



Central Ohio Trauma System

An affiliate of the Columbus Medical Association

EMERGENCY PATIENT TRANSPORT PLAN

PURPOSE STATEMENT

The Central Ohio Trauma System (COTS) Emergency Patient Transport Plan (EPTP) is *ultimately* intended to promote emergency department (ED) access to care for patients in Central Ohio when THREE or more adult Franklin county Ohio hospitals have concurrently declared a “Divert” status to public and private Emergency Medical Service (EMS) agencies. In addition, when one hospital declares a “Closed” or “Divert-Equipment Failure” status, then only two additional hospitals are needed to activate the EPTP. Free Standing Emergency Departments (FSED) are not counted as part of the three.

This plan pertains only to stable public and private EMS medical patients.

At times of inordinate acuity and/or patient census, it may be necessary for EDs to individually declare diversion status. The decision to declare diversion status is made jointly by ED and hospital leadership.

During a community-wide, mass-casualty incident (MCI) or developing situation:

1. Hospitals are expected to activate their internal disaster surge plans to accommodate the receipt of multiple victims.
2. The on-scene Incident Commander in conjunction with the Medical Group Supervisor will identify and disperse patients as the situation warrants.
3. All other patients not part of the MCI will be managed under the EPTP.
4. Hospitals may not divert patients during a community-wide mass-casualty incident or developing situation.

Other purposes of the EPTP are:

1. To minimize out-of-service and drive times for area public/private EMS providers.
2. To strategically disperse patients to local hospitals so that wait times and care are optimized.

SCOPE

These guidelines are intended for use by and among participating Central Ohio hospitals, Free Standing Emergency Departments and public/private EMS that transport their patients to [participating hospitals](#).

OVERVIEW

The EPTP establishes a course of action for hospitals and public/private EMS so that patients’ medical care needs are met, and healthcare partners share the load in periods of peak activity in the emergency healthcare system.

The EPTP is activated when THREE adult Franklin county hospitals have declared a “Divert” status within the same timeframe. In addition, when one hospital declares a “Closed” or “Divert-Equipment Failure” status, then only two additional hospitals are needed to activate the EPTP.

Hospitals have the option of activating a “Divert-Equipment Failure” alert on the Real-Time Activity Status (RTAS) system. This activation should be utilized in the event a hospital has diagnostic or procedural equipment malfunction that affects their ability to care for certain types of critical patients but are still able to receive other patients. The hospital experiencing “Divert---Equipment Failure” shall notify the Columbus Fire Department (CFD) Fire Alarm Office (FAO) dispatch center of the exact situation and the type(s) of patients that should be diverted to another facility. The FAO will announce the information citywide.

If an individual hospital is experiencing an internal disaster such as from flooding, security issues, loss of electricity without generator backup, unplanned system wide computer outages, active aggressor situations etc., the hospital shall declare that ED “CLOSED” on the RTAS system. The hospital shall follow up with the FAO to communicate further information on the situation and the FAO will announce the information countywide. Hospitals experiencing an internal disaster and declaring the ED “CLOSED” shall be taken out of the rotation during activation of the EPTP and shall receive no patients by public/private EMS until such a time as the ED is re-opened by the hospital’s administration. Anytime a hospital declares their ED “CLOSED” on the RTAS system, the hospital will notify the COTS Healthcare Incident Liaison (HIL) of this situation. The HIL may be reached via phone call or email page:

- Phone 1-855-266-7243 Enter ID Number 26874451 (COTSHIL1)
- Page via email @ 26874451@onpage.com

(NOTE: Nationwide Children’s Hospital (Main Campus) maintains a no-divert policy for pediatric, non-pregnant patients.)

EPTP activation represents extraordinary collaboration between hospitals and public/private EMS. Once announced, the EPTP status will be re-evaluated at 0730 or 1930 or as determined by the FAO.

The EPTP shall be carried on all participating Central Ohio public/private EMS vehicles and maintained in every fire station, and participating hospital administration office and ED.

The EPTP is a component of the COTS Regional Emergency Care Access Plan (RECAP) which includes the following components: EPTP, Diversion Teaching Tool, and the RTAS database.

Refer to **APPENDIX A** for day-to-day operations for hospitals, public/private EMS agencies, and the Fire Alarm Office.

HOSPITALS

HOSPITAL ACTIONS DURING EPTP ACTIVATION

1. The EPTP is activated by the FAO when **THREE** or more adult Franklin county hospitals concurrently post a diversion status on the RTAS System. In addition, when one hospital declares a “Closed” or “Divert-Equipment Failure” status, then only two additional hospitals are needed to activate the EPTP.
2. During EPTP activation, unless posting a “Closed” or “Divert-Equipment Failure” no ED may divert an ambulance or transport vehicle.
3. Upon activation of the EPTP, EDs begin to participate in an allocation of stable medical patients as coordinated by the FAO.
 - a. Patients are allocated based on a pre-determined ratio declared by each hospital. This ratio number is determined by the hospital administration and ED Leadership, and submitted to COTS. **Hospital EPTP Ratios (APPENDIX B)** document hospitals’ current ratios for patient allocation by the FAO during EPTP activation.
 - b. EPTP ratios may not be decreased during EPTP activation.
 - c. During EPTP activation, if ED leadership feels their hospital can accommodate more patients at any given time than are allocated per their EPTP ratio, they may temporarily increase their ratio by notifying the FAO Transportation Manager via phone @ 614-221-2345. The number of additional patients that a hospital requests is at the discretion of ED leadership.
 - d. A hospital’s EPTP ratio may be changed during non-EPTP activation times with written communication submitted to COTS Executive Director by both the respective ED nurse manager and ED medical director indicating the new ratio.
4. Critical or unstable patients should always go to the closest, most appropriate hospital per public/private EMS Standard Operating Procedure. The delivering public/private EMS provider or their Dispatch should notify the FAO either before or after the critical/unstable patient’s arrival in the destination ED so that patient(s) is counted in the ED EPTP ratio.
5. This may require the destination ED to call the FAO to say they just received patients from a non-participating public/private EMS and/or providing just in time education and referral to [COTS for education and inclusion](#).
6. During EPTP activation, the destination hospital shall use the following ***EPTP Scripted Hospital Radio Communication for inbound public/private EMS:***
 - a. “This is (Name of facility). Please be advised we are on the countywide Emergency Patient Transport Plan. Please go ahead with your report.”
7. Once the EPTP is activated, all hospitals shall participate in the EPTP until a decision is made to terminate or continue the EPTP by the FAO at approximately 0800 and 2000 hours.
8. During EPTP activation, EDs shall change their RTAS System status to any status other than Divert. The “High*” status indicates that, should the EPTP be discontinued, the ED would still be in a Divert mode. This information serves to assist the FAO in determining when to terminate EPTP activation.
9. ED Charge Nurses at hospitals that post a “High” or “High*” or “Divert-Equipment Failure”, or “Closed” on the RTAS System should anticipate a call from the FAO at approximately 0730 and/or 1930 hours on the days that the EPTP is activated, to ascertain a continued need for EPTP activation.
10. The decision to continue a Divert status should be made jointly by ED and hospital leadership.

EMERGENCY MEDICAL SERVICES

EMS (PUBLIC/PRIVATE) ACTIONS DURING EPTP ACTIVATION

1. Public/private EMS shall participate in the EPTP when EPTP activation is posted on the RTAS System by the FAO.
2. Prior to loading patients for transport, public/private EMS will contact the FAO Transportation Manager on channel **9 Transport** of the CFD radio system to receive a hospital destination assignment.
 - a. If public/private EMS agency does not have **9 Transport**, they or their Dispatch should contact the FAO Transportation Manager for destination assignment via phone @ 614-221-2345.
3. Public/private EMS may decline a destination assignment if one of the four EDs closest to the scene is not among those offered for assignment. The crew should inform the FAO of their decision to decline the assignment and why and identify their transport destination. The FAO will appropriately credit the patient to the destination hospital's EPTP ratio.
4. Public/private EMS is expected to use appropriate discretion to provide the best care for their patient, including deviation from this plan, when justified. Any disputes or deviations from this plan should be immediately reported to the public/private EMS Supervisor from the public/private EMS providers' home district.
5. Unless a hospital is on "Closed" or "Divert-Equipment Failure" status, patients meeting the following criteria as determined by public/private EMS are NEVER diverted by an ED regardless of diversion status or activation of the EPTP (**EPTP Exclusion Criteria**):
 - a. Critical or unstable as determined by public/private EMS
 - b. Chronic medical conditions or specialty needs (i.e. transplant, dialysis, hyperbaric, burn, active labor)
 - c. Hospital of recent discharge
6. At times, after being informed of a destination assignment, the patient may choose to make other transportation arrangements. Public/private EMS may utilize the public/private **EMS Diversion Teaching Tool (APPENDIX C)** when attempting to explain hospital diversion to a patient.
 - a. **After the patient makes the final transport decision**, public/private EMS will notify the FAO Transportation Manager of their transport destination decision.
7. Critical or unstable patients should always go to the closest, most appropriate hospital per public/private EMS Standard Operating Procedure. The delivering public/private EMS or Dispatch provider should notify the FAO either before or after the critical/unstable patient's arrival in the destination ED so that patient(s) is counted in the ED EPTP ratio.
8. Private service EMS performing pre-assigned interfacility patient transfers to participating EDs are encouraged to notify the FAO Transportation Manager either before or after the patient's arrival in the destination ED so that patient(s) is counted in the ED EPTP ratio. This notification may be done by calling 614-221-2345.

FAO AND MANAGEMENT ACTIONS DURING EPTP ACTIVATION

1. The FAO will inform the FAO Supervisor when **THREE** adult Franklin County hospitals concurrently show a Divert status on the RTAS System or when one hospital shows a “Closed” or “Divert-Equipment Failure” status at the same time two additional hospitals show a Divert status.
2. The FAO may opt to contact the three hospitals who are currently indicating a “High”, or “High*”, or “Divert-Equipment Failure”, or “Closed” status on the RTAS System to determine if activation of the EPTP is warranted. If three or more hospitals indicate a continued diversion status the EPTP is activated.
3. The FAO supervisor will assign an additional dispatcher as the FAO Transportation Manager to monitor the 9 Transport radio channel. This position will always be filled during the operation of the Plan. The FAO Transportation Manager position will have 9 Transport and the operation of the EPTP as his/her primary responsibility at all times.
4. The FAO Transportation Manager will immediately notify all participating hospital EDs and Free Standing EDs of EPTP activation. Methods include:
 - a. Posting the “EPTP Activation” designation on the RTAS System
 - b. Utilizing the paging notification system.
5. The FAO will broadcast a message over 10 Fire, 9 EMS1, 9 EMS2 radio channels, and the CFD public announcement (PA) system stating that Franklin County is now operating under the terms of the Emergency Patient Transportation Plan.
6. The FAO supervisor will notify the ES-2 Deputy Chief of the immediate need to temporarily transfer either two or three FAO-qualified firefighters to the FAO for the remainder of the current Unit’s tour of duty and to transfer three additional FAO-qualified firefighters to the FAO for the next Unit’s 24-hour tour of duty.
7. The FAO will follow their internal notification guidelines including but not limited to sending automated mass notification of EPTP activation status to all public/private agencies and/or Dispatch Centers included on the FAO EPTP Call-Down List. To be included in this mass notification, contact @ faoadmin@columbus.gov
8. All participating Dispatch centers in addition to the FAO will notify their crews according to internal notification processes.
9. The FAO Transportation Manager will establish a tracking mechanism to monitor the proportionate assignment (the ratio) of patient transports to each hospital. Each hospital will start at zero upon EPTP activation.
10. Transport destination assignments will be rotated among the [participating hospitals](#) in a manner to balance the patient load in accordance with the ratios as documented in **APPENDIX B**.
11. The FAO Transportation Manager may temporarily flex the rotation schedule at his or her discretion to accommodate obvious imbalances that may occur, or for any other appropriate reason. The FAO Transportation Manager is not required to entertain discussion of the matter with either public/private EMS or hospitals and may strictly follow the rotation at any time.

EPTP TERMINATION

1. At 0730 hours and at 1930 hours each day while the EPTP is in effect, the FAO Transportation Manager will call the ED Charge Nurses at hospitals who show “High”, or “High*”, or “Divert-Equipment Failure”, or “Closed” on the RTAS System, asking them if they would be diverting if the EPTP was terminated in the next hour.

2. The FAO Transportation Manager will advise the FAO supervisor of the results of the telephone survey. The FAO supervisor will determine if the EPTP should continue or be terminated based on the following survey criteria:
 - a. If the cumulative response is that two or less EDs would request diversion, the EPTP will be terminated on the next half-hour (0800 or 2000 hours).
3. When the decision is made to terminate the EPTP, the FAO will take the following actions:
 - a. The FAO will deactivate the EPTP alert designation on the RTAS System.
 - b. The FAO Transportation Manager will utilize the EPTP paging group for notification of EPTP termination.
 - c. A message will be broadcast over 10 Fire, 9 Transport, 9 EMS1, 9 EMS2 radio channels and the CFD PA system stating that Columbus is now terminating the Emergency Patient Transportation Plan.
4. The FAO will follow their internal notification guidelines including but not limited to sending automated mass-notification of EPTP activation status to all public/private agencies and/or Dispatch Centers included on the FAO EPTP Call-Down List. To be included in this mass notification, contact @ faoadmin@columbus.gov
5. All participating Dispatch centers in addition to the FAO will notify their crews according to internal notification processes.

POST EPTP ACTIVATION DEBRIEFING

To allow for just-in-time information sharing and communications between those affected by EPTP activations, a debriefing session shall be held within (15) business days following the end of an EPTP activation. Representatives from Diversion Data Review Subcommittee included in the EPTP activations shall be invited to participate, including the Columbus FAO, emergency departments, public/private EMS, and others, as appropriate.

POST EPTP DEBRIEFING CALL MANAGEMENT & CALL AGENDA

1. COTS Executive Director or designee will send an Outlook invite for the call including a call-in line.
2. COTS Executive Director or designee will perform a roll call using the Diversion Data Review Subcommittee member list
3. Columbus FAO shall present a summary of the EPTP activation including:
 - a. start date/time,
 - b. end date/time,
 - c. number of transports facilitated to each EPTP participating facility during the activation,
 - d. and any issues or points of information related to the activation.
4. Diversion Data Review Subcommittee hospital/healthcare system representative(s) shall present a summary of the total number of public/private EMS transports to each EPTP participating facility during the activation.

*This data should include the public/private EMS agency name and number, if available.

EPTP participating hospitals by healthcare system (**See Addendum B for the full list**):

- a. OhioHealth
- b. Mount Carmel Health System
- c. Ohio State University Wexner Medical Center & Ohio State East
- d. Diley Ridge Medical Center
- e. Nationwide Children's and Nationwide Children Lewis Center, if participating.

5. Next Steps

a. Is a follow-up call or meeting needed?

b. Other: _____

QUALITY IMPROVEMENT

When an issue arises related to diversion, the EPTP, and/or the RTAS System in Central Ohio, the concerned party should complete the **Diversion/Emergency Patient Transport Plan Quality Improvement Form (APPENDIX D)** and submit it to COTS as directed on the form. COTS will follow up with the submitter first, then with a representative(s) from other involved agencies and/or institutions to ascertain the root cause and develop a resolution to the issue. Any issue that does not result in a resolution shall be shared in a blinded fashion with the Diversion Subcommittee for discussion and resolution planning.

The EPTP will be reviewed and updated as needed (at least annually) to address emerging local issues related to diversion, the EPTP, and/or the RTAS System.

Discussion involving public/private EMS and hospital personnel regarding the transport of a patient to a diverting hospital and/or issues with the EPTP should be held in a private fashion away from the patient's bedside.

QUESTIONS ABOUT THE EMERGENCY PATIENT TRANSPORT PLAN

Questions about the EPTP should be directed to the Central Ohio Trauma System, 1390 Dublin Road, Columbus, Ohio 43215; Phone (614) 240-7419

APPENDIX A

EMERGENCY PATIENT TRANSPORT PLAN DAY-TO-DAY OPERATIONS

HOSPITAL DAY-TO-DAY OPERATIONS

1. ED staff shall be trained regarding the components of the EPTP.
2. All hospitals participating in the EPTP shall also participate in RTAS. Emergency Departments should update their status in the RTAS system every 8 hours at a minimum.
3. Hospital-based general usernames/password are given by COTS to hospital ED leadership for unit-based access to and updating the RTAS system. These administrative passwords issued by COTS are necessary for establishing and maintaining the auto call feature of RTAS and for running hospital-specific reports.
4. It is the responsibility of ED leadership to distribute log in username/password information to staff who need access to the RTAS system.
5. ED leadership should consider the following criteria to determine whether to maintain a diversion status:
 - a. The current patient census within the ED
 - b. The current patient acuity within the ED
 - c. The current number of admitted patients in the ED waiting for an inpatient bed
 - d. The current number of available and anticipated inpatient beds to accept ED admissions
6. ED leadership should assure that phone numbers of appropriate hospital personnel and area public/private EMS agencies are programmed in their RTAS system auto call phone list for rapid declaration of a diversion status. The FAO and other relevant dispatch agencies should be included. The Columbus Fire Department FAO phone number is 614-221-2345.

EMS (PUBLIC/PRIVATE) DAY-TO-DAY OPERATIONS

1. Public/private EMS shall be trained regarding the components of the EPTP.
2. Public/private EMS shall honor a Divert Status as posted by a hospital regarding the transport of stable patients if the patient does not meet ***EPTP EXCLUSION CRITERIA***.
3. Public/private EMS determines the stability of the patient.

FIRE ALARM OFFICE DAY-TO-DAY OPERATIONS

1. FAO staff shall be trained regarding the components of the EPTP.
2. The FAO will monitor the RTAS system for hospital posted diversion status.
3. Although the RTAS System relies on hospitals' phone notification of a Divert status (which can be via the RTAS System auto call function), a verbal Divert status may not be recognized until it is posted by the hospital on the RTAS System.
4. The FAO leadership maintains the EPTP paging group for notification about EPTP activations and deactivations.

APPENDIX B EMERGENCY PATIENT TRANSPORT PLAN (EPTP) RATIOS

HOSPITAL EMERGENCY DEPARTMENT	EPTP ASSIGNMENT RATIO
Diley Ridge Medical Center	2
Mt. Carmel East Hospital	4
Mt. Carmel Grove City	4
Mt. Carmel St. Ann's Hospital	4
OhioHealth Doctors Hospital	4
OhioHealth Dublin Methodist Hospital	2
OhioHealth Grant Medical Center	4
OhioHealth Grove City Methodist Hospital	2
OhioHealth Riverside Methodist Hospital	4
The Ohio State University Wexner Medical Center Hospital East	4
The Ohio State University Wexner Medical Center	4
FREE STANDING EMERGENCY DEPARTMENT	EPTP ASSIGNMENT RATIO
Mt. Carmel Lewis Center	2
Mt. Carmel Franklinton	2
OhioHealth Emergency Care Hilliard	2
OhioHealth Emergency Care Reynoldsburg	2
OhioHealth Emergency Care Lewis Center	2
OhioHealth Emergency Care New Albany	2
OhioHealth Emergency Care Obetz	2
OhioHealth Pickerington Emergency Care Center	2
OhioHealth Emergency Care Powell	2
OhioHealth Westerville Emergency Care Center	2

NOTE: This APPENDIX is a live document that can be updated independent of the overall EPTP. This document indicates the number of patients per rotation that participating hospitals accept compared to each other during activation of the EPTP. Multiple factors besides hospital size determine the number indicated. During activation of the EPTP, this number cannot be decreased. Hospitals that are less busy and willing to accept additional patients during an EPTP activation can call the FAO and temporarily agree to increase this ratio for the entirety of that activation or for a limited number of hours during that EPTP activation. To change this number in non-EPTP activation times, the COTS Executive Director must receive written communication from both the respective ED medical director and nurse manager indicating the change.

WHAT IF...

THE HOSPITAL OF *MY CHOICE*

IS EXTREMELY BUSY?

Currently, emergency departments in Central Ohio are treating a very large number of patients. During these times of peak illness, it is not always possible to be taken to the hospital of your choice. We will do all that we can to get you to the hospital of your choice. If the hospital is unable to accept ambulance patients because they are extremely busy, we will gladly take you to another hospital to assure that you receive the best care

possible. Sometimes patients who come by ambulance may be less sick than other patients in the emergency department. If this happens, you may need to wait in the emergency department lobby until the sicker patients are treated first. You will be checked to make sure that you are well enough to wait in the lobby. If you have to wait in the lobby and are feeling worse at any time, let the nurse know.



University Hospital East





APPENDIX D

Diversion/Emergency Patient Transport Plan Quality Improvement Form

Confidential Performance Improvement Committee Information is protected by law (ORC 2305.25, 2305.251, 2305.252). This document is privileged, confidential, exempt from disclosure, and protected under O.R.C. Sec. 2305.24 & 2305.25. Do not re-disclose. If this document is found, return to COTS, 1390 Dublin Road, Columbus, Ohio 43215

Form with fields for Name of person submitting this form (PLEASE PRINT), Title, Submitter's contact information (phone / e-mail / fax), Submitter's institution / agency of employment when incident occurred (public/private EMS include squad / medic number), Date of incident, Time of day of incident, Date this form submitted to COTS, Institution / Agency involved in incident (If public/private EMS, please include squad / medic number), Incident details (DO NOT INCLUDE ANY PROTECTED HEALTH INFORMATION including but not limited to PATIENT'S NAME, SOCIAL SECURITY NUMBER, OR ADDRESS) Continue on separate sheet of paper if more space is needed

FAX or EMAIL COMPLETED FORM TO COTS 614-240-7416 or skovach@centralohiotraumasystem.org

FOR COTS' USE ONLY: Date PI Form received _____ By _____

Follow-up contact with: _____

Action taken (if any): _____

02/02; 03/05;5/17



APPENDIX E

FREQUENTLY USED ACRONYMS IN THE EMERGENCY PATIENT TRANSPORT PLAN

COTS	Central Ohio Trauma System
CFD	Columbus Fire Department
ED	Emergency Department
EMS	Emergency Medical Service
EPTP	Emergency Patient Transport Plan (often referred to as the public/private EMS Diversion Plan)
ES-1	Emergency Services Assistant Chief for the Columbus Fire Department
ES-2	Emergency Services Deputy Chief for the Columbus Fire Department
FAO	Fire Alarm Office (dispatching center operated by the Columbus Fire Department)
FSED	Free Standing Emergency Department
HIL	Healthcare Incident Liaison (dispatching center operated by COTS)
MCI	Mass-Casualty Incident
O.R.C.	Ohio Revised Code
PCR	Patient Care Report
PIO	Public Information Officer
RECAP	Regional Emergency Care Access Plan
RTAS	Real-Time Activity Status

Note: 10 Fire, 9 EMS1, 9 EMS2, and 9 Transport are separate radio channels of the Columbus Fire Department radio system predominately used in Central Ohio. It is recognized that many of the fire departments and public/private EMS agencies outside Franklin County do not have access to these channels yet still want to participate in the EPTP by notifying patients being transported, as a courtesy, about long waiting times possible at the Emergency Department where they are being transported. In that case, the transporting agency should go through their respective dispatch center for up-to-date information and guidance. They may also contact the FAO Transportation Manager at 614-221-2345.

DATE	WHAT HAS CHANGED?	STAFF Member
022817	Updated Plan and decreased number of hospitals to activate the Plan from (4) to (3); distributed to all partners	Kovach; Board approved
053119	Appendix B updated; distributed	Kovach
112619	Post EPTP Activation Debriefing Call added	Kovach; Board approved
02132020	Updated SCOPE to be more inclusive of outside Franklin County EMS and added link to participating hospitals; clarified communication in Hospital and EMS Action sections; clarified communication options in FAO section #10; lengthened post EPTP activation call to 15 days; included a statement for private service to notify FAO of their destination to be counted in ratio	Kovach
03/03/2020	<ul style="list-style-type: none"> • Under SCOPE: added link to participating hospitals • Entire document - "bed assignment and/or hospital assignment" will be replaced with destination • Entire document - "EMS" will be replaced with public and private EMS <p>11. Page 3 – added for clarity This may require the destination ED to call the FAO to say they just received patients from a non-participating public/private EMS and/or providing just in time education and referral to COTS for education and inclusion.</p> <ul style="list-style-type: none"> • Page 4 – added options for agencies that don't have access to 9 T • Page 4 – added for clarity <i>EPTP Exclusion Criteria</i>: • Page 4 #8 – added statement to include communication regarding private service pre-arranged ED transfers • Entire document: remove all phone numbers associated with the FAO except 614.221.2345 • Page 5 - #7 revised to state <i>The FAO will follow internal notification guidelines including its mass notification of other agencies</i> • Page 6 EPTP Termination- #3 "d" revised to state <i>The FAO will follow internal notification guidelines</i> • <i>Page 6 – change EPTP post call to 15 days</i> 	Kovach; Board approved May 26, 2020