

Operational Policies Agenda 5/26/2026

Title	Area	Revised?	Summary of Changes
Insurance Verification	Ambulatory Care	Unchanged	No Comment Provided
Medicare Secondary Payer Screening	Ambulatory Care	Unchanged	No Comment Provided
Policy for Expectations of Staff	Ambulatory Care	Unchanged	No Comment Provided
Policy for Orientation/Training/Competency Assessment	Ambulatory Care	Unchanged	No Comment Provided
Policy for Registration Intake and Checkout Process	Ambulatory Care	Unchanged	No Comment Provided
Policy for Unit Specific Disaster Plan	Ambulatory Care	Unchanged	No Comment Provided
Policy for Departmental Disaster Plan	Rehabilitation	Revised	Changed the date of Rehab committee approval



Origination	11/2015	Owner	Nadja Renfro: Ambulatory Care Reg Mgr
Last Approved	N/A	Area	Ambulatory Care
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	08/2022		
Next Review	3 years after approval		

Insurance Verification

POLICY STATEMENT:

The registration clerk will request insurance information from the patient, patient's parent, legal guardian or designee presenting for care during the registration process.

GUIDELINES:

- A. The patient, patient's parent, legal guardian or designee presents to the registration unit to register for a scheduled or unscheduled visit.
- B. The registration clerk will screen the patient, patient's parent, legal guardian or designee for insurance coverage during the registration process.
 1. Insurance card is provided. The registration clerk will:
 - a. Scan the insurance card in the patient's Electronic Health Record (EHR) if the insurance card is not on file.
 - b. Use the coverage if it exists and is active or add the coverage to the patient's EHR and verify the coverage, as applicable.
 2. Patient has Insurance, but the card is NOT provided. The registration clerk will:
 - a. Use existing coverage if it is still *active*, OR, add the new insurance information to the patient's EHR only when *sufficient* insurance information is provided so that it can be *electronically* verified.
 - i. Verify coverage electronically, if applicable.
 - ii. In good faith use the existing coverage if unable to verify coverage electronically and the billers on the backend will

confirm if the coverage is still effective for the date of service.

- b. If the coverage is not *active* in the patient's EHR or the coverage could not be electronically verified, the registration clerk will "self-pay" the account and provide the patient, patient's parent, legal guardian or designee with a Patient Accounting self-addressed envelope and request a copy of the insurance card (front and back) be mailed to Patient Accounting.

3. Patient has NO Insurance. The registration clerk will:

- a. Screen the patient, patient's parent, legal guardian or designee to determine if the patient qualifies for any insurance the registration clerk can complete during the registration process.
- b. For a patient who presents to the Emergency Department or who is admitted to the hospital the registration clerk and/or Financial Counselor will screen the patient, patient's parent, legal guardian, or designee to determine if the patient qualifies for any insurance.

C. CCHS Contra Costa Health Centers Wallet Card with Financial Counselor contact information will be provided to the patient, patient's parent, legal guardian, or designee, as applicable.

REFERENCES:

Refer to internal processes.

APPROVALS:

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Director, Patient Accounting

Ambulatory Care Policy Committee: 12/2022

Patient Care Policy & Evaluation Committee: 1/2023

Medical Executive Committee: 1/2023

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

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Owner Nadja Renfro:
Ambulatory Care
Reg Mgr
Area Ambulatory Care
Applicability CCRMC, Health
Centers &
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Medicare Secondary Payer Screening

POLICY STATEMENT:

The registration clerk will complete a Medicare Secondary Payer Screening questionnaire for every Medicare patient who presents to register for outpatient or inpatient services.

GUIDELINES:

- A. Medicare Secondary Payer Screening questionnaire will be completed for all Medicare patients registering for outpatient and inpatient services.
- B. Every Medicare patient will be asked the Medicare Secondary Payer Screening questions and answered, as applicable.
- C. If, during the registration process the registration clerk determines that there is a primary responsible insurer, a responsible employer or that the patient does have alternate health insurance, then the patient should be registered with the appropriate primary payer. Medicare should be identified in the registration as the secondary payer.
- D. The Medicare Secondary Payer Screening Questionnaire will be electronically filed as part of the registration visit.

REFERENCES:

Department of Health and Human Services Centers for Medicare & Medicaid Services.

APPROVALS:

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Director, Patient Accounting

Ambulatory Care Policy Committee: 12/2022

Patient Care Policy & Evaluation Committee: 1/2023

Medical Executive Committee: 1/2023

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	03/2026
	Nadja Renfro: Ambulatory Care Reg Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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Owner Nadja Renfro:
Ambulatory Care
Reg Mgr
Area Ambulatory Care
Applicability CCRMC, Health
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Detention

Policy for Expectations of Staff

POLICY STATEMENT:

Registration clerks (permanent, permanent intermittent, temporary and contract personnel) are expected to adhere to each expectation as outlined in this policy. Clerks are expected to maintain professional, patient-centered conduct always.

GUIDELINES:

- A. Comply with established policies, including, but not limited to, those of:
 - 1. Contra Costa County
 - 2. Health Services Department
 - 3. Hospital and Health Center Division
 - 4. Ambulatory Care
 - 5. Ambulatory Care Registration
- B. Registration clerks shall:
 - 1. Know and adhere to their schedule.
 - 2. Arrive to work on time and be at the workstation according to the schedule work start time.
 - 3. Notify the department for an unplanned absence or late arrival at least one hour prior to the commencement of his/her work shift (if calling less than one hour prior to the commencement of his/her work shift, clerk should call/text immediate supervisor as well as call the staffing line):

- a. Ambulatory Care Registration: Staffing line 925.370.5316.
 - b. ER/Admission and Communication Center: Communication Center 925.370.5879.
4. Be responsible for notifying the Staffing Line or Communication Center when their schedule varies from their regularly scheduled work hours at any time during the day, for any reason, whether planned or unplanned.
5. Except in an extreme emergency, shall **not** leave the worksite before the end of the shift without informing the on duty Clerical Supervisor, Clerk Specialist, most Senior Clerk or Registration and Staffing Manager either in person or via office or cell phone **and** leaving a message on the staffing line for Ambulatory Care Registration -clerks at 925.370.5316 and ER/Admission and Communication Center clerks at 925.370.5879.
6. Limit break times to 15 minutes and take according to the established work schedule (one during each four hours). Scheduling of work breaks is at the discretion of management. The practice of working through one's breaks and leaving early or combining breaks will not be permitted. Under no circumstances will patient flow be negatively impacted by break schedules.
7. **Not** leave the workstation unattended to go on break. If no one was previously designated to cover for breaks, contact the on duty Clerical Supervisor, Clerk Specialist, most in-house Senior Clerk or Registration and Staffing Manager. On duty Supervisor, Lead Specialist, most in-house Senior Clerk or Manager will find coverage or provide coverage him/herself.
8. Wait until coverage arrives prior to departing the registration workstation if leaving before the end of clinic or the end of shift due to a planned or unplanned absence. Contact on duty Clerical Supervisor, Clerk Specialist, most in-house Senior Clerk or Registration and Staffing Manager if any problems arise.
9. Go to lunch break as established for 30 minutes or 1 hour in duration. Adherence to established schedule is essential. Under no circumstances will patient flow be negatively impacted by lunch break schedules.
10. Wear name tag in a **visible location** (i.e., shirt collar, breast pocket, etc).
11. Fill out timesheet completely and accurately and submit on time.
12. Treat patients, colleagues, and the public courteously with respect always by adhering to Contra Costa County Hospital and Health Centers, Divisions of Ambulatory Care Services - 8 Principles of Service Excellence and the Mission Statement of the Registration Department.
13. Be sensitive to ethnic diversity of patients and co-workers.
14. Use information systems in accordance with the established CCHS Information Systems Usage Policy and Network and Internet Acceptable Use agreement. Use of Facebook, My Space, Twitter, Instagram, Tik Tok, etc. or any kind of social networking media for personal reasons is not acceptable during business hours or in designated work areas at any time.
15. Be a team player with colleagues, which includes other shifts and units.

16. Not use profanity while on duty.
17. Conduct personal business during scheduled breaks and lunch or after business hours away from work area.
18. Limit personal telephone calls to scheduled break times only unless it is an emergency.
19. **Not** have personal cell phone, headphones, EarPods, etc or any electronic device in view of patient or public, use or charge at the registration workstation.
20. Consistently produce accurate and thorough work.
21. **Not** eat or store food in the work area. Beverages consumed in the work area **must** be in a container with a lid and "**out of sight**". Lunch food and beverages should be taken home daily. (Do not leave food or beverages overnight.)
22. Be expected to dress in business casual attire or solid colored scrubs. Clothing such as blue denim jeans (or attire which may appear as such), leggings, sweat suits, shorts, halter tops, t-shirts with prints or logos, etc. are not considered appropriate. Open-toe shoes pose a safety hazard and should not be worn. It is the responsibility of supervisor/manager to make known to employees under their jurisdiction what the applicable dress code is. Clerks who are unwilling to adhere to the established dress code may be counseled and requested to change into appropriate attire. Time off from work for this purpose will be charged as Absent Without Pay (AWOP). Repeated non-compliance may result in disciplinary action.
23. Check e-mail for incoming messages at least twice per day, at beginning and, prior to end of shift.
24. Present a professional and uncluttered image at the workstation. Personal items should be kept to a minimum.
25. Utilize time to complete other clerical tasks to be specified by the on duty Clerical Supervisor, Clerk Specialist, most in-house Senior Clerk or Registration and Staffing Manager when patient flow does not require all clerks to be involved in registering patients presenting for care.
26. Only authorized personnel will be admitted into the registration area at Contra Costa Regional Medical Center and Health Centers.
 - a. Family members and friends are not permitted in the registration work area.
 - b. County employees, who are not on official business, are not permitted in the registration work area.

C. Any observance of noncompliance to the expectations outlined above should be reported to a Clerical Supervisor or the Registration and Staffing Manager.

REFERENCES:

CCHSD Policy #111-A, "Mission of Contra Costa Health Services"

CCHSD Policy #112-A, "Name Tag/Employee Identification"

CCHSD Policy #113-A, "Information Systems Usage Policy"

CCHSD Policy #115-A, "Payroll Reporting"

CCHSD Policy #203-PM, "Dress Code"

CCHSD Policy #209-PM, "Hours of Work"

CCHSD Policy #500-PCC, "Confidentiality of Patient/Client Information"

Hospital Policy #271, "Appropriate Workplace Behavior Policy"

Ambulatory Care Policy #2005, "Professional Performance and Code of Conduct Guidelines"

Ambulatory Care, ER/Admission Registration and Communication Center Policy #8000, "Responsibilities for Planned and Unplanned Absences"

APPROVALS:

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Ambulatory Care Policy Committee: 12/2022

Patient Care Policy & Evaluation Committee: 1/2023

Medical Executive Committee: 1/2023

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	04/2026
	Nadja Renfro: Ambulatory Care Reg Mgr	04/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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Owner Nadja Renfro:
Ambulatory Care
Reg Mgr
Area Ambulatory Care
Applicability CCRMC, Health
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Policy for Orientation/Training/Competency Assessment

POLICY STATEMENT:

Registration clerks will receive comprehensive orientation and training necessary for consistent and continuous satisfactory job performance. The orientation and training will include department policies and procedures, disaster preparedness, anti-harassment, health information privacy and protection, etc. Competency assessments will be conducted at the conclusion of the new employee training. In addition, competency assessments will be conducted annually for established employees concurrently with their annual performance evaluations.

GUIDELINES:

A. Site Orientation & Training

1. The site orientation and training for new employees will begin on the first day of employment. The appropriate Clerical Supervisor, Registration and Staffing Manager or designee will guide the new employee in a tour of the health center. After the tour, the Clerical Supervisor, Registration and Staffing Manager or designee will review with the new employee the sections of the Ambulatory Care Orientation Checklist dealing with the Emergency Response Plan, Fire Extinguisher and Evacuation Routes/Emergency Exits.
2. The Clerical Supervisor, Registration and Staffing Manager or designee will review with the new employee the Department Specific section of the checklist.
3. The appropriate Clinic Coordinator will review the remaining sections of the Ambulatory Care Orientation Checklist with the new employee.

B. Systems Orientation & Training

All new employees will receive registration systems training from the appropriate Clerical Supervisor or designee. This will be a comprehensive training of all registration functions.

C. Competency Assessment

1. It is the responsibility of the appropriate Clerical Supervisor or designee will assign a competency assessment on every new employee at the end of his/her training period. If any deficiencies are identified, the training will continue for a reasonable period of time.
2. It is the responsibility of the Clerical Supervisor to assign a competency assessment annually (or more often if necessary) for all employees under his/her direction.
3. It is the responsibility of the Clerical Supervisor to review the completed competency assessments to assess training needs and to establish a plan to provide training, individual or group, in deficient areas.

D. Maintaining Records

It is the responsibility of the appropriate Clerical Supervisor to maintain records of all employee orientation, training and competency assessments completed.

APPROVALS:

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Ambulatory Care Policy Committee: 12/2022

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CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	03/2026
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Ambulatory Care
Reg Mgr
Area Ambulatory Care
Applicability CCRMC, Health
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Policy for Registration Intake and Checkout Process

POLICY STATEMENT:

All patients who present for care at Contra Costa Regional Medical Center and Health Centers will be checked in and checked out using the Electronic Health Record (EHR) system.

GUIDELINES:

- A. The patient, patient's parent, legal guardian or designee presents to the registration unit to register for a scheduled or unscheduled visit.
- B. The registration clerk will complete the registration intake process. The intake process will consist of the following:
 - 1. Patient Demographic Information
 - 2. Responsible Party Information (Guarantor Account)
 - 3. Emergency Contact Information
 - 4. Insurance Information
 - 5. Copay collection
 - 6. Visit Information
 - 7. Provide Applicable Notice(s)
 - 8. Sign Applicable Form(s)
- C. The registration clerk completes the check in and checkout process once the registration intake process is complete.
- D. The registration clerk will direct the patient, patient's parent, legal guardian, or designee to the

designated clinical area.

- E. During the checkout process the registration clerk will schedule follow-up appointments as directed by the clinician.

REFERENCES:

Refer to the internal processes.

APPROVALS:

Director, Patient Accounting

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Ambulatory Care Policy Committee: 12/2022

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Medical Executive Committee: 1/2023

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Owner	Nadja Renfro: Ambulatory Care Reg Mgr
Area	Ambulatory Care
Applicability	CCRMC, Health Centers & Detention

Policy for Unit Specific Disaster Plan

POLICY STATEMENT:

To provide guidelines to Ambulatory Care and ER/Admission Registration and Communication Center registration clerks during an internal or external disaster. These guidelines will assist the registration clerks in responding efficiently and appropriately. The role of a registration clerk is to page the Disaster and Shelter in Place code via the overhead public-address system, control incoming telephone calls and register disaster victims.

GUIDELINES:

- A. Main Functions/Services (During a Disaster or Shelter in Place) Listed according to Priority:
 1. Upon notification of a Disaster or Shelter in Place order, the hospital operator (clerk) will wait for instruction from the Command Center.
 2. The operator will overhead announce, via the overhead public-address system, Disaster or Shelter in Place instructions already in place, or announce specific instructions given by person in charge.
 3. The operator will control non-essential telephone calls. Calls of this nature are not permitted in the event of a Disaster or Shelter in Place order.
 4. Once the Medical Coordinator – Triage – Center is set up in the hospital, the registration clerks will obtain information from patients and register them by normal or downtime procedures.
 5. Evacuation: Should an immediate evacuation of registration clerks be necessary, CCRMC and/or health center registration clerks will follow instructions given by administration, or designee. Registration clerks will log off computers, close doors,

and windows (if time permits), and assist in instructing all lobby visitors/patients to leave the lobby area and report to the designated evacuation area(s) at CCRMC and health centers.

B. Departmental Communication Plan (Fan-Out Telephone Calling System)

1. Should the activities of the Ambulatory Care and/or the ER/Admission Registration and Communication Center Departments become unmanageable with assigned Registration clerks, the Clerical Supervisor or Registration and Staffing Manager will activate the "Fan-Out Telephone List".
2. Registration clerks that are off duty at such time that a disaster is declared will be expected to report for duty in accordance with Contra Costa County Disaster Service Worker policy.
3. It is anticipated that registration clerks will learn of the disaster conditions via public media or "Fan-Out List" phone calls. Registration clerks should call the CCHSD Employee Emergency Hotline (866-946-9911) for current hospital and health center information.

C. Who will oversee department operations during normal business hours and non-business hours?

(Listed in successive order)

1. Registration and Staffing Manager
2. Clerical Supervisors
3. Clerk Specialists
4. Registration Clerks by seniority

D. Termination of Disaster and Shelter in Place operation

1. Upon instructions, the operator will announce via the overhead public-address system, the termination of the Disaster or Shelter in Place order.

RELATED LINKS:

Attachment A – Unit Emergency Plan Guide

REFERENCES:

- A. Hospital Policy #350, "Disaster Preparedness and Evacuation Plan"
- B. Contra Costa Regional Medical Center HICS Manual
- C. Ambulatory Care Policy #3019, "Disaster Response Responsibilities of Employees"
- D. Ambulatory Care Policy #3021, "Emergency Response Plan"

APPROVALS:

Registration and Staffing Manager

Director of Ambulatory Care Nursing and Ancillary Departments

Ambulatory Care Policy Committee: 12/2022

Patient Care Policy & Evaluation Committee: 1/2023

Medical Executive Committee: 1/2023

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	03/2026
	Nadja Renfro: Ambulatory Care Reg Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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Last Approved	N/A		Rezazadeh: Asst Dir Of Rehab Ther Sv
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Last Revised	04/2026	Applicability	CCRMC, Health Centers & Detention
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Policy for Departmental Disaster Plan

POLICY STATEMENT:

To outline the responsibilities of rehabilitation department employees during a disaster. Under California Law, when a disaster is declared, county employees become part of disaster. service work force which will respond to disaster. Disaster plan initiated by Command Center. After hours/weekends: Announcement via public address system. Main functions/services (during disaster) listed by priority to augment ambulatory services as assigned by the Command Center officials.

GUIDELINES:

The number of staff available varies depending upon patient census and service sites, Martinez, WCHC and PHC.

A. Departmental Communication Plan (e.g., Fan-Out Telephone Calling System):

1. Daytime Procedure: All rehabilitation staff will convene at the F Unit reception desk. The department Assistant Director or designee will contact the Command Center identifying the availability of staff. Assignments will be delegated by the designated supervisor in accordance with facility-wide labor need.
2. Weekend, Evening, Night Procedure: Responsible person in the Command Center will use the department's fan-out list until reaching one Rehab Services employee. The employee will in turn activate the list by making their first call. This procedure will continue until the list has been exhausted and all employees have been notified. As the first person contacted may be from the middle of the list, they will attempt to contact coworkers in both directions. Each employee is responsible for maintaining a copy of the list at their residence.

3. Staff who are off duty at such time a disaster is declared will be expected to report for duty in accordance with Contra Costa County policy. It is anticipated that such employees will learn of disaster conditions via public media or Fan-Out list phone calls, as possible.
4. Fan-Out List:
 - a. Responsibilities: Rehabilitation staff involvement will be dependent upon the nature and extent of the declared emergency as communicated from Hospital Command Center. Following consultation with the designated labor pool representative, the Assistant Director of Rehabilitation, or a designated representative, will assume responsibility for the delegation of duties to rehabilitation staff. As staffing needs during a disaster will most likely not require "rehabilitative" training, staff will be assigned duties as deemed necessary.
 - b. Procedure for modifying or discontinuing less than essential services: During a declared emergency, continuation of patient treatment will be dependent upon the nature of the disaster and corresponding Contra Costa Regional Medical Center staffing needs, as identified by Command Center officials.
 - c. Should the nature of the disaster allow outpatients and accompanying significant others to be sent home. If conditions do not allow, rehabilitation staff will direct patients in accordance with Command Center instructions. If operational, telephone use will be limited to that necessary for the care and treatment of patients and the development of the disaster plan. It will be assumed that outpatients will be aware of treatment cancellations through radio/television public service announcements. Upon termination of the disaster plan, rehabilitation personnel will contact patients to reschedule therapies. Patient records will be maintained under usual and customary procedures for the duration of the disaster process.
 - d. Evacuation: Should evacuation of Rehabilitation (F Unit) be necessary, staff will direct and/or assist patients to the nearest exit in accordance with posted evacuation routes. All staff and evacuated patients will convene in ~~the parking area between~~ **Parking Lot F and Engineering**. If conditions require a greater evacuation distance, patients and employees will convene across C Street, opposite the Emergency/Psychiatric Emergency Driveway.
 - e. Staff orientation to CCRMC and Rehabilitation Department disaster preparedness policies: Each new employee will be introduced to department specific disaster plans by his/her supervisor as part of introductory orientations. In addition, county and hospital disaster procedures will be introduced by representatives of each respective organization during respective orientations.
 - f. All staff will annually participate in SICRR (Safety and Infection Control Review) procedures. Completion of SICRR documented and will be maintained in departmental records.

- B. Who will be in charge of departmental operations during normal working hours and during non-business hours. (listed in successive order)
 - 1. Assistant Director, Rehabilitation Therapy Services
 - 2. Rehabilitation Therapy Supervisor
 - 3. Rehabilitation Therapy Supervisor
 - 4. Rehabilitation Therapy Supervisor
 - 5. Staff- Physical, Occupational and Speech Therapist, by seniority
 - 6. Staff- Therapy Assistants, by seniority
 - 7. Clerks, by seniority
 - 8. Aides, by seniority
 - 9. Student Workers, by seniority

REFERENCES:

- A. [Contra Costa Health Services Emergency Plan](#)
- B. California Code of Regulations, Title 22, Division 5, Chapter 1 "General Acute Care Hospital" Article7, 70741 "Disaster and Mass Casualty Program"
- C. California Code of Regulations, Title 22, Division 5, Chapter 1 "General Acute Care Hospital" Article7, 70743 "Fire and Internal Disasters"
- D. [HSD Emergency Management Plan-Disaster Response](#)

APPROVALS:

~~Rehab Committee: 3/2024~~

~~Patient Care Policy and Evaluation Committee: 6/24~~

~~Joint Conference Committee: 11/2024~~

Approval Signatures

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Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	04/2026
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Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document