
	SOP-111 (Ver. 5) Medical Program
Standard Operating Procedure (SOP)	Effective: 1/25/2022 Supersedes: 11/02/2020
Approved By: James D. Herberg General Manager 	

I. Purpose

This overview of the Medical Program is applicable to Orange County Sanitation District (OC San) facilities and other locations where OC San employees are performing work. This procedure describes the medical program features. Topics include pre-employment physical examination, occupational injury and illness management, provisions for performing and providing first aid, emergency medical procedures, and medical surveillance programs.

The Medical Program is designed to meet Cal/OSHA requirements for medical monitoring, first aid/AED/CPR, injury treatment, return to work evaluation, emergency services, wellness programs, and recordkeeping.

II. Definitions/Acronyms

Automatic External Defibrillator (AED) – A portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and can treat them through defibrillation, the application of electrical therapy with stops arrhythmia, allowing the heart to reestablish an effective rhythm.

Bloodborne Pathogen (BBP) – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cardiopulmonary Resuscitation (CPR) – an emergency procedure that combines chest compressions often with artificial ventilation to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. It is recommended in those who are unresponsive with no breathing or abnormal breathing, for example, agonal respirations.

Emergency Medical Services (EMS) – a type of emergency service dedicated to providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency. Emergency medical services may also be locally known as emergency squad, rescue squad, ambulance squad, ambulance service, or paramedics.

First Aid – Providing basic care for injuries and sudden illnesses until advanced medical care can be rendered.

Good Samaritan Law – Gives legal protection to people who in good faith, and not for compensation, provide emergency care to ill or injured persons. Good Samaritans are required to use common sense and a reasonable level of skill not to exceed their training in emergency situations.

Health Insurance Portability and Accountability Act (HIPAA) – national standards for protecting an individual's privacy of personal health information.

Medical Response Team (MRT) – group of OC San volunteers who have been trained in CPR, AED, First Aid and Oxygen Administration. There are two levels of team members; this is specific to training and certifications received. Qualifications for team leadership roles are determined by current team leaders and the Risk Management Division including an individual's interest to be a part of the leadership, and their medical emergency training and volunteer history.

Sudden Cardiac Arrest – results when the heart abruptly and, without warning, stops working, which prevents blood from being pumped to the rest of the body. Sudden cardiac arrest usually causes death if not treated within minutes. A cardiac arrest is different from a heart attack or myocardial infarction, where blood flow to the still-beating heart is interrupted. People with heart disease have a higher chance of having cardiac arrest, but SCAs occur in people who appear healthy and have no known heart disease or other risk factors. Research has demonstrated that educating and training in CPR/AED and immediate actions to take during an SCA improves the chance of survival.

Universal Precautions – An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other blood borne pathogens.

III. Roles and Responsibilities

A. Risk Management is responsible for:

1. Implementation and management of the various aspects and elements of the Medical Program.
2. Communication as needed with all department heads and supervisors regarding the implementation of this program.
3. Assisting management in implementation of the various aspects and program requirements described in this and related procedures.
4. Processing and/or filing and maintaining of written information with attention to regulatory requirements and employee privacy issues.
5. Interaction with employees or other workers as needed to ensure that they have access to the various provisions of the Medical Program.
6. Coordination with third-party medical service providers and worker's compensation representatives and third-party administrators.
7. Providing medical records and exposure monitoring reports related to potential exposure to, or monitoring of, toxic substances or harmful physical agents in the workplace.

B. Management/Supervisors are responsible for:

1. Informing the Safety & Health Supervisor and/or Human Resources Manager when an employee or worker in their area of responsibility has been injured or needs medical evaluation.
2. Informing the Safety & Health Supervisor and Human Resources Manager of any questions or concerns expressed by employees regarding potential work-related medical issues, injuries, or illnesses.
3. Coordination with the Safety & Health Supervisor and Human Resources Manager for medical service provider appointments and collection/review of any subsequently issued forms, reports, or other documentation received from medical service providers. Examples include work restriction notifications, diagnoses from medical service providers, other written opinions, or correspondence. Such documentation and information shall be maintained confidential as required by OC San document control and retention policies.
4. Ensuring that employees and workers in their area of responsibility are aware of, and attend, any scheduled appointments for medical surveillance or medical treatment.

C. Security and Emergency Planning Specialist is responsible for:

1. Determining the Medical Response Team training needs.
2. Facilitate communication between the Medical Response Team.
3. Develop procedures for managing medical emergencies and unit operating rules.
4. Review Medical Response Team needs for equipment and requesting new equipment, as necessary.
5. During large scale emergencies, follow the Central Command System, and direction from the Central Commander.
6. Ensure duties as described in the Integrated Emergency Response Plan are observed.
7. Shall implement and oversee the use, care, inspection, and maintenance of automatic external defibrillator.

D. Employees and workers are responsible for:

1. Following all rules and instructions for injury and illness reporting.
2. Attending, in a timely manner, all appointments relative to occupational medical treatment or evaluation.
3. Providing paperwork from medical service providers to their supervisor or OC SAN Human Resources (HR) representative including written assessments, diagnoses of occupational medical conditions or injury assessments, treatment plans, prescription medications, and instructions for limited or restricted work. The HR representative will then notify the employee's supervisor of their employee's status.

4. Cooperating during incident investigations or follow-up relative to events in which they were involved or which they witnessed.
5. Informing supervision and/or the Safety & Health Supervisor and Human Resources Manager of any questions, concerns, or observations they have regarding injuries, illnesses, medical follow-up, or return to work issues.

E. Medical Response Team is responsible for:

1. Each member of the Medical Response Team (MRT) is expected to abide by the concept of Universal Precautions when exposed to body fluid and other potentially infectious materials. Refer to the Bloodborne Pathogens Program for further guidance.
2. The MRT is made up of volunteers, who, with the permission of their supervisor, have agreed to volunteer for at least three (3) years and attend all required trainings, exercises, and meetings. At the end of three (3) years the Team Member may volunteer for three (3) more years or for a shorter term, again with the approval of their immediate supervisor.
3. MRT volunteers are provided with the necessary tools and equipment, commensurate with their training; in addition, the volunteer must meet the following minimum physical requirements:
 - a. Ability to carry a medical responder backpack up to 20 pounds.
 - b. Can climb stairs and ladders.
 - c. Work in a kneeling position.
 - d. Use scissors and tweezers.
 - e. The ability to read and write.
 - f. Wear all required Personal Protective Equipment and comply with the Bloodborne Pathogens Program.
4. When providing medical care, MRT members will stay within their OC San authorized certification, scope of practice and follow the protocol mandated by Orange County Health Care Agency, as taught in their First Aid/CPR courses.
5. During a medical response that involves a personal medical issue, that is not work related, MRT volunteers must follow HIPAA guidelines to protect the individual's privacy. In the case of a work-related medical response, continue to protect the individual's privacy and only provide information to staff who have a need to know.
6. MRT members must attend required training and maintain their certifications, including Title 22 First Aid, and CPR/AED Training to remain qualified for continued membership on the team.
7. MRT members shall advise Risk Management of inability meet training requirements and arrange makeup attendance within the required time frame to maintain certification. (This may require offsite, individual training).
 - a. Shall miss no more than one quarterly Medical Team meeting per year; missing two consecutive meetings without advance notice may be cause for

dismissal. The MRT Team Supervisor shall be notified in advance of any absences.

- b. All issued medical equipment shall be returned to Risk Management upon dismissal from the team.
8. OC SAN management may remove members from the MRT based upon OC San needs. If it is determined through a fit for duty exam that a member or potential member is unable to meet the minimum physical requirement to satisfy the basic physical needs for this role, they will no longer be able to participate until they can meet the physical requirement, or the individual may resign from the Team.
9. OC San does not support or endorse any training that is beyond the emergency medical training provided to the MRT.
10. The team shall consist of no more than 40 members.
11. The organization of the Medical Team is designed to support “inter-agency” incident responses as well as supporting the Incident Command System. If outside public health agencies respond to OC San, the MRT will act in a support role.
12. It is encouraged for the MRT to make recommendations of potential candidates based on team and OC San need. Potential candidates will be reviewed and approved by Risk Management. Selections may be made based on location and shift to make reasonable efforts to ensure maximum MRT coverage.

IV. Procedure

A. Medical Program Description

1. OC San provides medical services and programs for all employees. The Medical Program Administrator is Celia Chandler, Director of Human Resources.
2. Cal/OSHA has promulgated various regulations to protect and improve the health and safety of workers. Based on the implementation of the medical requirements within comprehensive safety policies, OC San complies with the medical program provisions of Cal/OSHA.
3. Medical services and programs include pre-employment physicals, first aid/AED/CPR training, injury treatment, return to work evaluation, emergency services, and wellness programs. Information on these programs can be found in the following procedures:
 - a. Human Resources Policy 1.3 Workplace Violence and Weapons
 - b. Human Resources Policy 3.3 Leave-of-Absence with Pay
 - c. Human Resources Policy 3.4 Leave-of-Absence Without Pay
 - d. Human Resources Policy 5.20 Substance Abuse
 - e. Human Resources Policy 5.21 Smoking
 - f. SOP-106 Hearing Conservation Program
 - g. SOP-109 Respiratory Protection Program
 - h. SOP-110 Radiation Safety Program

- i. SOP-112 Integrated Emergency Response Program
- j. SOP-113 Bloodborne Pathogen
- k. SOP-121 Asbestos
- l. SOP-122 Lead
- m. SOP-203 Ergonomics
- n. SOP-207 Hexavalent Chromium

B. Emergency Medical Services

1. Emergency medical services are summoned by calling the Plant 1 Control Center or the Plant 2 Operations Center from any plant phone or cell phone. Emergency notification can be made by dialing 2222 from any OC San landline, which will connect the caller to either Plant 1 Control Center or the Plant 2 Operations Center depending upon the location the person called from. If notification needs to be made while employees are offsite or from a cell phone, they can dial either Plant 1 emergency line at (714) 593-7133 and Plant 2 emergency line at (714) 593-7677 to report emergencies.
2. Assistance from 911 will be summoned and the Medical Response Team (MRT) will be summoned by radio or other means. OC San uses the following hospitals for emergency medical care:
 - a. Fountain Valley Regional Hospital
17100 Euclid Avenue, Fountain Valley, California 92708
(714) 966-7200
 - b. Hoag Hospital
One Hoag Drive, Newport Beach, California 92663
(949) 764-4624
3. Emergency medical services provided by city paramedics and contracted ambulance services will transport to the closest available hospital in the event of an emergency. The OC San emergency medical plan for mass casualty accidents is in the Integrated Emergency Response Program.

C. Non-Emergency Services

1. For non-emergency medical attention, employees must report any injury immediately to their supervisor. Arrangements will be made for the employee to be evaluated by one of the following off-site occupational health clinics:
 - a. Memorial Care
17762 Beach Boulevard, Huntington Beach, CA 92647
(714) 848-0080
 - b. ProCare
17232 Red Hill Avenue, Irvine, CA 92614
(949) 752-1111
2. Off-site occupational health clinics will be assessed annually by OC San's Workers' Compensation Third-Party Administrator (TPA). The assessment will be conducted to verify that the clinics can continue to support the expected services. The assessments will be documented accordingly.

3. If the injured employee and their supervisor determine that the employee's injury does not impair them from operating a vehicle, then they are authorized to drive themselves for off-site medical care. If the employee does have an injury that would impair them from safely operating a vehicle, then the employee's supervisor shall assign an OC San employee to drive them for treatment. An OC San vehicle is to be used to drive them to either an approved Clinic or a local hospital if their wounds are not so severe to require transportation by ambulance. OC San may elect to use a different means (i.e., use of emergency contact, supervisor) of transportation depending on the nature of the incident.

D. First Aid

1. All employees have access to first aid supplies for their personal use in the event of a minor injury.
2. Employees must report all injuries immediately to their supervisor and are presented with this requirement repeatedly in training and on notices.
3. Supervisors may choose to direct the employee to seek further evaluation based on the nature of the injury if they suspect it is beyond first aid.
4. First aid kits, which are maintained and inspected every other month, are located throughout OC San fixed facilities and Collection's vehicles.
5. Eye wash and drench showers, which are maintained and inspected regularly, are located near chemical handling and battery areas.
6. First aid kits and AEDs at various Plant 1 and Plant 2 locations are identified on a map which is available in the Map Library of my OC San.

E. Automatic External Defibrillator (AED)

1. OC San provides automatic external defibrillators (AED) to provide a rapid response to sudden cardiac arrest for employees, service providers, and guests.
2. Personnel operating an AED must have a current certification in CPR/BBP training, AED training equivalent to that recommended by the American Heart Association, American Red Cross, and training in the use of the AED unit on site. The MRT members will be trained to operate the AED.
3. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing. Post-resuscitation, if the victim is breathing, the AED must be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver treatment.
4. Procedure
 - a. AED operator shall always assess scene safety to make sure that the scene is free of hazards to them or the victim. This can include electrical dangers, chemicals, harmful people, traffic, or flammable materials.
 - b. AED operator shall determine if the patient is unresponsive and not breathing. AED shall be applied and operated following instructions and training.

5. Post Incident Procedure

- a. Take the defibrillator to the Security and Emergency Management Specialist post-incident for downloading data from internal memory. The rescue data will be provided to the Physician.
- b. Check the defibrillator and replace any used supplies as soon as possible following the event so that the defibrillator may be returned to service. Perform the after-patient-use maintenance on the defibrillator.
- c. Complete the incident debrief and incident report and attach it to the Cority Incident report once completed, submit it to the Risk Management Division and a copy will be provided to the Physician.

6. Inspection

- a. Inspect the exterior, pads connector port or pads cartridge well for dirt or contamination.
- b. Check supplies, accessories and spares for expiration dates and damage.
- c. Check operation of the defibrillator by removing and reinstalling the battery and running a battery insertion test.
- d. Close the lid and verify that the STATUS INDICATOR on the handle is GREEN.
- e. Each person who has an AED assigned to them shall perform a monthly check. This includes the AED's assigned to a building (will be assigned per their location).
- f. The Maintenance Log will be checked at each MRT meeting or randomly by Risk Management.
- g. Supplies that are included with each AED are: CPR barrier, scissors, gloves, and razor, extra set of pads and towel or gauze.

7. Interferences

- a. Radio Frequency (RF) from cellular phones, CB radios and FM 2-way radio may cause incorrect rhythm recognition and subsequent shock advisory. When attempting a rescue using the AED, do not operate wireless radiotelephones within 1 yard (3 feet) of the AED – turn power OFF to the radiotelephone and other like equipment near the incident.
- b. Possible Interference with Implanted Pacemaker Therapy should not be delayed for patients with implanted pacemakers and a defibrillation attempt should be made if the patient is unconscious and not breathing. The AED has pacemaker detection and rejection, however with some pacemakers the AED may not advise a defibrillation shock.
 - 1) Do not place the pads directly over an implanted device.
 - 2) Place the pad at least an inch from any implanted device.

F. Medical Surveillance

1. The following types of medical surveillance exams are offered at no cost to the employee and are tailored based on the occupational hazard exposure being monitored:

a. Baseline Examination or Pre-Employee Health Screening

- 1) All applicable employees shall be given a baseline examination before being assigned to work with respirators or in areas containing potentially hazardous or Cal/OSHA regulated substances above established threshold limit values (TLV).
- 2) Pre-employment health screenings will be scheduled by the Human Resources Division post-offer of employment by OC San. All health screenings are carried out by physicians or other licensed health care providers and all medical records are to remain confidential.

b. Periodic Examination (Annual, Biennial, or as determined by the employee based on their role, by physician or by regulation)

- 1) All personnel who have taken the baseline examination and have received clearance by the Examining Physician to participate in activities that may potentially result in exposure shall be reexamined annually or more frequently depending on the exposure and associated regulatory requirement. The date of each annual examination should fall on or be scheduled as closely as possible to the anniversary of the previous examination.
- 2) Any employee who has not participated in potentially hazardous work, or who is no longer required to use a respirator, during the 12-month period following the last annual examination and who does not expect to continue to participate, may discontinue participation in the medical monitoring program. Risk Management must be advised and consent to this change. The employee must be cleared by the Physician and not had exposure Cal/OSHA regulated carcinogens during this period.

c. Occupational Exposure / Possible Occupational Exposure

- 1) Special testing may be required on certain projects due to the potential for exposure to specific substances. Emergency testing may be necessary in the event of employee exposure. The need for special testing will be assessed by the RM/EHS Director on an ongoing basis.
2. Medical surveillance for hearing conservation baseline and annual audiometric tests, and pulmonary function and fit testing for the respiratory protection program are accomplished using a mobile testing service or the above listed non-emergency services.
3. Other types of medical surveillance are handled through communication with Risk Management.

G. Regulatory Compliance

1. OC San will implement the medical surveillance requirements of Cal/OSHA for the following category of hazards as applicable: Arsenic (Inorganic), Asbestos (General Industry), Asbestos (Construction), Bloodborne Pathogens, Cadmium, Carcinogens (Suspect), Chromium (VI) or Hexavalent Chromium, Compressed Air Environments, Diving Operations, Ethylene Oxide, Formaldehyde, Hazardous Chemicals in Laboratories, Lead, Noise, Respirable Silica, or Respiratory Protection.

2. Cal/OSHA has a regulatory standard for repetitive motion injuries which has been issued (8 CCR 5110). OC San follows this regulation for its ergonomic program, SOP-203.

H. Respirator Certification

1. All employees must have the appropriate medical clearance prior to respirator fit testing and use of any respiratory protective equipment. Refer to the Respiratory Protection Program SOP-109 for more details.

I. Wellness Programs

1. Annual Health Fair

- a. OC San offers annual interactive Health Fairs at Plant 1 and Plant 2, during which employees can gain health education and learn about their benefits by interacting and engaging with health insurance providers and other vendors offering health-related products and services.
- b. Health screenings for longevity, early detection and biometric screening are also available.

2. Vaccinations

- a. Employees may obtain flu shots annually at the Health Fair at no cost. Flu shots may also be provided outside of the Health Fair during flu season.
- b. Vaccinations are offered to employees for Hepatitis A, Hepatitis B and Tetanus.

3. Health Education

- a. A variety of onsite seminars and classes are offered throughout the year to provide health and wellness education, tips, and lifestyle skills to employees. Classes and seminars are advertised to employees as they come up throughout the year.

4. Wellness Events

- a. OC San hosts a variety of wellness activities for interested employees to participate in, including the American Red Cross blood drives, early detection health screenings, and walking events. Events are advertised to employees throughout the year as they come up.

5. Onsite Gyms

- a. An onsite gym is available for employees at Plant 1 and Plant 2. The gym is provided at a nominal membership fee in accordance with Human Resources Policy 5.4 Employee Participation in Athletic and Recreational Activities on Off-Duty Time.

6. Walking Paths

- a. Walking paths are available at Plant 1 and Plant 2. Employees may utilize them during breaks and lunch periods.

7. Stretching

Subject: Medical Program

- a. OC San encourages employees stretch to prevent musculoskeletal injuries from occurring. Stretching is voluntary. Risk Management recommends pre-shift warm up stretches, which are to be led by the supervisor or designee. The stretches are not to replace any medical care or medical advice given by an employee's physician. Employees shall know their limit and only stretch within their body's physical limitations.
- b. Employees reporting or who have any of the following conditions, shall cease stretching and consult their physician before resuming exercise:
 - 1) Lack of joint movement
 - 2) Joint inflammation
 - 3) Neuropathy
 - 4) Bone disease
 - 5) Prolonged use of steroids
 - 6) Untreated hypertension
 - 7) Nerve root damage or radiation pain
 - 8) Pregnancy
- c. The total duration of pre-shift warm-up stretching should take about 5-10 minutes to complete, depending on the stretches chosen.

V. Access to Medical Records

A. Right to Receive Exposure/Medical Information

1. In accordance with Title 8 CCR 3204, the following individuals and organizations have the right to receive copies of medical monitoring exposure, analysis based on exposure and medical records:
 - a. Employees (current and former)
 - b. Representatives of current or former employees:
 - 1) Holding employee's written authorization to represent,
 - 2) Their recognized collective bargaining agent. The collective bargaining representative must have written authorization to access the employee's medical records
 - 3) Legal representatives of those employees that are:
 - a) Deceased, or
 - b) Legally incapacitated
 - c. Representatives of Cal/OSHA

B. Records Covered

Subject: **Medical Program**

1. All records covering environmental monitoring, biological monitoring results (excludes results, which assess the biological effect), Safety Data Sheets (SDS) and chemical inventories.
2. Employee medical records such as questionnaires, examination results, laboratory test, medical opinions, and diagnosis, first aid records, employee treatment and employee complaints.

C. Retention of Records

1. All medical records will be retained for 30 years following the employee's employment termination date.
2. Exception: An employee who has worked for less than one year may choose to receive his/her medical records. If choosing to receive these medical records, the employee must sign an acknowledgement of receipt of the records, citing Title 8, CCR Section 3204.

D. Obtaining Records

1. Employees or designated representatives have the right to receive one copy of medical records after provided Human Resources with a written authorization.
2. A Request for Medical Records form can be obtained through Risk Management. Authorization contains the following:
 - a. Name and signature of the employee.
 - b. The date of the request/authorization.
 - c. The name of the individual or organization authorized to release the medical information.
 - d. The name of the individual or organization authorized to receive the released information.
 - e. A general description of the medical information that is authorized to be released.
 - f. A general description of the purpose for release of the medical information and a date or condition upon which the written authorization will expire.
3. A copy of the requested medical records is provided without cost.
4. Employees who access medical records shall be trained in the Access to Medical Records course.

VI. Emergency Medical Training

- A. Employees who volunteer to provide emergency medical aid shall be trained in Advanced First Aid following the training guidelines outline in Title 22 CCR §100023. This includes patient care, first aid and CPR procedures, recognition of the hazards associated with injury/treatment, site safety and bloodborne pathogens/universal precautions, and protective equipment to minimize the risk of an accident or exposure.
- B. Employee training shall be documented with respect to the specific equipment and tasks for which the employee is qualified. Classroom training is a useful way to ensure

that employees share a common level of basic knowledge on which to build specific training.

- C. OC San has determined that MRT members shall be trained at the advanced level outlined in Title 22 CCR §100023. Refresher training will be provided at least quarterly. Employees will be retrained in first aid and CPR every two years.
- D. At no time shall an MRT member perform or provide any medical treatment he/she has not been trained or authorized to provide. If an MRT member is found working outside of his/her level of training and scope he/she may be subject to disciplinary actions, up to and including termination as well as personal liability for gross negligence.
- E. The training materials for the MRT can be made available by Risk Management. Employee training records include employee name, instructor name, training date, and test score, if applicable. Employee training records are maintained in the computerized Training Management System Database.

VII. Recordkeeping

All records created or generated during this procedure shall be legible and stored in a way that they are readily retrievable in facilities or electronic document/content management systems that provide a suitable environment to prevent damage, deterioration, or loss. Records may be in the form of any type of media, such as hard copy or electronic media. The OC San Records Retention Schedule is the official procedure governing the retention, retirement, and destruction of District records. Document owners should use these schedules to determine the item and series that best fit their records. Document owners are responsible for ensuring that documents are properly marked, indexed, and filed for their projects or area of responsibility.

Medical records of employees, such as medical diagnoses, first aid records, and medical exam results, are retained for the duration of the employee's employment plus thirty years. Exposure records of employees that are exposed to toxic substances or harmful physical agents are retained for a minimum of thirty years. Medical and exposure records are confidential as protected health information and are available to OC San employees, their designated representatives, and to Cal/OSHA for review and/or copying through Risk Management.

VIII. References

CA Health & Safety Code § 1799.102 – “Good Samaritan Law”

Title 22 CCR §100023. Advanced First Aid and CPR for First Responders

Title 8 CCR §3204. Access to Employee Exposure and Medical Records

IX. Revision History

Version	Date	By	Reason
0	04/18/2003	Reed, Jeff	New Policy
1	04/31/2006	Saum, Jeremy	Periodic Update
2	05/04/2010	Ray, Ellen	Periodic Update
3	10/03/2010	Ray, Ellen	Periodic Update
4	05/14/2012	Tetsch, Gina	Periodic Update
5	06/22/2020	Frattali, John	Periodic Update – Refer to Program Change Log
6	12/07/2021	Ventanilla, Sheri	Annual Program Review – Refer to Program Review Findings change log