

SAINT ALPHONSUS MEDICAL CENTER
ONTARIO

ALLIED HEALTH
PROFESSIONALS
AND
NAPES

ALLIED HEALTH PROFESSIONALS AND NAPES *TABLE OF CONTENTS*

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PART A: APPLICABILITY AND DEFINITIONS

This Article applies to individuals described in the following categories who are not physicians, dentists or podiatrists and who continuously meet the qualifications and requirements reflected in this Article.

PART B: INDEPENDENT ALLIED HEALTH PROFESSIONALS.

Persons in this category, depending upon their licensure and approved privileges, shall provide patient care services with appropriate levels of supervision as required by state law in coordination with physician members of the Medical Staff.

1. Qualifications of Independent Allied Health Professionals.

Each independent allied health professional (“IAHP”) must hold a current license, certificate or such other credentials as may be required by appropriate state law, these Medical Staff Bylaws, and the Medical Staff rules and regulations, and satisfy the following basic qualifications including, but not limited to:

- A. Current licensure by the State of Oregon to practice the IAHP's profession.
- B. Documented background, experience and training, and possession of documented competence, including current knowledge, judgment, and technique in and for all privileges applied for or held.
- C. Freedom from or adequate control over any significant physical, mental or behavioral impairment that interferes with or presents substantial probability of interfering with patient care, the exercise of privileges, the assumption and discharge or responsibilities or a cooperative working relationship.
- D. Being a graduate of a school approved by the IAHP's licensing board.
- E. Maintaining professional liability insurance in an amount not less than \$1,000,000 for injury to one person and \$3,000,000 for injury to two or more persons in one occurrence, and provide proof of such coverage upon request by the Medical Staff or Administration.
- F. Having the ability to meet Medicare/Medicaid conditions of participation, JCAHO standards, and conditions of reimbursement to the Hospital for services initiated by the IAHP.
- G. Continual adherence to the ethics of the IAHP's profession throughout the course of their professional career.
- H. Demonstrating adequate ability to work and cooperate with others so that the Medical Staff and governing body is assured that the IAHP's patients will be provided adequate medical care and treatment.
- I. The IAHP may not be currently excluded from any healthcare program funded in whole or in part by the federal government including Medicare or Medicaid.

- J. The Board of Directors or its designee, in consultation with the Medical Staff, may establish additional qualifications for members of any category of IAHP.

2. Responsibilities of Independent Allied Health Professionals

Acceptance, by an IAHP, of the grant of clinical privileges shall constitute his or her agreement that in the discharge of his or her duties, he or she shall:

- A. Strictly abide by the rules and regulations established by the Hospital and Medical Staff.
- B. Strictly adhere to the professional and ethical standards of his or her profession.
- C. Strictly abide by the Ethical and Religious Directives for Catholic Health Care Services with respect to all clinical work and other activities within the Hospital.
- D. Exercise independent judgment in his or her area of competence.
- E. Participate directly in the management and care of patients in accordance with privileges granted, and provide patient care services either with appropriate levels of supervision from physician members of the Medical Staff as required by state law or in coordination with a member of Medical Staff.
- F. Record reports and progress notes on the patient records and orders for treatment in accordance with the established rules and regulations, policies and procedures of the Medical Staff, provided that such orders are within the scope of the IAHP's license, certificate, or other credentials.
- G. Immediately upon notice of any proposed or actual exclusion from any federally funded healthcare program disclose to the Hospital President/Chief Executive Officer, by telephone call and in writing, any notice to the IAHP or his or her representative of proposed or actual exclusion and/or any pending investigation of the IAHP from any healthcare program funded in whole or in part by the federal government, including Medicare or Medicaid.

3. Prerogatives of Independent Allied Health Professionals.

- A. IAHPs may provide patient care services within the limits of their professional skills and abilities. The degree of participation of IAHPs in in-patient care shall be determined according to privileges recommended to and/or approved by the Board of Directors.
- B. IAHPs are not members of Medical Staff. However, IAHPs may serve without vote on appropriate committees of the Medical Staff as appointed by the president of the Medical Staff. They may be invited to attend Medical Staff meetings and, as a condition of continued privileges, may be required to attend meetings involving the clinical review of patient care in which they participated.

C. IAHPs, if allowed by their privileges, may admit or discharge patients to or from the Hospital. Any patient admitted by an IAHP shall have a prompt medical history and physical examination performed.

4. Application for Clinical Privileges as an Independent Allied Health Professional.

A. Application for clinical privileges as an Independent Allied Health Professional shall be processed in accordance with the procedure set forth in the Medical Staff Bylaws for delineation of privileges.

B. Hospital employed Independent Allied Health Professionals shall be credentialed under these Bylaws.

5. Duration of Clinical Privileges Granted to Allied Health Professionals.

Clinical privileges for IAHP's shall be issued for a period not to exceed two (2) Medical Staff year. IAHP's whose privileges are recommended to be suspended, restricted or terminated shall be entitled to procedural rights provided in these Bylaws. In the event of deliberations concerning adverse action, other members of the subject practitioner's license category may be invited to present written or oral evidence and recommendations but may not participate directly in any decision making if they are in direct economic competition with a practitioner.

6. Renewal.

Privileges of IAHP's shall be evaluated on a bi-annual basis. Request for renewal of clinical privileges by IAHP shall be made in writing in the format prescribed by the governing body following consultation with the Medical Staff Executive Committee and Credentials Committee.

7. Investigation/Action.

Clinical privileges IAHP's may be involuntarily reduced, suspended, revoked or terminated only in accordance with the rights and procedures specified in Articles IX and X of these Medical Staff Bylaws. In such cases involving such practitioners, the following provisions of those articles shall apply:

A. Any Ad Hoc Committee appointed pursuant to Article X, Part A, Section 3, paragraph B (ii) shall include at least one Allied Health Professional.

B. All grounds for hearing applicable to members of the Medical Staff (listed in Article XI, Part A, Section 2), shall apply as though such practitioner was expressly included therein.

C. Any hearing panel appointed pursuant to Article XI, Part A, Section 5 shall include at least one nurse practitioner licensed and certified under ORS 678.375.

D. Any review panel appointed pursuant to Article XI, Part E, Section 4, shall include at least one Allied Health Professional.

PART C: DEPENDENT ALLIED HEALTH PROFESSIONALS.

DAHPs include such persons as registered physician assistants or nurse practitioner who remain under the control and general supervision of physician members of the Medical Staff. Such control and general supervision is necessary to insure adequate overall patient protection. DAHPs shall consist of the employees of physicians or of the Hospital. The physician directly responsible for the DAHP must be a member of the Medical Staff or employee of an active or provisional member of the Medical Staff who performs a portion of their professional responsibilities within the Hospital.

1. Qualifications of Dependent Allied Health Professionals.

If applicable, each dependent allied health professional (“DAHP”) must hold a current license, certificate or such other credentials as may be required by appropriate state law, these Medical Staff Bylaws, and the Medical Staff rules and regulations, and satisfy the following basic qualifications including, but not limited to:

- A. Current licensure by the State of Oregon to practice the DAHP's profession.
- B. Documented background, experience and training, and possession of documented competence, including current knowledge, judgment, and technique in and for all privileges applied for or held.
- C. Freedom from or adequate control over any significant physical, mental or behavioral impairment that interferes with or presents substantial probability of interfering with patient care, the exercise of privileges, the assumption and discharge or responsibilities or a cooperative working relationship.
- D. Maintaining professional liability insurance in an amount not less than \$1,000,000 for injury to one person and \$3,000,000 for injury to two or more persons in one occurrence, and provide proof of such coverage upon request by the Medical Staff or Administration.
- E. DAHPs must have a written agreement with one or more physicians (“supervising physicians”) who are members in good standing of the Saint Alphonsus Medical Staff – Ontario. This written agreement must provide:
 1. That the supervising physician will provide those services which Medicare/Medicaid conditions of participation, JCAHO standards, and conditions of reimbursement to the Hospital require be provided by a physician for services initiate and conducted by the DAHP;
 2. That the supervising physician or designee will be available for immediate consultation when the DAHP admits a patient;
 3. That the supervising physician will make acceptable and appropriate arrangements for coverage should the supervising physician not be immediately available when the DAHP admits a patient;

4. The supervising physician or designee will be responsible for the patient's care and for documentation of that care for any activities which are outside the delineated privileges of the DAHP;
 5. That throughout the DAHP's patient's hospitalization, the supervising physician or designee shall be promptly available for consultation or evaluation of the patient and will make arrangements with another physicians for appropriate and timely coverage should the supervising physician not be available;
 6. The supervising physician shall participate in peer review activities involving patient care provided by the DAHP;
 7. All patients are admitted to the supervising physician;
 8. All patients will be seen daily by the supervising physician or designee;
 9. All patients are ultimately the responsibility of the supervising physician.
- F. Having the ability to meet Medicare/Medicaid conditions of participation, JCAHO standards, and conditions of reimbursement to the Hospital for services initiated by the DAHP.
- G. Continual adherence to the ethics of the DAHP's profession throughout the course of their professional career.
- H. Demonstrating adequate ability to work and cooperate with others so that the Medical Staff and governing body is assured that the DAHP's patients will be provided adequate medical care and treatment.
- I. The DAHP may not be currently excluded from any healthcare program funded in whole or in part by the federal government including Medicare or Medicaid.
- J. The Board of Directors or its designee, in consultation with the Medical Staff, may establish additional qualifications for members of any category of DAHP.
2. Responsibilities of Dependent Allied Health Professionals

Acceptance, by an DAHP, of the grant of clinical privileges shall constitute his or her agreement that in the discharge of his or her duties, he or she shall:

- A. Strictly abide by the rules and regulations established by the Hospital and Medical Staff.
- B. Strictly adhere to the professional and ethical standards of his or her profession.
- C. Strictly abide by the Ethical and Religious Directives for Catholic Health Care Services with respect to all clinical work and other activities within the Hospital.
- D. Exercise independent judgment in his or her area of competence.

- E. Participate directly in the management and care of patients in accordance with privileges granted, and provide patient care services either with appropriate levels of supervision from physician members of the Medical Staff as required by state law or in coordination with a member of Medical Staff.
- F. Record reports and progress notes on the patient records and orders for treatment in accordance with the established rules and regulations, policies and procedures of the Medical Staff, provided that such orders are within the scope of the DAHP's license, certificate, or other credentials.
- G. Immediately upon notice of any proposed or actual exclusion from any federally funded healthcare program disclose to the Hospital President/Chief Executive Officer, by telephone call and in writing, any notice to the DAHP or his or her representative of proposed or actual exclusion and/or any pending investigation of the DAHP from any healthcare program funded in whole or in part by the federal government, including Medicare or Medicaid.

3. Prerogatives of Dependent Allied Health Professionals.

- A. DAHPs may provide patient care services within the limits of their professional skills and abilities. The degree of participation of DAHPs in in-patient care shall be determined according to privileges recommended to and/or approved by the Board of Directors.
- B. DAHPs are not members of Medical Staff. However, DAHPs may serve without vote on appropriate committees of the Medical Staff as appointed by the Chief of the Medical Staff. They may be invited to attend Medical Staff meetings and, as a condition of continued privileges, may be required to attend meetings involving the clinical review of patient care in which they participated.
- C. DAHPs, if allowed by their privileges, may admit or discharge patients on behalf of the supervising physician to or from the Hospital. Any patient admitted by a DAHP shall have a prompt medical history and physical examination performed by the DAHP or other practitioner with privileges to perform histories and physicals.
- D. A qualified Advance Practice DAHP shall be granted either Level I or Level II clinical privileges.
 - 1. Level I. Level I privileges may be granted to DAHP's who are qualified to conduct in-patient care under the supervision of the supervising physician. The supervising physician shall be responsible for the components of the admitting history and physical which are outside the delineated clinical privileges of the DAHP. Orders issued by the DAHP shall be co-signed by the DAHP's supervising physician (or any other qualified physician member of the Saint Alphonsus Medical Staff - Ontario) according to the following:
 - a. Admission and Discharge orders may be issued by the DAHP so long as they are signed by the supervising physician or any other qualified physician member of the Saint Alphonsus Medical Staff – Ontario.

2. Level II. Level II privileges may be granted to DAHP's who have had at least two (2) years of training and experience in the in-patient setting, in a qualified training program. Level II privileges may include the right to issue orders without signature by supervising physician, as permitted by training and experience, and to practice within the scope of delineated privileges. This must be requested by the DAHP and supervising physician.
4. Application for Clinical Privileges as an Dependent Allied Health Professional.
 - A. Application for clinical privileges as an Dependent Allied Health Professional shall be processed in accordance with the procedure set forth in the Medical Staff Bylaws for delineation of privileges.
 - B. Hospital employed Independent Allied Health Professionals shall be credentialed under these Bylaws.
5. Duration of Clinical Privileges Granted to Allied Health Professionals.

Clinical privileges for DAHP's shall be issued for a period not to exceed two (2) years. DAHP's whose privileges are recommended to be suspended, restricted or terminated shall be entitled to procedural rights provided in these Bylaws. In the event of deliberations concerning adverse action, other members of the subject practitioner's license category may be invited to present written or oral evidence and recommendations but may not participate directly in any decision making if they are in direct economic competition with a practitioner.

6. Renewal.

Privileges of DAHP's shall be evaluated on an annual basis.

7. Investigation/Action

Clinical privileges DAHP's may be involuntarily reduced, suspended, revoked or terminated only in accordance with the rights and procedures specified in Articles IX and X of these Medical Staff Bylaws. In such cases involving such practitioners, the following provisions of those articles shall apply:

- A. Any Ad Hoc Committee appointed pursuant to Article X, Part A, Section 3, paragraph B (ii) shall include at least one Allied Health Professional.
- B. All grounds for hearing applicable to members of the Medical Staff (listed in Article XI, Part A, Section 2), shall apply as though such practitioner was expressly included therein.
- C. Any hearing panel appointed pursuant to Article XI, Part A, Section 5 shall include at least one nurse practitioner licensed and certified under ORS 678.375.
- D. Any review panel appointed pursuant to Article XI, Part E, Section 4, shall include at least one Allied Health Professional.

8. Supervising Physician Responsibility

The supervising physician of the DAHP shall assume full responsibility and be fully accountable for the conduct of said individual within the Hospital. It is the responsibility of the supervising physician of the DAHP to acquaint such individual with the appropriate rules and regulations of the Medical Staff and the Hospital as well as the appropriate members of the Medical Staff and Hospital personnel with who said individual will have contact with at the hospital.

9. Supervising Physician Termination

The clinical duties and responsibilities of a DAHP within the Hospital shall terminate if the Medical Staff appointment of the supervising physician is terminated for any reason or if the supervising physician's clinical privileges are curtailed to the extent that the professional services of said individual within the Hospital are no longer necessary or permissible to assist the supervising physician.

PART D: AMBULATORY ALLIED HEALTH PROFESSIONALS

AAHPs include such persons as registered physician assistants or nurse practitioners who remain under the control and general supervision of physician members of the Medical Staff and practice in an outpatient setting. Such control and general supervision is necessary to insure adequate overall patient protection. The physician directly responsible for the AAHP must be a member of the Medical Staff or employee of an active or provisional member of the Medical Staff who performs a portion of their professional responsibilities within the Hospital.

1. Qualifications of Dependent Allied Health Professionals.

If applicable, each ambulatory allied health professional ("AAHP") must hold a current license, certificate or such other credentials as may be required by appropriate state law, these Medical Staff Bylaws, and the Medical Staff rules and regulations, and satisfy the following basic qualifications including, but not limited to:

- A. Current licensure by the State of Oregon (or Idaho if provider has only Ambulatory status) to practice the AAHP's profession.
- B. Documented background, experience and training, and possession of documented competence, including current knowledge, judgment, and technique in and for all privileges applied for or held.
- C. Freedom from or adequate control over any significant physical, mental or behavioral impairment that interferes with or presents substantial probability of interfering with patient care, the exercise of privileges, the assumption and discharge or responsibilities or a cooperative working relationship.
- D. Maintaining professional liability insurance in an amount not less than \$1,000,000 for injury to one person and \$3,000,000 for injury to two or more persons in one

occurrence, and provide proof of such coverage upon request by the Medical Staff or Administration.

- E. Have a written agreement with one or more physicians (“supervising physicians”) who are members in good standing of the Saint Alphonse Medical Staff – Ontario. This written agreement must provide:
 - 1. That the supervising physician will provide those services which Medicare/Medicaid conditions of participation, JCAHO standards, and conditions of reimbursement to the Hospital require be provided by a physician for services initiated and conducted by the AAHP;
 - 2. That the supervising physician will be available for immediate consultation for the AAHP;
 - 3. That the supervising physician will make acceptable and appropriate arrangements for coverage should the supervising physician not be immediately available for the AAHP;
 - 4. The supervising physician will be responsible for the patient’s care and for documentation of that care for any activities which are outside the delineated privileges of the AAHP;
 - 5. The supervising physician shall participate in peer review activities involving patient care provided by the AAHP;
- F. Having the ability to meet Medicare/Medicaid conditions of participation, JCAHO standards, and conditions of reimbursement to the Hospital for services initiated by the AAHP.
- G. Continual adherence to the ethics of the AAHP’s profession throughout the course of their professional career.
- H. Demonstrating adequate ability to work and cooperate with others so that the Medical Staff and governing body is assured that the AAHP’s patients will be provided adequate medical care and treatment.
- I. The AAHP may not be currently excluded from any healthcare program funded in whole or in part by the federal government including Medicare or Medicaid.
- J. The Board of Directors or its designee, in consultation with the Medical Staff, may establish additional qualifications for members of any category of AAHP.

2. Responsibilities of Ambulatory Allied Health Professionals

Acceptance, by an AAHP, of the grant of clinical privileges shall constitute his or her agreement that in the discharge of his or her duties, he or she shall:

- A. Strictly abide by the rules and regulations established by the Hospital and Medical Staff.

- B. Strictly adhere to the professional and ethical standards of his or her profession.
 - C. Exercise independent judgment in his or her area of competence.
 - D. Participate directly in the management and care of patients in accordance with privileges granted, and provide patient care services either with appropriate levels of supervision from physician members of the Medical Staff as required by state law or in coordination with a member of Medical Staff.
 - E. Record reports and progress notes on the patient records and orders for treatment in accordance with the established rules and regulations, of the Medical Staff, provided that such orders are within the scope of the AAHP's license, certificate, or other credentials.
 - F. Immediately upon notice of any proposed or actual exclusion from any federally funded healthcare program disclose to the Hospital President/Chief Executive Officer, by telephone call and in writing, any notice to the AAHP or his or her representative of proposed or actual exclusion and/or any pending investigation of the AAHP from any healthcare program funded in whole or in part by the federal government, including Medicare or Medicaid.
3. Prerogatives of Ambulatory Allied Health Professionals.
- A. AAHPs may provide patient care services within the limits of their professional skills and abilities. The degree of participation of AAHPs patient care shall be determined according to privileges recommended to and/or approved by the Board of Directors.
 - B. AAHPs are not members of Medical Staff. However, AAHPs may be required to attend meetings involving the clinical review of patient care in which they participated.
4. Application for Clinical Privileges as an Ambulatory Allied Health Professional.
- A. Application for clinical privileges as an Ambulatory Allied Health Professional shall be processed in accordance with the procedure set forth in the Medical Staff Bylaws for delineation of privileges.
 - B. Hospital employed Ambulatory Allied Health Professionals shall be credentialed under these Bylaws.
5. Duration of Clinical Privileges Granted to Allied Health Professionals.
- Clinical privileges for AAHP's shall be issued for a period not to exceed two (2) years. AAHP's whose privileges are recommended to be suspended, restricted or terminated shall be entitled to procedural rights provided in these Bylaws. In the event of deliberations concerning adverse action, other members of the subject practitioner's license category may be invited to present written or oral evidence and recommendations but may not participate directly in any decision making if they are in direct economic competition with a practitioner.

6. Renewal.

Privileges of AAHP's shall be evaluated on an annual basis.

7. Investigation/Action

Clinical privileges AAHP's may be involuntarily reduced, suspended, revoked or terminated only in accordance with the rights and procedures specified in Articles IX and X of these Medical Staff Bylaws. In such cases involving such practitioners, the following provisions of those articles shall apply:

- A. Any Ad Hoc Committee appointed pursuant to Article X, Part A, Section 3, paragraph B (ii) shall include at least one Allied Health Professional.
- B. All grounds for hearing applicable to members of the Medical Staff (listed in Article XI, Part A, Section 2), shall apply as though such practitioner was expressly included therein.
- C. Any hearing panel appointed pursuant to Article XI, Part A, Section 5 shall include at least one nurse practitioner licensed and certified under ORS 678.375.
- D. Any review panel appointed pursuant to Article XI, Part E, Section 4, shall include at least one Allied Health Professional.

8. Supervising Physician Responsibility

The supervising physician of the AAHP shall assume full responsibility and be fully accountable for the conduct of said individual within the Hospital. It is the responsibility of the supervising physician of the AAHP to acquaint such individual with the appropriate rules and regulations of the Medical Staff and the Hospital as well as the appropriate members of the Medical Staff and Hospital personnel with who said individual will have contact with at the hospital.

9. Supervising Physician Termination

The clinical duties and responsibilities of an AAHP within the Hospital shall terminate if the Medical Staff appointment of the supervising physician is terminated for any reason or if the supervising physician's privileges are curtailed to the extent that the professional services of said individual within the Hospital are no longer necessary or permissible to assist the supervising physician.

PART E: TEMPORARY AND LOCUM TENENS ALLIED HEALTH PRIVILEGES

Temporary and/or Locum Tenens clinical privileges for either IAHPs or DAHPs may be granted by the President/CEO following consultation with and upon concurrence of the service chief to which said IAHP or DAHP is to be assigned or the applicable chief of service and the chief of staff. Temporary and/or Locum Tenens privileges for IAHPs or DAHPs shall not exceed a period of 240 days in a two year period and in accordance with the procedures and limitations in Article VII, Part E.

PART F: NATIONAL PRACTITIONER DATA BANK

By applying for the grant or renewal of privileges under this Article XIVIII, the applicant recognizes that the Hospital participates in the National Practitioner Data Bank ("Data Bank"), pursuant to Title IV, Part B of the Healthcare Quality Improvement Act of 1986 (P.L. 99-660) and subsequent amendments, and agrees that (1) all actions taken by the Hospital and Medical Staff with respect to his/her credentialing and privileges may be reported to the Data Bank; (2) all payments by the Hospital or any of its insurers in satisfaction in whole or in part of a claim for his/her alleged malpractice may be reported to the Data Bank; and (3) he/she will cooperate with all Medical Staff Bylaws, credentialing procedures, rules and regulations, or Medical Staff policies adopted by the Hospital and Medical Staff as part of participating in the Data Bank.

PART G: NON-ADVANCED, PHYSICIAN EMPLOYED STAFF (NAPES)

Various physician specialties require support from non-advanced practitioners who are not employed by the medical center and may be directly employed by a physician, physician group, or contracted with a physician group. Non-Advanced, Physician Employed Staff (NAPES) who are employed are credentialed through human resources. NAPES who are independent are processed through the Medical Staff Office Credentialing process which is equivalent to Human Resources processes*.

1. Application and verification procedures:

At a minimum, the following will be verified for all Non-Advanced Physician Employed Staff (NAPES):

- A. Receipt of Application fee;
- B. Member of the Medical Staff requests a Non-Advanced application for NAPES from the Medical Staff Office
- C. Contents of application:
 1. release for background check
 2. authorization to release information
 3. job description
 4. peer reference confirmation
- D. Primary source verification of licensure, certification and/or registration, as applicable to the licensure;
- E. Verification of Identity (copy of state issued identification);
- F. Verification of liability insurance;
- G. Verification of supervision physician;

- H. Supervisor competency evaluation is completed annually;
- I. Office of inspector General screening;
- J. Orientation acknowledgement signed;
- K. Criminal Background Check;
- L. Completed Security and Confidentiality form.

2. Expectations for all non-advanced, physician employed staff (napes):

- A. Meets medical center's Customer Service Standards including interpersonal communication and professional conduct expectations
- B. Participates in medical center and unit level orientation.
- C. Protects patients by adhering to infection-control policies of the medical center including annual influenza vaccination;
- D. Complies with medical center's Customer Services Standards and Standards of Conduct including interpersonal communication and professional conduct expectations;
- E. Complies with medical center's policies as noted in the Health Requirements for Non- Employees policy;
- F. Demonstrates compliance with all medical center policies including Drug and Alcohol Free
- G. Workplace Policy and safety policies and procedures;
 - 1. Saint Alphonsus prohibits the illicit use of drugs or alcohol on medical center properties. As such any NAPE who appears to be out of compliance with this policy will be required to leave the premises and their services may be terminated.
 - 2. Maintains compliance with established departmental policies and procedures , objectives, safety, environmental and infection control standards;
 - 3. Understands the anticipated typical means of accomplishing the essential functions of the job outlined on the job description. Should an applicant be unable to accomplish any function or to perform it in the manner described, an applicant may request reasonable accommodation pursuant to the Americans with Disabilities Act and the Oregon Human Rights Act. Request for reasonable accommodation should be accompanied by a description of how the applicant proposes to perform the essential function.
 - 4. Compliance with Infection Prevention Plan, Immunization Policy, Dress Code and Name Badge policy and all relevant HR policies.

APPROVED by the Medical Staff this 16th day May, 2019.

ADOPTED by the Board on the 28th day of May, 2019.