

MEDICAL STAFF COMMITTEE

**POLICY
DEVELOPMENT
COMMITTEE**

January 12, 2022



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
shchd.org

New Policies



**SoHum
Health**

Southern Humboldt
Community Healthcare District
733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Human Resources	NO:	Page 1 of 1
SUBJECT: Reimbursement of Education and Student loan debt repayment Policy	EFFECTIVE DATE: 01/27/2022	SUPERSEDES: New

POLICY:

Southern Humboldt Community Health District (SHCHD) will reimburse an employee up to a maximum of \$5,250 per year for reimbursement of student debt or continuing education through an accredited program that either offers growth in an area related to his or her current position or that may lead to promotional opportunities. This education may include college credit courses, continuing education unit courses, seminars, and certification tests.

Under Section 127 of the Internal Revenue Code (IRC), SHCHD is allowed to provide tax-free payments of up to \$5,250 per year to eligible employees for qualified educational expenses. To be considered qualified, payments must be made in accordance with an employer's written educational assistance plan. The Coronavirus Aid, Relief and Economic Security (CARES) Act amended Section 127 to include student loan repayment assistance as a qualified educational expense. The expansion of Section 127 allows employers to make payments for student loans without the employee incurring taxable income and the payment is a deductible expense for the employer, resulting in tax advantages to both parties ending December 31, 2025.

PROCEDURE:

- For student debt reimbursements or direct student loan payment a check request form should be completed by the employee and turned into Human Resources with the supporting documents.
- Under this policy student debt repayment and educational reimbursement combined cannot exceed \$5,250 in a calendar year.
- The HR department will coordinate the reimbursement with the finance department.

REQUIREMENTS:

- Education reimbursement eligible employees are full-time, regular employees who have completed their 90 day introductory period. On a case-by-case basis education reimbursement may be approved before the introductory period ends.
- No Cash in Lieu of Benefits - SHCHD does not offer employees benefits under the program in lieu of a cash payment, employees cannot "opt-in" or "opt-out" of benefits.
- Payments of principal or interest can be made directly to employees as reimbursement for amounts already paid (support for student loan payments should be provided by the employee) or payments can be made directly to the lender. Other educational expenses that qualify under Section 127 include: Tuition for graduate or undergraduate level programs, which do not have to be job-related Books, supplies, and necessary equipment, not including meals, lodging, transportation, or supplies that the employee may keep after the course is completed.

REFERENCE:

Internal Revenue Code (Code) Section 127, IRS Publication 970

REVIEWED BY:

Human Resources
Chief Executive officer



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DEPARTMENT: Human Resources	NO:	Page 1 of 1
SUBJECT: Professional Development Policy	EFFECTIVE DATE: 01/27/2022	SUPERSEDES: New

POLICY:

The purpose of this policy is to provide employees with professional development opportunities that increase their skills and enhance their contributions to the organization. An employee's work performance is vital to the success of our organization. Providing professional development to our employees is an investment in their careers and the organization's future.

PROCEDURE:

- Prior to enrolling in an educational course, the employee must provide his or her direct supervisor with information about the course for which he or she would like to receive reimbursement or payment for and discuss the job-relatedness of the continuing education.
- The request must include applicable course of study, purpose, job relevance, cost, dates, times of coursework and the name of the institution or source of training.
- Once the course is successfully completed, the employee should submit a Check request form with appropriate signatures, as well as receipts and evidence of a passing grade or certification attached.

REQUIREMENTS:

- Professional development eligible employees are full-time, regular employees who have completed their 90 day introductory period. On a case-by-case basis education reimbursement may be approved before the introductory period ends.
- For payment or reimbursements over \$1000.00 the direct supervisor must take the request to the departments Administrator for approval.
- No Cash in Lieu of Benefits - SHCHD does not offer employees benefits under the program in lieu of a cash payment, employees cannot "opt-in" or "opt-out" of benefits.
- Payback Requirements
- Employees accepting the terms of this policy will be required to sign a written agreement to remain with the organization for one year from the date of the educational payment or reimbursement. If the employee terminates within that year, he or she will be required to pay a monthly prorated amount to the organization.

REFERENCE:

REVIEWED BY:

Human Resources
Chief Executive officer

Revised Policies

Revised -
INFECTION PREVENTION



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DEPARTMENT: <i>Infection Prevention</i>	APPROVED:	Page 1 of 5
SUBJECT: <i>Cleaning and Repair of Patient Equipment</i>	EFFECTIVE DATE: <i>01/27/22</i>	SUPERCEDES: <i>01/25/18</i>

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "district") to clean and repair all patient care equipment, so as to prevent patient injury or the spread of infection.

PURPOSE:

The purpose of this policy and procedure is to delineate the steps for routine cleaning of patient care equipment and referral of any equipment requiring repair or maintenance.

PROCEDURE: Also see the alphabetized grid called "Equipment Cleaning Spreadsheet" located on the Share Drive at Policy and Procedure>Environmental Services>Housekeeping.

GENERAL PATIENT CARE EQUIPMENT

1. Bedside Commodes – Clean after each patient use/discharge with germicidal wipes. When cleaned after patient discharge, label with "clean" tag. Environmental services personnel clean daily when cleaning room.
2. Blood Pressure Cuffs and Stethoscopes – Clean with germicidal wipes between patients and when visibly soiled. Disposable BP cuff covers are available to use with appropriate patients; discard after each patient.
3. Glucometer – see "Glucometer Cleaning" Policy and Procedure.
4. IVAC Digital Thermometer – Clean the instrument surface by wiping with hospital approved germicidal wipe daily and when visibly soiled. A disposable thermometer is available on the isolation supply cart for use on isolation patients. DO NOT take the IVAC into an isolation room.
5. IV Pumps – Must be cleaned after each patient use using germicidal wipes. Do not spray cleaning solutions into internal mechanisms or allow fluids to enter pump during disinfecting. Label pump as "clean" with date cleaned for storage. When in use, pump poles and trays will be cleaned daily with germicidal wipes.
6. Medication Carts – Clean top surface at the beginning of each shift and as needed with germicidal wipes. Environmental Services will wipe the entire exterior with germicidal wipes weekly.
7. Monitor/defibrillator – Clean with germicidal wipes after each patient use and as needed. DO NOT use alcohol. Leads, oximeter and all other wires will be wiped clean with the same product.
8. Negative Pressure Wound Therapy – Wipe unit down daily with germicidal wipes. When device is no longer being used, prior to being removed from patient room, nursing to discard canister and tubing into trash, unplug power cord from unit, wipe machine and power cord down with germicidal

wipes, then place into clear plastic bag and take to central supply where it will be returned to company for inspection and processing prior to being returned to hospital.

9. Oscopes – single use disposable earpieces will be used at all times. The outside of the scope will be wiped clean with a germicidal wipe.
10. Patient pillows – reusable pillows with plastic covers are wiped with germicidal wipes and allowed to air dry before replacing pillowcase. Disposable pillows are single use and disposed after EACH patient use.
11. Pulse oximeter (handheld) - Clean reusable sensor with a 70% isopropyl alcohol wipe or germicidal wipe before attaching to a new patient.
12. Wheelchairs – Wipe seat, armrests, and backrests with germicidal wipes between patients and when visibly soiled.

ACUTE/SWING/SKILLED NURSING AREAS

1. Beds, overbed tables, bedside stands – Wipe overbed tables and siderails at least daily with germicidal wipes. After discharge, Environmental Services personnel will do terminal cleaning of bed. Clean any equipment that becomes visibly soiled during patient use.
2. Invacare lift – Wipe down lift with germicidal wipes. Keep casters free from lint to assure easy mobility. Wash slings regularly or when visibly soiled (see above). Slings will be dedicated to individual patients/residents and labelled with their name and be laundered in-house by EVS
3. Mattresses – Wipe with germicidal wipes with each routine linen change, when visibly soiled, and after patient discharge. Allow to air dry completely before making up bed.
4. Oxygen tubing and humidifiers. Respiratory equipment is single-patient use only. Change the humidifier and oxygen tubing (including any nasal prongs or mask) at least weekly and when it malfunctions or becomes visibly contaminated. Label humidifier and tubing with staff initials, date and time of set up.
5. Personal care items – Patients/Residents have their own manicure and pedicure equipment. Clean with germicidal wipes after use and do not share with other patients. Hairbrushes, combs, oral care supplies, perfumes/creams, etc., are all personally owned and should never be shared with other patients/residents. Whenever possible, these should be labeled with the patient/resident's name.
6. Personal Medical Devices such as CPAP machines – Wipe unit daily with germicidal wipes. Manufacture guidelines will be followed for specific cleaning instructions.
7. Purewick Female External Catheter- see Purewick Female External Catheter policy.
8. Shower and shower chair: After each patient use, remove all dirty linen and trash. Spray floor, fixtures, walls, and shower chair with hospital approved bleach solution. Follow manufacturer's recommended dwell time before next patient.
9. Small volume nebulizers – are single use only. Discard after one use.

10. Vanderlift – Wipe down lift with germicidal wipes. Slings are laundered in-house by EVS. Wash in warm or cold water with mild detergent. Tumble dry on DELICATE cycle or air dry if delicate cycle is not available. DO NOT bleach. DO NOT use water or dryer hotter than 167 degrees. Inspect all seams after drying.
11. Workstation on Wheels (WOWs): Wipe down surfaces (except computer screen) with germicidal wipes daily and when visibly soiled or dusty. Wipe keyboard daily with germicidal wipe when visibly soiled or dusty.

EMERGENCY ROOM

1. Algerbrush or corneal rust ring remover – The body of the Algerbrush and cap are to be wiped clean with alcohol wipes before and after each use. The chuck and burr are removed as one unit. The burr is very small and can be easily lost, if separated. It is to be cleaned with soap and water, dried thoroughly and then sent to Central for autoclaving. Upon return to the department after sterilization, examine burr to make sure it is free of rust.
2. Bair Hugger patient warmer – blanket units are single use and disposable. The cabinet is cleaned with a soft cloth lightly dampened with water and mild detergent. Disconnect unit from electricity before cleaning. DO NOT use a dripping wet cloth as moisture may seep into the electrical contacts and damage the components. Also, do not use alcohol or other solvents to clean the cabinet as they may damage labels and other plastic parts.
3. CARE-Vent transport ventilator: all flex tubing is single use and disposable. Wipe the ventilator with germicidal wipes after each use.
4. Clinitek Urinalysis Machine: The test table insert is removed and soaked halfway with 70% isopropyl alcohol, making sure it is soaked just before the calibration line (white line) for 10 minutes. The upper portion of the test table is wiped with alcohol prep. Make sure not to touch the calibration (white) line.
5. Doppler – the Doppler machine is taken to the bedside and placed on a bedside stand, NOT on the gurney. After use, excess gel should be removed from the probe with a soft cloth. The head is cleaned with a soft cloth and mild soap; DO NOT allow fluid to seep into the unit. DO NOT use a phenolic or ammonia-based cleanser or antiseptic soaps such as Hibiclens.
6. ECG machine – the machine is dusted by Environmental Services personnel as needed. The ECG leads are cleaned with a germicidal wipe after each test.
7. Exam chair (bed #3) – chair paper will be discarded after each patient. Chair surface will be cleaned as patient gurneys (see gurneys).
8. E-Z IO drill – Sterile single-use needles are used for all patients. After use, the drill is wiped clean with germicidal wipes. Do not spray germicide onto the drill.
9. Gurneys – wipe down all sides of each side rail with germicidal wipes. Wipe down mattress top and sides with germicidal wipes. Repeat wipe and allow to air dry before replacing new sheet.
10. Infant scale – wipe clean after use with germicidal wipes.
11. Laryngoscope handles and blades: Some laryngoscopes and blades are single use; dispose after use. Reusable handles and blades require sterilization. After use, place them in the covered metal

bin under the handwashing sink and spray immediately with an enzymatic gel solution. Environmental services personnel will take these containers to their department for decontamination and autoclaving.

12. MobLVac II chest suction machine – clean the outside of the machine with a soft damp cloth. Replace all tubing and containers after use.
13. Monitors (overhead/bedside) – are dusted as needed by Environmental Services personnel. All pieces of equipment that interact with the patient (monitor leads, BP cuffs, pulse oximeters) will be cleaned by nursing staff after patient use as instructed separately in this policy.
14. Oxygen flowmeters (wall mounted) – wipe clean with mild soap dampened cloth. DO NOT spray germicide into or on flowmeters.
15. Peak Flow Meter: If using disposable peak flow meter, they are given to the patient to take home or discarded after use. If using reusable peak flow meter with disposable mouthpiece, discard mouthpiece after use and wipe down meter with germicidal wipes.
16. Ranger Blood and Fluid Warmer – Comes equipped with a cleaning tool to clean the heating plates. Wet the foam pads with a non-abrasive solution. Insert the tool from back to front. Rinse tool and repeat three more times. The outside of the machine can be wiped clean with a disinfectant wipe.
17. Restraints: discard single-use restraints after use. Send re-usable ones to Environmental Services for laundering; do not send to Mission Linen Service.
18. Surgical instruments (reusable), soiled:
 - a. Immediately after use
 - i. Wipe off gross debris (use gauze, paper towel, or disinfectant wipe)
 - ii. Place instruments into the designated metal bin for soiled reusable instruments
 - iii. Spray liberally with enzymatic gel and replace cover on bin.
 - iv. Environmental Services personnel will pick up this container.
 - v. Instruments will be cleaned and steam sterilized in accordance with sterile processing policy and procedure, then returned to the department of origin.
19. Ultrasound Machine – PROBE: clean probe after every use with soft cloth and mild detergent; DO NOT use a brush or abrasive cleaners. DO NOT use any organic solvent. DO NOT allow probe to soak in liquid or detergent to prevent liquid from seeping in to probe. DO NOT heat probe or use hot air to dry probe. MACHINE: clean display carefully as it scratches easily; use dry soft cloth. DO NOT clean the inner base of the device. DO NOT leave detergent on the surface; clean thoroughly with water only. DO NOT place device in water to clean.
20. Vaginal speculums, light source: wipe clean after each use with germicidal wipe.
21. Welch-Allyn Vital Signs Monitor: the entire device is cleaned with alcohol wipes or germicidal wipes once daily. The pulse oximeter finger clamp is wiped clean after each patient use with a germicidal wipe. DO NOT spray it with a germicide liquid.
22. Xcel Slit Lamp – the glide plate is cleaned with a soft cloth lightly dampened with mild soap and water. External – clean with soft cloth and mild detergent. Clean the forehead rest with alcohol wipes or germicidal wipes. . Change the chin papers between patients.

1. Algerbrush or corneal rust ring remover-see instructions under Emergency Room.
2. Gurneys: Each patient gurney will have its paper changed between patients. Gurneys will be wiped down with germicidal wipes after each use.
3. Infant scale: wipe clean after use with germicidal wipes.
4. Surgical instruments (reusable), soiled - see instructions under Emergency Room.
5. Toys (in waiting room): plush and/or cloth toys will NOT be used. Plastic toys will be wiped with germicidal wipes at least weekly and when visibly soiled. Monitoring use and cleaning of toys is the responsibility of the Registration staff.
6. Vaginal speculums, light source: wipe clean after each use with germicidal wipe.

SPECIAL CONSIDERATIONS FOR ALL AREAS:

Some general principles of cleaning patient care equipment include:

- Assuring items are cleaned according to manufacturer's recommendations
- Pre-cleaning visibly soiled items (remove soil and body fluids before attempting to disinfect)
- Adherence to disinfectant's required contact time (how long it must remain wet to be effective)
- Donning of gloves for all cleaning procedures (donning of additional PPE when appropriate for the disinfectant/cleaning product or situation)
- Proper storage of cleaned items
- Always using the appropriate hospital-approved product

REPAIR

1. All equipment that is comprised of fabric or plastic (such as gurney mattresses or non-disposable pillows) will be replaced as soon as they are reported as being torn. Patching is not acceptable.
2. All equipment that is broken or not functioning correctly is taken out of service immediately. A note listing the issues is attached to it and it is taken to the Engineering area. A work order is generated for Engineering.

REFERENCES:

Centers for Disease Control and Prevention, Guidelines for disinfection and sterilization in healthcare facilities 2008. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf>

Guidelines for preventing health care associated pneumonia, 2003; MMWR 2004; 53 (RR03);1-36.

Manufacturer's suggested procedures: Invacare, Vanderlift, Braun, Clinitest, IVAC, Zoll, Welch-Allyn, 3M, Roche, AMI, Huntleigh, VidaCare, Schiller, Arizant, Reichert, Contec, Siemens, Purewick, Phillips.

O'Malley, C. Device cleaning and infection control in aerosol therapy. Respiratory Care 2015; 60: 917-930.

REVIEWED BY:

Infection Preventionist

Chief Nursing Officer

Clinic Nurse Manager

Emergency Room Nurse Manager



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DEPARTMENT: <i>Infection Prevention</i>	No:	Page 1 of 2
SUBJECT: <i>Linen Handling</i>	EFFECTIVE DATE: <i>01/27/22</i>	SUPERCEDES: <i>01/25/18</i>

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (the "District") to store, handle and transport linen in compliance with federal and state Occupational Safety and Health Administration (OSHA) regulations.

PURPOSE:

The purpose of this policy and procedure is to protect staff from exposure to potentially infectious materials though the use of proper work practices and personal protective equipment (PPE).

PROCEDURE:

A. Soiled Linen

1. All soiled linen shall be handled with gloves and bagged at the site of collection in impervious yellow plastic bags by nursing.
2. Handle soiled linen with a minimum of agitation to prevent potentially infectious aerosols (never shake).
3. Do not sort or rinse soiled linen at the place where it was used.
4. If the linen is very wet, it may be necessary to double bag it to prevent leakage.
5. Close yellow bag, remove gloves, and perform hand hygiene. Take the bag to the department's soiled linen container, holding the bag away from the body. Perform hand hygiene.
6. Soiled linen in isolation rooms is treated the same as linen in non-isolation rooms.
7. Radiology, Acute, SNF and Emergency Room departments: when the department's soiled linen bag is full, close it and place it in the linen hamper in the soiled linen closet on the acute side.
8. Soiled linen bags will be removed from the soiled linen closet by contract linen personnel for transport to the off-site laundry facility on their scheduled days (Mon-Wed-Fri).
9. In the Clinic and Physical Therapy there is a soiled linen container that is removed by the contract linen personnel during regular pick up times.
10. District personnel shall receive training regarding the handling of clean and soiled linen, consistent with the OSHA Bloodborne Pathogen standards, which includes the use of gloves when handling soiled linen.

B. Clean Linen

1. All clean linen is returned to the facility by the contract laundry personnel. It is delivered by cart, wrapped and covered, to the clean linen room. Hospital staff place the clean linen in the two linen closets and the Emergency Room. The linen cart is to be empty for the next delivery of clean linen.
2. Staff should take only the amount of linen into a patient's room that is needed for that day. Upon discharge, all leftover linen in the patient's room is considered soiled and must be sent to the laundry.
3. Sheets sent by the contract linen service that do not fit the District's beds, will be placed in a separate container to be returned to the laundry service.
4. Linen that is torn or otherwise unusable should be held for the Director of Operations as some of this linen belongs to the District and other belongs to the laundry service. Torn linen should not be returned to the laundry service as "dirty" linen because the District will be charged for it and it might continue to be returned as is.

REFERENCES:

California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogen Standard. Retrieved from <https://www.dir.ca.gov/title8/5193.html>

Centers for Disease Control and Prevention, Guidelines for Environmental Infection Control in Health-Care Facilities (2003). Retrieved from <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html>

OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030(d)(4)(iv)(A). Retrieved from https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

REVIEWED BY:

Infection Preventionist

Chief Nursing Officer

Emergency Department Manager

Skilled Nursing Facility Manager

Clinic Nurse Manager



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DEPARTMENT: Infection Prevention	No:	Page 1 of 3
SUBJECT: PureWick Female External Urinary Catheter	EFFECTIVE DATE: 01/27/2022	SUPERSEDES: 08/26/2021

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to implement practices that reduce the risk of healthcare-associated infections (HAI's) as much as possible.

PURPOSE:

The purpose of this policy and procedure is to describe the proper indications and use of Purewick Female External Urinary Catheters (a BD product, formerly Bard).

BACKGROUND:

- Urinary tract infections (UTI's) are the most common type of HAI (Centers for Disease Control and Prevention, 2015).
- UTI's that occur while a patient has an indwelling urinary catheter are termed catheter-associated urinary tract infections (CAUTI's).
 - About 75% of UTI's are CAUTI's (Centers for Disease Control and Prevention, 2015)
 - Each day that an indwelling urinary catheter remains in place, the patient's risk of developing bactiuria (bacteria in the urine) increases by 3% to 7% (Beeson, T. and Davis, C., 2018)
 - After 30 days, nearly 100% of patients with an indwelling catheter will have bactiuria, often a precursor to CAUTI (Centers for Disease Control and Prevention, 2015).
- Healthcare facilities are therefore encouraged to reduce the use of indwelling urinary catheters as much as possible
- The CAUTI risk for females is significantly higher (relative risk 2.7-3.5) than for males (Maki, 2009)
 - For female patients, strategies to decrease use of indwelling urinary catheters and CAUTI's are challenging due to the limited availability of proper fitting external collection devices.

PUREWICK FEMALE EXTERNAL CATHETER:

PureWick is a non-invasive, external catheter for females that is connected to suction and can be used with a variety of female patients to eliminate the use of indwelling urinary catheters, while reducing damage to the patient's skin from urinary incontinence.

- It is used for non-invasive urine collection and output measurement in female patients.
- PureWick helps reduce urinary catheter days, thereby reducing CAUTI risk
 - The availability of a female external urinary catheter has been associated with a statistically significant decrease in CAUTI. (Zavodnick J, et al 2020.
- Female urinary incontinence predisposes the skin to potential pressure injuries and infection.
 - PureWick protects skin by wicking away moisture.

PROCEDURE:

A. PRE-PROCEDURE

- a. SHCHD purchases only the Latex-free version of this product
 - i. Check the product label to verify that it is Latex free.
- b. Determine that patient is an eligible candidate:
 - i. Patient requiring urine output monitoring, but does not meet indications for indwelling Foley catheterization
 - ii. Urinary incontinence and/or frequent urination
 - iii. Difficulty walking from bed or chair to toilet
 - iv. Difficulty using a bedpan
 - v. Post-surgical or procedure immobility
 - vi. Skin injury or irritation related to urinary incontinence or diapers
 - vii. Bedrest orders
- c. Prior to starting the procedure, obtain necessary supplies:
 - i. Gloves
 - ii. Peri-care supplies
 - iii. Suction canister and standard suction tubing

- iv. PureWick Female External Catheter (unit must be signed out of Central Supply prior to removal from department)
 - d. Explain procedure to the patient
 - e. Perform hand hygiene and don clean gloves
 - B. PERI-CARE AND PLACEMENT
 - a. Perform perineal care and assess skin integrity
 - i. Document skin assessment in Electronic Medical Record (EMR) per hospital protocol.
 - b. Separate legs, gluteus muscles, and labia.
 - c. Palpate pubic bone as anatomical marker.
 - d. Align distal end of the PureWick Female External Catheter at gluteal cleft with soft gauze side facing patient.
 - e. Gently tuck soft gauze side between separated gluteus and labia.
 - i. Ensure that the top of the gauze is aligned with the pubic bone.
 - ii. Slowly place legs back together once the PureWick Female External Catheter is positioned.
 - C. SUCTION SET UP
 - a. Connect canister to portable suction machine (or wall suction, if available) and set to a minimum of 40mmHg continuous suction.
 - i. Always use the minimum amount of suction necessary.
 - b. Verify wall suction function by covering the open end of the suction tubing with one hand and observing the pressure dial. If the pressure does not increase when the line is covered, verify that the tubing is secured, connected, and not kinked.
 - c. Using standard suction tubing, connect the PureWick Female External Catheter to the collection canister.
 - D. REMOVAL
 - a. To remove the PureWick Female External Catheter, fully separate the legs, gluteus, and labia.
 - b. To avoid potential skin injury upon removal, gently pull the PureWick Female External Catheter directly outward.
 - c. Ensure suction is maintained while removing the PureWick Female External Catheter.
 - d. Dispose of in regular trash
 - i. Exception: if saturated with blood (e.g., menstrual blood), dispose of as biohazardous waste in a red bag.
 - E. MAINTENANCE
 - a. Change disposable suction canister and tubing daily and more frequently if canister becomes more than 2/3 full.
 - b. Replace the PureWick Female External Catheter at least every 8-12 hours or sooner if soiled with feces or blood.
 - i. Always assess skin for compromise and perform perineal care prior to placement of a new PureWick Female External Catheter.
 - c. Ensure the PureWick Female External Catheter remains in the correct position after turning the patient.
 - d. Mesh underwear may be useful for securing the PureWick Female External Catheter for some patients
 - e. Remove the PureWick Female External Catheter prior to ambulation.
 - F. CLEANING AND DISINFECTION
 - a. All components except the Collection System base and power cord are disposable
 - b. The Urine Collection System Base and power cord must be cleaned and disinfected prior to initiating use on a patient.
 - i. Refer to "PureWick Urine Collection System User Guide" for step-by-step cleaning and disinfection procedure
 - ii. A copy is kept at the nursing station.

PRECAUTIONS, CONTRAINDICATIONS, AND WARNINGS:

- A. Not recommended for patients who are:
 - a. Agitated, combative, or uncooperative and might remove the PureWick Female External Catheter
 - b. Having frequent episodes of bowel incontinence without a fecal management system in place
 - c. Experiencing skin irritation or breakdown at the site
 - d. Experiencing moderate/heavy menstruation and cannot use a tampon.
 - e. Do not use barrier cream on the perineum when using the PureWick Female External Catheter.
 - i. Barrier cream may impede suction.
- B. Contraindications
 - a. The PureWick Female External Catheter should not be used on patients with urinary retention.
- C. Warnings

- a. To avoid potential skin injury, never push or pull the PureWick Female External Catheter against the skin during placement or removal.
- b. Never insert the PureWick Female External Catheter into the vagina, anal canal, or other body cavities.
- c. Do not use the PureWick Female External Catheter with a bedpan or any material that does not allow for sufficient airflow.
- d. Discontinue use if an allergic reaction occurs.

REFERENCE:

1. Bard Medical. PUREWICK Female External Catheter: Instructions for Use. 2018, February. Retrieved from https://www.crbard.com/CRBard/media/ProductAssets/BardMedicalDivision/PF10741/en-US/PF10741_BAW0319838.pdf
2. Beeson T, Davis C. Urinary Management With an External Female Collection Device. *J Wound Ostomy Continence Nurs.* 2018;45(2):187-189. doi:10.1097/WON.0000000000000417
3. Centers for Disease Control and Prevention. Healthcare-associated Infections. 2015, October 16. Retrieved from https://www.cdc.gov/hai/ca_uti/uti.html
4. Eckert L, Mattia L, Patel S, Okumura R, Reynolds P, Stuvier I: [Reducing the risk of indwelling catheter-associated urinary tract infection in female patients by implementing an alternative female external urinary collection device: a quality improvement project.](#) *J Wound Ostomy Continence Nurs.* 2020, 47:50-53. [10.1097/WON.0000000000000601](https://doi.org/10.1097/WON.0000000000000601)
5. Lo E, Nicolle LE, Coffin SE, et al.: [Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update.](#) *Infect Control Hosp Epidemiol.* 2014, 35:464-479. [10.1086/675718](https://doi.org/10.1086/675718)
6. Maki DG, Tambyah PA. Engineering out the risk for infection with urinary catheters. *Emerg Infect Dis.* 2001;7(2):342-347. doi:10.3201/eid0702.010240
7. Newton, C., Call, E., & Chan, K. S. (2018, January 8). *Measuring Safety, Effectiveness and Ease of Use of PureWick in the Management of Urinary Incontinence in Bedbound Women: Case Studies*[Scholarly project]. Retrieved from <https://docplayer.net/54084269-Measuring-safetyeffectiveness-and-ease-of-use-of-purewick-in-the-management-of-urinary-incontinence-in-bedbound-women-case-studies.html>
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REVIEWED BY:

Infection Prevention
Chief Nursing Officer
Skilled Nursing Facility DON

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Southern Humboldt
Community Healthcare District
733 Cedar St
Garberville, CA 95542
(707) 932-3921

DEPARTMENT: <i>Quality</i>	APPROVED:	Page 1 of 1
SUBJECT: <i>District Bulletin Boards</i>	EFFECTIVE DATE: <i>01/27/2021</i>	SUPERCEDES: <i>05/24/2018</i>

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a space to relay District-related information to employees and the general public.

PROCEDURE:

District bulletin boards are located throughout the facility. Bulletin boards provide a location to display current district policies, practices, personnel announcements, items of District interest, newsworthy articles, District calendars, meeting notices and changes, and information related to state and federal employment laws.

Other announcements and flyers may be posted at the discretion of administration. All non-district related announcements and flyers must be approved by administration before being posted to any District bulletin board.

REFERENCES:

Department of Industrial Relations (2017, November). Workplace postings. California Department of Industrial Relations - Workplace Postings. Retrieved December 28, 2021, from <https://www.dir.ca.gov/wpnodb.html>

State of California (n.d.). Code Section Group Title 5 Chapter 9. California Legislative Information. Retrieved December 28, 2021, from https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=9.&part=1.&lawCode=GOV&title=5.

United States Department of Labor (2019). Workplace posters. Workplace Posters. Retrieved December 28, 2021, from <https://www.dol.gov/general/topics/posters#workplace-posters>

REVIEWED BY:

Chief Quality and Compliance Officer

Human Resources Manager

Chief Operations Officer

Chief Executive Officer

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DEPARTMENT: <i>Quality</i>	APPROVED:	Page 1 of 1
SUBJECT: <i>District Template Logo Forms</i>	EFFECTIVE DATE: <i>01/27/2021</i>	SUPERCEDES: <i>05/24/2018</i>

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to use consistent logo template forms throughout the District.

PROCEDURE:

District logo template forms, e.g., letterhead, memoranda, fax cover sheets, check requests, are accessible on the District's server. Should an employee not have access to a computer, pre-printed forms may also be available. Logo templates are designed to maintain a clean, consistent format and font and may not be altered from their original design. In order to uphold a professional image, all fax cover sheets, letters, memos, and envelopes should be typed or printed, unless computer/printer access is unavailable.

District logo template forms bear the name of the District and give the appearance what is written thereupon is from or sanctioned by the District. District logo template forms should not be used for unauthorized purposes. This includes, but is not limited to personal use, letters of recommendation, political statements or endorsements, use by any person who does not work for the District, and any purpose not related to the District.

REFERENCES:

REVIEWED BY:

Chief Quality and Compliance Officer
Human Resources Manager
Chief Financial Officer
Chief Nursing Officer
Chief Operations Officer
Chief Executive Officer



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DEPARTMENT: <i>Quality</i>	APPROVED:	Page 1 of 1
SUBJECT: <i>Interpreter Service</i>	EFFECTIVE DATE: <i>01/27/2021</i>	SUPERCEDES: <i>05/24/2018</i>

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide interpreter service for limited-English-speaking and non-English-speaking individuals. This service is provided at no additional cost to patients/residents who have a language barrier.

PROCEDURE:

A brief summary statement of the procedure may go here. **Delete this section if the document is a policy.**

- A.** If a patient or resident cannot communicate with the physician or staff because of language barriers, the physician and staff should arrange for interpreter services.
- B.** Family and friends who come with the patient/resident to the facility **MAY** be used as interpreters. However, in all other cases, or if there is any question about the friend or family member's ability to interpret accurately, the telephone interpreter service should be utilized.

The facility is at risk any time an employee or community member is used as an interpreter. Often these individuals have no medical knowledge and could translate inaccurately. Healthcare workers could obtain or transmit incorrect information which could lead to errors in diagnosis and treatment. For this reason, trained personnel (via the interpreter telephone) should be used when there is any doubt concerning the interpreter's ability to interpret accurately.

- C.** Instructions for using the interpreter service will be available to staff.

REFERENCES:

California Department of Managed Health Care (n.d.). Language assistance. California Department of Managed Health Care. Retrieved December 28, 2021, from <https://www.dmhca.ca.gov/healthcareincalifornia/your-healthcarerights/languageassistance.aspx>

REVIEWED BY:

Chief Quality and Compliance Officer
Chief Nursing Officer
Chief Executive Officer



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DEPARTMENT: <i>Quality</i>	APPROVED:	Page 1 of 2
SUBJECT: <i>Quality Assurance and Performance Improvement (QAPI) Program</i>	EFFECTIVE DATE: <i>01/27/2021</i>	SUPERCEDES: <i>05/24/2018</i>

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a quality assurance and performance improvement (QAPI) program in its efforts to provide high quality care in compliance with all applicable laws. The District QAPI plan and program will encompass all aspects of care and services provided in every department of the district.

SHCHD's governing board is ultimately responsible for overseeing the QAPI Committee. The governing board and administration will develop a culture which involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing board assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed.

The QAPI Committee is ultimately responsible for assuring compliance with federal and state requirements and continuous improvement in quality of care and customer satisfaction. The administrator has direct oversight responsibility for all functions of the QAPI Committee and reports directly to the governing board.

PROCEDURE:

- A. The governing board and medical staff will receive reports from the QAPI committee as often as necessary, but at least quarterly. The district QAPI plan will be evaluated and reviewed at least annually by the medical staff and the governing board. The governing board ensures the QAPI plan is defined, implemented, and maintained to address identified priorities.
- B. QAPI committee meetings shall take place monthly or at least quarterly and minutes shall be taken at all QAPI committee meetings. The QAPI committee shall be sustained during leadership and staff transitions. The QAPI committee members shall include:
 - a. The chief executive officer (CEO)
 - b. The chief nursing officer (CNO)/director of patient care services (DPCS)
 - c. The infection Preventionist
 - d. The medical director or his/her designee
 - e. At least three other members of the staff
- C. QAPI committee members identify and prioritize problems based on data, resident/patient and staff input, services provided, corrective actions, safety, and quality standards. A systematic approach to addressing QAPI projects is used whenever possible, utilizing quality data, tools, and techniques. Each department manager is a member of the QAPI committee and responsible for QAPI committee member duties in their department.
 - a. The QAPI committee member duties include:
 - i. Tracking medical errors and adverse events
 - ii. Measure development and reporting

- iii. Ongoing monitoring and data collection
- iv. Problem prevention
- v. Analysis of causes
- vi. Identification, implementation, and evaluation of preventative and corrective actions

REFERENCES:

Centers for Medicare & Medicaid Services (2021, December 1). QAPI description and background. CMS.gov. Retrieved December 28, 2021, from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition>

REVIEWED BY:

Chief Quality and Compliance Officer

Chief Nursing Officer

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