

# Regular Board Packet

May 1, 2025

Board Packet

## Agenda

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**OUR MISSION**

“We Focus on Personalized Quality Health Care and Wellness for Those We Serve”

**OUR VISION**

“Oak Valley Hospital District Will Continue as an Independent Locally Controlled and Governed Special District Hospital. To Accomplish This We Will Adhere to the Following Guidelines:  
Being Fiscally Responsible in Our Decision Making Process  
Maintain and Expand Services that Best Reflect Our Needs and Resources Available  
Promote Positive Change in the Health Status of Employees and Area Residents.”

**OUR VALUES**

“Accountability; Being Responsible for Actions Taken and Not Taken  
Integrity; Doing the Right Thing for the Right Reason  
Respect; Valuing All People at All Times”

~~~~~

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
May 1, 2025, 5:30p.m.,  
1425 West H Street, Oakdale, CA 95361  
Royal and Charter Oak Conference Rooms**

| <u>Time</u> | <u>Action</u> | <u>Item</u>                                                 |
|-------------|---------------|-------------------------------------------------------------|
| 5:30 p.m.   | Action        | <b>MEETING CALLED TO ORDER</b><br>Dan Cummins, Chair Person |

**PUBLIC COMMENT**

In compliance with the California Brown Act the District Board of Directors welcomes comments from the public.

This is the opportunity for members of the public to directly address the District Board of Directors on any item of interest to the public under the jurisdiction of the District including items on this agenda.

Persons wishing to make a presentation to the Board of Directors shall observe the following procedure:

1. A written request to the Board on the form provided at the meeting (optional)
2. Oral presentations are limited to three (3) minutes.
3. Members of the public will be afforded the opportunity to speak at the beginning of the public meeting during the general Public Comment section of the agenda on any item under the jurisdiction of the District as well as during the consideration of an individual item on the agenda for that public meeting, however the three-minute limit described in item 2, above, will be applied to an individual’s cumulative comments during the meeting.

The proceedings of the Board are recorded and are part of the public record.

Materials related to an item on this Agenda, submitted to the Oak Valley Hospital District after distribution of the agenda packet, are available for public inspection in the Secretary’s Office at 1425 West H Street, Suite 270, Oakdale, CA during normal business hours.

Information/Action     **CONSENT CALENDAR ITEMS**

Items 1-3 comprise the consent agenda, unless there is discussion by a member of the audience or Board Members, they may be approved in one motion.

1. **Oakdale Nursing and Rehabilitation Center Report**

Will Pringle, V.P., Oakdale Nursing and Rehabilitation Center

2. **Approval of Administrative Forms and Policies**

- Interim Life Safety Measures
- Clinical Laboratory, Cleaning of – RETIRE
- Disaster Call-Back List – RETIRE
- Cleaning Unoccupied Patient Room – RETIRE
- Laundry Security – RETIRE
- Laboratory Draw Area, Cleaning of – RETIRE
- Cleaning Patient Room – Discharge / Transfer – RETIRE
- Mopping Dust / Damp
- In-Service Education
- In-Patient Rehabilitation Services Department, Cleaning of – RETIRE
- Handling Clean / Soiled Linen
- Patient Age Related Hazards – RETIRE
- Standardized Procedures – RETIRE
- Nurse Extern Work Experience – RETIRE
- Hazardous Materials and Waste Nursing Department Service
- Form0327 Cash Pay Election Consent
- Radioactive Disaster
- Doors and Door Jambs, Cleaning of – RETIRE

3. **Approval of Minutes –**

- April 3, 2025– Regular Meeting

Action                     **MEDICAL STAFF REPORT** – Gretchen Webb-Kummer, M.D., Chief of Staff

**The Medical Executive Committee requests the District Board’s approval of the following items forwarded from the April 15, 2025 meeting.**

I. COMMITTEE REPORTS

A. Department of Surgery Committee Report – April 8, 2025

Chairperson: Matthew Tilstra, MD

- Summary Review – Discussion

B. Quality Council Report – Next Meeting: April 24, 2025

Chairperson: Lee Horwitz, MD

C. Interdisciplinary Practice Committee Meeting (IDPC) – Next Meeting: May 6, 2025  
Chairperson: Matthew Tilstra, MD

D. Credentials Committee Meeting – Next Meeting: May 6, 2025  
Chairperson: Matthew Tilstra, MD

E. Department of Medicine Committee Report – Next Meeting: May 13, 2025  
Chairperson: Lee Horwitz, MD

## II. OTHER

### A. Forms/Policy Review

Policies (Clinical Manual):

- Standardized Procedures – RETIRE
- Nurse Extern Work Experience (Level 2, Level 3, Level 4) – RETIRE

### **FINANCE COMMITTEE** – Edward Chock, M.D., Chairperson - Matt Heyn, President and C.E.O. and Ann Croskrey, CFO

Action 1. Financial Reports for March 2025  
Approval of March 2025 Financial Statements

Action 2. Charity Care - Finance Committee Recommendation to Approve Patient  
Accounts Qualifying Under Charity Care Policy

### **CHAIR PERSON REPORT** - Dan Cummins Chair Person

Information 1. Chair Person Comments

### **CHIEF EXECUTIVE OFFICER REPORT** - Matt Heyn, President and Chief Executive Officer

Information 1. Mental Health Awareness Month Presentation – Amanda Stepp, LCSW

Information 2. Chief Executive Officer Report

Action 3. ICU Analysis  
- David Neal, Vice President of Nursing

Action 4. Approval to Hold a Special Board Meeting on Thursday, May 22, 2025, for the  
Credentialing of New Sound Physicians (Sound Transition).

**ADJOURN TO CLOSED SESSION**

- Action                    1.     **Approval of Closed Session Minutes –**
- April 3, 2025 - Regular Meeting
- (See attached Agenda for Closed Session)**

**RECONVENE TO OPEN SESSION**

Information             **REPORT OF CLOSED SESSION**

Action                    **ADJOURNMENT**

**The next Regular meeting of the Board of Directors is scheduled on June 5, 2025 at 5:30p.m.**

Posted on: April 28, 2025

By: Sheryl Perry, Clerk of the Board

**OAK VALLEY HOSPITAL DISTRICT  
BOARD OF DIRECTORS  
AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

**Regular Meeting of the Board of Directors of the Oak Valley Hospital District  
May 1, 5:30p.m.,  
1425 West H Street, Oakdale, CA 95361  
Royal Oak Conference Room**

**CLOSED SESSION AGENDA ITEMS**

**HEARINGS/REPORTS**

**Chief Executive Officer Report**

- Matt Heyn, Chief Executive Officer

**1. Report Involving Trade Secrets**

(Government Code Section 37606 & Health and Safety Code Section 32106)

Discussion will concern: Proposed New Arrangement for Revenue Enhancement: Trade Secret and Strategic Planning

Estimated Date of Disclosure: June 2025

**2. Public Employee Performance Evaluation**

(Government Code Section 54957)

Title: Management Team Members

In observance of the Americans with Disabilities Act, please notify us at 209-848-4102 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

## May 2025 ONRC Board Report

ONRC has experienced a slight downturn in census in the prior month of operations, achieving a census of 91. This represents a 1% drop from the previous month, when we closed at 92. This change also reflects a 1% variance from budget. The slight decrease can be attributed to slower referral rates for our short-term rehab service line. A similar pattern was noted in the LTC portion of ONRC.

Regarding regulatory compliance, while we successfully completed our annual recertification survey with CMS, we are still awaiting their approval of the corresponding Plan of Correction. We anticipate receiving a response within the upcoming weeks. Similarly, we have submitted our Plan of Correction for the Life Safety Survey portion and are awaiting approval for that as well.

Regarding staffing, we have successfully retained a highly qualified MDS nurse after a long recruitment process. Additionally, we are now recruiting for a Director of Staff Development. This critical role provides education and supervision to our largest employee group, the Certified Nurse Aides (CNAs).

This concludes our May ONRC Board Report.

William Pringle II

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
OF OAK VALLEY HOSPITAL DISTRICT  
OPEN SESSION  
April 3, 2025 5:30p.m.  
1425 West H Street, Oakdale, CA 95361  
Royal Oak Conference Room**

**Board**

Dan Cummins, Chair Person  
Frances Krieger, Vice Chair Person  
Edward Chock, M.D., Secretary  
Sara Shipman, Director  
Danielle Sanders, Director

**Staff**

Matt Heyn, President and C.E.O.  
Gretchen Webb-Kummer, M.D., Chief of Staff  
Ann Croskrey, CFO  
David Rodrigues, V.P., C.O.O.  
David Neal, V.P., Nursing Services  
Will Pringle, V.P., Oakdale Nursing &

Rehab.

**CALLED TO ORDER**

The District Board of Directors Meeting was called to order by Dan Cummins, Board Chair Person at 5:30 p.m.

**PUBLIC COMMENT**

Public comment read. Public in attendance.

**Administration of Oath of Office - Dan Cummins, Chair Person**

Danielle Sanders took the Oath of Office and was sworn in as a Director on the Board of Directors.

**CONSENT CALENDAR**

The following items, 1-3, will be acted on by one action, with discussion, unless a director or other person requests that an item be considered separately. In the event of such a request, the item will be addressed, considered, and acted upon separately.

**1. Oakdale Nursing and Rehabilitation Center Report**

Will Pringle, Vice President of Oakdale Nursing and Rehabilitation Center, presented the ONRC Report. Edward Chock, M.D., made the motion to approve the report. Fran Krieger made the second.

**Public Comment:** Louise Sanders expressed her appreciation for Will Pringle's outstanding handling of a patient concern, noting that all issues were resolved promptly and with great care. She further commented that the organization is fortunate to have Will in his role.

Cummins - Aye  
Krieger - Aye  
Chock - Aye  
Shipman - Aye  
Sanders - Aye



**MOTION CARRIED**

## **2. Approval of Administrative Forms and Policies**

The following forms and policies were presented for approval:

- Form0693 – Safety Monitoring
- Form3425 – OVHD HIE Opt-Out Form
- Ethics Committee Policy
- Sitter Guidelines

Fran Krieger made the motion to approve the Administrative Forms and Policies. Edward Chock, M.D., made the second. No public comment.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders -Aye

**MOTION CARRIED**

## **3. Approval of Minutes**

The following meeting minutes were presented for approval:

- March 6, 2025 – Regular Meeting
- March 24, 2025 – Special Meeting

Sara Shipman made the motion to approve the minutes from the March 6, 2025 Regular Meeting and the March 24, 2025 Special Meeting. Edward Chock, M.D., made the second. No public comment.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders -Aye

**MOTION CARRIED**

## **MEDICAL STAFF REPORT – Gretchen Webb-Kummer, M.D., Chief of Staff**

The Medical Executive Committee requests the District Board's approval of the following items forwarded from the March 18, 2025, meeting.

### **A. Department of Medicine Committee Report – (03/11/2025) Lee Horwitz, M.D., Chairperson**

## **i. Forms & Policies**

### **Forms – Approval**

- Form 0418 – ED Admission Orders (Retire)
- Form 3002 – Emergency Department Bridge Orders
- Form 1112 – Stroke Clinical Pathway
- Form 3000 – Bariatric Post-Operative Orders
- Form 3001 – Bariatric Pre-Operative Order Instructions

### **Policies – Approval**

#### *Administrative Manual*

- Performance Improvement Plan FY 2025

#### *Clinical Manual*

- Critical Value/Test Results Read-Back
- Pediatric Admissions

#### *Community Health Centers Manual*

- Injections

#### *Infection Control Manual*

- Hand Hygiene
- Tetanus/Diphtheria/Acellular Pertussis Vaccine Screening and Administration

#### *Nutritional Food Services Manual*

- Access to Nutrition and Food Services Department (Retire)
  - o Combined with Personnel Permitted in the Department
- Diets
- Diet Cardex (Retire)
- Floor Safety (Retire)
- Food From Outside Sources
- Food Ordering and Receiving
- Food Preparation and Service
- Food Storage
- Food Temperatures
- Meal Service to Residents
- Organization & Staff
- Personnel Management
- Procedures on the Sanitation of Water Pitchers
- Provision of Food or Nutrition Products for Altered Diets and Meal Schedules
- Re-Admission Nutritional Risk Note (Retire)

- Receiving and Storage Safety
- Safety in Food Preparation
- Safety Guidelines
  
- Safety Rules (Retire)
  - o Combined with Safety Guidelines
- Sanitizing Dishwashing Area
- Standards of Care
- Texture Change Documentation (Retire)
- Tray Assembly (Retire)
- Trial Diets

#### *Respiratory Therapy Manual*

- Arrival of New Electrical Equipment
- Bi-Level Positive Airway Pressure (BiPAP)
- Blood Spill Procedure (Retire)
- Broken Equipment Procedure (Retire)
- Carboxy HgB Samples (Retire)
- Considerations in Oxygen Therapy for Infants (Retire)
- Continuous Pulse Oximetry (Retire)
- Cough Techniques and Respiratory Exercises (Retire)
- Crash Cart Supply List (Retire)
- Disposable Equipment Change Outs
- Downtime Procedure Record Keeping on the Ventilator Flow Sheet (Retire)
- EKG Interpretation Guideline
- Emergency Oxygen Process
- Evaluating Patient Test Results (Retire)
- General Safety Precautions with Oxygen Administration (Retire)
- General Statement of the Administration of Oxygen
- Nebulizer and Aerosol Therapy
- Handling of Gas Cylinders (Retire)
- Head Hood Oxygen or Free-Flow Oxygen (Retire)
- Humidifiers (Retire)
- Incentive Spirometry
- Indications and Precautions with Continuous Ventilation
- In-Service Education (Retire)
- Intubation

#### **ii. Department Scope of Service - Approval**

- Medical/Surgical Telemetry Department

#### **iii. Revised/New Radiology Privilege Set - Approval**

**B. Department of Surgery Committee Report – (Next Meeting 04/08/2025) (Standing)**  
**Matthew Tilstra, M.D., Chairperson**

**C. Quality Council Report – (Next Scheduled Meeting 04/10/2025) (Standing)**  
**Lee Horwitz, M.D., Chairperson**

Edward Chock, M.D., made the motion to approve the Medical Staff Report. Danielle Sanders made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**Financial Report for February 2025**

Gross revenue was strong in February, with inpatient revenue right on budget, and outpatient revenue 9% over budget. February closed with the District posting a profit from operations before new hospital expenses of \$1.515 million dollars. The profit from operations including new hospital expenses was \$1.129 million dollars. The difference is the new hospital expenses of interest and depreciation.

As of the end of February, year-to-date net income is \$7.8 million dollars, as compared to the budget of \$4.7 million dollars, meaning the District exceeded the budgeted net income by 66%.

As of the end of February, the year-to-date earnings before interest and depreciation (EBIDA) was 17.7%. Accounts receivable gross days decreased from 65 days to 64 days, and days of cash on hand decreased from 92 to 86 days.

Sara Shipman made the motion to approve the Financial Report for February 2025. Fran Krieger made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

**Chair Person Report – Dan Cummins, Chair Person**

The Chairperson noted that while the financial report is great news for the overall health of the District, it is important to recognize that the organization remains under significant budgetary and financial constraints. These challenges are expected to continue throughout the remainder of the fiscal year and likely throughout the calendar year.

The Chairperson emphasized the need to maximize revenue while exercising careful control over expenditures in order to meet survival goals. It was also noted that the District still has substantial financial obligations, including repayment of a \$10 million loan taken out last year, during which staffing reductions were also implemented in several departments.

In closing, the Chairperson reiterated that while the positive financial performance is encouraging, it is critical to remain vigilant and fiscally responsible moving forward.

### **Chief Executive Officer Report - Matt Heyn**

#### **Emergency Medicine and Hospital Medicine Transition:**

The District is less than 60 days away from the transition to Sound Physicians, who will staff the Emergency Department and provide hospital medicine services beginning June 2. Preparatory work is ongoing, and a community meet-and-greet event is scheduled for May 15 to engage the public through outreach efforts, social media, and community events.

#### **Surgical Services Growth:**

Surgical volumes continue to grow steadily, with increased cases from Central California Surgery and the addition of GYN surgical procedures through the Hera partnership starting in early May. In March, the department performed approximately 40 surgeries, 51 GI procedures, and 15 infusions, demonstrating significant workload increases.

#### **Primary Care Recruitment:**

Recruitment efforts for primary care providers have intensified, with additional recruitment firms engaged. The District emphasized the critical need for at least three more primary care physicians to support outpatient volumes, specialty referrals, and community care needs.

#### **Radiology Services Transition:**

The District has served termination notice to Radiological Associates. Due to unprofessional conduct from the owner following notice, contingency plans with Sol Radiology have been expedited to ensure no disruption in imaging services during the 180-day termination period.

#### **Revenue Cycle Assessment:**

The District is in the second month of a revenue cycle assessment conducted by Forvis Mazars. Weekly updates are being received, and preliminary findings indicate opportunities for improvement. A final report will be presented to the Finance Committee and the Board by the end of the fiscal year.

### **Update on New Electronic Health Record System for Clinics - David Rodrigues, Chief Operating Officer**

The organization was notified that Meditech will discontinue support for the clinic software module effective December 31, 2025. In response, a system selection committee evaluated new options, and Athena Health was selected as the new clinic EHR vendor. Implementation is underway with a focus on improving operational efficiency, patient engagement, and regulatory compliance.

**Highlights:**

- **Vendor Selected:** Athena Health – cloud-based, fully integrated, and paperless EHR system.
- **Key Benefits:** Improved scheduling, billing, patient communication, interoperability, and quality reporting.
- **Compliance:** Supports value-based care initiatives and rural health program requirements.
- **Operational Impact:** Expected to enhance clinic workflows, increase revenue capture, and reduce paper usage.
- **Timeline:** Transition and implementation efforts are currently underway.

**Overview of PR/Marketing Strategy - David Rodrigues, Chief Operating Officer**

The organization’s current online reputation does not accurately reflect its quality of care. Negative reviews on platforms like Google and Facebook are impacting patient trust, recruitment, and community perception. Historically, marketing efforts have focused on print, radio, billboards, and website management through the MHD Group.

Moving forward, efforts will focus on:

- Strengthening social media engagement with more local content, staff highlights, event promotion, and service updates.
- Implementing strategies to improve online reviews, including QR codes at discharge, timely responses to feedback, and encouraging satisfied patients to leave reviews.
- Review management improvements, with leadership involvement to address issues raised in reviews and use feedback for internal improvements.
- Contracting with a local consultant to assist with marketing efforts at a reduced cost compared to previous vendors.
- Website updates are planned in the coming months to improve design, usability, and maintain ADA compliance.

It was emphasized that managing online presence is critical for maintaining community trust, supporting patient volume, and aiding recruitment efforts.

**ADJOURNMENT**

Fran Krieger made the motion to adjourn to Closed Session. Danielle Sanders made the second. No public input.

Cummins - Aye  
Krieger - Aye  
Chock - Aye  
Shipman - Aye  
Sanders - Aye

**MOTION CARRIED**

The Oak Valley Hospital District meeting was adjourned to Closed session at 6:38 p.m.

**RECONVENE TO OPEN SESSION**

**ANNOUNCEMENT OF CLOSED SESSION**

Approval of Board Meeting Minutes:

- March 6, 2025 – Regular Meeting (*Approved*)

Reports & Updates:

- Medical Staff Report – Gretchen Webb-Kummer, M.D., Chief of Staff (*Approved*)
- CEO Report – A personnel matter was discussed. No action was taken.

**ADJOURNMENT**

Edward Chock, M.D., made the motion to adjourn the Board of Directors meeting. Danielle Sanders made the second. No public input.

Cummins – Aye  
Krieger – Aye  
Chock – Aye  
Shipman – Aye  
Sanders – Aye

**MOTION CARRIED**

The Board of Directors meeting was adjourned at 7:02 p.m.

Recorder: Sheryl Perry, Clerk of the Board.

APPROVED: \_\_\_\_\_  
Edward Chock, M.D., Secretary

DATE: \_\_\_\_\_

**MEMO:** May 1, 2025  
**TO:** Members of the District Board  
**FROM:** Medical Executive Committee  
**RE:** Approval items to be reviewed in open session

The Medical Executive Committee requests the District Board's approval of the following items forwarded from the April 15, 2025, meeting.

I. **COMMITTEE REPORTS**

- A. The Department of Surgery Committee Report – (04/08/2025)  
Matthew Tilstra, MD, Chairperson
  - i. Summary Review **Discussion**
- B. The Quality Council Report – (Next Mtg 04/24/2025)  
Lee Horwitz, MD, Chairperson **Standing**
- C. Interdisciplinary Practice Committee Meeting (IDPC) – (Next Mtg 05/06/2025)  
Matthew Tilstra, MD, Chairperson **Standing**
- D. Credentials Committee Meeting – (Next Mtg 05/06/2025)  
Matthew Tilstra, MD, Chairperson **Standing**
- E. The Department of Medicine Committee Report – (Next Mtg 05/13/2025)  
Lee Horwitz, MD, Chairperson **Standing**

II. **OTHER**

- A. Forms/Policy Review **Approval**
  - POLICIES**
  - Clinical Manual**
    - i. Standardized Procedures **(RETIRE)**
    - ii. Nurse Extern Work Experience (Level2, Level3, Level 4) **(RETIRE)**



# OAK VALLEY HOSPITAL DISTRICT Clinical Manual

|                                                                                                                                                    |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b><br><br><b>STANDARDIZED PROCEDURES</b>                                                                                     |                                                                                                                                            |
| <b>EFFECTIVE DATE:</b> 1/96                                                                                                                        | <b>PAGE 1 OF 3</b>                                                                                                                         |
| <b>AREAS AFFECTED:</b><br>All Divisions and Departments of the Hospital District                                                                   | <b>REVISIONS:</b> 4/04; 12/05; 1/07; 1/09; 3/10; 7/14<br><b>REVIEW DATE:</b> 8/01; 1/02; 4/03 (MEC); 3/12<br><b>NEXT REVIEW DATE:</b> 7/15 |
| <b>Services Required to Review for Revisions:</b><br>VP of Nursing, Standards Committee, Interdisciplinary Practice Committee, MEC, District Board |                                                                                                                                            |

## POLICY

Oak Valley Hospital District (OVHD) assures that all standardized procedures are performed in compliance with applicable standards, rules, laws and regulations providing a safe patient environment.

## PURPOSE

To define those procedures which overlap the practice of medicine and require a registered nurse's adherence to a standardized procedure.

## SUPPORTIVE DATA

1. Standardized procedures are those procedures, which are performed by a registered nurse but overlap the practice of medicine.
2. Standardized procedures are to be developed through collaboration among patient care administration and health professionals, including physicians and registered nurses.
3. Standardized procedures are defined and legalized by the Nursing Practice Act (Business and Professions Code Section 2725) and the Division of Allied Health Professions of the Medical Board of California, and are administered by the Board of Registered Nursing.

## SPECIFIC PROCEDURAL INFORMATION

- A. The Nursing Management Team, in coordination with Medical Staff, will:
1. Identify functions and/or procedures which require the formation and adoption of standardized procedures.

2. Define process for performing standardized procedures.
3. Review and approve all standardized procedures.
4. Review and approve recommendations for discontinuing a standardized procedure when it becomes common nursing practice in the area.

B. Each standardized procedure will:

1. Be in writing and show date(s) of approval, including approval of the Interdisciplinary Practice Committee.
2. Specify the standardized procedure functions which registered nurses are authorized to perform and under what circumstances.
3. State any specific requirements that are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.
4. Specify any experience, training, and/or educational requirements for performance of the functions.
5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the functions.
6. Provide for a method of maintaining a written record of those persons authorized to perform the functions.
7. Specify the nature and scope of review and/or supervision required for performance of the standardized procedure, functions; for example, if the function is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If physician supervision is not required, that fact should be clearly stated.
8. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
9. State the limitations, on settings or department within the facility where the standardized procedure functions may be performed.
10. Specify any special requirements for procedures relating to patient record keeping.
11. Provide for periodic review of the standardized procedure. Names of staff approved to perform standardized procedures are kept on file.

C. Each standardized procedure will be reviewed and re-approved by the Nurse Managers, Interdisciplinary Practice Committee and Medical Executive Committee at least every year.

**Standardized Procedures**

1. PICC Line Insertion
2. Excisional Sharp Debridement

## REFERENCES

1. An Explanation of the Scope of RN Practice Including Standardized Procedures, Board of Registered Nursing
2. Title 22: 70706.2, Standardized Procedures, Barclays California Code of Regulations

RETIRED



# OAK VALLEY HOSPITAL DISTRICT

## Clinical Manual

|                                                                                                                                   |                              |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>POLICY/PROCEDURE:</b>                                                                                                          |                              |
| <b>NURSE EXTERN WORK EXPERIENCE<br/>(LEVEL 2, LEVEL 3, LEVEL 4)</b>                                                               |                              |
| <b>EFFECTIVE DATE:</b> 6/04                                                                                                       | <b>PAGE 1 OF 3</b>           |
| <b>AREAS AFFECTED:</b><br>All Clinical Departments of the Hospital District                                                       | <b>REVISIONS:</b> 9/07; 4/12 |
|                                                                                                                                   | <b>REVIEW DATE:</b>          |
| <b>SERVICES REQUIRED TO REVIEW FOR REVISIONS:</b><br>District Educator, Human Resources, Standards Committee, MEC, Governing Body |                              |
| <b>NEXT REVIEW DATE:</b> 4/15                                                                                                     |                              |

**POLICY**

Oak Valley Hospital District (OVHD) will collaborate with the local colleges in providing work experience to students enrolled in good standing in the local Nursing programs.

**PURPOSE**

To provide an opportunity for students enrolled in local Nursing programs to participate in relevant work experience in a community clinical agency.

**SUPPORTIVE DATA**

Nurse students will enhance knowledge, skills and attitudes necessary for the success in the field of nursing through Nurse Extern Work Experience.

**PROCEDURE**

**A. The Nursing Programs responsibilities:**

1. Collaborate with the Chief Nursing Officer, and Human Resources to ensure a current contract is completed prior to student placement between Oak Valley Hospital District and the Nursing Program.
2. Assume direct responsibility for coordinating the course and serve as a liaison between the nursing program and the department manager for which the Student Nurse Extern is employed.
3. Assure that students are eligible for work experience.
4. Notify OVHD if a Student Nurse Extern loses qualification for the work experience credit.
5. Visit or contact the site during the experience to monitor the Student Nurse Extern's progress.

6. Communicate regularly with the District Educator and Department Manager for which student nurse extern is employed to provide information necessary for the effective administration of the program.
7. All schools must provide Human Resources with a copy of a Nurse Work Experience Syllabus which will include the course description, a list of objectives, the student skills list, and eligibility criteria at each level of completion.

**B. Student Nurse Extern responsibilities:**

1. The applicant for the Student Nurse Extern role will:
  - a. Complete and return a job application for a nurse extern position.
  - b. Participate in an interview process with the department manager and district educator for open extern positions.
  - c. Once hired complete the Oak Valley Hospital District requirements for employees within allotted time period
  - d. Prior to the start of each semester the student nurse extern will provide the district educator with a completed student contract signed the student, the department manager and the school representative/faculty.
  - e. Be a current employee of good standing with OVHD.
  - f. Be enrolled and eligible with the nursing program ("C or better GPA, with satisfactory or better in performance at all clinical areas).
  - g. At no time during employment in the Student Nurse Extern role, perform skills they have not been previously taught and validated in the school setting.
  - h. Request assistance and oversight in any skill that has not yet been performed with validation by the OVHD RN preceptor.
  - i. Maintain and keep current the Nursing Work Experience Skills checklist and submit copies to the Department Manager and Human Resources.
2. Oak Valley Hospital District Responsibilities:
  - a. A contract between Oak Valley Hospital District and the school will be completed prior to student nurse extern placement.
  - b. The Student Nurse Extern Coordinator(s) will be the responsibility of the district educator on collaboration with each department manager
  - c. Interview, evaluate and select students. Employ the Student Nurse Extern with the rights and responsibilities of other OVHD employees.
  - d. Select and orient staff Registered Nurses (RN) to function in the preceptor role as a resource for the Student Nurse Extern. The preceptor will be responsible to monitor all nursing skills performed by the Student Nurse Extern.
  - e. Ensure student nurse extern responsibilities will commensurate with their level of competence.



- f. Evaluate the student nurse extern and discuss their performance with RN preceptor, school instructor and department manager.
  - g. Has the right after consultation with department manager, to discontinue the student nurse extern status of any student nurse extern who in the hospital's judgment is not performing satisfactorily as an OVHD employee.
  - h. Ensure the student nurse extern has the 75 hours per college credit work requirement met each semester.
  - i. Ensure the student nurse extern completes the minimum hours over the course of the semester.
3. Patient Load Assignment for the Student Nurse Extern:
- a. When making assignments, the overall needs of the Nursing Unit are given priority.
  - b. The student nurse extern will be given a patient assignment similar to a nursing assistant in early semesters according to the syllabus and programs identified skills. After validation of more advanced skills, through completed modules under supervision program faculty, the student nurse extern may be given advanced assignments, under the supervision of the RN preceptor.
  - c. At the discretion of the Department Manager of the Nursing Unit, the student nurse extern may be asked to work wholly as a Nursing Assistant due to the patient care and/or staffing issues.

# Oak Valley Hospital District Environment of Care

|                                                                        |                     |                                |                                         |
|------------------------------------------------------------------------|---------------------|--------------------------------|-----------------------------------------|
| <b>Policy/Procedure:</b>                                               |                     |                                |                                         |
| <b>INTERIM LIFE SAFETY MEASURES POLICY</b>                             |                     |                                |                                         |
| <b>Effective Date:</b> February 2, 2026                                |                     | <i>Page 1 of 4</i>             |                                         |
| Areas Affected: OVHD                                                   |                     |                                |                                         |
| Composed by:                                                           |                     |                                |                                         |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: |                     |                                |                                         |
| <b>Dept / Committee Approval:</b>                                      | <b>Dept/Title:</b>  | <b>Date</b>                    | <b>Approved</b>                         |
| Environment of Care Department                                         | Safety Officer      | <u>02/27/2025</u>              | <u>X</u>                                |
| Policy, Procedures, Forms Comm.                                        | Medical Staff Coord | <u>03/05/2025</u>              | <u>X</u>                                |
| EOC Committee                                                          | Safety Officer      | <u>04/17/2025</u>              | <u>X</u>                                |
| District Board                                                         | Board Liaison       | <u>05/01/2025</u>              |                                         |
| <b>Revised <u>2/2025</u></b>                                           |                     | <b>Reviewed: <u>2/2025</u></b> | <b>Next Review Date: <u>02/2026</u></b> |

## POLICY STATEMENT

The hospital must implement interim life safety measures (ILSMs) to temporarily compensate for significant hazards posed by existing *Life Safety Code*<sup>®\*</sup> deficiencies or construction activities.

## PURPOSE

To establish a process for implementing ILSMs when necessary to maintain a safe, functional, and effective environment for patients, staff, and visitors when life safety is diminished because of *Life Safety Code* deficiencies, construction activities, or testing and maintenance activities.

## SCOPE

Applies to all buildings and outdoor areas ~~owned~~operated by the organization.

Applies to fire-related risks to patients, staff, visitors, volunteers, and anyone else who uses the organization’s facilities.

## DEFINITIONS

Interim Life Safety Measures (ILSM) – A series of 11 administrative actions intended to temporarily compensate for significant hazards posed by existing *Life Safety Code* deficiencies or construction activities. These actions are:

1. Inspect exits daily.

2. Provide temporary and equivalent fire alarm and detection systems when a fire system is impaired.
3. Provide additional firefighting equipment.
4. Use temporary construction partitions that are smoke tight or made of noncombustible or limited-combustible material that will not contribute to the development or spread of a fire.
5. Increase surveillance of buildings, grounds, and equipment, giving special attention to construction, storage, and excavation areas and field offices.
6. Enforce storage, housekeeping, and debris removal practices to reduce the building's flammable and combustible fire load to the lowest practical levels.
7. Provide additional training to staff on the use of firefighting equipment.
8. Conduct one additional fire drill per shift per quarter.
9. Inspect and test temporary systems monthly.
10. Conduct awareness training to inform staff of building deficiencies, construction hazards, and temporary measures used to maintain fire safety.
11. Train staff to compensate for impaired structural or compartmentation features of fire safety.

## **RESPONSIBILITIES**

The Safety Officer is responsible for the following:

- Evaluating identified *Life Safety Code* deficiencies and construction activities
- Deciding which ILSMs are applicable, when, and to what extent
- Identifying frequencies for each ILSM to be used
- Overseeing contractors and/or project managers regarding ILSM issues

Engineering is responsible for the following:

- Conducting periodic fire drills
- Conducting periodic inspections of construction worksites
- Maintaining means of access and emergency egress

The safety officer is responsible for overseeing the implementation, monitoring, and issue resolution related to the ILSM program.

The Environment of Care Committee / Safety Committee are responsible for managing the ILSM plan, including overseeing performance improvement activities.

## **PROCEDURES**

### Means of Egress

The Engineering department is to do the following:

1. Maintain all means of egress to be free of all obstructions or impediments.
2. Post signage to identify location of alternative exits.
3. Approve the temporary closing of any exit or exit passageway.
4. Ensure that adequate alternative means of egress are established and proper signage is used where exits or exit passageways are temporarily closed.

### Fire Alarm/Fire Suppression Systems

The Engineering department does the following:



1. Provides, installs, and maintains temporary fire alarm system for the duration of the *Life Safety Code* deficiency.
2. Notifies the fire department and the organization's insurance company, and establishes a fire watch, in any of the following circumstances:
  - A fire alarm system is out of service for more than 4 hours out of 24 hours.
  - A sprinkler system is out of service for more than 10 hours in a 24-hour period.

#### Fire Protection

The contractor does the following:

1. Establishes procedures to minimize storage of combustible and flammable materials on site.
2. Removes combustible trash from the worksite daily.
3. Keeps all construction vehicles, equipment, trailers, and machinery clear of the fire lanes and fire hydrants.
4. Ensures that deliveries of equipment or supplies in the fire lanes are quickly unloaded and the vehicles moved as soon as possible.
5. Notifies the Engineering department to remove portable fire extinguishers located in existing structures prior to the start of construction.
6. Provides the approved type and size of fire extinguishers required at the job site.
7. Obtains a permit from the Engineering department prior to beginning any work that involves welding, cutting, or open flames. ( See Hot Works policy for more information)
8. Collaborates with the organization's Engineering department, safety officer, and/or other individuals in performing regular checks, according to an established schedule, to ensure these activities are being performed.

#### Patient Care Areas

The contractor or project manager does the following:

1. Works with the Engineering department to ensure continuously unobstructed access to the Emergency department.
2. Recommends equivalent temporary systems for fire protection to the Engineering department, when necessary.
3. Includes in the construction documents details for planned temporary fire-related or smoke partitions.

#### Documentation, Monitoring, and Reporting

The Engineering department does the following:

1. Documents all ILSMs using the Information Collection and Evaluation System.
2. Participates in walkthroughs of the worksite at least weekly to evaluate ILSM implementation and compliance.
3. Reports on ILSM implementation and compliance to the Environment of Care Committee / Safety Committee.

The Safety Officer /Engineering Department do the following:

1. Perform a preconstruction risk assessment prior to beginning construction.
2. Review reports on ILSMs from the Engineering department.
3. Identify potential opportunities for improvement to the ILSM program and/or policies and procedures.
4. Make recommendations to the Engineering department regarding potential ILSM-related performance improvement activities.

## REFERENCES

*Joint Commission Standard LS.01.02.01, EP 1.* The [hospital] has a written interim life safety measure (ILSM) policy that covers situations when *Life Safety Code* deficiencies cannot be immediately corrected or during periods of construction.

*NFPA 101 (~~2012-2024~~ edition).* Life Safety Code®.

*NFPA 241 (~~2012-2022~~ edition).* Standard for Safeguarding Construction, Alternation, and Demolition Operations. (

*OSHA 29 CFR Part 1926.* Safety and Health Regulations for Construction. (2022)

## APPROVAL

|                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| NAME AND CREDENTIALS<br>[Name and Credentials] | NAME AND CREDENTIALS<br>[Name and Credentials] |
| TITLE<br>[Title]                               | TITLE<br>[Title]                               |
| SIGNATURE                                      | DATE<br>[MM/DD/YYYY]                           |
| SIGNATURE                                      | DATE<br>[MM/DD/YYYY]                           |

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\* *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                   |                         |                        |                                  |
|-------------------------------------------------------------------|-------------------------|------------------------|----------------------------------|
| <b>Policy/Procedure:</b>                                          |                         |                        |                                  |
| <b>Clinical Laboratory, Cleaning of</b><br><u>(Main Lab Area)</u> |                         |                        |                                  |
| Effective Date: 07/2015                                           |                         | Page 1 of 2            |                                  |
| Areas Affected: Environmental Services Department                 |                         |                        |                                  |
| Composed by: Unknown                                              |                         |                        |                                  |
| x Reviewed x Revised by: <u>EVS Manager</u> , Laboratory Manager  |                         |                        |                                  |
| <b>Dept / Committee Approval:</b>                                 | <b>Dept/Title:</b>      | <b>Date</b>            | <b>Approved</b>                  |
| Infection Control                                                 | Infection Preventionist | <u>03/32/2025</u>      | <u>X</u>                         |
| Laboratory                                                        | <u>Lab Manager</u>      | <u>02/28/2025</u>      | <u>X</u>                         |
| Environmental Services ( <u>EeVS</u> ) Dept                       | <u>Manager</u>          | <u>02/21/2025</u>      | <u>X</u>                         |
| Policy, Procedures, Forms Comm.                                   | Medical Staff Coord     | <u>03/05/2025</u>      | <u>X</u>                         |
| P&T / Infection Control Comm                                      | Medical Staff Coord     | <u>04/09/2025</u>      | X                                |
| EOC Committee                                                     | EOC Manager             | <u>04/17/2025</u>      | X                                |
| District Board                                                    | Board Liaison           | <u>05/01/2025</u>      |                                  |
| Revised: 04/2018                                                  |                         | Reviewed: <u>02/24</u> | Next Review Date: <u>04/2021</u> |

### POLICY

The Environmental Service (EVS) personnel will clean the clinical Laboratory and main lab and Lab Draw Station on a daily basis.

### PURPOSE

Provide antiseptic and sanitary environment and to eliminate any cross contaminations.

### PROCEDURE

**\*NOTE:** Do not clean Clinical Laboratory equipment. This will be cleaned by laboratory personnel.

**\*Use clean cloth in each room – “clean” areas like breakroom, bathroom should not be cleaned with same cloths used on the lab counters and sinks**

1. Empty all waste containers. The waste containers will be wiped out with a hospital approved germicidal solution and bag liners replaced as needed. Emptied waste will be disposed in the appropriate container, red waste bags will be placed in bio-hazardous waste containers and clear bags will be replaced in regular waste receptacles.
2. Empty and replace wall mounted sharps containers. (Excluding sharps containers on trolleys) Lab staff are responsible for replacing red bad/hard side containers and placing them in the store room.
3. EVS will remove Remove full Bio-hazard containers from store room as needed.

4. Damp dust counters, wash off any marks with magic eraser. Clean counter with disinfectant/cleaner solution.
  5. Damp dust all furniture, telephones, receivers, break room, and manager's office and clean with hospital disinfectant/cleaner solution.
- Do not clean equipment or work spaces unless instructed by your supervisor and don't clean Laboratory benches or equipment.**
6. Clean bathrooms with disinfectant, mop bathroom floors ~~in main lab and lab draw area~~ and refill paper products, daily.
  7. Clean and disinfect all sinks **daily**
  8. Clean tops of refrigerators ~~daily~~ weekly
  9. Spot clean walls, doors and partitions as needed
  10. Clean mirrors, glass doors and partitions with class cleaner
  11. Dust mop floors
  12. Mop floors with hospital approved germicidal solution according to procedure. Place wet floor signs prior to mopping.
  13. Vacuum all carpeted floors, including locker room and managers office ~~according to procedure~~ weekly.

## REFERENCES

Guidelines for Environmental Infection Control in Healthcare Facilities,  
[www.cdc.gov/MMRW/preview/MMRWhtml/rr5210a1.htm](http://www.cdc.gov/MMRW/preview/MMRWhtml/rr5210a1.htm)

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                                                         |                                      |                                             |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                                                |                                      |                                             |                 |
| <b>Disaster Call-Back List</b>                                                                                                          |                                      |                                             |                 |
| <b>Effective Date:</b> 07/2013                                                                                                          |                                      | <b>Page 1 of 1</b>                          |                 |
| Areas Affected: Environmental Services Department                                                                                       |                                      |                                             |                 |
| Composed by:                                                                                                                            |                                      |                                             |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <del>Infection Preventionist</del> <u>EVS Manager</u> |                                      |                                             |                 |
| <b>Dept / Committee Approval:</b>                                                                                                       | <b>Dept/Title:</b>                   | <b>Date to Carrier</b>                      | <b>Approved</b> |
| Environmental Services ( <del>EVS</del> )                                                                                               | <del>Supervisor</del> <u>Manager</u> | <del>02/21/2025</del>                       | <del>X</del>    |
| Policy, Procedures, Forms Comm.                                                                                                         | Medical Staff Coord                  | <del>03/05/2025</del>                       | <del>X</del>    |
| <u>P&amp;T</u>                                                                                                                          | <u>Medical Staff Coord</u>           | <u>04/09/2025</u>                           | <u>X</u>        |
| EOC Committee                                                                                                                           | EOC Manager                          | <del>04/17/2025</del>                       | <del>X</del>    |
| District Board                                                                                                                          | Board Liaison                        | <del>05/01/2025</del>                       |                 |
| <b>Revised:</b> 04/2018                                                                                                                 | <b>Reviewed:</b> <u>02/2025</u>      | <b>Next Review Date:</b> <del>04/2021</del> |                 |

### POLICY

Environmental Services (EVS) will have a disaster call-back list to contact personnel in the event of a disaster or other emergency. This list will be updated by the EVS Supervisor or his/her designee.

### PROCEDURE

1. The call-back list will include every EVS employee.
2. Each employee is responsible for notifying the EVS Supervisor of any change in their phone number, address, etc.
3. The EVS Supervisor will create and maintain a call tree process to expedite the call in process.
4. Once contacted, the employee should report to work if it is safe to do so.
5. All employees must wear their name badges to identify themselves as employees of Oak Valley Hospital District.
6. Only use employee entrances when reporting to work in an emergency.
7. Report to the EVS Supervisor or the personnel pool upon arrival at Oak Valley Hospital District for work assignments.

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                                             |                               |                                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                                    |                               |                                  |                 |
| <b>Doors and Door Jambs, Cleaning of</b>                                                                                    |                               |                                  |                 |
| Effective Date: 07/2013                                                                                                     |                               | Page 1 of 1                      |                 |
| Areas Affected: Environmental Services Department                                                                           |                               |                                  |                 |
| Composed by: Unknown                                                                                                        |                               |                                  |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>Infection PreventionistEVS Manager</u> |                               |                                  |                 |
| <b>Dept / Committee Approval:</b>                                                                                           | <b>Dept/Title:</b>            | <b>Date to Carrier</b>           | <b>Approved</b> |
| Environmental Services ( <del>EVS</del> ) Dept                                                                              | <del>Supervisor</del> Manager | <u>02/21/2025</u>                | <u>X</u>        |
| Infection Control                                                                                                           | Infection Preventionist       | <u>02/21/2025</u>                | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                                             | Medical Staff Coord           | <u>03/05/2025</u>                | <u>X</u>        |
| <u>P &amp; T/ Infection Control Comm.</u>                                                                                   | <u>Medical Staff Coord</u>    | <u>04/09/2025</u>                | <u>X</u>        |
| EOC Committee                                                                                                               | EOC Manager                   | <u>04/17/2025</u>                | <u>X</u>        |
| District Board                                                                                                              | Board Liaison                 | <u>05/01/2025</u>                |                 |
| Revised: 04/2018                                                                                                            | Reviewed: <u>2/25</u>         | Next Review Date: <u>04/2021</u> |                 |

### EQUIPMENT

- Bucket containing water and hospital approved cleaning solution or germicidal solution (depending on area)
- Cleaning Cloths
- Stepladder (if necessary)
- Caution Signs
- Gloves

### PROCEDURE

1. Place caution signs.
2. Put on gloves.
3. Set up the stepladder. ~~–~~ Ensure that the ladder is on a level surface and that it is locked into position before climbing on it.
4. Wet a cleaning cloth in the cleaning/germicidal solution and wring it out. ~~–~~ Wipe all surfaces of the door including the door jamb, starting at the top and working down to the floor. If the door is wooden, wipe with the grain of the wood to prevent smearing.
5. When the cloth becomes soiled, place soiled cloth into bag of soiled cleaning cloths, remove another clean cloth from bucket and continue cleaning.

## OAK VALLEY HOSPITAL DISTRICT Environmental Services

|                                                                                                                                  |                                  |                          |                 |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                                         |                                  |                          |                 |
| <b>Cleaning Unoccupied Patient Room</b>                                                                                          |                                  |                          |                 |
| <b>Effective Date:</b> 02/05/2020                                                                                                |                                  | <b>Page 1 of 2</b>       |                 |
| Areas Affected: Environmental Services Department                                                                                |                                  |                          |                 |
| Composed by: Unknown                                                                                                             |                                  |                          |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <del>Infection Preventionist</del> EVS Manager |                                  |                          |                 |
| <b>Dept / Committee Approval:</b>                                                                                                | <b>Dept/Title:</b>               | <b>Date</b>              | <b>Approved</b> |
| Infection Control                                                                                                                | Infection Preventionist          | <u>03/30/25</u>          | <u>X</u>        |
| Environmental Services ( <del>EVS</del> ) Dept                                                                                   | <del>Supervisor</del> Manager    | <u>02/21/2025</u>        | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                                                  | Medical Staff Coord              | <u>03/05/2025</u>        | <u>X</u>        |
| P & T / Infection Control Comm                                                                                                   | Medical Staff Coord              | <u>04/09/2025</u>        | <u>X</u>        |
| <u>Environmental of Care</u>                                                                                                     | <del>- Engineering</del> Manager | <u>04/17/2025</u>        | <u>X</u>        |
| District Board                                                                                                                   | Board Liaison                    | <u>05/01/2025</u>        |                 |
| <b>Revised:</b> <u>2/2025</u>                                                                                                    |                                  | <b>Next Review Date:</b> |                 |

### POLICY

All patient rooms will be cleaned when unoccupied on a daily basis.

### CLEANING PRODUCTS

- 3M #40 Disinfectant Cleaner
- 3M # Floor Cleaner
- ~~3M #1~~ Glass Cleaner
- Wet floor signs
- Duster
- Caddy with bathroom cleaning supplies
- Wash cloths
- ~~Pulse mop~~
- Mop handle with w/fFrame
- Microfiber mops
- Plastic bags
- Trap Duster Sheets

### PROCEDURE

1. Empty all waste containers daily. The waste containers will be wiped out with a hospital approved cleaner solution and bag liners replaced. Emptied waste will be disposed of in the appropriate container.
2. Close and discard sharps containers when they are 3/4 full. Sharps containers are considered bio-hazardous waste and will be disposed of as such.

3. Damp dust blinds with a hospital approved cleaner solution
4. Dust all fixtures, ledges and surfaces in the room and bathroom above shoulder height. Begin at the door and work clockwise around the room.
5. Clean and sanitize over bed tables, telephone, chairs, ledges, light switches. Dust and wipe down TV with approved TV screen cleaner. Wipe down bulletin board and clean and sanitize closet. Wipe down over head light, blood pressure unit with approved hospital cleaner. Wipe down walls and cabinets and other horizontal surfaces with a hospital approved cleaner solution.
6. After cleaning equipment, cover with clean plastic bag and plug back into outlet.
7. Damp wipe the bed frame, both sides of the mattress, pillows and bed and pull cords control with cleaner solution. Use clean linens to remake the bed.
8. Dust mop floor
9. Clean the bathroom
10. Place wet floor signs at the door to the room. Damp mop floor with a hospital approved cleaner/disinfectant solution. Begin at the farthest corner of room working backwards toward door including bathroom and closet. Be sure to disinfect baseboards. Report cracked tiles, chipped paint, burned-out lights, etc. to Engineering Dept. or supervisor.
11. Remove wet floor signs after the floor has dried completely.
12. Do a visual check of the room.

## REFERENCES

[www.cdc.gov/mrsa/community/environment/index.html](http://www.cdc.gov/mrsa/community/environment/index.html); September 2013  
Guidelines for Environmental Infection Control in Health-Care Facilities  
[www.cdc.gov/mmwr/preview/mmwrhtml/rr521oal.html](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr521oal.html); 2003  
Environmental Cleaning:  
[www.cdc.gov/hai/toolkits/evaluating\\_environmental\\_cleaning.html](http://www.cdc.gov/hai/toolkits/evaluating_environmental_cleaning.html)



# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                                                         |                                      |                                |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|---------------------------------------------|
| <b>Policy/Procedure:</b>                                                                                                                |                                      |                                |                                             |
| <b>Laundry Security</b>                                                                                                                 |                                      |                                |                                             |
| <b>Effective Date:</b> 07/2013                                                                                                          |                                      | <b>Page 1 of 1</b>             |                                             |
| Areas Affected: Environmental Services Department                                                                                       |                                      |                                |                                             |
| Composed by: Unknown                                                                                                                    |                                      |                                |                                             |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <del>Infection Preventionist</del> <u>EVS Manager</u> |                                      |                                |                                             |
| <b>Dept / Committee Approval:</b>                                                                                                       | <b>Dept/Title:</b>                   | <b>Date</b>                    | <b>Approved</b>                             |
| Environmental Services <del>(EVS) Dept</del>                                                                                            | <del>Supervisor</del> <u>Manager</u> | <u>02/21/2025</u>              | <u>X</u>                                    |
| Policy, Procedures, Forms Comm.                                                                                                         | Medical Staff Coord                  | <u>03/05/2025</u>              | <u>X</u>                                    |
| EOC Committee                                                                                                                           | EOC Manager                          | <u>04/17/2025</u>              | <u>X</u>                                    |
| District Board                                                                                                                          | Board Liaison                        | <u>05/01/2025</u>              |                                             |
| <b>Revised:</b> 04/05/2017                                                                                                              |                                      | <b>Reviewed:</b> <u>2/2025</u> | <b>Next Review Date:</b> <del>04/2020</del> |

**PURPOSE**

To keep laundry doors closed

**PROCEDURE**

Doors to the linen storage rooms shall remain closed at all times, only authorized personnel will be permitted into the laundry area.

**REFERENCE**

Life/Safety Code: 19.36.3.3 paragraph 19.3.2.1 "Hazardous Area"  
 K-29 Life/Safety Code /2000 8.4.1 19.3.5.4

**RETIRE,**  
**this was added to the lab dept, cleaning of policy**

**OAK VALLEY HOSPITAL DISTRICT**  
**Environmental Services**

|                                                                    |                         |                             |                                     |
|--------------------------------------------------------------------|-------------------------|-----------------------------|-------------------------------------|
| <b>Policy/Procedure:</b>                                           |                         |                             |                                     |
| <b>Laboratory Draw Area, Cleaning of</b>                           |                         |                             |                                     |
| Effective Date: New 04/05/2018                                     |                         | Page 1 of 11                |                                     |
| Areas Affected: Environmental Services Department                  |                         |                             |                                     |
| Composed by: Infection Preventionist                               |                         |                             |                                     |
| ◆ Reviewed <input type="checkbox"/> Revised by: EVS <u>Manager</u> |                         |                             |                                     |
| <b>Dept / Committee Approval:</b>                                  | <b>Dept/Title:</b>      | <b>Date</b>                 | <b>Approved</b>                     |
| <u>Laboratory</u>                                                  | <u>Lab Manager</u>      | <u>02/28/2025</u>           | <u>X</u>                            |
| Infection Control                                                  | Infection Preventionist | <u>03/30/25</u>             | <u>X</u>                            |
| Environmental Services (EVS) Dept                                  | <u>Manager</u>          | <u>02/21/2025</u>           | <u>X</u>                            |
| Policy, Procedures, Forms Comm.                                    | Medical Staff Coord     | <u>03/05/2025</u>           | <u>X</u>                            |
| <u>P&amp;T/ Infection Control Comm</u>                             | Medical Staff Coord     | <u>04/09/2025</u>           | <u>X</u>                            |
| EOC Committee                                                      | EOC Manager             | <u>04/17/2025</u>           | <u>X</u>                            |
| <u>District Board</u>                                              | Board Liaison           | <u>05/01/2025</u>           |                                     |
| Revised: 4/22                                                      |                         | Reviewed: 4/22, <u>2/25</u> | Next Review Date: <del>4/2025</del> |

**POLICY**

The Environment Service (EVS) personnel will clean the Laboratory draw area on a daily basis.

**PROCEDURE**

1. Empty all waste containers ~~weekly~~ daily or as needed.
2. Empty and replace sharp containers as needed. (wall mounted only)
3. Clean furniture and draw stations with hospital approved disinfectant/cleaner solution. Take care to not get cleaner on lab supplies or papers.
4. Bathroom Cleaning: Clean toilet using powdered cleanser, cream soap to clean sink, wipe down handrails, pull cord and storage caddy with disinfectant/cleaner. Clean mirror with glass cleaner. Stock and replace paper products and soap products.
5. High dust all walls, vents and ceilings, lights and desks weekly.
6. Dust mop floors including bathroom.
7. Set up Wet Floor Sign.
8. Damp mop all floors using a disinfectant/cleaner solution.
  
9. Remove wet floor signs when dry.

**REFERENCES**

Guidelines for Environmental Infection Control in Healthcare Facilities  
Environmental Cleaning: [www.cdc.gov/HAI/toolkits/Evaluating\\_Cleaning.html](http://www.cdc.gov/HAI/toolkits/Evaluating_Cleaning.html)

## OAK VALLEY HOSPITAL DISTRICT

### Environmental Services

|                                                                                           |                         |                              |                                         |
|-------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------------------|
| <b>Policy/Procedure:</b>                                                                  |                         |                              |                                         |
| <b>Cleaning Patient Room - Discharge/Transfer</b>                                         |                         |                              |                                         |
| <b>Effective Date:</b> 07/2013                                                            |                         | Page 1 of 2                  |                                         |
| Areas Affected: Environmental Services Department                                         |                         |                              |                                         |
| Composed by: Unknown                                                                      |                         |                              |                                         |
| <input type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: <u>EVS Manager</u> |                         |                              |                                         |
| <b>Dept / Committee Approval:</b>                                                         | <b>Dept/Title:</b>      | <b>Date</b>                  | <b>Approved</b>                         |
| Infection Control                                                                         | Infection Preventionist |                              |                                         |
| Environmental Services                                                                    | <u>Manager</u>          | <u>02/21/2025</u>            | <u>X</u>                                |
| Policy, Procedures, Forms Comm.                                                           | Medical Staff Coord     | <u>03/05/2025</u>            | <u>X</u>                                |
| P & T / Infection Control Comm                                                            | Medical Staff Coord     | <u>04/09/2025</u>            | <u>X</u>                                |
| EOC Committee                                                                             | EOC Manager             | <u>04/17/2025</u>            | <u>X</u>                                |
| District Board                                                                            | Board Liaison           | <u>05/01/2025</u>            |                                         |
| <b>Revised:</b> 04/05/2017                                                                |                         | <b>Reviewed:</b> <u>2/25</u> | <b>Next Review Date:</b> <u>04/2020</u> |

#### POLICY

All patient rooms will be cleaned when a patient has been discharged or transferred. The patient care unit will notify the Environmental Services (EVS) personnel when the patient has left the premises. EVS personnel will clean the room as soon as possible.

#### CLEANING PRODUCTS

- 3M #40 Disinfectant Cleaner
- 3M # Floor Cleaner
- ~~3M #1 Glass Cleaner~~
- Clorox Bleach Wipes
- ~~Champion Foam Cleaner~~

#### PROCEDURE

1. Empty all waste containers. The waste containers will be wiped out with a hospital approved cleaner solution and bag liners replaced. Emptied waste will be disposed of in the appropriate container, red waste bags will be placed in bio-hazardous waste receptacles and clear bags will be placed in regular waste receptacles.
2. Close and discard sharps containers when they are 3/4 full. Sharps containers are considered bio-hazardous waste and will be disposed of as such.
3. Change cubicle curtains upon discharge

4. Damp dust blinds with a hospital approved cleaner solution
5. Dust all fixtures, ledges and surfaces in the room and bathroom above shoulder height. Begin at the door and work clockwise around the room.
6. Clean and sanitize over bed tables, telephone, chairs, ledges, light switches. Dust and wipe down TV with approved TV screen cleaner. Wipe down bulletin board and clean and sanitize closet. Wipe down over head light, blood pressure unit with approved hospital cleaner. Wipe down walls and cabinets and other horizontal surfaces with a hospital approved cleaner solution.
7. Damp wipe the bed frame, both sides of the mattress, pillows and bed and pull cords control with cleaner solution. Use clean linens to remake the bed.
8. Dust mop floor
9. Clean the bathroom
10. Take any articles left by the patient to the nursing ~~station-station~~. Place in a clean bag with patients name, date and room number on bag.
11. Place wet floor signs at the door to the room. Damp mop floor with a hospital approved cleaner/disinfectant solution. Begin at the farthest corner of room working backwards toward door including bathroom and closet. Be sure to disinfect baseboards. Report cracked tiles, chipped paint, burned-out lights, etc. to Engineering Dept. or supervisor.
12. Remove wet floor signs after the floor has dried completely.
13. Place a clean and sanitized sign on bed
14. Do a visual check of the room. Notify the charge nurses that the room is ready for occupancy.
15. When patient is discharged, a terminal cleaning of the room is done. The Cleaning Log needs to be signed by EVS staff.

## REFERENCES

[www.cdc.gov/mrsa/community/environment/index.html](http://www.cdc.gov/mrsa/community/environment/index.html); September 2013  
Guidelines for Environmental Infection Control in Health-Care Facilities  
[www.cdc.gov/mmwr/preview/mmwrhtml/rr5210al.html](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210al.html); 2003  
Environmental Cleaning:  
[www.cdc.gov/hai/toolkits/evaluating\\_environmental\\_cleaning.html](http://www.cdc.gov/hai/toolkits/evaluating_environmental_cleaning.html)

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                      |                            |                                      |                 |
|------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                             |                            |                                      |                 |
| <b>Mopping - Dust / Damp</b>                                                                         |                            |                                      |                 |
| Effective Date: 07/2013                                                                              |                            | Page 1 of 2                          |                 |
| Areas Affected: Environmental Services Department                                                    |                            |                                      |                 |
| Composed by:                                                                                         |                            |                                      |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>EVS Manager</u> |                            |                                      |                 |
| <b>Dept / Committee Approval:</b>                                                                    | <b>Dept/Title:</b>         | <b>Date</b>                          | <b>Approved</b> |
| Infection Control                                                                                    | Infection Preventionist    | <u>3/31/25</u>                       | <u>X</u>        |
| Environmental Services                                                                               | <u>Manager</u>             | <u>02/21/2025</u>                    | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                      | Medical Staff Coord        | <u>03/05/2025</u>                    | <u>X</u>        |
| <u>Environment of Care</u>                                                                           | <u>Engineering Manager</u> | <u>04/17/2025</u>                    | <u>X</u>        |
| District Board                                                                                       | Board Liaison              | <u>05/01/2025</u>                    |                 |
| Revised: 04/2018                                                                                     | Reviewed: <u>2/25</u>      | Next Review Date: <del>04/2021</del> |                 |

### DUST MOPPING

#### Equipment

- Dust Mop
- Frame
- Dust Broom
- Dust Pan
- Trap duster sheets

#### PROCEDURE

1. In hallways, start at one end without letting the dust mop off of floor and change direction by using a swivel motion of the frame to move to the other end of hallway.
2. In the rooms start at the farthest corner of the room and move toward the doorway.
3. Be sure to dust or mop the entire floor. Move equipment and other objects to dust beneath them. Do not forget to dust behind doors and in the corners of each room.
4. Once the area has been completely mopped, sweep the accumulated dirt into the dust pan with the dust broom. Place in the appropriate trash container. Do not leave dirt and debris piled up in a corner to be picked up later.
5. Replace the dust mop head after it has been used once.

## **DAMP MOPPING**

### **Equipment**

- Premixed in hospital approved germicidal solution (depending on area to be cleaned)
- Bucket
- Microfiber mops
- Plastic bags
- Wet Floor Sign

### **PROCEDURE**

Place microfiber mop into bucket of germicide solution and squeeze out excess solution.

1. Place Wet Floor sign prior to mopping.
2. Begin mopping at the back of the room ending at the doorway.
3. When the mop becomes soiled, place the mop into plastic bag .
4. Remove Wet Floor sign once the floor is completely dry.

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                      |                                  |                       |                                  |
|------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------|
| <b>Policy/Procedure:</b>                                                                             |                                  |                       |                                  |
| <b>In-Service Education</b>                                                                          |                                  |                       |                                  |
| Effective Date: 06/1992                                                                              |                                  | Page 1 of 1           |                                  |
| Areas Affected: Environmental Services Department                                                    |                                  |                       |                                  |
| Composed by:                                                                                         |                                  |                       |                                  |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>EVS Manager</u> |                                  |                       |                                  |
| <b>Dept / Committee Approval:</b>                                                                    | <b>Dept/Title:</b>               | <b>Date</b>           | <b>Approved</b>                  |
| Infection Control                                                                                    | Infection Preventionist          |                       |                                  |
| Environmental Services                                                                               | <u>Manager</u>                   | <u>02/21/2025</u>     | <u>X</u>                         |
| Policy, Procedures, Forms Comm.                                                                      | Medical Staff <u>Coordinator</u> | <u>03/05/2025</u>     | <u>X</u>                         |
| <u>Environment of Care</u>                                                                           | <u>Engineering Manager</u>       | <u>04/17/2025</u>     |                                  |
| District Board                                                                                       | Board Liaison                    | <u>05/01/2025</u>     |                                  |
| Revised: 04/2018                                                                                     |                                  | Reviewed: <u>2/25</u> | Next Review Date: <u>04/2021</u> |

### **POLICY**

In-service education will be provided to Environmental Services personnel on an on-going basis.

### **PURPOSE**

To establish a standardized framework for providing in-service education to Environmental Services (EVS) staff. This education aims to enhance knowledge, improve skills, and ensure compliance with hospital standards, infection control protocols, safety procedures, and regulatory requirements.

### **SCOPE**

This policy applies to all Environmental Services staff, including full-time, part-time, temporary, and contract employees. It covers all aspects of hospital cleanliness, infection control, safety practices, and emergency preparedness.

### **PROCEDURE**

- ~~1. All Environmental Services personnel will receive in-service education when there is a change or addition to products, equipment, cleaning techniques or departmental policies.~~
- ~~2. The Environmental Services Supervisor will keep a current record of all in-service education, continuing education and on-the-job training in the department and in Human Resources.~~

1. ~~All Environmental Services personnel will receive an annual update in service on safety, fire safety, emergency preparedness and infection control.~~
3. \_\_\_\_\_

### **In-Service Education Requirements:**

- 1) **New Hires:** New EVS staff is required to attend hospital wide orientation.
- 2) **Annual Training:** EVS staff shall receive in-service training on an annual basis at a minimum. Additional training may be required based on changes in hospital protocols, infection control guidelines, or regulatory updates.
- 3) **Training Topics:** Training should cover, but is not limited to:
  - o **Infection Control:** Proper cleaning and disinfection techniques, handling hazardous materials, and preventing cross-contamination.
  - o **Safety:** Personal protective equipment (PPE), safe chemical handling, fire safety, and emergency protocols.
  - o **Customer Service:** Communicating with patients and staff, patient confidentiality, and respectful behavior.
  - o **Regulatory Compliance:** Understanding and adhering to local, state, and federal regulations, including OSHA, CDC, and Joint Commission standards.
  - o **Equipment and Technology:** Training in the proper use of cleaning tools, equipment, and technology.
  - o **Waste Management:** Safe disposal of biohazardous, medical, and general waste.
  - o **Ergonomics and Injury Prevention:** Training to prevent workplace injuries related to manual handling and repetitive tasks.
- 4) **Documentation:** All training records that include in-service education, continuing education, and on-the-job training should be maintained in the employee's training file located in the Human Resources department.

### **Roles and Responsibilities**

1. **Environmental Services Manager:** Responsible for overseeing the development, implementation, and evaluation of the in-service education program.
2. **Supervisors:** Ensure staff attend the required training and monitor performance to ensure that training is applied in daily tasks.
3. **Staff:** Attend scheduled training sessions, participate actively, and apply learned skills to their daily duties.
4. **Human Resources:** Maintain training records and ensure that new employees receive orientation and in-service education upon hire.

### **References**



1. [Association for Professionals in Infection Control and Epidemiology \(APIC\); Environmental Services; \(2014, October 2\). Retrieved from 109. Environmental Services | Infection Prevention for Support Services and the Care Environment | Table of Contents | APIC](#)
2. [Centers for Disease Control and Prevention \(CDC\); Environmental Infection Control Guidelines; \(2023, December 14\).](#)
3. [Health Facilities; EVS and the environment of care; \(2020, July 26\).](#)
4. [OSHA \(Occupational Safety and Health Administration\): Safety Standards](#)
5. [Joint Commission: Hospital Accreditation Standards](#)
6. [Hospital Infection Control Policies and Procedures](#)

# OAK VALLEY HOSPITAL DISTRICT

## Environmental Services

|                                                                                                      |                         |                                  |                 |
|------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                             |                         |                                  |                 |
| <b>In-Patient Rehabilitation Services Department, Cleaning of</b>                                    |                         |                                  |                 |
| Effective Date: 07/2013                                                                              |                         | Page 1 of <u>1</u>               |                 |
| Areas Affected: Environmental Services Department                                                    |                         |                                  |                 |
| Composed by:                                                                                         |                         |                                  |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>EVS Manager</u> |                         |                                  |                 |
| <b>Dept / Committee Approval:</b>                                                                    | <b>Dept/Title:</b>      | <b>Date to Carrier</b>           | <b>Approved</b> |
| Infection Control                                                                                    | Infection Preventionist | <u>03/30/25</u>                  | <u>X</u>        |
| Environmental Services                                                                               | <u>Manager</u>          | <u>02/21/2025</u>                | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                      | Medical Staff Coord     | <u>03/05/2025</u>                | <u>X</u>        |
| <u>EOC Committee</u>                                                                                 | <u>EOC Manager</u>      | <u>04/17/2025</u>                | <u>X</u>        |
| District Board                                                                                       | Board Liaison           | <u>05/01/2025</u>                |                 |
| Revised: 07/2015                                                                                     | Reviewed: <u>2/25</u>   | Next Review Date: <u>07/2017</u> |                 |

### POLICY

Environmental Services (EVS) personnel will clean the Rehabilitation Services Department on a daily basis

Emergency response services are available 24 hours per day.-

### PROCEDURE

1. EVS staff will empty all waste containers. The waste containers will be wiped out with a hospital approved germicidal solution and bag liners replaced. Emptied waste will be deposited in the appropriate container, red waste bags will be placed in the bio-hazardous waste receptacles and clear bags will be placed in regular waste receptacles.
2. Damp dust counters, office furniture, cabinets, telephones and receivers, etc. with a hospital approved germicidal solution. If there are any questions about what to clean and not clean, ask the ~~supervisor.~~Spotsupervisor. Spot clean walls, doors and partitions as needed.
3. Clean mirrors and partitions as ~~needed.~~Cleanneeded. Clean the bathroom as per procedure.
4. Dust mop floors.
5. Mop floors using a hospital approved germicidal solution according to procedure. Place wet floor signs prior to mopping.
6. Vacuum all carpeted floors according to procedure.  
**NOTE:** Use a fresh clean cloth in every room.

## OAK VALLEY HOSPITAL DISTRICT Environmental Services

|                                                                                                      |                                  |                                      |                 |
|------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                             |                                  |                                      |                 |
| <b>Handling Clean / Soiled Linen</b>                                                                 |                                  |                                      |                 |
| Effective Date: 07/2013                                                                              |                                  | <i>Page 1 of 2</i>                   |                 |
| Areas Affected: Environmental Services Department                                                    |                                  |                                      |                 |
| Composed by: Unknown                                                                                 |                                  |                                      |                 |
| <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised by: <u>EVS Manager</u> |                                  |                                      |                 |
| <b>Dept / Committee Approval:</b>                                                                    | <b>Dept/Title:</b>               | <b>Date</b>                          | <b>Approved</b> |
| Infection Control                                                                                    | Infection Preventionist          |                                      |                 |
| Environmental Services                                                                               | <u>Manager</u>                   | <u>02/21/2025</u>                    | <u>X</u>        |
| Policy, Procedures, Forms Comm.                                                                      | <u>Medical Staff Coordinator</u> | <u>03/05/2025</u>                    | <u>X</u>        |
| <u>P &amp; T/ Infection Control Comm.</u>                                                            | <u>Medical Staff Coordinator</u> | <u>04/09/2025</u>                    | <u>X</u>        |
| <u>Environment of Care Comm.</u>                                                                     | <u>Engineering Manager</u>       | <u>04/17/2025</u>                    | <u>X</u>        |
| District Board                                                                                       | Board Liaison                    | <u>05/01/2025</u>                    |                 |
| Revised: 04/2018                                                                                     | Reviewed: <u>2/25</u>            | Next Review Date: <del>04/2021</del> |                 |

### PURPOSE

To maintain and prevent contamination of clean linen.

### PROCEDURE

#### Hand Hygiene

- 1. Personnel will always perform hand hygiene before and after handling linen and using Personal Protective Equipment (PPE).**

#### **Handling Clean Linen**

The following procedure will be followed when handling clean linen:

1. All linen will be transported from the laundry in a clean, covered linen cart.
2. Laundry personnel will inventory the clean linen shelves and stock the distribution cart par levels.
3. Cart and cart covers will be disinfected weekly and as needed.

#### **Handling Soiled Linen**

The following procedure will be followed when handling the soiled linen:

1. Soiled linen will be bagged ~~on~~ in the patient care units and placed in the soiled linen hampers for pick up.
2. Laundry personnel will transport soiled linen to the central soiled linen storage area in covered carts at regular intervals.

3. All personnel will wear gloves and other appropriate Personal Protective Equipment (PPE) when handling soiled linen.
4. Personnel will always perform hand hygiene after handling soiled linen.

# OAK VALLEY HOSPITAL DISTRICT Clinical Manual

|                                                                                                                                                    |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b><br><br><b>STANDARDIZED PROCEDURES</b>                                                                                     |                                                                                                                                            |
| <b>EFFECTIVE DATE:</b> 1/96                                                                                                                        | <b>PAGE 1 OF 3</b>                                                                                                                         |
| <b>AREAS AFFECTED:</b><br>All Divisions and Departments of the Hospital District                                                                   | <b>REVISIONS:</b> 4/04; 12/05; 1/07; 1/09; 3/10; 7/14<br><b>REVIEW DATE:</b> 8/01; 1/02; 4/03 (MEC); 3/12<br><b>NEXT REVIEW DATE:</b> 7/15 |
| <b>Services Required to Review for Revisions:</b><br>VP of Nursing, Standards Committee, Interdisciplinary Practice Committee, MEC, District Board |                                                                                                                                            |

## POLICY

Oak Valley Hospital District (OVHD) assures that all standardized procedures are performed in compliance with applicable standards, rules, laws and regulations providing a safe patient environment.

## PURPOSE

To define those procedures which overlap the practice of medicine and require a registered nurse's adherence to a standardized procedure.

## SUPPORTIVE DATA

1. Standardized procedures are those procedures, which are performed by a registered nurse but overlap the practice of medicine.
2. Standardized procedures are to be developed through collaboration among patient care administration and health professionals, including physicians and registered nurses.
3. Standardized procedures are defined and legalized by the Nursing Practice Act (Business and Professions Code Section 2725) and the Division of Allied Health Professions of the Medical Board of California, and are administered by the Board of Registered Nursing.

## SPECIFIC PROCEDURAL INFORMATION

- A. The Nursing Management Team, in coordination with Medical Staff, will:
  1. Identify functions and/or procedures which require the formation and adoption of standardized procedures.

2. Define process for performing standardized procedures.
3. Review and approve all standardized procedures.
4. Review and approve recommendations for discontinuing a standardized procedure when it becomes common nursing practice in the area.

B. Each standardized procedure will:

1. Be in writing and show date(s) of approval, including approval of the Interdisciplinary Practice Committee.
2. Specify the standardized procedure functions which registered nurses are authorized to perform and under what circumstances.
3. State any specific requirements that are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.
4. Specify any experience, training, and/or educational requirements for performance of the functions.
5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the functions.
6. Provide for a method of maintaining a written record of those persons authorized to perform the functions.
7. Specify the nature and scope of review and/or supervision required for performance of the standardized procedure, functions; for example, if the function is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If physician supervision is not required, that fact should be clearly stated.
8. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
9. State the limitations, on settings or department within the facility where the standardized procedure functions may be performed.
10. Specify any special requirements for procedures relating to patient record keeping.
11. Provide for periodic review of the standardized procedure. Names of staff approved to perform standardized procedures are kept on file.

C. Each standardized procedure will be reviewed and re-approved by the Nurse Managers, Interdisciplinary Practice Committee and Medical Executive Committee at least every year.

**Standardized Procedures**

1. PICC Line Insertion
2. Excisional Sharp Debridement

## REFERENCES

1. An Explanation of the Scope of RN Practice Including Standardized Procedures, Board of Registered Nursing
2. Title 22: 70706.2, Standardized Procedures, Barclays California Code of Regulations

RETIRED

# OAK VALLEY HOSPITAL DISTRICT

## Clinical Manual

|                                                                                                                         |                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b><br><br><b>PATIENT AGE RELATED HAZARDS</b>                                                      |                                                                                                                |
| <b>EFFECTIVE DATE:</b><br><i>*formerly in the EOC Manual</i>                                                            | <b>PAGE 1 OF 2</b>                                                                                             |
| <b>AREAS AFFECTED:</b><br>All Divisions and Departments of the Oak Valley Hospital District                             | <b>REVISIONS:</b> 10/00; *6/09<br><b>REVIEW DATE:</b> 4/94; 4/99; 10/03; 2/07<br><b>NEXT REVIEW DATE:</b> 6/12 |
| <b>Services Required to Review for Revisions:</b><br>EOC Committee; Standards Committee; Administration; Governing Body |                                                                                                                |

### POLICY

To ensure a safe environment for patients of all ages. The following procedures shall be followed by the effected departments.

### PROCEDURE

#### 1. Pediatric Patients

- a. Bed and crib side rails shall remain up and bed left in lowest possible position when patient is not under direct care of nurse or attendant.
- b. Nets or protective tops shall be placed for safety at the top of all cribs.
- c. Accommodations for parents at bedside shall be made whenever practical.
- d. Pillows shall be firm and offer support. Light plastic wrappings are never permitted on sheets and pillows.
- e. Children receiving heat treatments of any kind shall be kept under close supervision.
- f. Baby scales shall be safely placed on a table top, so should the infant fall, baby would not land on the floor.
- g. No child shall be left unsupervised while he/she is eating. Food shall be soft and age specific.



- h. Small candies and toys shall not be accessible to a small child, lest he/she choke or insert them in a body orifice.
- i. When a small child has finished eating, his/her feeding equipment shall be removed and he/she shall be returned to his/her crib immediately.
- j. Toys shall be washable and suitable for the age and condition of the child. Children shall not be given any toys made of glass or having sharp edges, flaking paint or parts that can be detached and swallowed. If toys are shared between children, they shall be washed between children. Toys should not be left in the cribs of sleeping children; they shall be stored in proper storage areas and never left on the floor. Toys shall be repaired immediately if there is potential for a safety hazard. If they are not repairable, they shall be discarded.
- k. All cleaning supplies will be kept in locked cabinets when not in use.
- l. Medication carts will be kept locked at all times.

## 2. Elderly Patients

- a. Side rails shall remain up on all beds used for patients with altered level of consciousness. These patients shall be observed closely when sitting in chairs or wheelchairs.
- b. Patient rooms and halls shall be kept especially clear of furniture or equipment that may lead to falls. Floors are to be kept clean and dry and lighting shall be adequate.
- c. Beds shall remain in the lowest possible position and call buttons within easy reach at all times.
- d. Identify patients at high risk for falls and plan appropriate care.
- e. Encourage weight bearing when transferring patients.
- f. Handrails must be available in showers and baths.
- g. Patient and family shall be instructed in safety measures and rationale to prevent injury.
- h. Instruct patient and family to call for assistance before getting out of bed if at risk for falls. Teach patients to:
  - Ask for help when needed.
  - Rise slowly and keep necessary items within reach.
  - Use wheelchairs, canes and walkers properly.
  - Use handrails if needed.
  - Wear shoes when walking.
- i. Watch for patient hypersensitivity to medications.
- j. Application of hot or cold shall be monitored closely.

# OAK VALLEY HOSPITAL DISTRICT

## Clinical Manual

|                                                                                                                                   |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b><br><br><b>NURSE EXTERN WORK EXPERIENCE<br/>         (LEVEL 2, LEVEL 3, LEVEL 4)</b>                      |                                                                                              |
| <b>EFFECTIVE DATE:</b> 6/04                                                                                                       | <b>PAGE</b> 1 <b>OF</b> 3                                                                    |
| <b>AREAS AFFECTED:</b><br>All Clinical Departments of the Hospital District                                                       | <b>REVISIONS:</b> 9/07; 4/12<br><br><b>REVIEW DATE:</b><br><br><b>NEXT REVIEW DATE:</b> 4/15 |
| <b>Services Required to Review for Revisions:</b><br>District Educator, Human Resources, Standards Committee, MEC, Governing Body |                                                                                              |

### POLICY

Oak Valley Hospital District (OVHD) will collaborate with the local colleges in providing work experience to students enrolled in good standing in the local Nursing programs.

### PURPOSE

To provide an opportunity for students enrolled in local Nursing programs to participate in relevant work experience in a community clinical agency.

### SUPPORTIVE DATA

Nurse students will enhance knowledge, skills and attitudes necessary for the success in the field of nursing through Nurse Extern Work Experience.

### PROCEDURE

#### A. The Nursing Programs responsibilities:

1. Collaborate with the Chief Nursing Officer, and Human Resources to ensure a current contract is completed prior to student placement between Oak Valley Hospital District and the Nursing Program.
2. Assume direct responsibility for coordinating the course and serve as a liaison between the nursing program and the department manager for which the Student Nurse Extern is employed.
3. Assure that students are eligible for work experience.
4. Notify OVHD if a Student Nurse Extern loses qualification for the work experience credit.
5. Visit or contact the site during the experience to monitor the Student Nurse Extern's progress.

6. Communicate regularly with the District Educator and Department Manager for which student nurse extern is employed to provide information necessary for the effective administration of the program.
7. All schools must provide Human Resources with a copy of a Nurse Work Experience Syllabus which will include the course description, a list of objectives, the student skills list, and eligibility criteria at each level of completion.

**B. Student Nurse Extern responsibilities:**

1. The applicant for the Student Nurse Extern role will:
  - a. Complete and return a job application for a nurse extern position.
  - b. Participate in an interview process with the department manager and district educator for open extern positions.
  - c. Once hired complete the Oak Valley Hospital District requirements for employees within allotted time period
  - d. Prior to the start of each semester the student nurse extern will provide the district educator with a completed student contract signed the student, the department manager and the school representative/faculty.
  - e. Be a current employee of good standing with OVHD.
  - f. Be enrolled and eligible with the nursing program (“C or better GPA, with satisfactory or better in performance at all clinical areas).
  - g. At no time during employment in the Student Nurse Extern role, perform skills they have not been previously taught and validated in the school setting.
  - h. Request assistance and oversight in any skill that has not yet been performed with validation by the OVHD RN preceptor.
  - i. Maintain and keep current the Nursing Work Experience Skills checklist and submit copies to the Department Manager and Human Resources.
2. Oak Valley Hospital District Responsibilities:
  - a. A contract between Oak Valley Hospital District and the school will be completed prior to student nurse extern placement.
  - b. The Student Nurse Extern Coordinator(s) will be the responsibility of the district educator on collaboration with each department manager
  - c. Interview, evaluate and select students. Employ the Student Nurse Extern with the rights and responsibilities of other OVHD employees.
  - d. Select and orient staff Registered Nurses (RN) to function in the preceptor role as a resource for the Student Nurse Extern. The preceptor will be responsible to monitor all nursing skills performed by the Student Nurse Extern.
  - e. Ensure student nurse extern responsibilities will commensurate with their level of competence.

- f. Evaluate the student nurse extern and discuss their performance with RN preceptor, school instructor and department manager.
  - g. Has the right after consultation with department manager, to discontinue the student nurse extern status of any student nurse extern who in the hospital's judgment is not performing satisfactorily as an OVHD employee.
  - h. Ensure the student nurse extern has the 75 hours per college credit work requirement met each semester.
  - i. Ensure the student nurse extern completes the minimum hours over the course of the semester.
3. Patient Load Assignment for the Student Nurse Extern:
- a. When making assignments, the overall needs of the Nursing Unit are given priority.
  - b. The student nurse extern will be given a patient assignment similar to a nursing assistant in early semesters according to the syllabus and programs identified skills. After validation of more advanced skills, through completed modules under supervision program faculty, the student nurse extern may be given advanced assignments, under the supervision of the RN preceptor.
  - c. At the discretion of the Department Manager of the Nursing Unit, the student nurse extern may be asked to work wholly as a Nursing Assistant due to the patient care and/or staffing issues.

RETIRED

# OAK VALLEY HOSPITAL DISTRICT Clinical Manual

|                                                                                                                                     |                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><del>POLICY/PROCEDURE:–</del></b>                                                                                                |                                                                                                                                                   |
| <b><del>HAZARDOUS MATERIALS AND WASTE–<br/>NURSING DEPARTMENT/SERVICE</del></b>                                                     |                                                                                                                                                   |
| <b><del>EFFECTIVE DATE:–</del></b><br><i><del>*formerly in the EOC Manual</del></i>                                                 | <b><del>PAGE 1 OF 3</del></b>                                                                                                                     |
| <b><del>AREAS AFFECTED:–</del></b><br>All Divisions and Departments of the Oak Valley Hospital District                             | <b><del>REVISIONS: 10/00; *6/09</del></b><br><br><b><del>REVIEW DATE: 4/99; 10/03; 2/07</del></b><br><br><b><del>NEXT REVIEW DATE: 6/12</del></b> |
| <b><del>Services Required to Review for Revisions:–</del></b><br>EOC Committee; Standards Committee; Administration; Governing Body |                                                                                                                                                   |

|                                                                                                                             |                           |                                                 |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|---------------------------------|
| <b><u>Policy/Procedure:</u></b>                                                                                             |                           |                                                 |                                 |
| <b><u>HAZARDOUS MATERIALS AND WASTE NURSING DEPARTMENT SERVICE</u></b>                                                      |                           |                                                 |                                 |
| <b><u>Effective Date:</u> 1/2010</b>                                                                                        |                           | <b><u>Page 1 of 3</u></b>                       |                                 |
| <b><u>Areas Affected:</u> All Divisions and Departments of the Hospital District</b>                                        |                           |                                                 |                                 |
| <b><u>Composed by:</u></b>                                                                                                  |                           |                                                 |                                 |
| <input checked="" type="checkbox"/> <b><u>Reviewed</u></b> <input type="checkbox"/> <b><u>Revised by:</u> VP of Nursing</b> |                           |                                                 |                                 |
| <b><u>Dept / Committee Approval:</u></b>                                                                                    | <b><u>Dept/Title:</u></b> | <b><u>Date</u></b>                              | <b><u>Approved</u></b>          |
| Nurse Managers                                                                                                              | VP of Nursing             | 04/02/2024                                      | X                               |
| Policy, Procedures, Forms Comm.                                                                                             | VP of Nursing             | 04/10/2025                                      | X                               |
| EOC                                                                                                                         | Engineering               | 04/17/2025                                      | X                               |
| District Board                                                                                                              | Board Liaison             | 05/01/2025                                      |                                 |
| <b><u>Revised:</u> 10/00, 06/09, 04/24</b>                                                                                  |                           | <b><u>Reviewed:</u> 4/99, 10/03, 2/07, 4/24</b> | <b><u>Next Review Date:</u></b> |

## POLICY

Nursing supervisors, directors and personnel shall exercise extreme care when handling hazardous materials and waste.

## DEFINITIONS

**Sharps:** Objects capable of puncturing the skin, such as hypodermic needles, blades and suture needles.

## PROCEDURE

### A. Infectious Wastes:

#### 1. Handling:

- a. To prevent cross-contamination; the following isolation measures are to be followed when caring for infectious patients:
  - Isolation precautions placed on the patient's chart and on specimens sent to the Laboratory.
  - Personnel must always implement Standard Precautions.
  - Personnel must wear gowns, gloves and masks if indicated when in contact with infectious patients.
  - Patient's linens shall be discarded in designated linen and trash receptacles labeled as "Hazardous Wastes."
  - Personnel shall wash hands before leaving isolation rooms.
  - Red impervious containers will be used to collect sharps generated. These containers will be placed in hazardous waste plastic bags before it is bagged and labeled.

#### 2. Disposal:

- a. Environmental Services transports hazardous wastes off the nursing units using designated routes to the storage area. The same route transports hazardous linens to laundry facility.
- b. The following patient items shall be discarded and labeled as "Hazardous Wastes":
  - IV and Blood Tubing
  - Foley Catheters
  - Suction Containers (Disposable)
  - Wound Suction and Chest Drainage Systems
  - Soiled Dressings
  - Other Disposables Contaminated with Blood or Body Fluids

#### 3. Exposure:

- a. Personnel shall exercise caution from exposure by implementing Standard Precautions and using gowns and masks, if necessary. Exposure to broken skin may require medical follow-up depending on what disease patient was being isolated for. As with all injuries, complete Hospital Incident Report and Employee Injury Forms prior to notifying the supervisor and Infection Control Nurse.

#### 4. Entry and Storage:

- a. Infectious wastes are generated from the nursing units housing patients in isolation for infectious diseases. Environmental Services personnel remove infectious wastes in bags labeled "Hazardous Wastes."

### B. Sharps:

#### 1. Handling:

- a. Personnel shall exercise extreme caution when handling sharps:
  - To prevent skin punctures, avoid needle cutting and recapping.
  - Wear double latex gloves when removing blades and unused sutures from suture trays.

#### 2. Disposal:

- a. Dispose of all sharps in red impervious plastic containers. Avoid over spill of containers. Extra sharp containers are kept in Environmental Services supply closet.

- b. Red impervious containers are to be utilized for disposal of all sharps from patients.
  - c. Red impervious containers are self-closing; do not force entry into containers.
  - d. IV bottles, IV infusion sets, broken glass, blades and suture needles shall be disposed of in plastic lined sealed boxes labeled "Hazardous Wastes."
  - e. Environmental Services will transport ~~of~~ "hazardous wastes" off the nursing units using designated routes.
3. Exposure:
- a. Personnel receiving a puncture wound from any sharp shall notify the supervisor and the Infection Control Nurse.
  - b. The Infection Control Nurse will evaluate the injury and send the employee to a designated physician if the wound was sustained from a hazardous material or wastes.
  - c. Hospital Incident Form and Employee Injury Form will be completed.
4. Spills:
- a. Spills shall be picked-up immediately.
  - b. Use extreme caution when picking up contaminated sharps: wear double latex gloves and use scoop obtained from Spill Kit.
5. Entry and Storage:
- a. Sharps are obtained from Central Service in original containers. All sharps are sterile prior to use.

**Acknowledgment and Agreement for Electing Cash Payment Instead of Insurance Coverage**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Service**

**Date:** \_\_\_\_\_ **Service Description:** \_\_\_\_\_

I, the undersigned, acknowledge and agree to the following:

1. I have been informed that the service(s) I am receiving today are covered by my insurance plan.
2. Despite this coverage, I am electing to decline the use of my insurance for these service(s) and instead pay the cash price as specified.
3. I understand and agree that by choosing this option, I will not seek reimbursement from my insurance provider for these service(s).
4. I have been provided the cash price for the service(s), and I agree to pay this amount in full.

**Cash Price for Service(s):** \$ \_\_\_\_\_

I have read and understand the above statements, and I agree to these terms.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness/Staff Member Name (if applicable):** \_\_\_\_\_

**Witness/Staff Member Signature (if applicable):** \_\_\_\_\_





# OAK VALLEY HOSPITAL DISTRICT

## Emergency Operations All Hazards Manual

|                                                                                                                         |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>POLICY/PROCEDURE:</b> _____                                                                                          |                                                                                                                                         |
| <b>RADIOACTIVE DISASTER</b>                                                                                             |                                                                                                                                         |
| ANNEX 12                                                                                                                |                                                                                                                                         |
| <b>EFFECTIVE DATE:</b>                                                                                                  | <b>PAGE 1 OF 15</b>                                                                                                                     |
| <b>AREAS AFFECTED:</b><br>All Divisions and Departments of the Oak Valley Hospital District                             | <b>REVISIONS:</b> <del>10/00; 9/09</del><br><b>REVIEW DATE:</b> <del>4/99; 5/03; 4/04</del><br><b>NEXT REVIEW DATE:</b> <del>9/12</del> |
| <b>Services Required to Review for Revisions:</b><br>EOC Committee, Standards Committee, Administration, Governing Body |                                                                                                                                         |

|                                                                                                            |                                          |                          |                 |
|------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|-----------------|
| <b>Policy/Procedure:</b>                                                                                   |                                          |                          |                 |
| <b>RADIOACTIVE DISASTER</b>                                                                                |                                          |                          |                 |
| <b>Effective Date:</b>                                                                                     |                                          | <b>Page 1 of 1</b>       |                 |
| Areas Affected: All Divisions and Departments of Oak Valley Hospital District                              |                                          |                          |                 |
| Composed by:                                                                                               |                                          |                          |                 |
| <input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Revised by: Imaging Services Manager |                                          |                          |                 |
| <b>Dept / Committee Approval:</b>                                                                          | <b>Dept/Title:</b>                       | <b>Date</b>              | <b>Approved</b> |
| Imaging Services                                                                                           | Manager                                  | 01/31/2024               | X               |
| Policy, Procedures, Forms Comm.                                                                            | VP of Nursing                            | 11/06/2024               | X               |
| EOC                                                                                                        | Chief Engineer                           | 04/17/2024               | X               |
| ADMIN                                                                                                      | VP Nursing                               | 04/23/2025               |                 |
| District Board                                                                                             | Board Liaison                            | 05/01/2024               |                 |
| <b>Revised:</b> 10/00, 9/09, 01/24                                                                         | <b>Reviewed:</b> 4/99, 5/03, 4/04, 01/24 | <b>Next Review Date:</b> |                 |

### GENERAL INFORMATION ON CLINICAL MANAGEMENT OF RADIATION ACCIDENT PATIENTS

1. Types of radiation injuries to be covered range from external radiation; internal radiation from ingested or inhaled radioactivity; and surface radioactivity contamination by liquids and dust, both with and without surface wounds.
2. This will include the immediate care (what to do first) and special care needed that is unique to this type of accident. The definition of lethal dose and description of the acute radiation syndrome, care of the same will be described.

## AXIOMS OF CARE

1. The medical needs of the victim always take precedence over Radioactive Contamination.
2. Three Basic Principles allow you to limit the radiation exposure to attending personnel and victims:
  - a. Time
  - b. Distance
  - c. Shielding (in the form of protective gowns, gloves, masks, hats, shoe covers).
3. Standards and Objectives:
  - a. Definition: Decontamination of patients refers to those techniques used to remove radioactive materials from on or in the body of a patient.
  - b. The level of radioactive contamination that is acceptable on patients ideally is zero or "no radioactivity above ground." However, in emergency situations it may be necessary to postpone any or complete decontamination in order to execute operations that are life-saving.
  - c. It may happen that decontamination of skin surfaces will become ineffective at radiation levels ~~two or three times background~~ greater than background levels. In these cases, rather than risk skin injury by continuing active decontamination, wait 24 hours and re-survey. Usually the radiation level will drop to radiation background levels.
4. General Consideration:
  - a. Evaluation of extent and degree of contamination must be done initially and recurrently in order to guide personnel in decontamination procedures. This is even more important where there is possibility of internal deposition of radionuclides s within the body of the patient.
  - b. Adequate records of contamination and decontamination must be kept.
  - c. All patients who are contaminated shall have their urine collected for a number of successive 24-hour periods for determination of internally deposited radioactive nuclides.
  - d. Major efforts shall be made to prevent body absorption of radioactive materials. The prime barrier minimizing body absorption of radioactive material is the skin. **DO NOT** injure the skin.
  - e. Skin breaks, abrasions, lacerations etc. shall be kept free of radioactive materials. If already contaminated, skin breaks shall receive priority decontamination.
  - f. In decontamination, with the exception of contaminated skin breaks, start to decontaminate the areas where higher levels of contamination are present.
  - g. Localization of contaminated areas with drapes and tape shall be done to prevent spread of radioactive nuclides to "clear" areas or areas of lesser contamination. Cover and protect areas not being immediately decontaminated.

- h. Repeatedly check degree of contamination of those reagents and equipment used in decontamination. You cannot clean up a "low level" area with a highly contaminated brush or detergent.
5. Patients can be categorized in the following way:
- a. No Contamination:
    - A patient involved in a radiation incident who does not become contaminated or exposed to radiation, but is transported to a hospital as a precautionary measure.
  - b. Radiation Exposure:
    - ~~The An~~ individual who has received, whole or partial body, external radiation exposure regardless of dose ~~and~~ is no contamination hazard to personnel, other patients, or the environment. The management of this patient depends upon the absorbed dose of radiation and could be similar to the management of a radiation therapy or chemotherapy patient.
  - c. Internal Contamination:
    - Such contamination results from inhalation or ingestion of radioactive material. (Inhalation and ingestion almost always occur together). This patient is usually no hazard to personnel, other patients or the environment. Following cleansing of minor amounts of contaminated material deposited on the body from an exposure to airborne radioactivity, this person could be handled similar to a case involving exposure to a chemical poison such as lead.
    - The patient's body wastes must be collected and saved ~~in order that~~so measurements of the amount of radioactive materials present can be made to assist in determining the total radiation dose received and the appropriate therapy.
  - d. External Contamination:
    - External contamination of the body surface and/or clothing by radioactive material presents problems similar to cases of vermin infestation. Surgical isolation and decontamination techniques, to protect other patients and the Hospital environment, must be employed in order to confine and control any potential hazard.
    - If possible external contamination is involved, save all clothing and bedding from ambulance, blood, urine, stool, vomitus and all metal objects (i.e., jewelry, belt buckle, dental plates, etc.). Label with name, body location, time and date. Save each in appropriate containers marked clearly... "RADIOACTIVE ...DO NOT DISCARD."
    - **NOTE:** Careful removal of patient's clothing will remove most of the external contamination. If clothing is grossly contaminated, it might be a good idea to moisten the clothing before removal.
  - e. Contaminated Wounds:
    - When a wound is complicated by radioactive contamination, care must be taken not to cross-contaminate surfaces surrounding the wound.

- Cover the wound with self-adhering disposable surgical drapes. Cleanse neighboring surfaces of skin. Seal off cleansed areas with self-adhering disposable surgical drapes. Remove wound covering and irrigate wound with sterile water, catching irrigation fluid in a basin to be marked and handled.
- If the wound is grossly contaminated with dirt particles and crushed tissue, the physician shall do a preliminary simple wet debridement using disposable instruments.
- Further measurements may necessitate sophisticated wound counting detection instruments, supplied by the Radiation Safety Officer, who will determine whether definitive debridement is necessary.

f. Contaminated Corpses:

- Contaminated corpses must be wrapped in plastic and put on ice in a large container.

g. Lethal Dose:

- May occur in patient who has received full or partial body external radiation exposure.
- LD 100 in man approximately 800 REM.
- LD 50 in man approximately 400 REM.
  - (i) Definition of LD 50 - dose which will produce an acute illness Acute Radiation Syndrome (ARS) followed by death in 30 - 60 days in 50% of the people thus exposed.
- Triage will be necessary if widespread accident such as in a major nuclear disaster or war attack to segregate patients and keep those exposed to an LD 100 comfortable but save supplies and manpower for persons in which there is some hope for recovery.
- Lower doses (LD 30, LD 10)
  - (i) Effect of lower dose is proportionately less:
    - (a) At 100 REM only 15% of people develop any symptoms.
    - (b) At 25 - 50 REM no clinical findings are present and the syndrome is only diagnosable by laboratory tests (blood count changes).

h. Acute Radiation Syndrome:

- Assume a dose of 400 REM (LD 50). This dose almost invariably would be from external radiation.
- Smaller doses would show an attenuated ARS both in time and severity of symptoms.
- Early Phase: (1 hour to 2 days)

- (i) Nausea plus or minus vomiting
- (ii) Malaise plus or minus hyperexcitability of reflexes
- Asymptomatic Phase: (2 hours to 2 days)
  - (i) Patient feels well but tissue damage is progressing.
  - (ii) WBC drops during first day, first lymphocytes then granulocytes to the range of 100 cells per cc. This is followed by a drop in RBC's and platelets.
- Internal bleeding:
  - (i) GI
  - (ii) Skin
- Height of Disease: (2 to 3 weeks)
  - (i) Elevated temperature in the range of 103 to 104 degrees Fahrenheit
  - (ii) Exhaustion
  - (iii) Weight loss
  - (iv) Reddened skin
  - (v) Loss of hair
  - (vi) Hemorrhages in skin
  - (vii) Ulcerated mucous membrane
  - (viii) GI hemorrhages
  - (ix) Infection, may be ultimate cause of death
  - (x) Fluid imbalance
- Delayed effects in survivors:
  - (i) Hair loss
  - (ii) Cataracts
  - (iii) Anemia
  - (iv) Leukopenia, may go on to Leukemia
  - (v) Impaired spermatogenesis
  - (vi) Premature aging, shortens life span
- Internal contamination:
  - (i) The total body dose will be lower.
  - (ii) No acute radiation syndrome is ordinarily seen.
  - (iii) The disease tends to be a chronic matter with toxicity and damage from the agent:
    - (a) Bone seekers

- (b) Thyroid seekers, etc.
- (iv) Treatment is mainly directed to eliminate the isotope from the body as quickly as possible and particularly in bone seekers to use the well-known treatments for heavy metal poisoning.

## EMERGENCY DEPARTMENT MANAGEMENT OF RADIATION ACCIDENT VICTIM(S)

1. When a known or suspected patient with radiation exposure is called or brought into the Emergency Department:
  - a. The Emergency Department's charge nurse notifies the Diagnostic Radiology Department; specifically, the Radiologist and the qualified medical radiation physicist and/or Nuclear Medicine Technologist. (If ~~it is after hours, the on-call/on-duty Radiology Technologist~~ available). While they are in route to the hospital, the Radiology Technologist obtains the radiation survey meters and the Dosimeters from the Radiology Department and takes them to the Triage Area;

**NOTE:** Be sure to cover the probe of the Geiger Counter with a plastic/rubber glove before use to prevent contamination of the probe, rendering it useless.

- b. The Emergency Department charge nurse/delegate notifies the following of the potential radiation incident:
  - ~~Chief Executive Officer/Designee Administrator On Call~~
  - ~~Nursing Supervisor~~ Emergency Department Manager
  - Environmental Services
  - Security Services
  - Engineering Department

**NOTE:** If a disaster has occurred in conjunction with the radiation accident, the Chief Executive Officer / Designee declares it is a disaster ~~and has the Operator~~ ~~“page” a “CODE BROWN”~~; and key personnel are contacted.

2. While awaiting the Radiation Team, the Emergency Department nurse requests the ambulance personnel to remove and "red bag" the clothing the patient is wearing and place him/her in two (2) clean sheets or blankets. (This can reduce the radioactive contamination by 70%). This is especially important that this be done right away if the incident is called in from the scene.
3. Emergency Department Preparations:
  - a. Evacuation of Emergency Department:
    - All patients or others near the route from the ambulance entrance to the decontamination room will be moved to other areas.
    - Patients with non-critical problems will be moved to waiting rooms or other suitable areas.
  - b. Preparation for arrival of victims:

- Floors of rooms will be prepared by placing tape on the floor at the entrance to the decontamination side from the non-contaminated side.
- Route from ambulance entrance to decontamination room will be covered with a roll of plastic, paper, or with sheets. Covering will be secured to floor with tape.
- Above route will be marked off ~~with ropes, if necessary, and marked and labeled~~ radioactive until cleared by Radiation Safety Officer.

c. Decontamination rooms will be prepared:

- Rooms shall have separate ventilation systems. If they do not, have the ventilation system turned off by the hospital Engineering Department personnel.
- Floor will be covered smoothly with plastic, paper floor covering, or sheets and secured to the floor with tape.
- Nonessential equipment will be removed from the room or covered with plastic.
- Light switches and handles on cabinets and doors will be covered with tape.
- The charge nurse will designate an individual to stand outside and receive supplies for medical and decontamination teams.
- A trough will be made on the decontamination table with plastic sheeting.
- Large plastic or metal containers with plastic bags shall be provided to receive discarded contaminated clothes, gauze, supplies, etc.

~~4. Environmental Services Role:~~

- ~~a. They, along with the Emergency Department's staff, will begin setting up either or both of the Decontamination Areas. Additional help can be obtained by contacting the Nursing Supervisor. Depending on the information received prior to the arrival of the victim(s), have necessary Life-Support equipment on hand if necessary.~~

~~5. Security's Role:~~

- ~~a. They shall clear the area outside around the Decontamination Areas, and plan for alternate placement of cars and traffic.~~

~~6. Engineering Department's Role:~~

- ~~a. They will obtain supplies, such as rope, etc., and assist with the set-up and security as determined by other priorities and needs at the time.~~

7.4. Decontamination:

- a. The staff that will be monitoring/decontaminating the patient will begin to gown and glove up. (This is usually performed by the Radiologist, qualified medical radiation physicist and/or the Radiology Technologist.)
- b. Physician, nurse, Radiology personnel and/or monitors will wear the following: gown, gloves, mask, hat, plastic boots with tape around the ankles and wrists. They will proceed to the Decontamination Triage Area to evaluate the degree of physical injury and the level of radioactivity of the arriving victims.
- c. Check the ABC's: Airway, Breathing, Circulation, and if necessary, stabilize the patient first.

**NOTE:** If emergency life saving equipment/procedures are required, delay the radiation monitoring; place the patient on a clean, covered gurney, and proceed ~~into to~~into Trauma Room where emergency equipment will be available.

- d. If the patient is stable, but injured, place him/her on a covered gurney and monitor him/her behind the "hot line" at the entrance. If the patient is uninjured and able to stand; have him/her stand on the "hot pad."

## MONITORING THE PATIENT

1. Begin with the hands; then work from the head down; front of the patient, then the back, having the patient turn around. Perform the assessment as quickly as possible, passing the probe 1-inch above the skin (cover the probe with a plastic glove to prevent skin contamination of the probe rendering it useless). List the levels of radiation obtained over the various parts of the patient's body.
2. After the initial monitoring of the uninjured patient(s), transport them to the uninjured victim decontamination area ~~located outside shower~~. (Patient shall be transported by the ambulance to another entrance ~~i.e. morgue~~ if needed.)
3. If the patient is not radioactive, he/she may be taken to the regular Emergency Department.
4. Once the patient ~~d~~ has ~~have~~ been stabilized (if necessary) and evaluated, the personnel involved in the transportation of the victim shall be monitored for contamination, and shall not leave the area until this is done and they are released.
5. The vehicle/ambulance and its contents shall be thoroughly monitored and decontaminated if required.
6. The personnel who will be involved in the monitoring of the victims or the actual decontamination process shall be dressed as follows:
  - a. Gown
  - b. 2 - 3 pairs of light gloves, taped with masking tape at the wrist
  - c. Cap
  - d. Plastic, waterproof shoe covers taped at the ankles with masking tape
  - e. An x-ray film badge or a dosimeter

## DECONTAMINATION TECHNIQUE: SKIN



### STEP I - EVALUATION:

1. Read radiation-marking tag.
2. Determine which ~~areas that~~ areas will be decontaminated and in what order giving priority to skin breaks and highest levels of contamination.
3. Remove covering of contaminated area to be cleaned.
4. Survey area with "smear," "swab" or Geiger Counter (GM) Counter.
5. Record survey results.

### STEP II - DECONTAMINATION: INTACT SURFACE

1. Localize area of contamination with plastic sheet and tape to prevent further contamination of patient.
2. Gently wipe off loose contamination with gauze moistened with soap and warm water.
3. Discard contaminated gauze into waste disposal bag.
4. Repeat cleansing using cotton balls or cotton tipped applicators moistened with soap and warm water. Rub skin gently to produce good detergent action. Do not produce skin redness.
5. Re-survey area and soap container.
6. Repeat cleansing until contamination is removed or until level of contamination does not decrease appreciably.
7. In case where contamination is still present skip to STEP III.
8. Where contamination has been removed, apply cream, cover area and proceed to next area for decontamination.

**NOTE:** Surveys between cleansings shall be done every 2 or 3 minutes and recorded. Never dip cleansing instrument into soap. Pour the soap into the gauze or brush.

### STEP III - IF SECOND CLEANSING IS NEEDED

1. Repeat STEP II using another detergent such as Tide, ~~Dref~~Dref, Oxydol, etc. and soft skin brush. Do not use Lava soap.
2. If contamination is still present go to STEP IV.

### STEP IV - IF CONTAMINATION IS STILL PRESENT

1. Prepare 4% Potassium Permanganate solution.
2. Prepare 4% Sodium Bisulfite solution.

3. Paint contaminated area with Potassium Permanganate.
4. Allow solution to dry on skin.
5. Repeat painting procedure until skin is almost black using new applicators each time.
6. Rub the darkened skin area with Sodium Bisulfite solution discarding applicators after each use.
7. Repeat #6 until skin has just a light brown coloration.
8. Remove Sodium Bisulfite with water moistened gauze or cotton.
9. Cleanse area with soap and warm water.
10. Survey.
11. If contamination remains, repeat items 3 to 10 once more.
12. If contamination persists, repeat items 3 to 10 but substituting Hydrogen Peroxide for soap in STEP I.
13. After removal of contamination apply cream and cover area.

## **DECONTAMINATION TECHNIQUE: SKIN BREAKS**

### STEP I - INITIAL PROCEDURES

1. Survey and record findings using a moistened cotton applicator.
2. Irrigate wound with copious amounts of water making sure no contamination is washed into the wound.
3. Carefully decontaminate intact skin surface around wound.
4. Re-survey wound and record
5. Continue irrigation with water and survey until no radioactivity is detectable.
6. Treat wound in usual medical fashion.
7. Cover wound and seal with plastic and tape - make sure covering is waterproof.
8. **DO NOT** flush with antiseptics unless this is part of your usual medical treatment. **DO NOT** flush wound with chelating agents.
9. If wound contamination persists, continue to STEP II.

### STEP II - IF CONTAMINATION IS STILL PRESENT

- ~~1. Certain irrigation is no longer effective in decontaminating the wound.~~

- ~~2.1.~~ Have ~~the a~~ Health Physicist evaluate the internal body burden expected from the residual contamination.
- ~~3.2.~~ The Health Physicist in conjunction with a surgeon determines the feasibility and necessity of removing contaminated tissue.
- ~~4.3.~~ If surgery is decided upon, the area around the wound is decontaminated completely.
- ~~5.4.~~ If possible a "block dissection" of the wound is done.
- ~~6.5.~~ All tissue is closed and covered.
- ~~7.6.~~ The wound is closed and covered.

**NOTE:** At times it has been necessary to close the contaminated wound and return at later date for excision.

## **DECONTAMINATION TECHNIQUE: GENERAL BODY**

### **STEP I - INITIAL PROCEDURES**

1. Survey entire body and record.
2. Mark ~~with lipstick~~ very high level areas to receive priority.
3. Contaminated persons shall shower using soap preparation.
  - a. Make effort not to contaminate hairy areas if free of radioactivity initially.
  - b. Use precautions to prevent contamination from entering body openings.
4. Survey entire body again marking highest levels found.
5. Repeat the first four steps.
6. Repeat the fifth step until contamination is removed or continue to STEP II.

### **STEP II - IF CONTAMINATION IS STILL PRESENT**

1. For general body contamination with high levels of radioactivity, localized areas of contamination usually remain. When showering becomes ineffective and localized areas of contamination remain, shift to localized skin decontamination technique.
2. Repeat surveys and record results frequently.

## **DECONTAMINATION TECHNIQUE: EYES**

### STEP I - GENERAL PROCEDURES

1. Irrigate with copious amounts of water. Shift to normal saline as soon as possible.
2. Survey irrigation fluid at frequent intervals and record results.
3. After decontamination treat irrigation induced conjunctivitis as usual.

### **DECONTAMINATION TECHNIQUE: BODY ENTRANCE CAVITIES**

#### STEP I - GENERAL PROCEDURES

1. Survey and record results.
2. Make sure that cavity is really contaminated and not surrounding area.
3. Evaluate and decontaminate surrounding area.
4. Irrigate with copious amounts of water or normal saline.
5. Gently swab with moistened cotton tipped applicator.
6. Re-survey.
7. Repeat the irrigation and swabbing.
8. Transfer the Patient:
  - a. If hospital admission is required, place the patient on a clean gurney.
  - b. Transfer him/her through the buffer zone during which he/she is resurveyed.
  - c. Have a "clean" staff person receive the patient outside the buffer zone and transport to his/her room.
9. Waste Disposal:
  - a. **Contaminated water will be flushed into the ordinary drains. Faucets will be left open to ensure adequate dilution.**
  - b. Contaminated disposable supplies will be put into red bags with radiation tape for ~~disposition~~disposal.
  - c. Contaminated equipment will remain in the control area until decontaminated.
10. Personnel Disposition:
  - a. All persons entering the control area will be dressed and equipped.
  - b. All persons in the control area will shower and change clothing before leaving the control area.

- c. All persons upon leaving the control area will present themselves at the control point for pre-exit radiology survey.
- d. In case showering facilities outside of the radiation control area are utilized, these secondary showers will be considered a control area.
- e. All personnel when dressed in their street clothes will again report to a control point for a final survey, which will be recorded.
- f. All personnel will be requested to collect three successive 24-hour urine specimens for analysis of radioactivity.

#### 11. Limits of Personnel External Radiation Exposure:

- a. All practical efforts will be made to reduce personnel exposure to less than 300 mrem.
- b. In those instances when the situation demands the allowance of greater personnel exposures, hospital personnel will be considered in the same category as industrial radiation workers and the quarterly radiation limit set by ~~the National Committee on Radiation Protection of 1250 mrem~~ will pertain to the U.S. Nuclear Regulatory Commission of 12500 mrem will pertain.

#### 12. Role of Diagnostic Radiology Department in Decontamination:

- a. When Diagnostic Radiology Department is notified of the arrival of a radioactive victim, the Radiology Technician is to be contacted.
- b. The on-call Radiology Technologist obtains the available radiation survey meters and dosimeters (from Radiology or Fire Department) and proceeds to the Triage Area for evaluation of the arriving victims.
- c. If more than one technologist is available, he/she will go to the Decontamination Area and assist with setting up the equipment and dressing for the decontamination.
- d. Due to the interfacing of the roles of the Diagnostic Radiology Department and Emergency Department (ED); the Diagnostic Radiology personnel are to become familiar with the role of Emergency Department personnel.

#### 13. Role of Nursing Management in Decontamination:

- a. Upon being notified of a Radiation Accident by the ED charge nurse, the Nurse Manager On-call evaluates the situation, and if necessary, announces "Code Triage External Non-Confirmed."
- b. He/she begins to notify the Administrator On-call, the Nurse Manager On-call and the Emergency Management Coordinator, or delegates this to a responsible person. Then pages, "Triage External Confirmed".
- c. The Nursing Manager works with Environmental Services to obtain the stored supplies and kits for the necessary decontamination room and halls to be set up and used. *See "Surge Plan"*
  - Uninjured victims: ~~Golden Oak Conference Room~~ area will be designated

- Injured Victims: Isolated area of Hospital

**NOTE:** The RED TAPE Is Used To Designate the Hot Lines and The Buffer Zones.

- Depending on the degree of the disaster, the Hospital Command Center is opened and determines the type/amount of extra staff needed.

#### 14. Security's Role in Radiation Disaster:

- a. Upon being notified by the Emergency Department charge nurse of the arrival of radiation accident victims, the Security Person proceeds to the ~~front~~ back of the hospital and clears the area near the entrance by Radiology (Triage Area), of cars and people.
- b. He/she awaits the arrival of the ambulance and directs it to the Triage Area.
  - Uninjured Victims - ~~around to Golden Oak Conference Room to designated area~~
  - Injured Victims - proceed to the Emergency Department.
- c. The Security Officer restricts access to the area and to the possibly contaminated ambulance.
- d. He/she will be available to be utilized as directed by the individual in charge.

#### 15. Environmental Services Role in Radiation Disaster

- a. The person in charge of Environmental Services assigns Environmental Services personnel to begin preparing the areas to be used:
  - Emergency Department and hallway outside of Diagnostic Radiology and hallway going into Emergency Department.
  - **Shelter in Place: Remember to cover the air vents so contaminant does not travel through the air system.**
- b. The "Controlled Areas" will be roped off
  - If possible, other Environmental Services personnel will be stationed at the entrance to the "Control Areas," to monitor those who enter and/or leave, and keep visitors out of the area.
  - **KEEP UNNECESSARY PEOPLE OUT OF THE CONTROL AREA!!!!**
- c. If the department director is not in Environmental Services, the Nursing Manager, if able, will assist Environmental Services in organizing and setting up equipment.
- d. After the decontamination process is completed, Environmental Services under the guidance of the County Nuclear Disaster Agent will decontaminate the area and handle the waste disposal as required.

#### 16. Waste Disposal:

- a. Contaminated waste will be flushed into the ordinary drains. Faucets will be left open to ensure adequate dilution.
- b. Contaminated disposable supplies will be put into red plastic bags with radioactive tape and labeled "Radioactive Material" for disposition.
- c. Contaminated equipment will remain in the Control Area until decontaminated.
- d. Personnel in Control Area:
  - All persons in the Control Area will shower and change clothing before leaving the Control Area.
  - All persons upon leaving the Control Area will present themselves at the Control Point for a pre-exit radiation survey.

17. Role of Engineering Department in Decontamination:

- a. When Engineering Department is notified of the arrival of a radiation accident victim, the engineer on duty will:
  - Contact the department director and advise of the situation.
  - Obtain supplies and assist with the setup of decontamination areas
  - If possible, supervise and/or assist Security in traffic control.
  - If trained in the use of radioactive detection equipment/material (radiation survey meter):
    - (i) Assist at the Triage Area with evaluation of patients.
    - (ii) Evaluation of persons leaving Control Area.
    - (iii) Assist and guide Environmental Services with waste disposal.

REFERENCES

1. Coe of Federal Regulations, Title 10, Chapter 1, part 20, subpart a,b,c,f
  2. CA Department of Public health, division 104, part 9, chapter 8 articles 13, 16, 17
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