

List of Hospital-wide/Departmental Policies and Procedures Submitted to JCC for Approval on July 11, 2023

Revised Hospital-wide Policies and Procedures

Status	Dept.	Policy #	Title	Notes
Revision	_LHHPP	20-01	Admission to Laguna Honda Acute and SNF Services and Relocation Between Laguna Honda SNF Units	<ol style="list-style-type: none"> 1. Removed "Returning patients from UCSF may also be readmitted on Sundays if Pre-arranged on Friday" from Policy section 2. Renumbered sections 3. Removed b. From UCSF from Sunday Admissions 4. Updated References
Revision	_LHHPP	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response	<ol style="list-style-type: none"> 1. Added Registry agencies will provide documentation of screening of staff to LHH. In addition, DET shall complete a background check prior to staff onboarding. 2. Added mentions of registry staff throughout policy 3. Added will work with HR to place employees on administrative leave until investigations are complete. 4. Updated SFSD to SFSO 5. Updated QM Regulatory Affairs team will conduct investigation 6. Updated Reference with SOC 341 Form
Revision	_LHHPP	73-03	Hazard Communication Program	<ol style="list-style-type: none"> 1. Replaced create and maintain with provide guidance for. 2. Added LHH Industrial Hygienist will contact department heads quarterly for update of hazardous chemicals in each department and inventory shall be updated quarterly and shall be posted on the LHH Intranet. Hard copies will be maintained in the Industrial Hygienist's office and Hospital Command Center 3. Removed New Chemicals section 4. Updated binders to be updated at least quarterly 5. Added procedure for reporting and responding to spills or unintended consequences to Employee Training 6. Removed Attachment section 7. Removed Appendix : Chemical Inventory
Revision	_LHHPP	73-15	Ergonomics Program	<ol style="list-style-type: none"> 1. Added vinyl chairs to be preferred over cloth fabric chairs to minimize cross infection to Standard Furniture, Equipment and Tools Procedure. 2. Updated ergonomic training to annually instead of throughout the year 3. Updated the ergonomic URL 4. Defined WSEM department
Revision	_LHHPP	73-17	Hazardous Energy Control Procedure (Lock Out/Tag Out)	<ol style="list-style-type: none"> 1. Removed "energization or" throughout policy 2. Minor grammar updates

New Biomed Engineering Policies and Procedures

Status	Dept.	Policy #	Title	Notes
New	Biomed Engineering	N/A	Acceptance Testing of Devices and Computer Maintenance Management system	
New	Biomed Engineering	N/A	Equipment Inventory Additions	New policy
New	Biomed Engineering	N/A	Alternative Resources for Medical Equipment	New policy

New	Biomed Engineering	N/A	Annual Evaluation of the Effectiveness of the Medical Equipment Management Program	New policy
New	Biomed Engineering	N/A	Defective Equipment and Device Reporting, Tagging and Removal from Service	New policy
New	Biomed Engineering	N/A	Hazard Alerts and Recall Notices	New policy
New	Biomed Engineering	N/A	Medical Equipment Failures, Emergency Repair Services and Emergency Preparedness Management Plan	New policy
New	Biomed Engineering	N/A	Medical Equipment Management Plan (MEMP)	New policy
New	Biomed Engineering	N/A	Outside Vendor Assistance	New policy
New	Biomed Engineering	N/A	Patient Care Area Definitions	New policy
New	Biomed Engineering	N/A	PHI Security and Data Sanitation	New policy
New	Biomed Engineering	N/A	Planned Maintenance and On-Time Completion	New policy
New	Biomed Engineering	N/A	Safe Medical Device Act	New policy
Revised Nursing Services Policies and Procedures				
Status	Dept.	Policy #	Title	Notes
Revision	Nursing	D 1.0	Restorative Nursing Care	1. Removed restorative nurse and therapy aides (TA) from policy 2. Removed group restorative activities are limited to no more than 1:4 staff to residents 3. Updated "if resident exhibits a lack of progress, a decline or achievement of goals..." instead of "being noted in weekly summaries" 4. Added restorative nursing care should be provided for at least 15 minutes daily for at least 6 of the 7 days per week 5. Moved Restorative Nursing Program section to Procedure 6. Updated Assessment for restorative nursing needs section

Revised Hospital-wide Policies and Procedures

ADMISSION TO LAGUNA HONDA ACUTE AND SNF SERVICES AND RELOCATION BETWEEN LAGUNA HONDA SNF UNITS

POLICY:

Prospective residents are welcome to Laguna Honda Hospital and Rehabilitation Center (LHH) regardless of race, color, creed, religion, national origin, ancestry, gender, sexual orientation, disability, HIV status or related condition, marital status, political affiliation, or age over 16. LHH shall comply with California and federal laws pertaining to non-discrimination.

1. LHH shall accept and care for those San Francisco residents:
 - a. Who meet skilled nursing facility (SNF), SNF rehabilitation, acute medical or acute rehabilitation inpatient rehabilitation facility (IRF) care criteria;
 - b. For whom it can provide safe and adequate care; and/or
 - c. Who are at least 16 years of age.
2. Applicants for admission to LHH shall be screened prior to any admission.
3. LHH shall assess the physical, mental, social and emotional needs of new and current residents to determine whether each resident's care environment is best able to meet these needs.
4. LHH shall accept pre-scheduled admissions of new and returning patients Monday through Friday.
5. LHH shall accept residents to the first available SNF bed appropriate to meet their clinical care needs when they have lost their bed hold.
6. New and returning patients from Zuckerberg San Francisco General Hospital (ZSFG) may ~~also~~ be admitted on Sundays if pre-arranged on Friday. ~~Returning patients from UCSF may also be readmitted on Sundays if pre-arranged on Friday.~~
7. LHH shall centrally coordinate resident relocations to:
 - a. Optimize utilization of resources;
 - b. Optimize bed availability for new admissions; and
 - c. Minimize the potential for adverse impact on the resident.
8. LHH shall notify residents and their surrogate decision-makers of plans for relocation within the facility.

9. In case of emergency and/or medical surge conditions:

- a. Physician may temporarily admit a patient to an in-patient acute care or skilled nursing facility bed.
- b. The patient's stay shall be documented according to established procedures (i.e.: Inpatient, Acute, SNF and/or Outpatient Clinic/Rehab).

PURPOSE:

1. To assure that all San Francisco residents in need of skilled nursing, acute or rehabilitation services who are admitted to LHH receive care in the most appropriate service setting.
2. To allocate services in coordination with available hospital resources.
3. To provide a standard procedure for relocation of residents within the facility.

DEFINITION:

1. A&E means Admissions and Eligibility Department.
2. Bed hold means a bed shall be held for a specific resident discharged to an acute unit or facility. A bed may be held up to seven (7) days, with the date of discharge being day 1. A bed hold may not be placed on LHH acute unit beds.
3. PFC means Patient Flow Coordinator.
4. RCT means Resident Care Team.

PROCEDURE:

1. Admissibility and Screening Procedures

- a. In accordance with Section 115.1 of the San Francisco Health Code, admission priority to LHH shall be given to residents of San Francisco. Exceptions may be made by the LHH Chief Executive Officer (CEO) or designee based on special clinical or humanitarian circumstances. Non-San Francisco residents will be reviewed periodically, if appropriate, for return to services in their county of origin.
- b. The LHH Chief Medical Officer (CMO) or designee shall be responsible for screening patients for admission to LHH to ensure that the facility admits only those patients for whom it can provide adequate care. The LHH CMO is the ultimate authority over admissions. The following sequential priority will be followed unless the LHH CMO or designee in his/her professional judgment, based on risk

assessment and the totality of circumstances consistent with the patient's best interest determines otherwise.

c. People are accepted to LHH with the following priority guidelines:

- i. 1st Priority:
Persons not in a medical facility, as well as persons who are wards of the Public Guardian or clients of Adult Protective Services, who cannot receive adequate care in the present circumstances.
- ii. 2nd Priority:
Patients at ZSFG ready for discharge to SNF level of care.
- iii. 3rd Priority:
Persons not in a medical facility who are receiving adequate care in their present circumstances.
- iv. 4th Priority:
Patients at other San Francisco medical facilities.
- v. 5th Priority:
Patients who are San Francisco residents presently in a medical facility or private circumstance outside of San Francisco.

e-d. LHH cannot adequately care for prospective residents with the following:

- i. Communicable diseases for which isolation rooms are unavailable
- ii. In police custody unless approved by CMO, CEO, Chief Nursing Officer (CNO) or designees.
- iii. Ventilator
- iv. Medical problem requiring Intensive Care Unit care
- v. Primary psychiatric diagnosis without coexisting dementia or other medical diagnosis requiring SNF or acute care
- vi. Highly restrictive restraints
- vii. Significant likelihood of unmanageable behavior endangering the safety or health of another resident, such as:
 - Actively suicidal
 - Violent or assaultive behavior

- Criminal behavior including but not limited to possession of weapons, drug trafficking, possession or use of illegal drugs or drug paraphernalia
- Sexual predation
- Elopement or wandering not confinable with available elopement protections
- Applicants who will not sign the Laguna Honda House Rules and Responsibilities

d.e. Screening of applicants:

- i. The Screening Committee which includes the following: CMO or designee, CNO or designee, Admissions Coordinator, Patient Flow Coordinator and other members as designated by the CEO, is responsible for screening referrals to LHH and accepting residents for admission.
- ii. Patient/Resident referrals to the specialty units (Rehabilitation, Positive Care, and Palliative Care) will be screened and accepted by the unit screening physician or screener.
- iii. When an immediate decision is needed outside the regularly scheduled meeting times of the Screening Committee, the CMO or designee, and the CNO or designee will screen and approve resident referrals.
- iv. The Screening Committee and/or the LHH Specialty Unit will request behavioral screening of potential admissions that have behavioral or psychiatric problems and/or history of substance misuse.

e.f. Admission of applicants:

- i. LHH shall admit a patient only on a LHH Admitting Physician's order.
- ii. With the exception of admission to acute care units (Acute Rehab and Acute Medical), all admissions must meet SNF-level criteria as defined by Title 22.
- iii. Decisions about admitting a resident in a setting that restricts his/her movements at LHH must be made in accordance with each resident's individual needs and preferences and with the participation of the resident or surrogate in the placement decision and continuing care planning. ¹Residents lacking

¹ If stated purpose of a unit which prevents residents from free movement throughout the facility is to provide specialized care for residents who are cognitively impaired then placement in the unit is not considered involuntary seclusion, as long as care and services are provided in accordance with each residents' individual needs and preferences rather than for staff convenience, and as long as the resident, surrogate, or representative (if any) participates in the placement decision, and is involved in continuing

capacity for placement decisions may not have their movements restricted on a secure unit without the participation of a surrogate or conservator.

- iv. In all cases of admission from another facility, a physician to physician clinical hand off and a dictated discharge summary is required.

f.g. Resolution of problem screening and admissions:

- i. Problems shall be brought to the LHH CMO and LHH CEO for resolution.
- ii. The LHH CEO shall have the final authority over admissions to LHH.

g.h. The LHH CEO shall serve as the LHH's review board in regard to any perceived discriminatory admission practices. Allegations from staff, patients, families, or others of perceived discriminatory admission practices shall be forwarded to this Committee for investigation and review.

2. Specific Admission Procedures

a. Pre-Admission Procedures

- i. The Conditions of Admission agreement shall state that all residents are assessed upon admission for appropriate placement and/or relocation within the facility.
- ii. Residents (or their representatives) shall receive a copy of the Conditions of Admission agreement upon admission to the LHH. The Conditions of Admission agreement shall be reviewed and signed by the resident or the resident's surrogate decision-maker.
- iii. Residents (or their representatives) shall receive a copy of the Laguna Honda House Rules and Responsibilities. As a condition of admission, the resident or resident's surrogate decision-maker must agree to these conditions by signing these agreements prior to admission.
- iv. The Screening Committee shall make placement decisions based on the identified physical, mental, social and emotional needs of the resident; family connection with staff, if any; and bed availability. The Screening Committee shall communicate with the nursing unit and the RCT, including the primary physician and nurse manager admitting the new resident.
- v. Referral sources may discuss the appropriateness of referrals with staff of admitting units, but no final admission decision can be made until the Admissions Coordinator has evaluated the referral packet.

care planning to assure placement continues to meet resident's needs and preferences." CMS Guidance To Surveyors, LTC Facilities/State Operating Manual F223(b).

- vi. The specialty unit RCTs may place and take care of residents on other units, e.g., in isolation rooms or in other satellite beds.

b. Acute Medical Unit

Policies Specific to Acute Medical Unit Neighborhood

- i. Only acutely ill LHH residents for whom appropriate medical care is available are admitted. Residents requiring surgical procedures, critical care, telemetry or hemodynamic monitoring cannot be accommodated on the Acute Medical Unit.
- ii. All admissions to the Acute Medical Unit are subject to ongoing utilization review as outlined in the Utilization Management Plan.
- iii. SNF residents who require blood transfusions, but who are not acutely ill, shall be provided care on the Acute Medical Unit as “come and go” cases.
- iv. SNF residents who are not acutely ill but require close monitoring while receiving a subcutaneous or intravenous medication, and for the post treatment period, shall be provided for in the Acute Medical Unit as a “come and go” case, after approval by the CMO.

Procedures Specific to the Acute Medical Unit

- i. All residents admitted to the Acute Medical Unit, except those residents admitted on a “come and go” basis, shall have a separate complete medical record covering the period of their acute hospitalization.
- ii. Whenever a resident is admitted to the Acute Medical Unit from either a LHH SNF care unit or from the Rehabilitation Department, she/he is discharged from the previous care unit and resident’s medical record is closed, except in those cases where residents “come and go” for transfusion.
- iii. A new SNF resident record shall be started upon the resident’s re-admission to a SNF care unit.

c. Acute and SNF Rehabilitation Care Units

Admission Criteria Specific to Acute and SNF Rehabilitation Care Units

- i. Presence of one or more major physical impairments which significantly interfere with the ability to function, and which require an intensive interdisciplinary approach to effectively improve functional status.

- ii. Patient must be medically stable.
- iii. Patient requires rehabilitation physician management.
- iv. Patient requires the availability or supervision of rehabilitation nursing 24 hours daily in one or more of the following:
 - Training in bowel and bladder management
 - Training in self-care
 - Training or instruction in safety precautions
 - Cognitive function training
 - Behavioral modification and management
 - Training in communication

Admission Criteria Specific to Acute Rehabilitation Unit

- i. The LHH Pavilion Mezzanine Acute Rehabilitation Unit is designated as an Inpatient Rehabilitation Facility (IRF).
- ii. Patients must have significant functional deficits, as well as documented medical and nursing needs, regardless of diagnosis, that require:
 - Close medical supervision by a physiatrist or other physician qualified by training and experience in rehabilitation.
 - 24 hour availability of nurses skilled in rehabilitation.
 - Active and ongoing intensive rehabilitation therapy program by multiple other licensed rehabilitation professionals (e.g., physical therapists, occupational therapists, speech language pathologists, and prosthetists and orthotists) in a time-intensive and medically-coordinated program. One of the therapy disciplines shall be physical or occupational therapy.
- iii. The medical and/or surgical stability and comorbidities of patients admitted to the unit must be:
 - Manageable in the rehabilitation program
 - Permit participation in the rehabilitation program

- iv. Patients must be capable of fully participating in the patient rehabilitation program as evidenced by:
 - Ability to respond to verbal, visual and/or tactile stimuli and to follow commands.
 - Ability to participate in an intensive level of rehabilitation (generally defined as 3 hours of therapy per day, 5 days per week).
- v. Patients must demonstrate the ability to progress towards objective and measurable functional goals that:
 - Will offer practical and beneficial improvements.
 - Are expected to be achieved within a reasonable period of time.
- vi. Patients must require and intensive and coordinated interdisciplinary team approach to care.
- vii. Patients in most circumstances, has a home and available family or care providers such that there is a likelihood of returning the patient to home or a community-based environment.

Admission Criteria Specific to SNF Rehabilitation Unit

- i. Rehabilitation needs shall include at least one of the following: impairment in activities of daily living, impairments in mobility, bowel/bladder dysfunction, cognitive dysfunction, communication dysfunction, complicated prosthetic management, or other medical problems best addressed on the SNF-level Rehabilitation Unit.
- ii. Patient requires and has the ability to engage in at least one of the following therapies: physical therapy, occupational therapy, and/or speech therapy.
- iii. Patients must have a reasonable plan for functional improvement to achieve discharge into the community or relocation to a long term care unit.

Admission Procedures Specific to Acute Rehabilitation Unit

- i. A physiatrist or designee shall perform pre-admission screening (PAS) to assess the patient's ability to achieve significant improvement in a reasonable period of time with acute rehabilitation services. Pre-screening performed by a non-physiatrist must have a physiatrist co-sign that the patient meets the requirements for acute rehab (IRF) admission.

- ii. A new SNF record shall be started if the patient is discharged to a LHH SNF Care Unit.
- iii. Refer to Guidelines for Inpatient Rehabilitation Facility Documentation LHHPP 27- 06.

Admission Procedures specific to SNF Rehabilitation Unit

- i. The Chief of Rehabilitation Services or designee shall perform PAS to assess the patient's ability to achieve significant improvement in a reasonable period of time with rehabilitation services.
- d. Positive Care Unit

Admission Criteria Specific to the Positive Care Unit

- i. Patients who have HIV infection and require SNF level or palliative care and prefer an HIV / AIDS focused unit.
- e. Palliative Care Unit

Admission Criteria Specific to Palliative Care Unit

- i. Patients who have a terminal disease or would benefit from a palliative approach.
- f. Secure Memory Care Unit

Policies Specific to Secure Memory Care Unit

- i. The goals of the Secure Memory Care Unit are:
 - To promote the well-being and protect the health and safety of cognitively-impaired residents who might harm themselves by wandering or elopement; and
 - To meet the needs of cognitively-impaired residents with a stable and structured environment and specialized dementia programming while minimizing the use of individual restraints.

Admission Criteria Specific to Secure Memory Care Unit

- i. Residents who are mobile;
- ii. Residents assessed by a physician as having serious cognitive impairment which prevents the resident from making medical decisions for him/herself;

- iii. Residents assessed by clinical staff as being at risk for unsafe wandering or elopement; and
- iv. Resident who has a conservator or surrogate decision maker that agrees to placement of the resident in a secured setting, or who is a ZSFG patient or LHH resident with a conservatorship proceeding pending and the intended conservator does not disagree with placement of the resident in a secured setting.
- v. The requirements above do not preclude LHH from placing a resident in the memory care unit on an emergency basis to ensure the resident's safety but the placement must be authorized by the CMO.

Exclusion Criteria Specific to Secure Memory Care Unit

- i. Residents whose aggressive behavior cannot be safely managed in this setting.
- ii. Residents without surrogate or conservator.

Procedures Specific to Secure Memory Care Unit

- i. The Admissions Coordinator and Screening Committee personnel will coordinate admission in collaboration with the Secure Memory Care Neighborhood RCT.
- ii. On admission the attending physician will coordinate an interdisciplinary assessment including cognitive and/or behavioral consultation.
- iii. The RCT shall reevaluate residents for unit appropriateness one month after admission, then quarterly. The RCT shall explore interventions that may reduce the wandering/elopement risk and permit relocation to another unit. For cognitively incapacitated residents whose movements throughout the facility are restricted, the RCT shall document participation of the conservator or surrogate decision-maker in placement decision-making and care planning.
- iv. A resident of the LHH Secure Memory Care Unit shall be relocated as soon as practicably feasible to other LHH units or transferred to another facility or the community if the resident's status changes such that the resident is no longer mobile, the resident's cognitive status improves such that secured placement no longer is needed; or the resident's cognitive impairment is discovered to be caused primarily by a psychiatric rather than organic brain disorder.
- v. Permissible Exception: If a resident ceases wandering but demonstrates or expresses preferential adaptation to the unit and benefits from the specialized

programming, continued residence in the unit may be allowed at the discretion of the physician and RCT. To ensure availability of Secure Memory Care Unit beds when needed, attempts shall be made to adapt such a resident to another unit.

3. Sunday Admissions

a. From ZSFG

- i. LHH primary physician shall refer the ZSFG team to LHH A&E once the patient is accepted.
- ii. Pre-scheduled admissions shall be accepted for Palliative Care, Positive Care, General SNF, SNF and Acute Rehab (IRF) patients on Sundays.
- iii. Sunday admissions from ZSFG must be approved by the LHH admissions Screening Committee, and accepted by the primary LHH team (including primary physician) by the Friday afternoon preceding admission.
- iv. LHH A&E shall inform ZSFG (UM and MSW) via LHH tracking and text page by 3pm on Friday of admissions scheduled for Sunday. LHH A&E shall inform ZSFG MSW of LHH primary physician's pager number.
- v. Approval by LHH weekend admitting physician is not required for admission.
- vi. LHH A&E shall complete the admission referral sheet and deliver this along with the referral packet to the unit scheduled to receive the weekend admission by Friday afternoon.
- vii. LHH primary physician shall receive clinical hand off from ZSFG physician by the Friday preceding the weekend admission, and a discharge summary must be available at the time of admission.
- viii. LHH nursing shall receive report from ZSFG nursing on the day of transfer.
- ix. LHH A&E shall remind ZSFG MSW to arrange ambulance transport to leave ZSFG no later than 11 am.
- x. Admissions are scheduled to arrive to LHH early in the day and no later than 12 noon.

~~b. From UCSF~~

- ~~i. Only pre-scheduled readmissions are accepted, under the conditions and processes stated above in section 3.a.ii.~~

4. Procedures Related to Coming and Going from the Hospital

- a. Return of current residents after come-and-go procedures at other acute facilities.
 - i. Before return of a LHH resident who has been referred to another facility for come-and-go surgery or other invasive medical care, the physician responsible for the resident at the other facility must provide a summary of information on the procedure that includes:
 - Procedures done
 - Complications, if any, both intra- and postoperative
 - New orders recommended for the first 24 hours at LHH
 - Recommendations for special studies and follow-up care
 - ii. A checklist reminding the responsible physician of the need for this information shall be sent with the resident from LHH to the other facility. The physician responsible for the resident at that facility may complete either the checklist or another form from their facility that provides the same information.
 - iii. If a resident is returned from another facility after come-and-go surgery or other medically invasive procedure without recommendations for follow-up care, the Laguna Hospital attending physician shall contact the physician responsible for the resident at the other facility and shall document the information in the medical record. If the regular unit attending physician is not present when the resident returns, the charge nurse will contact the on-call physician to carry out this policy.

5. Relocation of Current Resident From One SNF Unit to Another SNF Unit

- a. Relocation Guidelines
 - i. Nurse Manager will explain process. Upon admission to a resident care unit, the nurse manager shall be responsible for explaining to the resident or surrogate decision maker (SDM) the process by which the RCT assesses the resident for the purpose of appropriate placement.
 - ii. Decision criteria. Criteria for determining the appropriate unit shall be based on an assessment of the resident's needs and knowledge of services available, including knowledge of available shift staffing and skills within the respective care units. Decisions regarding resident relocation between units shall be made by the PFC in collaboration with the CMO or designee and CNO or designee and the respective referring and receiving resident care teams of the neighborhoods.

- iii. Relocation requests. Requests for relocation to another unit by the resident, surrogate, or RCT shall be evaluated by the PFC who facilitates the decision-making process.
- iv. Relocation. In the event that a resident is to be relocated involuntarily in order to better match the resident's needs with unit focus and resources, the nurse manager shall give the resident or representative notice in advance of relocation. This shall be documented by completing the Transfer of Room Notification form, which includes:
 - Reasons for the relocation;
 - Date the relocation will occur;
 - The care unit to which the resident will be relocated; and

The RCT shall take into consideration the resident's response in deciding whether to continue with the relocation. This discussion must be documented in the medical record. In a contested relocation the medical social worker shall notify the ombudsman.

- v. Problem resolution. Prior to making a relocation referral to the PFC for a reason other than a change in level of care, the RCT shall utilize resources at its disposal to resolve the problem, address the concern, or meet the need behind the referral.
- vi. Re-evaluation of problematic relocations. RCTs shall re-evaluate complex or problematic relocations and roommate assignments at least one month after the relocation.
- vii. Appeal route for conflict intervention. Conflicts about relocation process shall be referred to the CNO and CMO for joint resolution.
- viii. Neighborhood moves. When large scale, permanent or temporary care unit moves are anticipated, the details of the move, such as how and when residents and families shall be informed, must be worked out in advance by the RCT.

b. Relocation Procedures

- i. All relocation requests, including plans for relocation to and from specialty units which accept direct admission from the community, shall be routed through the designated PFC. For relocations to specialty units, the PFC shall communicate with the unit RCT and A&E.

- ii. The resident and appropriate family/surrogate decision maker(s) shall be notified when the relocation is being planned and be informed of the reason and the estimated waiting period, if known. They shall be offered an opportunity to visit the new location, if possible.
- iii. The sending unit nurse manager shall communicate with the receiving unit nurse manager prior to relocation and the sending physician shall communicate with the receiving unit physician, if possible, at least one day in advance of the relocation.
- iv. Once an appropriate bed becomes available, the PFC shall confirm relocation plans and confirm that the sending and receiving care units are notified.
- v. A physician's order is required for the relocation.
- vi. To promote continuity in care, the sending physician shall document in the medical record, a relocation note.
- vii. The receiving RCT shall review the existing treatment plans initiated by the previous team, and review the plan and all changes with the resident.
- viii. Each discipline shall take appropriate measures to assure continuity of care.
- ix. Ancillary Service departments, who receive the Daily Census report, shall make this information available to clinical staff on a daily basis so that caregivers can track resident transfers and readmissions.

ATTACHMENT:

Appendix A: Relocation Checklist for Individual Resident
Appendix B: Behavioral Screening
Appendix C: LHH Palliative Care Program

REFERENCE:

LHHPP 20-10 Transfer and Discharge Notification
LHHPP 22-03 Resident Rights
LHHPP 23-01 ~~Resident Care Plan (RCP), Resident Care Team (RCT) & Resident Care Conference (RCC) Development & Implementation of an Interdisciplinary Resident Care Plan~~
LHHPP 24-06 ~~Resident and Visitor Complaints/Grievances~~ ~~Resident Suggestions and Complaints~~
Internet Only Manual (IOM) Publication 100-02, Medicare Benefit Policy Manual
Internet Only Manual (IOM) Publication 100-08, Medicare Program Integrity Manual

Revised: 00/07/13, 04/02/06, 04/03/02, 04/12/16, 09/08/24, 10/11/09, 11/01/25,
11/09/27, 12/01/31, 12/07/31, 13/11/21, 14/07/29, 14/11/25, 16/09/13, 17/11/14,
18/01/09, 18/11/13, 19/03/12, 20/12/08 (Year/Month/Day)

Original adoption: This is a consolidation of 12 previous policies

ABUSE AND NEGLECT PREVENTION, IDENTIFICATION, INVESTIGATION, PROTECTION, REPORTING AND RESPONSE

PHILOSOPHY:

Laguna Honda Hospital and Rehabilitation Center (LHH) shall promote an environment that enhances resident well-being and protects residents from abuse, neglect, exploitation of residents, misappropriation of resident property, use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's medical symptoms.

POLICY:

1. LHH employees, contractors, and volunteers shall provide a safe environment and protect residents from abuse, neglect, misappropriation of property, exploitation, and use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's condition.
2. All LHH employees, contractors, and volunteers are mandated reporters of alleged incidents of abuse and/or suspicion of incidents of abuse.
3. LHH employees, contractors, and volunteers shall immediately respond to observed or suspected incidents of abuse.
4. LHH employees, contractors, and volunteers shall report alleged violations to the California Department of Public Health (CDPH), the Ombudsman, and Nursing Operations within specified timeframes:
 - a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or
 - b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.
5. The LHH Department of Education and Training (DET) shall be responsible for developing curricula for and training all employees, volunteers, and contractors on abuse prevention and timely reporting.
6. LHH Department Managers are responsible for monitoring staff compliance with this policy and LHH Quality Management (QM) and Human Resources (HR) departments shall be responsible for the process oversight.
7. LHH shall not employ or otherwise engage individuals who:
 - a. have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;

- b. have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; and/or
- c. have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.

8. LHH will promote a culture of safety and open communication where retaliation against any persons who lawfully reports a reasonable suspicion of resident abuse, causes a lawful report to be made, or takes steps in furtherance of making a lawful report is strictly prohibited.

8.9. Pursuant to Section 1150B of the Social Security Act, LHH employees, contractors, and volunteers shall report any reasonable suspicion of a crime committed against a resident of this facility.

PURPOSE:

- 1. To protect the resident from abuse or neglect, exploitation of residents, misappropriation of resident property, use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's medical symptoms.
- 2. To report incidents or alleged violations of abuse or neglect, exploitation of residents, misappropriation of resident property, use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's medical symptoms without fear of retaliation and in a timely manner.
- 3. To promptly investigate allegations of abuse or neglect, exploitation of residents, misappropriation of resident property, use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's medical symptoms.
- 4. To provide clinical intervention to prevent and minimize abuse or neglect, exploitation of residents, misappropriation of resident property, use of involuntary seclusion or any physical or chemical restraint not required to treat the resident's medical symptoms.
- 5. To meet reporting requirements as mandated by federal and state laws and regulations.
- 6. To establish coordination with the QAPI program.

DEFINITION:

- 1. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services

that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

- a. "Verbal Abuse" means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.
 - b. "Sexual Abuse" is non-consensual sexual contact of any type with a resident.
 - c. "Physical Abuse" includes, but is not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment.
 - d. "Mental Abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s).
 - e. Financial abuse includes, but is not limited to, wrongful, temporary, or permanent use of a resident's money without the resident's consent.
2. "Willful," means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
 3. "Neglect" means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
 4. "Exploitation" means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
 5. "Misappropriation of Resident Property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.
 6. "Involuntary Seclusion" refers to the separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs as long as the least restrictive approach is used for the minimum amount of time.

7. "Injuries of unknown source" should be classified as an "injury of unknown source" when all of the following criteria are met:
 - a. The source of the injury was not observed by any person; and
 - b. The source of the injury could not be explained by the resident; and
 - c. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
8. "Crime" is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.
9. "Serious Bodily Injury" means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse.
10. "Criminal sexual abuse" is serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

PROCEDURE:

1. Screening of Potential Employees

- a. Criminal Background Checks
 - i. Applicants for employment at LHH must submit to fingerprinting by federal authorities and must have a clear background check prior to processing of any appointments for hire at LHH. This is required in addition to the existing bi-annual fingerprinting and background check process in the State of California for initial certification and continued CNA certification as a condition of employment.
 - ii. LHH will screen employees for a history of abuse, neglect or mistreating residents by attempting to obtain information from previous employers and/or

current employers and checking with the appropriate licensing boards and registries.

~~ii. Registry agencies will provide documentation of screening of staff to LHH. In addition, the Department of Education (DET) shall review background check documents provided by the registry agency and shall file in the appropriate on-boarding records.~~

~~iii.~~

~~iii-iv.~~ LHH will maintain document of proof that screening occurred.

b. Experience and References

- i. Applicants for employment shall provide a photocopy of certification and verification (including references) of qualifying experience. The facility will make reasonable efforts to verify previous employment and to obtain information from previous and/or current employers.

2. Education

a. Employee and Volunteer Education

- i. New employees, registry staff, and /volunteers, including transfers or inter-facility reassignments to LHH, shall, as a condition of employment, review and sign a statement acknowledging the prohibition against the abuse of elder and dependent adults and the obligation to report such abuse. A copy of the signed statement "Dependent Adult/Elder Abuse Prohibition and Reporting Requirement" shall be kept in the employee's/volunteer's personnel file.
- ii. New employees, registry staff, and /volunteers, including transfers or inter-facility reassignments to LHH, shall, as a condition of employment, participate in "The Abuse Prohibition/Prevention Program", which includes the following:
 - Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation;
 - Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property;
 - Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators;
 - Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources;
 - Understanding behavioral symptoms of residents that may increase the risk of abuse and neglect such as:

- Aggressive and/or catastrophic reactions of residents;
 - Wandering or elopement-type behaviors;
 - Resistance to care;
 - Outbursts or yelling out; and
 - Difficulty in adjusting to new routines or staff.
 - Facility orientation program on residents' rights, including confidentiality, preservation of dignity, identifying what constitutes abuse, and recognizing and reporting abuse without fear of retaliation;
 - Nonviolent safety management and prevention of challenging behaviors;
 - Annual in-service education provided by the Department of Education and Training (DET) to all employees, which includes a review of residents' rights, abuse and neglect prohibition/prevention, mandated reporting, and resident and employee freedom from retaliation when reporting abuse allegations.
 - DET shall provide additional abuse and neglect prevention training to nursing and other staff annually, including recognition of psychological, behavioral, or psychosocial indicators of abuse, recognition of environmental factors that could potentially lead to abuse, and other pertinent abuse and neglect prevention and response educational topics.
 - Annual performance appraisals will include a competency to assess knowledge of employee's abuse prevention.
- b. Employees shall be informed of their rights during NEO and through posted information in the Human Resources Department. This shall include the right to file a complaint with the State Survey Agency if anyone at LHH retaliates against an employee who files a report of a reasonable suspicion of a crime committed against a resident to a law enforcement agency (such as the San Francisco Sheriff's ~~Department-Office~~ (SFS~~OD~~) at 4-2319).
- i. Information on employee rights related to reporting a crime or retaliation shall be posted in HR.
 - ii. Retaliation includes but not limited to demotion, suspension, threats, harassment, denial of promotion or other employment-related benefit, or discrimination in the terms and conditions of employment.

- iii. LHH shall not file a complaint or a report against a nurse or other employee with the appropriate state professional disciplinary agency because of lawful acts done by the nurse or employee.

c. Resident Education

- i. Residents are presented on admission with a Residents' Handbook that contains information on residents' rights and responsibilities, contacting advocates, and the abuse reporting process. Residents are informed to whom they may report concerns, incidents and complaints.
- ii. A listing of Residents' rights shall be posted on each unit.
- iii. Resident education topics such as reporting abuse, neglect, exploitation and/or mistreatment shall be reviewed at the neighborhood/unit community meetings at least twice a year or more frequently as determined by the Resident Care Team (RCT).

3. Prevention

- a. LHH shall Identify, correct, and intervene in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff assigned have knowledge of the individual residents' care needs and behavioral symptoms.
- b. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect.
- c. LHH shall ensure the health and safety of each resident with regard to visitors such as family members or resident representatives, friends, or other individuals subject to the resident's right to deny or withdraw consent at any time and to reasonable clinical and safety restrictions.
- d. Staff (including registry staff) shall be trained in nonviolent safety management and prevention of challenging behaviors, which includes assessment, response techniques, and tools to prevent and identify potential crisis and/or de-escalate challenging behaviors. Training includes:
 - i. Nonverbal communication
 - ii. Para verbal communication
 - iii. Verbal communication

- iv. Precipitating factors, rational detachment and the integrated experience
- v. Staff fear and anxiety
- vi. Decision making
- vii. Physical interventions (disengagement skills) as a last resort
- viii. Debriefing
- e. Staff and families shall be provided with information on how and whom they may report concerns, incidents and grievances, as well as feedback regarding their expressed concerns (see procedure 2.a. Employee and Volunteer Education).
- f. RCT members and clinical staff shall conduct ongoing resident assessments, revise care plans as needed, and monitor resident's needs and behaviors that may lead to conflict or neglect (see procedure 9 Resident Assessment and Care Planning).

4. Identification: Signs of Possible Abuse, Neglect, Misappropriation of Resident Property, or Exploitation

- a. Abuse may result in psychological, behavioral, or psychosocial outcomes. The following signs may alert LHH staff to possible resident abuse and indicate the need for immediate reporting, response, and investigation:
 - i. Statements from a resident alleging abuse, neglect, misappropriation of resident property, or exploitation (including involuntary seclusion and unreasonable confinement) by staff, another resident, or visitor;
 - ii. Sounds and/or utterances that suggest physical or verbal abuse, neglect, misappropriation of resident property, or exploitation, chemical or physical restraints;
 - iii. Injuries, abrasions, falls, or bruises of unknown or suspicious origin and/or location;
 - iv. Illogical accounts given by resident or staff member of how an injury occurred;
 - v. Sudden or unexplained changes in resident's personality or behavior(s) such as aggressive or disruptive behavior, running away, fear of being around a certain person or being in a particular context, withdrawal, isolating oneself, expressions of guilt and/or shame, depression, crying, talk of suicide and/or attempts, disturbed sleep;
 - vi. Resident asks to be separated from caregiver or accuses caregiver of mistreatment;

vii. Failure to provide care needs such as comfort, safety, feeding, bathing, dressing, turning & positioning

vii-viii. Resident-to-resident altercations;

viii-ix. Visitor-to-resident altercations;

ix-x. Unexplained contraction of sexually transmitted diseases, vaginal or anal bleeding, or torn and/or bloodied underclothing.

x-xi. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.

xi-xii. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.

- b. These signs may indicate that mental and/or verbal, sexual, or physical abuse, and/or the deprivation of goods and services has occurred; in the event that an indicator becomes apparent, LHH staff should immediately respond to and report the potential abuse.

5. Protection: Staff/Volunteer Intervention

- a. In the event that an employee/volunteer
- i. Observes abuse,
 - ii. Suspects that abuse has occurred,
 - iii. Observes resident-to-resident or visitor-to-resident altercation,
 - iv. Identifies an injury of unknown source/ origin,
 - v. Learns about an allegation of abuse, neglect or exploitation of any LHH resident, and/or is the first person to learn of a resident-to-resident or visitor-to-resident altercation, that employee/volunteer shall immediately attempt to identify the involved resident(s) and notify the responsible manager and the nurse manager or nursing supervisor.
- b. The employee and/or responsible managers shall take immediate measures to assure resident safety as follows:
- i. In the event of alleged employee to resident abuse, neglect or exploitation, the responsible manager shall reassign the employee who is being investigated to non-patient care duties or place the employee on administrative leave if non-patient care duties are not available at the point the manager was notified of

the allegation. These measures shall be in place until the investigation is completed.

- ii. In the event of alleged resident-to-resident abuse or resident-to-resident altercation, the employee shall immediately separate the residents and move each resident to a safe area apart from one another until the incident is addressed by the responsible manager/supervisor.
- c. The responsible manager shall document the incident in each respective involved resident's medical record and develop or revise care plan as necessary.
- d. Upon receiving a report of alleged abuse, neglect or exploitation, the licensed nurse shall assess the resident for any potential change in condition. If the resident is noted to have a change in condition, the attending or on-call physician shall be promptly notified and shall complete a physician assessment of the resident.
- i. The physician shall document the history of abuse as relayed, any findings of the assessment and psychological evaluation, and any treatment initiated. The physician shall, in the event of a resident-to-resident altercation, perform a physical exam on both residents and record in the progress notes of both residents' medical records the history, examination findings, psychological evaluation and any treatment initiated.
- e. The Medical Social Services Worker shall follow-up with the resident within 72 hours to assess and to provide psychosocial support.

6. Reporting Protocol

- a. All LHH employees, volunteers, and contractors are mandated reporters of alleged incidents of abuse and/or suspicion of incidents of abuse.
 - i. The mandated reporter shall immediately respond to the observed or suspected incident(s).
 - ii. Reporting shall be completed within the specified timeframes:
 - Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or
 - Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.
 - iii. Reporting shall to the following agencies in the above specified timeframes:
 - CDPH (415) 330-6353

- Ombudsman (415) 751-9788
 - Nursing Operations (415) 327-1902
- iv. ~~Designees-QM~~ will assist the staff, contractor, or volunteer with reporting requirements and ensure specified timelines are ~~me~~ followed accordingly for both the initial and follow-up investigation reports, and any other State level required reporting.
- v. The mandated reporter may report anonymously to each internal and/or external agency.
- b. LHH mandates suspected abuse to be reported to the local Ombudsman office as required by State law.
- c. LHH shall report to the state nurse aide registry or licensing authorities any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service.
- d. LHH also requires any reasonable suspicion of a crime committed against a resident of LHH be reported to SFSO.
- i. LHH will work with SFSO annually to determine which crimes are reportable.
 - ii. Examples of crimes that are reportable include but are not limited to the following:
 - Murder;
 - Manslaughter;
 - Rape;
 - Assault and battery;
 - Sexual abuse;
 - Theft/Robbery
 - Drug diversion for personal use or gain;
 - Identity theft; and
 - Fraud and forgery.
 - Certain cases of abuse, neglect, and exploitation

e. Notification requirements:

- i. Within 2 hours: Events involving crimes or suspicion of crimes that result in bodily injuries; and alleged violations of abuse (physical, verbal, mental and sexual), neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property and involuntary seclusion.
 - ii. Within 24 hours: Events involving crimes or suspicion of crimes that do not result in serious bodily injury; and allegations of abuse that are not substantiated and do not result in serious bodily injury.
 - iii. The mandated reporter shall report the incident to CDPH, the Ombudsman and Nursing Operations.
 - iv. Nursing Operations shall notify the Chief Executive Officer (CEO), Administrator on Duty (AOD), SFSO, and QM.
- f. The nurse manager, charge nurse, and nursing supervisor shall communicate to inform one another of the alleged abuse. The nurse manager, charge nurse, and nursing supervisor shall:
- i. Immediately notify the attending or on-call physician of the alleged abuse;
 - ii. Immediately inform the resident and/or surrogate decision-maker that the abuse allegation is being taken seriously; identify for the resident and/or the surrogate decision-maker the steps being taken to provide for the resident's safety; and assure the resident and/or the surrogate decision-maker that an investigation is being conducted, the outcome of which will be reported to the resident and/or surrogate decision-maker.
- g. If given permission by a resident with decision-making capacity, the physician or nurse manager shall contact the resident's family or representative regarding the alleged abuse. If the resident does not have decision-making capacity, the physician shall notify the resident's surrogate decision-maker.
- h. If an abuse allegation involves a LHH staff person, the nursing supervisor shall notify HR and the staff person's immediate supervisor within 24 hours. The direct supervisor or nursing supervisor shall remove the staff from resident care for the duration of the investigation.
- i. The nurse manager or nursing supervisor shall also assess and determine if the incident warrants contacting other resources, such as the psychiatric on-call physician.
- j. The nurse manager or nursing supervisor shall assess on a case-specific basis allegations of, resident to resident altercations, including altercations that occur between two residents with dementia that do not result in bodily injury, or rise to

a reasonable suspicion of a crime, and determine, if an incident is reportable to SFSO. The Deputy Sheriff may be consulted as necessary if the allegation warrants official notification to the Sheriff's Department.

- k. In cases of alleged or factual rape the following steps must be taken:
 - i. LHH staff must immediately notify SFSO (Ext. 4-2319).
 - ii. The attending physician shall make a direct referral to the San Francisco Rape Treatment Center located at 2801A – 25th Street, San Francisco (Ph: 415-821-3222) and shall direct the staff to preserve physical evidence to include the resident's physical condition and related personal effects.
 - iii. At the San Francisco Rape Treatment Center, the resident shall be interviewed, specimens shall be taken, and treatment for possible sexually transmitted diseases as well as HIV prophylaxis shall be prescribed as deemed appropriate.
 - iv. In all cases of rape, the attending physician shall request a psychiatric consultation for the resident.
 - v. If a non-employee is identified as a suspect of rape, the nursing supervisor or nurse manager shall contact the Sheriff's Department.
- l. The results of the investigation shall be reported to CDPH within five working days of the incident by QM. If the alleged violation is verified, appropriate corrective actions shall be taken.
- m. The respective department head, in consultation with HR, shall report cases of substantiated abuse investigations to the appropriate employee's Licensing and Certification Boards.

Federal Regulation (F-Tags)	Suspicion of a Crime 42 CFR 483.12(b)(5) and Section 1150B of the Social Security Act	Alleged Violations 42 CFR 483.12(c)
F-609 Report of Alleged Violations		
What to Report	Any reasonable suspicion of a crime against a resident or an individual receiving care from the facility	1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2) The results of all investigations of alleged violations
Who is Required to Report	Every Employee (Mandated Reporter) shall report to: CDPH, the Ombudsman, and Nursing Operations.	
Who Will Report to CDPH and the Ombudsman	Employee (Mandated Reporter)	

Who Will Report to SFSO, QM, CEO	Nursing Operations	
When to Report to CDPH, Ombudsman and SFSO	Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion	All alleged violations- 1) Immediately but not later than 2 hours*- if the alleged violation involves abuse or results in serious bodily injury 2) Not later than 24 hours*- if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury Results of all investigations of alleged violations- within 5 working days of the incident
	No serious bodily injury – not later than 24 hours*	

7. Investigation

- a. Any nurse or RCT member involved in the investigation of a resident-to-resident altercation, or allegation of abuse, neglect or exploitation shall document in the progress notes the details surrounding the incident (e.g., the times of physician notification and visits, the time of notification of the nursing supervisor, pertinent orders and actions, relevant resident remarks and assessment of resident condition related to the situation).
- b. If an abuse, neglect or exploitation allegation involves a LHH employee, the ~~investigating~~ supervisor/manager shall immediately give the involved employee an interim reassignment ~~in-to a~~ non-patient care areas or work with HR to place the employee on administrative leave, pending completion of the investigation. The interim reassignment or administrative leave will be in place until the ~~Nursing and HR Departments complete their~~ investigations are complete. and confer on their findings. The employee shall be formally notified of the outcome of the investigation and future employee assignment.
- c. If an abuse allegation, neglect or exploitation involves a LHH employee and the conclusion to the investigation does support the allegation, the manager shall continue the administrative leave measure pending completion of the full investigation by HR. The investigating supervisor/manager may consider the following factors in determining whether the alleged employee shall be placed on leave or reassigned to non-patient care duties:
 - i. Severity of the allegation,
 - ii. Circumstances of the case per the investigation, and
 - iii. Prior disciplinary and employment history.

- d. QM staff shall forward investigation documents related to the abuse, neglect or exploitation allegation involving LHH staff to ~~the LHH~~ HR. The ~~LHH~~ HR department shall conduct an independent investigation of any abuse allegation involving LHH staff whenever the investigating party determines that the alleged abuse is substantiated.
- e. Once a suspected crime has been committed, caution will be exercised when handling materials that may be used for evidence or for a criminal investigation. LHH will reference applicable State and local laws regarding preserving evidence.
- f. ~~LHH~~ HR shall confer with the involved staff's immediate supervisor about the findings of the investigation to determine the appropriate administrative course of action.
- g. If an employee or non-employee is identified as a suspect of a crime, the nursing supervisor or nurse manager shall contact SFSOD. The nursing supervisor or manager shall initiate action to protect the resident and the SFSOD and or San Francisco Police Department shall carry out the investigation.
- h. The nurse manager or nursing supervisor shall inform the resident and responsible party of the findings of the investigation and provide feedback to the employee who reported the criminal incident or abuse allegation.

8. Forms Completion and Submission

- a. The Charge Nurse or designee shall complete the Unusual Occurrence report related to the suspected criminal incident or allegation of abuse and submit to QM electronically.
- b. The "Report of Suspected Dependent Adult/Elder Abuse" form (SOC 341), shall be completed by the designation of Nursing Operations. The staff person may be the Nurse Manager, Charge Nurse, Medical Social Worker or Nursing Operations Nurse Manager. The completed SOC 341 shall be submitted to QM. (Refer to LHH SharePoint Forms page for an electronic form).
- c. The ~~investigating~~ supervisor/manager ~~conducting the investigation into resident abuse, neglect or exploitation~~ shall verify that the Unusual Occurrence and the SOC 341 forms have been completed and submitted to QM.
- d. The SOC 341 shall be faxed to 415-751-9789 by Nursing Operations or designee and the fax verification submitted to QM.
- e. The ~~investigating supervisor/manager~~ QM Regulatory Affairs team shall complete the Investigation of Alleged Abuse form ~~and submitted to QM with attachments~~ in cases of:
 - i. Resident-to-resident

- ii. Visitor-to-resident
 - iii. Staff-to-resident
 - iv. Injury of unknown origin
 - v. Neglect
 - vi. Misappropriation of resident's property
- f. In cases of alleged resident abuse, neglect or exploitation by staff or visitor, the final conclusion shall be determined by QM Regulatory Affairs team~~the Nursing Director~~, after conferring with the ~~Chief Nursing Officer~~LHH Executive Team.
- g. QM staff shall submit the SOC 341 form to the Ombudsman Office via fax (415-751-9789) if the fax verification was not received by Nursing Operations or designee.
- h. QM staff shall provide a copy of the SOC 341 form to SFSOD.
- ~~i. QM staff shall provide employee (mandated reporter), if not reported anonymously and staff information known, with a Mandated Reporter Response Form to acknowledge receipt of report and provide pertinent finding(s)/conclusion(s) as appropriate in accordance with HIPPA.~~

9. Resident Assessment and Care Planning

- a. In cases of allegations of abuse, neglect or exploitation or resident-to-resident or visitor-to-resident altercation, the nurse manager or charge nurse, with input from the RCT and the resident(s) themselves (if possible) shall take the lead in assessing and updating the residents care plan(s). Considerations for care planning may include the following:
- i. Short-term and long-term measures to provide the resident with a safe and secure environment.
 - ii. Measures to mitigate the psychological impact of the incident.
 - iii. Characteristics, behaviors or habits that make the resident vulnerable at risk for aggression or altercations.
- iv. Physiologic factor(s) involved in this incident. This should consider:
- Was the resident hungry, thirsty, constipated, in need of going to the bathroom, sleep deprived?
 - Was the resident in pain?
 - Did the resident have signs of an infection or delirium?

iv-v. Treatment that may have contributed to or induced the resident's behavior.

- ~~v-vi.~~ vi. Need for psychiatric evaluation.
- ~~vi-vii.~~ vii. Environmental stimulus/factor(s) contributing to this incident (excessive noise, crowded room).
- ~~vii-viii.~~ viii. Staff action and/or inaction that may have contributed to the resident's behavior
- ~~viii-ix.~~ ix. Ability to modify environment.
- ~~ix-x.~~ x. Likelihood of a repeat incident.
- ~~x-xi.~~ xi. Interventions to minimize the risk of recurrence.
- ~~xi-xii.~~ xii. Need for frequent check-ins
- ~~xii-xiii.~~ xiii. Need for relocation or transfer to another level of care.

10. Coordination with QAPI

- a. LHH will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.
- i. Cases of physical or sexual abuse, for example by facility staff or other residents, will be reviewed for and receive corrective action and tracking by the QAA Committee. This coordinated effort results in the QAA Committee determining:
 - If a thorough investigation is conducted;
 - Whether the resident is protected;
 - Whether an analysis was conducted as to why the situation occurred;
 - Risk factors that contributed to the abuse (e.g., history of aggressive behaviors, environmental factors); and
 - Whether there is further need for systemic action such as:
 - Insight on needed revisions to the policies and procedures that prohibit and prevent abuse/neglect/misappropriation/exploitation,
 - Increased training on specific components of identifying and reporting that staff may not be aware of or are confused about,

- Efforts to educate residents and their families about how to report any alleged violations without fear of repercussions,
- Measures to verify the implementation of corrective actions and timeframes, and
- Tracking patterns of similar occurrences.

ATTACHMENT:

Appendix A: Investigation of Alleged Abuse Form

REFERENCE:

LHHPP 22-03 Resident Rights

LHHPP 22-05 Handling Resident's Property and Prevention of Theft and Loss

LHHPP 22-07 Physical Restraints Including Bed Rails

LHHPP 22-08 Threats of Violence to Residents by an External Party

LHHPP 22-10 Management of Resident Aggression

LHHPP 24-06 Resident Complaints/Grievances

LHHPP 73-05 Workplace Violence Prevention Program

[SOC 341 Form](#)

Revised: 07/15/96, 12/27/99, 05/18/00, 01/03/01, 04/18/05, 04/28/05, 06/28/05,
07/29/05, 04/05/06, 01/08/08, 12/03/07, 16/01/12, 17/09/12, 18/05/08, 18/09/11,
19/05/14, 19/07/09, 19/09/10, 20/01/14, 21/02/09, 23/03/14 (Year/Month/Day)

Original adoption: 05/20/92

Appendix A: Investigation of Alleged Abuse Form



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

Investigation of Alleged Abuse

PART I: INCIDENT INFO

TODAY'S DATE: _____

Type of Alleged Abuse

- ☐ Injury of Unknown Origin ☐ Misappropriation of Resident's Property ☐ Neglect ☐ Other to Resident
☐ Resident to Resident ☐ Staff to Resident ☐ Other

Occurrence of Incident

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Brief Description of Incident

PLEASE INCLUDE WHO, WHEN, WHERE, WHAT AND WHY.

List of Witnesses

☐ No witnesses were identified.

Name: _____ Contact Number: _____ ☐ Interviewed ☐ Summary Attached

Name: _____ Contact Number: _____ ☐ Interviewed ☐ Summary Attached

PART II: REPORTER INFO

Date of Report: _____ Name of Reporter: _____ Job Class/Title: _____

Reporter is: ☐ LHH Staff ☐ Other (specify): _____ Contact Number: _____

Reported to: _____ Job Class/Title: _____

Page 1 of 6

Investigation of Alleged Abuse

PART III: PERSONS INVOLVED

Resident A (Alleged Victim)

First Name _____ Last Name _____ Medical Record # _____

Date of Birth _____ Unit _____ Bed _____ Contact Number _____

Relevant Diagnosis _____

Resident is determined by physician to be:

☐ Own Decision Maker (ODM) ☐ Cognitively Impaired (CI) ☐ Surrogate Decision Maker _____

Resident B (Suspected Abuser) ☐ N/A

First Name _____ Last Name _____ Medical Record # _____

Date of Birth _____ Unit _____ Bed _____ Contact Number _____

Relevant Diagnosis _____

Resident is determined by physician to be:

☐ Own Decision Maker (ODM) ☐ Cognitively Impaired (CI) ☐ Surrogate Decision Maker _____

Staff/Other ☐ N/A

First Name _____ Last Name _____ Contact Number _____

Job Class/Title _____ Relationship to Resident _____

PART IV: PROTECTIONS TAKEN

Staff to Resident ☐ N/A

☐ Reassignment of alleged staff to a non-patient area.

☐ Staff sent home or on administrative leave.

Resident to Resident / Other to Resident ☐ N/A

☐ Involved parties were separated and counseled. If not, please explain why:

☐ One of more residents moved or relocated.

☐ Other. Please explain:

Other Types of Alleged Abuse ☐ N/A

☐ Please describe action taken:

Investigation of Alleged Abuse

PART V: NOTIFICATION TO BE COMPLETED

Notification Requirements to CDPH, CEO/AOD, Ombudsman, QM Staff and SFSD based on criteria below:

Within 2 hours: Events involving crimes or suspicion of crimes that result in bodily injuries; and alleged violations of abuse (physical, verbal, mental and sexual), neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property and involuntary seclusion.

Within 24 hours: Events involving crimes or suspicion of crimes that do not result in serious bodily injury; and allegations of abuse that are not substantiated and do not result in serious bodily injury.

Notification of Resident's Responsible Party ☐ N/A

Resident A: Name _____ Date _____ Time _____

Resident B: Name _____ Date _____ Time _____

LHH Staff Notification Checklist (Check appropriate boxes)

- ☐ Charge Nurse, Nurse Manager, and Nursing Director
- ☐ Physician
- ☐ Director of Social Work or Designee
- ☐ Urgent Psych for Evaluation (415-327-5130)
- ☐ Administrator/AOD
- ☐ Quality Management Department
- ☐ UO Documentation Complete
- ☐ Other _____

External Notification Checklist (Check appropriate boxes)

- ☐ Sheriff's Department (415-759-2319)
- ☐ SFSD Notification Form Faxed (415-759-3019)
- ☐ SOC-341 Completed and Faxed (415-751-9789)
- ☐ Rape Treatment Center (415-821-3222)
- ☐ Other _____
- ☐ CDPH Office (415-330-6353)
 - Name _____ ☐ Answering Machine
 - Date _____ Time _____
- ☐ Local Ombudsman Office (415-751-9788)
 - Name _____ ☐ Answering Machine
 - Date _____ Time _____

Sample call to CDPH:

This is ____ (your name and title) at Laguna Honda Hospital. This call is to notify you that on ____ (date and time), a report of alleged resident abuse involving ____ (name of resident) was received.

Please spell the resident's name(s) and give the resident's date of birth when reporting the incident. Specify if there was any resident injury that occurred. State that an investigation of the incident has been initiated.

If there are any questions, please contact Quality Management at ext. 4-3055, ext. 4-3057, ext. 4-3575, or ext. 4-3530.

Investigation of Alleged Abuse

PART VI: ASSESSMENT

Medical Assessment of Resident A

☐ N/A

Name of Physician _____ Date _____ Time _____

Brief Statement of Findings: _____

Medical Assessment of Resident B

☐ N/A

Name of Physician _____ Date _____ Time _____

Brief Statement of Findings: _____

Resident to Resident Incident Assessment(s)

☐ N/A

Please complete ONLY if incident is Resident to Resident.

Behavior Risk Assessment current and complete.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Care plan discusses problem behavior or risk of being a target of aggression.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Order for any scheduled psychotropic medications.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Order for any PRN psychotropic medications.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Received PRN psychotropic medications within 6 hours prior to incident.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

History of problem behaviors within the last 3 months.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Prior psych consult completed within the last 12 months.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Additional psych consult necessary.

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

Resident Interview

Resident MUST be interviewed unless comatose, discharged, or expired.

Resident A: Date _____ Time _____ ☐ Statement Attached ☐ Unable to Interview

Resident B: Date _____ Time _____ ☐ Statement Attached ☐ Unable to Interview

Analysis

Was this a deliberate act? ☐ Yes ☐ No If no, please explain: _____

If yes, did the deliberate act result in:

Physical Harm ☐ Yes ☐ No

Pain ☐ Yes ☐ No

Mental Anguish ☐ Yes ☐ No

Describe any physical injury, pain, and/or mental anguish: _____

Investigation of Alleged Abuse

PART VII: CONCLUSION

Based on the interviews and other information available at this time, and in the exercise of my clinical judgment:

☐ I conclude that the abuse is substantiated.

☐ I conclude that the theft occurred.

☐ I conclude that the abuse is NOT substantiated.

☐ I conclude that the theft did NOT occur.

Please explain the reason for your conclusion below.

Reason(s) for my conclusion:

PART VIII: SUPPORTING DOCUMENTS

Additional Required Notifications

(Check appropriate boxes)

Resident/responsible party has been notified of the outcome of this investigation.

☐ Yes ☐ No ☐ N/A

Resident/responsible party was satisfied with the outcome of the investigation.

☐ Yes ☐ No ☐ N/A

Employee(s) has been notified of the outcome of this investigation.

☐ Yes ☐ No ☐ N/A

Reporter of alleged abuse has been notified of the outcome of this investigation.

☐ Yes ☐ No ☐ N/A

Human Resources has been notified when staff to resident alleged abuse is substantiated.

☐ Yes ☐ No ☐ N/A

Additional Required Documents

(Check appropriate boxes)

I have attached a copy of the staff reassignment/ send home letter.

☐ Yes ☐ No ☐ N/A

I have attached a copy of the resident's current and revised care plan.

☐ Yes ☐ No ☐ N/A

I have attached a copy of the staff assignments.

☐ Yes ☐ No ☐ N/A

I have attached a copy of the RCT special review and revised/reviewed the resident's care plan.

☐ Yes ☐ No ☐ N/A

Name / Title: _____ Date Completed: _____

Signature: _____

Name / Title: _____ Date Completed: _____

Signature: _____

Page 5 of 6

Investigation of Alleged Abuse

ADDITIONAL SPACE

Please use space as needed. Indicate the section additional detail is being provided for.

Page 6 of 6

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 ~~provide guidance for 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 (SDS): 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. He/she will contact department heads quarterly for an update of hazardous chemicals in each department. The inventory will indicate departments in which chemicals are used, and locations where they are stored. This inventory shall be updated quarterly, and shall be posted on the Laguna Honda Hospital intranet. Hard copies will be maintained in the Industrial Hygienist's office and in the Hospital Command Center. 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.~~

~~i.~~

~~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.c.~~ 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 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 ~~ifn the event that our~~ computer systems are down. The binder will be updated at least quarterly by the LHH Industrial Hygienist ~~st.st 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;
- vi. Procedure for reporting and/or responding to spills, releases, or other unintended consequences; and
- ~~v. and~~
- vi.vii. 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 (PPE).
- 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: 15/01/13

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

Approved renumbering 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)
Facility Services	Advanced Adhesive Technologies	101 Adhesive	waterproof adhesive
EVS	JohnsonDiversey, Inc.	2NU53 – Extraction Cleaner, 1-G	STEAMETTE LIQUID EXTRACTION CLEANER
Facility Services	Coopower Battery Industrial Co. Ltd.	2UKJ9 – Battery Lead-Acid 12V 5AH	VALVE REGULATED LEAD-ACID BATTERY IS FILLED WITH DILUTE SULPHURIC ACID
Facility Services	Dem-Kote	2X987B	belt dressing
EVS	3M	3-in-1	Floor cleaner
Facility Services	Henkel Corporation	4KM01 – Adhesive Instant	495 SUPER BONDER INSTANT ADHESIVE
Facility Services	Chemtronics	5HZ97	Braid Desoldering #1
Facility Services	Honeywell International, Inc.	5TB81 – Aquastat Controller	HEAT CONDUCTIVE COMPOUND; MS16
Facility Services	3M	5Z337 – Caulk Fire Barrier	Caulk Fire Barrier
Facility Services	Panasonic Industrial Company – Panasonic Batteries	6TWF6 – Battery, 123A, Lithium, Pk 12	MANGANESE DIOXIDE (TYPE) LITHIUM BATTERY
Facility Services	Jet-Lube	769 Lubricant	lubricant
Facility Services	Fluka Chemical Company	Acetone	
Facility Services		Acetylene	
Facility Services	Kester	Acid Paste Flux SP-30	flux
Facility Services	Virginia	Acti-Klean Concentrate	
Nursing	AIRGAS INC., on behalf of its subsidiaries	Air	Compressed Air ; Breathing Quality Air ; synthetic-reconstituted air, medical medical air USP
Nursing	Professional Disposables International, Inc.	Alcohol Prep Pads	
EVS	Johnson Wax	Alpha HP Multi Surface Cleaner	
EVS	The Butcher Company	Amplify	Floor Finish
Facility Services	Tyco Fire Suppression and Building Products	ANSULEX Low pH Liquid Fire Suppressant	
Facility Services		Argon	
Facility Services	Potters Industries Inc.	Ballotini Impact Beads	beads for bead blasting
Facility Services	Refrigeration Technologies	Big-Blu	micro-leak detector solution

Central Supply	Clorox	Bleach	sodium hypochlorite
Nutrition Services	Clorox	Bleach	bleach
EVS	Diversey	Bravo Striper	floor stripper
EVS	JohnsonDiversey, Inc.	Breakdown Odor Eliminator Concentrate-Fresh #38	
EVS	Eco-Lab	Bright Neutral	floor-cleaner
Facility Services	Nu-Calgon	Cal-Spray Pan-Spray	Instant leak-sealer & product
Facility Services	Kingsford	Charcoal Lighter	lighter fluid
Nutrition Services	PureForce	CLEAN FORCE POT & PAN DETERGENT PINK	
Nutrition Services	Puritan Services Inc.	Cleanforce Tuff-Suds	
Facility Services	als	Coil-X-A	spray-on foam-cooling cleaner
Facility Services	Loctite	Gold-Galvanizing Compound-Zinc Rich	galvanizing compound
Nursing	Sage Products Inc	Comfort Bath Solution-Fragrance Free	
EVS	Diversey	Crew-NA	Non-Acid-Bowl & Bath Disinfectant Cleaner
Facility Services	Packaging Service Company, Inc.	CROWN 1-K KEROSENE	
Facility Services	Compair	CS-300	compressor lubricant
Facility Services	Omega Industrial Supply	CT-Fluid	Cutting and tapping fluid
Facility Services	K.O	Dirt-Blaster	Dirt & grease stripper
Facility Services	Cleveland Range LLC	Dissolve	descaling solvent
Facility Services	CRC Industrial	Dry Graphite Lube	
Facility Services	Mobil	DTE-24	hydraulic oil
EVS	Ecolab Inc. Institutional Division	ECOTEMP ULTRA DRY	
Facility Services	Nu-Calgon	EMKarate RL-22CF	refrigeration lubricant; synthetic polyol ester
Facility Services	Rust-Oleum	Enamel (various colors)	Industrial Spray Paint
EVS	Waxie Sanitary Supply	Encore	High-speed floor cleaner
EVS	Waxie Sanitary Supply	Enzymatic Luster-Crème	
Facility Services	J/B	Fast Vac	vacuum pump oil
Facility Services	GARRATT CALLAHAN	Ferroid Indicator	
Facility Services	Aervoe Industries Inc	Fleet and Custom Equipment Paint	
Facility Services	Permatex	Form-a-Gasket Sealant	sealant

Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 12-L	
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 151	
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 2002-Z	
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 315	
Facility Services	GARRATT-CALLAHAN COMPANY	FORMULA 455	
EVS	Diversey	Freedom SC Stripper	Floor Stripper
Facility Services	Nu-Calgon	Gas Leak Detector	gas leak detector
Facility Services	GE	General Purpose Insulating Foam	insulating foam
EVS	Diversey	Glance	glass cleaner
EVS	JohnsonDiversey, Inc.	GP FORWARD SC GENERAL PURPOSE CLEANER	
Nutrition Services	Eco-Lab	Greasecutter Plus	heavy duty degreaser
EVS	Waxie Sanitary Supply	Green Magnet Dust Mop Treatment	
EVS	Waxie Sanitary Supply	Gum Away II	
Facility Services	Permatex	High Tack Gasket Sealant	gasket sealant
Facility Services	Fel-Pro Incorporated	Hi-Temp C-200 Solid Film Lubricant	lubricant
EVS	Waxie Sanitary Supply	HOCUS-POCUS (A)	
All	Clorox	Hydrogen Peroxide Wipes	germicidal wipes
Facility Services	CRC Industrial	Industrial Food Grade White Grease	
Nursing	Medline Industries Inc.	Instant Cold Compress	
Facility Services	Crown	Kerosene 1-K	kerosene
EVS	Waxie Sanitary Supply	Kleen Brite Cherry Scented, Acid- Fortified, Washroom Cleaner	
Nutrition Services	Eco-Lab	Kool-Klene	freezer cleaner
EVS	Waxie Sanitary Supply	Laundry Detergent KleenLine	530990; ST-795-WA
Nutrition Services	Eco-Lab	Lime-A-Way	scale remover
Nutrition Services	Eco-Lab	Liquid Assure	presoak
EVS	Waxie Sanitary Supply	Liquid Pumice	
Facilities	Duracell	Lithium Manganese Dioxide Coin Batteries	

Facility Services	Henkel	Loctite Pipe Joint Compound	joint compound
Facility Services	Henkel Corporation	Loctite Silver Grade Anti-Seize	lubricant
Facility Services	Henkel	Loctite Extend Rust Treatment	Rust treatment
EVS	Eco-Lab	Low Maintenance Floor Finish	floor finish
Facility Services	LPS	LPS 1 Lubricant	lubricant
Facility Services	ZEP	Lubeze Drill-Chill	cutting oil
EVS	Reckitt Benckiser (Canada) Inc.	LYSOL Disinfectant Toilet Bowl Cleaner with Bleach	
Facility Services	Mattei	M5LX PAO	
Nursing	Miljac Inc	MAGNESIUM SULFATE ANHYDROUS	Magnesium sulfate (1:1), Epsom Salts, Magnesium sulfate anhydrous
EVS	Waxie Sanitary Supply	Mango Timed Metered Air Freshener	
Facility Services	Bernzomatic	MAPP Gas	methylacetylene-propadiene propane
Nursing	Medline Industries Inc.	MEDLINE HIGH-SUDS DETERGENT	
Facility Services	Alpha-Chem	Mega Foam Cut	cutting fluid
EVS	Bad-Boy	Metal Polish	
Nutrition Services	Eco-Lab	Mikroklene	surface sanitizer
Facility Services	Mobil	Mobilmet S-122	water soluble cutting
Facility Services	George Basch Company	Nevr-Dull Magic Wadding Polish	polish
Facility Services	Simple Green	New Industrial Formula	
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Nitrogen	nitrogen (dot); nitrogen Nitrogen NF, LIN, Cryo Liquid Nitrogen, Liquid N
Facility Services	ConocoPhillips	No. 2 Diesel Fuel	diesel
Facility Services	AP Green	No. 36	refractory cement
Nutrition Services	Eco-Lab	Oasis 146 Mult-Quat Sanitizer	sanitizer
Facility Services	Krylon Products Group	Omni-Pak Enamel Blend	enamel
EVS	Diversey	Over & Under Plus Floor Sealer	Floor Sealer

All New buildings	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; Liquid oxygen; UN 1073; 1073; Dioxygen
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen; Liquid oxygen; UN 1073; 1073; Dioxygen
Facility Services	Omega Industrial Supply	Patch IT Aluminum	
Facility Services	Fel-Pro Incorporated	Pipe Thread Sealant	TFE thread sealer
Nutrition Services	Clean Force	Pot & Pan Detergent Pink	detergent
Nursing	Medline Industries Inc.	Povidone-Iodine Swabs and Prep Pads	
Facility Services	G-C Lubricants Co.	Premium Hydraulic	hydraulic fluid
Facility Services		Propane	
EVS	GoJo Industries Inc	Purell Instant Hand Sanitizer	hand sanitizer
Facility Services	E-Z Weld	Purple Primer	
Facility Services	E-Z Weld	PVC Cement	PVC cement
Facility Services	CRC Industrial	QD Contact Cleaner	
Facility Services	SOPUS Products	QUAKER STATE HD SAE Motor Oil All Grades	Motor Oil
Facility Services	Chevron and Texaco	Regular Unleaded Gasoline	
EVS	Eco-Lab	Revitalize	Carpet and Upholstery Cleaner
Nutrition Services	Eco-Lab	Rinse Dry	
Facility Services	Advanced Protective Products	Rust Destroyer	Rust converting primer
Facility Services	Stiles Paint Mfg	Rust-Ender	Rust converting latex primer
Facility Services	Valvoline	SAE 10W-40 Motor Oil	motor oil
Nursing	Professional Disposables International, Inc.	Sani-Hands ALC Antimicrobial Alcohol Gel Hand Wipes	
Facility Services	Grainger	SHC 634	synthetic gear and bearing oil
Facility Services	Superior Graphite Co.	Slip Plate Penetrant Plus	penetrating oil with graphite
Facility Services	S.C. Johnson & Son, Inc.	SNAPBACK UHS RESTORER	

Nutrition Services	Eco-Lab	Solid Metal Pro	detergent
Nutrition Services	Eco-Lab	Solid Power XL	
Nutrition Services	Eco-Lab	Solitaire	solid-detergent
Facility Services	SolPower Corporation	Soltron Enzyme Fuel Treatment	fuel treatment
EVS	Waxie Sanitary Supply	SOLUTION STATION 110 HD DEGREASER	
EVS	Waxie Sanitary Supply	Solution Station 700 Disinfectant Cleaner	
EVS	Diversey	Speedtrack Clean & Burnish	
Facility Services	Brulin & Col	Spray Glass RTU	Ready-to-use cleaner
Facility Services	Chemsearch	SS-25 Plus	electric motor anad mach cleaner
EVS	3M	Stainless Steel Cleaner & Polish	
EVS	Diversey	Stride Citrus HC	neutral cleaner
Facility Services	KMP International	Suniso	Refreigeration oil
Facility Services	Steco	TAP Magic ProTap	cutting fluid
EVS	Technical Concepts	TCell All Fragrances	Room deodorizer
EVS	Diversey	Timesaver Ultra High Solids Finish	floor finish
Facility Services	Exxon Mobil	Timken Premium Grease	
EVS	3M	Top Line 25 UHS Floor Coating	Floor Coating
Facility Services	W.W. Grainger	Tough Guy 2DBY2	citrus stainless steel cle
EVS	3M	Trouble Shooter	baseboard cleaner
Facility Services	SUPERIOR GRAPHITE CO.	TUBE-O-LUBE	
Nutrition Services	Eco-Lab	Ultra Dry	rinse additive
Facility Services	United Laboratories Inc.	United 103 Spray Triumph	rust converter and prime
Facility Services	United Laboratories Inc.	United 105 Cutting and Tapping Fluid	cutting fluid
Facility Services	United Laboratories Inc.	United 106 Silicone Lubricant	food grade multi-purpos spray
Facility Services	United Laboratories Inc.	United 107 Aerosol Safety Solvent	solvent
Facility Services	United Laboratories Inc.	United 109 White Guard A	Aerosol food grade gre
Facility Services	United Laboratories Inc.	United 114 Crystal View Glass Cleaner	glass cleaner
Facility Services	United Laboratories Inc.	United 120 Goober Lube	Clear Chain and Cab Lubricant
Facility Services	United Laboratories Inc.	United 124 Foot Locker	slip-resistant textured e coating

Facility Services	United Laboratories Inc.	United 125 All-Stik	waterproof heavy-duty adhesive-spray
Facility Services	United Laboratories Inc.	United 139	dry-spray lubricant and release agent
Facility Services	United Laboratories Inc.	United 140 Non-CFC Belt Dressing	belt-dressing
Facility Services	United Laboratories Inc.	United 148 Nutcracker	penetrating-oil
Facility Services	United Laboratories Inc.	United 156 Cold-Zinc	spray-galvanizer
Facility Services	United Laboratories Inc.	United 159 Vanilla-Blast Insecticide	crawling insect killer
Facility Services	United Laboratories Inc.	United 166 Power-Up	Chiller-coil cleaner
Facility Services	United Laboratories Inc.	United 174 Contact Cleaner	contact-cleaner
Facility Services	United Laboratories Inc.	United 182 Gum-Away	Gum and wax remover
Facility Services	United Laboratories Inc.	United 189 Lift-Off	Gasket and contact cement remover
Facility Services	United Laboratories Inc.	United 190 Up-White	Acoustical ceiling tile whitener
Facility Services	United Laboratories Inc.	UNITED 198 PERMA-FLEX	
Facility Services	United Laboratories Inc.	United 368 Hard-D Wipes	hard-surface disinfectant
Facility Services	United Laboratories Inc.	United 394	Drain-Maintainer
Facility Services	United Laboratories Inc.	United 423 White-Guard	white food-grade grease
Facility Services	United Laboratories Inc.	United 629 Grunge-Grippers	wipes
Facility Services	United Laboratories Inc.	United 640 Protex-All	High-gloss protectant wax
Facility Services	United Laboratories Inc.	United 717	ESA Multi-Purpose Industrial Descaler
Facility Services	United Laboratories Inc.	United 764 Micromousse	
Facility Services	United Laboratories Inc.	United 912 Beaming-Green	glass-cleaner
EVS	Diversey	Virex-256	disinfectant
Facility Services	WD-40	WD-40 Aerosol	
Facility Services	IPS Corp	Weld-On P-70 Primer	primer

~~EVS~~
~~Facility Services~~

~~Alliant~~
~~S. C. Johnson & Son, Inc.~~

~~White Distilled Vinegar~~
~~Windex Original Glass Cleaner~~

~~vinegar~~

Appendix B: Chemical Inventory – by Department

Updated January 10, 2014

Department	Manufacturer	Trade Name	Synonym(s)
All	Clorox	Hydrogen Peroxide Wipes	germicidal wipes
All New buildings	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen
Central Supply	Clorox	Bleach	Liquid oxygen; UN 1073; UN 1073; Dioxygen
EVS	JohnsonDiversey, Inc.	2NU53 – Extraction Cleaner, 1-G	sodium hypochlorite
EVS	3M	3-in-1	STEAMETTE LIQUID EXTRACTION CLEANER
EVS	Johnson Wax	Alpha HP Multi Surface Cleaner	Floor cleaner
EVS	The Butcher Company	Amplify	Floor Finish
EVS	Diversey	Bravo Striper	floor stripper
EVS	JohnsonDiversey, Inc.	Breakdown Odor Eliminator Concentrate – Fresh #38	
EVS	Eco-Lab	Bright Neutral	floor cleaner
EVS	Ecolab Inc. Institutional Division	ECOTEMP ULTRA DRY	
EVS	Waxie Sanitary Supply	Encore	High speed floor cleaner
EVS	Waxie Sanitary Supply	Enzymatic Luster Crème	
EVS	Diversey	Freedom SC Striper	Floor Stripper
EVS	JohnsonDiversey, Inc.	GP FORWARD SC GENERAL PURPOSE CLEANER	
EVS	Waxie Sanitary Supply	Green Magnet Dust Mop Treatment	
EVS	Waxie Sanitary Supply	Gum Away II	
EVS	Waxie Sanitary Supply	HOCUS POCUS (A)	
EVS	Waxie Sanitary Supply	Kleen Brite Cherry Scented, Acid-Fortified, Washroom Cleaner	
EVS	Waxie Sanitary Supply	Laundry Detergent KleenLine	530990; ST-795-WA
EVS	Waxie Sanitary Supply	Liquid Pumice	
EVS	Eco-Lab	Low Maintenance Floor Finish	floor finish
EVS	Reckitt Benckiser (Canada) Inc.	LYSOL Disinfectant Toilet Bowl Cleaner with Bleach	
EVS	Waxie Sanitary Supply	Mango Timed Metered Air Freshener	
EVS	Bad Boy	Metal Polish	
EVS	Diversey	Over & Under Plus Floor Sealer	Floor Sealer
EVS	GoJo Industries Inc	Purell Instant Hand Sanitizer	hand sanitizer

EVS	Eco-Lab	Revitalize	Carpet and Upholstery Cleaner
EVS	Waxie Sanitary Supply	SOLUTION STATION 110-HD DEGREASER	
EVS	Waxie Sanitary Supply	Solution Station 700 Disinfectant Cleaner	
EVS	Diversey	Speedtrack Clean & Burnish	
EVS	3M	Stainless Steel Cleaner & Polish	
EVS	Technical Concepts	TCell All Fragrances	Room deodorizer
EVS	Diversey	Timesaver Ultra High Solids Finish	floor finish
EVS	3M	Top Line 25 UHS Floor Coating	Floor Coating
EVS	3M	Trouble Shooter	baseboard cleaner
EVS	Alliant	White Distilled Vinegar	vinegar
EVS	Diversey	Crew-NA	Non-Acid Bowl & Bathroom Disinfectant Cleaner
EVS	Diversey	Glance	glass cleaner
EVS	Diversey	Stride Citrus HC	neutral cleaner
EVS	Diversey	Virex 256	disinfectant
Facilities	Duracell	Lithium Manganese Dioxide Coin Batteries	
Facility Services	GARRATT CALLAHAN	Ferroun Indicator	
Facility Services	GARRATT CALLAHAN COMPANY	FORMULA 12-L	
Facility Services	GARRATT CALLAHAN COMPANY	FORMULA 151	
Facility Services	GARRATT CALLAHAN COMPANY	FORMULA 2002-Z	
Facility Services	GARRATT CALLAHAN COMPANY	FORMULA 315	
Facility Services	GARRATT CALLAHAN COMPANY	FORMULA 455	
Facility Services	Coopower Battery Industrial Co. Ltd.	2UKJ9 Battery Lead Acid 12V 5AH	VALVE REGULATED LEAD ACID BATTERY IS FILLED WITH DILUTE SULPHURIC ACID
Facility Services	Chemtronics	5HZ97	Braid Desoldering #1
Facility Services	Honeywell International, Inc.	5TB81 Aquastat Controller	HEAT CONDUCTIVE COMPOUND; MS16

Facility Services	Panasonic Industrial Company -Panasonic Batteries	6TWF6 - Battery, 123A, Lithium, Pk 42	MANGANESE DIOXIDE (TYPE) LITHIUM BATTERIES
Facility Services	Fluka Chemical Company	Acetone	
Facility Services	Tyco Fire Suppression and Building Products	ANSULEX Low pH Liquid Fire Suppressant	
Facility Services	Packaging Service Company, Inc.	CROWN 1-K KEROSENE	
Facility Services	SOPUS Products	QUAKER STATE HD SAE Motor Oil All Grades	Motor Oil
Facility Services	S.C. Johnson & Son, Inc.	SNAPBACK UHS RESTORER	
Facility Services	SUPERIOR GRAPHITE CO.	TUBE-O-LUBE	
Facility Services	United Laboratories Inc.	UNITED 198 PERMA-FLEX	
Facility Services	United Laboratories Inc.	United 764 Micromousse	
Facility Services	WD-40	WD-40 Aerosol	
Facility Services	S. C. Johnson & Son, Inc.	Windex Original Glass Cleaner	
Facility Services	Dem-Kote	2X987B	belt dressing
Facility Services	Jet-Lube	769 Lubricant	lubricant
Facility Services	Kester	Acid Paste Flux SP-30	flux
Facility Services	Nu-Calgon	Cal-Spray Pen-Spray	Instant leak sealer & p product
Facility Services	Kingsford	Charcoal Lighter	lighter fluid
Facility Services	CRC Industrial	Dry Graphite Lube	
Facility Services	Permatex	Form-a-Gasket Sealant	sealant
Facility Services	Nu-Calgon	Gas Leak Detector	gas leak detector
Facility Services	GE	General Purpose Insulating Foam	insulating foam
Facility Services	Permatex	High-Tack Gasket Sealant	gasket sealant
Facility Services	Fel-Pro Incorporated	Hi-Temp C-200 Solid Film Lubricant	lubricant
Facility Services	Crown	Kerosene 1-K	kerosene

Facility Services	Henkel	Loctite Pipe Joint Compound	joint compound
Facility Services	Henkel Corporation	Loctite Silver Grade Anti-Seize	lubricant
Facility Services	LPS	LPS 1 Lubricant	lubricant
Facility Services	ZEP	Lubeze Drill-Chill	cutting oil
Facility Services	Bernzomatic	MAPP Gas	methylacetylene-propane propane
Facility Services	George Basch Company	Nevr-Dull Magic Wadding Polish	polish
Facility Services	Krylon Products Group	Omni Pak Enamel Blend	enamel
Facility Services	Omega Industrial Supply	Patch IT Aluminum	
Facility Services	Fel-Pro Incorporated	Pipe Thread Sealant	TFE thread sealer
Facility Services	E-Z Weld	PVC Cement	PVC cement
Facility Services	Advanced Protective Products	Rust Destroyer	Rust converting primer
Facility Services	Stiles Paint Mfg	Rust-Ender	Rust converting-latex p
Facility Services	Valvoline	SAE 10W-40 Motor Oil	motor oil
Facility Services	Superior Graphite Co.	Slip-Plate Penetrant Plus	penetrating oil with gra
Facility Services	SolPower Corporation	Soltron Enzyme Fuel Treatment	fuel treatment
Facility Services	Chemsearch	SS-25 Plus	electric motor anad mac cleaner
Facility Services	United Laboratories Inc.	United 103 Spray Triumph	rust converter and prime
Facility Services	United Laboratories Inc.	United 105 Cutting and Tapping Fluid	cutting fluid
Facility Services	United Laboratories Inc.	United 106 Silicone Lubricant	food-grade multi-purpos spray
Facility Services	United Laboratories Inc.	United 109 White Guard A	Aerosol food-grade gre
Facility Services	United Laboratories Inc.	United 114 Crystal View Glass Cleaner	glass cleaner

Facility Services	United Laboratories Inc.	United 120 Goober Lube	Clear Chain and Cable Lubricant
Facility Services	United Laboratories Inc.	United 124 Foot Locker	slip-resistant textured epoxy coating
Facility Services	United Laboratories Inc.	United 139	dry spray lubricant and penetrant agent
Facility Services	United Laboratories Inc.	United 140 Non-CFC Belt Dressing	belt dressing
Facility Services	United Laboratories Inc.	United 148 Nutcracker	penetrating oil
Facility Services	United Laboratories Inc.	United 156 Cold Zinc	spray galvanizer
Facility Services	United Laboratories Inc.	United 159 Vanilla Blast Insecticide	crawling insect killer
Facility Services	IPS Corp	Weld-On P-70 Primer	primer
Facility Services	Henkel Corporation	4KM01—Adhesive Instant	495 SUPER BONDER INSTANT ADHESIVE
Facility Services		Acetylene	
Facility Services		Argon	
Facility Services	Potters Industries Inc.	Ballotini Impact Beads	beads for bead blast
Facility Services	Mobil	DTE 24	hydraulic oil
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Nitrogen	nitrogen (dot); nitrogen Nitrogen NF, LIN, Cryo Liquid Nitrogen, Liquid N
Facility Services	AIRGAS INC., on behalf of its subsidiaries	Oxygen	Molecular oxygen; Oxygen molecule; Pure oxygen Liquid oxygen; UN 107 1073; Dioxygen
Facility Services	Grainger	SHC 634	synthetic gear and bearing
Facility Services	Advanced Adhesive Technologies	101 Adhesive	waterproof adhesive
Facility Services	3M	5Z337	Caulk Fire Barrier
Facility Services	Virginia	Acti-Klean Concentrate	
Facility Services	Refrigeration Technologies	Big-Blu	micro-leak detector solution
Facility Services	als	Coil-X-A	spray-on foam cooling cleaner
Facility Services	Loctite	Cold Galvanizing Compound-Zinc Rich	galvanizing compound
Facility Services	Compair	CS 300	compressor lubricant

Facility Services	Omega Industrial Supply	CT Fluid	Cutting and tapping fl
Facility Services	K.O	Dirt Blaster	Dirt & grease stripp
Facility Services	Cleveland Range LLC	Dissolve	descaling sovent
Facility Services	Nu-Calgon	EMKarate RL 22CF	refrigeration lubricant; sy polyol ester
Facility Services	Rust-Oleum	Enamel (various colors)	Industrial Spray Pai
Facility Services	J/B	Fast Vac	vacuum pump oil
Facility Services	Aervoe Industries Inc	Fleet and Custom Equipment Paint	
Facility Services	CRC Industrial	Industrial Food Grade White Grease	
Facility Services	Henkel	Loctite Extend Rust Treatment	Rust treatment
Facility Services	Mattei	M5LX PAO	
Facility Services	Alpha Chem	Mega Foam Cut	cutting fluid
Facility Services	Mobil	Mobilmet S-122	water soluble cutting
Facility Services	Simple Green	New Industrial Formula	
Facility Services	AP Green	No. 36	refractory cement
Facility Services	G-C Lubricants Co.	Premium Hydraulic	hydraulic fluid
Facility Services		Propane	
Facility Services	CRC Industrial	QD Contact Cleaner	
Facility Services	Brulin & Col	Spray Glass RTU	Ready to use clean
Facility Services	KMP International	Suniso	Refreigeration oil
Facility Services	Steco	TAP Magic ProTap	cutting fluid
Facility Services	Exxon Mobil	Timken Premium Grease	
Facility Services	W.W. Grainger	Tough Guy 2DBY2	citrus stainless steel cle
Facility Services	United Laboratories Inc.	United 190 Up White	Acoustical ceiling tile wh
Facility Services	United Laboratories Inc.	United 368 Hard-D Wipes	hard surface disinfectant
Facility Services	United Laboratories Inc.	United 394	Drain Maintainer
Facility Services	United Laboratories Inc.	United 423 White Guard	white food-grade grea
Facility Services	United Laboratories Inc.	United 629 Grunge Grippers	wipes
Facility Services	United Laboratories Inc.	United 640 Protex All	High gloss protectant v
Facility Services	United Laboratories Inc.	United 717	ESA Multi-Pupose Indu Descaler
Facility Services	United Laboratories Inc.	United 912 Beaming Green	glass cleaner
Facility Services	E-Z Weld	Purple Primer	

Facility Services	United Laboratories Inc.	United 107 Aerosol Safety Solvent	solvent
Facility Services	United Laboratories Inc.	United 125 All Stik	waterproof heavy duty adhesive spray
Facility Services	United Laboratories Inc.	United 166 Power Up	Chiller coil cleaner
Facility Services	United Laboratories Inc.	United 174 Contact Cleaner	contact cleaner
Facility Services	United Laboratories Inc.	United 182 Gum Away	Gum and wax remover
Facility Services	United Laboratories Inc.	United 189 Lift Off	Gasket and contact cement remover
Facility Services	Chevron and Texaco	Regular Unleaded Gasoline	
Facility Services	ConocoPhillips	No. 2 Diesel Fuel	diesel
Nursing	Professional Disposables International, Inc.	Alcohol Prep Pads	
Nursing	Sage Products Inc	Comfort Bath Solution—Fragrance Free	
Nursing	Medline Industries Inc.	Instant Cold Compress	
Nursing	Miljac Inc	MAGNESIUM SULFATE ANHYDROUS	Magnesium sulfate (1:1), Epsom Salts, Magnesium sulfate anhydrous
Nursing	Medline Industries Inc.	MEDLINE HIGH SUDS DETERGENT	
Nursing	Medline Industries Inc.	Povidone-Iodine Swabs and Prep Pads	
Nursing	Professional Disposables International, Inc.	Sani-Hands ALC Antimicrobial Alcohol Gel Hand Wipes	

Nursing	AIRGAS INC., on behalf of its subsidiaries	Air	Compressed Air ; Breathing Air ; synthetic medical air USP
Nutrition Services	Clorox	Bleach	bleach
Nutrition Services	PureForce	CLEAN FORCE POT & PAN DETERGENT PINK	
Nutrition Services	Puritan Services Inc.	Cleanforce Tuff Suds	
Nutrition Services	Eco-Lab	Greasecutter Plus	heavy-duty degreaser
Nutrition Services	Eco-Lab	Kool Klone	freezer cleaner
Nutrition Services	Eco-Lab	Lime-A-Way	scale remover
Nutrition Services	Eco-Lab	Liquid Assure	presoak
Nutrition Services	Eco-Lab	Mikroklone	surface sanitizer
Nutrition Services	Eco-Lab	Oasis 146 Multit-Quat Sanitizer	sanitizer
Nutrition Services	Clean Force	Pot & Pan Detergent Pink	detergent
Nutrition Services	Eco-Lab	Rinse-Dry	
Nutrition Services	Eco-Lab	Solid Metal Pro	detergent
Nutrition Services	Eco-Lab	Solid Power XL	
Nutrition Services	Eco-Lab	Solitaire	solid detergent
Nutrition Services	Eco-Lab	Ultra-Dry	rinse additive

ERGONOMICS PROGRAM

POLICY:

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is committed to preventing workplace injury and illness by minimizing the stress, strain, and discomfort associated with ill-fitting equipment and tools, and non-neutral postures in the performance of all duties including office work, materials handling, resident handling, and repetitive tasks.

PURPOSE:

1. To implement procedures for ergonomic evaluation of tasks and workstations, and for provision of appropriate equipment and tools designed to fit the task and the individual employee, in an effort to prevent injury.
2. To implement procedures for collaboration with the EEO Office to reasonably accommodate the needs of employees with recognized disabilities or injuries by providing customized equipment that removes restrictions on their ability to perform their work safely.

DEFINITION:

Ergonomics is the field of study that seeks to fit the job to the person, rather than the person to the job. This is achieved through the evaluation and design of workplaces, environments, job tasks, equipment, and processes in relationship to human capabilities and interactions in the workplace.

PROCEDURE:

1. Standard Furniture, Equipment, and Tools

- a. All Laguna Honda employees will be provided with furniture, equipment, and tools that are appropriate for the work they are performing.
- b. Standard computer workstations provided to employees shall be adjustable or fitted to the size of the employee in accordance with the DPH Ergonomic Workstation Policy (OCS8).
- c. Standard task chairs will be an appropriate size for the employee. Vinyl chairs will be preferred over cloth fabric chairs, in order to minimize risk of cross infections.
- d. Telephone headsets will be provided as standard equipment to all employees who are required to use their hands for other tasks while on the telephone for more than one hour per day and who are not able to use a speaker phone without disturbing other employees or violating privacy requirements. These headsets will be wireless

if the employee is frequently required to get up and move away from their workstation while on the telephone.

- e. Equipment and furniture that is shared by more than one employee will be adjustable to accommodate all employees who use it.
- f. New standard equipment or tools that are purchased by any department in an effort to improve ergonomics will be selected with input from the Laguna Honda Department of Workplace Safety and Emergency Management (WSEM).

2. Ergonomic Training and Educational Resources

- a. ~~A Beginning in 2017, all~~ employees will attend a basic ergonomics class specific to their job class. New employees will attend as part of their health and safety orientation and current employees will be scheduled to attend annually throughout the year.
- b. After the initial training, employees may attend a class held for orientation if they would like a refresher.
- c. Employees who spend a majority of their workday at a desk and office~~d~~ are recommended to refer to the DPH OSH Section's web page on ergonomics for more extensive information and resources.
~~<http://dphnet.dph.sf.ca.us/node/535>~~<https://sfgov1.sharepoint.com/sites/DPH/OSH/SitePages/Ergonomics.aspx>

3. Ergonomic Evaluations and Control Recommendations

- a. Any employee may request an ergonomic evaluation from the Workplace Safety and Emergency Management (WSEM) department for any of the following reasons:
 - i. The employee is not sure how to adjust their furniture or equipment, or it does not fit properly.
 - ii. The employee is experiencing pain and/or discomfort associated with work and would like to take action to prevent an injury.
 - iii. An employee or supervisor thinks that a task or series of tasks seems hazardous due to repetition or awkward postures and would like assistance in evaluating and controlling the hazard.
- b. WSEM will schedule an evaluation as soon as possible after receiving a request by phone or email.

- c. WSEM will provide recommendations to both the employee and their supervisor following the evaluation.
- d. If WSEM determines that a hazard would be best controlled with new furniture, equipment, or tools, these will be procured according to procedure 6.

4. Musculoskeletal Injury Associated with Repetition or Awkward Posture Work

- a. If an employee has an injury or pain associated with performing a task at work, the employee will report the injury to their supervisor and should seek medical attention from one of the workers' compensation designated clinics in accordance with the Laguna Honda Injury and Illness Prevention Program 73-01.
- b. A medical provider may request a workplace ergonomic evaluation as part of their evaluation and treatment of musculoskeletal injury. This will be scheduled with a consultant by the workers' compensation claims adjuster. Do not request an ergonomic evaluation from WSEM for an injury with an open workers' compensation claim.
- c. Any furniture, equipment, or tools recommended by the consultant will be provided through the workers' compensation claims adjuster.

5. Permanent or Temporary Disabilities Requiring Accommodation

- a. Employees who require additional accommodation beyond having properly fitted and adjusted furniture, equipment, and tools due to medical conditions or disabilities that are not a result of workplace injury must submit an Employee Reasonable Accommodation Request Form available from DHR.
- b. Employees and their Supervisors will work with the ADA Coordinator and the employee's medical provider to determine exactly what accommodation is appropriate.
- c. If the recommended accommodation includes purchasing specialized or custom furniture, equipment, or tools, these will be provided according to procedure 6.

6. Purchase and Installation of Furniture, Equipment, and Tools

- a. New or replacement standard office furniture (including adjustable table, chair, and keyboard tray), computers, telephone headsets, and hand tools required for job tasks will be provided by the employee's department in accordance with Materials Management and IT policies.
- b. WSEM will provide furniture, equipment, and tools deemed necessary as a result of an individual WSEM ergonomic evaluation.

- c. WSEM will place all work requests for installation of equipment provided by them, except for telephone headsets.
- d. Department Managers are responsible for submitting a telephone work request for installation of telephone headsets.
- e. Department Managers may choose to purchase office supplies, such as wrist rests and document holders, to improve the comfort of their employees, but are discouraged from purchasing specialized equipment or tools without consulting WSEM.

ATTACHMENT:

None.

REFERENCE:

73-01 Laguna Honda Injury and Illness Prevention Program
OCS8 DPH Ergonomic Workstation Policy

Original adoption: 16/07/12 (Year/Month/Day)

HAZARDOUS ENERGY CONTROL PROCEDURE (LOCK OUT/TAG OUT)

POLICY:

Laguna Honda Hospital and Rehabilitation Center (LHH) is committed to protecting the health and safety of its employees and compliance with Cal/OSHA standards specified in the California Code of Regulations (CCR) Title 8.

PURPOSE:

The purpose of this policy is to set forth required procedures according to CCR Title 8 Section 3314 for ensuring the isolation of hazardous energy during cleaning, repair, servicing, and maintenance procedures on equipment when the unexpected ~~energization or~~ start-up of the equipment or release of stored energy may cause injury to an employee.

PROCEDURE:

1. General Hazardous Energy Control Program

- a. Whenever machines or equipment are being cleaned, repaired, serviced, set-up, or adjusted and the unexpected ~~energization or~~ start-up of the machine or equipment, or release of stored energy may cause injury to the employee(s) working on the equipment, the machines or equipment shall be stopped and the power source de-energized or disengaged. If necessary, moveable parts shall be mechanically blocked or locked out to prevent movement or release of stored energy.
- b. Each machine or equipment that is covered by the Hazardous Energy Control Procedure has a specific lock out/tag out procedure. Copies of the specific procedures for each piece of equipment are kept at the equipment location and in a binder located in the office of the Chief Engineer in Facility Services.
- c. Where equipment is lockable, the use of a lock is required. Every effort shall be made to provide a means to lock out equipment and/or systems whenever possible.

- d. Where equipment or machinery is not lockable and cannot be readily adapted to lockable controls, positive means shall be taken to de-energize or disconnect the equipment from its source of power or a similar action shall be taken to prevent inadvertent movement. In all such cases, tags shall be placed on the controls of the equipment or machinery during repair work.
- e. Some exposures may require additional protective techniques or mechanical safeguards as follows:

<u>Exposure</u>	Protection
Hydraulic/Pneumatic Rams	Blocks, pins, etc.
Chemicals, Steam, etc.	Blinding/blanking, chained valves, etc.
Hydraulic/Pneumatic Systems	Automatic bleeding devices, blanking, etc.

2. General Lock Out/Tag Out Program

- a. "Authorized Employees" are employees who are qualified to lock out or tag out equipment for cleaning, service, or repair operations.
- b. Facility Services work orders involving work on equipment requiring lock out shall specify this requirement in the work order assignment.
- c. Authorized employees shall have their own, individually keyed lock(s) and personalized tag(s).
- d. Lock out stations with extra locks and tags are placed in the following locations:
 - i. Facility Services Engineering Department
 - ii. Facility Services carpentry shop
 - iii. Roof of North Tower
 - iv. Roof of South Tower

v. All boiler rooms

- e. Individual locks and tags shall be applied and removed by each person potentially exposed to the unexpected release of energy, except those special situations where specific facility procedures have been developed that equally protect all exposed workers.
- f. If more than one employee works on the equipment and/or system, a lock-out adaptor suitable for installation of several locks shall be used thereby enabling all workers to lock out the machine with their individual locks. Each employee's lock shall remain until they complete their work.
- g. Tag out may only be used in lieu of lock out in cases where the equipment and/or energy source cannot be locked out and where tag out procedures are described in the specific procedure for the equipment or equipment type.
- h. Tags used for tag out in lieu of lock out shall be specifically designed for this purpose and shall include the user's name and phone number and the date and time the equipment was tagged out.
- i. When a lock or tag is attached for energy isolating means, it is not to be removed without authorization from the person responsible, and it is not to be bypassed, ignored, or otherwise defeated except as outlined in Section 5 of this procedure.
- j. If an unauthorized employee removes any lock or tag from the energy isolating device of equipment, and/or operates a locked out/tagged out system or piece of equipment, the employee shall be disciplined, up to and including termination.

3. Lock Out/Tag Out Procedures

- a. Notify affected employees that a lockout is required and the reason for it.
- b. If the equipment is in operation, shut it down through normal stopping procedure such as depressing the stop button or opening the toggle switch.
- c. Operate the switch, valve, or other energy isolating devices so that all energy source(s) (electrical, mechanical, hydraulic, and other) are disconnected or isolated from the equipment. Stored energy found in equipment such as

capacitors, springs, elevated machine members, rotating fly wheels, hydraulic systems and air, gas, steam, or water pressure shall be dissipated or restrained by methods such as grounding, repositioning, blocking, or bleeding down.

- d. Lock out energy isolating devices with an assigned individual lock. The authorized employee shall place his/her own personal lock and tag on the energy isolating device(s).
- e. When an energy isolating device cannot accept multiple locks and tags, a multiple lock out/tag out device such as a lock box or locking hasps may be used.
- f. All energy isolating devices involved with the system or equipment being worked on shall be locked and/or tagged according to the specific procedure for the equipment.
- g. After completing lock out/tag out application and prior to starting work, the following actions shall be taken to verify the effectiveness of the energy isolation:
 - i. Ensure that no personnel are exposed to the equipment or system process.
 - ii. Operate the equipment/process controls such as push buttons, switches, etc. to verify that energy isolation has been accomplished.
 - iii. Return all operating controls to the off position after the test.
 - iv. Check the equipment by use of test instruments such as a ~~volt~~ metervoltmeter and/or visual inspection to verify that energy isolation has been accomplished.
 - v. Examine the equipment/process to detect any residual energy. If detected, action shall be taken to relieve or restrain the energy.
- h. The equipment is now locked out and work can begin.

4. Restoring Equipment to Service

After the work is completed and the equipment or system is ready to be returned to normal operation, the following procedure shall be used.

- a. Verify that all equipment components are operationally intact including guards and safety devices.
- b. Check the equipment area to make sure that no one is exposed to potentially hazardous energy on start-up.
- c. The authorized employee removes their own personal lock and tag.
- d. The equipment is restarted.

5. Supervisor Removal of Locks or Tags

A supervisor may remove the tag and personal lock out device belonging to an authorized employee or contractor, if necessary, only after making ~~absolutely~~ certain that the employee is not in the workplace. Prior to pulling the tag and personal lock, the supervisor shall take the following actions.

- a. Check to see if the owner of the lock has left the premises.
- b. Call the phone number on the tag, the employee's home, or contractor's place of employment to locate him/her. The supervisor shall speak with the owner of the lock to verify that he/she is no longer on the LHH campus.
- c. Inspect the equipment and surrounding area to be certain that no one will be in danger if the equipment is re-energized.
- d. Remove the lock and tag.
- e. Make sure that the lock owner knows that their lock has been removed and where they can retrieve it.

6. Employee Training

- a. LHH employees shall be trained during orientation on the purpose of the hazardous energy control procedure and the prohibition of restarting or re-energizing machines that are locked out or tagged out.

- b. Employees who are authorized to work on equipment that requires lock out and/or tag out procedures shall be trained on initial work assignment on the following topics:
 - i. Hazards related to working on machinery and equipment covered by this policy.
 - ii. The general lock out/tag out procedures to be followed when working on equipment covered by this policy.
- c. In addition, supervisors shall ensure that each authorized employee understands the specific procedures to be used on machinery or equipment that the employee is assigned to work on.
- d. Retraining shall be provided by the supervisor whenever:
 - i. There is a change in job assignments, machines, equipment, or processes that present a new hazard, or when changes are made to the energy control procedures.
 - ii. There is a new or previously unrecognized hazard.
 - iii. Periodic evaluation indicates that retraining is needed.

7. Annual Inspection and Review of Policy

- a. The LHH Chief Engineer and staff from the Department of Workplace Safety and Emergency Management (WSEM) shall conduct periodic inspection and review of this policy at least annually to evaluate its effectiveness.
- b. The inspection shall include observation of at least three different employees performing lock out/tag out procedures on at least three different types of equipment and a review of the employee's responsibilities under the hazardous energy control procedure.

8. Documentation

- a. Records of training during orientation of new employees on the purpose of the policy shall be maintained by the Department of Education and Training.
- b. Records of training of authorized employees shall be maintained by WSEM and shall include the following:
 - i. Employee name
 - ii. Date of training
 - iii. Name of instructor
- c. WSEM shall maintain reports of the annual inspection and review of this policy, which shall include the names of the inspector and the employees observed, the equipment involved, the date(s) of the inspection, and any recommended retraining or procedural changes.

ATTACHMENT:

None

REFERENCE:

None

Original adoption: ~~17/05/09 (Year/Month/Day)~~
/2017

New Biomed Engineering Policies and Procedures

ACCEPTANCE TESTING OF DEVICES AND COMPUTER MAINTENANCE MANAGEMENT SYSTEM EQUIPMENT INVENTORY ADDITIONS

POLICY:

All new medical equipment entering Laguna Honda Hospital (LHH) will be run through an acceptance test and inventoried by the Clinical Engineering Department prior to its distribution and use.

PURPOSE:

To ensure that medical equipment entering LHH is run through an acceptance test, inventoried, and in safe working order.

PROCEDURE:

1. Equipment that could be included in the Medical Equipment Management Plan and or maintained by Clinical Engineering will be given to Clinical Engineering at which point an acceptance test will be completed.
 - a. The acceptance test will be performed by the Clinical Engineering Department. Tests will include, but not limited to:
 - i. Completed visual and electrical safety inspection, including ground resistance and current leakage tests. Exceptions to the electrical safety inspection may include devices that are battery operated, double insulated or non-electrical.
 - ii. Any other tests are deemed necessary to insure patient, staff, and visitors' safety.
2. After equipment has been accepted, equipment will be documented in the computerized maintenance management system.
3. After equipment has been documented in the computerized maintenance management system, equipment will be assigned appropriate maintenance activities.
4. All equipment that's accepted will receive an "A" asset tag
5. If equipment is deemed to receive regular scheduled maintenance a "PM" tag will be affixed.
6. If equipment is deemed not to receive regular scheduled maintenance a "No Preventative Maintenance Required" tag will be affixed
7. When accepting devices from an already established PM program perform a visual

inspection for potential damage and affix a “PM” tag to any devices not needing repair.

8. Literature received with new medical equipment, supplied by the manufacturer and or vendor, will be stored and made available at request.

ATTACHMENT:

None

REFERENCE:

None

ALTERNATIVE RESOURCES FOR MEDICAL EQUIPMENT

POLICY:

Clinical Engineering Department will obtain and manage all alternative resourced medical equipment.

DEFINITION:

Preferred Vendors: Preferred Vendors are companies that may bring medical equipment into the hospital without an inspection from the Clinical Engineering Staff

PURPOSE:

To ensure that medical equipment made available to Laguna Honda Hospital (LHH), when there is a device shortage or failure, is managed by the Clinical Engineering Department.

PROCEDURE:

1. When Clinical Engineering Department is informed of a device shortage or failure, Clinical Engineering will seek alternative resources.
2. When possible, equipment will be loaned from one department to another and managed by Clinical Engineering Department.
3. When unable to loan equipment from another department, Clinical Engineering will request rental equipment from outside sources in respect to hospital policy.
 - a. In emergencies, Clinical Engineering staff will call in outside service companies for equipment.
4. Clinical Engineering will complete an acceptance test on all non-hospital owned, rented, leased, or borrowed equipment before the equipment is put in service.
 - a. Exceptions may be granted to companies considered to be Preferred Vendors.
 - b. Clinical Engineering Department will follow up with interested parties if medical equipment does not pass the acceptance test.
5. Patient owned medical equipment is not to be used unless the hospital cannot provide the specified equipment ordered by a physician as required for the patient's treatment.

- a. Any exception must be approved by the Risk Manager, Clinical Engineering Department, and or the Department Director where the patient is receiving care.
- 6. Clinical Engineering Department will monitor alternative resourced equipment and provide preventative maintenance and service.

ATTACHMENT:

None

REFERENCE:

None

ANNUAL EVALUATION OF THE EFFECTIVENESS OF THE MEDICAL EQUIPMENT MANAGEMENT PROGRAM

POLICY:

Clinical Engineering Department will perform an annual evaluation of the effectiveness of the Medical Equipment Management Program and submit its results to the appropriate committee.

PURPOSE:

To ensure that the Medical Equipment Management Program's performance and efficiency are evaluated and subsequent improvements be determined and implemented.

PROCEDURE:

1. Laguna Honda Hospital (LHH) will maintain a Medical Equipment Management Program to promote the safe and effective use of medical equipment.
2. An appointed LHH employee(s), the Safety Committee, and or the Environment of Care Committee will work alongside the Clinical Engineering Department to complete an evaluation of the Medical Equipment Management Program annually.
3. Appointed LHH employee(s), the Safety Committee, and or the Environment of Care Committee will determine necessary qualitative and or quantitative data required to complete the next annual evaluation of the Medical Equipment Management Program to the Clinical Engineering Department by the end of the previous evaluation year.
 - a. Standard criteria for evaluation will include:
 - i. How emergency events are handled.
 - ii. How high volume, high risk, and problem events are handled.
 - iii. The overall sense of efficiency of the Clinical Engineering Department to complete its activities.
4. Once completed, the annual evaluation shall be submitted to the appropriate committee and recommendation of improvements to the Clinical Engineering Department.

ATTACHMENT:

None

REFERENCE:

None

DEFECTIVE EQUIPMENT AND DEVICE REPORTING, TAGGING, AND REMOVAL FROM SERVICE

POLICY:

All defective and or unsafe medical equipment identified will be tagged appropriately and removed from service immediately by the Clinical Engineering Department.

PURPOSE:

To ensure that defective and or unsafe equipment will be processed and removed from clinical care to ensure appropriate patient care. To identify and warn potential users of equipment problems or hazards and ensure an efficient response to the problem.

PROCEDURE:

1. Laguna Honda Hospital (LHH) staff discovering problem equipment will immediately remove the equipment from patient use. The LHH staff will then:
 - a. Tag the defective or unsafe equipment as Defective/Out of Service.
 - b. In the "Problem" field of the tag specifically state the problem, not just "broken."
 - c. Inform the Clinical Engineering Department of their findings through [to be determined] method.
2. Clinical Engineering Department will immediately address and assess the malfunctioning or unsafe medical equipment.
3. Following an assessment from the Clinical Engineering Department the identified medical equipment will:
 - a. Be repaired by the Clinical Engineering Department and returned to service.
 - b. Be labeled as "Defective/Out of Service in the computerized maintenance management system and disposed of accordingly.
 - i. Disposal will be determined by Clinical Engineering Department and clinical department Manager or Director. [to be determined]
4. Staff shall not operate or permit others to operate hospital equipment deemed to be "Defective/Out of Service."
5. No other staff may remove "Defective/Out of Service" tag. Only the Clinical Engineering Department may remove a "Defective/Out of Service Tag."

6. Clinical Engineering Department is not responsible for cleaning equipment. Therefore, the department reporting the issue is responsible for ensuring the cleanliness of the device per their department's guidelines-

ATTACHMENT:

None

REFERENCE:

None

HAZARD ALERTS AND RECALL NOTICES

POLICY:

Clinical Engineering Department will monitor and inform necessary Laguna Honda Hospital (LHH) personnel of hazard alerts and recall notices for hospital medical equipment.

PURPOSE:

To ensure that all medical equipment involved in a “Hazard Alert and Recall” is addressed by the Clinical Engineering Department and that necessary LHH personnel is made aware of any known “Hazard Alert and Recall”.

PROCEDURE:

1. Clinical Engineering Department will monitor for “Hazard Alert and Recall” notices. **[process to be determined]**
2. Clinical Engineering Department will maintain documentation regarding hazard alerts, recalls, and field change notices on equipment as applicable to the facility.
3. Upon receiving a “Hazard Alert and Recall” notification the Clinical Engineering Department will complete appropriate action to include but is not limited by repair, disposal, or replacement.
4. Necessary LHH personnel and department will be notified of the hazard alert/recall and informed on what actions are being taken.
5. Clinical Engineering Department will report necessary information regarding “Hazard Alert and Recall” to the Environment of Care (EOC) Committee and or the Safety Committee.

ATTACHMENT:

None

REFERENCE:

None

MEDICAL EQUIPMENT FAILURES, EMERGENCY REPAIR SERVICES, AND EMERGENCY PREPAREDNESS MANAGEMENT PLAN

POLICY:

Clinical Engineering Department will have an Emergency Preparedness Management Plan and an Emergency Repair Services Plan.

PURPOSE:

To ensure a process for medical equipment failure responses, emergency service requests, and disaster management for medical equipment. Necessary Laguna Honda Hospital personnel will have methods to communicate emergencies to the Clinical Engineering Department.

PROCEDURE:

1. In the event of an emergency management response, the Clinical Engineering Department staff can be contacted directly during normal business hours.
 - a. Contact information to be uploaded.
2. In the event that an emergency management response occurs after normal working hours, the Director of Clinical Engineering can be contacted directly.
 - a. The Director of Clinical Engineering's contact information to be uploaded.
3. In the event of an emergency related to medical equipment failure and emergency repair service, the Clinical Engineering Department follow the described protocol:
 - a. Document the emergency being reported.
 - b. Provide LHH personnel of a response timeline if able.
 - c. Triage the emergency reported internally.
 - d. Determine a course of action.
 - e. Report to the appropriate hospital authority
 - f. Implement course of action as determined from triage meeting.

4. If, following a Clinical Engineering Department triage meeting, it is determined that the emergency is addressable, Clinical Engineering Department will:
 - a. Repair the equipment if able.
 - b. Locate compatible replacement within the hospital on a temporary basis while repairs are being completed on emergency equipment.
 - c. Alternatively source necessary equipment.
 - i. Contact local medical facility's Clinical Engineering Departments to attempt to locate compatible loaner equipment on a temporary basis.
 - ii. Contact Material Management Department to coordinate through rental equipment vendors or the original equipment manufacturer the necessary compatible rental equipment on a temporary basis.
 - iii. Contact the Medical Equipment Vendor Service Department to request service of the medical equipment if the medical equipment is under warranty/contract or as required.
5. If, following a Clinical Engineering Department triage meeting, it is determined that the Clinical Engineering Department is unable to address the emergency reported:
 - a. Necessary LHH personnel will be informed.
 - b. Clinical Engineering Department will, when able, provide alternative solutions to the emergency reported.
6. Emergency Preparedness Management Plan
 - a. In the event of an internal or external Disaster or Emergency, the Clinical Engineering Department will follow and participate in the Emergency Operation Plan in accordance with the Medical Equipment Failures and Emergency Repairs Services provisions outlined above.

ATTACHMENT:

None

REFERENCE:

None

MEDICAL EQUIPMENT MANAGEMENT PLAN (MEMP)

POLICY:

Laguna Honda Hospital (LHH) will establish and maintain a Medical Equipment Management Program (MEMP) to promote the safe and effective use of medical equipment within LHH that will be managed by the Clinical Engineering Department.

DEFINITIONS:

Medical Equipment: Any equipment, fixed or portable, that is used for life support, therapeutic, diagnostic, or analytical function in LHH.

Committee: Environment of Care or Safety Committee.

Facility: Any patient care setting within the LHH system.

PURPOSE:

To describe how LHH will establish and maintain a MEMP in conjunction with the Clinical Engineering Department.

PROCEDURE:

1. Materials Management Department will solicit input from the Clinical Engineering Department when selecting and acquiring medical equipment for LHH.
2. Clinical Engineering Department will maintain an inventory of all medical equipment utilized and stored at LHH.
3. Clinical Engineering Department will complete acceptance tests and manage internally designated medical equipment utilized and stored at LHH.
4. Clinical Engineering Department will maintain documentation of all assessment, testing, and maintenance of internally designated medical equipment utilized and stored at LHH.
5. Clinical Engineering Department will comply with all manufacturer recommendations, hazard alerts, recalls, and other maintenance requirements as deemed necessary by the Clinical Engineering Department.
6. Clinical Engineering Department will assess and report emergency procedures that address medical equipment failures, emergency repairs, and emergency preparedness.
7. Clinical Engineering Department and the Clinical Department Manager or Director

will be responsible for coordinating the disposal of medical equipment dubbed unfit for patient care and use.

8. An appointed LHH employee(s), the Safety Committee, and or the Environment of Care Committee will work alongside the Clinical Engineering Department to complete an evaluation of the Medical Equipment Management Program annually.

ATTACHMENT:

None

REFERENCE:

21 U.S. Code § 360i; 21 CFR 803; CFR 482.41(d)(2); EC.02.01.01EP 1, 3, 5, 11; EC.02.04.01 EP 2; EC.02.04.01 EP 3; EC.02.04.01 EP 4; EC.02.04.01 EP 5; EC.02.04.01 EP 6; EC.02.04.01.EP 9; EC.02.04.03 EP 1; EC.02.04.03 EP 16; EC.02.04.03 EP 18,20; EC.02.04.03 EP 2; EC.02.04.03 EP 3; EC.02.04.03 EP 4; EC.02.04.03 EP 5; EC.02.04.05 EP 7; EC.04.01.01 EP 10; HR.01.06.01 EP 1, 3, 5, 6; LD.04.03.09 EP2-7; PI.03.01.01 EP 2, 4; NFPA 99 10.5.2.1.1; NFPA 99 10.5.6.1

OUTSIDE VENDOR ASSISTANCE

POLICY:

The use of outside vendor service will be limited to warranty service and contract service when maintenance by the vendor is specified in a lease. The use of outside vendor service will also include the event of an emergency that the Clinical Engineering Department is unable to address.

PURPOSE:

To describe when and how outside vendor services is utilized.

PROCEDURES:

1. Warranty Service

- a. When a device is under warranty, Clinical Engineering Department will initiate the work order request.
- b. Clinical Engineering Department will contact, track, and follow-up on all warranty work requests.
- c. Clinical Engineering Department will also track all planned maintenance work via the computerized work order system.

2. Contract Service

- a. Clinical Engineering Department will manage contracted services.
- b. All planned maintenance inspections specified in the contract will be scheduled at a mutually agreed upon time with the clinical department.
- c. A copy of any service documentation will be available at all times on the computerized maintenance management system.

3. Emergency Service

- a. The Director of the Clinical Engineering Department, or designee, will have the ultimate authority to request or deny emergency services. The Director of Clinical Engineering may assign an engineer to accompany the contracted service representative until the service has been completed.
- b. To ensure all concerned parties know exactly what is expected, it is imperative that the personnel of the clinical department understand their authority in calling in outside service.

- c. In an emergency, the clinical department will follow the guidelines specified in the contract. A service report will be sent to the Clinical Engineering Department.

4. Routine Service

- a. When a device requires service by an outside vendor, the Clinical Department manager will notify Clinical Engineering Department to place the service call. This will allow for the tracking of all service calls to a specific unit or system. It may be determined that the unit or system needs to be placed on a service contract to assure proper maintenance.
- b. All vendors are required to provide a field service report.
- c. During business hours all field service engineers must check in and out with the Clinical Engineering Department.
- d. Service documentation will be sent to the Clinical Engineering Department.

5. Lease Equipment

- a. Servicing leased equipment will depend on the terms of the lease. In the case where the service responsibility falls on the facility, Clinical Engineering personnel will conduct the service. Should Clinical Engineering determine that it cannot provide a remedy, the service will be managed according to the recommendations of the equipment provider.

6. Special Situation

- a. Vendor service may be required in special situations determined by the System Director or designee.
- b. The System Director will determine the needs of a special situation on an individual basis. When vendor service is utilized, it is the users and Clinical Engineering responsibility to assure the proper level of maintenance.

ATTACHMENT:

None

REFERENCE:

None

PATIENT CARE AREA DEFINITIONS

POLICY:

Clinical Engineering Department will utilize the definitions provided to refer to areas within Laguna Honda Hospital (LHH).

PURPOSE:

To define patient care areas, special locations, and ensure consistent language is utilized to refer to specific areas of LHH.

DEFINITIONS:

1. **Patient Care Room.** Any room of a healthcare facility wherein patients are intended to be examined or treated (NFPA 99-2012: 3.3.138)
2. **Basic Care Room.** Room in which the failure of equipment or a system is not likely to cause injury to the patients or caregivers but can cause patient discomfort (Category 3 Space per NFPA 99-2012: 3.3.138.1).
3. **Critical Care Room.** Room in which failure of equipment or a system is likely to cause major injury or death of patients or caregivers (Category 1 Space per NFPA 99-2012: 3.3.138.2).
4. **General Care Room.** Room in which failure of equipment or a system is likely to cause minor injury to patients or caregivers (Category 2 Space per NFPA 99-2012: 3.3.138.3).
5. **Support Room.** Room in which failure of equipment or a system is not likely to have a physical impact on patients or caregivers (Category 4 Space per NFPA 99-2012: 3.3.138.4).
6. **Patient Care Vicinity.** A space, within a location intended for the examination and treatment of patients, extending 1.8 m (6ft) beyond the normal location of a bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extending vertically to 2.3 m (7 ft 6 in.) above the floor (NFPA 99-2012: 3.3.139).
7. **Wet Procedure Locations.** The area in a patient care room where a procedure is performed that is normally subject to wet conditions while patients are present, including standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff (NFPA 99-2012: 3.3.184).
8. **Laboratory.** A building, space, room, or group of rooms intended to serve

activities involving procedures for investigation, diagnosis, or treatment in which flammable, combustible, or oxidizing materials are to be used (NFPA 99-2012: 3.3.91).

9. **Anesthetizing Location.** Any area of a facility that has been designated to be used for the administration of general anesthesia (NFPA 99-2012: 3.3.9).

10. **Non-Patient Care Areas:** All areas not included in the Patient Care Area definitions

- a. Examples include:

- i. Admitting Offices
- ii. Administrative Offices (including support staff offices)
- iii. Medical Records
- iv. Cafeteria/Kitchen
- v. Lobbies

ATTACHMENT:

None

REFERENCE:

NFPA 99-2012 3.3.184, 3.3.138, 3.3.139, 3.3.9, 3.3.91

PHI SECURITY AND DATA SANITATION

POLICY:

Clinical Engineering Department will protect and handle patient health information in accordance to HIPAA policy and practice.

PURPOSE:

To protect Patient Health Information when removing equipment from service in accordance with 45 CFR 164.310 (Physical safeguards)

DEFINITION:

Patient Health Information (PHI): Clinical data captured during diagnosis and treatment: demographic, research, epidemiological and reference data.

HIPAA: The Health Insurance Portability and Accountability Act

PROCEDURE:

1. If equipment which contains PHI is to be stored for a period of time, it shall be labeled that it contains PHI and shall be safe-guarded and secured from unauthorized access. 45 CFR 164.312 (Technical safeguards)
2. If equipment which contains PHI is to be disposed of, the following PHI Security/data sanitation method shall be followed:
 - a. Choose one of the following methods to remove EPHI from Media according to media type.
 - i. Completely erase the hard drive as per DOD 5220.22M (5570)
 - The DOD 5220.22M data sanitization method used in various data destruction programs to overwrite existing information on a hard drive or other storage device.
 - ii. Destroy hard drive utilizing one of these methods:
 - Hard drives may be destroyed utilizing a NSA approved degausser to disrupt the magnetic domains.
 - Hard drives may be destroyed by removing the platter and drilling or sanding it.
 - iii. If the hard drive is destroyed by a vendor, the vendor shall provide certification/proof of destruction.
 - iv. SSD or hybrid drives should be sanitized IAW NIST 800 88
3. If a device is to be transferred to another entity through sale or donation and the

destruction of the hard drive would affect the functionality and/or value of the device, the hard drive may not be destroyed. However, LHH Clinical Engineering Services or service designee must make reasonable efforts to remove or otherwise make PHI unattainable.

4. In the event that a hard drive is not removed upon transfer as described above, the hospital HIPAA Compliance Officer will be notified and any guidance from said officer will be followed.

ATTACHMENT:

None

REFERENCE:

None

PLANNED MAINTENANCE AND ON-TIME COMPLETION

POLICY:

To ensure all medical equipment is properly maintained, compliant and documented.

PURPOSE:

To provide guidelines for the planned maintenance program. To ensure that all medical equipment included in the PM program is inspected, calibrated, and electrical safety inspections are performed in a timely manner while giving Clinical Engineering staff latitude and time to complete the total job with the resources that are available to the hospital.

PROCEDURES:

1. Clinical Engineering will maintain a comprehensive PM Program that includes a computerized maintenance management system (CMMS) for all equipment or systems included in the Clinical Engineering inventory. Clinical Engineering will be responsible for maintaining an accurate inventory.
2. Documentation for the Planned Maintenance Program will be kept in the Clinical Engineering CMMS and will be available for viewing at any time.
3. Planned Maintenance
 - a. The PM Compliance goal for all medical equipment including both Critical (High Risk) and Non-Critical (Non-High Risk) is 100% which includes the “documented status” of devices when maintenance cannot be completed in the month scheduled.
 - b. All Clinical Alarms will be tested for proper audible and visual functions. Results will be documented in the work order.
 - c. If equipment must be removed from service due to a PM, deliver of a loaner or replacement device will be coordinated as requested. All rental equipment will be tracked and removed as soon as the equipment has been returned to service.

ATTACHMENT:

www.jointcommission.org/standards_information

Clinical Alarms Safety and Management

Joint Commission Standard EC.0204.01 EP 3; EC.02.04.03 EP 2; NFPA 99-2012 10.5

REFERENCE:

None

SAFE MEDICAL DEVICE ACT (S.M.D.A.)

POLICY:

The Clinical Engineering Department, in the belief that a medical device has caused or contributed to the serious injury or death of a patient or employee, will notify appropriate Laguna Honda Hospital (LHH) personnel and the FDA.

DEFINITIONS:

S.M.D.A. – Safe Medical Device Act

C.M.M.S. – Computer Maintenance Management System

PURPOSE:

To ensure any medical device reasonably believed to have caused or contributed to the serious injury or death of a patient or employee be reported to the appropriate personnel at LHH and the FDA.

PROCEDURE:

1. If a piece of medical equipment is suspected of contributing to the serious injury or death of a patient or employee, the person discovering it will bring it to the attention of:
 - a. Nursing Supervisor/Department Manager/Director
 - b. Clinical Engineering Department
 - c. LHH's Risk Manager
2. The affected equipment and all its accessories and disposables attached (including all associated packaging) will be removed from service and sequestered to a secure area until Risk Management decides if an investigation is warranted.
 - a. The equipment settings will not be changed or altered.
 - b. If possible, Clinical Engineering will record equipment settings present at the time of the incident.
3. Risk Management shall determine disposition of equipment after it is sequestered, whether it is repaired, tested and returned to service, or if removal from the inventory is warranted.

4. Clinical Engineering Services will work with the Risk Management to determine how testing and needed repairs will be accomplished.
 - a. Clinical Engineering will document the testing and result of any evaluation and subsequent repairs in the CMMS.
5. Risk Management and Clinical Engineering Department will report the incident and findings to the FDA as required by law.

ATTACHMENT:

None

REFERENCE:

FEDERAL REGULATIONS: 21 U.S. Code § 360i, 21 CFR 803

Revised Nursing Services Policies and Procedures

RESTORATIVE NURSING CARE

POLICY:

1. Restorative nursing care is carried out by ~~Restorative Nurse~~ Restorative LN Therapy Aides (TA), Certified Nursing Assistants (CNA) and Patient Care Assistants (PCA), and/or other trained staff under the direction and supervision of a licensed nurse (LN).
2. Staff who have been trained in restorative nursing care interventions can implement and document restorative interventions.
- ~~3. Group restorative activities are limited to no more than 1:4 staff to residents.~~
- ~~4.3.~~ A resident may participate concurrently in restorative nursing care, the Restorative Nursing Program, or Skilled Rehabilitation Therapy if deemed therapeutic and beneficial in maximizing the resident's functional status.
- ~~5. Restorative treatments are reviewed monthly and as needed by the LN and quarterly by the Resident Care Team (RCT).~~
- ~~6.4.~~ Any member of the RCT may recommend to a LN or physician that a resident be evaluated for restorative care.
- ~~7.5.~~ Restorative nursing care does not require a physician's order and can be initiated by a licensed nurse. However, for residents with complex clinical conditions such as fractures or severe contractures, a consultation with a physician and/or licensed rehabilitation therapist may be appropriate.
- ~~8.6.~~ Residents are referred to the Restorative Nursing Program by rehabilitation therapists.
- ~~9.7.~~ If resident exhibits a lack of progress, a decline, or the achievement of goals, ~~is noted in the unit's weekly summaries or the Restorative Nursing Program's quarterly summaries,~~ the treatments or program may be reevaluated for discontinuation or modification to be more appropriate for the resident.

PURPOSE:

To define and describe treatments provided to residents to maintain, and/or improve to their highest level of range of motion (ROM), mobility status, functional independence and ADLs, and prevent declines unless clinically unavoidable.

BACKGROUND:

A. Skilled Rehabilitation Therapy: rehabilitation therapy that is provided by a licensed therapist such as Physical Therapist (PT), Occupational Therapist (OT), and Speech Language Pathologist (SLP).

B. Restorative Nursing Care:

1. Nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible
2. Focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.

- ~~3. Directed toward the conservation of resident's abilities, restoration of maximal levels of function and independence, promotion of quality of life, adaptation to an altered life style, and prevention of deterioration and complications of disability.~~
- ~~4. Planned, implemented and facilitated by the RCT to achieve the best individual outcomes.~~
- ~~5.3. Licensed Nurses provide direction, oversight and follow up for restorative nursing interventions performed regularly by C-RNAs, CNAs/PCAs and other trained staff, with or without consultation by a licensed therapist.~~
4. The exercises, treatments or activities are individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's medical record.
- ~~6.5. Restorative nursing care should be provided for at least 15 minutes daily for at least 6 of 7 days per week to qualify as restorative.~~

C. Restorative Care Components

1. **Technique:** Restorative activities provided by nursing staff and trained staff.
 - a. **Active Range of Motion (AROM):** exercises performed by the resident, with cueing, supervision, or physical assist by staff. Includes AROM and active-assisted range of motion (AAROM).
 - i. **AROM:** performance of an exercise to move a joint without any assistance or effort of another person to move the muscles surrounding the joint.
 - ii. **AAROM:** the use of the muscles surrounding the joint to perform the exercise but requires some help from the staff or equipment.
 - b. **Passive Range of Motion (PROM):** provision of passive movements in order to maintain flexibility and useful motion in the joints of the body. PROM is the movement of a joint through the range of motion with no effort from the patient.
 - c. **Splint or Brace Assistance:** provision of:
 - i. verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint.
 - ii. a scheduled program of applying and removing a splint or brace.
2. **Training and Skill Practice:** Activities including repetition, physical or verbal cueing, and/or task segmentation provided by any staff member under the supervision of a licensed nurse.
 - a. **Amputation or Prosthesis Care:** activities provided to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket). Dentures are not considered to be prostheses.
 - b. **Activities of Daily (ADL) Training**
 - i. **Bed Mobility:** activities provided to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side and positioning self in bed.
 - ii. **Transfer:** activities provided to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.
 - iii. **Walking:** activities provided to improve or maintain the resident's self-performance in walking, with or without assistive devices.
 - iv. **Dressing and/or Grooming:** activities provided to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks with or without assistive devices.
 - v. **Eating and/or Swallowing:** activities provided to improve or maintain the resident's self-performance in feeding oneself food and fluids with or without assistive devices, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth.

c. **Communication:** activities provided to improve or maintain the resident's self-performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices.

d. **Bowel and Bladder Training:**

i. **Urinary Toileting Program:** implementation of an individualized, resident-specific toileting program based on an assessment of the resident's unique voiding pattern targeted at decreasing or resolving incontinence (ex: bladder rehabilitation or retraining, prompted voiding, and habit training or scheduled voiding)

ii. **Bowel Toileting Program:** implementation of an individualized, resident-specific toileting program based on an assessment of the resident's unique bowel pattern targeted at maintaining bowel continence.

C. Restorative Nursing Program:

1. The Restorative Nursing Program is provided regularly by TAs under the supervision of a LN with treatments recommended by a licensed rehabilitation therapist and requires an initial consult request from the physician.
2. TAs provide restorative treatment in the wellness gym, on the neighborhoods (unit-based) and in the aquatics pool, under the supervision of a LN with initial recommendations and follow up consultations provided by the licensed therapist. Restorative therapy is reviewed quarterly and as needed for modifications and/or discharge by the LN and/or the RCT.
 - a. Wellness gym: Restorative treatment in the wellness gym utilizes specialized equipment
 - b. Neighborhood (unit-based) restorative programs: depending on the medical or physiological complexity of the resident, the restorative program can be done one-to-one or in a small group.
 - c. Aquatics: This restorative program can be used for residents who may not tolerate therapy on land due to pain or other movement issues. The licensed therapist may be present for all sessions of this type of programming (refer to LHH PP 28-03 Aquatic Services).

	RESTORATIVE NURSING CARE	
	RESTORATIVE NURSING CARE	RESTORATIVE NURSING PROGRAM
STAFF	LN, CNA/PCA, AT	TA
PLAN OF CARE	Determined by LN	Recommended by licensed rehabilitation therapist
TREATMENTS	Can be safely carried out by nursing staff or trained staff	Complex treatments or specialized equipment
LOCATION	On-unit	Wellness gym, on-unit, aquatics
COMPONENTS	AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking, dressing/grooming, eating/swallowing, communication, bowel/bladder training	AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking

D.A. Restorative Care Components

1. **Technique:** Restorative activities provided by nursing staff and trained staff.

- ~~a. **Active Range of Motion (AROM):** exercises performed by the resident, with cueing, supervision, or physical assist by staff. Includes AROM and active-assisted range of motion (AAROM).~~
 - ~~i. **AROM:** performance of an exercise to move a joint without any assistance or effort of another person to move the muscles surrounding the joint.~~
 - ~~ii.i. **AAROM:** the use of the muscles surrounding the joint to perform the exercise but requires some help from the staff or equipment.~~
- ~~b.a. **Passive Range of Motion (PROM):** provision of passive movements in order to maintain flexibility and useful motion in the joints of the body. PROM is the movement of a joint through the range of motion with no effort from the patient.~~
- ~~c.a. **Splint or Brace Assistance:** provision of:~~
 - ~~i. verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint.~~
 - ~~ii.i. a scheduled program of applying and removing a splint or brace.~~
- 2.1. Training and Skill Practice:** Activities including repetition, physical or verbal cueing, and/or task segmentation provided by any staff member under the supervision of a licensed nurse.
 - ~~a. **Amputation or Prosthesis Care:** activities provided to improve or maintain the resident's self performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket). Dentures are not considered to be prostheses.~~
 - ~~b.a. **Activities of Daily (ADL) Training**~~
 - ~~i. **Bed Mobility:** activities provided to improve or maintain the resident's self performance in moving to and from a lying position, turning side to side and positioning self in bed.~~
 - ~~ii.i. **Transfer:** activities provided to improve or maintain the resident's self performance in moving between surfaces or planes either with or without assistive devices.~~
 - ~~iii.i. **Walking:** activities provided to improve or maintain the resident's self performance in walking, with or without assistive devices.~~
 - ~~iv.i. **Dressing and/or Grooming:** activities provided to improve or maintain the resident's self performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks with or without assistive devices.~~
 - ~~v.i. **Eating and/or Swallowing:** activities provided to improve or maintain the resident's self performance in feeding oneself food and fluids with or without assistive devices, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth.~~
 - ~~c.a. **Communication:** activities provided to improve or maintain the resident's self performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices.~~
 - ~~d.a. **Bowel and Bladder Training:**~~
 - ~~i. **Urinary Toileting Program:** implementation of an individualized, resident-specific toileting program based on an assessment of the resident's unique voiding pattern targeted at decreasing or resolving incontinence (ex: bladder rehabilitation or retraining, prompted voiding, and habit training or scheduled voiding)~~
 - ~~ii.i. **Bowel Toileting Program:** implementation of an individualized, resident-specific toileting program based on an assessment of the resident's unique bowel pattern targeted at maintaining bowel continence.~~

PROCEDURE:

A. Assessment for restorative nursing needs

1. Residents may have restorative needs under the following conditions:
 - a. Observed decline, change of condition or quality measure triggered through assessments that may include Minimum Data Set (MDS) assessments, Care Area Assessments (CAA) or Certification and Survey Provider Enhanced Reports (CASPER)
 - b. Recommended by therapy
 - c. Triggering event (e.g., falls, pressure ulcer, weight loss, choking event, etc.)
 - d. Functional decline, maintenance need, or potential for functional improvement identified by methods including physician assessment, nursing admission assessment and weekly summaries.
2. Discontinuation criteria for restorative services
 - a. Goals have been met
 - b. Resident is unable to meet established goals or has declined
 - c. Resident requires skilled therapy
 - d. Resident is unwilling to participate or attend
- ~~1. The minimum data set (MDS) and Resident Assessment Instrument (RAI) process are the baseline functional assessment for restorative nursing.~~
- ~~2. Registered nurses (RN) assess restorative needs at the time of admission, weekly, quarterly, annually, and with significant change of condition.~~
- ~~3. Assessment includes any of the following that apply:~~
 - ~~a. Functional activities in which the resident has recently declined.~~
 - ~~b. Functional activities in which the resident believes there is potential for increased independence or a need for maintenance to prevent decline.~~
 - ~~c. Activities in which the nurse, licensed therapist, physician, or other member of the interdisciplinary team identifies that the resident has potential for improvement or a need for maintenance to prevent decline.~~
 - ~~d. Consideration of conditions that commonly cause functional decline such as stroke, Parkinson's Disease, Multiple Sclerosis, peripheral neuropathy, Muscular Dystrophy, spinal cord injury, or coma.~~
 - ~~e. Review of data that contributes to the assessment process such as the MDS, the Care Area Assessments (CAA), Certification and Survey Provider Enhanced Reports (CASPER), and assessment or progress notes from any clinical discipline.~~
 - ~~f. If the resident has a progressive illness/condition in which a decline in function is anticipated and the restoration in function is not realistic, and/or has goals of care that are primarily focused on comfort measures, restorative interventions may be utilized for preservation of function.~~

B. Restorative Nursing Care

Laguna Honda Hospital (LHH) provides restorative nursing care through 2 modalities:

1. Restorative Nursing Program:

- a. Physician places a rehabilitation consult order. If the resident has a restorative need, the rehabilitation therapist may refer the resident to the Restorative Nursing Program.
- b. Initial treatments are recommended by a rehabilitation therapist and provided by CNAs/PCAs under the supervision of the restorative LN. Treatments may be adjusted as needed by ~~restorative nurse~~restorative LN or by follow up consultations with rehabilitation therapist.
- c. Services include: AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking, eating
- d. Group restorative activities are limited to no more than 1:4 staff to residents.
- e. Treatments may include the use of specialized equipment including theraband, pedal exerciser, theraputty, ~~weights~~, and peg boards.
- f. Discharge criteria in addition to those outlined above include stabilization of functional performance so that Unit Restorative Care can assume restorative treatments for maintenance

- g. Reevaluation criteria include significant change of condition and acute hospitalization >24 hours.

2. Unit Restorative Care:

- a. Treatments developed by unit LN and provided by unit PCAs under the supervision of the unit LN
- b. Services include all restorative care components

C. Documentation

1. Care plans

- a. Restorative care plans, goals and interventions are developed utilizing assessment data, involving input from interdisciplinary or clinical services (e.g., skilled therapy), and including resident-centered, individualized treatments and interventions.
 - i. Restorative Nursing Program: care plan initiated and maintained by restorative nurse/restorative LN
 - ii. Unit Restorative Care: care plan initiated and maintained by unit nurse
- b. Care plans developed by other disciplines are appropriate to use for nursing restorative programs with the agreement of the discipline and by identifying nursing as one of the responsible services (e.g., Residents with individualized feeding plans written by the SLP are often restorative in nature and require nursing implementation).
Individualized feeding plans for thickened liquids or special diet only are not appropriate for restorative nursing care.

c.

2. Restorative documentation in the electronic health record (EHR)

- a. The licensed nurse indicates the restorative intervention(s) to perform in the EHR.
- b. The CNA/PCA documents in the EHR, the completion of restorative interventions and the total number of minutes spent doing the activity per restorative component, except for bladder and bowel training.
- c. Observations of problems, reasons for not performing or participating in restorative interventions, or resident complaints during restorative care are reported to the licensed nurse and documented in the EHR (i.e., dizziness, pain, shortness of breath, resident refusal, etc.).
- d. Restorative Nursing Program:
 - i. CNAs/PCAs schedule restorative appointments in the EHR and document attendance.
 - ii. CNAs/PCAs will document and communicate any unusual occurrences, significant resident problems or significant changes to the restorative nurse/restorative LN.

3. Evaluation

- a. Periodic evaluation of restorative activities is demonstrated by routine documentation in summaries and resident care conference (RCC) notes.
- b. The nurse evaluates the effectiveness of the restorative treatments by documenting the progress towards restorative goals and describing the resident's related clinical status or changes to the interventions or goals as needed.
 - i. Restorative Nursing Program
 - 1. CNAs/PCAs are responsible for weekly summaries that must be reviewed and co-signed by the restorative LN. The note will include restorative LN any changes in performance, participation or changes in clinical status identified during Restorative Nursing Program session.
 - 2. CNAs/PCAs may initiate a monthly summary that must be reviewed and co-signed by the restorative nurse/restorative LN. The note will include progress towards goals, activities provided, the response to treatment, level of assistance and functional status. Documentation should reflect how the resident responds to the program in relation to behavior (e.g., refusal, anxious, combative, etc.), along with physical response (e.g., fatigue level, attention, distractibility, etc.). Restorative

nurseRestorative LN evaluates the care plan effectiveness, and initiates any changes in treatment, interventions, or goals as needed.

ii. Unit Restorative Care

1. Unit nurse is responsible for summaries and evaluating the care plan effectiveness weekly.

4. MDS

a. The MDS coordinator completes section O, "Nursing rehabilitation/ restorative care" of the MDS to indicate the number of days the restorative techniques or practices were provided for equal to or greater than 15 minutes per day in the last 7 days.

—The MDS coordinator records bladder retraining and scheduled toileting in section H0200 Urinary Toileting Program.

b.

B. Planning restorative care

1. Using the assessment data, a plan of care is developed with restorative component treatments individualized to the resident.

a. The LN develops a care plan:

i. Problem statements are determined by the functional assessment and are generally functionally oriented.

ii. Goals must be specific, measurable, and time oriented. Both maintenance and improvement goals are appropriate for restorative nursing.

b. Restorative care: Informal consultation is often useful with the interdisciplinary team and clinical services such as PT, OT, or SLP for care planning and decision making related to restorative nursing.

c. Restorative Nursing Program: rehab consult to the Restorative Nursing Program includes recommended treatments that the LN will incorporate into the care plan. The unit physician will place a Rehab Consult if a Restorative Nursing Program need is identified, so that the resident may be evaluated initially by a licensed rehabilitation therapist.

2. All restorative minutes may be counted in section O of the MDS, regardless if they are provided as part of restorative care or the Restorative Nursing Program.

C. Documentation

1. Weekly Summary by the unit LN and Quarterly Summary by Restorative Nursing Program RN:

a. For all residents receiving restorative nursing care or participating in the restorative nursing program, the nurse evaluates the effectiveness of the restorative treatments by documenting the progress toward or away from restorative goals, and describing the resident's related clinical status or changes to the interventions or goals as needed. (e.g., "Restorative goal of ambulating 60 feet BID with 1 assist and gait belt has been met. Goal increased to 60 feet TID").

i. Periodic evaluation of restorative activities is demonstrated by routine documentation in the summaries and RCT notes. Progress toward or away from the restorative goal is documented followed by reason and/or modifications to the interventions or goals.

ii. Resident and staff teaching related to the restorative program.

iii. Consultation with the interdisciplinary team and therapies, as needed, to modify the program.

iv. Consultation with ancillary services, interdisciplinary team members, and/ or a Clinical Nurse Specialist or Clinical Resource Nurse trained in restorative assessment and programming when the need for initial or additional staff development is identified.

b. The TA may initiate a Quarterly Summary for the Restorative Nursing Program that must be reviewed and co-signed by the RN.

2. Care Plan:

Restorative Nursing Care

- ~~a. The unit's LN responsible for the restorative nursing care problems, goals and interventions.~~
- ~~b. The Restorative Nursing Program's RN responsible for the restorative nursing program problems, goals and interventions.~~
- ~~c. Collaboration with RCT members or the resident as needed to determine the resident's preferences and choices.~~
- ~~d. Care plans developed by other disciplines are appropriate to use for nursing restorative programs with the agreement of the discipline and by identifying nursing as one of the responsible services (e.g., Residents with individualized feeding plans written by the SLP are often restorative in nature and require nursing implementation).~~
- ~~e. Individualized feeding plans for thickened liquids or special diet only are not appropriate for restorative nursing care.~~

~~3. Minimum Data Set (MDS):~~

- ~~a. The MDS coordinator completes section O, "Nursing rehabilitation/ restorative care" of the MDS to indicate the number of days the restorative techniques or practices were provided for equal to or greater than 15 minutes per day in the last 7 days.~~
- ~~b. The MDS coordinator records bladder retraining and scheduled toileting in section H0200 Urinary Toileting Program.~~

~~4. Electronic Health Record (EHR) ADL and Restorative Documentation:~~

- ~~a. The licensed nurse indicates the restorative intervention(s) to perform in the EHR.~~
- ~~b. The CNA/PCA/TA documents in the EHR, the completion of restorative interventions and the total number of minutes spent doing the activity per restorative component, except for bladder and bowel training.~~
- ~~c. Observations of problems, reasons for not performing or participating in restorative interventions, or resident complaints during restorative care are reported to the licensed nurse and documented in the EHR (i.e., dizziness, pain, shortness of breath, resident refusal, etc.).~~
- ~~d. Restorative Nursing Program:
 - ~~i. TAs will document in a note at least quarterly at a minimum, the resident's progress towards goals, the response to treatment and functional status. The documentation may compare the previous quarter's note for any changes. Documentation should reflect how the resident responds to the program in relation to behavior (e.g., refusal, anxious, combative, etc.), along with physical response (e.g., fatigue level, attention, distractibility, etc.). Content may include:
 - ~~1. Activity provided~~
 - ~~2. The specific distance or repetitions~~
 - ~~3. Use of assistive devices~~
 - ~~4. Resident response to activity (endurance and tolerance level)~~
 - ~~5. Amount of assistance needed and why (i.e., verbal cues, stand by assist of one, moderate assist of one, etc.)~~
 - ~~6. Outcomes, progress or lack of progress~~~~
 - ~~ii. The TA will document and communicate any unusual occurrences, significant resident problems or significant changes to the Restorative Nursing Program Nurse Manager and RN.~~~~

APPENDIX:

NONE

REFERENCES:

CMS's RAI Version 3.0 Manual v1.17.1 (2019).
Medicare and Medicaid requirements for participation for Long Term care facilities (2017)

CROSS REFERENCES:

Nursing Policies and Procedures

- C 3.0 Documentation of Resident Care/Status by Licensed Nurse
- C 3.2 Documentation of Resident Care by Nursing Assistant
- D1 2.0 Resident Activities of Daily Living
- D5 2.0 Limb Care following Amputation
- D5 4.0 Arm Sling
- D5 5.0 Application and Management of Braces
- D6 2.0 Transfer Techniques
- D6 3.0 Range of Motion Exercise
- D6 4.0 Positioning and Alignment in Bed and Chair
- D6 5.0 Ambulation
- E1.0 Oral Management of Nutritional Needs
- F1.0 Assistance with Elimination
- F2.0 Assessment and Management of Urinary Incontinence
- F3.0 Assessment and Management of Bowel Functions
- F4.0 Application and Management of Condom Catheters
- F6.0 Colostomy Management

Hospitalwide Policies and Procedures

- LHPP 26-02 Management of Dysphagia and Aspiration Risk
- LHPP 27-02 Referrals for Rehabilitation Services
- ~~LHPP 28-03 Aquatic Services~~

Original: 2001/12

Revised: 2008/09; 2015/03/10; 2019/09/10; 2022/10/11

Reviewed: 2022/10/11

Approved: 2022/10/11