TEMECULA VALLEY UNIFIED SCHOOL DISTRICT

TEMECULA VALLEY EDUCATORS ASSOCIATION, CTA/NEA

Memorandum of Understanding/On-Call Nurses

March 12, 2020

This Memorandum of Understanding ("MOU") is entered into by and between the Temecula Valley Unified School District ("District") and the Temecula Valley Education Association ("Association").

WHEREAS, on or about March 8, 2020, Riverside County declared a public health emergency related to the proliferation of the COVID-19 virus.

WHEREAS, as a result, the District has developed a COVID-19 communication protocol, which among other things, establishes the need for "On-Call" Registered Nurses.

NOW THEREFORE, the Parties agree as follows:

1. The recitals listed above are true and correct.

2. The District and the Association agree to the following concerning the District’s "On-Call" Nurse protocol:

   A. The use and assignment of "On-Call" time is at the sole discretion of District Management.

   B. Participation by Registered Nurses shall be voluntary.

   C. "On-Call" time will be available only during off hours when District and Site Nurses are not otherwise on duty.

   D. The District will develop a list of volunteers to serve in an "On-Call" capacity. During the "On-Call" period, the "On-Call" Nurse must remain accessible via telephone and have online access between the hours of 3:30 pm - 10 pm Monday through Friday, and 8 am - 10 pm on non-work days. When scheduling non-work days, shifts may be split. In the event that shifts are uncovered the District reserves the right to staff with contract agencies, and/or assign to District administrators.

   E. "On-Call" Nurses will be required to contact specific students, parents, and/or TVUSD employees who believe they have been exposed to the COVID-19 virus. The "On-Call" Nurse will follow the established protocols, as outlined in Appendix A, "District Health Services COVID-19 Protocol", with the person of
concern. If the “On-Call” Nurse determines the person of concern meets the Epidemiologic Risk Factors they will then be expected to immediately administer the COVID 19 Nurse Reporting Form Questionnaire and contact the Lead Nurse/Designated District administrator. The “On-Call” Nurse shall submit the completed COVID 19 Nurse Reporting Form Questionnaire within 30 minutes. In the event of technical difficulties, “On-Call” Nurse shall notify the Lead Nurse/Designated District administrator.

The Lead Nurse/Designated District administrator may ask “On-Call” Nurses for additional support, including but not limited to additional phone calls/contacts, form submissions, etc., during “On-Call” periods.

F. “On-Call” Nurses will be paid the non-instructional hourly rate of $39.00 per hour to remain “On-Call”. In the event that an “On-Call” Nurse is required to complete the steps outlined in section 2E of this agreement, the “On-Call” Nurse will be paid a minimum of two hours at their individual per diem hourly rate beginning when the “On-Call” Nurse receives a call for assistance. If follow up conversations extend beyond the two-hour window, the per diem rate of pay will continue on an hourly basis until all matters being addressed are complete.

A minimum per diem window shall not begin until the original window closes and there is a new request for assistance.

3. The “On-Call” protocol shall be in place as long as the District determines it is necessary, however, either party may request to meet and review the MOU to see if any changes are necessary.

4. This MOU is non-precedent setting and may not be cited to support any particular interpretation of the collective bargaining agreement.

5. This MOU shall retroactively be effective March 7, 2020, through the remainder of the 2019-2020 school year and will expire June 30, 2020, unless extended in writing by the parties.

For the Association:

[Signature]
Brian Balaris
Lead Negotiator
TVEA

Date
3/12/20

For the District:

[Signature]
E. Joe Mueller
Director
Human Resources Development

Date
3/12/20
**District Health Services COVID-19 Protocol**

**Signs & Symptoms and Epidemiologic Risk Factors**
- Fever ≥ 100 F and any of the following:
  - Cough
  - Difficulty Breathing

AND ONE OR MORE OF THE FOLLOWING EPIDEMIOLOGIC RISK FACTORS WITHIN THE PAST 14 DAYS BEFORE THE ONSET OF SYMPTOMS
- Residence in or travel to a level three (3) country: CHINA, S. KOREA, IRAN, ITALY
- Close contact with a person with or suspected to have 2019-nCoV

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**Positive for signs/symptoms and at least one of the above risk factors?**

- Complete Nurse Reporting Form

**NO**

- Refer Family To MD

**DO NOT**
- Complete Nurse Reporting Form
- Provide Lead Nurse/Designated District Administrator w/ name of student/employee and TVUSD site