

PROCEDURE NO. 4-2-1

ISSUED: 09-30-93

REVISED: 12-11-24

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SUBJECT: Employee Health

PURPOSE: To carry out the mandate of the Human Resources Office Policy No. 4

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All employees are required to fill out a health screen upon employment and notify Human Resources of any changes thereafter. Employees must include all medications currently prescribed to them and this list of medications must be updated with Human Resources when changes occur to prescribed medications. This health screen is for the purpose of ruling out infectious conditions that could be transmitted and to determine if there would be side effects that could affect an employees ability to perform the assigned job duties of the position hired for. This health screening will also serve as a means to assess whether any workplace adjustments are required. All workplace adjustments must be approved through the Human Resource office.

Any employee with an infectious disease will be evaluated by Woodhaven's Health Services Personnel for the appropriateness of his/her work assignment or the need to be placed on medical leave of absence. Any leave of absence, transfer or temporary duty assignment will be determined by the Human Resource office based on the recommendation of Health Services Personnel, considering the potential risk of transmission. Since we are most concerned with the health and welfare of those we support, this will be considered reasonable accommodation.

Employees with a temperature of 100 degrees or above should not be on duty. Employees with vomiting and/or diarrhea should not be on duty until these symptoms have subsided. Employees with suspicious skin lesions will need to be evaluated by the Health Services Department.

Any employee with a positive TB skin test must turn in paperwork to Human Resources proving that they have had treatment and a chest x-ray for their positive TB test. If treatment is refused, Woodhaven will require a signed statement from the employee's primary care physician stating that they are safe and do not pose a health risk to the individuals supported or co-workers.

Approved: _____

Date: _____

Human Resource Director