Laguna Honda Hospital and Rehabilitation Center
Interdisciplinary Practices Committee

PREAMBLE

LHH Occupational Health Service Protocols for Nurse Practitioners

I. Policy Statement

A. It is the policy of the San Francisco Health Network and Laguna Honda Hospital that all standardized procedures are developed collaboratively and approved by the Interdisciplinary Practices Committee whose membership consists of Nurse Practitioners (NPs), Registered Nurses (RNs), Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title16, CCR Section 1474.

B. All standardized procedures are to be kept in a unit-based manual. A copy of these procedures will be kept in an outpatient clinic policy manual available to all employees at the LHH Outpatient Clinic and on file in the credentialing liaison Medical Staff Office.

II. Functions To Be Performed

The following standardized procedures are formulated as process protocols to explain the overlapping functions performed by the NP in their practice. Each practice area will vary in the functions that will be performed, such as primary care in a clinical setting or inpatient care on a unit-based hospital setting.

A Nurse Practitioner (NP) is a Registered Nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements of Section 1482 of the Nurse Practice Act. Nurse Practitioners provide health care, which involves areas of
overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Nurse Practitioner to seek Physician consultation.

The NP conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, counsels on preventative health care, assists in surgery, performs invasive procedures and furnishes medications/issues drug orders as established by state law.

III. Circumstances Under Which NP May Perform Function

A. Setting

1. Location of practice is at the LHH Outpatient Clinic, or remotely via telephone.
2. Role in each setting may include acting as the primary clinician in routine occupational health screening and evaluation/treatment of simple occupational injury/illness and exposures to physical, chemical and biological hazards. The NP may also be assigned administrative oversight and program development responsibilities.

B. Supervision

1. Overall Accountability: The NP is responsible and accountable to:
   a. The OHS Nurse Manager, (administrative supervision)
   b. The Chief of Outpatient Services, (medical supervision)
2. A consulting Physician, which may include but is not limited to faculty and staff Physicians affiliated with OHS and/or the UCSF/SFGH Division of Occupational and Environmental Medicine will be available to the NP, by phone, in person, or by other electronic means.
3. Physician consultation is to be obtained as specified in the protocols and under the following circumstances:
   a. Acute decompensation of patient situation, including hostile or threatening patient behavior
   b. Any problem requiring transfer of care to an Emergency Department or specialist Physician
c. Problem that is not resolved after reasonable trial of therapies
d. Unexplained historical, physical, or laboratory findings
e. Upon request of patient, NP, or Physician.
f. Initiation or change of medication other than those in the formulary(ies)
g. Conditions severe enough to warrant partial or total disability work status prescription

IV. Scope of Practice

A. Routine Occupational Health Screening (Protocol #1)
B. Evaluation and Treatment of Occupational Illness/Injury and Exposure to Physical, Chemical and Biological Hazards (Protocol #2)
C. Furnishing Medications/Drug Orders (Protocol #3)

V. Requirements for the Nurse Practitioner

A. Basic Training and Education
   1. Active California RN license.
   2. Successful completion of a program, which conforms to Board of Registered Nurses (BRN)
   3. Maintenance of Board Certification (NP)
   4. Maintenance of certification of Basic Life Support (BLS)
   5. Eligibility for a National Provider Identifier (NPI) prior to completion of probation period
   6. Copies of licensure and certificates must be on file at the Medical Staff Office.
   7. Furnishing Number and/or DEA Number if the NP will be providing occupational injury/illness/exposure care

B. Specialty Training
   1. Previous training and experience in occupational health care is strongly preferred but not mandatory.

C. Protocol Specific Training
   1. Occupational injury/illness and exposure care: An NP assigned to this OHS function will receive training in the following areas from an SFGH-based OHS Physician and colleague NPs prior to independent practice in these areas:
      a. California and CCSF workers' compensation procedures
b. Management of body fluid exposures

D. Evaluation of NP Competence in performance of standardized procedures
   1. Initial: at the conclusion of the standardized procedure training, the Chief of Outpatient Services or Physician designee will assess the NP’s ability to practice.
      a. Clinical Practice
         - Length of proctoring period will be three months
         - The evaluator will be the LHH Chief of Outpatient Services or other designated Physician.
         - The method of evaluation in clinical practice will be review of at least ten medical charts in each area of practice and solicitation of feedback information from other clinic staff.
         - Completion of a basic orientation and skills checklist will also be performed by the LHH Outpatient Clinic Nurse Manager or designated RN/NP.

   2. Annual: The LHH Chief of Outpatient Services or Physician designee will evaluate the NP’s competence through an annual performance appraisal and appropriate competency validation for the setting, to include review of three medical charts, direct observation and solicitation of feedback information from other clinic staff.

   3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Chief of Outpatient Services or Physician designee at appropriate intervals until acceptable skill level is achieved.

VI. Development and Approval of Standardized Procedure

A. Method of Development
   1. Standardized procedures are developed collaboratively by the NPs, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval
   1. The Interdisciplinary Practices, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to their implementation.
C. Review Schedule
   1. The standardized procedure will be reviewed every three years by the NPs and the Chief of Outpatient Services and as practice changes.

D. Revisions
   1. All changes or additions to the standardized procedures are to be approved by the Interdisciplinary Practices Committee accompanied by the dated and signed approval sheet.
OHS PROTOCOL #1: Routine Occupational Health Screening

A. DEFINITION

This protocol covers the procedures for screening history, physical examination, diagnostic evaluation of and appropriate preventive interventions for adult employees of the City and County of San Francisco (CCSF) and other affiliated clients. Relevant activities include:

1. Employment pre-placement, promotion and fitness-for-duty evaluations
   a. Includes specific medical certifications such as California DMV Class A/B License, medical clearance for respirator use

2. Specific medical surveillance programs for occupational hazards (physical, chemical and biological)
   a. Includes pertinent preventive interventions such as immunizations and N95 respirator fit-testing

B. DATA BASE

1. Subjective Data
   a. Screening: age- and examination/job-appropriate history that can include but is not limited to: past medical history, surgical history, hospitalizations/injuries, habits, family history, psychosocial history, occupational history, allergies, current medications, treatments, and review of systems
   b. Ongoing/Continuity: review of symptoms and history relevant to the patient’s age, health history, examination type and job class
   c. Pain history obtained to include onset, location, and intensity

2. Objective Data
   a. Job description and other relevant qualification requirements/guidelines
   b. Physical examination consistent with health history and examination type
   c. Laboratory and imaging evaluation, as indicated, relevant to history and examination type
   d. Previous medical records and clinical consultation reports, as needed
C. DIAGNOSIS

1. Assessment of data from the subjective and objective findings identifying risk factors, disease/injury/disability and medical qualification for work duties

D. PLAN

1. Action/Intervention
   a. Age- and examination- appropriate screening/diagnostic testing or referral to primary health care system for consultation (as needed to complete occupational assessment)
   b. Age- and examination/job-appropriate preventive interventions, including but not limited to:
      1) Education as described below
      2) Immunizations

2. Patient conditions requiring Physician consultation
   a. Acute decompensation of patient situation, including hostile or threatening patient behavior
   b. Any problem requiring transfer of care to an Emergency Department or specialist Physician
   c. Unexplained historical, physical, or laboratory findings
   d. Upon request of patient, NP, or Physician.
   e. Conditions severe enough to warrant partial or total disability work status prescription

3. Education
   a. Regarding occupational hazards and personal protection/safety measures
   b. Regarding relevant health issues
   c. Regarding relevant administrative/regulatory procedures

4. Follow-up
   a. As indicated to complete assessment and disposition

E. RECORD KEEPING

1. All information relevant to patient evaluation/care will be recorded in the patient’s OHS medical record, which is maintained in the outpatient clinic.