 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>Quality Healthcare for All</i></p> <p>PROCEDURE</p>	<p>Department:</p> <p>Human Resources</p>	<p>Procedure No.</p> <p>HR 0025B</p>
		<p>Supersedes Procedure No.</p>
<p>Subject:</p> <p>TEMPORARY HAZARD PAY</p>	<p>Approved By:</p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: President & CEO</p>	<p>Approved Date:</p> <p>September 23, 2021</p> <p>Last Reviewed:</p> <p>October 8, 2020</p>

I. PURPOSE:

Establish procedures for requests for Temporary Hazard Pay for employees who are temporarily exposed to unusually hazardous working conditions.

II. DEFINITIONS:

“Temporary Hazard Pay” is defined as one of the following:

A. Severe Fifteen Percent (15%)

1. Frequent injuries likely but serious accidents rare
2. Exposure leads to possible eye injuries, loss of fingers, or serious burns
3. Might cause incapacitation
4. Moderate periods of compensable lost time results

B. Most Severe Twenty Five Percent (25%)

1. Exposure likely to result in serious incapacitation, long period of time lost, or possible loss of life
2. Accidents occur frequently in spite of reasonable safety precautions
3. Frequent exposure to hazard where failure to exercise extreme care and judgment might cause an accident which would result in total disability or fatality

“Hazard Pay Study” is a study conducted to properly evaluate the Temporary Hazard Pay request by directly observing the working conditions and the safety rules, practices, and procedures followed.

III. PROCEDURES:

Temporary Hazard Pay determinations shall be initiated and submitted to the Regional Chief Human Resources Officer (RCHRO) or Designee in the respective region or to the VP & Chief Human Resources Officer (VP/CHRO). In addition, any employee or employee representative (union) desiring a Temporary Hazard Pay review, may initiate and submit such request through the VP/CHRO or the respective RCHRO with appropriate documentation for the request which is in accordance with the temporary hazard pay provisions of the respective collective bargaining agreements (CBA).

- A. The initial determination of the existence of temporary, unusually hazardous working conditions is made by the supervisor/manager of the affected employee. Upon making this determination, the supervisor should alert the RCHRO, VP/CHRO or designee of the identified unusually hazardous working condition or conditions prior to the start of the planned work activities.
- B. Prior to forwarding a request, the supervisor/manager shall ensure that the operation, activity, or project with unusually hazardous working conditions have been carefully reviewed for compliance with agencies such as but not limited to the following: Hawaii Occupational Safety and Health Administration (OSHA), Center for Disease Control and Prevention (CDC), or National Institute for Occupational Safety and Health (NIOSH) and that the hazards have been minimized or eliminated. The requests should identify all steps taken to minimize, eliminate, or protect the employee(s) from exposure to the hazard(s).
- C. All requests for initial Temporary Hazard Pay determination shall be submitted on the Temporary Hazard Pay Request Form 1 (Attachment 1) to the respective RCHRO for review in a timely manner or as soon as practical where exposure to unusually hazardous working conditions were not projected or arose due to unforeseen events or circumstances.
- D. Proper and complete documentation to justify the Temporary Hazard Pay request is required to determine whether Temporary Hazard Pay is warranted. Once the request is received, the respective Regional HR Office will coordinate with the appropriate parties to conduct a Hazard Pay Study and a data analysis of the information submitted to determine whether Temporary Hazard Pay is warranted. Analysis will be conducted on the Temporary Hazard Pay Study Checklist Form 2 (Attachment 2).
- E. At the completion of the analysis of the Hazard Pay Study, the appropriate party (respective Regional Safety Officer, Infection Control Coordinator, or Designee) will document any deficiencies in safety practices and procedures along with recommendations for improvement and submit them to the Regional CEO for appropriate correction action(s) for the affected department(s)/ employee(s).
- F. Temporary Hazard Pay may not be granted when there is a direct violation of one of the applicable laws such as the Hawaii OSHA Law, CDC, NIOSH, etc.
- G. The President & Chief Executive Officer, Regional Chief Executive Officer or Designee shall grant hazard pay differentials to employees temporarily exposed to unusually hazardous conditions as provided in the CBA for Temporary Hazard Pay.

IV. ATTACHMENT(S):

Attachment 1: Temporary Hazard Pay Request Form 1

Attachment 2: Temporary Hazard Pay Study Checklist Form 2



TEMPORARY HAZARD PAY REQUEST

HHSC manager or supervisor is responsible to fill out the information below and submit it to their respective Human Resources Office.

Employee Name: _____

Job Title/BU/Position No.: _____

Facility/Dept. Name: _____

Please describe your employee's specific description of unusually, hazardous condition that warrant Temporary Hazard Pay; include frequency and number of hours of actual exposure to the hazards (daily, 3 days a week, once a month, 3 times a year, period requested, etc. If more space is needed, please attach sheet):

Efforts to eliminate, or control hazards (e.g., guarding equipment, substitution employee training, etc. Describe in detail those actions taken to eliminate, mitigate, or reduce the hazard. If more space is needed, please attach sheet):

Personal protective equipment used (provide a detailed list and primary function of each item as it relates to the hazard. If more space is needed, please attach sheet):

Other information related to this request (If more space is needed, please attach sheet):

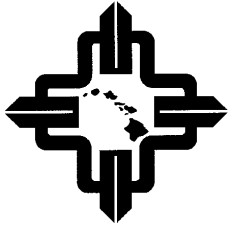
RECOMMEND:

Severe: fifteen percent 15%

Most Severe: twenty five percent 25%

Manager/Supervisor Signature

Date



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

Quality Healthcare For All

Temporary Hazard Pay Study Checklist

Facility/Department: _____ Date of Study: _____

Supervisor(s) _____

Complete the questions below and if more space is needed, please attach sheet(s).

1. What is the hazard?
2. What type of work are they performing?
3. What is the physical address of the hazard area?
4. What has been done to eliminate or minimize the hazard?
5. What safety rule is in place for this job and are they being followed?
6. What is the job title of employees performing the work?
7. How often is this type of work conducted?

Recommendation: Temporary Hazard Pay Yes ___15% ___25% No
Severe Most Severe

Remarks:

Signature of Safety Officer, Infection Control Coordinator, or Designee Date

Regional Chief HR Officer/Designee

Date

Approved: Yes No

Regional CEO/Designee

Date

Approved: Yes No