

311.2 Infants-at-Work Policy

This policy implements a pilot program to allow eligible Health Division employees to bring eligible infants into the workplace to improve morale, productivity and decrease absenteeism. The pilot program will include Division employees at the Technology Way location only. Should the pilot project be deemed successful after time has allowed a full assessment of the success of the program, the program will be implemented Division-wide.

It is the policy of the Nevada State Health Division (NSHD) to provide a positive work environment that recognizes parents' responsibilities to their jobs and to their infants by acknowledging that, when an infant is able to stay with a parent, this benefits the family, the employer, and society. The NSHD Infant-at-Work Program encourages new mothers or fathers to return to work sooner by allowing the new parents to bring their infant to work with them until the child is six months of age or begins to crawl, whichever comes first.

A. Eligibility

Parents or legal guardians – Full-time and part-time NSHD employees are eligible to participate in the program, subject to the specific job responsibilities of the parent and subject to ensuring the physical safety of the infant. To be eligible, an employee must have a standard or better rating on their most recent performance evaluation. Employees may request a temporary, alternative work assignment if their current assignment is not suitable for participation in the program. The NSHD will attempt to accommodate such requests based on business and staffing situations at the time of the request but is not required to meet said requests.

Infants – Infants of part-time and full-time employees (up to the age of six months) are eligible for the program, subject to the provisions of these Guidelines.

B. Pre-Program Meeting

Before any infant is brought into the workplace, a meeting must take place between the parent, the supervisor and the human resources manager. All parties must review, discuss, and approve the proposed Individual Plan.

C. Employee Responsibilities

An employee who wishes to bring their infant to work must obtain written permission from their supervisor, chief and the Deputy Administrator on the *Infant at Work Approval Form* Attachment 1.

The employee shall establish a satisfactory work schedule with their supervisor. Alternative work schedules must be approved on the appropriate forms.

A parent participating in this program may not leave the building (not even for a short time) without taking the infant with them.

The parent will accept complete responsibility for the safety of the infant. If the parent's duties require that they leave their primary work site, the parent will take the infant with them. An employee

may not transport the infant in a state vehicle.

The parent must provide all supplies and equipment needed to care for the infant at the work site and ensure that the area is kept in a clean and sanitary condition. When changing an infant's diaper, the employee must use a changing station located in a restroom. When an infant accompanies a parent to work, used cloth diapers must be stored in a closed container (provided by the parent) and taken home daily. Used disposable diapers must be wrapped appropriately and discarded in a restroom.

Parents must have day care or other arrangements in place by the time their baby is six months of age or crawls, whichever comes first.

There may be work circumstances that require a parent's full attention such that it may be necessary for parents to make other arrangements for child care during these periods. Parents are expected to work closely with their supervisor and coworkers to ensure that all parties involved are aware of what duties can and cannot be reassigned and parents are expected to make alternate child care arrangements when required to do so.

In order for an infant-at-work program to be most effective, all parties need to be sensitive to the needs of others. The employee must maintain acceptable work performance and ensure that the presence of the infant does not create any office disturbances. If problems arise that cannot be resolved, the employee understands that the program may be terminated for that employee.

If a baby is fussy for a prolonged period of time, causing a distraction in the workplace or preventing the parent from accomplishing required work, the parent shall remove the infant from the workplace. The parent will be charged for time away from work according to leave time provisions of the NSHD or may be subject to pay deductions for missed work.

The NSHD will identify one or more locations on the premises that employees may use, if they so choose, while breastfeeding or otherwise feeding their infants.

D. Infant's Location During the Program

Each parent shall make her/his workstation suitable for the new baby and the baby shall be located primarily at that workstation during the work day. The employee is responsible for the safety of the infant at all times. Ideally, the employee will stay with the infant at all times.

In the event that an infant becomes noticeably fussy, loud, or uncontrollable, or exhibits any behavior that causes a distraction in the workplace or prevents the parent from accomplishing work, the parent must immediately take the infant to a quiet area, such as the nursing room, break room or unused conference room until the infant calms down and is quieter. If the infant does not calm down within 30 minutes the parent must remove the infant from NSHD premises. Time tending to the child is not considered time worked.

The infant may be in another employee's workspace for brief intervals (not more than 15 minutes) if the arrangement is agreed upon between the parent, the other employee and the other employee's supervisor. Consideration must be taken to ensure that the environment is safe for the infant at all times and that other employees are not disturbed.

E. Illness

A sick infant should not be brought to work. If the infant becomes sick during the day, the infant must be taken home by the parent. The Center for Disease Control (“CDC”) “Recommendations for Inclusion or Exclusion” of children from out-of-home child care settings are attached as Attachment 2, and are hereby adopted by the NSHD as a means for determining whether a baby is sick.

F. Termination of Eligibility

Parents have the right to terminate their individual agreement at any time. The NSHD has the right to terminate an individual agreement at any time if parent’s performance declines or if organizational needs are not being met (i.e., complaints and/or disruptions to coworkers cannot be resolved). The employee must maintain acceptable work performance and ensure that the presence of the infant does not create any office disturbances.

This agreement may also be terminated if the parent becomes involved in disciplinary action, if the parent does not comply with the terms and conditions of their Individual Plan, or when complaints have been made that cannot be resolved. Eligibility may also be terminated at the sole discretion of the NSHD for reasons not yet known at this time. When eligibility is terminated, the infant must be removed from the workplace. Depending on the circumstances, the NSHD may require immediate removal or notice may be given.

G. Other

The NSHD Infant-at-Work Program is a voluntary option for employees, subject to approval as outlined in these Guidelines, where it is compatible with job requirements.

Other affected employees may request a “baby-free” work environment. Such requests should be made through the employee’s immediate supervisor and the human resources department. The NSHD will attempt to accommodate such requests based on business and staffing situations at the time of the request.

Participation in the NSHD Infant-at-Work Program is a privilege and not a right.

The NSHD expressly reserves the right to refuse participation in the Program for any reason or no reason at all or to terminate participation in the program due to business conditions or for no reason at all.

The NSHD expressly reserves the right to change or revise this policy with or without notice.

H. Procedure

Upon receipt of the Family and Medical Leave request relating to paternity leave, the Human Resources office will provide information and request forms to the employee relating to the Infants-at-Work program.

The employee is responsible for completing the request form and submitting it to the supervisor for consideration.

The supervisor shall coordinate with the Human Resources office to set up the pre-program meeting to discuss the employee's eligibility based on work performance and to review the Infants-at-Work Pre-program Checklist.

The supervisor will recommend approval or disapproval of the request.

If the supervisor approves of the request:

1. The request will be forwarded to the section chief and the Deputy Administrator for review.
 - a) If the chief upholds the supervisor's approval, the chief shall sign and date the form and forward to the Deputy Administrator for review.
 - b) If the Deputy Administrator upholds the approval, she will sign and date the form and return to the employee, providing copies to both Health Division Human Resources and the supervisor.
2. If the chief disapproves of the request:
 - a) The chief shall provide written justification for the disapproval, attach the justification to the form and forward to the Deputy Administrator for review.
 - b) If the Deputy Administrator upholds the disapproval, she will sign and date the form and return to the employee, providing copies to both Health Division Human Resources and the supervisor.
 - c) If the section chief or Deputy Administrator does not uphold the supervisor's disapproval, they shall provide a written explanation stating why the supervisor's disapproval is not being upheld and attach the explanation to the form. The chief and Deputy Administrator shall sign and date the form and return to the employee, providing copies to both Health Division Human Resources and the supervisor.

If the supervisor disapproves the request:

1. The supervisor shall provide written justification for the disapproval and attach the justification to the form.
2. If the section chief upholds the supervisor's disapproval, the section chief shall sign and date the form and forward to the Deputy Administrator for review.
3. If the Deputy Administrator upholds the disapproval, the sign and date the form and return to the employee, providing copies to both Health Division Human Resources and the supervisor.
4. If the section chief or Deputy Administrator does not uphold the supervisor's disapproval, they shall provide a written explanation stating why the supervisor's disapproval is not being upheld and attach the explanation to the form. The chief and Deputy Administrator shall sign and date the form and return to the employee, providing copies to both Health Division Human Resources and the supervisor.

Infant at Work Approval Form

1. Employee Read and Sign Agreement

I request permission to bring my infant to my work site from Estimated Start Date to Estimated End Date.

Note : The estimated start and end dates are based on the mother's delivery date. The actual end date must be on or before the date the infant is 6 months of age.

I have read and understood the Health Division's policy and will comply with all the employees' responsibilities. I understand I must have a release from my physician to return to work before commencing work of any kind.

Employee Name (Print)

Employee Signature

Date

2. Mandatory Meeting (Before the Infant comes to the Health Division):

Employee, Employee's Supervisor, and Human Resources Representative scheduled meeting for _____(date).

Meeting with employee, employee's supervisor, and Human Resources has been held.

HR Representative Name (Print)

HR Representative Signature

Date

3. Supervisor

Recommend Approval

Recommend Disapproval
(Attach Justification for Disapproval)

Supervisor Name (Print)

Supervisor Signature

Date

4. Bureau Chief

Recommend Approval

Recommend Disapproval
(Attach Justification for Disapproval)

Bureau Chief Name (Print)

Bureau Chief Signature

Date

5. Deputy Division Administrator

Approved

Disapproved

Deputy Administrator Name (Print)

Deputy Administrator Signature

Date

Recommendations for Inclusion or Exclusion [From the Center for Disease Control (CDC)]

Mild illness is very common among children, and most children should not be excluded from their usual source of care for common respiratory and gastrointestinal illness of mild severity. Infectious disease prevention and control strategies are often influenced by the fact that asymptotically infected persons can transmit certain infectious microorganisms to others. Parents of children in childcare and adult child caregivers should be educated as to the infectious disease risks of childcare. Following common sense hygienic practices can reduce much illness risk.

Exclusion of children from out-of-home childcare settings has been recommended for illnesses known to be transmitted among, by, and to children when exclusion of the child or adult has a potential for reducing the likelihood of secondary cases. Exclusion has also been recommended in cases of serious illness for which a hypothetical risk of transmission exists, but for which data at present is insufficient to quantify the risk. In many situations, the expertise of the program's medical consultant and the responsible local and state public health authorities are helpful in determining the benefits and risks of excluding children from their usual care program.

Child and caregiver-specific exclusion policies reflect the present state of knowledge. Children need not be excluded for a minor illness unless any of the following exists:

- The illness prevents the child from participating comfortably in program activities.
- The illness results in a greater care need than the childcare staff can provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of possible severe illness.
- Diarrhea (defined as an increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form) that is not contained by diapers or toilet use.
- Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- Mouth sores associated with an inability of the child to control his/her saliva, unless the child's physician or local health department authority states that the child is noninfectious.
- Rash with fever or behavior change, until a physician has determined the illness not to be a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission, with or without treatment.
- Tuberculosis, until the child's physician or local health department authority states that the child is noninfectious.
- Impetigo, until 24 hours after treatment has been initiated.
- Streptococcal pharyngitis, until 24 hours after treatment has been initiated and until the child has been afebrile for 24 hours.
- Head lice (pediculosis), until the morning after the first treatment.
- Scabies, until after treatment has been completed.
- Varicella, until the sixth day after the onset of rash or sooner if all lesions have dried and crusted.
- Pertussis (which is confirmed by laboratory or suspected based on symptoms of the illness or because of cough onset within 14 days of having face-to-face contact with a person in a household or classroom who has a laboratory-confirmed case of pertussis), until 5 days of appropriate antibiotic therapy (currently: erythromycin) has been completed (total course of treatment is 14 days).
- Mumps, until 9 days after onset of parotid gland swelling.
- Hepatitis A virus infection, until one week after onset of illness and jaundice, if present, has disappeared or until passive immunoprophylaxis (immune serum globulin) has been administered to appropriate children and staff in the program, as directed by the responsible health department.

Certain conditions do not constitute a prior reason for excluding a child from childcare unless the child would be excluded by the above criteria or the disease is determined by a health authority to contribute to transmission of the illness at the program. These conditions include the following: a symptomatic excretion of an enteropathogen; nonpurulent conjunctivitis (defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness); rash without fever and without behavior change; cytomegalovirus infection; hepatitis B virus carrier state; and HIV infection.