

Hospital-wide Policies and Procedures

ATTACHMENT:

None

REFERENCE:

None

Revised: N/A

Original adoption: 14/09/09 (Year/Month/Day)

- i. Assess the resident's elopement risk, at a minimum, during monthly physician order reviews, on relocation, after any change in condition that results in a significant increase in elopement risk, and following an elopement event, discuss the risks and benefits with the resident and or responsible party and document on-going discussion(s) in the medical record.
- ii. For residents who have had a change in condition, relocation or attempted elopement, the RCT shall review and revise the resident's plan of care as necessary to minimize additional risks.

3. Resident Elopement while On Campus

- a. When a resident is determined to be missing, activate Code Green and search for the resident in the immediate environment. Complete a UO by the end of the shift.
- b. Staff on all neighborhoods shall conduct a complete search of the unit, including adjacent hallways, stairwells and community areas.
- c. The resident may be paged to return to the neighborhood.
- d. If the resident does not return to the neighborhood and is not found, an expanded search procedure shall be implemented.
- e. A member of the RCT shall attempt to contact the resident and/or person(s) who may be aware of the resident's whereabouts.
- f. If the resident is not located, the nurse manager/charge nurse shall notify the following individuals:
 - i. San Francisco Sheriff's Department (SFSD),
 - ii. Nursing director/operations nurse manager
 - iii. Unit physician or on-duty physician.
- g. If the missing resident is identified to be at risk for harm,
 - i. The nurse manager/charge nurse/operations manager shall:
 - Completed the "Emergency Notification of Missing Resident" form
 - Transmit the "Emergency Notification of Missing Resident" form via fax, or other means as appropriate, to the following:
 - local emergency rooms
 - SFSD at Laguna Honda
 - Other agencies listed on Table 1 as appropriate

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- ii. ~~within 5 days of the elopement event if a resident who has decision making capacity is not located in 5 days.~~

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- I. Informational updates about the resident shall be communicated to the RCT, Administration/AOD and Risk Management.

4. Resident Elopement while Off Campus

- a. If the resident elopement occurs off-campus and a staff member is present, s/he shall:
 - i. initiate a search of the immediate area;
 - ii. inform the nurse manager/charge nurse, who will notify SFSD and others listed under 3f above; and
 - iii. if feasible, notify the local security service and or police (call 911)
 - iv. complete a UO by the end of the shift
- b. If the resident is not found, the nurse manager/charge nurse/operations manager shall:
 - i. Complete the "Emergency Notification of Missing Resident" form
 - ii. Transmit the "Emergency Notification of Missing Resident" form via fax, or other means as appropriate, to the following
 - local emergency rooms
 - SFSD at Laguna Honda
 - Other agencies listed on Table 1 as appropriate
 - iii. other procedures as described under Section 3i to 3l.

5. Documentation

- a. Staff shall document in the medical record the notification of family, surrogate decision-makers and/or conservators and the circumstances of the elopement, interventions and the resident status until resolution of the search.
- b. Staff shall document the RCT meeting discussion(s) related to the resident's elopement event.
- c. The follow-up plans shall be documented using a new MR 170 for each elopement event.
- d. If the resident is not found, the census shall be updated in the LCR and the discharge will be the day and time when the resident was last seen.
- e. Any new information obtained post elopement and after the medical record has been closed shall be documented in the resident's medical record as post discharge notes.

**Table 1: List of Emergency Room Facsimile Numbers
most recently confirmed on
December 3, 2013**

All numbers are 24/7 except where specifically noted.

ER Telephone	Hospital	ER Facsimile
353-1238	UCSF	353-1792
750-5700	St. Mary	750-4886
353-6300	St. Francis	931-7357
600-3333	CPMC – Pacific Campus	600-3124
600-0600	CPMC – Davis Campus	241-5650
206-8111	SF General	206-4719
206-8125	SFGH – PES	206-5733
677-2300	Chinese Hospital	677-2443
833-3300	Kaiser Hospital	833-2582

Missing Persons	SF Police	Missing Persons Facsimile
558-5508	Police (0900 1700)	558-5531 / 5522
553-1071	Police (OPS Night Spvr.)	(handled only dayshift)

Telephone	Men's Shelters
749-2110	Central City Hospitality House for Men
861-8688	City TEAM Work Start Shelter
282-3078	Dolores Street Community Services
597-7960	Multi-Service Center: South of Market
487-3300	Next Door

Telephone	Women's Shelters
487-2140	A Woman's Place
241-2688	Marian Residence
597-7960	Multi-Service Center: South of Market
487-3300	Next Door
751-0880	Asian Women's Shelter (battered, address anonymous)
1-877-503-1850	La Casa de las Madres (battered, address anonymous)
255-0165	Rosalie House (battered, address anonymous)

Telephone	Other Agencies	Facsimile
734-4233	SF Engagement Team	241-1193 Attn: Max Haptonstahl

INSERTION AND MAINTENANCE OF THE INTRAOSSEOUS DEVICE

POLICY:

1. The EZ-IO® intraosseous device will be used to obtain vascular access in emergencies when intravenous access is not obtainable, or as determined by the physician to be the most effective route for rapid treatment.
2. Only physicians who are credentialed on EZ-IO® insertion may perform this procedure.
3. A trained Registered Nurse (RN) shall assist with the following: accessing equipment, preparing extension set, applying the EZ-IO® stabilizer, flushing the line after successful access has been established, medication administration and/or fluid infusion, monitoring of the site, removal of device. Competency will be checked yearly.

PURPOSE:

To provide safe and effective insertion and maintenance of the EZ-IO® intraosseous device during life-threatening situations.

BACKGROUND:

Intraosseous access is used to administer life-saving medications and to provide volume administration immediately for patients in life-threatening situations. Intraosseous devices are time-limited and should not remain in longer than 24 hours. Medication dosages through intravenous route and intraosseous route are considered to be dose equivalent.

INDICATIONS:

Early intraosseous access will be attempted when IV access is necessary for a life-threatening condition and IV access is not immediately achieved.

CONTRAINDICATIONS:

Acute fracture at or above insertion site of bone selected
Prior attempt within 48 hours in bone selected
Inability to identify anatomical landmarks
Previous significant orthopedic procedures of selected bone for insertion
Infection or vascular compromise at insertion site

The physician will determine the risk/benefit to use of the intraosseous access device in life-threatening emergencies.

- i. Activate the EZ-IO® driver, applying pressure until entering the intraosseous space.
 - i. Observe for visible blood flash or aspirate
- j. Apply the EZ-IO® stabilizer dressing (RN or MD)
- k. Connect tubing to the EZ-IO® needle port (RN or MD)
- l. Flush for flow with 10 mL normal saline (RN or MD)
 - i. Note: Administer analgesia (preservative free Lidocaine 2%) prior to normal saline flush in residents who are responsive or alert. Lidocaine should be infused slowly, over 30-45 seconds to prevent discomfort. Allow at least 30 seconds after infusing Lidocaine before administering the normal saline flush.
 - ii. When flushing with normal saline, apply pressure to the syringe plunger due to the intraosseous space being filled with thick fibrin
- m. Maintain flow (RN)
 - i. Infusions should be pressurized by use of IV pump or pressure bag
 - Rationale: Medullary space pressure can stop flow

2. After insertion (RN or MD)

- a. Check for the following;
 - i. Firmly seated needle
 - ii. No leaking around site
 - iii. No signs of extravasation
 - iv. EZ-IO is secured using EZ Stabilizer
 - v. EZ connect tubing is in place
 - vi. EZ-IO® wrist band is placed on resident with date/time/size of needle
 - Note: If resident is being transferred to the acute care hospital via EMS, communicate this information to EMS personnel

3. Removal of the EZ-IO® device (RN or MD)

- a. Stabilize the resident's extremity
- b. Remove stabilizer dressing
- c. Attach luerlock syringe to the EZ-IO® needle port
- d. Rotate the catheter clockwise while gently pulling
- e. Do not rock or bend the EZ-IO® catheter during removal
- f. Check for integrity of needle after removal
- g. Apply dry dressing over site
- h. Place the used needle in the sharps container
- i. Return the EZ-IO® driver to Central Supply along with crash cart for cleaning and replacement

4. Documentation

- a. Physician-Document procedure in progress note
- b. Nursing-Document size of intraosseous needle used, site, time of insertion, stabilizer application, and any related medications or IV solutions on the following;
 - i. Code Blue Record

HAND HYGIENE

POLICY:

1. Employees, students, and volunteers are required to adhere to the hand hygiene procedures established by the facility.
2. Staff are to instruct visitors to use soap and water to clean their hands prior to leaving the room and at all other times that hand hygiene is required, when visiting a resident who is on contact isolation precautions.
3. Hands must be washed with soap and water when visibly soiled and when providing care for residents with *Clostridium difficile* or other organisms at the direction of an Infection Control Practitioner.
4. At all other times, alcohol-based hand gels may be used since alcohol-based hand gels may be somewhat more effective in immediately decreasing the number of organisms and may have a more prolonged effect. Use of alcohol-based hand gels is more rapid than washing with soap and water and may be less drying to the hands.

PURPOSE:

The purpose of hand hygiene is to remove dirt, organic material, and microorganisms. Hand hygiene is the most important factor in reducing healthcare associated infections and their associated morbidity and mortality, including the proliferation of multi-drug resistant organisms (MDROs).

PROCEDURE:

1. Employees, volunteers, students, house staff, and clinicians must clean their hands after personal use of the toilet, before eating, and after sneezing/ coughing/using tissue. In addition, Health Care Workers, must practice hand hygiene:
 - a. Prior to beginning their work shifts
 - b. Before and after direct resident contact
 - c. After direct contact with resident secretions (even if gloves have been worn)
 - d. Before and after invasive procedures (even if gloves are to be worn)
 - e. After direct contact with items in the resident's environment immediately after removing gloves.

IMPORTANT REMINDER: For those patients in Contact Isolation Precautions for *Clostridium difficile* ALL individuals (including visitors) must use soap and water to

- i. a resident care activity likely to contaminate gloves/hands is completed
 - ii. when the integrity of the glove is in doubt
 - iii. between residents
 - iv. when leaving each resident room
 - v. for procedures on a single resident; for example, when moving from one contaminated site to another body site.
- c. Disposable gloves are used once, and are never washed for reuse.
 - d. Gloves are never worn when moving from room to room.
 - e. Gloves should not be worn in public areas such as elevators, corridors, etc.
6. **Hand lotion** may be used to alleviate skin dryness associated with hand hygiene. Lotion should be supplied in small, individual-use containers or pump dispensers which are NOT refilled.
7. **Fingernails** should be short enough to allow thorough cleaning and not cause glove tears. Artificial nails have been shown to increase the carriage of transient bacteria on hands and their use is discouraged for all healthcare providers.

ATTACHMENT:

None

REFERENCE:

HICPAC and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force (2009).
Guideline for Hand Hygiene in Health-Care Settings. MMWR (Morbidity and
Mortality Weekly Report), Vol. 51, No. RR-16, October 2002

San Francisco General Hospital Infection Control Manual (2001, 2004, 007, 2013)

World Health Organization. (2009). WHO Guidelines on Hand Hygiene in Health Care.
Retrieved on March 6, 2014 from
http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

Most recent review: 14/09/09 (Year/Month/Day)
Revised: 14/09/09
Original adoption: 05/11/01

ATTACHMENT:

None

REFERENCE:

Association of Professionals in Infection Control and Epidemiology, Inc. (2000) Infection Control and Applied Epidemiology: Principles and Practice, Mosby-Year Book, Inc., pages 38-6 and 73-5.

LHHP Environmental Services XVIII Microfiber Damp Mopping

Most recent review: 14/09/09

Revised: 14/09/09

Original adoption: 11/01/01

LAGUNA HONDA ACUTE MEDICAL UNIT ADMISSIONS

POLICY:

Admissions to the Acute Medical Unit will meet Interqual criteria for intensity of care and severity of illness and will be consistent with the advanced directives.

PURPOSE:

To provide guidelines to be used when evaluating residents for admission to the Acute Medical Unit.

PROCEDURE:

1. Advanced Directives must be reviewed on all residents being considered for admission to the Medical Acute Unit. Residents who have "No transfer off neighborhood" orders should not be admitted to the acute unit except in very unusual circumstances (for example higher level of care required for resident comfort) and after discussion with the resident, family, surrogate or conservator.
2. Medical Acute Unit admissions are done at the discretion of the Medical Acute Unit admitting physician. If there is a disagreement between the SNF physician and the Medical Acute Unit physician about whether to admit a resident, the Medical Acute Unit physician makes the final decision.
3. When a resident no longer meets Interqual criteria for acute care, they must be transferred back to the SNF unit, The SNF physician shall write admission orders.
4. Appropriate admissions include:
 - a. Acute infections (pneumonia, UTI with sepsis) with hypoxia, abnormal electrolytes or WBC, or abnormal vital signs.
 - b. Dehydration or acute renal insufficiency requiring continuous IV hydration.
 - c. Significant electrolyte abnormalities requiring continuous IV hydration and electrolyte correction.
 - d. Altered mental status.
 - e. Acute exacerbation of chronic conditions such as COPD, CHF or ESLD.
5. Consider acute admission to outside facility for:
 - a. Residents requiring ICU level care, telemetry or surgical intervention and whose advanced directives are consistent with receiving this level of care.

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BED MAKING

POLICY:

1. Any ~~personnel~~ ~~including Home Health Aides (HHAs)~~ may perform this procedure.
2. ~~Bedding will be routinely stripped and washed and all linens changed once a week as scheduled by the designated staff. For residents who are on total bed rest and incontinent, linen change is performed daily and as needed.~~
3. ~~Gloves will be worn to remove linen soiled with body secretions.~~

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PURPOSE:

To provide the resident with a clean bed.

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3. Incontinent residents are to have linen changed whenever necessary. ¶

¶

4. Beds will be routinely stripped and washed and all linen changed once a week as scheduled by the nurse manager. ¶

¶

5. Soiled areas will be wiped with a damp cloth as frequently as necessary to keep the bed clean. ¶

PROCEDURE:

A. Resident

1. Wash hands (100% L.O.A.)
2. Turn on water
3. Soap and
4. Rinse
5. Turn off water
6. Dry hands
7. Put on gloves
8. Perform procedure as appropriate to resident

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- B. Refer to Mosby's Textbook for Nursing Assistants.
- C. Report defective equipment to the nurse manager/charge nurse who will order a replacement or submit a work order to Facility Services by telephone or online.

CROSS REFERENCE:

~~REF DE 2.0 (all facilities)~~

REFERENCE:

- Sorrentino, Mosby's Textbook for Nursing Assistants, 6th edition, 2004. ~~Article~~
~~Revised: December 2011. Approved by: Clinical Services, Clinical Information System, a program of~~
~~OSWCP. Approved: February 7, 2012. Approved: Revised: June 5, 2013.~~
- ~~Revised: March 2014. Approved: Approved: Clinical Information System, a program of~~
~~OSWCP. Approved: Revised: 2014. Approved: Revised: on June 6, 2014.~~

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BED STRIPPING AND BEDSIDE CLEANING

POLICY:

1. The charge nurse schedules and assigns the _____ to _____ bedside cleaning.
2. The entire bed and corresponding bedside area is to be routinely cleaned with _____ disinfectant. This includes the bed frame, headboard and siderails, mattress platform, if needed, mattress, castors, over bed trapeze, footboard, _____ lamp, overbed table, bedside table, bedside chair, and any other equipment or furniture in the resident's bedside.
3. Any part of the bed or bedside area that becomes soiled between the scheduled cleaning is to be cleaned at that time.
4. Terminal cleaning of the bedside unit is to be _____ when resident is discharged, transferred or has expired.

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PURPOSE:

To maintain _____ contact for the resident.

PROCEDURE:

1. Strip linen from beds to be washed and place in linen hamper.
2. Raise the bed to a comfortable working height.
3. Clean the entire bed and bedside with facility-approved disinfectant products; allow to air dry.
4. Clean the entire surfaces of the mattress including the top, bottom, and sides.
5. Once the bed has air-dried, clean linens are applied. Refer to Bed Making P&P.
6. Terminal cleaning follow bed stripping procedures and remove all personal items.
7. Reporting
 - a. Report broken or defective bed or equipment and cracks in the mattress cover to the licensed nurse and ensure a work requisition is completed and followed up.

CROSS-REFERENCE:

NPP D9 2.0 Bed Making

Revised: 2000; 2009; 09/09/2014

Revised: 09/09/2014

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WHEELCHAIR AND GERIATRIC CHAIR CLEANING

POLICY:

1. Charge Nurse will schedule regular weekly cleaning of wheelchairs and geriatric chairs
2. Wheelchairs and geriatric chairs are cleaned in the resident's bathroom.

PURPOSE:

To clean wheelchair and geriatric chairs

PROCEDURE:

1. Remove all items from wheelchair or geriatric chair.
2. Clean wheelchair or geriatric chair from top to bottom including all canvas and plastic seats and backs including pressure relieving devices, as well as wheelstires and pedals.
3. Clean wheelchair or geriatric chair from left to right including all canvas and plastic.
4. Return all items to wheelchair or geriatric chair.
5. Any broken or defective equipment is reported to Facility Services by using online work requisition.
6. Tag all defective or broken equipment as "Out of Service" until equipment is repaired.

Revised: 8/2000; 2/2010; 09/09/2014

Approved: 09/09/2014

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Facility approved disinfectants wipes for cleaning surfaces

B. CLEANING CHAIRS

1. Remove hair, string, etc. from wheels.

2. Clean wheelchair & geri-chairs from top to bottom including all canvas and plastic seats and backs including pressure relieving devices, as well as wheelstires and pedals with wipes.

D. REPORTING AND/OR DOCUMENTATION:

<#> Any nursing staff CNA or PCA must legibly label a tag is to attach a manila tag labeled with the resident's initials, name, unit's name, and bed number on all wheelchairs. Ensure that manila tag is legible. Can change label as needed.

<#> Report any broken or defective equipment to Facility Services by using online work requisition.

<#> Tag all defective or broken equipment as "Out of Service" until equipment is repaired.

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