

**Hospital-wide Policies & Procedures Submitted to
JCC for Approval on January 13, 2015**

Nurse-Physician Communication During Quiet Hours 10 pm and 6 am

POLICY:

Laguna Honda physicians are on site 24/7. On weekends and between the hours of 5 pm and 8 am Monday through Friday, physician coverage is provided for emergent/urgent situations and patient issues that would pose a risk to patient safety and wellbeing if not assessed by a physician prior to the next regular weekday shift.

PURPOSE:

1. To provide all Laguna Honda residents with assessment and care/management in a timely manner appropriate to the situation at hand.
2. To minimize interruptions for nurses and physicians.
3. To standardize use of Situation, Background, Assessment, Recommendation, Now (SBARN) for nursing-physician communication.

PROCEDURE:

1. Guidelines

- a. Quiet hours are established between 10 pm and 6 am. During this time, the only calls to the physicians should be those requiring immediate/emergent physician assessment/action.
- b. Examples of appropriate calls during quiet hours are those involving a symptomatic significant change in condition or abnormal vital signs; i.e. BP 250/110 with severe headache, temperature of 39.5 degrees Centigrade, and new hypoxia with O2 sat < 90%; or a resident complaint of chest pain or symptoms of a heart attack, stroke, new or worsening confusion; and all other clinical conditions where the RN feels that an immediate physician assessment is warranted.
- c. Examples of inappropriate calls during quiet hours are: medication error from last week newly discovered, discovery of an old bruise, rash without other symptoms, request for routine laxative order, fall without injury, ran out of non-urgent medication and cannot give dose, or laboratory results that are within normal range.

2. Information to prepare for calling the physician (SBARN)

- a. Remember SBARN – situation, background, assessment, recommendation, now (do you need to call now)
- b. Include symptoms, vital signs, physician assessment, background, recent history for resident, what was already done, what you are requesting the physician do.

3. Standard Triage and First Responder Protocols for Nursing

The following issues will be managed using standard triage and first responder protocols:

- a. Management of superficial open areas
- b. Management of bruises
- c. Management of resident/family insistence to call physician during quiet hours

ATTACHMENT:

None

REFERENCE:

None

Revised: N/A (Year/Month/Day)

Original adoption: 15/01/13

HOSPITAL EQUIPMENT AND SUPPLIES

POLICY:

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) shall have available equipment and supplies needed to render appropriate care to residents.

PURPOSE:

To ensure that physician-ordered care can be provided at all times through the use of equipment and supplies.

PROCEDURES:

1. The Finance Manager for Finance or a Designee

- a. Shall establish budgeting, appropriation management, purchasing and expenditure accounting policies and procedures.

2. The Associate Administrator for Operations

- a. Shall establish commissary inventory control policies and procedures.

3. Division Heads

- a. Shall be responsible during budget preparation to make adequate annual appropriation requests for suitable equipment and supplies for their divisions.
- b. Shall be responsible to expend appropriated funds to ensure that priority is given to equipment and supplies necessary to maintain essential services.

4. Department Heads

- a. Shall be responsible during budget preparation process to make adequate annual appropriation requests for suitable equipment and supplies for their departments and otherwise make every effort to enumerate all equipment and supplies deemed necessary to maintain a legally compliant and high standard of resident care;
- b. Shall be responsible to expend appropriate funds in a timely fashion to ensure that priority is given to equipment and supplies necessary to provide ordered or indicated services; and
- c. Shall be responsible to implement within their departments equipment life-cycle projections, inventory controls, and par estimates sufficient to assure that equipment and supply orders are placed in a timely fashion which take into account known order requirements, bid specifications, constraints, and order lag time of the City Purchaser.

ATTACHMENTS:

None

REFERENCES:

None

Revised: 02/01/02, 92/05/20, 07/12/18, 11/05/13, 15/01/13 (Year/Month/Day)

Original adoption: 88/01/22

15/01/13: Approved for renumbering from (~~Renumbered from~~ 34-01 to 31-02: 15/01/13)

HANDLING AND STORAGE OF MEDICAL GASES

POLICY:

All medical gases and compressed air shall be handled and stored in a safe manner. Smoking is prohibited in any area where compressed gases or liquids are in use or in storage.

PURPOSE:

To ensure a safe environment for residents, visitors and staff.

PROCEDURE:

1. A "No Smoking" sign shall be placed on oxygen carriers or holders and posted in areas where compressed gases or liquids are stored. Before issuing each cylinder, Central Supply Room staff shall place a "No Smoking" sign around the cylinder neck. Department heads in charge of storage and use of compressed gases or liquids will be held responsible for placing of signs.
2. Persons transporting full or empty "H" gas cylinders must ensure that the cap is secured at all times except when cylinders with regulators in place are prepared and transported in the care units. "E" cylinders do not require capping for transport.
3. The gas cylinders valve protection devices shall not be used for lifting cylinders.
4. All cylinders, empty or full, shall be properly fastened at all times during site delivery and storage.
5. To prevent cylinders from falling over, the care unit personnel and staff from other areas where cylinders are used must ensure that each cylinder remains on its carrier and that each carrier rests on its wheels at all times.

ATTACHMENT:

None

REFERENCE:

Title 8, CAC Article 76, Section 4650

Revised: 99/08/23, 12/09/25, 15/01/13 (Year/Month/Day)

Original adoption: 92/05/20

15/01/13: Approved for (re)renumbering from 71-07 to 73-10: 15/01/13-12)

BLOODBORNE PATHOGEN OCCUPATIONAL EXPOSURE CONTROL PLAN

PURPOSE:

The intent of the Laguna Honda Hospital Bloodborne Pathogen Occupational Exposure Control Program (Laguna Honda BBPECP) is to provide a working environment that minimizes or eliminates risk for an occupational exposure to transmissible bloodborne pathogens.

POLICY:

To comply with the California Code of Regulations, Title 8, Section 5193 Bloodborne Pathogens and Section 3203 Injury/Illness Prevention.

SCOPE:

1. The Laguna Honda BBPECP applies to Laguna Honda employees and volunteers of whom, as a result of the performance of their job duties, are reasonably expected to be exposed to human blood, body fluids, or other potentially infectious materials.
2. Non-Laguna Honda personnel, including but not limited to, employees of the University of California San Francisco (UCSF), contract employees, registry personnel, and professional or student affiliates shall:
 - a. Receive bloodborne pathogen training, vaccines and post exposure follow-up from their primary employer.
 - b. Comply with their own respective organization's existing personnel policies and procedures, relative to reporting and investigation of work-related injury and illness and employees' compensation benefits.
 - c. Be provided with site-specific training, personal protective equipment, and environmental controls by Laguna Honda Hospital and Rehabilitation Center (Laguna Honda).

PROCEDURE:

1. Roles and Responsibilities:

- a. Laguna Honda Executive Administrator or Designee shall:
 - i. Ensure the required resources and leadership are provided for the implementation of this program.

- ii. Annually review and approve the Laguna Honda BBPECP.
- b. Laguna Honda Directors of Medicine, Nursing and Operations shall:
 - i. Ensure all components of the Laguna Honda BBPECP are implemented.
 - ii. Ensure that managers and supervisors follow procedures as outlined.
 - iii. Annually review and approve the Laguna Honda BBPECP and facilitate correction of deficiencies.
- c. Laguna Honda Managers and Supervisors shall:
 - i. Ensure employees comply with work practice controls.
 - ii. Evaluate compliance to the Laguna Honda BBPECP and policies and procedures.
 - iii. Document noncompliance, counsel, coach, train employees and take disciplinary action as indicated.
 - iv. Ensure the availability of personal protective equipment (PPE) and safety devices.
 - v. Ensure PPE and safety devices are used appropriately.
 - vi. Ensure that employees in their unit/department receive initial and retraining as indicated in Section VII Training of this document.
 - vii. Complete the forms listed below and submit to the Department of Public Health (DPH) Occupational Safety and Health Section in the event of an exposure.
 - Employee's Claim for Worker's Compensation Benefits, Department of Worker's Compensation (DWC/Form-1)
 - Employer's Report of Occupational Injury Illness (Form 5020/Form-2)
 - Supervisor's Incident Investigation Report (SIIR)
- d. Laguna Honda Employee shall:
 - i. Be Responsible and accountable for compliance with the Laguna Honda BBPECP.
 - ii. Follow safe work practices and Body Substance Precautions (BSP).

- iii. Accept or decline in writing the HBV vaccine; adhere to the recommended schedule for administration of the HBV vaccine and testing after completion of the series.
 - iv. Attend the required Laguna Honda BBP trainings as directed.
 - v. Attend unit specific training if applicable.
 - vi. Use only those devices for which they have received training.
 - vii. Report any occupational exposure or “near miss” to supervisor/manager.
 - viii. Call the Needlestick Hotline (469-4411) to report all exposures to blood and other body fluids.
- e. Laguna Honda Infection Control Committee (LHH-ICC) shall:
- i. Review bloodborne pathogen exposures from the Sharps Injury Log to evaluate the circumstances surrounding incidents.
 - ii. Recommend changes to work practices.
 - iii. Review and update the written Laguna Honda BBPECP annually as indicated in Section X Program Evaluation.
 - iv. Ensure the solicitation and documentation of input from non managerial employees responsible for direct patient care for the purpose of updating work practices and the Laguna Honda BBPECP.
 - v. Provide consultation on infection control and bloodborne pathogen exposure control to clinical staff.
 - vi. Review and recommend improvements to Laguna Honda BBPECP training curricula.
 - vii. Participate in the DPH Safe Device s Committee.
- f. DPH Bloodborne Pathogen Safe Device Committee (DPH-BPSDC) shall:
- i. Review bloodborne pathogen exposures from the Sharps Injury Log to determine the frequency and circumstance of exposure and type of sharps involved.
 - ii. Recommend changes to engineering controls.
 - iii. Identify, evaluate, and select currently available engineering controls.

- iv. Ensure the solicitation of input from non managerial employees responsible for direct patient care for the purpose of evaluating engineering controls.
 - v. Review and recommend improvements to Laguna Honda BBPECP training curricula.
- g. San Francisco Department of Public Health Occupational Health Service Clinic (SFDPH-OHS Clinic) shall:
- i. Provide a confidential, comprehensive post-exposure management program that is available for employees incurring occupational bloodborne exposures.
 - ii. Coordinate, implement, and document the Hepatitis B antibody testing and vaccination program.
 - iii. Complete and maintain required health medical records.
 - iv. Ensure that Doctor's First Report of Illness/Injury (DFR) is completed as appropriate; forward BBERF to the SF DPH Occupational Safety and Health SFDPH-OSH Section.
 - v. Provide Needlestick Hotline services, including but not limited to:
 - Exposure evaluation.
 - Referral to Laguna Honda Pharmacy or San Francisco General Hospital Emergency Department (SFGH ED) as necessary.
 - Referral to SFDPH-OHS Clinic for follow up care.
 - Completion of Blood/Body Fluid Exposure Report Form (Appendix A).
 - Notify Laguna Hospital physician designated by the Laguna Honda Medical Director to obtain source patient information.
 - Provide exposure data to SFDPH-OSH Section for inclusion into Sharps Injury Log.
- h. Laguna Honda Designated Physician for Bloodborne Pathogen Exposure shall:
- i. Perform source patient evaluation and testing.
 - ii. Submit source patient results to SFDPH-OHS Clinic.
- i. SFDPH Occupational Safety and Health Section (SFDPH-OSH Section) shall:
- i. Develop and maintain the Sharps Injury Log for Laguna Honda as specified in California Code of Regulations, Title 8, Section 5193 (c)(2)(A-E).
 - ii. Provide Sharps Injury Log data to the DPH-BPSDC and LHH-ICC for review.

- iii. Coordinate pilot evaluations for new safe devices.
- j. Laguna Honda Department of Education and Training (LHH-DET) shall:
 - i. Develop and provide initial training during orientation to all new employees.
 - ii. Develop and provide annual re-training for all employees.
 - iii. Maintain all training records.
 - iv. Meet annually with the Laguna Honda Industrial Hygienist and the Laguna Honda Infection Control Nurse to review the training curriculum pertaining to engineering controls, safety devices and work practices.
- k. Laguna Honda Nursing Education Department shall:
 - i. Develop and provide clinical safe device, needleless device, non needle sharp and other engineering control training to Laguna Honda employees.
- l. Laguna Honda Product Evaluation Committee shall:
 - i. Incorporate bloodborne pathogen exposure surveillance findings and recommendations approved by the LHH-ICC and DPH-BPSDC into their product evaluation process.
- m. Laguna Honda General Services Department shall:
 - i. Ensure that contaminated materials, linen and other regulated wastes are handled and disposed of in accordance with Laguna Honda Infection Control and Bloodborne Pathogen Programs.

2. Exposure Determination:

- a. All employees (unless specifically excluded) are included in the Laguna Honda BBPECP Orientation and annual training, because few employees at Laguna Honda have no risk of occupational exposure.
- b. A list of job classifications with potential exposures to transmissible bloodborne pathogens is provided in Appendix B.

3. Sharps Injury Prevention:

- a. Exposure Reporting:
 - i. The employee immediately calls the Needlestick Hotline whenever he/she has been exposed to blood and body fluid. Hotline medical practitioners

evaluate the exposure and direct the employee for further medical evaluation and treatment as indicated. The employee should report to the SFDPH-OHS for the scheduled appointment.

As part of the medical evaluation and treatment procedure by SFDPH-OHS, the exposed employee fills out the Blood or Body Fluid Exposure Report Form based on his/her best knowledge of the incident (Appendix A).

b. Sharps Injury Log Management

- i. A copy of each Blood and Body Fluid Exposure Report Form is forwarded from the SFDPHOHS Clinic to the SFDPH-OSH Section. The information is recorded into the database within 14 days and the Sharps Injury Log is generated. Data is compiled by calendar year.

c. Sharps Injury Log Analysis

- i. The LHH-ICC and DPH-BPSPDC will regularly review Sharps Injury Log data as described above to analyze and update work practices and safety device use.

4. Methods of Compliance:

a. Body Substance Precaution:

- i. All employees are instructed to use standard precautions when caring for residents with the potential for exposure to body substances.
- ii. Body Substance Precaution is a method of infection control which incorporates Universal Precautions and goes further to use barriers such as gloves, protective clothing and protective shields whenever an employee touches or may possibly be splashed by any body substance from any patient, regardless of the patient's diagnosis.

b. Engineering and Work Practice Controls:

- i. When feasible, engineering controls will be implemented to limit employee exposures.
- ii. Work Practices will be developed to minimize splashing, spraying, spattering and generation of droplets.
- iii. An engineering control is not required if a licensed healthcare professional reasonably determines, that the use of the control will jeopardize the resident's safety or the success of the procedure.

- iv. Such resident safety determinations will be documented and provided to LHH-ICC and DPH BPSDC for review.
- c. Needleless Systems:
 - i. Needleless systems will be used for:
 - Withdrawal of body fluids,
 - Accessing a vein or artery,
 - Administration of medications or fluids,
 - Any procedure involving the potential for an exposure incident for which a needleless device is available.
- d. Safe Needle Devices:
 - i. Shall be used if needleless systems are not available for the above mentioned procedures.
- e. Non-Needle Devices
 - i. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.
- f. Handwashing:
 - i. Accessible handwash facilities will be provided
 - ii. Employees shall follow the Laguna Honda Hand Hygiene Procedure as outline in the Laguna Honda Infection Control Manual.
- g. Sharps Handling:
 - i. Contaminated needles shall not be recapped or removed from syringes.
 - ii. Needle clippers and other devices which shear, bend, or break contaminated needles or other contaminated sharps are prohibited.
 - iii. Disposable sharps shall not be reused.
- h. Sharps Disposal:
 - i. Sharps that are contaminated with blood or any other body substance shall be placed in appropriate disposal containers. The containers shall be:
 - puncture resistant,
 - labeled appropriately,

- leak-proof on the sides and bottom, and
 - provide for safe handling by housekeeping staff.
- ii. Sharps disposal containers shall be easily accessible in areas where sharps waste may be generated. Sharps disposal containers shall be placed or positioned as close as possible to the site of the procedure so that contaminated sharps are easily disposed of immediately after use.
 - iii. Employees must never reach by hand into a sharps disposal container.
 - iv. Sharps containers, when three quarters (3/4) filled, shall have their tops securely closed so that no spillage can occur and replaced.
 - v. The Environmental Services Department shall be responsible for appropriate disposal of filled sharps disposal containers.
 - vi. Broken glassware that may be contaminated with body substances shall not be directly handled with a gloved or bare hand. It shall be handled by mechanical means such as tongs or dustpan and broom. Contaminated broken glass shall be placed in a puncture-resistant container and disposed of as biohazardous waste.
 - vii. Sharp container contents will not be accessed unless properly reprocessed or decontaminated.
 - viii. Sharps containers will not be opened, emptied or cleaned in any manner that may expose an employee.
- i. Prohibited Activities in Work Area:
 - i. Eating, drinking, smoking, applying cosmetics and lip balm and handling contact lenses in any work areas where there is a reasonable likelihood of occupational exposure is prohibited.
 - ii. Food and drink shall not be kept in freezers, refrigerators, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
 - j. Cleaning of Worksite:
 - i. All equipment and work surfaces will be cleaned with an appropriate disinfectant immediately or as soon as feasible when:
 - Surfaces become overtly contaminated.
 - There is a blood or other infectious material spill.
 - Procedures are completed.

- At the end of shift.

k. Laundry:

- i. All soiled linen and laundry are considered infectious and handled according to Body Substance Precautions.
- ii. Contaminated (moist with blood or other potentially infectious materials) linen or laundry shall be placed in plastic, leak-proof bags at the location where it was used.
- iii. Contaminated laundry is transported in covered trailers identified with biological hazard sign.
- iv. Laundry employees who sort contaminated laundry shall wear protective gowns, gloves, mask, disposable head caps, booties and other appropriate PPE.

l. Specimen Handling and Transport:

- i. Body Substance Precautions are practiced in obtaining, transporting, and handling all fluid or tissue specimens at Laguna Honda, negating the use of special labels.
- ii. All specimens of blood or other potentially infectious materials shall be placed in a primary container and a secondary see-through plastic bag (Ziploc) which contains any leakage during collection, handling, processing, storage, transport or shipping. This containment also permits the employee to see broken and/or leaking containers.
- iii. Within each campus building, blood specimens in vacutainer tubes may be transported in phlebotomy trays and/or carts without a secondary container.
- iv. Specimen containers for transport or shipping outside of the Laguna Honda campus shall be packed according to the National Institute of Health (NIH)/Center for Disease Control (CDC) standards as detailed in the Laguna Honda Infection Control Manual and labeled with the universal biohazard symbol prior to transport.

m. Reusable Equipment:

- i. Instruments or devices that enter tissues or the vascular system of any patient or through which blood flows, shall be sterilized or receive high-level disinfection.

- ii. Medical devices or instruments that require disinfection or sterilization must be thoroughly cleaned before being exposed to the germicide, and the manufacturer's instructions for the use of the germicide shall be followed.

n. Equipment Transport, Cleaning and Servicing:

- i. Any equipment which is contaminated with blood or other potentially infectious materials shall be examined and decontaminated as necessary prior to transport unless the user can demonstrate that decontamination of such equipment or parts of such equipment is not feasible. Equipment or areas of equipment that cannot be decontaminated shall be labeled with the universal biohazard symbol.
- ii. The individual sending contaminated equipment shall ensure that information regarding contamination is conveyed to the receiving employees, servicing representatives, and any other affected personnel prior to transport so that adequate precautions can be taken.

5. Personal Protective Equipment (PPE):

- a. If the potential for exposure remains after institution of engineering and work practice controls, Laguna Honda employees will be provided with appropriate PPE.
- b. Managers and supervisors shall ensure that PPE be available, that employees use PPE appropriately, and that training in the proper use of such equipment is provided.
- c. Individual employees shall use PPE during work practices that may expose them to blood, body fluids, or other potentially infectious material.
- d. An employee may temporarily and briefly decline to use the PPE, under extenuating circumstances described below, in which their professional judgment suggest that the PPE:
 - i. Potentially interferes with providing health care or public safety emergency service
 - ii. Potentially poses an increased hazard to the safety of the employee or co-workers
 - When this judgment is made, the supervisor shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

- e. PPE in appropriate quantities and sizes shall be readily accessible at the worksite.
- f. PPE shall be removed prior to leaving work area.
- g. Used PPE should be placed in a designated container or location for storage, cleaning or decontamination.
- h. Gloves shall be worn whenever contact with blood or other body substances are anticipated.
- i. Gloves shall be replaced as soon as possible after they are contaminated, torn or otherwise rendered ineffective.
- j. Utility gloves (for non-patient care use only) may be decontaminated for re-use if the integrity of the glove has not been compromised.
- k. Masks in combination with eye protection devices, such as goggles, should be worn whenever there is a potential for splash, spray, spatter, of blood or body substances.
- l. Gowns, aprons, or other similar coverings shall be worn when there is potential exposure of blood or body substances to clothing or skin. The appropriate type of outer garment shall be based on the task and degree of exposure anticipated. Contaminated coverings shall be changed as soon as practical.
- m. Resuscitation Devices shall be readily accessible to employees who may have reasonably anticipated needs to perform cardiopulmonary resuscitation.

6. Communication of Hazards:

- a. Labels:
 - i. Warning labels incorporating the universal biohazard sign and the word, "biohazard," shall be printed on or affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material or any other containers used to store, transport or ship blood or other potentially infectious materials outside of the Laguna Honda campus.
 - ii. Labels shall be affixed to contaminated equipment and/or equipment containers.
 - iii. Containers of blood, blood products, or blood components that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from labeling requirements.

- iv. The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- v. Labels shall be affixed as securely as possible to the container, preferably by adhesive, or by wire, string or other method that prevents their loss or unintentional removal.

7. Training:

- a. LHH-DET shall provide general training to Laguna Honda employees and volunteers.
- b. NON-Laguna Honda employees will be trained by the primary employer unless otherwise specified in writing between Laguna Honda and the outside agency.
- c. In the case of computer based training, LHH-DET will provide a phone or pager number to provide immediate access to a qualified individual to which questions can be addressed.
- d. Frequency of General Training:
 - i. At the time of initial assignment to tasks where occupational exposure may occur.
 - ii. At least annually after the initial training.
 - iii. When modifications of work practices or engineering controls are introduced.
- e. General Curriculum for Bloodborne Pathogen Exposure Control
 - i. Copy and Text of Standard for Bloodborne Pathogen Exposure Control explanation of the contents and accessibility of the applicable CAL-OSHA Regulations.
 - ii. Epidemiology and Symptoms: a general explanation of the epidemiology and symptoms of bloodborne diseases.
 - iii. Modes of Transmission: an explanation of the modes of transmission of bloodborne pathogens.
 - iv. Laguna Honda BBPECP: an explanation of the Laguna Honda exposure control program and its availability to each employee.
 - v. Risk Identification: an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

- vi. **Methods of Compliance:** an explanation of the use and limitations of methods that may prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - vii. **Decontamination and Disposal:** information on the selection and maintenance of PPE including types, proper use, location, removal, handling, decontamination and disposal.
 - viii. **Personal Protective Equipment:** an explanation of the basis for selection of personal protective equipment.
 - ix. **Hepatitis B Vaccination:** information on the hepatitis B vaccine, including information on its safety, efficacy, method of administration, the benefits of being vaccinated.
 - x. **Emergency:** information on the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials.
 - xi. **Exposure Incident:** an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - xii. **Post-Exposure Evaluation and Follow-Up:** information on the post-exposure evaluation and follow-up that DPH- OHS Clinic will provide.
 - xiii. **Signs and Labels:** an explanation of the signs and labels and/or color coding.
- f. **Unit-Specific Training**
- i. Unit Specific Training pertaining to clinical work practices, safety devices and other engineering controls that are unique to a given unit or work environment will be provided to the applicable employees.
 - ii. Unit specific and hands-on device training will be provided by Laguna Honda Nursing Education Department or manufacturer.

8. Hepatitis B Vaccination:

- a. The Hepatitis B vaccine shall be offered to all employees and hospice volunteers who are at risk of occupational exposure to transmissible bloodborne pathogens within 10 working days of hire or reassignment to a job or tasks that place the employee at risk of exposure to blood and body fluids.

- b. If the individual initially declines the Hepatitis B vaccine series but at a later date decides to accept it, then the vaccination shall be provided.
- c. Any individual who declines the Hepatitis B vaccination shall sign the Hepatitis B declination form (Appendix C). This declination will be kept in the employee health record.

9. Post-Exposure Management:

a. Needlestick Hotline

- i. In the event of an exposure incident, the involved employee must call the Needlestick Hotline (469-4411) as soon as possible and report the exposure to the Needlestick Hotline on-call clinician. The Needlestick Hotline is available 24 hours/day, 7 days a week. The Needlestick Hotline will advise the employee to report the specifics of the incident to the Manager/Supervisor.
- ii. The Needlestick Hotline on-call clinician will request the name of the exposed employee, their work location, telephone number, and a history of the exposure event. If the Needlestick Hotline on-call clinician agrees that the exposure poses a possible risk for the transmission of bloodborne pathogens, Post-Exposure Prophylaxis (PEP) will be initiated, as medically indicated. The supervisor is responsible for providing and/or completing the DPH-OSH Worker's compensation Forms.
- iii. The Needlestick Hotline on-call clinician will advise the employee to as appropriate for immediate Post-Exposure Prophylaxis (PEP).
- iv. The Needlestick Hotline on-call clinician will contact and inform the Occupational Health Service (OHS) provider.
- v. Testing of the source individual for HIV will be coordinated and performed by a designated Laguna Honda physician who is informed of the exposure by the DPH OHS Clinic.
- vi. Results of the source individual's testing shall be made available to the exposed employee as well as the clinicians caring for the employee, and the employee shall be informed of the laws/regulations regarding the privacy rights for disclosure of the identity and infectious status of the source individual.

b. Occupational Health Services:

The employee will report to the DPH OHS Clinic located in Bldg. 9, 2nd floor Room 200. The OHS provider will:

- i. Discuss the circumstances of the exposure and identify and discuss changes in work practice or technique, if any that may be warranted to prevent accidents in the future.
- ii. Provide risk assessment of the specific exposure and provide information about infection risk for HIV, HBV, and HCV.
- iii. Discuss the risk and benefits of the recommended treatment plan.
- iv. Obtain and order the appropriate laboratory tests with the employee's consent. HIV pretest counseling is provided prior to obtaining consent to HIV serological testing.

Laboratory specimens will be sent to the clinical lab with a coded number system without any personal identifiers. If the employee elects to have blood drawn but not to consent for HIV testing, the serum sample shall be stored for at least 90 days. If, within that 90 days the employee chooses to have the baseline sample tested, such testing shall be completed as soon as feasible.

- v. Complete the "Doctor's First Report of Injury" form; and
- vi. Document the circumstances of the exposure, treatment given, in the Employees' Compensation medical record.
- vii. If the employee refuses treatment, documents all relevant information given to the employee, including the potential consequences of declining to follow the recommended course of action.

When laboratory test results become available, the OHS provider informs the employee of the test results and evaluates the need to have the employee continue the PEP in relation to the employee's test results and the source patient's bloodborne infection status, if available. The OHS clinician will arrange to continue follow-up care, if indicated.

The evaluating OHS health care clinician shall provide the exposed employee the following information:

- viii. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- ix. Results of the source individual's blood testing for HIV, HCV and HBV, if available, or documentation that testing was not done due to lack of consent or other reasons.
- x. Medical records information relevant to the appropriate treatment of the employee, including vaccination status.

The evaluating OHS clinician shall provide the employee with a copy of a written opinion within 15 days of the completion of the evaluation.

- x. The written opinion for Hepatitis B vaccination shall be limited to whether the vaccine is indicated and if the employee has received such vaccination.
- xii. The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - The employee has been informed of the results of the evaluation.
 - The employee has been told about any medical conditions resulting from the exposure, which require further evaluation or treatment.
 - Other findings or diagnoses shall remain confidential and shall not be included in the written report.

10. Program Evaluation:

The LHH-ICC will conduct on-going program evaluation and complete required updates.

- a. Evaluation of the Laguna Honda BBPECP will occur at least annually and/or whenever the following circumstance(s) occur:
 - i. Introduction or modification of work practices.
 - ii. Introduction or modification of technologies or engineering controls.
 - iii. Introduction or modification of classifications.
 - iv. Indications of deficiencies.

11. Recordkeeping:

- a. Employee Health
 - i. The SFDPH Clinic shall establish and maintain the following:
 - ii. An accurate medical record for each employee with occupational exposure.
 - iii. Ensure that the health care employee records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this Standard and by law.
 - iv. Maintain the records for at least the duration of employment plus 30 years in accordance with this Standard.

b. Training Records

- i. LHH-DET will maintain training records of employees and volunteers for three (3) years from the date on which the training occurred.

c. Immunization Records and Declination Forms

- i. Laguna Honda Medical Clinic will create and maintain records of immunization and declination forms pertaining to Hepatitis B employee vaccinations.

ATTACHMENT:

Appendix A: Blood/Body Fluid Exposure Report Form
Appendix B: Determination of Exposures (classification list)
Appendix C: Hepatitis B Declination Form
Appendix D: Cal-OSHA Title 8, 5193

REFERENCE:

None

Revised: 07/08/28, 13/05/28, 15/01/13 (Year/Month/Day)

15/01/13: Approved for (re)renumbering from 72-02 to 73-0611: 15/01/13

ANNUAL EMPLOYEE PPD TESTING

POLICY:

All employees of Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) are required to participate in the Tuberculosis Surveillance Program.

PURPOSE:

This program is designed to protect the health of patients, employees and their families by preventing the transmission of tuberculosis and to comply with state licensure requirement of Title 22, paragraph 70723, Section 208(a) and Health and Safety Code, Section 1275 (also reference: Health and Safety Code, Section 1276).

IMPLEMENTATION PROCEDURE:

Refer to Laguna Honda Infection Control Manual, Employee Health section for detailed procedures.

1. All new employees will be given a two step PPD skin test unless medical reasons exist to give no such test. The Medicine Clinic at San Francisco General Hospital (SFGH) or the Outpatient Clinic at LHH will document the PPD administration or reason for not completing it.
2. The PPD skin test results will be maintained in the Employee Health records at Laguna Honda Outpatient Clinic.
3. All employees shall receive annual tuberculosis screening at Laguna Honda. This will consist of an annual PPD skin test for those with prior negative tests and an annual symptom review for those with prior positive skin tests.
4. Employees who convert their skin tests will receive a TB Symptom Review Survey, chest x-rays and referral to the Tuberculosis Clinic at SFGH. The results of the evaluation from the SFGH Tuberculosis Clinic will be sent to the Laguna Honda Outpatient Clinic. The Medical Director or Designee will review these results and provide the clearance for the employee to continue work.

ATTACHMENT:

None

REFERENCE:

LHHPP 72-04 Employee Annual Health Examination

Revised: 98/04/01, 12/09/25, 15/01/13 (Year/Month/Day)

Original adoption: 96/07/15

Approved for (rRenumbering) from 72-03 to 73-12: 15/01/13

EMPLOYEE ANNUAL HEALTH EXAMINATION

POLICY:

It is the policy of Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) and a state licensing requirement that all employees have an annual physical examination.

PROCEDURE:

1. Employees are encouraged to have their own personal physicians who will follow them for medical problems and provide preventive health care.
2. Annual physical exams performed by an employee's personal physician satisfy the Hospital requirement. The employee must have the physician complete form N123 (8/87) and bring the form to the Medical Clinic for filing in the employee's health record.
3. Annual physical exams can also be done in the Medical Clinic by Laguna Honda Hospital staff physicians. Appointments are made by calling the Medical Clinic (x4 2538).
4. Medical Clinic nursing staff contacts employees who are due for a physical examination. If the employee does not have a physical examination within the next three months, a notice is sent to the employee to have the examination within two months. A copy is sent to the department manager.
5. If the employee does not have the physical examination within the two-month period, a notice is sent to the department manager, giving one more month during which the employee must comply.
6. If the employee fails to comply with the second notice, the department manager will be notified by the Medical Clinic nursing staff.
7. Employees who are noncompliant with hospital policies will receive counseling / disciplinary action in accordance with the Department of Public Health's Uniform Disciplinary Guidelines.

REFERENCES:

None

Revised: 97/06/11, 15/01/13 (Year/Month/Day)

Original adoption: 96/07/15

15/01/13: Approved for (rRenumbering) from 72-04 to 73-13: 15/01/1306

Laguna Honda Hospital and Rehabilitation Center

**PANDEMIC INFLUENZA PLAN
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PANDEMIC INFLUENZA PLAN

PURPOSE:

To establish a hospital-wide emergency response to pandemic influenza or other epidemic respiratory infections, including collaboration with the San Francisco Department of Public Health, San Francisco Emergency Response services, and regional and state emergency response and public health agencies.

OBJECTIVES:

To comply with California Code of Regulations, Title 22, Section 70739 and California Senate Bill (SB) 739.

PROCEDURES:

1. Case Finding and Detection

a. Laguna Honda Infection Control staff will rely on two indicators for detection of possible cases of pandemic influenza:

- i. Daily surveillance of laboratory test results, both culture and rapid detection methods, to identify an excess case rate and
- ii. Reporting and expanded laboratory testing.
 - In severe cases of influenza-like illness and
 - In cases in which epidemiological features possibly associated with avian or pandemic influenza have been identified.

b. Identification of Suspect Influenza Cases for Residents, staff and other persons:

Symptoms characteristic of influenza-like illness (ILI) include fever, fatigue, cough, congestion, sore throat, myalgias and headache.

- i. Residents and staff who should be considered at risk for novel influenza A viruses are:
 - Individuals with severe ILI, including radiographically confirmed pneumonia and acute respiratory distress syndrome (ARDS) AND an occupational exposure or a history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans. Avian influenza is a year-round illness. Individuals with an exposure history and radiographically confirmed pneumonia, ARDS, or other severe respiratory illness, for which an alternative diagnosis has not been established, should be tested regardless of season.

- Persons are considered to have a travel risk if they have: 1) recently visited or lived in an area affected by highly pathogenic avian influenza A outbreaks in domestic poultry or where a human case of novel influenza has been confirmed, and either 2) had direct contact with poultry, or 3) had close contact with a person with confirmed or suspected novel influenza. Updated listings of areas affected by avian influenza A (H5N1) and other current/recent novel strains are provided on the CDC website.
- Persons at occupational risk for infection with a novel strain of influenza include persons who work on farms or in live poultry markets or who process or handle poultry infected with known or suspected avian influenza viruses, workers in laboratories that contain live animal or novel influenza viruses, and healthcare workers in direct contact with a suspected or confirmed novel influenza case.
- Residents who leave the facility on a regular basis or staff with ILI and a history of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) OR contacts with a known or suspected human case (staff /visitor) of influenza A (H5N1) from an H5N1-affected country within 10 days of symptom onset.

c. Testing of Suspect Cases for Influenza:

i. Laboratory Testing Indications:

- Laboratory testing is indicated for hospitalized residents with severe ILI. Rapid influenza testing is particularly important when testing may change management, such as
 - Early (< 48 hours) in disease when medications may be useful
 - When antibiotics would otherwise be given
 - For any resident in whom hospital admission is being considered
 - For residents in contact with persons at high risk for influenza complications

ii. Testing Procedures

- Order the rapid influenza test for suspect cases. This test is available from the Clinical Microbiology Laboratory at SFGH. It detects both influenza A and influenza B.
- Viral culture is useful for recovery of influenza viruses, respiratory

syncytial virus (RSV), and parainfluenza viruses. Order viral culture:

- If the rapid influenza test is negative and suspicion of influenza remains high or if diagnosis will change management
- On residents hospitalized for ILI in whom the initial rapid test is negative.

iii. Additional Testing:

- The San Francisco Department of Public Health (SFDPH) has the capacity to test for influenza virus A and B by polymerase chain reaction (PCR) and for additional viral respiratory pathogens using culture and antigen detection methods. Submission of respiratory specimens for testing to the SF Public Health Laboratory must be coordinated through SFDPH Disease Control (415) 554-2830. Specimens from suspected avian influenza cases will be tested for influenza by PCR at SFDPH and forwarded to the California Department of Health for further testing. On residents hospitalized for ILI in whom the initial rapid test is negative.
- Nasopharyngeal washes/aspirates are the preferred specimen both for rapid testing and for viral culture for seasonal influenza. Kits for performing the washes/aspirates are stocked in the Laguna Honda Respiratory Therapy Department during influenza season and can be ordered from SFGH Laboratory Support Services at 206-8199.
- In contrast to specimens for detection of seasonal influenza infections, pharyngeal swabs are preferred to nasopharyngeal swabs for detection of avian influenza (H5N1) since they seem to be more sensitive.
- If submitting swabs to SFDPH, the swabs must be Dacron (on plastic or wire shaft), not cotton or calcium alginate. Specimens are accepted Monday through Friday 8am to 5pm and must be accompanied by an SFDPH laboratory form, available on the website: www.sfdph.org/Cdcontrol.
- Collect samples within the first 4 days of illness.
- During the specimen collection, all providers must use, at a minimum, eye protection, mask, and gloves.
- Specimens should be appropriately labeled, contained, and transported according to Laguna Honda Clinical Laboratory policy.

d. Determination and Reporting of Influenza Case Rates:

- i. Laguna Honda Infection Control staff will review incident cases of ILI with positive rapid test results daily. An excess or sudden increase in case numbers and cases of unusually severe ILI will trigger a report to SFDPH and consultation with DPH personnel will determine further action.

2. Response and Containment

a. Healthcare Workers:

- i. Healthcare workers (HCWs) should report respiratory illness to their supervisors. A protocol for rapid influenza testing at SFGH Occupational Health Service is in place during influenza season. HCWs with likely or confirmed influenza must avoid resident contact until 5 days after symptom onset. In the event of pandemic influenza, off-work policies will also be discussed with the SFDPH.
- ii. In the event of a suspected pandemic outbreak, Infection Control staff will communicate with all managers regarding the need to test symptomatic employees. Depending on the diagnostic tests available, testing may occur in Laguna Honda Medical Clinic, SFGH Occupational Health, SFGH Urgent Care, the SFGH Emergency Department, or another venue based on specific circumstances.
- iii. HCWs receive ongoing training and education regarding infection control practices during non-pandemic periods. In the event of suspected or confirmed pandemic influenza, specific HCW training will be provided regarding recommended infection control measures. At present, for example, recommended practice is for high-level respiratory isolation in residents with known or suspected avian influenza. Infection Control, Education and Training, Nursing and Medicine Departments are all likely to be involved in training efforts. Infection Control will coordinate the collaborative process.
- iv. In the event of pandemic influenza, HCWs should be screened for influenza-like symptoms before coming on duty according to the California Department of Health Services (CDHS) or other authoritative recommendations.

b. Residents:

- i. Procedure for residents with confirmed influenza A or B (non-pandemic influenza).
 - Place residents with confirmed or highly suspected influenza (non-pandemic strain) on Low Level Respiratory Precautions in addition to Body Substance Precautions and notify Laguna Honda Infection Control staff. These precautions include use of barriers to prevent contact between infectious droplets and the mucous membrane of healthcare

providers and visitors.

- **Hand Hygiene:** Careful attention to hand hygiene is critical. Use of alcohol-based hand gel is encouraged. Strict hand hygiene after contact with residents or items contaminated with respiratory secretions is required.

When hands are visibly dirty or visibly soiled with blood or other body fluids, wash with either antimicrobial or non-antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub (preferred) or wash with soap and water.

Hand hygiene will be performed before:

- Having direct contact with residents
- Donning sterile gloves before sterile procedures.
- Moving from a contaminated-body site to a clean body site during resident care.
- Moving from one resident to another
- Eating

Hand hygiene will be performed after:

- Contact with the resident's blood, body fluids, secretions or excretions, mucous membranes, skin, and wound dressings.
- Removing gloves
- Removing other PPE such as masks, gowns, etc.
- Using a restroom or assisting a person using the restroom
- Follow Body Substance Precautions.
 - At a minimum, staff will wear a surgical mask in the presence of residents who are coughing and upon entering the resident's room.
 - Must wear a mask, and eye protection for face-to-face contact within three feet of a symptomatic resident and for respiratory and oral care.
 - Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); and touching surfaces and other items

with contaminated gloves or other contaminated PPE (e.g. door knobs, keys, light switches).

- Resident Placement
 - Place residents in a private room.
 - Keep door and windows to resident rooms closed.
 - Instruct the resident to remain in room as much as possible.
 - Resident Transport
 - Limit resident movement to essential needs outside of room.
 - Resident movement outside of the room should be supervised by nursing staff.
 - Instruct the resident to cover mouth and nose with a tissue when coughing or sneezing, and to discard the tissue appropriately into a waste receptacle.
 - Instruct the resident to wear a surgical-type mask whenever leaving room.
 - Visitors
 - Visitors with upper respiratory symptoms should not visit. Special considerations may be given to close family members. Please consult Laguna Honda Infection Control staff.
 - Visitors should wear a mask on entry into the resident's room.
 - Family members who visit residents with influenza-like illness should wear surgical masks at all times, including in the resident's room. They should adhere to hospital hand hygiene practices.
- ii. Procedure for residents with confirmed or suspected pandemic or avian influenza.

According to current guidelines, high-level respiratory isolation and contact isolation in addition to Body Substance Precautions are preferred if a highly lethal and/or highly transmissible novel influenza strain is confirmed or suspected in a small number of residents. Specific strategies may change based on the number of residents affected and the characteristics of the influenza strain.

- Hand Hygiene: See above
- Follow Body Substance Precautions: See above
- Resident Placement

Place all persons suspected or confirmed to have pandemic influenza (avian or not) immediately in a high-level respiratory isolation room.

- If a high-level isolation room is not available, admit the resident to a private room. The door should remain closed.
- If a private room with HEPA filtration is not available, admit the resident to a private room or a single-resident room. Keep the door closed.
- If no private room is available, all persons suspected or confirmed to have pandemic influenza (avian or not) should sit at least 3 feet or 1 meter from others in common waiting areas, while wearing a mask.

Residents with known or suspected pandemic influenza, a novel influenza virus, or suspected or confirmed avian influenza (H5N1) should be managed with a combination of standard, contact, and high level respiratory isolation precautions for a minimum of 14 days after onset of symptoms unless an alternative diagnosis is established or infection with influenza has been excluded.

Immunocompromised residents should be managed with standard, contact, and high level respiratory isolation precautions for up to 21 days or for the duration of their illness.

- Cohorting
 - During an influenza pandemic, resident cohorting will be implemented once it appears that the number of residents will exceed the number of available isolation rooms.
 - If there are no private rooms available, suspect cases will be cohorted with suspect cases and confirmed cases with confirmed cases in most situations. Keep the beds at least 3 feet (1 meter) apart and preferable separated by a physical barrier. Consult Laguna Honda Infection Control staff prior to implementing cohorting.
 - Personnel (clinical and non-clinical) assigned to cohorted resident care units for pandemic influenza residents should not “float” (i.e., they also shall be cohorted) or otherwise be assigned to other resident care

areas. Limit the number of personnel entering the cohorted area to those necessary for resident care and support.

- Personnel assigned to cohorted resident care units should be aware that residents with pandemic influenza might be concurrently infected or colonized with other pathogenic organisms (e.g., *Staphylococcus aureus*, *Clostridium difficile*) and should rigorously adhere to infection control practices (e.g., hand hygiene, changing gloves between resident contact) used routinely, and as part of standard precautions, to prevent resident-to-resident transmission of pathogenic organisms.
- Room Set-Up and Breakdown
 - Per usual policy at Laguna Honda, maintain “clean” and “dirty” areas for infection control precaution materials.
 - Keep clean resident care and PPE supplies outside the resident’s room.
 - Dispose of contaminated PPE (gowns, masks, gloves, goggles/face shields) in regular trash or laundry receptacles, as appropriate.
 - Place contaminated linen and laundry in receptacles per usual Laguna Honda procedure. Place receptacles close to the point of use and separate from the clean supplies.
 - After the person suspected or confirmed to have pandemic influenza (avian or not) vacates the room, keep the room vacant for at least one hour to allow for a full exchange of air.
- Resident Transport
 - Limit resident ambulation outside the isolation area except for medically necessary purposes.
 - If transport or movement is necessary, ensure that the resident wears a surgical or procedure mask, a clean resident gown, and performs hand hygiene before leaving the room and has tissues available for respiratory secretion containment during transport.
 - If the resident cannot tolerate a mask due to resident’s age or respiratory status, apply the most practical measures to contain respiratory secretions.
 - Avoid contact with residents suspected or confirmed to have pandemic influenza by using less traveled hallways and elevators when possible.

- Visitors
 - Screen visitors for signs and symptoms of influenza before entry into the facility and exclude persons who are symptomatic.
 - Family members of newly admitted residents with influenza-like illness to the hospital are assumed to have been exposed to influenza and should wear masks. They also should wear surgical or procedure masks while in the resident's room and should adhere to hospital hand hygiene practices.
 - Restrict visitors to persons who are necessary for the resident's emotional well being and care.

c. Personal Protective Equipment (PPE):

During resident care activities and procedures likely to generate increased small-particle aerosols of respiratory secretions and excretions (e.g. endotracheal intubation, nebulizer treatment, bronchoscopy, and suctioning), HCWs should wear gloves, gown, face/eye and respiratory protection.

i. Masks

- Wear a N-95 respirator or powered air-purifying respirator (PAPR) when entering the room of a person suspected or confirmed to have avian influenza A (H5N1), a known strain of influenza exhibiting increased transmissibility, or a novel strain of influenza virus or pandemic influenza.
- Also wear a N-95 mask when handling resident's soiled linen and laundry. The mask should be changed when it becomes moist. Upon touching or discarding a used mask, hand hygiene should be performed.
- If N-95 masks or PAPRs are in short supply, prioritize the use of the respirators and use them only when in resident rooms, transporting residents, when in close proximity (three feet or less) of the resident and when there is a higher likelihood of exposure or aerosolization including during bronchoscopy or intubation.
- If the respirators are not available, use a surgical mask or procedure mask instead. If such masks are also in short supply, reserve the available masks for extensive resident or environmental contact with respiratory secretions, including during aerosol-generating procedures.

ii. Gloves

- Disposable gloves (clean, non-sterile are adequate) should be worn for

contact with blood and body fluids, including respiratory secretions during resident's oral care and/or when handling soiled tissues.

- Gloves will be removed and disposed of after use on a resident. Hand hygiene will be performed after glove removal.
- If gloves are in short supply, gloves will be reserved for extensive resident or environmental contact with blood or body fluids, including during suctioning.
- Other barriers, such as disposable paper towels or paper napkins, may be used when there is only limited contact with a resident's respiratory secretions (i.e., to handle used tissues). Hand hygiene must be performed after any contact with resident secretions.
- HCWs caring for residents with influenza should be particularly vigilant to avoid touching their eyes, nose or mouth with gloves or unwashed hands and should avoid contaminating environmental surfaces including door knobs and light switches.

iii. Gowns

- A clean, non-sterile gown should be worn when entering the room if it is anticipated that clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room.
- A gown should be selected that is appropriate for the activity and amount of fluid likely to be encountered.
- Soiled gowns should be removed as promptly as possible and hand hygiene performed to avoid transfer of microorganisms to other residents or environments.
- Gowns will be removed before leaving the resident's environment.
- After gown removal, HCWs will ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other residents or environments.
- If gowns are in short supply, they will be used only for extensive resident or environmental contact with blood or body fluids, including respiratory secretions.

iv. Eye Protection/Face Shield

- Wear goggles or a face shield when in direct face-to-face contact or within

3 feet of a resident suspected or confirmed to have avian or pandemic influenza.

- Goggles should fit snugly (but comfortably) around the eyes.
- For aerosol-generating procedures (e.g. nebulizer treatments, intubation), a face shield may be worn over goggles to protect exposed areas of the face. However, a face shield should not be worn as a primary form of eye protection for these procedures.

v. Powered Air Purifying Respirators (PAPR)

- Use of PAPRs is recommended for aerosol-generating procedures (e.g., bronchoscopy, intubation). These procedures should be conducted in an isolation room whenever possible.
- Laguna Honda has PAPRs appropriate for use during aerosol-generating procedures or when higher levels of respiratory protection are indicated. Staff members must be medically cleared for using a PAPR and trained on proper use and maintenance of the respirator, breathing tube and hood before using the PAPR.
- While PAPRs do not require a fit test, proper donning and doffing of the respirator and hood and maintenance of the power unit and other components are essential to ensuring optimum staff protection. Hoods and breathing tubes are reusable when properly cleaned and maintained, and hoods will be assigned to individual employees for their use.

d. Antiviral Medications and Influenza Vaccine:

- i. Before a vaccine containing the circulating pandemic virus strain becomes available, pre-pandemic vaccine from the hospital supply may be considered for persons in designated priority groups (see below) if this vaccine contains the pandemic subtype or is partially cross protective to the pandemic virus.
- ii. Once a pandemic vaccine becomes available, the vaccination of designated priority groups will begin. Note that persons who would not likely be protected by vaccination may be excluded. Priority groups include:
 - Hospital staff that have direct resident contact and/or are involved in support services essential for resident care.
 - Residents that are at most risk of having severe complications from infection including:
 - Those > 65 years with 1 or more influenza high-risk conditions

- Those 18 years to 64 years with 2 or more influenza high-risk conditions
 - Those 18 years or older with a history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year.
 - Residents who are pregnant
- iii. Once priority groups have been vaccinated, remaining vaccine will be stored for future use and/or administered to other residents and staff in accordance with recommendations for vaccine use at that time.
- iv. Antiviral Use:
- The effectiveness of antiviral medications in the treatment and prophylaxis of disease cause by avian influenza (H5N1) or other potential pandemic strains is unknown.
 - Treatment with a neuraminidase inhibitor, especially if begun early, may be effective in decreasing mortality and other severe complications such as pneumonia.
 - Antiviral resistance to the adamantanes (amantadine and rimantidine) may limit their use during a pandemic.
 - Supplies: the primary source of antiviral drugs for a pandemic response will be the supply stored by the Pharmacy.
 - Additional doses of oseltamavir may be available through the SFDPH or other public health sources.
 - Antiviral treatment should be considered for residents hospitalized with a suspected case of avian influenza (H5N1) or pandemic strain of influenza.
 - Oseltamivir should be administered as early as possible and ideally within 48 hours of after onset of symptoms excluding residents:
 - Admitted for a condition consistent with a bacterial superinfection.
 - Where viral replication and shedding is deemed to have ceased.
 - Treatment should be consistent with medical practice and ethics. If they are likely to be efficacious, medications should be used to treat those with the most serious illnesses and who are most likely to die.

- At this time the treatment regimen for oseltamivir is 75 mg PO twice daily for 5 days. This regimen is subject to change as more information becomes available on the optimal treatment strategies.
 - Because of the potential effectiveness of treatment with antiviral drugs and the greater efficiency of treatment in the setting of limited supply, the use of prophylaxis will be restricted to maximize health benefits.
- e. Postmortem Care:
- i. Use standard practices for care of the deceased. Universal precautions will be used for any contact with blood and/or body fluids.
- f. Environmental Service Practices:
- i. Standard precautions should be used for disposal of solid waste (medical and non-medical) and for handling of linen, laundry, dishes and eating utensils used by a resident with known or possible pandemic influenza strain.
 - ii. Disposal of solid waste
 - Contaminated medical waste will be contained and disposed of in accordance with Laguna Honda Infection Control Manual.
 - Disposable gloves will be worn when handling waste. Hand hygiene will be performed after removal of gloves.
 - Regular trash should be disposed of in the usual manner.
 - iii. Linen and Laundry Handling
 - Clean and contaminated linen should be managed in a manner to minimize the risk of contamination of clean linen and to safely handle contaminated linen.
 - Gloves, gowns, and masks will be worn when handling soiled linen and laundry prior to it being placed in plastic bags.
 - Soiled linen and laundry should not be shaken or otherwise handled in a manner that might aerosolize infectious particles.
 - Hand hygiene will be performed after removing gloves that have been in contact with soiled linen and laundry.
 - Linen and/or laundry will be washed and dried according to routine standards of practice. Appropriate PPE should be worn.

iv. Dishes and Eating Utensils

- Reusable dishes and utensils will be washed in a dishwasher with recommended water temperature and detergent.
- Utility gloves will be worn when handling resident trays, dishes, and utensils.

v. Resident-Care Equipment

- Clean resident care equipment according to approved hospital practices.

vi. Environmental Cleaning and Disinfection

- Cleaning and disinfection of resident occupied rooms will be done according to standard hospital procedures.
- Cleaning and disinfection of rooms after resident discharge or transfer will be done according to standard hospital procedures.

3. Healthcare Workers' Shelter, Care and Staffing Practices in Pandemic Influenza Setting

a. Onsite Sheltering of Health Care Workers:

- i. In the event that HCWs need to be sheltered onsite, contingency procedures for staff support and shelter for extended emergency/disaster operations will be implemented and coordinated by the Laguna Honda Incident Command Center. In the unlikely circumstance that quarantine of HCWs is recommended by public health officials, the plan will be modified accordingly after consultation with those authorities.

b. Evaluation and Management of HCW Exposures:

- i. HCWs exposed to pandemic-influenza-infected residents should monitor temperature twice daily and look for respiratory symptoms for five days after last exposure.
- ii. Employees who become ill should seek medical care and should not be involved in direct resident care. The employee's healthcare provider, supervisor, Occupational Health, and Infection Control should be notified about possible exposure to pandemic influenza.
- iii. HCWs with fever (temperature >38 degrees Celsius) should undergo appropriate diagnostic testing and stay home. If influenza is established as the cause of illness, the current policy is that HCWs cannot return to work

until 5 days after symptom onset. In the event of pandemic influenza, this policy will be reviewed under guidance from HHS, the CDC, CDHS, and local public health authorities.

- iv. At home, ill HCWs should practice good respiratory hygiene and cough etiquette to lower the risk of transmission of virus to others. Other home isolation procedures may be indicated in certain circumstances.
 - v. HCWs who have had an exposure to infectious aerosols, secretions, or other body fluids or excretions because of a lapse in aseptic technique may be considered for post exposure chemoprophylaxis, if available.
 - vi. Employees involved in high-risk procedures (i.e., aerosol-generating procedures) may be considered for pre-exposure prophylaxis, if available.
 - vii. Triage of antiviral drugs for HCWs will be managed according to availability with assistance from HHS, the CDC, CDHS, and local department of public health officials. Ill HCWs, those who have already been exposed, and those at highest risk for exposure will be prioritized.
- c. Vaccine Distribution:
- i. Any available vaccine will be distributed as soon as feasible to HCWs as recommended by HHS, the CDC, CDHS, and/or local public health officials.
 - ii. HCWs at highest risk for illness and exposure will be prioritized.
- d. Quarantine:
- i. HCW quarantine will be considered in extreme circumstances according to the specific situation and recommendations from HHS, the CDC, CDHS, and local public health authorities. See above (III.A) for reference to HCW shelter policies.
- e. Work Restriction:
- i. If possible, pregnant and other staff at high risk for complications of influenza should be reassigned to low-risk duties (e.g., non-influenza resident care, administrative duties that do not involve resident care) or placed on furlough.
 - ii. Staff who has recovered from pandemic influenza may be assigned to the care of residents with active pandemic influenza and its complications and to residents who are at risk for serious complications from influenza (e.g. immunocompromised residents).
 - iii. Non-essential staff should be re-assigned to support critical hospital services

or placed on administrative leave.

f. Surge Capacity:

- i. If the total number of Laguna Honda residents needing healthcare assessment and treatment exceeds the immediately available resources of the hospital, Laguna Honda will activate the Emergency Response Plan and appropriate surge capacity plans and procedures including cancellation of clinics, discharge of less acute residents, activation of alternate care areas, facility lock-down, cohorting of residents as needed, and adjustment of staffing ratios and implementation of austere care if warranted for a healthcare emergency.
- ii. Laguna Honda will work with the Department of Public Health and other local and regional healthcare providers to direct residents to appropriate alternate care locations whenever possible.

g. Access to HCW PPE:

- i. For items specifically related to HCW protection (e.g. masks, face shields, gowns, gloves), the Central Supply Department working with the Infection Control Staff will dispense supplies directly to each unit's nurse manager. The unit's nurse managers will be responsible for allocation to HCWs in the event of a real or perceived shortage. It is recommended that reusable items such as N95 masks and face shields and PAPRs hoods be signed out by each HCW who is determined to need such items. When items are soiled or need to be replaced, they should be bagged and returned to the nurse manager or designees before new items are issued.
- ii. Nurse Managers will be responsible for the inventory of consumable resources on their units. Consumable resources include hand hygiene supplies (antimicrobial soap and alcohol-based, waterless hand hygiene products): N95, surgical and procedure masks, face shields, gowns, gloves and facial tissues.
- iii. Additional supplies of PPE have been stockpiled on site, and contingency plans for ongoing delivery of most-frequently used supplies have been developed with major suppliers to ensure the best possible availability of consumable resources. Laguna Honda will also coordinate with the Department of Public Health to request additional equipment and supplies as needed from local, regional and national stockpiles.

4. ROLES AND RESPONSIBILITIES

a. Communication and Reporting:

- i. Initial concerns regarding pandemic influenza with the potential to impact Laguna Honda will be reported to Laguna Honda Infection Control staff.
 - ii. The Laguna Honda Administrative Call Back List will be used for internal notification and direction.
 - iii. Concerns regarding pandemic influenza will be reported to the San Francisco Department of Public Health. Depending on the nature of the concern, Infection Control may contact Communicable Disease Control, Community Health Epidemiology, and/or the Director of Health.
 - iv. Media
 - Laguna Honda media and public relations communications will be coordinated through the Administrative Office and assigned public information officer. The PIO provides information to the news media, coordinates with DPH Public Relations and requests staff to return to work via press releases. The Laguna Honda PIO will prepare media releases or public information notices, resident and visitor information in collaboration with Infection Control or designees. Information may be distributed as pamphlets/fliers available to all department staff and residents via public service announcements on broadcast media, internet messages on the IC website, faxed updates and face-to-face educational meetings.
 - If requests are received by individuals or departments to provide information to the media, they will be reviewed whenever possible with Public Information representatives prior to discussion with the media.
- b. Activation of Emergency Response:
- i. The existing structure of the Hospital Incident Command System (HICS) will be used for decision making in the event of pandemic influenza. The Infection Control Committee chair will play a leadership role in the system.
 - In the event of activation of a Laguna Honda Emergency Response, the Laguna Honda Incident Commander (IC) will establish contact with the SFDPH Director of Public Health and/or the SFDPH Department Operations Center (DOC), if activated.
 - The Laguna Honda IC will maintain on-going communications and coordinate emergency response with the SFDPH DOC for as long as indicated by the DOC.
- c. Access Controls:

- i. Visitors
 - Visitors to the hospital should be restricted during an outbreak of pandemic influenza. Visitors may be limited to those essential for resident support.
 - If visitors are permitted, they should be screened for signs and symptoms of influenza at point of entry into the facility. Symptomatic persons should be excluded.
 - ii. Consideration should be given to limiting points of entry to facility.
- d. Hospital Admissions:
- i. Deferment of elective admissions and procedures will be implemented until the local epidemic wanes.
 - ii. In accordance with usual hospital procedures, residents will be discharged as soon as medically appropriate.
- e. Healthcare-Associated Transmission:
- i. Healthcare-associated transmission will be closely monitored. Testing of newly symptomatic residents and staff will be done as outlined previously.
 - ii. Consideration will be given to closing units where there has been healthcare-associated transmission.
 - iii. As previously described, staff will be cohorted and affected residents housed with preference to (in order)
 - Single room
 - Cohorting in semi-private rooms
 - Cohorting by unit
 - Separation by at least 3 feet in other locations
 - iv. New admissions (except for other pandemic influenza residents) will be restricted in affected units.
 - v. Visitors to the affected units will be restricted to those who are essential for residents' care and support.
- f. Widespread Transmission in Community and Hospital:

- i. Personnel resources may be redirected to support resident care (e.g., administrative clinical staff and clinical staff working in departments that have been closed may be redeployed).
 - ii. Community volunteers may be recruited to assist at Laguna (e.g. nurses, physicians, and other healthcare workers who are retired or not currently working).
 - iii. Consideration will be given to placing non-essential personnel who cannot be reassigned to support critical hospital services on administrative leave.
- g. Facilities:
- i. Modifications of routine practices related to the environment may need to occur, for example as a result of changes in the number of support staff available or the need to utilize staff with incomplete training. Cleaning priorities may need to be directed to high-risk areas only.
- h. Evacuation Plan:
- i. In the unlikely event of a hospital evacuation due to a pandemic influenza outbreak, evacuation and transfer of non-influenza residents will be considered in consultation with local and regional public health authorities and facilities. If hospital evacuation is required for any other reason during a pandemic influenza outbreak, infection control procedures shall be maintained to the greatest degree possible throughout evacuation and transfer of all residents.
- i. Hospital Committees Approval:

Policy reviewed and approved by	Date
Safety Committee (SC)	12/18/07
Infection Control Committee	04/02/08

REFERENCES:

None

Revised: ~~08/08/25~~, 15/01/13 (Year/Month/Day)Original adoption: ~~08/06~~15/01/13: Approved for (reRenumbering) from 72-06 to 70-08: 15/01/136)

SPILL RESPONSE PLAN

POLICY:

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) will respond to spills of hazardous and non-hazardous materials in a manner that prioritizes employee and resident safety.

PURPOSE:

The Spill Response Plan has been established to ensure that spills of hazardous and non-hazardous materials are cleaned up appropriately and that employee health and safety is not compromised.

DEFINITION:

1. Hazardous Materials – Any material with a hazardous characteristic such as flammable, combustible, oxidizing, or toxic.
2. Non-Hazardous Materials – Any material that does not have a hazardous characteristic (as described above), such as water, food, drink, or body fluids.

PROCEDURE:

1. CLEAN UP OF NON-HAZARDOUS MATERIALS

- a. All hospital personnel have an obligation to cordon off and report to Environmental Services (EVS) any floor spills of non-hazardous materials.
 - i. Orange cones are stored in each neighborhood utility room.
 - ii. Any individual who discovers a spill immediately shall identify the spill by placing orange cones around the perimeter.
 - iii. Report to EVS to the location of a non-hazardous material spill.
 - EVS personnel are available daily from 6:00 a.m. until 12:00 midnight.
 - Between the hours of 12:00 midnight and 6:00 a.m., individuals should place a cone and a pad or other absorbent material over the spill. EVS will provide clean-up the next morning.

2. CLEAN UP OF HAZARDOUS MATERIALS – SMALL SPILLS (1 GALLON OR LESS)

- a. Clear the immediate spill area.
 - i. Leave the immediate area and do not step in the spill as you leave.
 - ii. Alert others in the area of the spill.
- b. Secure the area.
 - i. Put up warning signs, caution tape, or close the door.
 - ii. Restrict access to staff that are trained to clean the spill.

- c. Assist injured or exposed individuals.
 - i. If safe to do so, remove injured or exposed individuals from the area.
 - ii. If splashed with a hazardous material, go to the eyewash or safety shower and flush skin and eyes for at least 15 minutes.
 - iii. Have injured or exposed individual seek medical attention. Call 911 if necessary.
- d. Identify the spilled material.
 - i. If not immediately known, check the container or the Material Safety Data Sheet (MSDS).
 - ii. If you cannot determine what the spilled material is, contact Facility Services for assistance.
 - iii. Do not assume you know what the spilled material is.
- e. Gather spill cleanup materials.
 - i. Retrieve the nearest spill control supplies. If you do not know where the supplies are, contact Facility Services for assistance.
- f. Clean up the spill. You are not required to clean up spills of hazardous materials if you have not been trained or are not comfortable with performing this work. Contact EVS and/or Facility Services for assistance with cleanup.
 - i. Wear appropriate protective equipment, if necessary, such as gloves, foot covers, apron, etc. If you feel that you need a respirator to clean up the spill, do not proceed. Contact Facility Services for assistance with spill cleanup.
 - ii. Begin cleanup only if it is safe to do so. Your health is always the first priority when cleaning up spills.
 - iii. Use absorbent pads to limit the area of the spill.
 - iv. Begin cleanup from the perimeter of the spill and work towards the center.
 - v. Do not add water to the spill.
 - vi. After the spill has been cleaned up, wash the area with soap and water at least time times.
- g. Gather the spill cleanup materials.
 - i. Place them in bags labeled as hazardous waste. Cleanup materials cannot go in the regular trash. Contact Facility Services for assistance in properly disposing of cleanup materials.
 - ii. Used protective equipment should be disposed of with the cleanup materials.
- h. Decontaminate yourself. Wash hands, face, and other exposed parts of your body that may have been contaminated during clean up.

3. CLEAN UP OF HAZARDOUS MATERIALS – LARGE SPILLS (MORE THAN 1 GALLON)

- a. Evacuate the area.
 - i. Leave the area.
 - ii. Alert others to leave the area.
- b. Secure the area.
 - i. Put up warning signs or close the door.
 - ii. Restrict access to the area.
- c. Assist injured or exposed individuals.
 - i. If safe to do so, remove injured or exposed individuals from the area.
 - ii. If splashed with a hazardous material, go to the eyewash or safety shower and flush skin and eyes for at least 15 minutes.
 - iii. Have injured or exposed individual seek medical attention. Call 911 if necessary.
- d. Identify the spilled material.
 - i. If not immediately known, check the container or the Material Safety Data Sheet (MSDS).
- e. Report the spill.
 - i. Call 911 and provide them with the requested information.
 - ii. Notify your manager.
 - iii. Do not attempt to clean up large spills.

4. PROCEDURES FOR RESPONDING TO AN UNDERGROUND STORAGE TANK (UST) LEAK

- a. If there is immediate danger of fire, injuries or property damage call 911.
- b. Investigate the source and location of the leak.
- c. Stop the leak if safe to do so. This may involve immediately removing the hazardous material from the tank.
- d. Clean up small spills, if safe to do so.
- e. Within 24 hours of discovering the leak, report the leak to S. F. Department of Public Health. If there is an emergency, such as possibility of fire or gross pollution of surface or underground water, then call immediately the Office of Emergency Services (800-852-7550) or the San Francisco Bay Regional Water Quality Control Board (510-464-1255).

- f. Within five days of the leak, the chief engineer will submit the Underground Storage Tank Unauthorized Release Contamination Site Report to Hazardous Materials Unified Program Agency. The report form is available at the Health Department at 1390 Market Street, Suite 210.

5. CONTACT INFORMATION:

- a. Hazardous Waste Hauler/Emergency Clean-up Contractor:
 - i. John Wells, DPH Environmental Services - 415 -252-3975
- b. After an uncontrolled spill or leak of a hazardous material, the Industrial Hygienist will be responsible for calling the following agencies:
 - i. San Francisco Department of Public Health - 415-252-3900
 - ii. California Office of Emergency Services - 800-852-7550
 - iii. National Response Center - 800-424-8802
 - iv. Toxics Substance Control Division - 800-852-7550
- c. In addition to calling the agencies listed above, whenever spilled hazardous materials enter into sewer, the Chief Engineer or the Industrial Hygienist will be responsible for calling:
 - i. Department of Public Works - 415-695-2020

ATTACHMENT:

None

REFERENCE:

None

Revised: 02/03/06, 12/09/25, 15/01/13 (Year/Month/Day)
15/01/13: Approved (renumbering) from 74-01 to 70-07: 15/01/13

MEDICAL WASTE MANAGEMENT PROGRAM

POLICY:

Laguna Honda Hospital (Laguna Honda) will comply with the California Medical Waste Management Act with regards to managing medical waste.

PURPOSE:

This program describes how Laguna Honda will collect, store, and dispose of medical waste in a manner that ensures employee safety and complies with applicable regulations.

PROCEDURE:

1. Medical Waste Definitions

- a. Medical Waste specific to Laguna Honda includes:
 - i. Biohazardous waste
 - Waste that at the point of disposal or thereafter contains recognizable blood, fluid blood products, containers or equipment containing blood that is fluid.
 - Waste containing discarded materials contaminated with excretion, exudate, or other secretions in which the resident was required to be isolated by the LHH infection control authorities.
 - ii. Sharps waste
 - Syringes, hypodermic needles, blades, needles with attached tubing, or broken glass that has been in contact with biohazardous waste.
 - iii. Contaminated Solid Waste
 - All moist waste including products that have been in contact with bodily fluids or waste that might attract vermin (i.e., tongue blade, diaper, urine cup, moist blood stained dressing, non-sharp disposable instrument, or food waste that have been in contact with bodily fluids).
 - iv. Pharmaceutical waste

2. Collection

a. Biohazardous Waste

- i. Waste material must be segregated at the point of generation and placed in a labeled red biohazard bag. The bag should have sufficient strength and be impervious to moisture to preclude ripping, tearing, or bursting under normal waste handling conditions.
- ii. Waste material containers should be leak resistant with tight fitting covers or waste bags must be secured to prevent expulsion of contents.

b. Body Fluids/Suctioned Fluids

- i. Any volume of fluids that are not absorbed by other waste materials such as sponges and dressings must be contained in leak and break resistant containers.
- ii. Liquid blood or semi-liquid waste can be poured down a public sewage system

c. Sharps Waste

- i. All sharps must be placed in approved and labeled sharps containers.
- ii. Sharps should not be disposed of directly in biohazard waste bags.
- iii. Needles from syringes should not be removed or clipped.
- iv. See the LHH Bloodborne Pathogen Occupational Exposure Control Plan for information on sharps injury prevention.

d. Pharmaceutical Waste

- i. Pharmaceutical wastes should be segregated from other types of medical wastes. They should not be placed into red biohazardous bags, but placed in disposable containers marked with the words "INCINERATION ONLY."

3. Storage

- a. Medical waste storage locations are present on each neighborhood.
- b. All medical wastes to be stored on site will be held no more than seven days in labeled containers.
- c. Medical waste that is to be transported offsite shall not be subjected to thrash chutes, compaction or grinding.

- d. Pharmaceutical wastes may be stored on site for up to 90 days before sending them offsite for destruction by incineration. Pharmaceutical wastes totaling 10 pounds or less can be stored for up to one year.

4. Disposal

- a. Waste Hauler Information
Stericycle, Inc. - Alameda County
30542 San Antonio Street
Hayward, CA 94544
510-471-0920
866-978-3744
866-783-7422
Transfer Permit Station #: P-114, TS - 114
EPA Identification Number: #CAD 980890321
- b. All required hazardous waste manifests will be completed per Department of Transportation regulations.

5. Spill Cleanup

- a. In the event of a spill of medical wastes:
 - i. Use latex or vinyl gloves as barrier.
 - ii. Use tongs, shovel, or other mechanical means to pick up waste, especially for sharps.
 - iii. Re-bag any spilled medical waste into a red bag.
 - iv. Secure the bag with tape or other means to prevent leakage.
 - v. Apply household bleach disinfectant to the area affected by the spill or contact EVS for assistance.
- b. Sharps Container Spill
 - i. Recover the sharps using tongs, forceps, pliers, or other mechanical means. Do not use your hands to pick up sharps even if gloves are worn.
 - ii. Place the sharps into the open sharps container. If the sharps container is 2/3 filled, place the sharps into another sharps container. Do not fill the container over 2/3 full.
 - iii. Secure the lid and tape if necessary.
 - iv. Apply disinfectant in affected area if necessary.

c. Blood Leak

- i. Place cones or other warning devices around the area to prevent people from walking through the blood spill and tracking blood throughout the area.
- ii. Apply absorbent towels.
- iii. Allow 10 - 20 minutes for the blood to be absorbed.
- iv. Vinyl or latex gloves shall be worn when mopping a spill.
- v. Place the blood soaked absorbent materials in the biohazard bag.
- vi. Mop the area with disinfectant and water. The mop should be soaked in disinfectant bleach for 10 - 20 minutes after use, and then rinsed with clean water before using it again.

ATTACHMENT:

None

REFERENCE:

LHHPP 72-01 Infection Control Manual

LHHPP 72-02 Bloodborne Pathogen Occupational Exposure Control Plan

Revised: 13/05/28, 15/01/13 (Year/Month/Day)

15/01/13: Approved for (rRenumbering) from 74-02 to 73-11: 15/01/13

HAZARD COMMUNICATION PROGRAM

POLICY:

The Laguna Honda Hospital and Rehabilitation Center (LHH) Hazard Communication Program (HCP) is established to provide employees with information about the hazards of chemicals used in their workplace and the means by which they can protect themselves from these hazards. This program will be administered by the LHH Industrial Hygienist.

PURPOSE:

The purpose of the HCP is to implement and maintain an effective program pursuant to California Occupational Safety and Health Standards, California Code of Regulations, Section 5194, including the following elements:

1. Written program: To assign responsibility, implement hospital policies and procedures and effectively communicate the program to employees and emergency responders about the hazardous chemicals that they may be exposed to while working at LHH.
2. Hazardous Chemical Inventory: To create and maintain an inventory of hazardous chemicals at LHH.
3. Labeling: To ensure that hazardous chemicals are labeled in compliance with the Cal/OSHA Hazard Communication Standard (T8 CCR 5194) and California Prop 65.
4. Safety Data Sheets: To provide a current safety data sheet that is readily available to employees for each hazardous chemical used at LHH.
5. Employee Training: To inform employees of the hazards associated with chemicals in their workplace prior to initial assignment and when any new hazardous chemicals are introduced.

PROCEDURE:

1. Identification and Classification of Hazardous Chemicals

a. Product Selection

- i. Every effort shall be made to use the least hazardous products available to effectively achieve their intended purpose. Selection of new products will include input from the LHH Industrial Hygienist regarding the hazards associated with the product.

b. Hazardous Chemical Inventory

- i. The LHH Industrial Hygienist will be responsible for maintaining an up-to-date inventory of hazardous chemicals at LHH. The inventory will indicate departments in which chemicals are used, and locations where they are stored. This inventory is attached to this program as Appendix A (by trade name), and Appendix B (by department/storage location) and will be posted on the Laguna Honda intranet.
- c. New Chemicals
 - i. When new chemical products are ordered, the Materials Management Department will notify the Industrial Hygienist, who will determine whether or not the chemical is hazardous and add it to the inventory. When chemicals are phased out, they will be removed from the inventory. Whenever changes are made to the inventory, it will be updated on the intranet.
- d. Hazardous Drugs
 - i. Drugs prepared by and/or supplied by the LHH pharmacy for resident medication are excluded from the requirements of the Hazard Communication Standard. Any such drugs that are considered to be hazardous to LHH employees will be handled according to the LHH Hazardous Drug Management Policy (LHHPP 25-05).

2. Labeling of Hazardous Chemicals

a. Manufacturers' Labels

- i. Products used at LHH shall have labels applied by the manufacturer indicating the name and hazards of the product. The name of the product will match the name on the chemical inventory and these labels will not be removed.
- ii. LHH will rely on product manufacturers to classify chemicals according to Title 8 CCR Section 5194 (d).

b. LHH Labels

- i. Transfer of hazardous chemicals into containers other than their original containers is not recommended unless the amount being transferred will be used during the current shift by the person making the transfer.
- ii. If a hazardous chemical is transferred into a new container, and will not be used during the current shift by the person who transferred the chemical, the new container must be labelled with the name of the chemical and any

signal words, hazard statements, precautionary statements, and pictograms that are on the manufacturer's original label.

3. Safety Data Sheets (SDSs)

a. Electronic SDSs.

- i. The LHH Industrial Hygienist shall obtain a SDS for each chemical in the LHH inventory. These SDSs will be made available as pdf documents on the LHH Intranet and will be updated at least quarterly by the LHH Industrial Hygienist.

b. Hard Copy SDSs

- i. The Industrial Hygienist shall maintain hard copies of all SDSs in his/her office and in the Hospital Command Center so that they are available in the event that computer systems are down. The binder will be updated by the LHH Industrial Hygienist when new SDSs are received.

4. Employee Training

a. Initial Training

Newly hired employees shall receive initial training on the following topics during their new employee orientation:

- i. The requirements of and their rights under the Cal/OSHA Hazard Communication Standard (Title 8 CCR Section 5194);
- ii. The details and location of the written hazard communication program;
- iii. The location of SDSs;
- iv. The labeling system used for hazardous chemicals;
- v. The locations where hazardous chemicals are used; and
- vi. The methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area.

b. Additional Training

- i. Employees whose job tasks involve the use of hazardous chemicals shall receive additional training on the specific chemicals they will use, the hazards of those chemicals, and the measures they can take to protect themselves from those hazards, such as appropriate work practices, emergency procedures, and personal protective equipment.
- ii. When new chemicals are introduced or there is a significant change in the information provided by the manufacture regarding hazards or protective measures, employees who use the chemical shall receive updated training specific to the new hazard from their department supervisor or designee.

5. Communicating with Non-employees On Site

a. Contractors

- i. Contractors providing construction or other services at LHH shall be provided with a copy of this written program and will have access to SDSs while they are working at LHH. Likewise, they will be required to provide the LHH Industrial Hygienist with a copy of their hazard communication program and an inventory of any hazardous chemicals that they will be bringing on site.

b. Students and Contract Medical Staff

- i. Students and medical staff providing resident care at LHH who are not LHH employees shall be given access to this written program and to the SDSs. If they are required to use any hazardous chemicals, they will be provided the same specific training as LHH employees in their department.

c. Volunteers

- i. Volunteers shall complete the initial training as described in paragraph 4.a., but will not work with hazardous chemicals at LHH.

ATTACHMENT:

Appendix A: Chemical Inventory – By Trade Name

Appendix B: Chemical Inventory – By Department/Location

REFERENCE:

LHHPP 25-05 Hazardous Drug Management Policy

Cal OSHA Hazard Communication Standard, Title 8, *California Code of Regulations (CCR)*, section 5194

Revised: 15/01/13N/A

Original Adoption: 14/05/27 (Year/Month/Date)

Approved (rRenumberinged from 74-05 to 73-03: 15/01/13)

Appendix A: Chemical Inventory – by Trade Name

Updated April 4, 2014

Department	Manufacturer	Trade Name	Synonym(s)	Storage Location
Facility Services	Advanced Adhesive Technologies	101 Adhesive	waterproof adhesive	G2 storage shelves
EVS	JohnsonDiversey, Inc.	2NU53 - Extraction Cleaner, 1 G	STEAMETTE LIQUID EXTRACTION CLEANER	H2
Facility Services	Coopower Battery Industrial Co. Ltd.	2UKJ9 - Battery Lead Acid 12V 5AH	VALVE REGULATED LEAD ACID BATTERY IS FILLED WITH DILUTE SULPHURIC ACID	G2
Facility Services	Dem-Kote	2X987B	belt dressing	G2 Flammable liquid storage cabinets
EVS	3M	3-in-1	Floor cleaner	H2
Facility Services	Henkel Corporation	4KM01 - Adhesive Instant	495 SUPER BONDER INSTANT ADHESIVE	G2 Shop area
Facility Services	Chemtronics	5HZ97	Braid Desoldering #3	G2
Facility Services	Honeywell International, Inc.	5TB81 - Aquastat Controller	HEAT CONDUCTIVE COMPOUND; MS1699	G2
Facility Services	3M	5Z337 - Caulk Fire Barrier	Caulk Fire Barrier	G2 storage shelves
Facility Services	Panasonic Industrial Company - Panasonic Batteries	6TWF6 - Battery, 123A, Lithium, Pk 12	MANGANESE DIOXIDE (CR TYPE) LITHIUM BATTERIES	G2
Facility Services	Jet-Lube	769 Lubricant	lubricant	G2 Flammable liquid storage cabinets

Facility Services	Fluka Chemical Company	Acetone		G2
Facility Services		Acetylene		G2 Shop area
Facility Services	Kester	Acid Paste Flux SP-30	flux	G2 Flammable liquid storage cabinets
Facility Services	Virginia	Acti-Klean Concentrate		G2 storage shelves
Nursing	AIRGAS INC., on behalf of its subsidiaries	Air	Compressed Air ; Breathing Quality Air ; synthetic air, reconstituted air, medical air, medical air USP	Units
Nursing	Professional Disposables International, Inc.	Alcohol Prep Pads		Central Supply and Units
EVS	Johnson Wax	Alpha HP Multi Surface Cleaner		H2
EVS	The Butcher Company	Amplify	Floor Finish	H2
Facility Services	Tyco Fire Suppression and Building Products	ANSULEX Low pH Liquid Fire Suppressant		G2
Facility Services		Argon		G2 Shop area
Facility Services	Potters Industries Inc.	Ballotini Impact Beads	beads for bead blaster	G2 Shop Area
Facility Services	Refrigeration Technologies	Big Blu	micro leak detector solution	G2 storage shelves
Central Supply	Clorox	Bleach	sodium hypchlorite	O5 storeroom
Nutrition Services	Clorox	Bleach	bleach	Kitchen Supply Closet
EVS	Diversey	Bravo Stripper	floor stripper	H2
EVS	JohnsonDiversey, Inc.	Breakdown Odor Eliminator Concentrate- Fresh #38		H2

EVS	Eco Lab	Bright Neutral	floor cleaner	H2
Facility Services	Nu-Calgon	Cal-Spray Pan-Spray	Instant leak sealer & patch product	G2 Flammable liquid storage cabinets
Facility Services	Kingsford	Charcoal Lighter	lighter fluid	G2 Flammable liquid storage cabinets
Nutrition Services	PureForce	CLEAN FORCE POT & PAN DETERGENT PINK		Kitchen Supply Closet
Nutrition Services	Puritan Services Inc.	Cleanforce Tuff Suds		Kitchen Supply Closet
Facility Services	als	Coil-X-A	spray on foam cooling coil cleaner	G2 storage shelves
Facility Services	Loctite	Cold Galvanizing Compound-Zinc Rich	galvanizing compound	G2 storage shelves
Nursing	Sage Products Inc	Comfort Bath Solution - Fragrance Free		Central Supply and Units
EVS	Diversey	Crew NA	Non-Acid Bowl & Bathroom Disinfectant Cleaner	Neighborhood Closets & H2
Facility Services	Packaging Service Company, Inc.	CROWN 1-K KEROSENE		G2
Facility Services	Compair	CS 300	compressor lubricant	G2 storage shelves
Facility Services	Omega Industrial Supply	CT Fluid	Cutting and tapping fluid	G2 storage shelves
Facility Services	K.O	Dirt Blaster	Dirt & grease stripper	G2 storage shelves
Facility Services	Cleveland Range LLC	Dissolve	descaling solvent	G2 storage shelves
Facility Services	CRC Industrial	Dry Graphite Lube		G2 Flammable liquid storage cabinets

Facility Services	Mobil	DTE 24	hydraulic oil	G2 Shop area
EVS	Ecolab Inc. Institutional Division	ECOTEMP ULTRA DRY		H2
Facility Services	Nu-Calgon	EMKarate RL 22CF	refrigeration lubricant; synthetic polyol ester	G2 storage shelves
Facility Services	Rust-Oleum	Enamel (various colors)	Industrial Spray Paint	G2 storage shelves
EVS	Waxie Sanitary Supply	Encore	High speed floor cleaner	H2
EVS	Waxie Sanitary Supply	Enzymatic Luster Crème		H2
Facility Services	J/B	Fast Vac	vacuum pump oil	G2 storage shelves
Facility Services	GARRATT CALLAHAN	Ferroin Indicator		Boiler Room
Facility Services	Aervoe Industries Inc	Fleet and Custom Equipment Paint		G2 storage shelves
Facility Services	Permatex	Form a Gasket Sealant	sealant	G2 Flammable liquid storage cabinets
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 12-L		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 151		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 2002-Z		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 315		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 455		Boiler Room

EVS	Diversey	Freedom SC Stripper	Floor Stripper	H2
Facility Services	Nu-Calgon	Gas Leak Detector	gas leak detector	G2 Flammable liquid storage cabinets
Facility Services	GE	General Purpose Insulating Foam	insulating foam	G2 Flammable liquid storage cabinets
EVS	Diversey	Glance	glass cleaner	Neighborhood Closets & H2
EVS	JohnsonDiversey, Inc.	GP FORWARD SC GENERAL PURPOSE CLEANER		H2
Nutrition Services	Eco Lab	Greasecutter Plus	heavy duty degreaser	Kitchen Supply Closet
EVS	Waxie Sanitary Supply	Green Magnet Dust Mop Treatment		H2
EVS	Waxie Sanitary Supply	Gum Away II		H2
Facility Services	Permatex	High Tack Gasket Sealant	gasket sealant	G2 Flammable liquid storage cabinets
Facility Services	Fel-Pro Incorporated	Hi-Temp C-200 Solid Film Lubricant	lubricant	G2 Flammable liquid storage cabinets
EVS	Waxie Sanitary Supply	HOCUS POCUS (A)		H2
All	Clorox	Hydrogen Peroxide Wipes	germicidal wipes	Everywhere
Facility Services	CRC Industrial	Industrial Food Grade White Grease		G2 storage shelves
Nursing	Medline Industries Inc.	Instant Cold Compress		Central Supply and Units
Facility Services	Crown	Kerosene 1-K	kerosene	G2 Flammable liquid storage cabinets

EVS		Waxie Sanitary Supply	Kleen-Brite Cherry-Scented, Acid-Fortified, Washroom Cleaner	H2	
Nutrition Services	Eco Lab	Kool Klene	freezer cleaner	Kitchen Supply Closet	
EVS	Waxie Sanitary Supply	Laundry Detergent KleenLine	530990; ST-795-WW	H2	
Nutrition Services	Eco Lab	Lime-A-Way	scale remover	Kitchen Supply Closet	
Nutrition Services	Eco Lab	Liquid Assure	presoak	Kitchen Supply Closet	
EVS	Waxie Sanitary Supply	Liquid Pumice		H2	
Facilities	Duracell	Lithium Manganese Dioxide Coin Batteries		G2	
Facility Services	Henkel	Loctite Pipe Joint Compound	joint compound	G2 Flammable liquid storage cabinets	
Facility Services	Henkel Corporation	Loctite Silver Grade Anti-Seize	lubricant	G2 Flammable liquid storage cabinets	
Facility Services	Henkel	Loctitie Extend Rust Treatment	Rust treatment	G2 storage shelves	
EVS	Eco Lab	Low Maintenance Floor Finish	floor finish	H2	
Facility Services	LPS	LPS 1 Lubricant	lubricant	G2 Flammable liquid storage cabinets	
Facility Services	ZEP	Lubeze Drill Chill	cutting oil	G2 Flammable liquid storage cabinets	
EVS	Reckitt Benckiser (Canada) Inc.	LYSOL Disinfectant Toilet Bowl Cleaner with Bleach		H2	
Facility Services	Mattei	M5LX PAO		G2 storage shelves	

Nursing	Mijjac Inc	MAGNESIUM SULFATE ANHYDROUS	Magnesium sulfate (1:1), sulfuric acid Magnesium salt (1:1), Epsom Salts, Magnesium sulfate anhydrous	Central Supply and Units
EVS	Waxie Sanitary Supply	Mango Timed Metered Air Freshener	H2	
Facility Services	Bernzomatic	MAPP Gas	methylacetylene-propadiene propane	G2 Flammable liquid storage cabinets
Nursing	Medline Industries Inc.	MEDLINE HIGH SUDS DETERGENT	Central Supply and Units	
Facility Services	Alpha Chem	Mega Foam Cut	cutting fluid	G2 storage shelves
EVS	Bad Boy	Metal Polish	H2	
Nutrition Services	Eco Lab	Mikroklene	surface sanitizer	Kitchen Supply Closet
Facility Services	Mobil	Mobilmet S-122	water soluble cutting oil	G2 storage shelves
Facility Services	George Basch Company	Nevr-Dull Magic Wadding Polish	polish	G2 Flammable liquid storage cabinets
Facility Services	Simple Green	New Industrial Formula	G2 storage shelves	
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Nitrogen	nitrogen (dot); nitrogen gas; Nitrogen NF, LIN, Cryogenic Liquid Nitrogen, Liquid Nitrogen	G2 Shop area
Facility Services	ConocoPhillips	No. 2 Diesel Fuel	diesel	USTs
Facility Services	AP Green	No. 36	refractory cement	G2 storage shelves
Nutrition Services	Eco Lab	Oasis 146 Multit-Quat Sanitizer	sanitizer	Kitchen Supply Closet

Facility Services	Krylon Products Group	Omni Pak Enamel Blend	enamel	G2 Flammable liquid storage cabinets
EVS	Diversey	Over & Under Plus Floor Sealer	Floor Sealer	H2
All New buildings	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; O2; Liquid-oxygen-; UN 1072; UN 1073; Dioxygen	Tank near kitchen loading dock
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; O2; Liquid-oxygen-; UN 1072; UN 1073; Dioxygen	G2 Shop area
Facility Services	Omega Industrial Supply	Patch IT Aluminum		G2 Flammable liquid storage cabinets
Facility Services	Fel-Pro Incorporated	Pipe Thread Sealant	TFE thread sealer	G2 Flammable liquid storage cabinets
Nutrition Services	Clean Force	Pot & Pan Detergent Pink	detergent	Kitchen Supply Closet
Nursing	Medline Industries Inc.	Povidone-Iodine Swabs and Prep Pads		Central Supply and Units
Facility Services	G-C Lubricants Co.	Premium Hydraulic	hydraulic fluid	G2 storage shelves
Facility Services		Propane		G2 storage shelves
EVS	GoJo Industries Inc	Purell Instant Hand Sanitizer	hand sanitizer	H2
Facility Services	E-Z Weld	Purple Primer		G2 storage shelves, flammable liquid storage cabinets
Facility Services	E-Z Weld	PVC Cement	PVC cement	G2 Flammable liquid

Facility Services	CRC Industrial	QD Contact Cleaner		storage cabinets
Facility Services	SOPUS Products	QUAKER STATE HD SAE Motor Oil-All Grades	Motor Oil	G2 storage shelves
Facility Services	Chevron and Texaco	Regular Unleaded Gasoline		Gas station, G2 Flammable liquid storage cabinets
EVS	Eco Lab	Revitalize	Carpet and Upholstery Cleaner	H2
Nutrition Services	Eco Lab	Rinse Dry		Kitchen Supply Closet
Facility Services	Advanced Protective Products	Rust Destroyer	Rust converting primer	G2 Flammable liquid storage cabinets
Facility Services	Stiles Paint Mfg	Rust-Ender	Rust converting latex primer	G2 Flammable liquid storage cabinets
Facility Services	Valvoline	SAE 10W-40 Motor Oil	motor oil	G2 Flammable liquid storage cabinets
Nursing	Professional Disposables International, Inc.	Sani-Hands ALC Antimicrobial Alcohol Gel Hand Wipes		Central Supply and Units
Facility Services	Grainger	SHC 634	synthetic gear and bearing oil	G2 Shop area
Facility Services	Superior Graphite Co.	Slip Plate Penetrant Plus	penetrating oil with graphite	G2 Flammable liquid storage cabinets
Facility Services	S.C. Johnson & Son, Inc.	SNAPBACK UHS RESTORER		G2
Nutrition Services	Eco Lab	Solid Metal Pro	detergent	Kitchen Supply Closet
Nutrition Services	Eco Lab	Solid Power XL		Kitchen Supply Closet

Nutrition Services	Eco Lab	Solitaire	solid detergent	Kitchen Supply Closet
Facility Services	SolPower Corporation	Soltron Enzyme Fuel Treatment	fuel treatment	G2 Flammable liquid storage cabinets
EVS	Waxie Sanitary Supply	SOLUTION STATION 110 HD DEGREASER		H2
EVS	Waxie Sanitary Supply	Solution Station 700 Disinfectant Cleaner		H2
EVS	Diversey	Speedtrack Clean & Burnish		H2
Facility Services	Brulin & Col	Spray Glass RTU	Ready to use cleaner	G2 storage shelves
Facility Services	Chemsearch	SS-25 Plus	electric motor anad machinery cleaner	G2 Flammable liquid storage cabinets
EVS	3M	Stainless Steel Cleaner & Polish		H2
EVS	Diversey	Stride Citrus HC	neutral cleaner	Unit EVS Closets and H2
Facility Services	KMP International	Suniso	Refrigeration oil	G2 storage shelves
Facility Services	Steco	TAP Magic ProTap	cutting fluid	G2 storage shelves
EVS	Technical Concepts	TCell - All Fragrances	Room deodorizer	H2
EVS	Diversey	Timesaver Ultra High Solids Finish	floor finish	H2
Facility Services	Exxon Mobil	Timken Premium Grease		G2 storage shelves
EVS	3M	Top Line 25 UHS Floor Coating	Floor Coating	H2
Facility Services	W.W. Grainger	Tough Guy 2DBY2	citrus stainless steel cleaner	G2 storage shelves
EVS	3M	Trouble Shooter	baseboard cleaner	H2

Facility Services	SUPERIOR GRAPHITE CO.	TUBE-O-LUBE		G2	
Nutrition Services	Eco Lab	Ultra Dry	rinse additive	Kitchen Supply Closet	
Facility Services	United Laboratories Inc.	United 103 Spray Triumph	rust converter and primer coat	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 105 Cutting and Tapping Fluid	cutting fluid	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 106 Silicone Lubricant	food grade multi-purpose dry spray	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 107 Aerosol Safety Solvent	solvent	G2 storage shelves, flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 109 White Guard A	Aerosol food grade grease	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 114 Crystal-View Glass Cleaner	glass cleaner	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 120 Goober Lube	Clear Chain and Cable Lubricant	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 124 Foot Locker	slip-resistant textured epoxy coating	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 125 All Stik	waterproof heavy duty adhesive spray	G2 storage shelves, flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 139	dry spray lubricant and release agent	G2 Flammable liquid storage cabinets	
Facility Services	United Laboratories Inc.	United 140 Non-CFC Belt Dressing	belt dressing	G2 Flammable liquid	

Facility Services	United Laboratories Inc.	United 148 Nutcracker	penetrating oil	storage cabinets
Facility Services	United Laboratories Inc.	United 156 Cold Zinc	spray galvanizer	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 159 Vanilla Blast Insecticide	crawling insect killer	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 166 Power Up	Chiller coil cleaner	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 174 Contact Cleaner	contact cleaner	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 182 Gum Away	Gum and wax remover	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 189 Lift Off	Gasket and contact cement remover	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 190 Up White	Acoustical ceiling tile whitener	G2 storage shelves
Facility Services	United Laboratories Inc.	UNITED 198 PERMA-FLEX		G2
Facility Services	United Laboratories Inc.	United 368 Hard-D-Wipes	hard surface disinfectant wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 394	Drain Maintainer	G2 storage shelves
Facility Services	United Laboratories Inc.	United 423 White Guard	white food-grade grease	G2 storage shelves

Facility Services	United Laboratories Inc.	United 629 Grunge Grippers	wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 640 Protex All	High gloss protectant wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 717	ESA Multi-Purpose Industrial Descaler	G2 storage shelves
Facility Services	United Laboratories Inc.	United 764 Micromousse		G2
Facility Services	United Laboratories Inc.	United 912 Beaming Green	glass cleaner	G2 storage shelves
EVS	Diversey	Virex 256	disinfectant	Unit EVS Closets and H2
Facility Services	WD-40	WD-40 Aerosol		G2
Facility Services	IPS Corp	Weld-On P-70 Primer	primer	G2 Flammable liquid storage cabinets
EVS	Alliant	White Distilled Vinegar	vinegar	H2
Facility Services	S. C. Johnson & Son, Inc.	Windex Original Glass Cleaner		G2

Appendix B: Chemical Inventory – by Department

Updated January 10, 2014

Department	Manufacturer	Trade Name	Synonym(s)	Storage Location
All	Clorox	Hydrogen Peroxide Wipes	germicidal wipes	Everywhere
All New buildings	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; O ₂ ; Liquid-oxygen; UN 1072; UN 1073; Dioxygen	Tank near kitchen loading dock
Central Supply	Clorox	Bleach	sodium hypochlorite	O5 storeroom
EVS	JohnsonDiversey, Inc.	2NU53 - Extraction Cleaner, 1 G	STEAMETTE LIQUID EXTRACTION CLEANER	H2
EVS	3M	3-in-1	Floor cleaner	H2
EVS	Johnson Wax	Alpha HP Multi Surface Cleaner		H2
EVS	The Butcher Company	Amplify	Floor Finish	H2
EVS	Diversey	Bravo Stripper	floor stripper	H2
EVS	JohnsonDiversey, Inc.	Breakdown Odor Eliminator Concentrate- Fresh #38		H2
EVS	Eco Lab	Bright Neutral	floor cleaner	H2
EVS	Ecolab Inc. Institutional Division	ECOTEMP ULTRA DRY		H2
EVS	Waxie Sanitary Supply	Encore	High speed floor cleaner	H2
EVS	Waxie Sanitary Supply	Enzymatic Luster Crème		H2
EVS	Diversey	Freedom SC Stripper	Floor Stripper	H2
EVS	JohnsonDiversey, Inc.	GP FORWARD SC GENERAL PURPOSE CLEANER		H2
EVS	Waxie Sanitary Supply	Green Magnet Dust Mop Treatment		H2
EVS	Waxie Sanitary Supply	Gum Away II		H2

EVS	Waxie Sanitary Supply	HOCUS POCUS (A)	H2
EVS	Waxie Sanitary Supply	Kleen-Brite Cherry-Scented, Acid-Fortified, Washroom Cleaner	H2
EVS	Waxie Sanitary Supply	Laundry Detergent KleenLine	H2
EVS	Waxie Sanitary Supply	Liquid Pumice	H2
EVS	Eco Lab	Low Maintenance Floor Finish	H2
EVS	Reckitt Benckiser (Canada) Inc.	LYSOL Disinfectant Toilet Bowl Cleaner with Bleach	H2
EVS	Waxie Sanitary Supply	Mango Timed Metered Air Freshener	H2
EVS	Bad Boy	Metal Polish	H2
EVS	Diversey	Over & Under Plus Floor Sealer	H2
EVS	GoJo Industries Inc	Purell Instant Hand Sanitizer	H2
EVS	Eco Lab	Revitalize	H2
EVS	Waxie Sanitary Supply	SOLUTION STATION 110 HD DEGREASER	H2
EVS	Waxie Sanitary Supply	Solution Station 700 Disinfectant Cleaner	H2
EVS	Diversey	Speedtrack Clean & Burnish	H2
EVS	3M	Stainless Steel Cleaner & Polish	H2
EVS	Technical Concepts	TCell - All Fragrances	H2
EVS	Diversey	Timesaver Ultra High Solids Finish	H2
EVS	3M	Top Line 25 UHS Floor Coating	H2
EVS	3M	Trouble Shooter	H2
EVS	Alliant	White Distilled Vinegar	H2
EVS	Diversey	Crew NA	H2
		Non-Acid Bowl & Bathroom Disinfectant Cleaner	Unit EVS Closets & H2

EVS	Diversey	Glance	glass cleaner	Unit EVS Closets & H2
EVS	Diversey	Stride Citrus HC	neutral cleaner	Unit EVS Closets & H2
EVS	Diversey	Virex 256	disinfectant	Unit EVS Closets & H2
Facilities	Duracell	Lithium Manganese Dioxide Coin Batteries		G2
Facility Services	GARRATT CALLAHAN	Ferroun Indicator		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 12-L		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 151		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 2002-Z		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 315		Boiler Room
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 455		Boiler Room
Facility Services	Coopower Battery Industrial Co. Ltd.	2UKJ9 - Battery Lead Acid 12V 5AH	VALVE REGULATED LEAD ACID BATTERY IS FILLED WITH DILUTE SULPHURIC ACID	G2
Facility Services	Chemtronics	5HZ97	Braid Desoldering #3	G2
Facility Services	Honeywell International, Inc.	5TB81 - Aquastat Controller	HEAT CONDUCTIVE COMPOUND; MS1699	G2
Facility Services	Panasonic Industrial Company - Panasonic Batteries	6TWF6 - Battery, 123A, Lithium, Pk 12	MANGANESE DIOXIDE (CR TYPE) LITHIUM BATTERIES	G2
Facility Services	Fluka Chemical Company	Acetone		G2

Facility Services	Tyco Fire Suppression and Building Products	ANSULEX Low pH Liquid Fire Suppressant	G2
Facility Services	Packaging Service Company, Inc.	CROWN 1-K KEROSENE	G2
Facility Services	SOPUS Products	QUAKER STATE HD SAE Motor Oil-All Grades	G2
Facility Services	S.C. Johnson & Son, Inc.	SNAPBACK UHS RESTORER	G2
Facility Services	SUPERIOR GRAPHITE CO.	TUBE-O-LUBE	G2
Facility Services	United Laboratories Inc.	UNITED 198 PERMA-FLEX	G2
Facility Services	United Laboratories Inc.	United 764 Micromousse	G2
Facility Services	WD-40	WD-40 Aerosol	G2
Facility Services	S. C. Johnson & Son, Inc.	Windex Original Glass Cleaner	G2
Facility Services	Dem-Kote	2X987B	G2 Flammable liquid storage cabinets
Facility Services	Jet-Lube	769 Lubricant	G2 Flammable liquid storage cabinets
Facility Services	Kester	Acid Paste Flux SP-30	G2 Flammable liquid storage cabinets
Facility Services	Nu-Calgon	Cal-Spray Pan-Spray	G2 Flammable liquid storage cabinets
Facility Services	Kingsford	Charcoal Lighter	G2 Flammable liquid storage cabinets
Facility Services	CRC Industrial	Dry Graphite Lube	G2 Flammable liquid storage cabinets
Facility Services	Permatex	Form a Gasket Sealant	G2 Flammable liquid storage cabinets
Facility Services	Nu-Calgon	Gas Leak Detector	G2 Flammable liquid storage cabinets
		belt dressing	
		lubricant	
		flux	
		Instant leak sealer & patch product	
		lighter fluid	
		sealant	
		gas leak detector	

Facility Services	GE	General Purpose Insulating Foam	insulating foam	G2 Flammable liquid storage cabinets
Facility Services	Permatex	High Tack Gasket Sealant	gasket sealant	G2 Flammable liquid storage cabinets
Facility Services	Fel-Pro Incorporated	Hi-Temp C-200 Solid Film Lubricant	lubricant	G2 Flammable liquid storage cabinets
Facility Services	Crown	Kerosene 1-K	kerosene	G2 Flammable liquid storage cabinets
Facility Services	Henkel	Loctite Pipe Joint Compound	joint compound	G2 Flammable liquid storage cabinets
Facility Services	Henkel Corporation	Loctite Silver Grade Anti-Seize	lubricant	G2 Flammable liquid storage cabinets
Facility Services	LPS	LPS 1 Lubricant	lubricant	G2 Flammable liquid storage cabinets
Facility Services	ZEP	Lubeze Drill Chill	cutting oil	G2 Flammable liquid storage cabinets
Facility Services	Bernzomatic	MAPP Gas	methylacetylene-propadiene propane	G2 Flammable liquid storage cabinets
Facility Services	George Basch Company	Nevr-Dull Magic Wadding Polish	polish	G2 Flammable liquid storage cabinets
Facility Services	Krylon Products Group	Omni Pak Enamel Blend	enamel	G2 Flammable liquid storage cabinets
Facility Services	Omega Industrial Supply	Patch IT Aluminum		G2 Flammable liquid storage cabinets
Facility Services	Fel-Pro Incorporated	Pipe Thread Sealant	TFE thread sealer	G2 Flammable liquid storage cabinets
Facility Services	E-Z Weld	PVC Cement	PVC cement	G2 Flammable liquid storage cabinets
Facility Services	Advanced Protective Products	Rust Destroyer	Rust converting primer	G2 Flammable liquid storage cabinets

Facility Services	Stiles Paint Mfg	Rust-Ender	Rust converting latex primer	G2 Flammable liquid storage cabinets
Facility Services	Valvoline	SAE 10W-40 Motor Oil	motor oil	G2 Flammable liquid storage cabinets
Facility Services	Superior Graphite Co.	Slip Plate Penetrant Plus	penetrating oil with graphite	G2 Flammable liquid storage cabinets
Facility Services	SolPower Corporation	Soltron Enzyme Fuel Treatment	fuel treatment	G2 Flammable liquid storage cabinets
Facility Services	Chemsearch	SS-25 Plus	electric motor anad machinery cleaner	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 103 Spray Triumph	rust converter and primer coat	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 105 Cutting and Tapping Fluid	cutting fluid	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 106 Silicone Lubricant	food grade multi-purpose dry spray	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 109 White Guard A	Aerosol food grade grease	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 114 Crystal-View Glass Cleaner	glass cleaner	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 120 Goober Lube	Clear Chain and Cable Lubricant	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 124 Foot Locker	slip-resistant textured epoxy coating	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 139	dry spray lubricant and release agent	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 140 Non-CFC Belt Dressing	belt dressing	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 148 Nutcracker	penetrating oil	G2 Flammable liquid storage cabinets

Facility Services	United Laboratories Inc.	United 156 Cold Zinc	spray galvanizer	G2 Flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 159 Vanilla Blast Insecticide	crawling insect killer	G2 Flammable liquid storage cabinets
Facility Services	IPS Corp	Weld-On P-70 Primer	primer	G2 Flammable liquid storage cabinets
Facility Services	Henkel Corporation	4KM01 - Adhesive Instant	495 SUPER BONDER INSTANT ADHESIVE	G2 Shop area
Facility Services		Acetylene		G2 Shop area
Facility Services		Argon		G2 Shop area
Facility Services	Potters Industries Inc.	Ballotini Impact Beads	beads for bead blaster	G2 Shop Area
Facility Services	Mobil	DTE 24	hydraulic oil	G2 Shop area
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Nitrogen	nitrogen (dot); nitrogen gas; Nitrogen NF, LIN, Cryogenic Liquid Nitrogen, Liquid Nitrogen	G2 Shop area
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; O2; Liquid-oxygen-; UN 1072; UN 1073; Dioxygen	G2 Shop area
Facility Services	Grainger	SHC 634	synthetic gear and bearing oil	G2 Shop area
Facility Services	Advanced Adhesive Technologies	101 Adhesive	waterproof adhesive	G2 storage shelves
Facility Services	3M	5Z337	Caulk Fire Barrier	G2 storage shelves
Facility Services	Virginia	Acti-Klean Concentrate		G2 storage shelves
Facility Services	Refrigeration Technologies	Big Blu	micro leak detector solution	G2 storage shelves
Facility Services	als	Coil-X-A	spray on foam cooling coil cleaner	G2 storage shelves

Facility Services	Loctite	Cold Galvanizing Compound-Zinc Rich	galvanizing compound	G2 storage shelves
Facility Services	Compair	CS 300	compressor lubricant	G2 storage shelves
Facility Services	Omega Industrial Supply	CT Fluid	Cutting and tapping fluid	G2 storage shelves
Facility Services	K.O	Dirt Blaster	Dirt & grease stripper	G2 storage shelves
Facility Services	Cleveland Range LLC	Dissolve	descaling solvent	G2 storage shelves
Facility Services	Nu-Calgon	EMKarate RL 22CF	refrigeration lubricant; synthetic polyol ester	G2 storage shelves
Facility Services	Rust-Oleum	Enamel (various colors)	Industrial Spray Paint	G2 storage shelves
Facility Services	J/B	Fast Vac	vacuum pump oil	G2 storage shelves
Facility Services	Aerove Industries Inc	Fleet and Custom Equipment Paint		G2 storage shelves
Facility Services	CRC Industrial	Industrial Food Grade White Grease		G2 storage shelves
Facility Services	Henkel	Loctite Extend Rust Treatment	Rust treatment	G2 storage shelves
Facility Services	Mattei	M5LX PAO		G2 storage shelves
Facility Services	Alpha Chem	Mega Foam Cut	cutting fluid	G2 storage shelves
Facility Services	Mobil	Mobilmet S-122	water soluble cutting oil	G2 storage shelves
Facility Services	Simple Green	New Industrial Formula		G2 storage shelves
Facility Services	AP Green	No. 36	refractory cement	G2 storage shelves
Facility Services	G-C Lubricants Co.	Premium Hydraulic	hydraulic fluid	G2 storage shelves
Facility Services		Propane		G2 storage shelves
Facility Services	CRC Industrial	QD Contact Cleaner		G2 storage shelves
Facility Services	Bruhin & Col	Spray Glass RTU	Ready to use cleaner	G2 storage shelves
Facility Services	KMP International	Suniso	Refrigeration oil	G2 storage shelves
Facility Services	Steco	TAP Magic ProTap	cutting fluid	G2 storage shelves
Facility Services	Exxon Mobil	Timken Premium Grease		G2 storage shelves
Facility Services	W.W. Grainger	Tough Guy 2DBY2	citrus stainless steel cleaner	G2 storage shelves

Facility Services	United Laboratories Inc.	United 190 Up White	Acoustical ceiling tile whitener	G2 storage shelves
Facility Services	United Laboratories Inc.	United 368 Hard-D-Wipes	hard surface disinfectant wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 394	Drain Maintainer	G2 storage shelves
Facility Services	United Laboratories Inc.	United 423 White Guard	white food-grade grease	G2 storage shelves
Facility Services	United Laboratories Inc.	United 629 Grunge Grippers	wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 640 Protex All	High gloss protectant wipes	G2 storage shelves
Facility Services	United Laboratories Inc.	United 717	ESA Multi-Purpose Industrial Descaler	G2 storage shelves
Facility Services	United Laboratories Inc.	United 912 Beaming Green	glass cleaner	G2 storage shelves
Facility Services	E-Z Weld	Purple Primer		G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 107 Aerosol Safety Solvent	solvent	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 125 All Stik	waterproof heavy duty adhesive spray	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 166 Power Up	Chiller coil cleaner	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 174 Contact Cleaner	contact cleaner	G2 storage shelves, flammable liquid storage cabinets
Facility Services	United Laboratories Inc.	United 182 Gum Away	Gum and wax remover	G2 storage shelves, flammable liquid storage cabinets

Facility Services	United Laboratories Inc.	United 189 Lift Off	Gasket and contact cement remover	G2 storage shelves, flammable liquid storage cabinets
Facility Services	Chevron and Texaco	Regular Unleaded Gasoline		Gas station, G2 Flammable liquid storage cabinets
Facility Services	ConocoPhillips	No. 2 Diesel Fuel	diesel	USTs
Nursing	Professional Disposables International, Inc.	Alcohol Prep Pads		Central Supply and Units
Nursing	Sage Products Inc	Comfort Bath Solution - Fragrance Free		Central Supply and Units
Nursing	Medline Industries Inc.	Instant Cold Compress		Central Supply and Units
Nursing	Milijac Inc	MAGNESIUM SULFATE ANHYDROUS	Magnesium sulfate (1:1), sulfuric acid Magnesium salt (1:1), Epsom Salts, Magnesium sulfate anhydrous	Central Supply and Units
Nursing	Medline Industries Inc.	MEDLINE HIGH SUDS DETERGENT		Central Supply and Units
Nursing	Medline Industries Inc.	Povidone-Iodine Swabs and Prep Pads		Central Supply and Units
Nursing	Professional Disposables International, Inc.	Sani-Hands ALC Antimicrobial Alcohol Gel Hand Wipes		Central Supply and Units
Nursing	AIRGAS INC., on behalf of its subsidiaries	Air	Compressed Air ; Breathing Quality Air ; synthetic air, reconstituted air, medical air, medical air USP	Units

Nutrition Services	Clorox	Bleach	bleach	Kitchen Supply Closet
Nutrition Services	PureForce	CLEAN FORCE POT & PAN DETERGENT PINK		Kitchen Supply Closet
Nutrition Services	Puritan Services Inc.	Cleanforce Tuff Suds		Kitchen Supply Closet
Nutrition Services	Eco Lab	Greasecutter Plus	heavy duty degreaser	Kitchen Supply Closet
Nutrition Services	Eco Lab	Kool Klene	freezer cleaner	Kitchen Supply Closet
Nutrition Services	Eco Lab	Lime-A-Way	scale remover	Kitchen Supply Closet
Nutrition Services	Eco Lab	Liquid Assure	presoak	Kitchen Supply Closet
Nutrition Services	Eco Lab	Mikroklene	surface sanitizer	Kitchen Supply Closet
Nutrition Services	Eco Lab	Oasis 146 Multi-Quat Sanitizer	sanitizer	Kitchen Supply Closet
Nutrition Services	Clean Force	Pot & Pan Detergent Pink	detergent	Kitchen Supply Closet
Nutrition Services	Eco Lab	Rinse Dry		Kitchen Supply Closet
Nutrition Services	Eco Lab	Solid Metal Pro	detergent	Kitchen Supply Closet
Nutrition Services	Eco Lab	Solid Power XL		Kitchen Supply Closet
Nutrition Services	Eco Lab	Solitaire	solid detergent	Kitchen Supply Closet
Nutrition Services	Eco Lab	Ultra Dry	rinse additive	Kitchen Supply Closet

VIOLENCE IN THE WORKPLACE – ZERO TOLERANCE

PURPOSE:

To inform the Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) community of the hospital's zero tolerance policy towards violence in the workplace and provide assistance for employees who have been subject to a verbal or physical threat and/or violent behavior.

SCOPE:

For the purpose of this policy, violence in the workplace includes all violent behavior that involves an employee, resident, visitor or volunteer.

STATEMENT OF POLICY:

1. Laguna Honda is committed to providing a safe and secure environment of care consistent with our mission, the Department of Public Health (DPH) regulations, Title 22, California Occupational Safety and Health Administration (Cal-OSHA) regulations and other applicable local, state and federal laws.
2. Department managers and supervisors are responsible for providing a secure work environment for their staff, residents and visitors, including the identification of security risks and staff training needs, the development and management of departmental security policies and procedures, and incident reporting.
3. Employees are required to behave in a professional and courteous manner in the workplace at all times. This includes carrying out their duties on or offsite.
4. Laguna Honda employees, residents and visitors are prohibited from bringing weapons to the Laguna Honda campus and worksites. Weapons include, but are not limited to, firearms, knives or weapons defined in the California Penal Code Section 12020.
5. A Laguna Honda employee who verbally or physically threatens, harasses, or abuses someone in the workplace, or uses hospital resources such as work time, workplace phones, fax machines, mail, e-mail, or other means for such activity, will be subject to corrective or disciplinary action, up to and including dismissal, and may be subject to criminal and/or civil action.

DEFINITIONS:

1. Violence: Abuse (verbal or physical), threats and/or acts of assault. For example, violence includes any conduct, verbal or physical, which tends to cause another to reasonably fear for his or her own personal safety or that of his or her family, friends, associates or property.
2. Threats: Direct or indirect, intentional or unintentional, hostile and/or aggressive words or actions targeted at another person(s).
3. Abuse: Verbal or physical threats or behavior that humiliates degrades or otherwise indicates a lack of respect for the dignity and worth of an individual.
4. Assault: An unlawful attempt, coupled with a present ability, to commit a violent injury on the person by another.

5. Battery: Any willful and unlawful use of force or violence upon one person by another.
6. Harassment: Any conduct based on age, disability, HIV status, domestic circumstances, gender, sexual orientation, gender identity, race, color, language, religion, political, economic status, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work.
7. Threat Assessment Team (TAT): A sub-committee of the Laguna Honda Health and Safety Committee which is a standing committee of the Performance Improvement Program. The Threat Assessment Team reviews significant issues, identifies trends involving workplace security, provides oversight to the Staff Incident Response Team (SIRT) and consultation to the Resident Care Committee as needed.
8. Staff Incident Response Team (SIRT): A team of trained staff available for call out by the Laguna Honda AOD, to conduct defusing meeting with personnel after an incident of workplace violence.
9. Violence in the Workplace: Incidents when staff members are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health. Violence in the workplace includes, but is not limited to, the following:
 - a. Stalking/following
 - b. Murder
 - c. Rape
 - d. Sabotage of equipment
 - e. Vandalism
 - f. Verbal threats or obscene telephone calls, e-mails, faxes, voicemails, or letters
 - g. Verbal or physical intimidation, assault, battery, threats
 - h. Harassment of any type
 - i. Swearing
 - j. Shouting
 - k. Psychological trauma
 - l. Suicide
10. Emergency Protective Order (EPO): If the victim of a crime involving threats, harassment, assault, or domestic violence, requests an EPO, it is usually granted from the on-call judge and is good for five (5) court days or seven (7) calendar days whichever is earlier. The victim will be instructed to pursue a restraining order from the court. For criminal matters that result in an arrest, the District Attorney, at the time of the arraignment, will serve the suspect, with an EPO or temporary restraining order at a minimum. This will stay in force as long as the case is in court.

RESOURCES AND TOOLS:

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) has developed a system of management response teams to communicate and maintain DPH workplace violence policies, procedures, and guidelines. The Threat Assessment Team and Staff Incident Response Team at Laguna Honda are the resources and consulting bodies available to all employees.

1. Threat Assessment Team (TAT)

The Threat Assessment Team (TAT) is a sub-committee of the Laguna Honda Health and Safety Committee. The TAT meets ad hoc during the year and includes to review security assessments, review of identified trends or significant issues, review of SIRT responses, consults with the Resident Care Committee and reported acts of workplace violence that affects the safety and health of staff members, visitors, volunteers, or residents. This team is activated as needed.

a. Membership

- i. The team membership shall include representation from Safety, Quality Management, Administration, Medical Services, Psychiatry, Nursing, San Francisco Sheriff's Department (SFSD) and any other members determined by the TAT.

b. Goals

- i. Responsible for implementing the Laguna Honda Violence in the Workplace Prevention Program.
- ii. Provide input to Safety Management and Response Technique (SMART) Training curriculum.
- iii. Identify, if possible, categories and severity of incidents that have the potential of placing staff, residents, visitors, or volunteers at risk.
- iv. Make recommendations to Laguna Honda Executive Committee, and Performance Improvement Committee for corrective action(s) necessary to reduce the risk, incidence, and effects of injuries to staff, patients, visitors and volunteers.
- v. Recommend training to assist residents, visitors, volunteers and staff with the prevention of workplace violence.
- vi. Be familiar with the:
 - Role of SFSD in hospital operations;
 - Hospital's organization;
 - Hospital's protective measures, including alarms and access control;
 - Handling of disturbed patients, visitors, and employees;
 - Identification of aggressive and violent predisposing factors;
 - Hospital's safety and emergency preparedness;

- Rudiments of documenting and reporting crimes, including, for example, not disturbing a crime scene;
 - Management of acts of workplace violence.
- c. Reporting Responsibilities
- i. The TAT report will be part of the Safety Committee's report to Laguna Honda Performance Improvement Committee, Executive Committee, and through the above committees, to the Laguna Honda governing body.
- d. Evaluation
- i. TAT effectiveness will be evaluated on a regular basis using appropriate methods, including review of unusual occurrences, regular review of the Workplace Violence Prevention Program, security incident reports, and actions performed by the SIRT. Periodic reports will be submitted as part of Laguna Honda's Safety Committee report to the Laguna Honda Performance Improvement Committee for review and analysis.
- e. Confidentiality
- i. All documents related to the TAT review process and recommendations are protected under California Evidence Code 1157; the Evidence Code 1157 statement should be affixed to all documents prepared by the TAT.

Confidential
Evidence Code Section 1157 Document
DO NOT Copy, DO NOT Distribute
DO NOT PLACE IN RESIDENT'S CHART

2. Staff Incident Response Team (SIRT)

As a component of the Laguna Honda Workplace Violence Prevention Program, The SIRT conducts confidential staff defusing and reports identified trends/significant issues to the TAT.

- a. Membership
- i. SIRT membership shall include the Chair of the Laguna Honda Safety Committee (or designee), Nursing Supervisors/Managers, and Clinical Psychologists.
- b. Goals
- i. The SIRT shall respond to workplace violence incidents reported through the Unusual Occurrence reporting system, and through other internal and external methods of communication (reports or requests from AOD, supervisors, SFSD, employee)
 - ii. The SIRT shall be responsible for post-incident defusing of staff and will determine if further supportive follow-up is needed.

- iii. The SIRT shall work closely with the Safety Committee, SFSD, and other related employees to ensure defusing or debriefing of staff occur when indicated.
 - iv. All team members must be trained by qualified trainers to provide post-incident defusing for staff members. The members of the team shall be also familiar with:
 - The role of SFSD in hospital operations
 - Hospital's organization
 - Protective measures, including alarms and access control
 - All team members must be trained by qualified trainers to provide post-incident defusing for staff members. The members of the team shall be also familiar with (continued):
 - The handling of disturbed patients, visitors, and employees
 - Identification of aggressive and violent predisposing factors
 - Hospital safety and emergency preparedness
 - The rudiments of documenting and reporting
 - Managing acts of workplace violence, staff incident debriefing techniques
- c. Reporting Responsibilities
- i. The SIRT will report to the TAT. SIRT members may be invited to the Safety Committee and or TAT meetings to participate in a case review, if needed.
- d. Evaluation
- i. On an annual basis, the TAT Committee will evaluate the effectiveness of the SIRT. Evaluation criteria may include nature of the event, timeliness of response, and feedback from involved staff.
- e. Confidentiality
- i. All documents related to the SIRT are protected under California Evidence Code 1157; the Evidence Code 1157 statement should be affixed to all documents prepared by the SIRT.

<p>Confidential Evidence Code Section 1157 Document DO NOT Copy, DO NOT Distribute DO NOT PLACE IN RESIDENT'S CHART</p>

PROCEDURE:

1. Responding to Violence in the Workplace:

a. Employee Observes Violence

- i. Any Laguna Honda employee who observes violence in the workplace that involves residents, staff members, volunteers, visitors and/or vendors shall;
 - If the threat of violence is immediate or life threatening immediately call the SFSD via the hospital operator (ext. 4-2999). Or 9-911.
 - Inform a manager/supervisor or designee.
 - Complete an Unusual Occurrence report. (See Laguna Honda Hospital-wide Policy 60-04 and 22-01)

b. Manager/Supervisor

- i. The manager/supervisor who receives a report of violence in the workplace shall investigate and take actions;
 - Consulting with appropriate resources via HR and/or Laguna Honda Administrator on Duty (AOD) via the hospital operator;
 - Support the threatened person; and carrying out violence prevention strategies

c. AOD

- i. The AOD who receives a report of violence in the workplace shall investigate and take the actions;
 - Notify and deploy if necessary the Director of Human Resources, SFSD, or Psychiatry Department Consultant (See Laguna Honda Hospital-wide Policies 22-10 and 75-06).
 - Notify a SIRT leader for further follow-up as appropriate. The SIRT leader will deploy the SIRT.

d. Laguna Honda SIRT

- i. The SIRT will provide Laguna Honda employees involved in the incident with initial incident defusing.
- ii. The SIRT leader may also refer employees to The Employee Assistance Program (EAP) to provide additional support sessions for Laguna Honda employees and their families following a threat or violent behavior incident. EAP is contacted by calling (800) 795-2351.
- iii. The SIRT leader will report the incident to the TAT Committee.

e. Laguna Honda SFSD

- i. The Deputy Sheriff who receives notification of an act or threat of violence will intervene according to SFSD policy.

2. Temporary Restraining Order or Stay Away Letter:

a. Temporary Restraining Order

- i. A court order signed by a judge and orders an individual to stop contacting, telephoning, threatening, harassing, or stalking another individual. It can also order an individual to stay a certain distance away from another individual and his/her work place or home.

b. Stay-away” Letter

- i. A letter issued by Laguna Honda CEO and restricts an individual(s) from entering the Laguna Honda grounds. A “stay-away” letter is reviewed by the RCC on a quarterly basis to assure accuracy and consistency. If revision is needed, the Laguna Honda Deputy City Attorney must be notified.
 - If an individual poses an imminent or continuing threat, a Temporary Restraining Order* (TRO) or “Stay-Away” letter may be secured by Deputy City Attorney.
 - The TRO will remain in force until a hearing is conducted on the matter; at which time a judge can continue, make permanent, or terminate the provisions of the order.
 - The individual requesting a TRO will be asked to sign a declaration and to testify at a court proceeding where the accused will be present.

EDUCATION:

1. Hospital-Wide Orientation

a. All new employees receive training on:

- i. Laguna Honda VIWPP
- ii. Laguna Honda IIPP
- iii. Laguna Honda Safety Committee
- iv. Safety Management and Response Training (SMART) for the prevention of workplace violence.

2. Refresher Training

- a. All clinical employees receive annual SMART update training.

3. Other Training

- a. The Employee Assistance Program staff (800)-759-2351 is available to provide educational sessions to Laguna Honda departments/services regarding recognition and prevention of violence in the workplace.

REFERENCES:

LHHPP 60-04 Unusual Occurrences

LHHPP 75-04 Stat Calls for SFSD Assistance

LHHPP 75-06 Dr. Gray

LHHPP 22-08 Threat of violence to residents by an external party

LHHPP 22-10 Management of Resident Aggression

Revised: 05/12/20, 08/09/23, 09/01/13, 10/08/01, 10/11/09, 15/01/13 (Year/Month/Day)

Original adoption: 05/12/20

Approved for (re)numbering from 76-04 to 73-0540: 15/01/13

CLINICAL PRODUCT AND DEVICE EVALUATION

POLICY:

Clinical products and devices that are used to render direct patient/resident care require review and approval before being put into routine use at Laguna Honda Hospital and Rehabilitation Center (Laguna Honda).

PURPOSE:

To utilize safe, efficacious and cost-effective clinical products and devices in the care of the residents/patients at Laguna Honda.

PROCEDURE:

1. Before a new clinical product or device may be purchased or introduced at Laguna Honda, the Laguna Honda Product Evaluation Subcommittee of the Pharmacy & Therapeutics Committee must evaluate it. Items that have already been evaluated and selected by San Francisco General Hospital's Product Evaluation Committee may be approved by the Laguna Honda Product Evaluation Subcommittee based on that recommendation or may be subject to additional evaluation.
2. Members of the Product Evaluation Subcommittee include the Director of Materials Management, a physician, a designee from Nursing Administration, a pharmacist, a designee from the Quality Management department, and others by invitation, depending on the product under review. A representative from Facility Services shall participate in equipment decisions when Facility Services will be providing maintenance.
3. Presentations to the Subcommittee may be made by a representative of the subcommittee or the clinician requesting evaluation of a new product. A sales representative may be requested to provide product information in writing or in person at the discretion of the Subcommittee.
4. The Subcommittee may determine that an investigative trial is warranted and will select criteria by which the product will be evaluated. These criteria may be areas such as clinical response, comparative cost to like products, ease of use, and availability. The related product literature, observations made by staff and reported past experience of individuals familiar with the product will be given consideration in making a decision.
5. When a pilot is instituted, a member of the Subcommittee will be identified to coordinate selection of participants, obtain approval of the neighborhood physician and nurse manager as needed, initiate the pilot, collect the data during a defined time period and make a formal summary report. To promote the most reliable

feedback, the Subcommittee will involve in pilot those individuals who have the highest degree of expertise in the area being evaluated.

6. New products should not be piloted on residents/patients whose prognosis is poor to avoid interference with the evaluation process in the event of a negative outcome. An exception may be made to allow the evaluation of palliative care products on terminally ill residents.
7. The Product Evaluation Subcommittee will review new products on an as-needed basis and report to the Pharmacy & Therapeutics (P&T) Committee. The P&T Committee will reflect the products being considered and/or selected in the minutes.

ATTACHMENT:

None

REFERENCE:

None

Revised: 94/12/01, 11/09/27, 15/01/13 (Year/Month/Day)

Original adoption: 94/11/30

Approved for renumbering from 78-01 to 31-03: 15/01/13

Training Staff on Using New Equipment

POLICY:

1. Laguna Honda shall provide staff with orientation/training for proficiency on new equipment prior to its use.
2. The manufacturer's designated representative or sales representative shall provide the initial training to designated Laguna Honda staff before the new equipment is used.
3. Subsequent staff training may be performed by staff that have been previously trained and determined proficient in using the new equipment.
4. The manufacturer's product instructions and warnings for both clinical and non-clinical products, devices and equipment shall be incorporated into the staff training curriculum

PURPOSE:

To standardize the process of implementing new equipment at the facility.

PROCEDURE:

1. New clinical products and devices are reviewed by the Product Evaluation Subcommittee before being put into routine use. The review and approval process is described in LHHPP File: 78-01 Clinical Product and Device Evaluation.
2. Non-clinical products and devices do not require review by the Product Evaluation Subcommittee.
3. Department Managers implementing products and devices that are not reviewed by the Product Evaluation Subcommittee are responsible for obtaining approval for use of new products, devices or equipment from their Division Head.
4. Nursing Education will provide training/orientation to nursing staff and other departmental staff members, as deemed necessary, before new equipment is used to render patient/resident care.
5. Other department managers are responsible for planning and scheduling staff training before using new equipment.

ATTACHMENT:

None

REFERENCE:

LHHPP 78-01 Clinical Product and Device Evaluation

Revised: 15/01/13 ~~N/A~~

Original adoption: 11/09/27 (Year/Month/Day)

Approved for (rRenumbe ~~ringed~~ from 78-02 to 31-04: 15/01/13}

NOTIFICATION OF FAMILY / SURROGATE DECISION-MAKERS (SDMs) AND / OR CONSERVATORS OF CHANGE IN CONDITION AND / OR DEATH

POLICY:

It is the policy of Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) to notify appropriate family members, surrogate decision makers (SDMs) and/or conservators in the event of a significant change in resident condition and/or death; and to document such notification in the medical record.

PURPOSE:

To ensure timely notification of appropriate family/surrogate decision-makers and conservators of a significant change in resident condition and/or death.

PROCEDURE:

1. Residents who are capable of making decisions regarding their health care and capable of expressing preferences regarding notifications shall be queried by the Resident Care Team (RCT) regarding notification preferences and these preferences shall be documented in the advance directives section of the medical record.
 - a. The nurse manager/charge nurse shall note in the resident care plan preferences regarding family notification expressed by residents with decision-making capacity. All stated resident preferences shall be honored.
 - b. The RCT shall ~~identify~~determine the surrogate decision-maker for all ~~incapacitated~~ residents without decision making capacity and the physician shall document record ~~this information in the advanced~~ ~~on the consent~~ ~~directive section of the medical record.~~ ~~form in the chart.~~ The nurse manager/charge nurse shall record and update this information in the resident care plan.
2. The physician shall be responsible for notifying appropriate family members, SDMs and/or conservators regarding:
 - a. significant change in condition or treatment~~change in physician~~
 - b. transfer to acute care or discharge from the facility~~new acute or chronic illness, critical illness~~
 - c. death (see section 6)~~significant changes in treatment (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to start a significant new form of treatment)~~
 - d. transfer to acute care or discharge from the facility

~~e.~~ death

~~3.~~ 3. The physician shall document these notifications listed under Procedure 2 in the progress notes of the medical records.

~~[Please refer Refer to Medical Staff PP: Prologue1-1001-01 Primary Care Physician General Information 001-02 Daytime Physicians' General Information; Prologue1-2 Night and Weekend Physicians' General Information; and C1-1 C01-01 Patient Expiration.]~~

~~3-4.~~ 4. The nurse manager/charge nurse shall be responsible for notifying appropriate ~~family~~ family and/or surrogate decision-maker regarding:

- a. an accident involving injury to the resident
- b. ~~an update concerning a resident's condition~~ significant change in the resident's physical, mental, or psychosocial status (including but not limited to a new pressure ulcer, change in functional status, change in mental status, need for restraints, poor oral intake, weight loss of 5% or greater in 30 days, elopement, and the need for observation precautions)
- c. a change in room or roommate assignment

Notification of appropriate individuals shall be documented in the medical record. ~~The resident care plan shall be updated to reflect significant changes in condition if appropriate as required by federal regulations.~~

~~4-5.~~ 5. The social worker shall be responsible for contacting appropriate family and/or surrogate decision-makers when nursing staff and/or physicians are unable to reach family despite repeated attempts. The social worker shall also be responsible for contacting appropriate family and/or surrogate decision makers and regarding changes in psychosocial, financial or legal status. Certified letters may be sent by the social workers if necessary, as may be necessary to establish contact. Notification of appropriate individuals shall be documented in the medical record.

~~5-6.~~ 6. Notice of Resident's Death

~~6.~~

- a. The physician who pronounces the death is responsible for notifying the family/SDM/conservator.
- b. In addition, the primary physician shall contact the family/SDM within 48 hours of resident death when possible to express condolences and answer questions.

~~When death pronouncement is made by the covering physician, the covering physician is responsible for contacting the family / SDM.~~

c. The attending physician shall complete the death certificate as soon as possible and forward it to HIS.

~~a. the admitting office so that it will be available when the mortician comes for the remains.~~

~~b. The physician who pronounces the death shall be responsible for reporting cases that meet criteria to the Medical Examiner. In these cases the body shall not be released until first released by the Medical Examiner. In the event that the death is reportable to the Medical Examiner-Coroner's Office, either the attending physician or the medical director will assume this task. In these cases, the body cannot be released until first released by the Medical Examiner-Coroner.~~

~~_____~~
~~_____~~
d.

REFERENCE:

MSPP C01-03 Organ/Tissue Transplant Donation Program

Revised: 00/04/06, 12/08/29, 15/01/13 (Year/Month/Day)

Original adoption: 98/11/16

CODE BLUE

POLICY:

1. Laguna Honda Hospital and Rehabilitation Center (Laguna Honda LHH) shall provide all residents patients with cardiopulmonary resuscitation (CPR) in the event of an acute cardiac or respiratory arrest unless a specific order has been written for Do Not Resuscitate (DNR).
2. The Code Blue process will also be utilized for choking events, unless specific directive has been expressed in the resident's Advanced Directive, stating otherwise. Refer to the Emergency Intervention for Choking Policy and Procedure (NPP L 1.0).
3. The Code Blue process will be utilized in the event of a resident experiencing Autonomic Dysreflexia (AD), seizure, or when staff feels that the medical emergency could be life threatening.
4. CPR and interventions for choking will conform to the American Heart Association's standards approved for Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS).
5. All licensed nurses shall be trained and remain current in BLS.
6. All physicians with primary care or general on-call duties shall be trained and current in ACLS.
7. All LHH staff are responsible for initiating Code Blue activities in the event of a medical emergency.
8. LHH will maintain staff preparedness by conducting periodic Code Blue drills.
 - a. On Code Blue drill will be conducted for each shift monthly.
 - b. The Code Blue Committee, in collaboration with Nursing Education, will develop and implement a schedule identifying the location, shift, and time of the drills and scenarios.
9. Each resident with a documented cardiac arrest who has been resuscitated shall be discharged for further care, unless otherwise expressed via their surrogate decision maker (SDM) or physician. If discharge to another acute hospital is planned, 9-1-1 shall be called for emergency transport. Refer Appendix 36: 9-1-1 Code Blue Activation Information GEM1.
10. A Code Blue Record and Code Blue Checklist will be completed for every Code Blue event (i.e., whether or not the event is full cardiac or respiratory arrest) and will be reviewed by the Code Blue Committee.

11. A Code Blue will be cancelled after the resident has either been transferred by EMS, or the medical condition has been stabilized to a condition that no longer requires additional clinical support, as agreed upon between the Charge RN and MD after ~~discussion~~ discussion.

PURPOSE:

1. To provide ~~cardiopulmonary resuscitation~~ CPR.
2. To establish guidelines for ~~Laguna Honda~~ LHH staff members to respond to a Code Blue event in a rapid, competent and coordinated manner.

DEFINITION:

Code Blue: Rescue efforts including activating the emergency response system (chain of survival) and CPR ~~cardiopulmonary resuscitation~~ activities in the event of a cardiopulmonary arrest or choking.

~~Cardiopulmonary resuscitation (CPR):~~ An emergency procedure that must be done without delay to attempt to restore or maintain circulation or respirations during cardiac and/or respiratory arrest.

PROCEDURE:

~~1. Staff Qualifications and Preparedness~~

- ~~a. Care will conform to American Heart Association standards approved for ACLS and Basic Cardiac Life Support.~~
 - ~~i. All nurses shall be trained in Basic Life Support.~~
 - ~~ii. All physicians with primary care or general on-call duties shall be trained in advanced cardiac life support.~~
 - ~~iii. All Laguna Honda staff are responsible for initiating Code Blue activities in the event of a medical emergency.~~
 - ~~iv. Laguna Honda will maintain staff preparedness by conducting periodic Code Blue Drills.~~

2.1. Equipment

- a. Crash Carts
 - i. Locations

- South Tower: Marina Suite storage room~~Each neighborhood's exam room in the South and North building~~
 - North Tower: Cypress Suite storage room
 - Pavilion Mezzanine SNF: Clean utility room
 - Medication room of the Pavilion Mezzanine Acute: Medication room (in addition, a spare crash cart is located in the SNF Rehab clean utility room)
 - Clinics: Behind the medical nurse' station
 - Pavilion Ground Floor: Rehabilitation Department exam room
 - Central Supply: Spare crash cart ~~Rehabilitation Department on the ground floor~~
- ii. Maintenance
- The crash carts on each neighborhood will be checked daily by a licensed nurse and maintained in operational condition.
 - If the crash cart seal is broken, or the cart has been used, the cart will be returned to Central Supply (Materials Management), [GEM2] and a new crash cart will be provided.
- b. Automated External Defibrillator (AED)
- i. Locations
- Respiratory Department (Esplanade Level 1)
 - Wellness Center: behind the front desk
 - Moran Hall
 - Gerald Simon Theater [A3] Gerald Simon Theater (when opened) [A4]
- ii. Maintenance
- The AEDs are checked, at a minimum, Monday through Friday [GEM5], excluding holidays, by designated department staff.
- c. Autonomic Dysreflexia (AD) Kit (see Appendix 12)
- i. Location
- The AD Kit is located in the bottom drawer of the crash cart.
 - AD emergency medications will be placed in the medication drawer of the crash cart in a labeled plastic bag.
- d. Magill Forceps (8" and 10"): Stored in the respiratory drawer of the crash cart.
- e. WZ-IO (Intraosseous access (EZ-IO) and supplies): Stored in the intravenous section of the crash cart.
- f. EKG Machine: Stored in Pavilion Mezzanine Acute across from nurses' station.

~~—Cervical spine immobilizer board and collar are stored in Pavilion Mezzanine SNF.~~

~~g.~~

~~e. Autonomic Dysreflexia (AD) Kit~~

~~i. Code Blue may be called if a patient is exhibiting symptoms of Autonomic Dysreflexia. (see Appendix 2)~~

~~ii. An autonomic dysreflexia kit is maintained in the bottom drawer of the crash cart. Autonomic Dysreflexia emergency meds will be placed in the medication drawer of the crash cart in a labeled plastic bag.~~

3.2. Initial Code Blue Response

a. Initiating a Code Blue

~~i. Activating the Emergency Response:~~

~~• If in the Activate the Code Blue Button in resident's room, active the Code Blue by pressing the Code Blue button behind the head of the bed. After pressing the Code Blue button, call 4-2999.~~ ~~GEM61.~~

~~i. or at the emergency site, AND call 4-2999 to inform the Hospital Operator. The ceiling dome lights in front of the resident's room and zone lights located at the end of each household will illuminate flashing lights (scrolling of all bulbs).~~

~~ii. If the location of the Code Blue is not in the resident's room, or occurs in Moran Hall, the Chapel, or Gerald Simon Theater, call 4-2999. an emergency occurs in areas where there are no code blue buttons, such as the great room and the living room, call 4-2999~~

~~iii. If an emergency occurs in the Administration building (except Moran Hall, the Chapel, and Gerald Simon Theater), or outside Laguna Honda buildings grounds, dial 9-1-1. When calling 911:~~

~~iii.iv. Accessing 9-1-1 for Code Blue (see Appendix 37)~~

~~• Activate 9-1-1 call from the unit where the emergency is occurring. State the nature of the emergency, location and any other information requested by the dispatcher.~~

~~• Once the 9-1-1 operator answers, follow the operator's instructions. Alert 911 personnel if there are special needs, such as bariatric residents or tracheostomy, so that they will be prepared with the right size equipment and extra personnel for transport.~~

~~• Stay calm and speak clearly.~~

- State your name and your role.
“My name is _____ and I am a nurse on (state your location) at Laguna Honda Hospital”.
- State the nature of the emergency~~Disconnect only after the dispatcher confirms information and hangs up.~~
“We have a medical emergency. A patient is in cardiac arrest and is not breathing”.
- State the location of the emergency.
“The patient is located in room _____ or location _____”.
- State what interventions are in process.
“A Code Blue has been called and the nurses are starting CPR”.
- Wait for further instructions or questions from the 9-1-1 operator. Have the addressograph or face sheet in your hand in case you need to provide other demographic information.
- If additional information is asked by the 9-1-1 operator, and you do not have the information, it is okay to tell the operator “I do not have that information right now”. Ask the operator if she/he would like you to try to get the information.
- DO NOT HANG UP OR DISCONNECT THE CALL. Wait for further instructions from the 9-1-1 operator.

b. Nursing and Medical staff Response

- i. If emergency medical assistance is needed the first responder (personnel who first arrives on scene, or witnesses the change in condition) will initiate a ~~c~~Code Blue Response.
 - ii. Staff will assess for resident's responsiveness, breathing and pulse per BLS Guidelines.
 - ~~iii.~~ iii. -If no pulse, begin Chest Compression, open Airway, and assist Breathing using the bag/valve/mask connected to oxygen (C-A-B).
 - ~~iv.~~ iv. Check for patient's advanced directive code status. If the resident's code status is designated ~~if a~~ Do Not Resuscitate (DNR) ~~order~~. ~~If a DNR order is present, notify the physician~~^[A7].
 - ~~v.~~ v. Resuscitation efforts will be initiated for all persons experiencing a medical emergency in the Wellness Center.
- c. ~~Telecommunication Response (PBX):~~
- i. ~~Once a Code Blue emergency call is received, the PBX operator or the Nursing Operations Manager office staff when PBX operator is on break or off duty (i.e. on night shift) shall:~~

- ~~• send a text to the Code Blue pagers with the location of the code blue.~~
- ~~• announce “Code Blue” and the location on overhead paging system three times.~~
- ~~• announce “Code Blue All Clear” when notified by the unit that the emergency has concluded.~~

c. Nursing Office Response (previously PBX Operators)

i. Once a Code Blue activation call is received, the Nursing Office personnel will:

- Announce the overhead “Code Blue” page three times.
- Send a text to the Code Blue pagers with the location of the Code Blue.
- Two staff will be assigned by the supervising nurse to guide the emergency response team to the location of the emergency.

_____ 1 – One to wait near the elevator at the site of the

_____ emergency

_____ 2 – One to wait at the Pavilion entrance

- Announce the overhead page “Code Blue All Clear” when notified by the neighborhood unit or location that the Code Blue emergency has been cancelled/ended.

Response/Coverage for the Site of Emergency

North

- ~~d. Two staff members will be assigned by the supervising nurse to guide the emergency response team to the patient – one to wait near the elevator at the site of emergency and the other to wait at the Pavilion entrance~~

3. Response/Coverage for the Site of Emergency

a. North and South Building

i. One licensed nurse from each neighborhood in the North and South Tower will respond to the emergency within that building (i.e., South Tower staff RNs/LVNs will respond to their own tower).

ii. A licensed nurse from Pavilion will respond to each code, and bring the 12-lead EKG machine (located in Pavilion Mezzanine Acute).

b. Pavilion (including Wellness Center)

i. North 1, North 2, and South 2 licensed nurses will respond to the emergency.

- ii. When a Code Blue occurs in the Wellness Center, the Pavilion Mezzanine licensed nurses, or Rehabilitation Department personnel will bring the crash cart to the site.

c. Serenity Park (previously known as Harmony Park)

- i. One licensed nurse on each floor of the North Tower and Pavilion Mezzanine will respond to the emergency.
- ii. The Pavilion North Mezzanine licensed nurse will bring the crash cart to the site.

d. Administrative Building Moran Hall, the Chapel, or Gerald Simon

- i. One licensed nurse from each neighborhood in the South Tower and Pavilion will respond to the emergency.

ii. The South 2 licensed nurse will bring the crash cart to the site. or Outside Laguna Honda buildings with the exception of Harmony Park, call 9-1-1 immediately.

4. Roles and Responsibilities ~~Roles and Responsibilities for Code Blue Team responding to the emergency~~

a. Assignment to Code Site

i. North and South Building

- ~~• One licensed nurse from each neighborhood in the North or South building will respond to the emergency within that building (i.e. South building staff RNs/LVNs will respond to their own and North building will respond to their own code).~~
- ~~• A nurse from the Pavilion will respond to all codes.~~

ii. Pavilion (including the Wellness Center)

- ~~• North 1, North 2 and South 2 licensed nurses will respond to the emergency.~~
- ~~• When a code blue occurs in the Wellness Center, PM nurses or the Rehabilitation Department will bring the crash cart to the site.~~

iii. North Mezzanine smoking area (the Harmony Park)

- ~~• One licensed nurse on each floor of the North building and PM will respond to the emergency.~~

iv. Outside in the North Mezzanine smoking area

- ~~• Staff assigned as smoke patrol calls 4-2999 and stays with the resident. North Mezzanine licensed nurse brings the crash cart to the site.~~
- v. ~~Administrative building or outside Laguna Honda grounds, with the exception of Harmony Park,~~
 - ~~• Call 911 immediately.~~
 - ~~• For Harmony Park, see North Mezzanine smoking area above.~~

a. Physician: The first ACLS physician to arrive shall:

- i. Be the command physician of the code.
- ii. Announce that they have assumed command of the Code Blue.
- iii. Coordinate the resuscitation efforts.
- iv. Confer with the unit physician, if available, regarding treatment of the patient.
- v. Prescribe mode of treatment and medication.
- vi. If present, a second physician shall assist the command physician.
 - b. Insertion of EZ-IO intraosseous access or central line access, —when appropriate. —Refer to LHPP File #24-21 Insertion and Maintenance of Intraosseous Device. EZ-IO P&P (GEM8).
- vii. —
 - i. The first ACLS trained physician to arrive shall
 - ~~• be the command physician of the code~~
 - ~~• coordinate the resuscitation efforts.~~
 - ~~• confer with the unit physician, if available, regarding treatment of the patient.~~
 - ~~• prescribe mode of treatment and medication.~~
 - ii. If present, a second physician shall assist the command physician.

e.b. Nursing: Staff

- i. Performs standard roles, including chest compressions, airway, breathing, obtaining intravenous supplies access, starting IV, preparing medications, administering medications, applying STATstat pads to prepare for defibrillation, recording Code Blue events.
- ii. Management of the EZ-IO once access is established and placement verified by the physician.

~~i.iii.~~ See Appendix 2: Guideline for Code Blue for Nursing Response ~~3~~ [GEM9] for further description of nursing roles and responsibilities.

~~ii.iv.~~ The licensed nurse from the neighborhood with the Code Blue is responsible for ensuring that the crash cart is brought to the site of the emergency.

~~c.~~ If present (During M-F day shift), a pharmacist will prepare drugs as ordered by the physician Pharmacy:

~~d.i.~~ If present during Monday through Friday, a pharmacist will assist the RN in preparing medications as ordered by the physician. -

~~d.~~ If present, the respiratory therapist will assist in maintenance of airway and ventilation Respiratory Therapy:

~~e.i.~~ If present, the Respiratory Therapist will assist in maintenance of airway, ventilation, 12-lead EKG, and arterial puncture to obtain arterial blood gas as appropriate. -

f.e. Elevator Access

~~i.~~ Code Blue team members have keys to call for and to override the elevator in a code blue response.

~~i.~~

~~ii.~~ To use the key to the elevator:

- From outside the elevator, insert key and turn key to the right to the "ON" position. A period of 90 seconds is given to override the elevator. Remove the key before entering.
- Once inside the elevator, insert the same key and turn right to the "ON" position. Press "~~close door~~ CLOSE DOOR," Wait until the doors are completely closed, then press the desired floor number, while continuously pressing the button for the desired floor (i.e., hold your finger on the button). Leave key in the switch until the desired floor is reached. Turn key to left to the "OFF" position and remove key.

5. Post-Code Blue Activities

a. Unit Charge Nurse

- i. Notify Central Supply (CSR) at 759-3349 or 4-2760 that a used crash cart is being exchanged for a fully stocked crash cart.
- ii. If the emergency drug box was used, the Charge Nurse, or licensed nurse designated by the Charge Nurse, -will return it to the pharmacy to be restocked. If the pharmacy is closed, the nursing supervisor will sign out a replacement emergency drug box from the supplemental drug room.
- iii. Gather staff involved in the Code Blue for a Post Code Huddle (debrief), to discuss what went well during the Code Blue and what areas need improvement.

b. Central Supply Room

- i. CSR will fax a notification to the pharmacy to replace the used medication tray and to lock the cart. If the pharmacy is closed, CSR will notify the nursing supervisor to sign out a sealed complete tray of crash cart medications from the supplemental drug room to replace the used tray. CSR will then lock the cart with a temporary lock and fax a notification to the pharmacy to check the cart and relock. (See Appendix 4-A: -Crash Cart Medications, Supplies, and Equipment and Appendix 4-B: Crash Carts Medications)

c. Team Physician

- i. Notifies the family or legal representative, or delegates this responsibility to t—the attending physician, and shall document this notification/delegation in the medical record.
- ii. If the resident is to be transferred to the acute care hospital, the physician will notify the emergency department physician regarding the resident's status.

6. Documentation

a. Designated Reorder (Registered Nurse):

- i. Complete the Code Blue Record (see Appendix 4~~(GEM10)~~5: Code Blue Record – MR317). and the Post Code Blue Checklist (see Appendix 7, completed after the pPost CCode Blue hHuddle), see Appendix 6~~(GEM11)~~).
- ii. Obtain a printout of the rhythm strip during the Code Blue and place in the resident's medical record.

b. Physician:

i. Reviews and signs the Code Blue Record and the Post Code Blue Checklist.

ii. Writes summary of the Code Blue in the Physician Progress Notes.

c. The Nursing Supervisor, Nurse Manager, or Charge Nurse:

i. Ensures that a designated Registered Nurse is recording the Code Blue events in the Code Blue Record.

ii. Ensures that the Code Blue Record is complete (with EKG strip) and signed by the recording nurse and the command physician.

iii. Ensure that the code blue huddle has occurred, then completes the Verifies that the Post Code Blue Checklist- (See Appendix 7) and eCode bBlue hHuddle is completed.

iv. Scan a copy of the Code Blue Record (place the original in the cart) and Post Code Blue Checklist to a secure drive. Send an email to the Code Blue Committee members informing them when a new Code Blue Record/Checklist has been added.

~~Make four copies of each Code Blue Record and Post Code Blue Checklist and places the original in the chart.~~

~~One copy to the Code Blue Committee Chair~~

~~One copy to the Code Blue Committee Pharmacist~~

~~One copy to the Nursing Education~~

~~One copy to Code Blue Clinical Nurse Specialist~~

d. Unit Licensed Nurse:

i. Documents the events leading up to the Code Blue, interventions, and resident outcome in the Integrated Progress Note.

~~Code Blue Drills~~

~~7.~~

~~g. Each neighborhood will have a monthly Code Blue Drill coordinated by Nursing Education. Team Nurse~~

~~i. Notify Central Supply (CSR) at 759-3349 or 4-2760 that a used crash cart is being exchanged for a fully stocked crash cart (Located in the Rehab/Pavilion) Mon-Fri from 6am-8:30pm, Sat-7:30am-7pm, Sun-7:30am-9:00pm.~~

~~ii. CSR will fax a notification to the pharmacy to replace the used medication tray and to lock the cart. If the pharmacy is closed, CSR will notify the nursing supervisor to sign out a sealed complete tray of crash cart medications from the supplemental drug room in the nursing office to replace the used tray. CSR will then lock the cart with yellow lock and fax a notification to the pharmacy to check the cart.~~

~~iii. If the emergency drug box was used, a team nurse will return it to the pharmacy for replenishment. If the pharmacy is closed, the nursing supervisor will sign out a replacement emergency drug box from the supplemental drug room.~~

~~h. Team Physician~~

~~i. Each patient with a documented cardiac arrest who has been resuscitated shall be discharged for further care. If discharge to another acute hospital is planned, 911 shall be called for emergency transport.~~

~~ii. Ensure proper notification of the family or legal representative, or delegate this responsibility to the attending physician, and shall document this notification/delegation in the medical record.~~

~~i. Documentation~~

~~i. Designated recorder: completes the Code Blue record and the Post Code Checklist.~~

~~ii. The Physician:~~

~~• Reviews and signs the Code Blue Record and the Post Code Checklist~~

~~• Writes summary of the code in the Progress Notes~~

~~iii. The Nursing Supervisor or the Nurse Manager attending the code~~

~~• Ensures that a designated licensed nurse records code blue events in the Code Blue Record.~~

~~• Ensures that the Code Blue Record is completed and signed by the recording nurse and the command physician,~~

~~• Verifies that the Post Code Blue Checklist audit is completed.~~

- ~~• Makes 3 copies each of the Code Blue Record and the Post Code Blue Checklist. Places the Original Copy in the chart and distributes the 3 copies to:
 - ~~• Code blue committee pharmacist~~
 - ~~• Code blue committee Med Surg CNS~~
 - ~~• Code blue physician chair~~~~
- ~~iv. Unit licensed nurse
 - ~~• documents the Code Blue occurrence, interventions and resident outcome in the Progress Notes~~~~
- ~~j. Equipment
 - ~~i. EKG machine is stored in SNF Rehab (Pavilion)~~
 - ~~ii. Cervical spine immobilization board and collar are stored in SNF in the Rehab unit if needed.~~~~

6. Code Blue Drills:

- ~~a. Each shift will have a neighborhood will have a monthly Code Blue Drill coordinated by Nursing Education (3 Code Blue drills per calendar month) One Code Blue drill will be conducted for each shift quarterly.~~
 - ~~b. The Code Blue Committee will develop and implement a confidential schedule identifying the location, shift and time of the drills and scenarios.~~
 - ~~c. a. At the beginning of the drill, the telecommunications operator Nursing Office Personnel will announce three times "Code Blue Drill," identifying the location and, at the same time, will activate pagers of the Code Blue team members.~~
 - ~~b. At the beginning of the drill, the Nursing Office Personnel will announce three times "Code Blue Drill" identifying the location and, at the same time, will activate pagers of the Code Blue team members.~~
 - ~~c. After completion of the drill the Nursing Office Personnel will be notified to announce "Code Blue drill all clear" three times.~~
 - ~~d. A nursing educator or other designated observer will use two checklists developed by the Code Blue Committee to monitor the Code Blue Drill process.
 - ~~i. One checklist will be used to monitor the initial neighborhood response.~~~~

~~d.ii. A second checklist~~The Post-Code Checklist / Medical Quality Assurance (see Appendix 7) will be used to monitor the process after the Code Blue responder team arrives (see Appendix 5 (GEM12)6).

~~e. The Code Blue Drill Checklist Record (see Appendix 6), along with comments from the staff, will be used by the Code Blue Committee to evaluate the drill. After completion of the drill the telecommunications operator will be notified and will announce "Code Blue drill all clear" three times.~~

8. Quality Review

~~a. Nursing Education will summarize the Code Blue drill records and post-code checklists to review the events, analyze trends, identify problem areas, develop corrective plans, and submit to the Code Blue Committee.~~

~~b. The Code Blue Committee will receive copies of Code Blue drill records and post-code checklists to review during the Code Blue Committee meeting to analyze trends, identify problem areas, and develop corrective plans.~~

~~c. The Code Blue Committee Chair will refer Code Blue events to Medical and Nursing QI Committees, Medical Executive Committee, and Performance Improvement and Patient Safety Committee regarding the drills and Code Blue events.~~

~~_____ Nursing Education will summarize the Code Blue drill records and post-code checklists to review the events (GEM13), analyze trends, identify problem areas, develop corrective plans, and submit to Code Blue Committee.~~

~~e. _____ The Code Blue Committee will receive copies of Code Blue drill records and post-code checklists to events and review during the Code Blue Committee meeting to analyze trends, identify problem areas, and develop corrective plans.~~

~~The Code Blue Committee Chair will refer Code Blue events to The Code Blue Drill Checklist, along with comments from the staff, will be used by the Code Blue Committee to evaluate the drill. Reports will be made to the Medical and Nursing QI Committees, and Medical Executive Committee, and Performance Improvement and Patient Safety Committee regarding the drills and Code Blue events.~~

ATTACHMENT:

Appendix 1: Automatic Dysreflexia Protocol

Crash Cart Medications, Supplies and Equipment

Appendix 2: Guideline for Code Blue for Nursing Response: [GEM14] Nursing Roles and Responsibilities Automatic Dysreflexia Protocol

Appendix 3: Accessing 9-1-1 for Code Blue (Script) Nursing Roles and Responsibilities

Appendix 4-A: Crash Cart Supplies and Equipment (PDF format)

Appendix 4-B: Crash Carts Medications

Appendix 4: Crash Cart Medications, Supplies and Equipment

Code Blue Record (MR317)

Appendix 5: Code Blue Record (MR317) Code Blue Drill Neighborhood Response Checklist

Appendix 6: Code Blue Drill Record

Code Blue Team Response Checklist [GEM15]

Appendix 7: Post Code Blue Checklist [GEM16]

Appendix 8: Crash Cart Injection Reference Sheet/ Medical Quality Assurance

Accessing 9-1-1 for Code Blue (Script)

CROSS REFERENCE:

File #24-21 Insertion and Maintenance of Intraosseous Device

REFERENCE:

AHA BLS and ACLS Manuals 2011~~06~~

Code Blue Record MR317 (3/86; 4/09)

Revised: 97/06/01, 00/12/14, 02/10/24, 03/11/04, 10/11/09, 11/11/29, 13/01/29, 13/09/24, 15/01/13 (Year/Month/Day)

Original adoption: 97/06/01 as MSPP Code Blue; 98/11/16 as LHHPP Code Blue Drills

APPENDIX 1 (GEM17):

CRASH CART — MEDICATIONS, SUPPLIES, & EQUIPMENT

MEDICATION DRAWER

Item	Quantity	Expiration Date
Adenosine 6mg (3 mg/ml 2 ml syringe)	4	-
Adenosine [^] 12mg (3 mg/ml 4 ml syringe)	2	-
Amiodarone 150 mg (50 mg/ml 3ml vial)	3	-
Aspirin Chewable 81mg	4	-
Atropine 1 mg (1 mg/10 ml syringe)	3	-
Calcium Cl 10% 1gm (1 gm/10 ml syringe)	2	-
Dextrose 50% 25gm (25 gm/ 50 ml syringe)	4	-
Diltiazem 25mg* (5 mg/ ml 5 ml vial)	2	-
Diphenhydramine 50mg (50 mg/ ml vial)	4	-
Dopamine Infusion 200mg/250ml D5W	4	-
Epinephrine Inj. 1:10,000 (1 mg/ 10 ml syringe)	4	-
Furosemide 40mg (10 mg/ml 4 ml vial)	5	-
Lidocaine 2% 100mg (100 mg/5 ml syringe)	4	-
Lidocaine HCL infusion 2gm/500 ml D5W	4	-
Lorazepam 2mg* (2 mg/ml 1 ml vial)	5	-
Magnesium Sulfate 1gm (1gm/ 2 ml vial)	2	-
Methylprednisolone 125mg (125 mg/2ml vial)	4	-
Naloxone 0.4mg (0.4 mg/ml 1 ml vial/ampule)	5	-
Nitroglycerin SL tablets 0.4mg (25 tablets/vial)	4	-
Sodium Bicarbonate 50mEq (50 meq/ 50 ml syringe)	4	-
Vasopressin 20 units (20 units/ ml 1 ml vial)	2	-
Verapamil 5mg (2.5 mg/ml 2 ml vial)	2	-
Medication For Autonomic Dysreflexia	-	-
Clonidine Tablet 0.1mg	4	-
Dibucaine Ointment 1% 28g	4	-
Lidocaine Jelly 2% 100mg/5ml	2	-
Nitroglycerin Ointment 2% 1g foil pack	3	-

Supplies	Quantity
Blunt Needles	40
SYRINGES WITHOUT NEEDLES 3cc, 6cc, & 12cc	3
MEDICATION ADDED LABELS	5
ALCOHOL PADS	12
TOURNIQUET	4
SHARPIE PEN	4

TOP OF CRASH CART			
ITEMS	QUANTITY	USED ITEM	EXPIRATION DATE
-	-	-	-
GLOVES, EXAM, MEDIUM	1 BOX		-
GLOVES, STERILE, LARGE AND MEDIUM	2 PR EA		-
FACE SHIELD	1		-
APRONS	1 BUNDLE		-
ECG ELECTRODE (INSIDE ZOLL BAG)	4		-
ECG ELECTRODE JEL (INSIDE ZOLL BAG)	4		-
PORTABLE SUCTION MACHINE WITH NON VENTED SUCTION TIP	1		-
ZOLL DEFIBRILLATOR ATTACHED TO ZOLL STAT PADZ	1		-
EKG RECORDING PAPER (INSIDE ZOLL BAG)	1	-	-
-	-	-	-
CLIP BOARD			
ITEM	QUANTITY	USED ITEM	EXPIRATION DATE
-	-	-	-
CODE BLUE REPORT FORMS	3		-
EQUIPMENT AND SUPPLY LISTS FOR CRASH CART	1		-
POST CODE CHECK LIST	3		-
DRUG DOSAGE SUMMARY SHEET (Code Blue Cardiac Drips)	1		-
-	-	-	-
SIDES AND BACK OF CRASH CART			
ITEMS	QUANTITY	USED ITEM	EXPIRATION DATE
-	-	-	-
SMALL O2 TANK FULL WITH A 15-L GAUGE	1		-
IV POLE WITH AMBU-BAG (AIRWAY, O2 NIPPLE CONNECTOR AND EASY-CAP CO2 DETECTOR	1		-
1NON REBREATHING MASK, NASAL CANULA, OXIGEN TUBING	1 EACH		-
NEBULIZER MASK.			-
SHARPS DISPOSAL	1		-
CPR BOARD	1	-	-
-	-	-	-
BOTTOM OF CART			
ITEMS	QUANTITY		
-	-	-	-
AUTONOMIC DYSREFLEXIA KIT	1		-
SPHYGMOMANOMETER	1		-
STETHOSCOPE	1		-
EMERGENCY IV BAG	1		-
EXTENSION CORD 15-FT LONG	1		-
SHARPS DISPOSAL	1		-
DISPOSABLE SUCTION CONTAINER	1		-
WASTE CONTAINER	1		-
DEFIBRILLATOR PADDLE	2		-
0.9 SALINE FOR IRRIGATION	1	-	-
-	-	-	-

CIRCULATORY SUPPLIES DRAWER			
ITEMS	QUANTITY	USED	EXPIRATION DATE
-	-	-	-
0.9 NACL INJECTION — 1000CC	2		-
D5/W — 250CC	2		-
0.9 NACL INJECTION — 250CC	2		-
IV CATHETERS: 14X1, 16 X3, 18 X 5, 20X5, 22 X 3			-
IV CATHETERS: BUTTERFLIES 21X2, 23 X 2, 25 X3			-
TOURNIQUET	3		-
ALCOHOL PADS	6		-
IV CONTINU-FLO SOLUTION SET 60 DROP	1		-
IV CONTINU-FLO SOLUTION SET 10 DROP	2		-
IV SECONDARY MEDICATION SET	1		-
SYRINGES 3CC, 5CC, 12CC, 60CC	1EACH		-
SYRINGES 20CC	2		-
Prefilled Normal Saline Syringes			
IV start kits			
CVP kit			
NEEDLES 18X 1 1/2, 20X 1 1/2, 22X 1 1/2	3EACH		-
-IV CATH EXTENSION SET	3		-
SYRINGES 35 CC	2		-
BLUNT FILL NEEDLE	4		-
CHLORAPREP SEPP	6		-
ARMBOARD	1		-
MAYO CLAMP	1		-
SCISSORS	1		-
TAPE, MICROPORE 1"	1		-
TAPE, CLOTH 1"	1		-
IV DRESSING , VENIGARD	6		-
ECG ELECTRODE	3-PACKS		-
VACUTAINERS	2		-
VACUTAINER TUBES, GRAY/RED TOPPED	2		-
VACUTAINER TUBES, PURPLE TOPPED	2		-
VACUTAINER TUBES, BLUE TOPPED	2		-
ZOLL STAT-PADZ	1		-
ECG RECORDING PAPER	1		-
RESPIRATORY SUPPLIES DRAWER			
ITEMS	QUANTITY	USED ITEM	EXPIRATION DATE
-	-	-	-
RESPIRATORY PACK	1		-
ARTERIAL BLOOD GAS KIT	1		-
LARYNGOSCOPE WITH MAC 3 BLADE (BATTERIES IN PLACE)	1		-
LARYNGOSCOPE BLADES, MAC 4 AND MILLER 2 AND 3	1 EACH		-
BATTERIES, C CELL	2		-
FLASHLIGHT	1		-
BATTERIES, D CELL	2		-
STOMACH TUBE.....16 FR	1		-

SALEM SUMP TUBE...18-FR	4		-
LUBRICATING JELLY	4		-
SUCTION TRAYS	2		-
SURGICAL CONNECTING TUBE	4		-
TAPE, MICROPORE 1"	4		-
TAPE, HI TAPE 1/2"	4		-
DRESSINGS, STERILE 4X4s	5		-
DRESSINGS, STERILE 2X2s	5		-
SYRINGE, CATHETER TIP 60CC	4		-
SYRINGE, WITHOUT NEEDLE , 12CC	4		-
BETADINE SOLUTION OR EQUIVALENT	4		-
SHILEY TRACH TUBES, CUFFED, SIZES 4, 6, AND 8	4 EACH		-
ENDOTRACHEAL TUBE HOLDER (TAPE)	4	-	-

~~APPENDIX 2~~^(GEM18):1:

~~AUTONOMIC DYSREFLEXIA PROTOCOL~~

~~Autonomic Dysreflexia is a Life-Threatening Emergency which may cause severe hypertension, and can result in death or severe morbidity within minutes due to stroke, myocardial infarction, or seizures. It generally occurs with spinal cord injuries T6 and above, although there have been reports of incidence in spinal cord injuries as low as T10.~~

~~1. Symptoms:~~

- ~~a. Sudden, pounding headache, nasal stuffiness, blurry vision.~~
- ~~b. Flush and sweat above the level of the lesion; goose bumps and pallor below the level of injury, chills without fever, sense of anxiety, impending physical problem.~~
- ~~c. No symptoms may be observed, despite elevated blood pressure.~~

~~2. Signs:~~

- ~~a. Sudden elevation of blood pressure (BP): Systolic BP increases 20-40 mm Hg from baseline may indicate autonomic dysreflexia. (NB: The baseline systolic blood pressure for these individuals may be in the 90-110 range.)~~
- ~~b. Bradycardia~~

~~3. Nursing Interventions:~~

- ~~a. Activate Code Blue if additional assistance is needed or to assure the prompt arrival of a physician.~~
- ~~b. Immediately place the resident in a sitting position (e.g., 90° or as upright as tolerated) to help lower blood pressure and decrease intracranial pressure (ICP).~~
- ~~c. Loosen any clothing or constrictive device.~~
- ~~d. Take pulse and blood pressure immediately and frequently (e.g., every 3 minutes) until condition stabilizes. Continue periodic checks of BP over at least the next two hours.~~
- ~~e. Assess for any triggering stimulus such as bladder distension, constipation, pain, restrictive clothing, pressure ulcer, etc. Remove any possible causative stimuli.~~
- ~~i. If a foley catheter is present, check for patency and adequate drainage.~~

- ~~Check the foley catheter system along its entire length for kinks, folds, constriction, or obstructions and for correct placement.~~
- ~~If the foley catheter is plugged, irrigate very slowly with no more than 10 ml at a time of warm (body temperature) normal saline. Avoid manually compressing or tapping on the bladder.~~
- ~~If the catheter is plugged, remove the catheter.~~
- ii. ~~If no catheter is present, or if the catheter was plugged and removed, prepare to catheterize.~~
- ~~Administer slowly 10 ml of 2% Lidocaine Jelly via a pre-filled syringe into the urethra.~~
- ~~Catheterize the resident with a size 16 french red rubber catheter or, if appropriate, a coude tip catheter using sterile technique. If an indwelling catheter is ordered, substitute a foley catheter for the straight catheter.~~
- ~~Recheck BP. If it is **decreasing**, treatment may be stopped. Recheck BP every 3 minutes until stable. Continue BP checks every 15 minutes over the next two hours.~~
- iii. ~~If BP is **increasing or remains elevated**, suspect fecal impaction~~
- ~~Administer 28 grams (1 ounce tube) generous amount of Lidocaine Jelly 2% Dibucaine ointment into the rectum.~~
- ~~After symptoms subside, check for impaction; if present, disimpact gently.~~
- ~~Recheck BP. If it is **decreasing**, treatment may be stopped. Recheck BP every 3 minutes until stable. Continue BP checks every 15 minutes over the next two hours.~~
- iv. ~~If BP is **increasing or remains elevated**, continue to assess for evidence of triggering stimulus.~~

4. ~~Medical Staff Interventions:~~

a. ~~Antihypertensive agents of short duration and rapid onset for elevated SBP unresponsive to nursing measures ([sit patient up, identify and remove irritant such as (bladder, bowel, tight clothing, etc.)])~~

~~_____ Nitropaste one inch to chest wall now~~

~~_____~~
i. ~~Or~~

~~_____ Clonidine 0.1 mg po now~~

- ii. ~~Or~~
- iii. ~~Clonidine 0.2 mg po now~~
- b. ~~After 30 minutes if SBP remains elevated despite interventions~~
 - ~~Clonidine 0.1 mg po now~~
- i. ~~Or~~
- ii. ~~Clonidine 0.2 mg po now~~

APPENDIX 23:

NURSING ROLES AND RESPONSIBILITIES

APPENDIX 3:

ACCESSING 9-1-1 FOR CODE BLUE (SCRIPT)

9-1-1 Code Blue Activation Information

Laguna Honda Hospital & Rehabilitation Center

375 Laguna Honda Boulevard, San Francisco 94116

Phone: 682-5940

~~Activate 9-1-1 call from the unit where the emergency is occurring~~

~~Once the 9-1-1 operator answers, follow the operator's instructions~~

~~Stay calm and speak clearly~~

~~State your name and your role~~

~~"My name is _____ and I am a nurse on Pavilion Mezzanine at Laguna Honda Hospital"~~

~~State the nature of the emergency~~

~~"We have a medical emergency. A patient is in cardiac arrest and is not breathing"~~

~~State the location of the emergency~~

~~"The patient is located in room _____ or location _____"~~

~~State what interventions are in process~~

~~"A Code Blue has been called and the nurses are starting CPR"~~

~~— Wait for further instructions or questions from the 9-1-1 operator. Have the addressograph or face sheet in your hand in case you need to provide other demographic information.~~

~~— If additional information is asked by the 9-1-1 operator, and you do not have the information, it is OK to tell the operator "I do not have that information right now." Ask the operator if she/he would like you to try to get the information.~~

~~DO NOT HANG UP OR DISCONNECT THE CALL. Wait for further instructions from the 9-1-1 operator.~~

APPENDIX 4:

CRASH CART – MEDICATIONS, SUPPLIES, & EQUIPMENT
(Refer to PDF File)

APPENDIX 54:

CODE BLUE RECORD (MR317)
(Refer to PDF File)

APPENDIX 65:

CODE BLUE DRILL RECORD
NEIGHBORHOOD RESPONSE CHECKLIST
(Refer to PDF File)

APPENDIX 76:

CODE BLUE POST-CODE CHECKLIST
(Refer to PDF File)
TEAM RESPONSE CHECKLIST

APPENDIX 7:

ACCESSING 9-1-1 FOR CODE BLUE (SCRIPT)

9-1-1 Code Blue Activation Information
Laguna Honda Hospital & Rehabilitation Center
375 Laguna Honda Boulevard, San Francisco 94116
Phone: 682-5940

~~— Activate 9-1-1 call from the unit where the emergency is occurring~~

~~— Once the 9-1-1 operator answers, follow the operator's instructions~~

— Stay calm and speak clearly

— State your name and your role

— “My name is _____ and I am a nurse on Pavilion Mezzanine at Laguna Honda Hospital”

— State the nature of the emergency

— “We have a medical emergency. A patient is in cardiac arrest and is not breathing”

— State the location of the emergency

— “The patient is located in room _____ or location _____”

— State what interventions are in process

— “A Code Blue has been called and the nurses are starting CPR”

— Wait for further instructions or questions from the 9-1-1 operator. Have the addressograph or face sheet in your hand in case you need to provide other demographic information.

— If additional information is asked by the 9-1-1 operator, and you do not have the information, it is OK to tell the operator “I do not have that information right now.” Ask the operator if she/he would like you to try to get the information.

— DO NOT HANG UP OR DISCONNECT THE CALL. Wait for further instructions from the 9-1-1 operator.

APPENDIX 2 (GEM1): 1:**AUTONOMIC DYSREFLEXIA PROTOCOL**

Autonomic Dysreflexia is a Life-Threatening Emergency which may cause severe hypertension, and can result in death or severe morbidity within minutes due to stroke, myocardial infarction, or seizures. It generally occurs with spinal cord injuries T6 and above, although there have been reports of incidence in spinal cord injuries as low as T10.

1. Symptoms:

- a. Sudden, pounding headache, nasal stuffiness, blurry vision.
- b. Flushing and sweating above the level of the lesion; goose bumps and pallor below the level of injury, chills without fever, sense of anxiety, impending physical problem.
- c. No symptoms may be observed, despite elevated blood pressure (BP).

2. Signs:

- a. Sudden elevation of ~~blood pressure (BP)~~: Systolic BP increases 20-40 mm Hg from baseline may indicate autonomic dysreflexia. (NB: The baseline systolic blood pressure for these individuals may be in the 90-110 range.)
- b. Bradycardia

3. Nursing Interventions:

- ~~a. Activate Code Blue if additional assistance is needed or to assure the prompt arrival of a physician.~~
- ~~b.a.~~ b.a. Immediately place the resident in a sitting position (e.g., 90° or as upright as tolerated) to help lower ~~blood pressure~~BP and decrease intracranial pressure (ICP).
- ~~e.b.~~ e.b. Loosen any clothing or constrictive device.
- ~~d.c.~~ d.c. Take pulse and ~~blood pressure~~BP immediately and frequently (e.g., every 3 minutes) until condition stabilizes. Continue periodic checks of BP over at least the next two hours.
- ~~e.d.~~ e.d. Assess for any triggering stimulus such as bladder distension, constipation, pain, restrictive clothing, pressure ulcer, etc. Remove any possible causative stimuli.

- i. If a Ffoley catheter is present, check for patency and adequate drainage.
 - Check the Ffoley catheter system along its entire length for kinks, folds, constriction, or obstructions and for correct placement.
 - If the Ffoley catheter is ~~plugged~~obstructed, irrigate very slowly with no more than 10 ml at a time of warm (body temperature) normal saline. Avoid manually compressing or tapping on the bladder.
 - If the Ffoley catheter is ~~plugged~~obstructed, remove the catheter.
- ii. If no Ffoley catheter is present, or if the catheter was ~~plugged~~obstructed and removed, prepare to catheterize.
 - Administer slowly 10 ml of 2% Lidocaine Jelly via a pre-filled syringe into the urethra.
 - Catheterize the resident with a size 16 French red rubber catheter or, if appropriate, a coude tip catheter using sterile technique. If an indwelling catheter is ordered, substitute a Ffoley catheter for the straight catheter.
 - Recheck BP. If it is **decreasing**, treatment may be stopped. Recheck BP every 3 minutes until stable. Continue BP checks every 15 minutes over the next two hours.
- iii. If BP is **increasing or remains elevated**, suspect fecal impaction
 - Administer ~~28 grams (1 ounce tube)~~generous amount of Lidocaine Jelly 2% Dibucaine ointment into the rectum.
 - After symptoms subside, check for impaction; if present, disimpact gently.
 - Recheck BP. If it is **decreasing**, treatment may be stopped. Recheck BP every 3 minutes until stable. Continue BP checks every 15 minutes over the next two hours.
- iv. If BP is **increasing or remains elevated**, continue to assess for evidence of triggering stimulus.

4. Medical Staff Interventions:

- a. Antihypertensive agents of short duration and rapid onset for elevated SBP unresponsive to nursing measures (~~is~~ sit patient up, identify and remove irritant such as (bladder, bowel, tight clothing, etc.))

- i. Nitropaste one inch to chest wall now

1. oOr

ii. Clonidine 0.1 mg po-PO now

2. oOr

~~iii.~~ Clonidine 0.2 mg po-PO now

b. After 30 minutes if SBP remains elevated despite interventions

i. Clonidine 0.1mg po-PO now

3. Or

~~ii.~~ Clonidine 0.2mg po-PO now

APPENDIX 2:

**GUIDELINE FOR CODE BLUE NURSING RESPONSE:
ROLES AND RESPONSIBILITIES**

Role	Responsibility During Code Blue	Responsibility Post-Code
<p><i>Staff member who discovers patient/resident</i> (first on scene)</p>	<ul style="list-style-type: none"> • Activate a Code Blue by pressing the Code Blue button (located behind the head of bed), if in patient's/resident's room. • If outside the patient's room, loudly call out for help and call 4-2999. • Activate overhead page by calling 4-2999 <ul style="list-style-type: none"> ○ State your name and location. ○ Briefly state the nature of the emergency. ○ Wait until the information is verified by the staffing office personnel. reading it back before hanging up the phone. ○ Once the information has been verified, hang up the phone. 	<ul style="list-style-type: none"> • Check-in with Charge RN to see if any further information is needed.
<p>Nursing Staff</p>	<p>Responsibility During Code Blue</p>	<p>Responsibility Post-Code</p>
<p>Licensed Nurse #1: <i>Cardiovascular Nurse</i></p>	<ul style="list-style-type: none"> • Check for pulse, if no pulse proceed with BLS. • Perform chest compressions. • Relieve respiratory nurse per BLS guidelines. 	

<p>Licensed Nurse #2: <i>Respiratory Nurse</i></p>	<ul style="list-style-type: none"> • Airway breathing (e.g., ambu bag as indicated) • Administer oxygen as indicated. • Relieve cardiovascular nurse per BLS guidelines. • If Respiratory Therapy (RT) is present (M-F days), assist RT. 	
<p>Licensed Nurse #3: <i>Supplies & Medication Nurse</i></p>	<ul style="list-style-type: none"> • Open crash cart and plug in crash cart. • Turn on suction. • Place defibrillator pads on patient/resident and turn on cardiac monitor. • Monitor and print rhythm strips from heart monitor. • Establish intravenous access or delegate another LN to perform procedure. • Double check ACLS medications prior to administering. • Administer ACLS medications. 	<ul style="list-style-type: none"> • Check for disposal of all sharps post code blue.
<p>Licensed Nurse #4: <i>Supplies & Medication Nurse</i></p>	<ul style="list-style-type: none"> • Obtain emergency medication box (Team Lead). • Prepare IV bag or IO pressure bag and prime tubing. • Open medication tray. • Assist Licensed Nurse #3 with medication preparation and administration. 	<ul style="list-style-type: none"> • Licensed Nurse of patient/resident should notify central supply that a used crash cart is being exchanged.

<p>Charge RN from Other Responding Neighborhood:</p> <p>Recording Nurse</p>	<ul style="list-style-type: none"> • Record the events on the Code Blue Record. • Document the effectiveness of the Code Blue Response on the Post-Code Blue Checklist. • Crowd control (excuse staff who are not needed for assistance). • Obtain copy of heart monitor rhythm strips and add to the resident's medical record. 	<ul style="list-style-type: none"> • Debrief with neighborhood staff to evaluate what went well during code and what improvements might be needed. • Complete Post-Code Blue evaluation form • Obtain MD signature on forms. • Provide copies per policy and procedure to Nursing Supervisor and Code Blue Committee.
<p>Supervisor or Nurse Manager</p>	<ul style="list-style-type: none"> • Supervise nursing personnel and code blue process and provide direction as indicated. 	<ul style="list-style-type: none"> • Charge RN and/or Nursing Supervisor will debrief with neighborhood staff (post-code huddle) to evaluate what went well during code and what improvements might be needed.
<p>Unit Clerk or Designee</p>	<ul style="list-style-type: none"> • Bring medical record (patient/resident chart) into the room. 	<ul style="list-style-type: none"> • Ensure that patient/resident medical record has been returned to the nurses' station.
<p>CNA/PCA/HHA #1</p>	<ul style="list-style-type: none"> • Assist team by clearing path in room • Reassure roommate or others witnessing event and escort away from area if appropriate and convenient • Provide privacy for code victim (pull drape) • Go to Pavilion lobby to direct EMS personnel to location of code. 	<ul style="list-style-type: none"> • Provide reassurance to roommate or others who witnessed event, and give verbal update to licensed nurse regarding roommate's response to code and any immediate needs.

CNA/PCA/HHA #2	<ul style="list-style-type: none">• Stand near neighborhood elevator to direct responding personnel to location of code.	<ul style="list-style-type: none">• Assist team in tidying/cleaning up area.• Alert housekeeping for assistance.
CNA/PCA/HHA #3	<ul style="list-style-type: none">• Cover call lights/other resident's immediate needs.	<ul style="list-style-type: none">• Update LN regarding roommate's response to code and any immediate needs.

APPENDIX 3:**ACCESSING 9-1-1 FOR CODE BLUE (SCRIPT)
9-1-1 Code Blue Activation Information**

**Laguna Honda Hospital & Rehabilitation Center
375 Laguna Honda Boulevard, San Francisco 94116
Phone: 759-2300 Main Number**

Provide Number from Neighborhood: _____

- ▶ Activate 9-1-1 call from the unit where the emergency is occurring
- ▶ Once the 9-1-1 operator answers, follow the operator's instructions
- ▶ Stay calm and speak clearly
- ▶ State your name and your role
 “My name is _____ and I am a nurse on _____ at Laguna Honda Hospital”
- ▶ State the nature of the emergency
 “We have a medical emergency. A patient is in cardiac arrest and is not breathing”
- ▶ State the location of the emergency
 “The patient is located in room _____ or location _____”
- ▶ State what interventions are in process
 “A Code Blue has been called and the nurses are starting CPR”
- ▶ Wait for further instructions or questions from the 9-1-1 operator. Have the addressograph or face sheet in your hand in case you need to provide other demographic information.
- ▶ If additional information is asked by the 9-1-1 operator, and you do not have the information, it is OK to tell the operator “I do not have that information right now.” Ask the operator if she/he would like you to try to get the information.
- ▶ **DO NOT HANG UP OR DISCONNECT THE CALL.** Wait for further instructions from the 9-1-1 operator.

ADULT CRASH CART CONTENT CHECK LIST

APPENDIX 4-CRASH CART MEDICATIONS, SUPPLIES, EQUIPMENT

SUPPLIES AND EQUIPMENT

Check by: _____

Cart Number: _____

Date: _____

Code Blue location: _____

CLIP BOARD:					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
Code Blue Report Form		3 ea			
Equipment & Supply List		1 ea			
Post Code Check List		3 ea			
Drug Dosage Summary Sheet (Code Blue Cardiac Drips)		1 ea			
SIDE & BACK of CRASH CART:					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
CPR Board		1 ea			
I.V. Pole		1 ea			
Small O2 Tank w/15 L Guage		1 ea			
Container Sharp		1 ea	7089778		
Bag Resus Adlut 40" w/Mask		1 ea	1952		
Easy-Cap CO2 Detector		1 ea	3068		
Mask Nebulizer		1 ea	1371		
Mask Non-ReBreath		1 ea	1368		
Cannula Nasal		1 ea	1372		
Tube Oxygen		1 ea	1370		
Airway Oral	8	1 ea	1612		
Airway Oral	9	1 ea	1613		
Airway Oral	10	1 ea	1614		
Connector Oxygen Adapter		1 ea	7602105		

ADULT CRASH CART CONTENT CHECK LIST

TOP of CRASH CART:					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
Glove Exam Nitrile	Medium	1 bx	4107		
Glove Sterile	7	2 ea	1166		
Glove Sterile	8	2 ea	1168		
Mask Guard Shield		1 ea	1514		
Apron Burn w/o Sleeve		6 ea	7000805		
Electrode Stat-Padz		1 ea	7074744		
Gel Derma		1 ea	1611		
Paper Chart Zoll		1 pk	1622		
Zoll Defibrillator		1 ea			
Portable Suction Mach.		1 ea			
DRAWER 1: MEDICATION					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
Syringe	3cc	3 ea	7048705		
Syringe	6cc	3 ea	1415		
Syringe	12cc	3 ea	1416		
Label Medication		5 ea	1564		
Pad Alcohol Prep		12 ea	1189		
Tourniquet Disposable	1"	1 ea	6000636		
Needle Blunt Fill	18G	10 ea	1417		
Sharpie Pen		1 ea			

ADULT CRASH CART CONTENT CHECK LIST

DRAWER 2: RESPIRATORY SUPPLIES					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
Handle Laryngoscope		1 ea	7306459		
Batteries (extra)	C	2 ea	4069		
Blade Laryngoscope Mac (curve)	3	1 ea	7306426		
Blade Laryngoscope Mac	4	1 ea	3071		
Blade Laryngoscope Miller	2	1 ea	7509409		
Blade Laryngoscope Miller (wisc st miller cat)	3	1 ea	7306442		
Flashlight		1 ea			
Batteries (extra)	D	2 ea	4067		
Pack Respiratory		1 ea	4015		
Kit Arterial Blood Gas		1 ea	3074		
Solution Betadine		1 ea	1186		
Tube Salem Sump	18F	1 ea	7060304		
Jelly Surgilube Tube		1 ea	1326		
Tray Suction 14F		2 ea	1357		
Tube Connecting	6"	1 ea	1363		
Tape Paper	1"x 10yd	1 rl	7052202		
Hy-Tape	1/2"	1 rl	3075		
Dressing Sterile 4 x 4		5 ea	1146		
Dressing Sterile 2 x 2		5 ea	7020902		
Syringe Feeding Cath Tip	2 oz.	1 ea	7036787		
Syringe Luer Lock	12cc	1 ea	1416		
Holder Endotracheal Tube		1 ea	3076		
Trach Cuffed	6	1 bx	7060320		

ADULT CRASH CART CONTENT CHECK LIST

DRAWER 3: CIRCULATORY SUPPLIES					
ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
IV Solution Sodium Chl .9%	1000cc	2 ea	8001257		
IV Solution Sodium Chl .9%	250cc	2 ea	8001158		
IV Solution Dextrose .5%	250cc	2 ea	8000507		
Catheter IV	14G	1 ea	7009509		
	16G	3 ea	7009608		
	18G	5 ea	7009707		
	20G	5 ea	7009756		
	22G	3 ea	7009905		
Set Blood Collection	21G	2 ea	6002097		
	23G	2 ea	6002096		
	25G	3 ea	6002098		
Tourniquet Disposable	1"	3 ea	6000636		
Pad Alcohol Prep		6 ea	1189		
Set Continu-Flo	10 drop	2 ea	7029309		
Set IV Admin Pedi Nonvent	60 drop	1 ea	7030406		
Set IV Secondary		1 ea	1944		
Syringe	3cc	1 ea	7048705		
Syringe	6cc	1 ea	1415		
Syringe	12cc	1 ea	1416		
Syringe	20cc	2 ea	7049505		
Syringe	35cc	2 ea	1408		
Syringe	60cc	1 ea	7036787		
Needles	18Gx1.5	3 ea	7036601		
Needles	20Gx1.5	3 ea	7036700		
Needles	22Gx1.5	3 ea	7036809		
Set Ext Minibore w/Maxplus	7"	3 ea	1322		
Needle Blunt Fill		4 ea	1417		
Chloraprep		6 ea	1181		
Board Arm		1 ea	1384		
Kelly Disposable		1 ea	1172		
Scissor Blunt		1 ea	1173		
Tape Paper	1"x10yd	1 rl	7052202		
Tape Cloth	1"	1 rl	1195		
Dressing IV Venigard	4	6 ea	1379		

ADULT CRASH CART CONTENT CHECK LIST

Electrode Stat-Padz		1 ea	7074744		
Paper Chart Zoll		1 pk	1622		
ECG Electrode		3 packs	3077		
IV starter kit		3 ea	1315		
10cc NS prefilled syringes	10cc	10 ea	1334		
Triple Lumen catheter		1 ea	1240		
Driver EZ-IO G3 power		1 ea	4302		
NDL set EZ-IO	25mm	2 ea	1046263		
NDL set EZ-IO	45mm	2 ea	1046332		
NDL Stabilizer EZ-IO		2 ea	1046562		
Pressure Infuser bag	500cc	1 ea			

DRAWER 4: BOTTOM DRAWER

ITEM	SIZE	QUANTITY	ITEM NUMBER	INVENTORY	EXPIRATION DATE
Sphygmomanometer	Reg	1 ea	1573		
Stethoscope		1 ea	1572		
Pack IV Emergency		1 pk	1620		
Container Sharp		1 ea	7089778		
Liner Suction 1000cc w/ filter		1 ea	4017		
Basin Wash (rectangle)		1 ea	7003692		
IV Solution NACL Irrigation	1000cc	1 ea	8100109		
Paddle Defibrillator		2 ea			
Tray Autonomic Dysreflexia		1 ea	1473		
Autonomic Dysreflexia Pkg					
Syringe	10cc	1 ea			
Syringe	3cc	2 ea			
Tray Catheter		1 ea			
Catheter Red Rubber	16fr	1 ea			
Catheter Coude Tip	16fr	1 ea			
Tray Foley		1 ea			
Clamp Catheter		1 ea			

APPENDIX 4-B:**CRASH CART MEDICATIONS**

Item	Quantity
Adenosine 6mg (3 mg/ml 2 ml syringe)	1
Adenosine [^] 12mg (3 mg/ml 4 ml syringe)	2
Amiodarone 150 mg (50 mg/ml 3ml syringe or vial)	3
Aspirin Chewable 81mg	4
Atropine 1 mg (1 mg/10 ml syringe)	3
Calcium Cl 10% 1gm (1 gm/10 ml syringe)	2
Dextrose 50% 25gm (25 gm/ 50 ml syringe)	1
Diltiazem 25mg* (5 mg/ ml 5 ml vial)	2
Diphenhydramine 50mg (50 mg/ ml vial)	1
Epinephrine Inj. 1:10,000 (1 mg/ 10 ml syringe)	4
Furosemide 40mg (10 mg/ml 4 ml vial)	5
Lidocaine 2% 100mg (100 mg/5 ml syringe)	4
Lidocaine 2% 100mg/5ml vial (IO USE ONLY)	1
Lorazepam 2mg** (2 mg/ml 1 ml vial)	5
Magnesium Sulfate 1gm (1gm/ 2 ml vial)	2
Methylprednisolone 125mg (125 mg/2ml vial)	1
Naloxone 0.4mg (0.4 mg/ml 1 ml vial/ampule)	5
Nitroglycerin SL tablets 0.4mg (25 tablets/vial)	1
Sodium Bicarbonate 50mEq (50 meq/ 50 ml syringe)	1
Vasopressin 20 units (20 units/ ml 1 ml vial)	2
Verapamil 5mg (2.5 mg/ml 2 ml vial)	2
Medication For Autonomic Dysreflexia	Quantity
Clonidine Tablet 0.1mg	4
Lidocaine Jelly 2% 100mg/5ml	4
Nitroglycerin Ointment 2% 1g foil pack	3

* In S2, N2, and PM Acute Refrigerators

** In Refrigerators on Every Unit

Supplies	Quantity
Blunt Needles	10
Syringes without needles 3cc, 6cc, & 12cc	3
Medication Added Labels	5
Alcohol Pads	12
Tourniquet	1
Sharpie Pen	1

Filled by: _____

Checked by: _____

APPENDIX 5:

Laguna Honda Hospital
 375 Laguna Honda Blvd
 San Francisco, CA 94116

CODE BLUE RECORD

Date: _____

Initial signs of arrest:

Apnea

Cyanosis

Pulseless

Hypotension

CPR initiated by: _____

Ventilation: ambu bag

EI Tube: Size: _____

Intubated by: _____

Time: _____

Pt last seen responsive by: _____

Pt found by: _____

MD Arrival-Name: _____

MD Arrival-Name: _____

Addressograph

Time: _____

Time: _____

Time: _____

Code Status: DNR DNI

Time	Rhythm	Pulse	B/P	O2 Sat	Defibrillate	Epinephrine 1 mg IVP	Atropine 1 mg IVP	Amiodarone 300mg or 150 mg mg IVP	Lidocaine mg IVP	Other
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					
					120/150/200 J					

IV Fluid Summary		
Time	Site	Solution

Time Code Stopped: _____
 Disposition: Survived Expired
 Transferred to: _____ Hospital _____ Time: _____
 Family notified: Y N Name of family contact: _____

Physician: _____ Recorder: _____
 Signature/Title
 ORIGINAL - MEDICAL RECORDS
 Fax copy to: Medical Director Pharmacy
 Place copy in Nursing Office-Code Blue Supervisor

MRS-17 (3/1986)
 Rev. 6/2003, 2/2009



CODE BLUE DRILL RECORD
 North/South Neighborhood: _____

Start Time		End Time		Date:	
Shift		Code Blue Drill Neighborhood:		Evaluator:	

- Instructions:**
- 1) All neighborhood staff must actively participate.
 - 2) List names of ward staff who participated
 - 3) FAX completed form to Nursing Education: at 759-4655

YES	NO	DESCRIBE CORRECTIVE ACTION FOR ANY "NO" RESPONSE ON LINE PROVIDED
		1. Check for unresponsiveness (tap and talk: "Are you O.K.?")
		2. If no response and if resident is in bed, pull outward one of the CPR release handles (head of the bed) until the bed is completely lowered to a flat position then release the handle.
		3. Open the airway (head tilt, chin lift)
		4. Look for breathing, check pulse (carotid 5-10 sec).
		5. Abnormal/no breathing and/or no pulse, activate the code blue/nurse call if you are in the resident's room and call 42999
		a. State "Code Blue Drill Pavillion/North/South/ Neighborhood _____."
		b. Simulates calling 9-9-1-1 and communicates to 9-1-1 operator per script
		c. P.A. announcement audible within 15 seconds (Time:_____)
		6. If you are in great room , living room, dining room, call 42999 using your spectralink phone
		7. Staff brings chart (√ code status) and equipment to the emergency site, e.g. crash cart, emergency drug box, glucometer (DOES NOT DELAY Compressions-Airway-Breathing) while awaiting Code Status).
		8. Remove headboard and insert backboard from the crash cart under the resident
		9. Obtain ambu bag, insert oral airway, and give 2 breaths.
		11. Begin CPR (2 persons - 30:2 ratio).
		12. Assisting staff bring other emergency equipment quickly.
		a. Oxygen - turn on and connect to ambu bag
		b. Emergency I.V. bag and pole
		c. Emergency drug box
		13. Start I.V. and locate EZ-IO supplies (needle kit, pressure bag)
		14. Provide adequate space by moving adjacent beds away
		15. Close curtains of nearby residents.
		a. Stay with any residents who need help.
		b. Take family member to lounge and give assistance
		16. Assign C.N.A./PCA by the elevator to direct code blue members to the site
		17. Assign a C.N.A./PCA to meet EMS at the Pavilion lobby
		18. LN stay with the victim until transported out by EMS
		19. Recording RN accurately completes Code Blue Record
		20. Staff performs drill per the nursing and responsibilities (Appendix 3 of Code Blue P&P)



CODE BLUE DRILL RECORD

Participants (PRINT) Name and Classification

Name (Print First/Last)	Class	Name (Print First/Last)	Class
1. _____		6. _____	
2. _____		7. _____	
3. _____		8. _____	
4. _____		9. _____	
5. _____		10. _____	

IDENTIFIED AREAS for FOLLOW-UP EDUCATION/TRAINING/PRACTICE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Reviewed by (Department of Education/CNS):

Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date



POST CODE BLUE CHECKLIST -

Medical Quality Assurance & Nursing Performance Improvement

ADDRESSOGRAPH

Criteria	Yes	No	Comments
Was the Code Blue announcement on PA system audible?			
Appropriate pagers received Code Blue Call?			
<ul style="list-style-type: none"> Physicians (acute/SNF) 			
<ul style="list-style-type: none"> Nursing (supervisor, neighborhood code blue pager) 			
<ul style="list-style-type: none"> Respiratory 			
Response time adequate (<5 minutes)?			
<ul style="list-style-type: none"> Physician arrival 			
<ul style="list-style-type: none"> Crash cart arrival 			
<ul style="list-style-type: none"> Other personnel or equipment arrival 			
Was the CPR instituted in a timely manner? By whom?			
<ul style="list-style-type: none"> Neighborhood Staff 			
<ul style="list-style-type: none"> Code Team Member 			
<ul style="list-style-type: none"> If not, why? 			
Was the airway/respiratory support instituted in a timely manner?			
<ul style="list-style-type: none"> Comments: 			
Was the equipment accessible, set up, and functioning in a timely manner? If no, explain:			
<ul style="list-style-type: none"> Board under the patient 			
<ul style="list-style-type: none"> Cart plugged in? 			
<ul style="list-style-type: none"> O2 started? 			
<ul style="list-style-type: none"> EKG/Defib. machine ready? 			
<ul style="list-style-type: none"> Suction machine ready? 			
<ul style="list-style-type: none"> O2 connected to ambu bag? 			
Was there equipment or medication needed that is not present on the code carts? Explain:			
Was the emergency drug box brought to the Code?			
Did one physician clearly assume responsibility for the code? If no, how did this impact on the Code efficiency?			
Did the patient have a DNR order? If yes, why was the Code called?			
Did the Code Team operate efficiently?			
Any suggestions for improving the Code Blue process? (Please respond on the back of this page if necessary.)			
<ul style="list-style-type: none"> Effective CPR 			
<ul style="list-style-type: none"> Meds/I.V. 			
<ul style="list-style-type: none"> VS/Zoll Defibrillator 			
<ul style="list-style-type: none"> Suction/Respiratory 			
<ul style="list-style-type: none"> Nursing supervisor directs nursing personnel appropriately 			
<ul style="list-style-type: none"> Clear communication 			
Code Blue Record (part of the medical chart) is complete and accurate? If no, why not?			
Code Blue performance and checklist reviewed with team. If no, why not?			

MD signature

R.N. Supervisor Signature

This is NOT part of medical chart. Information is a confidential part of the medical quality assurance process.

Original: Nursing Education

Copies: Susan Sabai, MD, Emily Kinebuchi, MD, Code Blue Chair, Kathleen MacKerrow, RN, CNS

Print names of participants in the back.

APPENDIX 8:

MEDICATION DOSING: IV = IO

<p>¹Adenosine 6 mg/2ml syringe x 1 syringe; 12 mg/4ml syringe x 2 syringes</p> <ul style="list-style-type: none"> Initial Adenosine dose 6mg (undiluted) IV push over 1-2 seconds May repeat 12mg x 2 if needed
<p>¹Amiodarone 150mg/3 ml syringe x 3 syringes OR 3 vials</p> <ul style="list-style-type: none"> Amiodarone 300 mg IV push over 2-3 minutes, flush with 20ml of NS May give an additional 150mg dose IV push in 3-5 minutes
<p>²Atropine 1mg/10ml syringe x 3 syringes</p> <ul style="list-style-type: none"> Atropine is given 0.5-1 mg (undiluted) IV push over 1-2 minutes Dose may be repeated at 3-5 minute intervals until desired rate
<p>²10% Calcium Cl 1000mg/10ml syringe x 2 syringes</p> <ul style="list-style-type: none"> Calcium chloride 2-4mg/kg (undiluted) IV slow push (<1ml/min) May repeat in 10 minutes if necessary
<p>²50% Dextrose 25g/50ml syringe x 1 syringe</p> <ul style="list-style-type: none"> Dextrose injection (undiluted) of 20-50ml IV slowly (eg 3ml/minute)
<p>¹Diltiazem 25mg/5ml vial x 2 vials AVAILABLE in N2, S2, and Acute Medicine</p> <p>REFRIGERATORS</p> <ul style="list-style-type: none"> Diltiazem 0.25mg/kg (undiluted) IV push over 2 minutes (usual dose 20mg) If necessary, a second dose at 0.35mg/kg can be administered (usual dose 25mg) 15 minutes after the initial dose
<p>Diphenhydramine 50mg/1ml vial x 1 vial</p> <ul style="list-style-type: none"> Diphenhydramine 25-50mg (undiluted) IV push not to exceed 25mg/min
<p>¹Epinephrine (1:10,000) 1mg/10ml syringe x 4 syringes</p> <ul style="list-style-type: none"> Epinephrine 1mg (undiluted) IV push over 1 minute May repeat IV dose every 3-5 minutes as needed
<p>³Furosemide 40mg/4ml vial x 5 vials</p> <ul style="list-style-type: none"> Furosemide 0.5-1mg/kg (undiluted) IV push over 1-2 minutes (maximum rate 20 mg/min) If no response, increase dose to 2mg/kg slowly over 1-2 minutes
<p>²Lidocaine 2% 100mg/5ml syringe x 4 syringes FOR LOADING DOSE</p> <ul style="list-style-type: none"> Lidocaine 1-1.5mg/kg (undiluted) IV push over 2-3 minutes May give 0.5-0.75mg/kg every 5-10 minutes as needed up to maximum total loading dose of 3mg/kg
<p>²Lidocaine 2% 100mg/5ml VIAL x 1 FOR IO USE ONLY</p> <ul style="list-style-type: none"> Infuse 1-2 ml slowly over 30-45 seconds to prevent discomfort in alert patients Allow at least 30 seconds after infusing Lidocaine before administering the normal saline flush

MEDICATION DOSING: IV = IO

<p>¹Lorazepam 2mg/ml vial x 2 vials (2 vials available in each unit's REFRIGERATORS, and extra vials are available in N2, S2, and Acute Medicine REFRIGERATORS)</p> <ul style="list-style-type: none"> • Lorazepam 4mg IV diluted in 4 ml of NS or D5W given over 2-5 minutes. Do not exceed 2mg/minute
<p>^{2,4}Magnesium Sulfate 1g/2ml vial x 2 vials</p> <ul style="list-style-type: none"> • Cardiac Arrest: 1-2g diluted in 10ml of D5W over 5-20 minutes • Torsades de Pointes with a Pulse: 1-2g IV diluted in 50-100ml of D5W, given over 5-60 minutes, not to exceed 150 mg/minute
<p>Methylprednisolone 125 mg/2ml vial x 1 vial</p> <ul style="list-style-type: none"> • Methylprednisolone 125mg (undiluted) IV push slowly over 3-15 minutes
<p>²Naloxone 0.4mg/1ml vial x 5 vials</p> <ul style="list-style-type: none"> • Naloxone 0.4-2mg (undiluted) IV every 2-3 minutes till response • Naloxone duration of action limited to 20-60 minutes, repeat doses may be necessary • After 10mg of Naloxone has been given with no response, stop Naloxone
<p>²8.4% Sodium Bicarbonate 50meq/50ml syringe x 1 syringe</p> <ul style="list-style-type: none"> • Sodium Bicarbonate 1meq/kg (undiluted) IV push, rate not to exceed 10meq/minute
<p>¹Vasopressin 20 units/1ml vial x 2 vials</p> <ul style="list-style-type: none"> • Vasopressin 40 units diluted to 10 ml D5W or NS IV push one time only. • May replace the first or second dose of epinephrine
<p>²Verapamil 5mg/2ml vial x 2 vials</p> <ul style="list-style-type: none"> • Verapamil 5-10mg (undiluted) IV push over 2 minutes • Dose may be repeated after 15-30 minutes

References:

1. Drug Information Handbook 2001-2002.
2. AHFS 2002.
3. 2008 Handbook of Emergency Cardiac Care for Healthcare Providers
4. VASF Code Blue Manual 6/2009
5. American Heart Association – ACLS Cardiac Arrest Treatment Algorithm 2011
6. SFGH EZ-IO Administration Policy and Procedure 7/2013

Revised 3/16/11, 4/15/11, 8/2/11, 10/31/11, 3/2/2012, 7/27/12, 9/23/13, 9/18/14

REVIEW OF SENTINEL AND SIGNIFICANT EVENTS

POLICY:

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) employees will report and investigate all sentinel and significant events.

PURPOSE:

1. To facilitate the investigation of sentinel and significant events, including performance of a root cause analysis, to ensure that appropriate corrective actions are taken to minimize recurrences and protect residents.
2. To have a positive impact in improving patient/resident care; treatment and services; and minimize the risk of future adverse events.
3. To focus the attention of the organization that has experienced a sentinel or significant event on understanding the factors that contributed to the event (such as underlying causes, latent conditions and active failures/gaps in processes, or organizational culture).
4. To increase general knowledge about sentinel/significant events, their contributing factors and strategies for prevention.

DEFINITIONS:

1. Division ~~heads~~Heads: Individuals responsible for the following divisions within the hospital include: Nursing Services, Medical Services, Operations, Finance, Information Services, and Human Resources.
2. Joint Conference Committee: A subcommittee appointed by the Health Commission, which serves as the Governing Body, to oversee administration of Laguna Honda Hospital and Rehabilitation Center.
3. Medical Peer Review/Credentials Committee: A committee of the Medical Staff that comprises certain physician members of the Medical Executive Committee.
4. Performance Improvement and Patient Safety Committee (PIPSC): A committee of the Medical Staff, with interdisciplinary membership representing medicine, nursing, administration, pharmacy, nutrition services, health information services, activity therapy, social services, Deputy City Attorney and the quality improvement coordinator.
5. Root Cause Analysis: A systematic process used to identify the causal factors that contributed to the event or unusual occurrence.

6. Sentinel Event: An unexpected occurrence involving accidental death, suicide, disabling or life threatening consequence of medical treatment, injury or accident, or a serious, undesirable and unexpected occurrence that involves the loss of life, limb or function or threatens the life of one or more residents, visitors or staff.
7. Significant Event: An unusual occurrence with potential adverse consequence that is not related to the natural course of the resident's illness or underlying conditions. The potential consequence of the event is of such a serious nature that it warrants an investigation and review to determine whether a corrective action plan is required, or indicates the need for a change or improvement in a system or process of providing health care services.

PROCEDURE:

1. Sentinel/Significant Event Notification

- a. During regular business hours, Laguna Honda employees will report sentinel or significant events to their ~~division~~ Division heads~~Heads~~. The ~~division~~ Division head~~Head~~ will immediately notify the Administrator on Duty (AOD), the Executive Administrator, the ~~Director of~~ Chief Nursing Officer, the ~~Chief~~ Medical Director~~Officer~~, the Director of Quality Management, the Deputy City Attorney (DCA) and the ~~Quality Improvement Manager~~ Risk Management Nurse (QIMRMN) or designee.
- b. After regular business hours, Laguna Honda employees will report sentinel events to their ~~division~~ Division heads~~Heads~~, if available, or if not available, to the AOD. If the employee notifies the ~~division~~ Division head~~Head~~, the ~~division~~ Division head~~Head~~ will notify the AOD who will immediately notify the individuals listed above. If the AOD is notified directly by the employee, the AOD will notify the individuals listed above, as well as the division head.

The ~~Chief~~ Medical Director~~Officer~~ or designee will determine whether the event will be treated as sentinel or significant based on the information provided by the preliminary investigation.

- c. The RMN or designee will evaluate the incident and, if applicable, timely report the event to the California Department of Public Health (CDPH) as per regulation.

2. Sentinel Event Process

- a. The ~~division~~ Division head~~Head~~(s) or designee(s) will complete the initial sentinel event investigation in consultation with the Deputy City Attorney. The ~~QIM-RMN~~ or designee, under the auspices of the ~~PIG~~ PIGPS Committee, will appoint an investigation team to gather facts and to perform a root cause analysis. The investigation team will include the Deputy City Attorney and the Director of

Quality Management in addition to appropriate clinical and administrative staff, as necessary. The initial meeting will convene no later than three (3) business days after the sentinel event. The team will investigate the sentinel event to identify the facts, systems issues and processes that affect the care, services or safety of residents, visitors or staff, to decide preventability and to propose corrective action. Within 10 days of the initial meeting, the QIM-RMN or designee will provide documentation of the investigation and plan of correction to the Executive Administrator, through the Chair of the PICPIPS Committee.

- b. The investigation team, in consultation with the QIM-RMN or designee, will develop the plan of correction, identify individual(s) responsible for corrective action, and will submit its findings and recommendations to the PICPIPS Committee. The QIM-RMN or designee will distribute the plan to the division or department head of the person assigned to carry out the activities and processes toward resolution. The QIM-RMN or designee may inform or consult with other Laguna Honda administrative, executive or medical committees. The QIM-RMN or designee will monitor the implementation of the plan of correction at least weekly until completed and will report findings to PIC-PIPS Committee until resolved. The investigation team may meet more frequently, as necessary, to assure that the plan of correction is implemented and resolves the issues. If the PIC-PIPS Committee determines of the plan of correction does not obtain the desired outcomes within specified time frames, the QIM-RMN or designee will report the matter to the Executive Administrator.
- c. The QIM-RMN or designee will report to the Director of Quality Management any changes in the status of the affected party. Throughout this process and within the appropriate time frame, the Director of Quality Management will ensure that Laguna Honda reports the event to external and/or regulatory agencies.

3. Significant Event Process

- a. Upon determination of a significant event, the QIM-RMN or designee will coordinate a case review and the performance of a root cause analysis within 10 working days, under the auspices of the PICPIPS Committee. Within 10 days of the initial meeting, the QIM-RMN or designee will provide documentation of the investigation and plan of correction to the Executive Administrator and DCA, through the Chair of the PICPIPS Committee. For significant events, the sentinel event process (see 2 a, b, c) will be followed.

4. Reporting

- a. The QIM-RMN or designee will present the results of all investigations, interviews and plans of correction to the Chair of the PICPIPS Committee. The Chair of the PIC-PIPS Committee will report findings to the Medical and Hospital Executive Committees and the Joint Conference Committee. These reports will identify systems problems and opportunities for improvement. If the findings identify an

individual responsible for the sentinel or significant event, the PIG-PIPS Committee will refer these findings to the appropriate department or to the Medical Peer Review / Credentials Committee for further investigation and appropriate corrective action.

5. Record Maintenance

- a. The QIM-RMN or designee will maintain a confidential file for all documented discussions, meetings and investigations regarding the event in a central repository along with the approved Plan of Correction and outcome data.

REFERENCES:

None
LHPP File: 60-03 Incidents Reportable to the State of California
Joint Commission Standards on Sentinel Events (CAMLTC Update 1, March 2012)

Most recent review: 10/08/24~~15/01/13~~ (Year/Month/Day)

Revised: 00/03/15; 02/03/14, 07/12/17, 08/01/08, ~~15/01/13~~ (Year/Month/Day)

Original adoption: 97/11/10

ENTERAL TUBE FEEDING MANAGEMENT —~~check with Elaine~~

POLICY:

- ~~1. Enteral nutrition is~~ ~~shall only be~~ utilized as a last resort when the ~~resident's condition is such that the~~ resident is unable to consume sufficient oral nutrition and according to the resident's goals of care.
- ~~2. For acute management of nutritional support, enteral nutrition may be a short-term intervention.~~
- All enteral tubes (Nasogastric, Gastrostomy, & Jejunostomy) will be managed in a standardized manner by physicians and nurses to promote patient safety and to reduce the risk of adverse ~~events~~ ~~effects~~.
- The Licensed Nurse/Team Leader ~~should check~~ the feeding pump at the beginning of the shift to verify that ~~the~~ pump programmed is correctly ~~per physician's order~~.
- ~~The License Nurse/Team Leader must verify that the programmed rate is the same as the prescribed feeding rate.~~
- A dislodged or clogged G-tube, with an insertion tract ≥ 6 weeks old, may be replaced with a facility-approved balloon type G-tube by a LHH Registered Nurse (RN) ~~(G1)~~ ~~(G1)~~, who has demonstrated knowledge and skill, unless the physician orders otherwise.
- If an insertion tract is less than 6 weeks old, a dislodged G-tube cannot be reinserted by a LHH RN. No attempts should be made to replace these newly placed tubes (Refer to LHH Hospitalwide P&P File # 26-03).
- Any tube replacement should have position confirmed by gastrografin prior to use.
-

PURPOSE:

To provide guidance for safe administration of enteral feeding and to ~~minimize~~ ~~prevent~~ complications associated with enteral nutrition.

DEFINITIONS:

- Nasogastric Tube (NGT)** refers to a tube that provides access to the stomach through the nose. ~~NGT used for feeding will be changed every 4 weeks, alternating nostrils if possible.~~ Nasointestinal tubes (weighted tubes) are not inserted by LHH nurses.
- Gastrostomy Tube (G-tube)** refers to a tube that is ~~initially~~ placed ~~by both by surgeons, or~~ interventional radiologists (IR), ~~or gastroenterologists~~ through the skin of the abdomen and secured in the stomach and includes balloon-type G tubes, pigtails, mushroom tubes, and MIC tubes. ~~If a G-tube is dislodged from an insertion tract that is at or greater than 6 weeks old, the~~ ~~A dislodged or clogged G-tube, with an insertion tract ≥ 6 weeks old, may be replaced~~ with a facility-approved balloon type G-tube by a LHH Registered Nurse (RN) ~~(G2)~~ ~~(G2)~~, who has demonstrated knowledge and/or skill, unless the physician orders otherwise followed by a radiology confirmation of placement with gastrografin prior to use. ~~The licensed~~

~~nurse (LN) will notify the physician after G-tube replacement to request for radiologic verification of correct placement with gastrografin prior to reusing the tube. However, if an insertion tract is less than 6 weeks old, a dislodged G-tube cannot be reinserted by a LHH RN at Laguna Honda by the nurse. No attempts should be made to replace these newly placed tubes. The Laguna Honda (LHH) physician will check the radiology reading prior to use of the reinserted tube. (Refer to Hospitalwide P&P File 26-03).~~

~~Gastrostomy tubes are changed by a registered nurse, who has demonstrated knowledge or skill, when they clog or become dislodged unless the physician orders otherwise. The licensed nurse will notify the physician after G-tube replacement to request for physician verification of correct placement using X-ray with gastrografin prior to reusing the tube.~~

- 3. Jejunostomy Tube (J-tube)** is a specialized feeding tube inserted into the jejunum by surgeons, ~~or interventional radiologists (IR), or gastroenterologists.~~ **A J-tube is not to be replaced at Laguna Honda although a foley or gastrostomy tube may be placed in the stoma to keep tract open until the resident is seen by surgery or IR.**

PROCEDURES:

A. Equipment

Gather all equipments needed from the neighborhood supply room.

1. NGT Insertion

Appropriate sized NGT depending on indication, (i.e., feeding vs decompression)
Catheter plug
Clean gloves
Towel and mouth wipes
Emesis basin
Water-soluble lubricant
Tongue depressor
Micropore tape 1/2" width; about 3" or 4" length

2. G-tube Replacement

Appropriate Gastrostomy tube size
Clean gloves
15 – 20 ml syringe(s) for balloon inflation and deflation, if needed
Sterile water
4 x 4 gauze (2 packages)
Normal saline
Water-based Lubricant
4 x 4 drainage sponge for dressing G-tube site
Thin hydrocolloid (e.g., Duoderm) if skin is excoriated
Small waste disposable bag

3. For administration of meds, flushing tube, and checking residual

60 ml feeding syringes

Luke warm water

B. Reinsertion of Dislodged or Replacement of Enteral Tubes

1. Insertion of NGT

A dislodged NGT shall be replaced by the licensed nurse unless the physician orders otherwise. Radiologic verification of tube placement shall be obtained each time a NGT is placed or replaced.

Procedure for Insertion of NGT:

- a. Educate resident about the procedures (insertion or removal) in advance and ensure resident's privacy throughout procedures.
- b. Follow standard (infection control) precautions.
 - Refer to [EBSCO | A3 | attached link | nursing textbook | GYC4 | ff](#) for detailed information regarding insertion, including estimating tube length required to intubate stomach; lubricating tube; positioning resident during and after procedure; verifying placement; and securing tube.
 - ~~Have the resident sit upright, or in semi-Fowler's if in a bed with a pillow behind the head.~~
 - ~~Determine the length of the tube by measuring the distance from the tip of the nose to earlobe to the xiphoid process.~~
 - ~~Lubricate the NGT tip with a water soluble lubricant.~~
 - ~~Gently insert the tube through a nostril to the back of the throat.~~
 - ~~Have the resident flex the head toward the chest after the tube passes through the nasopharynx.~~
 - ~~Advance the tube a little at a time, or each time the resident swallows, until the desire length is reached. Check for tube coiling at the back of the throat.~~
 - ~~Anchor the tube to the nose with a small piece of tape.~~
 - ~~Verify placement by gastric aspirates and auscultation.~~
 - ~~Fasten the end of the NGT to the resident's clothing to prevent accidental dislodgment.~~
- c. Obtain radiographic confirmation of placement prior to usage.
- d. ~~Verify NGT placement before initiating feeding, connecting to suction, or administering medications by aspiration of gastric content AND length of the tube auscultation | GYC5: (See Procedures C-3 Positioning)~~
 - i. ~~Aspirate gastric content.~~
 - ii. ~~Inspect color (gastric fluid may be clear and colorless, grass green, pale yellow, tan, or brown | GYC6 | or red in color).~~
 - iii. ~~After aspiration of gastric content, auscultate to confirm NGT position.~~
- d. ~~Verify~~ Obtain radiologic confirmation of placement after each NGT insertion, including initial and monthly changes, with X-Ray for confirmation.
- e. ~~If an x-ray can not be acquired, MD verification of proper NGT placement is required. | GYC7~~
- f. For gastric suction, connect NG tube to intermittent gastric suction machine turned on low suction unless physician orders otherwise.
- g. Provide regular oral care including inspection of the back of the mouth to check for coiling of tube.
- h. Removal of NGT procedure is outlined in [EBSCO | A8 | attached the link | nursing textbook | GYC9](#).

2. Replacement of G-Tube

- a. All ~~reinserted~~ gastrostomy tubes reinserted at LHH will have placement confirmed by gastrografen prior to use either ~~at~~ in LHH or San Francisco General Hospital (SFGH). If the

- gastrostomy tube is replaced at LHH but no radiology technician is available at LHH (holiday or uncovered weekend day), the patient ~~may~~ may ~~GYC10~~ will be transferred to SFGH Emergency Department (ED) for gastrografin study.
- b. The LHH physician will check the radiology reading prior to use of a reinserted tube. If there is a question about tube placement, the tube will be reinserted in the ED. There will be direct verbal communication from the radiologist at SFGH to the physician at LHH confirming placement prior to use of the tube and/or if any questions arise about tube placement.
 - c. If the gastrostomy tube is unable to be reinserted at Laguna Honda:
 - i. During weekdays, call SFGH IR to arrange placement as soon as possible.
 - ii. On weekends/holidays, transfer the patient to the ED at SFGH for tube reinsertion. There will be direct ~~verbal~~ communication between the radiologist at SFGH and the LHH physician confirming placement prior to use of the tube.
 - iii. If there is a physician order and the resident can tolerate ~~nasegastric tube (NGT)~~ placement, an NGT can be placed temporarily until an IR appointment is available. (See Procedure, section B - 1).
 - iv. When there is a delay in resuming enteral nutrition and medications and/or an NGT cannot be placed, ~~an~~ intravenous fluids and medications ~~line~~ may be required.
 - d. Keep a replacement gastrostomy tube of the same size as resident's existing tube available in the neighborhood for emergency replacement. Gastrostomy tubes are available from Central Supply.
 - e. Replacing a G-tube (insertion tract \geq six weeks old) due to accidental expulsion or clogging: The nurse will immediately insert a balloon-type gastrostomy tube of the same size to prevent closure of the stoma and then inform the physician. If the nurse or physician is not able to insert the gastrostomy tube, a Foley urinary catheter may be inserted to keep the stoma open, unless the physician decides to exercise other options. If a Foley was inserted, it is to be replaced by a regular gastrostomy tube by either Gastroenterology Clinic, or a general surgical clinic, or another staff physician at the earliest opportunity. [GYC11]

Preparations and Procedure for Replacement of the Gastrostomy Tube

- a. ~~Refer to [EBSCO] [A12] [add link] Gather supplies needed for G-tube replacement.~~
- a. ~~Explain procedure to resident and position resident in supine position if tolerated.~~
- a. ~~Wash hands. Apply clean gloves.~~
- a. ~~Pre-fill 15-20 ml syringe with sterile water.~~
- a. ~~Pre-soaked the 4 x 4 gauze with normal saline for cleaning the G-tube site/stoma.~~
- a. ~~Open the gastrostomy package with appropriate G-tube size.~~
- a. ~~Slide the external bumper of the new G-tube up towards the medication/feeding ports to help insertion.~~
- a. ~~Close the distal port (s) of the G-tube.~~
- a. ~~Lubricate the tip and along the length of the G-tube with water soluble lubricant and set aside.~~

Procedure of Replacing a Gastrostomy tube

- a. ~~If there is an existing tube that has a water-filled balloon in place:~~
 - xvi. ~~Insert a syringe into balloon port of existing tube and deflate/remove the fluid from balloon.~~
 - xvii. ~~With an upward motion, gently remove existing tube.~~

- ~~a. Assess the tube to estimate the length of the insertion tract, then discard.~~
- ~~a.~~
- ~~b. If an existing tube has an internal bumper, do not remove the existing tube, inform the physician to request for removal alternative (e.g., removal at Gastroenterology Clinic).~~
- ~~b.~~
- ~~c. Cleanse around insertion site with the pre-soaked 4 x 4 gauze in a circular motion from stoma to surrounding skin.~~
- ~~d. Dry insertion site and surrounding area site with clean 4 x 4 gauze.~~
- ~~e. Insert the new gastrostomy tube through the stoma into the stomach until the balloon is completely into the stomach (e.g., 4-5 cm of the G-tube or a length at least equal to the estimated length of the insertion tract has been inserted). The tube should rotate freely once the balloon has entered the stomach). **Never force tube against resistance. If resistance is met, discontinue insertion and notify physician immediately.**~~
- ~~c.~~
- ~~d. Using the syringe pre-filled with sterile water, inflate balloon with proper volume as per manufacturer's instructions. Never use air or other fluids to fill the balloon. Never overfill or underfill balloon. If the resident experiences pain with inflation, deflate balloon immediately, withdraw tube, and notify~~
- ~~f. physician immediately.~~
- ~~g. Gently withdraw G tube until tension is felt as the balloon rests against stomach wall.~~
- ~~h. While holding the G tube securely with one hand, use the other hand to slide the external bumper down the shaft of the tube towards the stoma. Allow for slight in-and-out play of tube by sliding the external bumper back approximately 0.5 - 1 cm from the stoma. **If the gastrostomy does not have an external bumper, tape tubing securely** so that the balloon is against the internal abdominal wall.~~
- ~~e.~~
- ~~i. Open the distal port of the Y port connector and check patency of tube by auscultating and aspirating for gastric contents and then close the gastrostomy tube port(s).~~
- ~~j. Clean area surrounding stoma to remove excess lubricant.~~
- ~~k. Mark and measure the tube at skin level with tape or a permanent marker. Record the Measure the tube length from insertion site at the stoma to the distal end of tube port(s) and record in the care plan and interdisciplinary progress notes.~~
- ~~f.~~
- ~~l. Apply and tape a 4x4 drainage sponge over the external bumper as neededdesired (e.g., drainage present).~~
- ~~g.~~
- ~~h. If skin is irritated, a hydrocolloid dressing may be applied directly to the skin, underneath the external bumper to protect the skin.~~
- ~~i. Notify physician of replacement and request verification with radiography and gastrografin prior to using the tube for nutrition and/or medication administration.~~
- ~~m.j. Complete an Unusual Occurrence (UO) report if the tube replacement was not scheduled (Refer to Hospitalwide P&P File 26-03 Enteral Tube Nutrition).~~
- ~~n. Dispose used equipment. Remove gloves and wash hands.~~
- ~~Notify physician of replacement and request verification with radiography and gastrografin prior to using the tube for nutrition and/or medication administration.~~
- ~~o. Complete an Unusual Occurrence (UO) report if the tube replacement was not scheduled (Refer to Hospitalwide P&P File 26-03 Enteral Tube Nutrition)~~

C. Administration of Formula Feeding (1-6), Maintaining Tube Patency (7), Intermittent Gastric Suction (8)

1. Types of Enteral Nutritional Support

Closed System is used for enteral nutritional support when products are available in pre-filled closed containers. Closed systems ~~are is preferred to be used~~ whenever possible to reduce opportunity for contamination. Closed enteral containers must be labeled with the resident ~~initials~~ name, bed number, rate, date and time container is hung. The labeled date and time on the container also applies to the tubing ~~since both are one closed system~~. Closed enteral containers will ~~only~~ be spiked ~~only~~ once with ~~a new, sterile~~ tubing set. Tubing sets are never to be re-used and will be discarded along with the used container. Closed enteral containers and attached tubing are discarded when the container is empty, OR within 48 hours ~~[A13]~~ after closed enteral container is hung. [GYC14]

Open System is used for enteral nutritional support when products are not available in pre-filled closed containers. Open systems require nutritional products to be transferred from a can or bottle to a feeding bag. Open enteral nutritional bags come with attached tubing. Open enteral bags must be labeled with the resident's name, bed number, formula, rate, date and time the bag is hung. The date and time on the bag also applies to the tubing ~~as both are one system~~. Open enteral bags used for formula must be discarded after each use. Open enteral bags used solely for water must be discarded within ~~24-48~~ hours after they are initially hung.

Refer to Appendix 1[A15] for Preparation for Enteral Nutritional Support – Closed and Open System.

2. All enteral tube feeding orders for NGT, G-Tube, and J-Tube will include:

- a. Name of the formula; amount of formula to be given, duration, and frequency if intermittent via pump; rate and duration of feeding if continuous via pump; amount of formula to be given and frequency if bolus by gravity.
- b. Amount and frequency of free water administration through the enteral tube.
- c. Gastric residual parameters as ordered by MD.
- d. Type and size of enteral tube
- e. G-tube or J-tube site care, NGT care
- f. Request physician order all medications be in liquid form to be administered via enteral tube (MD may adjust this order as needed). [GYC16]

3. Positioning

Prior to starting formula feeding, elevate the resident's head of the bed to a minimum of 30 degrees during feeding and for 30-60 minutes after feeding unless otherwise ordered by MD. If necessary to lower the HOB for a procedure (such as linen changes or incontinence care), feedings should only be stopped for a short period of time and restarted with HOB re-elevated as soon as procedure is completed.

4. Checking Enteral Tube for Correct Placement

1. Check the length of tubing ~~or the mark on the tube made at skin level~~ for inward or outward migration before each intermittent feeding, or ~~daily~~ for continuous feedings, ~~at least once daily~~. Notify the physician if migration has occurred.

~~3.1. [For NGT only (air insufflation method): Open the NGT by removing the end plug or cap. Place the stethoscope over the left upper quadrant of the abdomen and using the 60 ml syringe, quickly inject approximately 10-20 ml of air into the stomach. Listen for the "thump," "swoosh" or "gurgle" sounds.]~~ [GYC17]

4.2. For all enteral tubes (aspiration): With a 60 ml catheter tip feeding syringe, gently aspirate and visually inspect aspirations. Gastric secretions may appear clear and colorless or pale yellow or green, while small bowel secretions are often brown colored. Measure and return all gastric contents to prevent fluid and electrolyte imbalance. Then flush tube with 30 ml of water (20 ml if fluids are restricted) to keep tube patent. Notify the physician if unable to aspirate gastric secretions or color is concerning.

5.3. If there is a question about the enteral tube placement do not proceed with administration of medication or feeding until correct placement has been verified. If NGT is in place, examine oropharynx. If there is coiled tubing, gently remove the tubing immediately to prevent airway obstruction. Inform the physician immediately if there are questions about placement.

5. Measuring Gastric Residual

a. ~~Stop continuous feedings for several minutes before aspirating, measuring, and returning gastric residuals every 6 to 8 hours. Aspirate, measure, and return gastric residual before each intermittent feeding.~~

b. ~~If the gastric residual volume is > 150 ml, notify physician, and aspirate, measure, and return gastric residual every 2-4 hrs until resident has exhibited the ability to empty his/her stomach, at which time tube feeding may be continued or re-started.~~

a. ~~During the initial 24-48 hours of feeding for newly inserted tubes:~~

~~Aspirate, measure, and return gastric residual every 2-4 hrs until resident has exhibited the ability to empty his/her stomach as evidenced by < 150 ml gastric residual volume.~~

b. ~~Once the resident has shown the ability to empty his/her stomach as evidenced by < 150 ml of gastric residual volume:~~

~~Aspirate, measure, and return gastric residual before each intermittent feeding. Stop continuous feedings for 15 to 30 minutes every 6 to 8 hours to aspirate, measure, and return gastric residuals.~~

c. ~~Delay tube feeding according to gastric residual parameters. Re-measure the gastric residual every 30 minutes [CXC18] later and thereafter until residual is less than the gastric residual parameter or gastric emptying occurs, at which time when tube feeding may be continued or re-started.~~

d. ~~Monitor If amount is continuously greater than the gastric residual parameter or symptoms of slow gastric emptying for (abdominal distention and/or pain, nausea, vomiting, or complaints of fullness, and or persistent residual volume > 150 ml) occur, notify physician for -do not continue or re-start the feeding, and notify the physician immediately to request an evaluation of the problem (e.g., re-verification of tube placement or evaluation of a change in the formula amount or rate may be indicated).~~

~~7.c.~~ Jejunostomies require continuous infusion of nutritional supplements or water rather than bolus feedings.

8.6. Maintaining Patency of Enteral Tube

To keep the GT / JT patent, flush tube with 30 ml of water (20 ml if fluids are restricted) with a 60 ml syringe:

- a. Before and after each intermittent feeding.
- b. Every 4 to 6 hours during continuous feeding.
- c. Before and after administering medication.
- d. After withdrawing and returning gastric aspirate when checking tube placement and residual volume.
- e. As needed to keep tube patent (e.g., small French tubes or using higher fiber formulas with high fiber content may need more frequent water flushes to remain patent).
- f. If the gastrostomy tube becomes clogged, draw up 10 ml of warm water or saline using a 10 ml syringe and, with use gentle pressure to, instill the fluids into the tube to clear the obstruction.

9-7. NGT use as Gomco Intermittent Gastric Suction

- a. Place curved basin beneath connection of nasogastric tube and suction machine, and, ~~D~~ disconnect.
- b. Hook suction tube to the suction machine.
- c. After instilling medication and/or formula and instilling approximately flushing with 30 ml of water, plug the NG tube for 1-1/2 hours, or as ordered by the physician, before reattaching to the suction machine.
- d. Rinse syringe and curved basin and leave at bedside.

D. Administration of Medication (s) Through Enteral Tube

1. Request ~~for all~~ medications be in liquid form whenever possible. If liquid form is not available from Pharmacy and tablet form must be used, crush tablets (except for enteric coated or sustained release medication tablets or capsules). Dissolve tablets or dilute medication sufficiently for medication to pass through the tube. ~~Refer to Medication Administration (NPP J 1.0).~~ [GYC19]
2. Preferred administration of medications or fluids through enteral tubes is by gravity with 30 ml of water given before and after medications. Gentle pressure using a 60 ml catheter-tip syringe plunger may be used as needed, (e.g. short gastrostomy tubes). ~~However, some short gastrostomy tubes such as the Bower PEG tube do not have adequate length for fluids to flow by gravity from a syringe. In these cases,~~ [GYC20] use a 60 ml catheter-tip syringe and, with the plunger, slowly and gently push medication or fluids through the tube.
- ~~3.~~ Give medication at the appropriate time in relation to feeding. Some medications should be given with food, while some should be given on an empty stomach with tube feeding withheld for a prescribed interval before and after medication is given (e.g., Dilantin suspension). For proper action, some medications must be delivered into the stomach rather than into the duodenum or jejunum. Consult with pharmacist if in doubt about administration and, drug-drug or drug-nutrient compatibility, ~~consult with the pharmacist to assist in scheduling medications.~~ Refer to Medication Administration (NPP J 1.0 Appendix 1).

~~5-3. To schedule Dilantin suspension, refer to NPP J 1.0 Medication Administration.~~

~~6-4.~~ Elevate the resident's head of the bed to a minimum of 30 degrees unless otherwise ordered by the physician before administering medication and for 30 minutes after administration of medication to decrease risk of gastroesophageal reflux and/or aspiration.

~~5.~~ Confirm correct placement of enteral tube (refer to Procedure C-4: "Checking Enteral Tube for Correct Placement" as outlined above).

~~7. Nutritional formula may be given before medications. To flush formula from the tube prior to instilling medication, flush the tube with approximately 30 ml (20 ml if fluids are restricted) of water using gravity or gentle pressure with the syringe.~~

~~6.~~

~~8. Instill 30 ml water (20 ml if fluids are restricted) from a 60 ml syringe using gravity (gentle pressure on syringe plunger may be used as needed) to rinse tube before giving medication.~~

~~9.7. Make sure medicine is sufficiently dissolved. Draw up medicine into 60 ml syringe or instill tip of syringe into the end of the enteral tube and pour medication into the syringe. Allow medication to drain into the tube by gravity (gentle pressure on syringe plunger may be used as needed).~~

~~10.8. After all medication is administered, instill approximately 30 ml of water to flush medication.~~

~~11.9. If medications are given separately, rinse the tube with 5 ml of water between medications.~~

~~Nutritional formula may be given before medications. To flush formula from the tube prior to instilling medication, flush the tube with approximately 30 ml of water.~~

E. Reassessment of ~~Medical~~ GYC21 Enteral Feeding

1. ~~Medical~~ Enteral Feeding is to be held for possible indications of:

- a. Aspiration, such as vomiting, choking, coughing, frothy sputum, tachycardia, ~~or~~ respiratory distress, or fever
- b. Diarrhea
- c. Fluid overload and Electrolyte Imbalance
- d. Slow gastric emptying, such as high residual volume or feelings of fullness
- e. Peritonitis, such as abdominal pain and/or bloating, constipation, fever, nausea, vomiting, diarrhea, weakness, dizziness, dyspnea, tachycardia, tachypnea, and inability to pass gas or feces, and dehydration.

~~2. If Medical Enteral Feeding is held for possible aspiration, diarrhea, fluid and electrolyte imbalance, slow gastric emptying, or signs of peritonitis, the licensed nurse is to immediately inform the physician. Enteral feeds will be resumed by physician order, which may include radiologic evaluation, or reassessment of goal of enteral feeding.~~

~~3.2. Notify Physician to reassess ~~medical~~ enteral feeding and/or complications if:~~

- a. Tube feeding is held for possible aspiration, diarrhea, fluid and electrolyte imbalance, slow gastric emptying, or signs of peritonitis. Enteral feeds will be resumed by physician order, which may include radiologic evaluation or reassessment of the goals of enteral feeding.
- b. Patient has unplanned ~~monthly~~ weight gain or loss greater than five (5%) in a month, 7.5% in 3 months, or 10% in 6 months ~~or not a need~~ for reassessment of goals of nutritional support is indicated. Refer to NPP G 4.0 (Measuring the Resident's Height and Weight).

F. Care of Enteral Tube

1. NGT

- a. ~~Nasogastric tube is to be changed every 4 weeks [A22] or as indicated, alternating nostrils if possible. Licensed Nurse will schedule on TAR when the NGT needs to be changed.~~
- a. ~~Change tape over the nose bridge as needed.~~
- b. Change tape over the nose bridge as needed.

2. G-Tube and J-Tube

- a. Inspect skin daily for redness, tenderness, swelling, irritation, or presence of purulent drainage or gastric leakage.
- b. New tube (insertion tract less than 6 weeks old):
 - i. Explain procedure to resident.
 - ii. Wash hands and wear gloves prior to providing site care.
 - ~~i.iii.~~ For the first 7 to 10 days after initial insertion, ~~wear gloves and~~ stabilize tube with one hand while cleaning skin to remove crusts.
 - ~~ii.iv.~~ Clean the site with clean swabs moistened with normal saline.
 - ~~iii.v.~~ Dry skin thoroughly.
 - ~~iv.vi.~~ A waterproof ointment may be used to protect skin from drainage. If a dressing is needed, choose one that absorbs drainage and protects the skin, such as a polyurethane foam dressing.
 - ~~v.vii.~~ If a dry 4 x 4 drainage sponge dressing is applied over the external bumper, change it as soon as the dressing becomes wet.
- c. Established tube (insertion tract at 6 weeks or older). Daily stoma site care for a healed site.
 - i. Explain procedure to resident.
 - ii. Wash hands and wear gloves prior to providing site care.
 - iii. Remove old dressing if there is one and inspect skin around the stoma for signs of irritation, drainage, or leakage. Report abnormal findings to physician as needed.
 - iv. Clean the skin gently. Start at the site and move outward, using moistened cloth or gauze. Clean under external bumper with cotton tipped applicator. Rinse and dry skin thoroughly.
 - v. Avoid using a dressing if possible, but if needed, apply and tape a 4x4 drainage sponge over the external bumper which must be kept close to the skin.
 - vi. If skin is irritated, hydrocolloid dressing may be applied directly to the skin, underneath the bumper to protect the skin.
 - 1. Edges may be taped with 1" hypoallergenic tape to reduce peeling during bathing.
 - 2. Stabilize the tube with tape if needed to prevent movement.
 - 3. Hydrocolloid dressing may be left undisturbed for up to three days, as long as there is no visible accumulation of fluid underneath the dressing.
 - 4. If using hydrocolloid dressing, staff must check skin daily for any redness or skin breakdown.

G. Documentation

1. Goals of Medical Enteral Feeding

- a. Nutritional and Quality of Life goals are documented on the Resident Care Plan and quarterly Resident Care Conference (RCC) note.
- b. Goals of enteral feeding may be documented in the Advanced Directives by the physician.

2. ~~Interdisciplinary-Integrated Progress Note dDocumentation, s including weekly and monthly summaries, and as needed-on-scheduled-weekly-or-monthly-summary, or as needed~~

- a. Replacement of tubes including reason, resident's tolerance, and any difficulty or complications if encountered, ~~complications~~,
- b. Any other problems with enteral tube management (e.g., frequent obstruction, etc.)
- c. Condition of NGT, gastrostomy, or jejunostomy site.
- d. Resident's tolerance of the feeding.
- e. Any resident or family teaching done and evaluation of learning.
- f. Permanent removal of enteral tube and resident's tolerance of procedure.

3. Treatment Administration Record (TAR)

a. License Nurse records and initials s the following:

- i. Name of the formula; amount of formula to be given, duration, and frequency if intermittent via pump; rate and duration of feeding if continuous via pump; amount of formula to be given and frequency if bolus by gravity.
- ii. Amount and frequency of free water administration.
- iii. Gastric residual parameters. Record any gastric residual seen when checking tube placement.
- iv. Enteral tube site care.
 - ~~Record intake (formula and water flushes separately) of residents on enteral nutrition. Refer to NPP G 3.0 (Intake and Output).~~
 - ~~Document daily enteral feeding supplies used on the Enteral Nutrition Charge Form. Refer to LHHPP 50-04 (Enteral Charge Form Procedure).~~
- d. ~~Record intake (formula and water flushes separately) of residents on enteral nutrition.~~

v. _____

f. ~~Intermittent enteral nutrition:~~

- i. ~~Records volumes fed and flushed at scheduled intervals.~~
- ii. ~~P.M. Shift Licensed Nurse/Team Leader shift calculates [CYC23] and records 24-hour total of formula and water flush given. Clears the pump as needed.~~

~~g.b.~~ Continuous and Intermittent Enteral Nutrition:

- i. Prior to the end of EACH shift, the AM Lshift licensed Nurse/Team Leader:
 - 1. ~~Checks the feeding pump and note the volume "FED" and the volume "FLUSH". Starts continuous feedings at beginning of the shift. [CYC24]~~
 - 2.1. ~~Checks volume fed and water flushed at end of shift, records volumes on TAR as the Running Total.~~
 - 3-2. ~~Documents the volume "FED" and the volume "FLUSH" at the end of the shift in the TAR. DOES NOT clear volumes fed and flushed on the pump.~~
 - 4-3. ~~Clears the pump of the volume "FED" and the volume "FLUSH" Continues to run feeding.~~
- ii. ~~DAY shift licensed nurse~~
 - ~~Checks volume fed and water flushed at end of shift, records volumes on TAR as the Running Total.~~

2. ~~DOES NOT~~ clear volumes fed and flushed on the pump.
~~Continues to run feeding.~~
- iii.ii. Prior to the end of ~~P.M. Shift~~, the ~~Licensed Nurse/Team Leader~~:
 1. ~~Adds the volume "FED" for each shift to get the 24-hour enteral formula intake~~~~Checks volumes fed and flushed at end of shift, records volumes on TAR as the Running Total which is also the 24-hr total and document in the TAR.~~
 1. ~~Add the volume "FLUSH" for each shift to get the 24-hour enteral water flush intake and document in the TAR.~~
2. ~~CLEAR~~s volume fed.
 2.

4. ~~Graphics Record~~

~~Record intake and output of residents on restricted fluids and enteral nutrition every shift, 24 hr. total intake and output calculated and recorded by P.M. shift licensed nurse.~~

4. Resident Care Plan

- a. ~~On enteral tube / feeding care plan, identify the clinical indication, as noted by the MD, which necessitates enteral tube placement and enteral feeds if appropriate.~~
- a.
- a. ~~Include any related problems or resident needs that are not otherwise addressed in treatment record or care plan front card.~~
- b.
- a.c. ~~The Registered Nurse is to identify~~ assesses and records the type, and size and length of the tube ~~and for G-tubes and J-tubes, the tube length from insertion site at the stoma to the distal end of tube port~~ in the Front Card of the Resident Care Plan.

APPENDICES:

- Appendix 1: Preparation for Enteral Nutritional Support – Closed and Open System
- Appendix 2: Enteral Pump Hang Tag provided by the manufacturer

REFERENCES:

Robin Bankhead, Joseph Boullata, Susan Brantley, Mark Corkins, Peggi Guenter, Joseph Krenitsky, Beth Lyman, Norma A. Metheny, Charles Mueller, Sandra Robbins, Jacqueline Wessel and the A.S.P.E.N. Board of Directors, **A.S.P.E.N. Enteral Nutrition Practice Recommendations**; *JPEN J Parenter Enteral Nutr* 2009; 33; 122 originally published online Jan 26, 2009
<http://web.ebscohost.com/nrc/search?sid=f66bbea8-b499-4b6c-8b69-eaf6d9306e53%40sessionmgr115&vid=2&hid=117>

[Elkin-Perry Potter – Nursing Interventions & Clinical Skills | GYC25 |](#)

CROSS REFERENCES:

- LHHPP File: 26-03 Enteral Tube Nutrition
- LHHPP File: 50-04 Enteral Feeding Charges

Nursing P&P G 3.0 Intake and Output
Nursing P&P J 1.0 Medication Administration and Appendices
NPP G 4.0 Measuring the Resident's Height and Weight

Adopted: 8/2002, 8/2005, 8/2009; 03/10/2011, 07/12/11

NEW: 05/28/13

Reviewed: 05/28/13

Approved: 05/28/13

NURSING POLICIES AND PROCEDURES

POLICIES:

1. The Laguna Honda Hospital and Rehabilitation Center (LHH) Nursing Executive Committee (NEC) is responsible for coordinating the development, review, and revision of LHH Nursing Policies and Procedures (NP&P).
2. All NP&P require the approval of the Chief Nursing Officer and the Nursing Executive Committee before issuance.
3. NP&Ps focus on the structure, function, systems, and processes related to the practice of Nursing at LHH. NP&Ps define nursing administrative and staff performance responsibilities related to specified resident care, operations, and/or administrative functions.
4. NP&Ps are reviewed at least yearly in accordance with State of California Title 22 requirements.
5. NP&Ps are accessible by LHH staff as follows:
 - a. online via LHH Intranet
 - b. manual copies are maintained at [threefour](#) sites throughout LHH – Nursing Office, Nursing Education, [Quality Management](#), and Chief Nursing Officer.

PURPOSE:

To describe the procedure for developing, reviewing, revising, and approving LHH Nursing Policy and Procedures.

CHARACTERISTICS / DEFINITIONS:

The following definitions apply:

Policy – a structure standard that defines the service, practice, and governance rules of an organization or department. A policy indicates what is allowed or expected, who has the authority to do it, where, and under what circumstances.

Procedure – a process standard that delineates a series of actions for the completion of a specific task. Actions are usually performed in a specified sequence to accomplish a specific goal. A procedure provides direction on how to accomplish what is allowed or expected.

Practice Guideline – a process standard for symptom or resident care management that improves the quality of clinical nursing practice. A practice guideline offers direction accomplishing a desired resident outcome.

PROCEDURE:

A. Nursing Policy and Procedure Committee

1. Purpose

The LHH Nursing Policy and Procedure Committee is established by LHH NEC to promote the development and dissemination of nursing policies and procedures and practice guidelines. Within the scope of this charge, the NP&P Committee coordinates and oversees the development, review and revision of LHH Nursing policies and procedures and practice guidelines.

2. Membership

- a. The LHH NP&P Committee membership shall include, but not be limited to, the following members: [Nursing Education NP&P Coordinator](#), Chief Nursing Officer, Advance Practice Nurses, [Nurse Managers](#), and Nursing Education.
- b. Other clinical and nursing staff as appropriate on ad hoc basis..

3. Responsibilities

- a. The role of NP&P Committee members is to:
 - i. attend meetings and actively participate in the review of NP&Ps
 - ii. participate in subcommittees and task forces related to NP&Ps
 - iii. provide advice in identified areas of expertise
 - iv. review NP&Ps appropriate to their specialty in consultation with representative nursing staff
 - v. review evidence-based practice literature specific to NP&P topics
 - vi. ensure that NP&P agree with current nursing practice
 - vii. ~~consolidate reviews and forward comments and sends~~ [proposed](#) revisions to the [Nursing Education NP&P Coordinator](#). ~~NEC for approval.~~

B. Nursing Policy and Procedure Development or Revision

1. The format of a nursing policy and procedure includes the following sections:

TITLE: Title of the NP&P.

POLICY: Statement of action to be followed, who has the authority to do it, and where and under what circumstances the action occurs.

PURPOSE: Statement describing what the policy and procedure is to accomplish.

CHARACTERISTICS / DEFINITIONS (as indicated):
Definitions, statements of regulatory basis for policy, delineation of exceptions, or clarifications when applicable.

PROCEDURE: Describe in concise detail steps required. Procedure can be link to appropriate on-line resources for detailed step by step procedure; and can be referred to equipment and manufacturer's guidelines.

REFERENCES: Current reference supporting practices preferably evidence-based practice.

CROSS REFERENCES:
[Reviews and cites](#) ~~Citation of~~ hospital-wide and/or other department's policy and procedures that have direct bearing on the nursing policy and procedure.

ATTACHMENTS / APPENDICES:

Documents that support or directly relate to implementation of the policy and procedure. May include related nursing practice guidelines, algorithms, tables, product information, documentation tools or reference materials.

2. Utilize the NP&P template on Microsoft Word document for developing/revising a policy and procedure includes track changes.

C. Review and Approval Process

1. LHH NP&P Committee determines the priorities for review of NP&P.
2. The individual or group originating or reviewing a policy is responsible for ensure comprehensive review of the policy. This may include sending it to the appropriate individuals, committees, departments, or services for review to ensure that the nursing policy is consistent with current standards
3. Reviewers are expected to participate in this process within time frames for response. Reviewers must consider these factors:
 - a. current scientific / evidence-based knowledge
 - b. relevance to other policies and procedures (hospital wide and/or departmental),
 - c. relevance to and support of practice guidelines,
 - d. ethical and legal concerns
 - e.
4. Policy originators or individuals coordinating review shall forward a final draft to the Nursing Education NP&P Coordinator, who will forward to NEC for review and approval..
5. Following NEC approval, the draft new or revised NP&P that impacts medical practice will be forwarded to Medical Executive Committee (MEC) for review and approval.
6. Following the MEC approval, draft NP&P will be submitted to QM for JCC review & final approval.
7. Following the JCC approval, the approved NP&P is posted on-line.
8. The following individuals sign the LHH NP&P signature page of the manual confirming approval, on an annual basis:
 - a. Chief Nursing Officer
 - b. Chief of Medical Staff
 - c. Medical Director
 - d. Executive Administrator
 - e. Director of Public Health as the Chief Executive Officer of the Governing Body

D. Implementation of Nursing Policies and Procedures and Nursing Practice Guidelines

1. Nursing Education and other nursing leaders when appropriate are responsible for coordinating the training of nursing personnel regarding new or revised NP&Ps.
2. Nursing leadership, committee chairs, and other manual holders are responsible for updating their NP&P manuals and/or reviewing the updated NP&Ps online.

3. Nursing leaders ~~with unit or cluster/program responsibilities,~~ including but not limited to Nurse Managers, Nursing Directors, Operations Supervisors, MDS/RAI Program Coordinators, Nursing Education, and ~~Nursing Clinical~~ Informatics, are responsible for informing staff of the revised or new NP&Ps and ensuring that NP&Ps are implemented at the departmental/program/~~cluster~~/unit/shift level.

E. Nursing Practice Guideline Development or Revision

1. A Nursing Practice Guideline may be developed as part of a revision or an addition to a NP&P.
2. The format of a Nursing Practice Guideline consists of the following sections:

TITLE:	Title of the Nursing Practice Guidelines
BACKGROUND:	Related physiological, medical, social, psycho-behavioral, and/or nursing information that supports understanding of the practice guideline when applicable.
COMPETENCIES:	Skills, knowledge, and abilities required to work with residents dealing with this issue when applicable. Need not be included if covered in related policy statements.
ASSESSMENT:	Assessments specific to the practice guideline topic, including the initial assessment and ongoing assessments.
PROBLEM IDENTIFICATION:	Potentially related problem statements.
PLANNING:	Factors that may affect choice of interventions.
INTERVENTIONS:	Interventions specific to the practice guideline.
EVALUATION:	Criteria used in evaluating the success of interventions.
OUTCOME:	Outcome specific statements as follows: The resident will: The nurse will:
REFERENCES:	List literature that supports the practice guideline as well as facility policies, procedures, guidelines, and other documents that have direct bearing on the practice guideline.

F. Retention and Destruction of Records

1. The Nursing Education NP&P Coordinator is responsible for securely maintaining an up-to-date computer file of all approved NP&Ps.
2. The Nursing Education NP&P Coordinator is responsible for retaining the original archival copies of the NP&Ps and related documentation. These original archival electronic copies are maintained for a minimum of seven (7) years.

REFERENCES:

State of California, Title 22, Section 72523

CROSS REFERENCES:

LHH Hospital-Wide Policies and Procedures: 01-01 Format and Approval of Hospital-Wide and of Departmental Policies

ATTACHMENTS none

Adopted 11/01

Revised: 3/2005, 10/2007, 03/27/2012

Reviewed: _____

Reviewed by _____ and no revision recommended at this time.

Approved: _____

For Ghe use only: Date sent to Policy Reviewer _____ Date received from Policy Reviewer _____ Date reviewed by NEC _____ Date approved by NEC _____ Date routed to MEC _____ Date emailed to Karina _____

Reviewed: 03/27/2012

Approved: 03/27/2012

Orientation of Nursing Personnel

ORIENTATION OF NURSING PERSONNEL

POLICYIES:

1. All nursing staff employees are oriented to their job performance expectations and pertinent organizational and divisional policies and procedures prior to independent performance. Successful completion of orientation is required to pass the probationary period.
2. The Nursing Orientation program is developed by the Nursing Education Department in coordination with many other clinical departments, such as the Department of Public Health OSH, the Laguna Honda Hospital (LHH) Department of Education and Training and LHH Human Resources.
3. The orientation program consists of:
 - a. Didactic orientation to facility attributes, policies, procedures, regulations and specific job description.
 - b. Clinical experiences guided and supervised by the nurse manager, clinical educators, CNS, clinical resource nurse and/or preceptor.
 - c. Documentation that objectively reflects job competencies, as well as provides a method for performance appraisal or competency to assess knowledge acquisition and evaluating performance.
4. Successful completion of the Nursing Orientation Program is achieved when assessment of performance indicates that the orientee is competent to perform duties of the job description, as evidenced by the demonstration of job-related skills and completion of other learning activities.
5. Successful orientees will demonstrate the following:
 - a. The Certified Nursing Assistant, Patient Care Assistant, or Home Health Aide orientee will complete: a Skills Demonstration Competency Checklist including equipments and technologies, a post-orientation self-evaluation, ~~Personnel Handbook Quiz~~, a Mealtime Competency Evaluation, a signed proof of having read the Patients Bill of Rights, a post test and an evaluation of the orientation, as well as other assignments made by the orientation coordinator.
 - b. The licensed orientee (Registered Nurse or Licensed Vocational Nurse) will complete the above plus a Competency Evaluation in Physical Assessment, a Medications Administration Competency Evaluation, Nutrition Competency Evaluation and Point of Care testing on use of the glucometer and Occult Blood testing. In addition, s/he will also complete exercises on the Management of Sharps, Using Information Resources Page and other assignments given by the orientation coordinator.
6. The Orientee will be given the opportunity to complete the Orientation Program in an environment that is conducive to learning. A designated period of time for the CNA, PCA, HHA and for licensed staff will be allotted for the orientationee to identify learning needs, obtain experiences, demonstrate knowledge and skills, and receive an evaluation of performance.
7. If the orientee has not completed all of the competencies within the time allotted and the assessment indicates that they may be achieved the need for extension will be evaluated. The length of the extension of orientation will be determined by the nurse manager and/or orientation coordinator

Orientation of Nursing Personnel

in consultation with the nursing director, nurse manager, clinical educator, clinical resource nurse, and/or preceptor. Notification will be given to the Chief Nursing Officer.

PURPOSES:

To provide an orientation program to newly hired nursing staff who provide or supervise direct patient care, and to staff who function in roles of consultation.

PROCEDURES:

A. Ongoing Assessment and Documentation

1. Classroom time will be provided for didactic teaching according to job description.
2. Orientees will complete an individual Needs Assessments and Pretests.
3. Clinical experiences are provided so that performance assessments which address the criteria-based objectives will be observed, practiced, and demonstrated by the orientee.
4. The orientee's ability to perform specific skills will be documented on the Orientation Checklist by those who observe the orientee's performance or provide instruction, as designated by the orientation coordinator.
5. The nurse manager will discuss with the orientee and preceptor specific skills required and whether criteria are met by the orientee. The orientee and coordinator will review the documentation together.

B. Unmet Competencies

If the orientee has specific learning needs that require additional orientation time, efforts will be made to address those needs. The orientation coordinator will be informed by the Nurse Manager if the orientee unable to meet criteria/skills required.

1. A collaborative team of the Nurse Manager, Orientation Coordinator and/or Clinical Resource Nurse will write a developmental plan to assist the orientee to meet required program objectives.
2. The developmental plan will be outlined in writing and attached to the documents for orientation completion for the individual orientee.
3. In a conference, the orientee will be advised by the nurse manager, orientation coordinator and /or resource nurse as to performance expectations, the developmental plan, and the target date for the completion of the plan.
4. The Developmental Plan will be signed by those participating in the conference.
5. If, at the end of the designated time, the orientee has not met job expectations as defined by the Initial Orientation Checklists and the Developmental Plan, termination of employment will be recommended to Human Resources.

C. Orientation Program

Orientation of Nursing Personnel

An orientation program will be provided for the following categories of nursing and affiliated staff:

- 2583 Home Health Aide
- 2302 Certified Nursing Assistant
- 2303 Patient Care Assistant
- 2312 Licensed Vocational Nurse
- 2320 Registered Nurse

Leadership orientation will be given to staff that are new to Laguna Honda Hospital:

- 2320 Acting Nurse Manager, Clinical Resource Nurse
- 2322 Nurse Manager
- 2323 Clinical Nurse Specialist
- 2324 Nursing Supervisor or Nursing Director
- 0941 Chief Nursing Officer, Hospital Associate Administrator

Adopted: 1/2006

Revised: 10/2007, 05/22/2012

Reviewed: 05/22/2012

Approved: 05/22/2012

MAINTAINING TEMPERATURE OF MEDICATION and NOURISHMENT REFRIGERATORS VIA TEMPTRAK & CLEANLINESS OF REFRIGERATORS

POLICYIES:

1. The types of refrigerators in the neighborhoods are: medication, nourishment, and employee's refrigerators.
2. Temperature Ranges:
 - Medication refrigerator: between 36 and 46 degrees Fahrenheit.
 - Nourishment refrigerator: between 33 and 41 degrees Fahrenheit.
 - Galley freezer: between -10 and 0 degrees Fahrenheit.
3. Licensed Nurse is to check the temperature of nourishment refrigerators, medication refrigerators and galley freezers twice a day, on the AM and PM shifts by logging on to TempTrak.

If these [equipmentsequipment](#) go out of range continuously over 2 hours, an additional online check via TempTrak must be done.

The charge nurse will be alerted through pager. This will require for a licensed nurse to log on to TempTrak, select the appropriate corrective actions to cancel the alert, and then perform the correction physically on the equipment.

4. Medication refrigerators are only used for medication requiring refrigeration. The medication refrigerators are located in the medication rooms and must be kept locked at all times.
5. If the temperature of a refrigerator containing medications is out of range, the licensed nurse is to contact the pharmacy for instructions on what to do with the refrigerated medications.
6. Nourishment refrigerators are only used for storage of resident's nourishments / supplements. The nourishment refrigerators are located in the Great Room and Galley in each neighborhood, Nourishment refrigerators in the Great Room must be kept locked at all times. The key is kept in the nursing station.
7. All food in refrigerators should be stored in covered containers. Food not in original container is to be clearly labeled and dated.
8. Licensed Nurses, Certified Nursing Assistants (CNAs), Patient Care Assistants (PCAs), and Home Health Aides (HHAs) must check the dates of refrigerated foods before serving and discard immediately if outdated.
9. Employees must store their food in the designated refrigerator in the staff lounge.

PURPOSE:

To store substances that requires refrigeration in a hygienic refrigerator environment at the correct temperature.

BACKGROUND:

Temperature readings are displayed in the monitor located at the bottom of the refrigerator doors. Temperatures are also displayed online on real time on TempTrak.

PROCEDURES:

A. Equipments

Obtain from ward supply: clean basin, mild soap, clean cloths

B. Cleaning of the Refrigerator

1. Remove food containers and medications prior to cleaning the refrigerators. Using warm water and mild soap wash inside refrigerator with clean cloth.
2. Wipe dry with clean cloth.
3. Racks or shelves must be thoroughly washed and dried.
4. After cleaning and drying inside of refrigerator, return contents.
5. Wipe off the outside of refrigerator.

C. Maintenance of the Refrigerator

1. It is the responsibilities of the A.M. and P.M. shift Licensed Nurses to check for correct temperature.
2. It is the responsibility of the A.M. shift Licensed Nurses to check for any outdated food or medications in the medication and nourishment refrigerators. The A.M. Nursing Supervisors and Nurse Managers will monitor for ongoing compliance for timely removal of outdated foods.
3. The A.M. shift assigned C.N.A. or P.C.A. is responsible for cleaning the nourishment and employees refrigerators. Cleaning of these refrigerators is neighborhood based as scheduled by the Nurse Manager or Charge Nurse.
4. All nursing staff are responsible for discarding any unlabelled or expired foods found during their shift.

D. Food Storage

Food sent by Nutrition Services for nourishments are stored in the Great Room or Galley refrigerators. All containers must be labeled with expired dates. Outdated and unmarked foods are to be discarded immediately.

E. Reporting and/or Documentation

1. On the Emergency Checklist, the AM and the PM shifts will initial TempTrak to signify that they logged on to TempTrak.

2. Report any malfunctions or incorrect temperature settings to Facility Services, Licensed Nurse to complete an online work requisition for repair.

ATTACHMENTS:

Attachment 1: Emergency Equipment / [Refrigeration-Wireless Temperature Monitoring System](#)
Checklist

Attachment 2: TempTrak: Quick Reference Guide for Nurses

CROSS REFERENCE:

LHHPP 31-01 Wireless Temperature Monitoring System

Infection Control Manual: Section E Department Policies: Policy Number E8 Food Service

Infection Control Manual: Section G Environmental Guidelines: Policy Number F5 Standard for
Refrigerators

REFERENCE:

TempTrak Reference Guide (Revision H, January 2010) © 2003-2010 Cooper-Atkins Corporation.

Revised: 4/2003; 3/2006; 12/2006; 3/2009; 11/2010; 11/29/2011

Reviewed: 11/29/2011

Approved: 11/29/2011