FEMA P.O. Box 10055 Hyattsville, MD 20782-8055	Help Line 1-800-621-3362
Centers for Disease Control and Prevention (CDC)		800-232-4636 https://wwwn.cdc.gov/dcs/contactus/form
CAL Fire		916-653-5123
County Department of Public Health		661-321-3000
City Police Department		661-763-3101 OR 911
County Sheriff's Department		661-763-8550 OR 911
County Fire Department		661-765-2155 OR 911
California Highway Patrol		661-764-5580 OR 911
County Medical Reserve Corps	Diane Campbell	661-321-3000

City of Taft		661-763-1222
Omni Family Health		866-707-6664
Dr. Tang		661-765-4124
Dr. Claiborne		661-763-3118

TAB 8

Vendor Listing

Vendor Name:	Vendor Purpose:	Vendor Contact Number:
Allied Medical	Medical Supplies, Medications	661-205-4125
AmerisourceBergen	Mirena, Paragard (IUD's)	800-746-6273
Apria	Oxygen	661-324-4887
Boundtree Medical	Controlled Medications, Emergency Supplies	800-671-9411
Cummins	Generator Maintenance	661-325-9404
Curascripts SD	Nexplanon, Medications, Controlled Substances	877-599-7748
Excellent Fire Protection	Fire Extinguisher Maintenance	661-765-4343
Fastenal	Cleaning Supplies	661-765-2680 661-577-7069
GSK	Vaccines	661-932-3636
Henry Schein Medical	Medical Supplies	559-696-5111 800-4724346
Henry Schein	Medications	661-205-4125 800-472-4346
Henry Schein	Vaccines	661-205-4125 800-472-4346
Kern Print Services	Commercial Printing	661-325-5818
Medline	Medical Supplies Medications	559-287-4635 800-633-5463
MedPro	Biohazard Management	866-924-9339
Merck	Vaccines	877-829-6372
McKesson	Medical Supplies Medications Controlled Medications	855-571-2100
RLH	Fire Sprinkler Maintenance	661-322-9344
Superior Technical Services	Equipment Maintenance	661-203-5757
Sanofi Pasteur	Vaccines	877-829-6372
Tanner Melton	Building Maintenance	661-623-2343
Vaccines for Children	Vaccines	877-243-8832
Vanguard Cleaning Systems	Janitorial Services	661-487-7600 661-332-8134 661-395-3009
WestPac Laboratories	Laboratory Services	1. Holly Eubank: 661-205-

		0174 2. Athena Perez (Phlebotomy Supervisor): 661-444- 1430 3. Rachel Herron (Client Services Supervisor): 661-444-4462 4. Kenneth Killian (WestPac Director): 661-440-3801
--	--	---

TAB 9


Communications Systems/Equipment

Emergency Resources (Include number available)	Location						
Portable radios (6)	<ol style="list-style-type: none"> 1. Clinic Front Desk 2. Care Team #1 3. Care Team #2 4. Radiology Office 5. District Office 6. Clinic Director Office 						
Flashlights	<ol style="list-style-type: none"> 1. Front Desk 2. Care Team #2 3. Clean Utility Hallway C 						

ITEM 6



October 20, 2022

TO: Board of Directors
FROM: Ryan Shultz, Executive Director 
SUBJECT: September General Information

The enclosed information highlights notable activities and projects of West Side Health Care District (WSHCD) and West Side Family Health Care (WSFHC) for the month of September.

- **The clinic reported more than 2100 patient encounters and a Rural Health Clinic Payer Mix of 79%.**
- Management continues to investigate the performance of the HVAC system servicing the clinic lobby. Kern Mechanical Engineering is managing the project and maintaining the HVAC unit.
- Houchin Community Blood Bank held a community blood drive at the clinic on September 20th. More than 50 donors participated in the blood drive donating 43 units of blood. **The next blood drive is scheduled for November 25th.**
- District and Clinic staff are continuing to prepare for the upcoming Rural Health Clinic Re-Accreditation Audit.
- The District's Formal Appeal of its FY 17-18 Reconciliation Audit is scheduled with the California Department of Health Care Services for December 1st. Management continues to work with the CFO and contract attorney to prepare for the appeal hearing.
- **The District and Clinic will participate in the West Side Recreation and Parks District trunk or Treat scheduled for October 27th.**
- **The Clinic completed its Mobile Mammogram Clinic on November 17th. More than 50 patients benefited from the screening service.**

LAW OFFICES OF YOUNG WOOLDRIDGE, LLP
1800 30th Street, Fourth Floor
Bakersfield, California 93301
(661) 327-9661
Facsimile (661) 327-0720

LEGAL REPRESENTATION AGREEMENT
(California Business and Professions Code Section 6148)

This agreement ("Contract") is entered into by and between the undersigned, whether one or more ("Client"), and THE LAW OFFICES OF YOUNG WOOLDRIDGE, LLP ("Attorneys"), as follows:

1. ARBITRATION. Subject to any law, or State Bar Rule, or Kern County Bar Association Rule to the contrary, any dispute arising under or related to this Contract, whether alleged in tort or contract or otherwise, including but not limited to Attorneys' alleged performance or nonperformance hereunder, Attorneys' alleged legal malpractice, Attorneys' alleged unnecessary or unauthorized or improperly or negligently or incompetently or fraudulently rendered legal services ("Claim"), may, at the election of Attorneys or Client, be referred to arbitration for resolution in accordance with California law, and any decision rendered in such proceeding shall be final and binding upon the parties, and a Court of competent jurisdiction may enter judgment thereon. It is understood that any Claim will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this Contract, by entering into it, are giving up their constitutional right to have any such Claim decided in a court of law before a jury, and instead are accepting the use of arbitration, in the belief that a private arbitration proceeding is a better vehicle to quickly and efficiently resolve any such Claim in a fair and equitable manner.

2. CONDITIONS. This Contract will not take effect, and Attorneys will have no obligation to provide legal services, until Client returns a signed copy of this Contract and pays the retainer fee, if any, called for on the attached Compensation Schedule incorporated herein by this reference and made a part hereof.

3. SCOPE AND DUTIES. Client hires Attorneys to provide general counsel legal services, and any other services the Client may require and that Attorneys may agree in writing to provide for Client. It is understood that such services will involve, by way of example, attendance (either by virtual means or by physical attendance) at Client Board meetings upon Client's request (which request Client will endeavor to make within a reasonable amount of time prior to the subject Board meeting). Attorneys shall provide those legal services reasonably required to represent Client, and shall take reasonable steps to keep Client informed of progress and to respond to Client's inquiries. Client shall be truthful with Attorneys, cooperate with Attorneys, keep Attorneys informed of developments, abide by this Contract, including, in particular, paying Attorneys' bills on time, calculated as set forth in the attached Compensation Schedule, and keep Attorneys advised of Client's current address, telephone number, and whereabouts. Client's designated agent and point of contact for communications from and with Attorneys will be the Client's Executive Director.

4. **ATTORNEYS' COMPENSATION.** Attorneys will be compensated at the rate of \$200 per hour for time spent by Mark Bateman at Client board meetings when doing so remotely (e.g., by telephone or a virtual meeting platform such as zoom). For in-person attendance at board meetings and all other services hereunder, Attorneys shall be compensated as set forth on the attached Compensation Schedule. Client understands Attorneys charge for their time in increments of not less than one-tenth (.1) of an hour. In addition, Client will reimburse Attorneys the reasonable charges required for the proper handling of the Client's matter, including, but not limited to, charges for process servers, filing fees, court reporters, messengers, investigators, consultants, expert witnesses, long distance phone calls, telecopy transmissions ("Fax"), photocopying, travel and computer usage.

5. **STATEMENTS.** Attorneys shall send Client periodic statements for fees and costs incurred. Each statement will be due within 15 days of its mailing, provided, any unused retainer fee on deposit may be withdrawn and credited against client's monthly statement(s) upon mailing. Client may request a statement at intervals of no less than 30 days. If such request is made, a statement will be provided within 10 days thereafter. Unless Client objects to any such statement within 30 days of receipt, it will be presumed to be correct. A time priced service charge will be made on all accounts over 30 days old at the rate of 1.5% per month, or 18% per annum.

6. **LIEN.** Client hereby grants Attorneys a lien on any and all claims or causes of action that are the subject of Attorneys' representation under this Contract. Attorneys' lien will be for any sums due and owing to Attorneys at the conclusion of Attorneys' services. The lien will attach to any recovery Client may obtain, whether by arbitration award, judgment, settlement, or otherwise, and to any funds or other property of Client in the possession of Attorneys.

7. **DISCHARGE AND WITHDRAWAL.** Client may discharge Attorneys at any time upon giving written notice to Attorneys. Attorneys may withdraw with Client's consent or for good cause. Good cause includes Client's breach of this Contract, including but not limited to Client's failure to timely pay Attorneys' bills, Client's refusal to cooperate with Attorneys or to follow Attorneys' advice on a material matter, or any other fact or circumstance that would render Attorneys' continuing representation unlawful, unethical, or ineffective.

8. **DISCLAIMER OF GUARANTEE.** Nothing in this Contract and nothing in Attorneys' statements to client will be construed as a prediction, promise or guarantee about the outcome of Client's matter. Attorneys make no such predictions, promises or guarantees. Attorneys' comments about the outcome of Client's matter are expressions of opinion only.

9. **COURT ORDERED ATTORNEYS' FEES.** In the event the court orders an adverse party to pay Client's attorney fees, Client's responsibility hereunder will not be in any way modified. However, should the adverse party actually make payment to Attorneys, an appropriate credit will be allowed to Client. Attorneys to be compensated by client as aforesaid for efforts to enforce/collect any such order.

10. **CASE FILE.** At any reasonable time Client, at Client's expense, payable in advance, may obtain copies of Client's file from Attorneys. Furthermore, unless the file is

then active, said file may be destroyed upon the expiration of ten (10) years following the Effective Date below.

11. AMBIGUITY. Neither this Contract nor any ambiguity hereunder shall be construed against the party drafting it but shall be construed fairly and equitably as though it was the joint product of the parties.

12. ENTIRE AGREEMENT. This Contract contains all of the agreements, representations and conditions made between the parties hereto and may not be modified orally or in any other manner than by an agreement in writing signed by the parties hereto or their respective successors in interest.

13. EFFECTIVE DATE. This Contract shall be effective from and after October __, 2022.

ATTORNEYS:

THE LAW OFFICES OF YOUNG WOOLDRIDGE, LLP

By: 

Mark R. Bateman, Esq.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY CLAIM DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Client may rescind this contract by giving written notice to Attorneys within 30 days following Client's signature date below, provided, Client will be obligated to pay the reasonable value of all services previously rendered.

I have read and understand the terms of this agreement and have received a copy of the same this date.

WEST SIDE HEALTH CARE DISTRICT,
a public health care district

DATED: _____, 2022

By: _____
Ryan Shultz, MSHCA,
Executive Director

COMPENSATION SCHEDULE
Business Department
(Effective January 1, 2022)

A. HOURLY RATES FOR LEGAL PERSONNEL

Partner	\$300.00
Senior Attorney	\$250.00
Associate II	\$235.00
Associate I	\$225.00
Law Clerk	\$215.00
Paralegal	\$180.00

B. RETAINER FEE. Concurrently herewith Client will pay to Attorneys a Retainer Fee of **\$0.00**, and Client will replenish said Retainer Fee from time to time upon request by Attorneys. This Retainer Fee shall be used for:
Inapplicable

// Minimum Fee - Non-Refundable - "Pure Retainer".

// Credit Against Services. (Any unused funds to be refunded to client)

// "Flat Fee" for Specific Services, to wit:

// Hourly rate