

# Terrebonne General Medical Center

Wednesday, April 1, 2020

# TGMC COVID-19 Visitation Guidelines

- We currently have a **zero-visitor** policy with limited exceptions. Only under the conditions below are visitors allowed to see patients and **then only one visitor is allowed per day.**
- **Essential Visitors** include:
  - Laboring moms – **spouse/partner** (one per day)
  - Pediatric patients (including NICU) -- **Parent/Guardian** (one per day)
  - End of Life situations (including NICU)– **spouse/significant other/children** (the visitors can be together but should go to the room and remain there until departure)
- All **Essential Visitors** will be screened through temperature checks and appropriate questioning.
  - Patients with a visitor who we have deemed essential will be limited to **one visitor per day.**
  - Visitors should **stay in the patient room for the duration of the visit.**
  - Essential Visitors will be provided **one mask** and should keep it for the **duration of their visit** (even if returning the following day).
  - Screening questions:
    - Fever greater than 99\*
    - Cough
    - Shortness of breath
- An Essential Visitor cannot be someone who is a **Restricted Person**
  - **Restricted Person** = signs or symptoms of respiratory infection, in the last 14 days has had contact with someone with a confirmed diagnosis of COVID-19 or is under investigation for COVID-19 or has been or is currently ill with respiratory illness, or has been on international travel or travel within high peak cities such as New Orleans or Jefferson Parish within the last 14 days

## March 13<sup>th</sup> CMS policy on Skilled Nursing and Rehab

- CMS has said that there can be no visitors for nursing facilities except for end of life patients
- Post-Acute facilities are following the CMS guidelines for skilled nursing facilities to include our Rehab facilities, except for end of life.

## Clinic Visitors

- There should be **NO** visitors for clinic visits, except for pediatric visits with **one parent.**
- Clinic patients requiring assistance with ambulation or entrance into the clinic will be assisted by TGMC personnel.
- Each clinic site will develop a protocol to enable patients to get to/from their car to their visit.

# Personal Protective Equipment Guidance

Revised 3/31/2020

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**TGMC has adequate supplies of PPE and continues to monitor supply inventories daily. These recommendations are made to ensure that we maintain adequate supplies despite national back orders. Guidance below is derived from various organizations (to include, but not limited to- Office of Public Health, Center of Disease Control and Prevention) based upon their COVID-19 experiences.**

## **Employee and Provider PPE Guidance (Ambulatory and Hospital)**

- All patient facing employees will be provided and are expected to wear ONE surgical mask to wear during their time at work. The mask will be reused each day unless damaged, torn, wet or visibly soiled, even if over multiple days. A surgical mask will be provided for workers with sustained patient contact as defined as (those who spend at least 10 consecutive minutes within 6 feet of a patient each day). This means that a surgical mask will be worn within all patient care areas as defined above, all inpatients will be issued a mask, and all laboring moms and their assigned significant other. All departments and personnel not within 6 feet of a patient each day will wear cloth masks. Contact Josh Faucheaux at ext. 7133 for a cloth mask. Wash cloth masks daily.
- Hand Hygiene is critical to reduce transmission and spread. Use hand hygiene before and after touching any mask.

## **Surgical Masks:**

- Re-use same surgical mask for multiple patients until further notice. Do not discard unless damaged, soiled or contaminated
- Re-use masks until soiled, wet, damaged or contaminated (see above)

## **Home Equipment**

- Fabricated masks may be worn by employees who do not participate in direct patient care and must be laundered at home daily
- NIOSH approved respirators
- (N95, sN95, N99, N100, R95, P95, P99, P100) may be brought in for use by HCWs. The HCW is responsible for following manufacture's guidelines for cleaning and use
  - A full list of brand names and models: [https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/default.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html)

## **N-95 Respirator during Direct Patient Care:**

- Use for any airborne isolation patients (rule out or confirmed COVID-19 TB, measles, disseminated zoster)
- Change from surgical mask to N95 mask prior to entering airborne isolation rooms AND for COVID-19 and rule out COVID-19 patients when performing aerosol generating procedures such as intubation, suctioning, or caring for any patient on BIPAP or nebulized medications
  - When wearing large acrylic face shield during procedure, N-95 will be protected, therefore, does not need to be discarded
- Staff may re-use the N-95 on multiple patients until the mask is soiled, wet, damaged or contaminated (i.e. exposed to an isolation patient's droplets/secretions and after any aerosol generating procedures)
- Discard N-95 only when soiled, wet, damaged or contaminated and after any aerosol generating procedures, such as intubation, suctioning, nebulizer treatments or BIPAP.
- Re-use same N-95 for multiple isolated patients until further notice
- Surgical mask may only be worn over N-95 if your size is not available (such as limited supply of small N95 mask). Re-use same surgical mask for multiple patients. Do not discard unless damaged, soiled or contaminated
- Perform Hand Hygiene before and after handling the mask, or other contaminated items
- Store N-95 in paper bag labeled with HCW's name when not in use
- Face shields and goggles can be re-used after cleaning with sanitizer

# Personal Protective Equipment Guidance

Revised 3/31/2020

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## **Isolation Gowns**

- At this time, isolation gowns are single use. We are not re-using. Please schedule patient treatments in order to minimize unnecessary use.

## **Washable Isolation Gowns**

- DO NOT THROW AWAY OR DISCARD
- These gowns must be placed in the linen hamper, not trash
- Wear double gloves if gowns have fabric cuffs (one under the cuff and one over the cuff)

## **Other PPE**

- Head covers (bouffants) and shoe covers are not required when caring for rule out or confirmed COVID-19 patients

## **PPE Guidance for Dedicated COVID Units:**

- Identify and dedicate a secure area to don and doff PPE (the areas should be separate)
- Don isolation gown, N-95 (or approved respirator), goggles/face shields, and gloves. Change gloves frequently and between patients utilizing appropriate hand hygiene.
- Use chemo gown IF anticipate becoming wet or soiled. If this occurs, remove and discard the gown.
- Between patients, while on unit, a surgical mask must be worn
- Remove PPE prior to leaving unit/secure area (save masks and wipe goggles and face shields)

## **PPE Guidance for Procedural Areas**

- The same mask may be used throughout the day unless it becomes wet, or visibly dirty, or there is a blood or body fluid exposure that includes the mask
- The individual should check for wet, visibly dirty, blood or body fluid presence on the mask in between cases, and change mask for those indications
- Use a surgical mask for all cases, except:
- Patients on COVID-19 or airborne isolation, then use N-95
- Endoscopy (EGD), Anesthesia, Providers that Intubate: N95 will be worn for intubation of all patients with face shield in place. The N95 can be worn until damaged, soiled or wet, as long as a face shield is worn over it. After each case, wipe face shield before using with the next patient.

# Personal Protective Equipment Guidance

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## **Visitor PPE Guidance:**

- Essential Visitors will be given ONE surgical mask at their entry point and will be worn for the duration of that visit and subsequent visits until it is damaged, visibly soiled, or torn

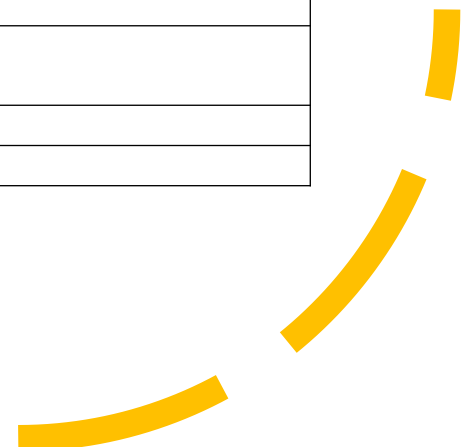
## **Patient PPE Guidance:**

- All inpatients are given a surgical mask to wear during the stay.
- Only ONE surgical mask should be given per patient. Patients should be instructed to keep their mask until it is damaged, visibly soiled, or torn.

# Personal Protective Equipment Contacts

- **\*\*\*If your unit is out of PPE or does not have the supplies to follow this guidance,**
- **please contact your director and materials management team immediately. After hours the Patient Placement Nurse will assist.**

Materials Management	Ext. 3535		
PPN office	Ext. 4138	Wireless Ext. 7679	



# Return to Work Criteria:

If employee **has NOT** been tested for Covid-19 but is symptomatic:

## **Exclude from work until:**

At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms - eg. Cough, shortness of breath - **AND**:

1. At least 7 days have passed since *symptoms first appeared*.
2. Once criteria above are met, Employee should contact Employee Health at 985-873-6233 for clearance to return to work. If approved, Employee Health will notify leader of clearance.

If employee **HAS** been tested for Covid-19:

If test results are **NEGATIVE** exclude from work until:

- ✓ 24 hours fever free without the use of fever-reducing medications **AND**
- ✓ Improvement in respiratory symptoms (eg cough, shortness of breath)
- ✓ Once criteria above are met, Employee should contact Employee Health at 985-873-6233 for clearance to return to work. If approved, Employee Health will notify leader of clearance

If test results are **POSITIVE**, exclude from work until:

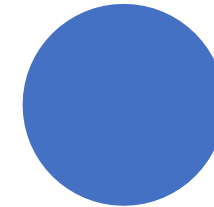
At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms - eg. Cough, shortness of breath - **AND**:

- ✓ At least 7 days have passed since *symptoms first appeared*.
- ✓ Once criteria above are met, Employee should contact Employee Health at 985-873-6233 for clearance to return to work. If approved, Employee Health will notify leader of clearance

## **RETURN TO WORK PRACTICES:**

- ✓ Wear a facemask at all times while in the facility until symptoms are completely resolved or until 14 days after illness onset- whichever is longer
- ✓ Adhere to hand hygiene, respiratory hygiene and cough etiquette

# Employee Health



# COVID-19 Testing Criteria-

PRESENTATION/SYMPTOMS	SARS-CoV-2 TESTING RECOMMENDED?
Asymptomatic	No
Community Patients + Symptoms <sup>2</sup> (includes all clinics, urgent care)	ONLY IF RISK QUALIFIER PRESENT <sup>1</sup>
Emergency Room Patients + Symptoms <sup>2</sup>	ONLY IF RISK QUALIFIER PRESENT <sup>1</sup>
Hospitalized Patients + Symptoms <sup>2</sup>	Yes*
Healthcare Workers + Symptoms <sup>3</sup>	Yes*
Any Pregnant or Increased Risk Patient + Symptoms <sup>2</sup> (See <i>RISK QUALIFIER Definition</i> ) <sup>1</sup>	Yes*

1. Risk Qualifier: pregnant women or patients with immunocompromising conditions (such as receiving immunosuppressive medications, solid organ transplant, hemodialysis, chronic lung disease, active cancer, advanced HIV) or infants ≤ 10 weeks of age/adjusted gestational age.
2. Symptoms of acute viral respiratory infection (New and worsening cough or shortness of breath) AND Fever (Temp ≥100.4)
3. Symptoms for healthcare workers include (e.g., subjective or measured fever, shortness of breath, new and worsening cough)

\*COVID-19 Sample Collection: (LAB CODE: 9309) Patient samples should be collected using a nasopharyngeal (NP) swab. Contact/Airborne/Droplet precautions + eye protection should be worn during sample collection. Collect ONE NP specimen by rotating the swab gently against the nasopharyngeal mucosa for 10-15 sec, then, using same swab, collect a sample from the other nostril, then remove swab and place in a single UTM tube OR E swab Media Tube. Specimen should be double-bagged and transported with EPIC requisition to your local/regional lab. Swabs for Flu CANNOT be used for COVID testing.

For any questions related to specimen collection, transport, or processing, contact LABORATORY CLIENT SERVICE 504-842-4623. Duplicate testing for post acute patients should be tested 24 hours prior to Discharge and lab must be contacted for order code.



# Finance-Related Items

**The hospital may be reimbursed for expenses related to the COVID-19 response. To ensure maximum reimbursement, specific documentation is required.**

Cost Center 8999 (Emergency Preparedness)

Charge supplies/purchases specifically for COVID-19 response to this department.

This includes excess quantities of normally purchased supplies directly related to the pandemic.

Supplies

PPE normally stocked on par locations has been tightened to ensure maximum availability. If you need supplies, the department leader can PSD and we will bring them to you!

Donations

All donations of any kind (including supplies) must go through the Donations Resource Coordinator (x3889).

Supply donations will be evaluated for proper infection control standards before being placed into inventory.

Meeting Documentation

Send sign-in sheets and a brief description of what was discussed for each meeting to [COVID19@tgmc.com](mailto:COVID19@tgmc.com)

# Obstetrics:

- **Work Policy for Pregnant Women**

- From the current data available on COVID-19, pregnant women are not at any increased risk over the general population. There are no specific recommendations regarding a pregnant woman above the general population.
- Just like anyone, pregnant or non-pregnant, if your employer has a work from home policy, we highly encouraged everyone to work from home and self-isolate.
- If your job is essential or your employer does not allow you to work from home, there does not appear to be any greater risk than for your nonpregnant coworker. Therefore, we are not issuing notes to work from home just because you are pregnant. Be sure to wash your hands, use hand sanitizer, do not touch your face and use precautions.
- If you are pregnant and **work in healthcare**, this CDC, ACOG and SMFM recommend that all healthcare personnel who enter a room of a patient with known or suspected Covid-19, should adhere to the standard contact, droplet and airborne precautions by wearing a gown, gloves and an appropriate mask. These recommendations are the **same** pregnant and nonpregnant individuals. Facilities may want to consider limiting their exposure to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures). However, in settings with a higher burden of disease or limited staffing, this may not be feasible.

# Documentation requirement changes for COVID – 19

Nursing ICU/Step down/Telemetry/MEDSURG  
(applies to all adult patient on these units)

<b>Required Documentation -</b> <b>This a reduction in the documentation not in the Nursing Care Provided</b>	
<b>Review at admit:</b>	Medical/ Surgical/Social/Immunization History from Provider Documentation
<b>Notify:</b>	Notify Family of Admission
<b>Care Plan:</b>	Will pre-populate based on orders and problem list entry for Ventilator management, Sepsis, ARDS, Diabetes, Pneumonia, Renal failure / dialysis. When in the room - assess patients need for coping and emotional support.
<b>Adm it Assessment:</b>	Home Medication, Allergy, Dialysis Status, Height and Weight, Advance Directive, Assess for transdermal patch, <b>Pregnancy and Lactation</b>
<b>Adm it risk screening:</b>	Fall risk, Fall w ith injury, Braden, Abuse, Nutrition, Mobility AM-PAC and Suicide.
<b>Shift risk screening:</b>	Fall and Braden changed to daily.
<b>Education and Learning assessment:</b>	Defer until time of discharge.
<b>Vital signs:</b>	<b>ICU</b> – Document as needed for medication titration <b>and other procedures</b> or a <b>minimum of every 2hrs or changes in condition.</b> <b>Med/Surg</b> - Every 8 hours BP, P, R, Pulse Ox , Temp and Pain
<b>Physical Assessment:</b>	<b>ICU</b> - Head to toe physical assessment every 12 hours. Focused (Problem Oriented) physical assessment based on patient problems every 6 hours for items not easily evaluated from outside of room. <b>Med/Surg</b> - Head to toe physical assessment every 24 hours. Focused (Problem Oriented) physical assessment based on patient problems every 6 hours.
<b>LDA ‘s:</b>	As initiated or assessed
<b>I&amp;O:</b>	Place Foley on side of bed visible to w indow or door. Empty during cluster of activities.
<b>Medication:</b>	On MAR, document w hen Medications are administered.
<b>CRRT and Dialysis:</b>	Documentation as required w hen performed.
<b>Document Notes:</b>	Changes in status as patient condition changes. At the end of the shift it is recommended to complete a note on patient status and any problems addressed/ resolved during the shift.
<b>Restraints:</b>	<b>Non-violent restraints – changed from every 2hrs to every 4hrs.</b> Violent restraints- no change

# Required Documentation reduction for Medsurg/Telemetry, ICU and Step Down Units

Effective 3/30/2020

- **Removed from Admission assessment:**
  - Room Service
  - Immunization
  - History – Medical, Surgical, Family, Social, Tobacco Use
  - Disability/Functional assessment
  - Care Planning- Decreased to 1 question and auto population of common CPG's
  - Spiritual Beliefs
  - Case Management screening questions (5)
  - Malnutrition screening
  - Diabetes assessment
  - Functional assessment
  - Depression screening
  - Coping Questions (2)
  - Dysphagia assessment
  - Learning Assessment/Education deferred to Discharge
- **Frequency Changes for Shift Assessment:**
  - Med Surg/Telemetry-
    - Head to Toe changed from 12hrs-24 hrs
    - Focused assessment every 6 hrs
  - ICU/Step Down
    - Head to Toe changed from 4hrs -12 hrs
    - Focused assessment every 6 hrs
  - Braden and Fall assessments
    - Changed from q12 to q 24hrs
  - Interventions such as Safety Promotion/Fall Preventions/Activity Management/VTE prevention
    - Changed to q6 hrs Med/Surg and ICU
  - Vital Signs
    - Med/Surg/Telemetry changed from q4 to q8
    - ICU/Step Down - Document as needed for medication titration or as needed.

# Required Documentation reduction for Emergency Departments

Effective 3/30/2020

## Removed from Initial Assessment:

- Immunization
- History – Medical, Surgical, Family, Social, Tobacco Use
- Learning Assessment/Education deferred to Discharge
- Comfort/Acceptable Pain level

# Regulatory Burden Reduction for Patients as a result of COVID-19

Per CMS, the following requirements have been revised/removed

Required Documentation	
Verbal Orders	Still require Read-Back and Verify (RBV) and limit use when possible, do not need to be authenticated by provider within 24 hours
Care Plan	Waived per CMS. Current guidance is to only use fields that auto-populate in EPIC
Seclusion Requirements	Waived per CMS. Can keep patient in room by themselves with the door closed without an order or Q15 minute checks
Protocols and Standing Orders	Do not need approvals from Nursing, Medical Staff and Pharmacy. Can expedite development of COVID-19 standing order sets
Advance Directives	Do not need to document that the patient was provided information on Advance Directive procedures. Should still document whether the patient has an Advance Directive
Discharge Planning	Do not need to provide patient with list of Home Health Agencies, SNF's, etc
Restraints	Death reporting requirement remains in place for patients who die while in restraints or within 24 hours of the use of restraints. Reporting <u>not required</u> for patients who were only in soft two-point wrist restraints

# Appendix of Reference Documents

# Benefits & Resources

- **Child Care Resources:**
  - For assistance with the cost of child care during the pandemic, click here for the [Child Care Assistance Program Application](#).
  - For assistance in obtaining child care during the pandemic:
    - Please complete the Child Care Need Assessment Form on the TGMC Employee Facebook page or the [Employee Resources – Coronavirus COVID-19 page](#).
    - Our EAP provider, [New Directions](#), can provide assist in locating child care or elder care.
- **Don't forget to take care of yourself with our EAP resources:**
  - [New Directions](#) has a specific [crisis resources website](#) and hotline 1-833-848-1764
  - [Talkspace](#) through New Directions
  - Gary Golden with Golden Opportunities via Ken in HR at extension 6373
  - The Louisiana Department of Health is available through the *Keeping Calm through COVID* hotline at 1-866-310-7977. Trained counselors available 24/7. All calls are confidential.



# Benefits & Resources

- **Money on your mind? You're not alone. We have Financial Resources for you:**
  - Let New Directions help ease some of those financial worries. Call [800-624-5544](tel:800-624-5544) for a free 30-minute financial consultation, or [check out their extensive library of resources](#).
  - SoFi is [here](#) to help.
    - Find information about financially relevant news [in their app](#) and [blog](#).
    - You can talk to a SoFi financial planner at no cost – schedule an appointment [here](#).
    - There are new cashback offers to help you save money on some of the services you might be relying on more heavily at this time, like DoorDash for food delivery and Netflix, Hulu, and more for entertainment. See all of the offers and enroll [here](#).
  - Still have questions? Here are the best ways to contact SoFi:
    - **Student Loans and Personal Loans:** email at [customerservice@sofi.com](mailto:customerservice@sofi.com) or chat at [SoFi.com](https://sofi.com)
    - **Money:** email at [sofimoneysupport@sofi.com](mailto:sofimoneysupport@sofi.com)
    - **Invest:** email at [investsupport@sofi.com](mailto:investsupport@sofi.com) or chat at [SoFi.com](https://sofi.com)
    - **Home Loans:** [homeloans@sofi.com](mailto:homeloans@sofi.com)
    - **General support:** email at [customerservice@sofi.com](mailto:customerservice@sofi.com)
    - **Mobile support:** email at [mobilesupport@sofi.com](mailto:mobilesupport@sofi.com)

# COVID-19: Employee Not On Leave of Absence

Regular	Paid Time Off (PTO)	Unpaid PTO (PTOUP)
Pays regular earnings	Pays base rate of pay for vacation or personal reasons the employee is not working	Unpaid
<p><b>Leaders should use when employee is working – including the following scenarios:</b></p> <ul style="list-style-type: none"> <li>Employee is working their regular job on-site</li> <li>Employee is authorized to work remotely</li> <li>Employee has been temporarily redeployed to another job – either partially or fully (i.e., employee works regular job 3 days a week and works as a temperature checker 2 days a week; etc.)</li> </ul>	<p><b>Leaders should instruct employees to use PTO for time not working under any of the following scenarios:</b></p> <ul style="list-style-type: none"> <li>Employee has been redeployed but does not want to do redeployed job</li> <li>Employee is asymptomatic but has requested remote work and remote work cannot be accommodated</li> <li>Employee has requested an accommodation or a leave of absence and is not able to work during the accommodation/leave process</li> </ul>	<p><b>Leaders should still use the pay code PTO in the following scenario -- the system will automatically change to PTOUP once the employee has exhausted accrued PTO:</b></p> <ul style="list-style-type: none"> <li>Employee is not working due to one of the scenarios in PTO, and the employee exhausts available PTO.</li> </ul>

# COVID-19: Employee Not Working

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Employee Not Working Scenario:	Compensation Type	Leave Type
To care for family member w/COVID-19	PTO	FMLA*
To care for family member due to closure (day care, school, etc.)	PTO	Personal
Quarantine due to personal travel	PTO	Personal
Quarantine due to business travel	EIB	FMLA*
Quarantine due to family member exposure	EIB	FMLA*
Quarantine due to first degree exposure at work	Worker's Comp & EIB	FMLA*
Quarantine due to first degree exposure outside of work	EIB	FMLA*

\* must meet 12 months employment and 1250 hours requirement to qualify and is limited to a total of 12 weeks within the 12 month period.

# Notifying HR of the Need for FMLA

When you have an employee that is out 3 or more calendar you must notify HR as soon as possible. In the past you had to do this via email, but now there is a form on the intranet “Supervisor – Leave of Absence Request”  
<https://forms.gle/yPvs778Y8edj1txh8>



Supervisor - Leave of Absence Request

# Coding Time

- ❖ In order to track any absences for COVID-19 according to the chart on the previous slide, please use notes on the two new Predefined Note codes (COVID PTO and COVID EIB) on employees' time in LaborWorkx. To do so, when using the Monthly View, add calendar for PTO then go to the Notes tab and pick predefined note for COVID PTO. This note will come up and you will have to delete what is not needed and then enter the date range and Save. You also have the option of adding a pay period note on the TCS screen. The Predefined Note Code will automatically come up.
- ❖ It will be the same when adding EIB time. If the employee has a balance of 520 you will not have to override. Please still add the note for COVID EIB with the predefined notes. If the employee has less than 520, an override should be used for the employee to be paid from the first day. This should be done on the first 5 days. Payroll will see these notes and not have to question the override.
- ❖ Please see next slide for screen shots.

# Coding Time

COVID EIB	COVID EIB
COVID PTO	COVID PTO

Calendar Pending Published Save

General Notes

**New Note**

Predefined Note Code  
 COVID EIB

Subject\*  
COVID EIB

Text\*  
 Employee out due to (Select Reason: family member exposure quarantine, outside of work exposure quarantine, business travel quarantine, work exposure quarantine) (Enter Date Range).

Save

Predefined Note Code  
 COVID PTO

Subject\*  
COVID PTO

Text  
 Employee out due to (Select Reason: care for family member, daycare/school closure, personal travel quarantine) (Enter Date Range).

Save

# Regular Timekeeping Duties

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- Continue your regular timekeeping routine to:
  - Correct missed punches
  - Critical errors must be fixed or the employee will not be paid (red X)
  - Approve time off requests and approve missed clocking request
  - Review week 1 and week 2- (Do not just look at total of 2 weeks)
  - Add notes when using EIB and BEREAVEMENT pay codes
  - Review for accuracy for work rules and hours worked
  - Approve timecards

# Regular Timekeeping Duties

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- Reminders:
  - Corrections submitted after the payroll deadlines will be added to the next payroll cycle
  - The employee should go to the Supervisor with any payroll issues and then the supervisor will contact payroll in order to correct the payroll issue
  - Please call or leave a voicemail for the Payroll Team at 873-4642. You can also email at [Valerie.folse@tgmc.com](mailto:Valerie.folse@tgmc.com).



# FAQs

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- **How do I request remote clock-in access for my employees?**
  - Employees should be able to “Quick Badge” through Laborworkx.
- **What cost center should I charge my time?**
  - Time should be charged to the department that the employee is actually working in.
- **How do I report call-ins?**
  - If an employee call-ins for a shift you would report it on the “Call-Ins” form on the intranet -- <http://tgmc/callin/>

