



SoHum Health

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MEDICAL STAFF COMMITTEE

POLICY DEVELOPMENT

**Emergency Department,
Infection Prevention
and Hospital Pharmacy
Policy Packet**

**June 7, 2023 ED and
Pharmacy June 14, 2023
Infection Prevention**

Emergency Department Policies



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Administration of Potassium Chloride Intravenously	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to treat all patients with hypokalemia effectively and safely.

PURPOSE:

The purpose of this policy and procedure is to ensure that intravenous Potassium Chloride will be safely prepared and administered.

INTRAVENOUS POTASSIUM CHLORIDE CAN BE FATAL IF GIVEN INAPPROPRIATELY.

REFERENCES:

Woodland, G. (2019, April 30). How should intravenous (IV) potassium chloride be administered in adults? Specialist Pharmacy Service. <https://www.sps.nhs.uk/articles/how-should-intravenous-iv-potassium-chloride-be-administered-in-adults/>

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Alcoholism, Drug Abuse and Psychiatric Patients	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to meet the individual needs of patients admitted with problems brought about by alcoholism, drug abuse, and psychiatric disorders; to enable the Medical Staff to have readily available the information concerning community resources available to provide the necessary treatment for these patients and to provide the steps necessary to carry out this plan.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Skilled Nursing Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Animal Bite	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when caring for the patient with an animal bite.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for animal bites.

REFERENCES:

Erin E Endom, MD (2012), October). Retrieved November 21, 2012, from uptodate.com:
<http://www.uptodate.com>
Replaces Policy #EDMIVG7-Animal Bite

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Clinic Nurse Manage
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Assessment and Evaluation of All Patients to the ED	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") for the Emergency Department (ED) Registered Nurse (RN) to complete an initial assessment and evaluation of each patient that presents to the ED to determine the patient's level of acuity for the purpose triage. Patients presenting to the ED will be admitted based on the severity of their condition. Once the initial triage is completed the patient will be offered a Medical Screening Examination (MSE) to rule out an emergency medical condition (EMC). The MSE will be performed by the ED Physician or, to the extent permitted by applicable law, by other appropriate licensed persons under the supervision of the physician. Emergency Services and care must be provided without inquiring as to insurance status or the ability to pay. Payment information may be obtained after services are rendered.

PURPOSE:

The purpose of this policy is to ensure that appropriate care and treatment is rendered without delay and without regard to a person's sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language or immigration status (unless required by federal law). "Disability" means any mental disability or physical disability as defined in Government Code Sections 12926 and 12926.1. "Medical Condition" means a health impairment related to a diagnosis or history of cancer or genetic or inherited characteristics. (Government Code Section 12926)

REFERENCES:

California Hospital Association; California Consent Manual; Patient consent for treatment and related Health Care law; 2018

REVIEWED BY:

Chief Nursing Officer/Director of Patient care services
ER/Acute Nurse Manager
Clinic Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Assessment and Vital Sign Guidelines	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide emergent assessment and vital signs guidelines to the Emergency Department (ED) nursing staff.

REFERENCES:

B. Brown. "Sutter Coast Community Hospital Policy." *Sutter Coast Hospital*. Rita Nicklas, n.d. Web. 09 Jan. 2013.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Skilled Nursing Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Assisting With Abdominal Paracentesis	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when caring for the patient with abdominal paracentesis.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for the nursing staff to assist with abdominal paracentesis.

Equipment:

- Sterile paracentesis tray and gloves
- Local anesthetic
- Drape or cotton blankets
- Collection bottle (vacuum bottle)
- Skin preparation (antiseptic)
- Specimen bottles and laboratory forms

REFERENCES:

Nettina, S. M. (2019). Lippincott manual of nursing practice (11th ed.). Lippincott Williams and Wilkins.

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Brain Death	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") not to diagnose Brain Death. Pursuant to AB 2565, effective January 1, 2009, the District enacts the following provisions.

PURPOSE:

The purpose of this policy and procedure is to delineate the procedures to follow when a patient exhibits signs and symptoms of Brain Death, as defined in California Health and Safety Code (HSC) Section 7180.

REFERENCES:

Mason,T. (2014, May). California Health & Safety Code - Section 1254.4. AB 2565 Assembly Bill.
https://www.thaddeuspope.com/images/1254.4_death_accommodate.pdf

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Care of the Patient Under the Influence	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and treatment to those patients presenting to the Emergency Department under the influence of alcohol or drugs.

PURPOSE:

To provide guidelines for the management of the patient under the influence of alcohol or drugs. The initial management of the patient under the influence of alcohol or drugs is the same as for other patients presenting for care in the Emergency Department. All alcohol or drug impaired patients will receive a medical screening exam (MSE) to assess underlying medical conditions and to provide stabilization before discharge. Discharge of impaired patients may result in injury to the patient or to others.

The emergency physician will examine and determine if the patient is in need of acute hospital care or transfer to a higher level of care.

While in the Emergency Department, the patient will be monitored according to their medical condition.

The patient under the influence of alcohol or drugs will be treated with the respect that all patients are to receive, using a non-judgmental and supportive attitude in the care of the patient who has a specific medical disease.

REFERENCES:

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). *British Journal of Addiction* 84:1353-1357, 1989.

Sellers, E.S. (2021) *CIWA-Ar for Alcohol Withdrawal*. MDCalc. <https://www.mdcalc.com/ciwa-ar-alcohol-withdrawal>

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Care of the Patient With Burns	EFFECTIVE DATE: 05/25/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when caring for the patient with burns.

PURPOSE:

The purpose of this policy and procedure is to minimize extent of injury, to provide pain relief and to preserve organ function for a patient with burns.

DEFINITIONS:

First Degree (Superficial) – epidermis - damage to the skin is limited to the outer layer (epidermis.) The skin is intact and typically appears to be pink/red in color, very warm or hot to touch and painful. Swelling and small blisters may be present. Common cause: sunburn.

Second Degree (Partial Thickness) - epidermis and dermis - damage to the skin includes the outer layer and penetrates to the middle layer of tissue (dermis). The wound is typically moist/wet and red. Swelling is usually present, there may be blisters or sloughing (loss) of skin; it is very painful.

Third Degree (Full Thickness) - all three layers of the skin (epidermis, dermis and hypodermis/subcutaneous tissue) are damaged; the injury can include deep penetration into muscles, organs and bones. The affected area is dry, leathery and may present in many colors (i.e., whitish, charred or tan-colored). Due to nerve destruction, full thickness areas are non-sensate (loss of feeling/sensation)

REFERENCES:

Understanding Burn Care. (2018). *Determining Burn Severity*.

Steinvall I, Elmasry M, Fredrikson M, Sjoberg F. (2016) Standardized mortality ratio based on the sum of age and percentage total body surface area burned is an adequate quality indicator in burn care: An exploratory review. *Burns*. 2016; 42(1):28-40.

Cline D, Meckler G, Ma OJ et al. (2017) Tintinalli's Emergency Medicine Manual, Eighth Edition. McGraw-Hill Education / Medical.

Latenser BA. Critical Care of the Burn Patient. In: Hall JB, Schmidt GA, Kress JP. eds. *Principles of Critical Care*, 4e New York, NY: McGraw-Hill; 2014.

<http://accessmedicine.mhmedical.com.foyer.swmed.edu/content.aspx?bookid=1340§ionid=80027724>. Accessed November 22, 2017.

Al-Benna S. (2011). Fluid resuscitation protocols for burn patients at intensive care units of the United Kingdom and Ireland. *German medical science : GMS e-journal*, 9, Doc14. <https://doi.org/10.3205/000137>

The above initial burn care is recommended by Bothin Burn Center, St. Francis Hospital, San Francisco, CA, (415) 355-6255.

An alternate burn center: U.C. Davis Burn Center (916) 734-3636. Updated 7/12/2021

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Caregiver-Child separations During Event of a Disaster	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to protect our vulnerable pediatric patients during the event of a disaster.

PURPOSE:

To minimize parent-child separation and provide methods for reuniting separated children with their families.

DEFINITIONS:

Child

Any persons under the age of 18.

Unaccompanied children

(Also called unaccompanied minors)- are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Tracing

In the case of children, the process of searching for family members or primary legal or customary caregivers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or close caregivers.

Identification

The process of establishing which children have been separated from their families or other caregivers.

Verification

The process of establishing the validity of relationships and confirming the willingness of the child and the family member to be reunited.

Reunification

The process of bringing together the child and family or previous care-provider for the purpose of establishing or re-establishing long-term care.

Pediatric patients separated from parents have rights:

- The right to physical and legal protection
- The right to not be separated from their parents
- The right to provisions for their basic sustenance
- The right to care and assistance appropriate to their age and developmental needs
- The right to participate in decisions about their future

REFERENCES:

Emergency Planning With Children (2021). FEMA. <https://www.fema.gov/emergency-managers/individuals-communities/children>

Disaster Relief and Recovery Services. (2021). American Red Cross. <https://www.redcross.org/get-help/disaster-relief-and-recovery-services/contact-and-locate-loved-ones.html>

Disaster Safety for Children. (2021). American Red Cross. <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/disaster-safety-for-children.html>

How Families Can Prepare for Emergencies. (2021). American Red Cross. <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/teaching-kids-about-emergency-preparedness/how-families-can-prepare-for-emergencies.html>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Central Venous Catheter Care	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") requires clinicians and healthcare providers including registered nurses, LVN's and techs to adhere to practices that reduce the risk of harm, including infection, during insertion, care, and removal of central venous catheters.

PURPOSE:

The purpose of this policy and procedure is to ensure standard of practice is utilized in IV therapy with central venous catheters performed safely, appropriately, and effectively, utilizing devices and practices to reduce risk of blood borne pathogen exposure due to needle-stick.

Central Venous Catheters (CVC) will be inserted utilizing evidence-based practices known to reduce the risk of central line-associated bloodstream infections, including the following:

- Hand Hygiene by the inserter and all assistants
- Maximal Sterile Barriers Precautions, including sterile gloves, sterile gown, cap, mask, full body sterile drape
- Appropriate skin prep:
 - Chlorhexidine gluconate if 2 months of age or over, unless contraindicated
 - Povidone iodine or alcohol if less than 2 months of age
- The skin prep is allowed to completely dry before insertion
- The femoral vein should be avoided when possible
- If a catheter is placed during a medical emergency when adherence to aseptic technique cannot be ensured, the catheter should be replaced within 48 hours.

REFERENCES:

Guidelines for Prevention of Intravascular Catheter-Related Infections, 2011. Centers for Disease Control.

Intravenous Nurses Society. Policies and procedures for infusion nursing, 3rd Edition, 2016.

Intravenous Nurses Society. Infusion nursing standards of practice. Journal of Intravenous Nursing, 2017, 29 (1S).

The Joint Commission Comprehensive Accreditation Manual for Hospitals 2012. National Patient Safety Goal 07.04.01 Healthcare Associated Infections: Central Line Associated Infection Prevention.

American Society of Anesthesiologists. (March 2016). Practice Guidelines for Central Venous Access. *Anesthesiology*, 116(3).

Mosby Skills: Central Venous Catheter Insertion, Removal, Blood Sampling, Peripherally Inserted Central Catheter; Central Venous Access Devices: Dec clotting with Alteplase; Implantable Port Access, Deaccess and Care. 2018.

Marschall, J., Mermel, LA, Fakih, M. et al. Strategies to prevent central line associated bloodstream infections in acute care hospitals: 2014 Update ICHE, 35:7 and 35(S2), pp 753-771.

Appendix

Central Line Insertion Checklist (CLIP)

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director
Skilled Nursing Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Chaperones	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to preserve the dignity of all patients by providing chaperones during any, and all sensitive medical examinations and/or procedures involving opposite gender patient/provider interactions. A patient and/or a provider may at any time request a chaperone and that request will be honored. The job of the chaperone is to enhance the patient's and provider's comfort, safety, privacy, security and dignity during sensitive exams or procedures. It is understood by all parties involved that professional standard of privacy and confidentiality will be maintained.

REFERENCES:

Use of Chaperones (2021). American Medical Association. <https://www.ama-assn.org/delivering-care/ethics/use-chaperones>

Code of Medical Ethics Patient-physician relationships. (2020). American Medical Association. <https://www.ama-assn.org/delivering-care/ethics/use-chaperones>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Skilled Nursing Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Chest Pain Protocols	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of Southern Humboldt Healthcare District ("SHCHD" or "District") to follow American Heart Association Advanced Cardiac Life Support (ACLS) OR PALS (Pediatric Advanced Life Support) guidelines for the management of patient presenting to the facility with chest pain, as appropriate based on the availability of resources.

PURPOSE:

To provide interventions and stabilization of patients with potential or recognized cardiac problems.

RECOGNITION



ACS Signs & Symptoms

Chest pain- any non-traumatic pain
between the jaw & umbilicus
Chest pressure, discomfort or tightness
Complaints of "heart racing" or
palpitations
Bradycardia
Syncope
Weakness in patients > 45 years old
New onset stroke symptoms
Difficulty breathing (without obvious
cause i.e. asthma or CHF)

STEMI Criteria

**ST segment
elevation of ≥ 1 mm
in 2 contiguous leads
with or without signs
& symptoms of ACS**

12 Lead EMS ECG Criteria

Patients > 20 years old experiencing any
ACS signs & symptoms
OR
Any age patient with ACS signs &
symptoms AND a history of:
HTN Cardiac disease
Smoking Diabetes mellitus
Severe Obesity High Cholesterol
Recent recreational drug use

When in Doubt, Obtain an ECG

PEARLS:

- Females, diabetics and geriatric patients often have atypical signs/symptoms, or only generalized complaints
- Remember Erectile Dysfunction drugs are now being used to treat pulmonary hypertension
- Do not administer Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours or Cialis (tadalafil) in the past 36 hours due to potential severe hypotension
- If possible, establish a second IV on STEMI patients

REFERENCES:

American Heart Association. (2016). Advance Cardiac Life Support. AHA.

Emergency Nurses Association (ENA). (2016). Position Statement: Use of Protocols in the Emergency Setting. ENA Board of Directors.

Savino, B. Et al. Chest Pain of Suspected Cardiac Origin: Current Evidence-based Recommendations for

Prehospital Care. *Western Journal of Emergency Medicine: Integrated Emergency Care with Population Health*. 16(7).

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Chest Tube Insertion in the ED	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when caring for the patient with chest tubes.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for caring for a patient with chest tubes.

REFERENCES:

1. Tintinalli, Judith E., et al. *Tintinalli's Emergency Medicine: a Comprehensive Study Guide*. McGraw-Hill Education, 2016.
2. Marino, Paul L. *Marino's the ICU Book*. Wolters Kluwer Health, 2014.
3. Parrillo, Joseph E. *Critical Care Medicine: Principles of Diagnosis and Management in the Adult*. Elsevier, 2019.

Gilbert, Timothy B., et al. "Chest Tubes: Indications, Placement, Management, and Complications." *Journal of Intensive Care Medicine*, vol. 8, no. 2, 1993, pp. 73–86., doi:10.1177/088506669300800203.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Child Passenger restraints	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide and discuss information regarding child passenger restraint systems as required by law.

PURPOSE:

The purpose of this policy and procedure is to describe the method by which this information will be disseminated and discussed.

REFERENCES:

California Health and Safety Codes: §1204.3, 1212 and 1268.

California Vehicle Codes: §27315(c), 27360(a), 27360(b), 27360(c), 27360(d), 27361, 27363(a), 27363(b) 27363(c) and 15620.

California Healthcare Association Consent Manual (2005).

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Code Blue	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to elicit an organized response to an emergency.

PURPOSE:

1. The purpose of this policy and procedure is to elicit an organized response to an emergency from assigned personnel and alert all areas of the hospital to the emergency.
2. To prepare for a known incoming code in a calm, orderly manner
3. To define the extent of autonomous nursing intervention during an emergency response

DEFINITIONS:

A **Code Blue** is called for cardiac arrest, respiratory arrest, or any acute life-threatening situation at any time when patient condition is deteriorating rapidly such that an emergency response is needed. All Code Blue particulars are documented on the Resuscitation Record. Code Blue – refers to any new, sudden onset clinical deterioration of an emergent life-threatening nature (e.g., cardiac, respiratory arrest) for an adult patient 14 years or older in the hospital.

REFERENCES:

Algorithms for Advanced Cardiac Life Support 2021. (2021). ACLS Training Center.
<https://www.acls.net/aclsalg>

Panchal, A., Berg, K., Hirsch, K., Kudenchuk, P., Rios, M., Cbanas, J., Link, M., Kurz, M., .Advanced Cardiac Life Support Algorithms 2019.(2019). American Heart Association.
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000732>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Nurse Manager
Medical Director Emergency Services



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Consent for Use of Psychoactive Medications	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that informed consent is obtained by the ordering provider, from residents of the Skilled Nursing Facility for the use of psychoactive medications, in accordance with California Code of Regulations, Title 22, and Section 72528(c).

PURPOSE:

The physician is responsible for obtaining informed consent, as provided in HSC Section 1418.9(a). The physician cannot delegate the informed consent to any nursing staff member. If the supervising physician has established standard protocols and procedures and has delegated prescribing authority for psychotherapeutic drugs to a collaborating nurse practitioner or physician assistant whose scope of practice allows the prescribing of drugs, the nurse practitioner or physician assistant may obtain informed consent if that nurse practitioner or physician assistant prescribed the drug.

The licensed health practitioner who obtains the informed consent must document the informed consent in the chart. Title 22 CCR Section 72528(c) requires facility staff to verify that the patient's health record contains such documentation prior to initiating the therapy.

Before initiating the administration of psychoactive drugs, which may lead to the inability to regain use of a normal bodily function, the ordering provider must obtain informed consent. The nursing staff can assist the provider by filling out the form, but the consent must be obtained by the ordering provider.

If a resident or swing bed patient is transferred to this facility already prescribed a psychoactive medication, it is required to have the continuing care provider obtain informed consent to continue the medication regimen.

The resident or resident's representative is required to give consent before the medication is administered.

REFERENCES:

Title 22, California Code of Regulations
Title 22 CCR Section 72528(b)
Title 22 CCR Section 72527(e)(1)
<http://www.cdph.ca.gov/programs/LnC/Pages/FAQ-InformedConsent.aspx>

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Skilled Nursing Director
ER/Acute Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Consent for Treatment of Emergency Room Patients	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

Southern Humboldt Community Healthcare District (SHCHD) recognizes that every competent adult has the fundamental right of self-determination over his or her body and property. Individuals who are unable to exercise this right, such as minors and incompetent adults, have the right to be represented by another party who will protect their interests and preserve their basic rights.

REFERENCES:

California Hospital Association Consent Manual, 2018

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Consent for Treatment of Minors in the ED	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to clarify the circumstances under which minors may receive treatment in the Emergency Department without the written or phone permission of the parent or legal guardian.

PURPOSE:

Minors presenting to the ED require a parent's or legal guardian's permission to receive treatment. Written consent is preferred. However, there are times when this may not legitimately occur. The California Healthcare Association Consent Manual, Chapter 2, provides the basis for the guidelines contained in this policy and should be referenced for any situation regarding consent that is not clearly addressed in this policy or in the attachment: **Legal Consent Requirements for Medical Treatment of Minors.**

REFERENCES:

The California Healthcare Association Consent Manual, Chapter 2 and attachment: **Legal Consent Requirements for Medical Treatment of Minors.**

SHCHD ED Administrative Policy: **Confidential Morbidity Reporting.**
"Self-Sufficient Minor Information Form" (Consent Manual Form 2-1)

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Controlled substances and Ambulance Procedures	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to supply the local ambulance company with certain controlled substances as allowed by state and local EMS policies. Ultimate responsibility for controlled substances on board the ambulance lies with the district pharmacist.

PURPOSE:

Ambulance services are not permitted by law to purchase controlled substances but may administer both Morphine and Valium per EMS protocols. This policy and procedure delineate how the district will supply, account for, and bill for controlled substances.

REFERENCES:

North Coast Emergency Medical Services

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Crash carts and Emergency Patient Care Equipment	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain the equipment necessary to provide basic and advanced cardiac life support, as appropriate for each patient.

PURPOSE:

The purpose of this policy and procedure is to describe the emergency equipment, its location, and its use during a medical emergency.

REFERENCES:

Advanced Cardiac Life Support.(2015).American Heart Association.
California Administrative Code, Title 22.
https://post.ca.gov/Portals/0/post_docs/training/EMSAMaterials/PSFinalReg-nostrikeouts.pdf

Crash Carts.(2021).ACLS Medical Training. <https://www.aclsmedicaltraining.com/>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Death of a Child in the Emergency Department	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure all healthcare professionals who come in contact with the family and ill/injured child at the time of initial crisis adequately assess and respond to the emotional, cultural, and procedural issues required of caring for ill and injured children who die. This is most often a sudden, unexpected event and for many families the process of bereavement after the loss of a child begins in the ED.

PURPOSE:

The purpose of this policy and procedure is to best prepare healthcare professionals to provide effective communication, convey empathy and compassion and minimize misunderstanding during this uncommon event. Procedure must include support for the grieving family, notification of the child's primary care physician, and appropriate authorities. No single policy or plan can address all situations, but the following protocol can better prepare staff.

REFERENCES:

American Academy of Pediatrics; Death of a Child in the Emergency Department; Patricia O'Malley, Isabel Barata, Sally Snow, AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee and EMERGENCY NURSES ASSOCIATION Pediatric Committee
Pediatrics July 2014, 134 (1) e313-e330; DOI: <https://doi.org/10.1542/peds.2014-1246>

American Academy of Pediatrics; Identifying Abuse Fatalities During Infancy; Vincent J. Palusci, Council on Child Abuse and Neglect, Amanda J. Kay, Erich Batra, Section on Child Death Review and Prevention, Rachel Y. Moon, Task Force on Sudden Infant Death Syndrome, NATIONAL ASSOCIATION OF MEDICAL EXAMINERS, Tracey S. Corey, Thomas Andrew and Michael Graham
Pediatrics September 2019, 144 (3) e20192076; DOI: <https://doi.org/10.1542/peds.2019-2076>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Disaster Plan: Decontamination	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure all health care professionals are prepared on how and where to properly decontaminate patients who have been exposed to hazardous materials such as: chemical, biological, radiological, or nuclear agents.

PURPOSE:

The purpose of this policy and procedure is to best prepare health care professionals to provide effective decontamination of patients exposed to hazardous materials. As hospitals become confronted with patients who have been compromised by residual biological spores, chemical and or radioactive effects from natural or man-made disasters, this policy will set forth a process for establishing and facilitating safe and efficient decontamination of suspected patients. Decontamination will take place as indicated or required.

DEFINITIONS:

- **Appropriate Disaster Response Protocol Level 1** (Minor impact on the facility) Emergency Department (ED) able to cope with casualty. DECON showers will not be used during a Level 1.
- **Appropriate Disaster Response Protocol Level 2** (Moderate impact on the facility) Incorporates hazardous material incident with potential casualties or affecting hospital operations. The assumption should always be to ready the DECON showers and team unless specifically told otherwise by Incident command.
- **Appropriate Disaster Response Protocol Level 3** (Major impact on the facility) Incorporates mass casualty incident requiring high level support. The assumption should always be to ready the DECON showers and team unless specifically told otherwise by Incident command.
- **Casualty** – a person who has been exposed to hazardous materials, residual biological spores, chemical and/or radioactive contaminants that pose a risk of short- or long-term injury or death.
- **Chemical weapon** – any chemical agent intended to cause injury or death.
- **Cold Zone** – area protected from contaminants and contaminated patients.
- **DCO (Decontamination Control Officer)** - Trained leader of the decontamination unit. Any properly trained "operations level" DECON tech can assume the role of the DCO, preferably a clinical MD or NP. The DCO observes the decontamination process and progress of the decontamination unit (DU). The DCO intervenes if a casualty requires immediate medical attention. The DCO is situated to ensure observation of casualties advancing to DECON showers.
- **DECON showers** – Especially designed portable showers used for the express purpose of cleansing the human body to remove contamination by hazardous materials including chemicals, radioactive substances, and infectious material.
- **DSO (Decontamination Safety Officer)** – Trained in decontamination operations. Any properly trained "operations level" DECON tech can assume the role of the DSO, preferably a clinical MD, NP or RN. The DSO is assigned to ensure safety of the DU team and to prevent contaminated casualties from entering cold zone. The DSO is located at the bridge of warm and cold zone.
- **DU (Decontamination Unit)** - A decontamination unit operates within the hot zone and consist of six or more personnel. DU is also used for "decontamination unit team member".
- **ED** – Emergency Department
- **Hazardous material** – a substance that poses a risk of short or long term injury or death.
- **Hot Zone** – contaminated or potentially contaminated area where decontamination (decon) is performed.
- **HSO** – Office of Emergency Services-County of Humboldt-Sheriff's Office
- **IC - Incident Commander** – In a disaster organizes and directs the Hospital Command Center (HCC).

Gives overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorizes total facility evacuation if warranted.

- **ID** – Identification
- **JumpSTART** - The **JumpSTART Pediatric MCI Triage Tool** is the world's first objective tool developed specifically for the triage of children in the multi-casualty/disaster setting. JumpSTART was developed in 1995 to parallel the structure of the **START** system, the adult MCI triage tool most commonly used in the United States and adopted in many countries around the world.
- **Low toxicity contaminant** – any chemical agent that is unlikely to cause injury or death due to short-term exposure i.e. motor oil, detergent, vegetable oils, and paints.
- **Mass Casualty** - is defined as a number ten or greater.
- **OEM/DOH** – Office of Emergency Management/Department of Health
- **PHD** – Public Health Department
- **PPE (Personal Protective Equipment)** – masks/respirators, gloves, hoods, suits, masks, respirators, gloves etc. designed to protect health care workers from hazardous materials or agents.
- **Radioactive particle** – any substance that emits radiation.
- **REAC/TS** - Radiation Emergency Assistance Center/Training Site.
- **RSO (Radiation Safety Officer)** – Staff member assigned to monitor radiation levels if detection devices are available.
- **START - Simple triage and rapid treatment (START)** is a triage method used by first responders to quickly classify victims during a mass casualty incident (MCI) based on the severity of their injury. The method was developed in 1983 by the staff members of Hoag Hospital and Newport Beach Fire Department located in California, and is currently widely used in the United States.
- **Warm Zone** – transition area from Hot to Cold Zone. This area will likely be the upper ambulance bay to the ambulance bay doors.

REFERENCES:

CENTER FOR BIOTERRORISM PREPAREDNESS AND PLANNING. (n.d.). *Continuum Health partners*. Retrieved December 22, 2013, from www.nyc.gov/html/doh/downloads/pdf/bhpp/bhpp-focus-hosp-chpprot-decon.pdf

AMA. A Guide to the Hospital Management of Injuries Arises from Exposure to or Involving Ionizing Radiation, 1984 and REAC/TS 2002.

The JumpSTART Pediatric MCI Triage Tool and other pediatric disaster and emergency medicine resources. Lou E. Romig, MD, FAAP, FACEP, Team Life Support, Inc., ©2011. The Combined START/JumpSTART Triage Algorithm: <http://www.jumpstarttriage.com>

REAC/TS Radiation Emergency Assistance Center/Training Site. www.orise.orau.gov/react

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director
Skilled Nursing Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Disaster Plan-Surge Capacity for Injured and Non-Injured	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure all health care professionals are prepared and capable to give a quality level of care during a surge of capacity event.

PURPOSE:

The purpose of this policy and procedure is to organize a plan to best prepare health care professionals to provide effective and organized communication and care during a disaster.

REFERENCES:

Adams, L. P. (n.d.). Exploring the Concept of Surge Capacity. *Exploring the Concept of Surge Capacity*. Retrieved December 11, 2013, from: <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol14/2009/No2May09/Articles-Previous-Topics/Surge-Capacity.aspx>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director
Skilled Nursing Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Duties of the Emergency Department Physician	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure the immediate response by the Emergency Department Physician to in-patients with regard to all emergencies (e.g., codes)

PURPOSE:

To ensure that patients and/or residents are cared for appropriately during any urgent or emergent life-threatening situation.

REVIEWED BY:

ED/Acute Nurse Manager
Chief Nursing Officer
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Physician Replacement	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to continue to provide emergency services when the emergency department physician is unable to cover or complete the shift.

PURPOSE:

The purpose of this policy and procedure is to give guidance for the staff on how to continue services in compliance with EMTALA and the regulatory compliance agencies, within the scope and standards of practice of the emergency replacement physician.

REFERENCES:

Title 22; § 70651. Standby Emergency Medical Service, Physician on Call, General Requirements.

REVIEWED BY:

Chief Nursing Officer/Director of Patient care services
ER/Acute Nurse Manager
Clinic Nurse Manager
Medical Director Emergency Services



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Registration	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain a register of every individual who presents to the Emergency Department ("ED") for medical care. It is the responsibility of the ED nurse on duty to make sure that every individual who presented during his/her shift is logged in the registry book prior to the end of his/her shift.

PURPOSE:

The purpose of this policy is to ensure that an accurate record of all persons who present to the ED for medical care is maintained in accordance with state and federal laws.

REFERENCES:

California Administrative Code, Title XXII, Section 70649(h).
Emergency Medical Treatment and Active Labor Act (EMTALA)

REVIEWED BY:

ED/Acute Nurse Manager
Chief Nursing Office
Medical Director
Patient Financial Services Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Signage	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to post signage informing individuals: of their rights to receive or decline treatment based on Section 1867 of the Social Security Act; to state the participation of this Critical Access Hospital in the Medicaid program under a State plan approved under Title XIX; and other notices as needed.

PURPOSE:

The purpose of this policy and procedure is to outline the appropriate signage/location for the Emergency Department (ED).

REFERENCES:

Consent Manual, California Hospital Association, 44TH edition, 2017.

REVIEWED BY:

ED/Acute Nurse Manager
Chief Nursing Office
Chief Executive Officer
Medical Director
Patient Financial Services Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Technician Roles and Duties	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure Emergency Department Technicians are working within their scope of practice to provide safe and appropriate patient care and support to the Emergency Department (ED) staff.

PURPOSE:

The purpose of this policy and procedure is to clearly state the roles and responsibilities of Emergency Technicians (ET), who maintain an active Emergency Medical Technician (EMT) certification.

REVIEWED BY:

Chief Nursing Officer/Director of Patient care services
ER/Acute Nurse Manager
Clinic Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Medical Treatment and Active Labor Act (EMTALA)	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA).

PURPOSE:

The purpose of this policy and procedure is to describe and comply with the EMTALA and to define policies and procedures for compliance with the EMTALA obligations.

REFERENCES:

CALIFORNIA HOSPITAL ASSOCIATION EMTALA - A GUIDE TO PATIENT ANTI-DUMPING LAWS 2012

REVIEWED BY:

ED/Acute Nurse Manager
Interim ED/Acute Nurse Manager
Chief Nursing Officer
Chief Executive Officer



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Follow Up	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of SHCHD to assure appropriate follow-up care is provided for patients in the Emergency Room.

PURPOSE:

The purpose of this policy and procedure is to assure that patients' x-rays and laboratory results are evaluated when the final results come back after the patient has been discharged from our care.

REFERENCES:

Best Practices: Emergency Department Follow-Up Office. (2010). Urgent matters.
<https://smhs.gwu.edu/urgentmatters/news/best-practices-emergency-department-follow-office>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Envenomation: Rattlesnake Bites	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

PURPOSE:

The purpose of this policy and procedure is to provide guidance in the case of rattlesnake bites and prevent complications from envenomation such as local tissue necrosis and to ensure early antivenin administration.

REFERENCES:

CroFab® Crotalidae polyvalent Immune Fab.(2021). SERB completes acquisition of BTG Specialty Pharmaceuticals.
https://crofab.com/?utm_source=google&utm_medium=cpc&utm_campaign=Crofab%20|%20Brand&utm_content=CroFab&utm_term=%20%2Bcrofab&gclid=CjwKCAjw87SHBhBiEiwAukSeUQT28we7wao2ULZX5MyA7b2RCb60HaNlSe-fiHYnTuwbwB3KiaQaPhoCwP4QAvD_BwE

Lavonas EJ, Ruha AM, Banner W, et al. (2018). Unified treatment algorithm for the management of crotaline snakebite in the United States: results of an evidence-informed consensus workshop. BMC Emerg Med. 11:2-15

Soskis, J. (2014) Complete Guide to Snakebite Care. Tallahassee Memorial Hospital.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Manager
ED Medical Director
Lab Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: General Guidelines: Emergency Department Nurses and Technicians	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("district" or "SHCHD") that Nursing and Emergency Department Technician ("Tech") staff will follow the General Guidelines of the Emergency Department ("ED").

PURPOSE:

The purpose of this policy is to establish a guideline for nurses and techs to treat patients in the ED and the requirements of discharge or admission.

REFERENCES:

Consent Requirements for Medical Treatment of Minors. (2020). California Hospital association.
<https://calhospital.org/wp-content/uploads/2009/08/minorsquickreferenceguide.pdf>

REVIEWED BY:

ED/Acute Care Manager
Chief Nursing Officer
MD Clinic Physician
MD Medical Director
HIM/PFS Team Lead
HIM/PFS Representative



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Initial Management of Amputations (Severed Extremities)	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when initial management of amputations (severed extremities) are presented in the Emergency Department.

PURPOSE:

The purpose of this policy and procedure is to stabilize and limb preservation. Stump and amputated part vessels remain viable preoperatively.

DEFINITIONS:

- **Partial Amputation:** bone, muscle, or tissue keeps the amputated segment connected to the body
 - Ideal treatment = revascularization
- **Complete Amputation:** no connecting tissue
 - Ideal treatment = re-implantation
- **Sharp/Guillotine Amputation:** Well-defined edges, minimal damage to associated anatomy
 - Best prognosis for re-implantation
- **Crush Amputation:** extensive soft tissue & arterial damage
 - Re-implantation less likely to be successful
- **Avulsion Amputation:** forceful overstretching & tearing of nerves & vascular tissue at many different levels from the site of separation
 - Re-implantation unlikely

ED management is the same for ALL types of traumatic amputation => ALL patients are candidates for re-implantation until a surgeon says otherwise!

REFERENCES:

Meenach, Dean. (Apr 2014) "How to manage traumatic amputations and uncontrolled bleeding." *EMS In Focus*.

Schaider, J. (2015). Amputation Traumatic/Replantation. ROSEN & BARKIN'S 5-MINUTE EMERGENCY MEDICINE CONSULT.

Van Beek AL, Kutz JE, Zook EG. (1978). Importance of the ribbon sign, indicating unsuitability of the vessel, in replanting a finger. *Plastic and Reconstructive Surgery*, 61(1):32-5.

Stone, C. (2015). Traumatic Amputation. *CURRENT ESSENTIALS OF EMERGENCY MEDICINE*.

Lee C, Porter KM, Hodgetts TJ. (2017). Tourniquet use in the civilian prehospital setting. *Emergency Medicine Journal*, 24, 584-7.

Rush RM, Arrington ED, & Hsu JR. (2012). Management of complex extremity injuries: Tourniquets, compartment syndrome detection, fasciotomy, and amputation care. *Surgical Clinics of North America*, 92(4), 987-1007.

Schmitt, SK. (2018). Treatment and prevention of osteomyelitis following trauma in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA.

Microsurgery Unit at California Pacific Medical-Davies Campus, San Francisco, CA
Emergency Nurse Core Curriculum, 6th Edition, 2017

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Medical Screening Exam and Treatment	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that all individuals presenting to the hospital or outpatient clinic for emergency services or care will receive a prompt Medical Screening Examination ("MSE") sufficient to determine whether an individual has an Emergency Medical Condition ("EMC"). The MSE will be conducted by either a physician or by individuals determined qualified by Medical Staff Rules and Regulations who are approved by the Governing Board.

Should any individual be found to have an EMC, that person will receive stabilizing treatment without being delayed for inquiry about insurance or payment methods. **No patient with an EMC will be refused care due to an inability to pay. No one shall be discriminated against because of race, religion, color, national origin, ancestry, physical handicap, marital status, age, or sex.**

DEFINITIONS:

"Emergency Medical Condition" ("EMC"): An acute medical condition manifesting itself by symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse), such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the individual (or, with respect to a pregnant woman or her unborn child) in serious jeopardy;
2. With respect to a pregnant woman who is having contractions:
 - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - That the transfer may pose a threat to the health or safety of the woman or her unborn child.
3. Serious impairment to any bodily functions;
4. Serious dysfunction of any bodily organ or part.

B. "Medical Screening Exam" ("MSE"): An MSE is an ongoing and tiered process of increasingly complex medical evaluations to identify or rule out the existence of an EMC. A MSE will be provided to the extent of the capacity of the hospital's Emergency Room and will include ancillary services routinely available to the Emergency Room.

1. Any individual who presents to the ED and requests medical treatment must receive a medical screening examination to determine whether an emergency medical condition exists. Examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. Emergency departments also must post signs that notify patients and visitors of their rights to a medical screening examination and treatment.
2. If an emergency medical condition exists, treatment must be provided until the emergency medical condition is resolved or stabilized. If the hospital does not have the capability to treat the emergency medical condition, an "appropriate" transfer of the patient to another hospital must be done in accordance with the EMTALA provisions, (see Compliance with Emergency Medical Treatment and Active Labor Act (EMTALA) Policy).

- C. "Stabilizing Treatment": Patients with EMCs will receive medical treatment as necessary to assure, within reasonable medical probability, that no material deterioration to the condition is likely to result from, or occur during, the transfer; or with respect to a pregnant woman who is having contractions, that the woman has delivered the baby and the placenta.
1. Even if an individual arrives at Jerold Phelps Emergency Department, which is not designated as an on-call hospital within the community call plan, this hospital still has an EMTALA obligation to provide a medical screening examination and stabilizing treatment within its capability. There are no subspecialties available at this facility and thus we participate in the community call plan by stabilizing to the best of our ability and transferring patients to the closest appropriate facility.

REFERENCES:

Bitterman,R.,FACEP, J.(1997).What is an "Appropriate" Medical Screening Examination Under COBRA?. Emergency/ED Legal Letter. <https://www.reliasmedia.com/articles/37379-what-is-an-appropriate-medical-screening-examination-under-cobra>

EMTALA Fact Sheet.(2021). American College of Emergency Physicians. <https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet/>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Manager
ED Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Observation Patients	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District to provide a period of time for the patient in the Emergency Room (ER) that can be used for definitive observation and care. Observation patients are either not sick enough for full admission or are still in process of being diagnosed.

REFERENCES:

Department of Health and Human Services. (2013). Hospitals' Use of Observation Stays and Short Inpatient Stays. <https://oig.hhs.gov/oei/reports/oei-02-12-00040.pdf>

Dada, R. S., & Sule, A. A. (2019). Factors Affecting Length of Stay for Observation Patients. *Cureus*, 11(4), e4547. <https://doi.org/10.7759/cureus.4547>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Manager
ED Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Pediatric Medication Safety	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide safe administration of medications to the pediatric patient. For the purposes of this section pediatric patients are defined as less than fourteen (14) years old and below fifty (50) kg in weight.

PURPOSE:

To safely administer medication to the pediatric patient.

REFERENCES:

Benjamin, L., Frush, K. et al. (2018 March). *Pediatric Medication Safety in the Emergency Department*. American Academy of Pediatrics: Committee on Pediatric Emergency Medicine and American College of Emergency Physicians. 141 (3) e20174066

Smith, S., Duell, D. and Martin, B. (2018). *Clinical Nursing Skills, Basic to Advanced Skills*, 7th edition Pearson Education, Inc. Upper Saddle River, New Jersey, 07258. Chapter 28, pp 1070- 1127

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Pediatric Standards of Care	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD) to make sure that nursing staff will follow approved protocol in caring for pediatric cases.

REFERENCES:

Moore, B., Shah,M., Owusu-Ansah,S., Gross,T., Brown, K., Gausche-Hill, M., Remick, K., Adalgais,K., Lyng, J.,Rappaport, L., Snow,S., Wright-Johnson, C., Leonard, J.(2020). Pediatric Readiness in Emergency Medical Services Systems. Official Journal of the American Academy of Pediatrics.<https://doi.org/10.1542/peds.2019-3307>.
<https://apastyle.apa.org/style-grammar-guidelines/references/examples/journal-article-references#1> (Pediatrics January 2020, 145 (1) e20193307; DOI: <https://doi.org/10.1542/peds.2019-3307>)

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Pelvic Exams in the Emergency Department	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when assisting with pelvic exams.

PURPOSE:

The purpose of this policy and procedure is to outline guidelines to assist the emergency room provider with a pelvic exam. All providers need a chaperone.

REFERENCES:

Banas DA, Cromer BA, Santana M, Worley SE, Bena JF, McIntyre SL, Rome ES. Comparison of clinical evaluation of genitourinary symptoms in female adolescents among primary care versus emergency department physicians. J Pediatr Adolesc Gynecol. 2010 Apr;23(2):71-6. doi: 10.1016/j.jpap.2009.05.010. Epub 2009 Jul 29. PMID: 19643640.

Brown, J., Fleming, R., Aristzabel, J., & Gishta, R. (2011). Does pelvic exam in the emergency department add useful information?. *The western journal of emergency medicine*, 12(2), 208–212.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Penetrating Injuries	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District that all gunshot and stab wounds are reportable incidents to law enforcement, following California Penal Code #11160. Forensic considerations include careful documentation of patient's condition with accurate description of injury, careful removal of clothing, evidence handling and disposition of bullets, weapons.

PURPOSE:

To ensure the following in a patient with trauma resulting from stab wounds and gunshot wounds: local bleeding controlled (hypovolemic shock avoided by adequate fluid volume), wound cleansed and prepared, reduction or elimination of pain, appropriate reporting to law enforcement agencies and appropriate handling of evidence.

REFERENCES:

Lotfollahzadeh S, Burns B. Penetrating Abdominal Trauma. [Updated 2020 Dec 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459123/>

Cuthbert, D., Bucher, J., (2017). Penetrating Wounds in the Emergency Department: Considerations for Management. emDocs. <http://www.emdocs.net/penetrating-wounds-emergency-department-considerations-management/>

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Post Mortem care- Coroner Cases	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow when there is a death in the facility.

REFERENCES:

California Legislative Information. (2016). California Code; Government Code- GOV 27491; GOV 27491.4. Corner to inquire of all violent, sudden, or unusual deaths.
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV§ionNum=27491

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Skilled Nursing Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Emergency Department Precipitous Delivery Procedure	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to transfer patient to the nearest most appropriate Childbirth Center when indicated, or to provide successful delivery of infant in the Emergency Department when delivery is imminent. If the patient is crowning, and there is insufficient time to transport the patient to the Childbirth Center, the delivery is controlled by the ED physician following the standard delivery process. Both mother and infant are cared for in a safe manner while taking measures to prevent any complications.

EQUIPMENT AND LOCATION:

The OB packs are secured in the Emergency Department on the bottom shelf of the metal rack in room two. The infant warming unit is obtained from the room on the acute floor located by the old birthing room and environmental services.

REFERENCES:

Beaird Dt, Ladd M, Kahwaji Ci. Ems Prehospital Deliveries. [Updated 2020 Dec 27]. In: Statpearls [Internet]. Treasure Island (FL): Statpearls Publishing; 2021 Jan-. Available From:
<https://www.ncbi.nlm.nih.gov/books/Nbk525996/>

Justin Morgenstern, "Precipitous Delivery In The Ed", First10em Blog, March 7, 2015. Available At:
<https://first10em.com/precipitous-delivery-in-the-ed/>.

Threatening & Imminent Delivery. (2013). Saint Joseph's Hospital, Eureka. Print.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 2
SUBJECT: Procedural Sedation	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide guidelines for procedural sedation. This policy is to provide all patients receiving in any setting, for any purpose, by any route procedural sedation as defined in this policy.

DEFINITIONS:

The organization currently defines two (2) levels of procedural sedation:

- A. Minimal sedation (anxiolysis)** – a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
- B. Moderate sedation/analgesia ("conscious sedation")** – a drug induced depression of consciousness during which patients respond purposefully to verbal commands (Note: Reflex withdrawal from a painful stimulus is not considered a purposeful response), either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Pediatrics:

A pediatric patient is defined as anyone under the age of 14 and/or up to the age of 21 at the Physician's discretion.

This policy does not apply to medications used for the management of pain control, seizures, pre-operative medications, or medication given to an intubated patient on a ventilator.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for appropriate monitoring of patients receiving procedural sedation before and after the procedure.

REFERENCES:

American College of Emergency Physicians; Policy Statement; Procedural Sedation in the Emergency Department; *A joint policy statement of the American College of Emergency Physicians and the Emergency Nurses Association*; Copyright © 2017 American College of Emergency Physicians. Retrieved 3/2/2020 from <https://www.acep.org/globalassets/new-pdfs/policy-statements/procedural.sedation.in.the.ed.pdf>

Nettina, S. M. (2018). *Lippincott manual of nursing practice* (11th ed.). Lippincott Williams and Wilkins.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Referrals from the Emergency Department	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide appropriate referrals to patients who have been seen in the Emergency Department (ED).

PURPOSE:

The purpose of this policy and procedure is to delineate the procedures for obtaining referrals through the ED.

REVIEWED BY:

Chief Nursing Officer
ED/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Stroke Policy and Procedure	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide optimal patient care and the following procedures for the staff to follow using an evidence-based approach to treat and care for patients who present with signs and symptoms consistent with acute stroke. Although these guidelines assist in guiding the care of the patient, responsibility to determine appropriate care for each individual remains with the provider themselves.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for the care of patients with signs and symptoms of acute stroke.

REFERENCES:

Albers GW, Amarenco P, Easton JD, Sacco RL, Teal P. Antithrombotic and thrombolytic therapy for ischemic stroke: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2004 Sep; 126(3 Suppl):483S-512S.

American Heart Association. Guidelines for Cardiopulmonary Resuscitation Emergency Cardiovascular Care. Circulation. 2010; 102 (suppl I): I-210-384.

De Smedt A, De Raedt S, Nieboer K, De Keyser J, Brouns R. Intravenous thrombolysis with recombinant tissue plasminogen activator in a stroke patient treated with dabigatran. Cerebrovasc Dis. 2010; 30:533-534

De Silva DA, Manzano JJ, Chang HM, Wong MC. Reconsidering recent myocardial infarction as a contraindication for IV stroke thrombolysis.<<http://www.ncbi.nlm.nih.gov/pubmed/21490319>> Neurology 2011;76:1838-40

del Zoppo G, Saver J, Jauch EC, et al. Expansion of the Time Window for Treatment of Acute Ischemic Stroke With Intravenous Tissue Plasminogen Activator. A Science Advisory From the American Heart Association/American Stroke Association. Stroke 2009; 40: 2945.

Jauch, et al. Guidelines for the early management of patients with acute ischemic stroke. Stroke. 2013; 44:870-947

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Clinic Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Suicide Risk Screening and Suicide Precautions	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("district" or "SHCHD") to be committed to providing a safe environment for patients, students, visitors, and employees. Early identification of patients at risk for suicide is a first step in providing reasonable care and intervention.

PURPOSE:

The purpose of this policy and procedure is to provide necessary safety and health care to patients for whom a reasonable possibility of suicide or danger to others exist.

REFERENCES:

EMS North Coast Emergency Medical Services. "FAQs about 5150 Holds." 22, June 2018.
Joint Commission Standards BoosterPak for Suicide Risk (NPSG.15.01.01). October 2018.
Mitchell, A., Garand, K., Dean, D., Panzak, G., and Taylor, M. (2005). "Suicide Assessment in Hospital Emergency Departments: Implications for Patient Satisfaction." *Top Emerg Med.* 2005 October; 27 (4): 302-312.
Peate, I. and McGrory, C. "Performing searches on patients: a practical guide." *British Journal of Healthcare Assistants*, 2009 Nov., 3 (11): 556-58.

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Medical Director



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Triage Policy	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD) to ensure that individuals coming to the hospital for emergency services be evaluated by a triage-qualified Registered Nurse (RN) utilizing the Emergency Severity Index (ESI) Five-Level Triage System.

REFERENCES:

Emergency Severity Index (ESI) A Triage Tool for Emergency Department Care; Version 4. Agency for Healthcare Research and Quality; Advancing Excellence in Healthcare; retrieved 3/2/2020 from: www.ahrq.gov

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Skilled Nursing Manager



DEPARTMENT: Emergency Nursing	APPROVED:	Page 1 of 1
SUBJECT: Valuables and Personal Effects in the Emergency Department	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 07/28/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD) that it does not assume responsibility for valuables kept by the patient, nor for the loss or damage of personal belongings not deposited in a hospital valuables envelope. Personal effects will be placed in a "belongings" bag and labeled with the patient's identification. Valuables will be bagged, labeled with the patient's identification and locked at the Nurses' station if patient is unconscious, no relatives are present, or if the patient expires.

REFERENCES:

Perney, S. P., Croce, B. C., & Anderson, J. A. (2004). Healthcare security and emergency management. The newsletter of disaster planning, crime and loss prevention, Vol. 3(No. 9), 6–9.
<https://www.hcpro.com/content/41759.pdf>

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care
ER/Acute Nurse Manager
Medical Director

Infection Prevention Policy



DEPARTMENT: Infection Prevention	APPROVED:	Page 1 of 1
SUBJECT: On Site Laundry Services	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: New

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to assure that laundry services provided on site are in compliance with applicable laws and standards. The Infection Preventionist is responsible for assuring this compliance.

DEFINITIONS:

N/A

REFERENCES:

Centers for Disease Control and Prevention (CDC) [Guidelines for Environmental Infection Control in Healthcare Facilities](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html#g) (2003). Retrieved from <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html#g>. Accessed May 1, 2023.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board

(Hospital) Pharmacy Policies



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Compassionate Access to Medical Cannabis Act	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: New

POLICY:

This policy of SHCHD is in place to adhere to the legislative requirements set forth in the Compassionate Access to Medical Cannabis Act (Senate Bill 988). The District shall permit patient use of medicinal cannabis and shall carry out all of the following described in the corresponding procedure.

BACKGROUND:

Senate Bill (SB) 311 (Chapter 384, Statutes of 2021) established the Compassionate Access to Medical Cannabis Act requiring health care facilities to allow terminally ill patients to access medicinal cannabis under specified conditions.

SB 988 provides revisions to the Act.

Effective January 1st, 2023, SB 988 reiterates that for purposes of the Act the definition of a "health care facility" does NOT include, among other things, the emergency department of a General Acute Care Hospital.

- This means that the Act does NOT require the District's emergency department to permit terminally ill patients access to medicinal cannabis.

DEFINITIONS:

Patient – means an individual who is terminally ill, NOT an individual receiving emergency services and care.

Terminally ill – a medical condition resulting in a prognosis of life of one year or less if the disease follows its natural course.

REFERENCES:

Bill text. Bill Text - SB-311 Compassionate Access to Medical Cannabis Act or Ryan's Law. (n.d.). Retrieved April 14, 2023, from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB311

Bill text. Bill Text - SB-988 Compassionate Access to Medical Cannabis Act or Ryan's Law. (n.d.). Retrieved April 14, 2023, from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB988

REVIEWED BY:

Medical Staff

Governing Board



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Compounding Medications	EFFECTIVE DATE: 6/29/23	SUPERCEDES: 08/27/2020

POLICY:

This policy of SHCHD is to ensure accuracy and consistency of the pharmaceuticals compounded in our hospital. No medications will be compounded in the facility, with the exception of IV admixtures. Reconstitution of powdered parenteral medications does not constitute compounding.

DEFINITIONS:

Word-Definition

REFERENCES:

California Administrative Code, Title XXII and Title XVI.

Legal Information Institute. (n.d.). *California code of regulations*. Legal Information Institute. Retrieved April 14, 2023, from <https://www.law.cornell.edu/regulations/california/Cal-Code-Regs-Tit-16-SS-1751-4>

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Crash Carts	EFFECTIVE DATE: 6/29/23	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to properly maintain and store emergency medications in our crash carts. By doing so we will ensure that our crash carts are always supplied with emergency medications and sealed properly.

Cardiac arrest medications, and medications used in medical emergencies, are immediately available in the crash cart in the emergency room, between bed 1 and 2; and the crash cart in room 109 on the Acute Floor. The Pediatric crash cart is located in the emergency room by bed 4. During a pediatric code blue, staff is to utilize the pediatric crash cart supplies in conjunction with the medications in either of the other two crash carts. The emergency drug supply is stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the medications. Contents of the medication drawers of the emergency crash cart, shall be the responsibility of the pharmacy staff or the nursing staff when the pharmacist is unavailable. Materials shall be responsible for the rest of the cart.

DEFINITIONS:

Word-Definition

REFERENCES:**REVIEWED BY:**

Medical Staff

Governing Board

Pharmacist

Materials Manager

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Defective Medication	EFFECTIVE DATE: 6/29/23	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to monitor medications to assure they are not defective by assuring that defective drug products are not used, and that they are reported through the proper channels.

DEFINITIONS:**REFERENCES:****REVIEWED BY:**

Medical Staff
Governing Board
Pharmacist
Skilled Nursing Manager
Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Drug Recall	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 03/28/2019

POLICY:

This policy of SHCHD is to describe the process for handling drug recalls. By doing so we will prevent the use of recalled pharmaceuticals and process them appropriately.

DEFINITIONS:**REFERENCES:**

Center for Drug Evaluation and Research. (n.d.). *Drug recalls*. U.S. Food and Drug Administration. Retrieved April 14, 2023, from <https://www.fda.gov/drugs/drug-safety-and-availability/drug-recalls>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: End of Life Comfort Care	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 06/25/2020

POLICY:

This policy of SHCHD is to maintain the dignity of the patient through pain control and symptom control by supporting the best possible quality of life for patients living with a serious, chronic, or terminal illness.

Comfort Care begins when treatment or life-prolonging therapy is no longer curative, the patient or medical decision-making representative has agreed to this prognosis and the focus turns toward palliative or comfort measures. At this juncture, the Comfort Care order set will be initiated by the attending physician.

The hospital will ensure that the patient and family receive counseling regarding the interest and needs of the patient and family in a manner in which they can understand. If a health care provider does not wish to comply with his or her patient's request for information on end-of-life options, the health care provider shall transfer the patient to another health care provider that shall provide the requested information.

DEFINITIONS:

Word-Definition

REFERENCES:

Login. (n.d.). Retrieved May 19, 2022, from <https://online.lexi.com/lco/action/doc/retrieve/docid/disandproc/5935007?cesid=6LLEPjDolvY&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dcomfort%2Bcare%26t%3Dname%26acs%3Dfalse%26acq%3Dcomfort%2Bcare>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Furnishing Medication Orders	EFFECTIVE DATE: 06/29/2023	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to provide adequate pharmacy services to meet the needs of the patients and institution, as determined by the Medical Staff Pursuant to Federal and State laws.

Drugs shall be administered by licensed personnel authorized to administer drugs upon the order of a person lawfully authorized to prescribe.

Medication dispensed to inpatients will be by the unit dose system when available (oral, IM, IV, Rectal). All medications are to be prepared from a physician's order.

Verbal orders will also contain the name of the person giving and the signature of the individual receiving the order. Verbal orders for administration of medications shall be received and recorded only by those whose scope of licensure authorizes them to receive orders for medication. The prescriber shall countersign the order within 48 hours.

DEFINITIONS:**REFERENCES:**

2022 *LAWBOOK for Pharmacy (business and ... - California*. (n.d.). Retrieved May 18, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Clinic Nurse Manager

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: General Medication Room Operations	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to provide adequate pharmacy services from our Medication Room to meet the needs of the patients of the District as determined by the Medical Staff pursuant to Federal and State laws. The hospital pharmacy is staffed by a registered pharmacist who is delegated the Director of Pharmacy and will attend Medical Error Reduction Program (MERP) meetings, Medical Staff meetings and other meetings as needed.

The pharmacist is responsible for operating the pharmacy efficiently and smoothly and will provide the best possible service to the patient in all areas of medication utilization. In the absence of the pharmacist, a fully qualified registered pharmacist will fill in and will be given the responsibility for the operation of the pharmacy services. The pharmacist will be supported by a pharmacy technician to properly conduct Pharmacy Services in compliance with the established guidelines.

General Medication Room hours are M-F from 8:00am -4:30pm. A registered pharmacist will be available 24 hours each day for consultation.

The District has established the following Policy and Procedures outlining the general operations of the Med Room and staff.

DEFINITIONS:**REFERENCES:****REVIEWED BY:**

Medical Staff
Governing Board
Pharmacist
Clinic Nurse Manager
Skilled Nursing Manager
Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: High-Risk Medication	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 04/29/2020

POLICY:

This policy of SHCHD is to implement strategies and safeguards for high alert medications. High-Risk Medications are medications that have an inherent narrow therapeutic index and/or have the potential to cause serious adverse events when not used appropriately.

Several strategies and safeguards are instituted to ensure high alert medications are procured, stored, ordered, prepared, dispensed, and administered safely.

DEFINITIONS:**REFERENCES:**

High-alert medication safety: IHI. Institute for Healthcare Improvement. (n.d.). Retrieved May 17, 2022, from <http://www.ihi.org/Topics/HighAlertMedicationSafety/Pages/default.aspx>

ISMP list of high-alert medications. (n.d.). Retrieved May 17, 2022, from <https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf>

Center, T. R. (n.d.). Hospital pharmacist's letter. Retrieved May 17, 2022, from <https://hospital-pharmacist.therapeuticresearch.com/>

Grissinger, M. (2016, October). *Your high-alert medication list is relatively useless without associated risk-reduction strategies.* P & T : a peer-reviewed journal for formulary management. Retrieved May 17, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5046995/>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Impaired Pharmacy Licensee	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to adhere to all legislative requirements for handling chemical, mental, or physical impairment of Pharmacy Services staff and, theft, diversion, or self-use of dangerous drugs among licensed individuals employed or contracted with the District [B&P Code 4104(a)].

DEFINITIONS:**REFERENCES:**

California Code, Business and Professions Code - BPC § 4104. Findlaw. (n.d.). Retrieved May 17, 2022, from <https://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-4104.html>

2022 LAWBOOK for Pharmacy (business and ... - California. (n.d.). Retrieved May 18, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Loss and Diversions	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 04/29/2020

POLICY:

This policy of SHCHD is to guide all SoHum Health activities related to loss, prevention, monitoring, and reporting of Controlled Substance Diversion. Controlled Substances are medications class, identified as Schedule II through V by the U.S. Drug Enforcement Agency (DEA) and/or applicable state law. Diversion means intentionally or without proper authorization using or taking possession of a medication or medical gas, including but not limited to theft, using, or taking a medication without a valid order or prescription, forging or inappropriately modifying a prescription, and taking possession of medication waste.

SoHum Health will investigate all reports of potential diversion, involving and cooperating with law enforcement as required. We will offer an intervention program to employees found diverting medications. Pharmacy, medical staff, nursing, administration, human resources, employee health, risk management, and security work together to create systems to prevent and/or detect drug Diversion of Controlled Substances. A coordinated interdisciplinary effort is necessary to ensure proper control of Controlled Substances and thorough investigation of Diversion.

DEFINITIONS:

REFERENCES:

2022 *LAWBOOK for Pharmacy (business and ... - California*. (n.d.). Retrieved May 18, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

Reports required by 21 CFR. (n.d.). Retrieved May 17, 2022, from https://www.deadiversion.usdoj.gov/21cfr_reports/index.html

Nursing, C. B. of R. (n.d.). *General information*. California Board of Registered Nursing. Retrieved May 17, 2022, from <https://www.rn.ca.gov/intervention/whatisint.shtml>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Medication Administration	EFFECTIVE DATE: 6/29/23	SUPERCEDES: unknown

POLICY:

This policy of SHCHD is to describe the basic elements of safe, efficient, medication administration at the highest standards of practice. This includes administrations involving patient's own medications, for which without its use may result in delay of treatment. All efforts will be made to utilize the hospitals approved formulary to ensure accuracy, consistency, and proper storage and handling of medication use.

DEFINITIONS:

Word-Definition

REFERENCES:

Frequently asked questions on the emergency use authorization of ... (n.d.). Retrieved May 18, 2022, from <https://www.fda.gov/media/156154/download>

Gauwitz, D. F. (2020). *Administering medications: Pharmacology for Healthcare Professionals*. McGraw-Hill Education.

000001545. The Joint Commission. (2021, October 19). Retrieved May 18, 2022, from <https://www.jointcommission.org/standards/standard-faqs/home-care/national-patient-safety-goals-npsg/000001545/>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Medication Monitoring and Storage	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 12/02/2021

POLICY:

This policy of SHCHD is to ensure that all medications are secured, stored, and disposed of in accordance with state and federal Law, manufacturer guidelines, and clinical best practices. The Pharmacy department will routinely inspect medications located in each Patient Care Areas, Pyxis Technology, Emergency Carts & Kits. The Pharmacy is responsible for the storage, integrity, security, distribution, and dispensing of all medications in accordance with state and federal Pharmacy law.

Appropriate storage and monitoring of medications promote the availability of safe medications where and when needed, minimize the risk of medication diversion or adulteration, and to decrease the risk of potential medication errors.

DEFINITIONS:

REFERENCES:

Reports required by 21 CFR. (n.d.). Retrieved May 17, 2022, from https://www.deadiversion.usdoj.gov/21cfr_reports/index.html

2022 *LAWBOOK for Pharmacy (business and ... - California*. (n.d.). Retrieved May 18, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

Talley, C. (2002). American Society of health-system pharmacists (ASHP). *Encyclopedia of Clinical Pharmacy (Print)*, 56–57. <https://doi.org/10.1201/b13789-15>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer

Hospital Medical Director

Clinic Medical Director



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Patient's Own Medication	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 12/02/2021

POLICY:

This policy of SHCHD is to abate the use of home medications while receiving treatment in the District by limiting its use to non-formulary items or unavailable medications which will result in delay of treatment. All efforts will be made to use the hospitals medication supply to ensure accuracy, consistency, and proper storage and handling of medication use.

The purpose of this policy is to describe the procedures for the use of medications brought into the District by a patient when a physician's order warrants it.

DEFINITIONS:**REFERENCES:****REVIEWED BY:**

Medical Staff
Governing Board
Pharmacist
Skilled Nursing Manager
Chief Nursing Officer
Hospital Medical Director
Clinic Medical Director



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Prescription Pads	EFFECTIVE DATE: 06/29/2023	SUPERCEDES: 12/02/2021

POLICY:

This policy of SHCHD is to maintain control of provider prescription blanks to prevent fraudulent use. This policy will outline the procedure for the storage, issuance, use, and monitoring of the District's blank prescription pads is as following:

DEFINITIONS:**REFERENCES:**

2022 LAWBOOK for Pharmacy (business and ... - California. (n.d.). Retrieved May 18, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

Reports required by 21 CFR. (n.d.). Retrieved May 17, 2022, from https://www.deadiversion.usdoj.gov/21cfr_reports/index.html

An informational outline of the Controlled Substances Act. (n.d.). Retrieved May 18, 2022, from [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-046\)\(EO-DEA154\)_Pharmacist_Manual.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-046)(EO-DEA154)_Pharmacist_Manual.pdf)

California, S. of. (2014, July 9). *Forms and publications.* Department of Consumer Affairs - Physician Assistant Board. Retrieved May 17, 2022, from https://pab.ca.gov/forms_pubs/

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Hospital Medical Director

Clinic Medical Director



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Procurement of Pharmaceuticals	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 02/25/2020

POLICY:

This policy of SHCHD is to obtain pharmaceuticals from reputable vendors to meet the needs of our residents and patients. SHCHD is a member of a group purchasing organization (GPO) and is therefore obligated to follow purchase agreements signed by the group.

DEFINITIONS:**REFERENCES:****REVIEWED BY:**

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Pyxis	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 08/26/2021

POLICY:

This policy of SHCHD is to strictly manage access and privileges to the automated medication management system (Pyxis), ensure adequate security for medications that includes controlled substances, provide proper documentation of medication use, and maintain confidentiality of patient data.

DEFINITIONS:**REFERENCES:**

Legal Information Institute. (n.d.). *Cal. code regs. Tit. 16, § 1751.9 - single-dose and multi-dose containers; limitations on use*. Legal Information Institute. Retrieved May 17, 2022, from <https://www.law.cornell.edu/regulations/california/Cal-Code-Regs-Tit-16-SS-1751-9>

2022 LAWBOOK for Pharmacy (business and ... - California. (n.d.). Retrieved May 17, 2022, from https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer

Hospital Medical Director



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Reporting Medication Errors and Adverse Events	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/28/2020

POLICY:

This policy of SHCHD is to report medication errors pertaining to the prescribing, administering, documentation of use of medications, and adverse reactions immediately to the manager on duty. Medication errors shall be researched to determine the root causes. State and federal agencies shall be notified according to statutory and regulatory requirements.

The purpose of this policy and procedure is to safeguard immediate care of patients in the case of a medication error or adverse drug reaction. It will enhance patient safety by identifying and also addressing errors and adverse reactions via a proper and timely approach. An RL Event will be completed for errors and that data collected will serve as continuous quality improvement for future deterrence.

DEFINITIONS:

REFERENCES:

California Department of Public Health Medication Error Reduction Plan. Institute For Safe Medication Practices. (2010, March 25). Retrieved May 17, 2022, from <https://www.ismp.org/resources/california-department-public-health-medication-error-reduction-plan>

Medication errors and adverse drug events. Patient Safety Network. (n.d.). Retrieved May 17, 2022, from <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>

NCC MERP. (2021, December 6). Retrieved May 17, 2022, from <https://www.nccmerp.org/>

Reducing and preventing adverse drug events to decrease hospital costs: AHRQ Archive. Archive. (n.d.). Retrieved May 18, 2022, from <https://archive.ahrq.gov/research/findings/factsheets/errors-safety/aderia/ade.html>

Preventing medication errors in hospitals - ashp. (n.d.). Retrieved May 18, 2022, from <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-medication-errors-hospitals.ashx>

Legal Information Institute. (n.d.). *Cal. code regs. Tit. 16, § 1713 - receipt and delivery of prescriptions and prescription medications must be to or from licensed pharmacy.* Legal Information Institute. Retrieved May 18, 2022, from <https://www.law.cornell.edu/regulations/california/Cal-Code-Regs-Tit-16-SS-1713>

Reducing medical errors and improving patient safety: Success Stories from the front lines of medicine: IHI. Institute for Healthcare Improvement. (n.d.). Retrieved May 18, 2022, from <http://www.ihi.org/resources/Pages/Publications/ReducingmedicalerrorsandimprovingpatientsafetySuccessstoriesfromthefrontlinesofmedicine.aspx>

Code section. Law section. (n.d.). Retrieved May 18, 2022, from https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPCS

Code section. Law section. (n.d.). Retrieved May 18, 2022, from https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1279.1.&lawCode=HSC

Legal Information Institute. (n.d.). *Cal. code regs. Tit. 22, § 70737 - reporting*. Legal Information Institute. Retrieved May 18, 2022, from <https://www.law.cornell.edu/regulations/california/Cal-Code-Regs-Tit-22-SS-70737>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer



DEPARTMENT: Hospital Pharmacy	APPROVED:	Page 1 of 1
SUBJECT: Use of Illicit Drugs by Persons Unaffiliated with the District	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: 05/07/2020

POLICY:

This policy of SHCHD is to make known that the use of illicit drugs on the District's property is illegal and is forbidden at all times.

DEFINITIONS:**REFERENCES:****REVIEWED BY:**

Medical Staff
Governing Board
Pharmacist
Skilled Nursing Manager
Chief Nursing Officer
Director of Patient Care Services
ER/Acute Nurse Manager
CEO/Administrator