

**List of Policies and Procedures for JCC Review 2-9-26**

Blue (Hospital-wide); Grey (Departmental)

Status	Dept.	Policy #	Title	Owner/ Reviser	Notes
Revised	LHHPP	23-03	Screening and Response to Suicidal Ideation	Y. Qian	<ol style="list-style-type: none"> <li>1. Added "to recognize"</li> <li>2. Added "Having"</li> <li>3. Added "Notify the resident/patient's representative, if appropriate."</li> <li>4. Added "The Resident Care Team (RCT) will conduct a Resident Care Conference (RCC) within 72 business hours."</li> <li>5. Replaced "Bedium" with "Moderate"</li> <li>6. Added "For moderate risk residents, the RCT will conduct a RCC by the next business day. For high-risk residents, the RCT will conduct a RCC within 24 hours."</li> <li>6. Added "Refer to Standard Work for 5150 of a LHH resident."</li> <li>7. Added "patient" throughout the document.</li> <li>8. Added "The care plan will be updated within the shift, regardless of the level of risk."</li> <li>9. Replaced " within the next business day" with ", based on the risk level (low, moderate, high)"</li> <li>10. Added "Services"</li> <li>11. Added "Psychiatry provider"</li> <li>12. Added "Refer to Standard Work "Communication between Psychiatry and the RCT"."</li> </ol>
Revised	Nursing	A 5.0	Nursing Clinical Affiliations	C. Figlietti	<ol style="list-style-type: none"> <li>1. Removed HHA</li> <li>2. Updated "preceptor" to "trainer"</li> <li>3. Revise timeline to "6 weeks prior to the start of the clinical rotation" (currently states 2 months) for meeting requirements such as sending required documents, sending list of students with complete demographics for pre-boarding and onboarding, scheduling tour, etc</li> <li>4. Removed "A written agreement is reached describing the clinical experience among the facility, etc... The written agreement will specify in writing the faculty's responsibility related to supervising pre-licensure students' administration of medication or treatment."</li> <li>5. Updated Clinical Instructor orientation to indicate that orientation will be provided via SF Learning ELM to cover regulatory and compliance requirements.</li> <li>6. Removed statements re: medication pass. Students will NOT be able to pass meds or document in EHR.</li> <li>7. Removed statement about students reviewing medical records prior to clinical rotation.</li> </ol>

# Revised Hospital-wide Policies and Procedures

## SCREENING AND RESPONSE TO SUICIDAL IDEATION

### POLICY:

1. The policy of Laguna Honda Hospital and Rehabilitation Center (LHH) is to provide evidence-based assessment and interventions to equip staff in the evaluation of a resident's expression of suicidal ideation. A resident may communicate passive or active suicidal ideation.
2. LHH staff shall be trained [to recognize](#) ~~for~~ signs of resident's expression of suicidal ideation and how to respond accordingly.
3. LHH has adopted one evidence-based tool, the Columbia Suicidal Severity Rating Scale (C-SSRS), which is used when a resident is heard or observed to verbalize any passive or active suicidal ideation, or to indicate any gesture of suicidal behavior.
4. LHH shall identify residents at risk for suicide by:
  - a. [Having Trained](#) staff and providers (nurses and social workers) conduct a suicide risk screen using a validated stratified risk screen tool.
  - b. Notifying the provider for any resident or patient who screens at risk.
  - c. Implementing individualized interventions to mitigate the resident or patient's risk of suicidality while considering immediate safety needs.

### PURPOSE:

To ensure that each resident or patient who expresses suicidal ideation receive the necessary behavioral health care and services to attain or maintain the highest practicable level of mental, physical, and emotional health.

### DEFINITION:

1. **Active suicidal ideation:** An individual has a plan to end their life. Active suicidal ideations sound like "It would be so easy to end my life by \_\_\_\_."
2. **C-SSRS:** Columbia Suicide Severity Rating Scale, a validated screening instrument to assess risk for suicidality to guide next steps by a clinician.
3. **"Close Observation":** Refer to LHHPP 24-10 Coach Use for Close Observation
4. **Passive suicidal ideation:** An individual expresses thoughts regarding death but does not have a plan to take their life. Passive suicidal thoughts sound like "I just wish I could go to sleep and not wake up," or "I wish I could just wander into a fog and just disappear," or "I wish that the world just ended tomorrow."

**PROCEDURE:**

1. If the resident or patient expresses active or passive suicidal ideation, LHH shall initiate an evidenced-based assessment and interventions based on the level of suicide risk from using the C-SSRS as performed by trained, licensed staff.
2. During the Admission, Quarterly, Annual, and Significant Change of Condition Minimum Data Set (MDS) Assessment, if Section D (Mood) is triggered (score of 7 or higher and/or Section D0200-I or D0500-I), the MDS Coordinator shall immediately relay the information to the Physician, Social Worker and Licensed Nurse for evaluation.
3. When a resident or patient is relocated to another unit, the MDS Coordinator shall use the MDS Assessment under section D-0200 and/or D-0500 (PHQ-9) to assess the resident's mood within 2 weeks from the time of relocation. If a score of 7 or higher or a YES answer to either Section D0200-I or D0500-I, the MDS Coordinator shall immediately relay the information to the Physician, Social Worker and Licensed Nurse for evaluation.
4. A trained Licensed Nurse or Social Worker shall conduct the C-SSRS screen.
5. Residents or patients who have triggered as at risk of self-harm and/or history of suicidal ideation shall have a target behavior monitoring order.
6. Based on the C-SSRS screening results, individualized suicidality management interventions are implemented. Resident/Patient specific interventions are listed below.

**a. Low Risk (per C-SSRS screening)**

- i. Create a safe and therapeutic environment such as desired noise level, lighting and visitors.
  - Staff shall assess the environment for potentially dangerous items for self-harm that may need to be removed or for which risk may need to be mitigated.
  - Consider AeroScout (an electronic patient location tag).
- ii. The Licensed Nurse shall inform the provider of the resident's C-SSRS score by call or page (numeric page).
- iii. Immediately notify the provider for evaluation by call or page (numeric page). Attending physician or on-call physician evaluates the resident within 2 hours and determines the appropriate next step as described in section 8.

iv. Consider other resources such as Behavioral Emergency Response Team (BERT).

v. Notify the Nursing Operations Supervisor within 2 hours.

vi. Notify the resident/patient's representative, if appropriate.

~~v.~~vii. The Resident Care Team (RCT) will conduct a Resident Care Conference (RCC) within 72 business hours.

**b. ~~Medium~~ Moderate and High Risk (per C-SSRS screening)**

i. Create a safe and therapeutic environment such as desired noise level, lighting and visitors.

- Staff shall assess the environment for potentially dangerous items for self-harm that may need to be removed or for which risk may need to be mitigated.
- Provide one to one observation until the resident or patient is evaluated by the Attending physician or on-call physician and/or transferred out to a Psychiatric or Acute Emergency for further psychiatric and/or medical evaluation.
- Maintain visual contact at all times, including bathroom use.

ii. Immediately notify the physician for evaluation by call or page (numeric page). Attending physician or on-call physician evaluates and determines the appropriate next step as described in section 8, including the need for and urgency of ~~p~~Ppsychiatry consultation if indicated.

iii. Consider other resources such as the Behavioral Emergency Response Team (BERT)

iv. Immediately notify the Nursing Operations Supervisor.

v. Notify the resident/patient's representative, if appropriate.

~~v.~~vi. For moderate risk residents, the RCT will conduct a RCC by the next business day. For high-risk residents, the RCT will conduct a RCC within 24 hours.

**7. If the Resident Declines C-SSRS Screening**

a. Create a safe and therapeutic environment such as desired noise level, lighting and visitors.

- i. Staff will assess the environment for potentially dangerous items for self-harm.
- ii. Consider AeroScout.
- b. The Licensed Nurse will inform the provider why the screening was indicated and that the resident declined C-SSRS screening.
- c. Attending physician or on-call physician evaluates and determines the appropriate next step as described in section 8.

## 8. Attending Physician or On Call Physician Evaluation

- a. The physician shall determine the clinical level of suicide risk based on medical evaluation and determine if there is a need for change in current management, including any need for and urgency of psychiatric consultation.
  - i. The attending physician or on-call physician will evaluate the reasons for the C-SSRS screening and the results of the screening.
  - ii. The attending physician or on-call physician will evaluate the resident and determine whether suicidal ideation is currently present or at risk for recurring imminently. This evaluation shall include a review of existing recommendations from Primary Care Physician (PCP) and pPpsychiatry; assess the resident for the effectiveness of those interventions; and determine what updates to those interventions that may be needed.
  - iii. The attending physician or on-call physician will call for urgent LHH Psychiatry Consult if deemed necessary based on risk assessment (e.g., new suicidal ideation, self-harm behavior, etc.).
    - If the resident or patient is placed on 5150, the resident/patient will be sent to a Psychiatric Emergency facility (directly or via an Acute medical facility). [Refer to Standard Work for 5150 of a LHH resident.](#)
    - If the resident or patient does not meet 5150 criteria for danger to self, per LHH Psychiatry provider assessment, but the clinical team identifies that LHH cannot safely manage the resident or patient with behavioral intervention implemented, the physician can initiate a transfer to an Acute medical facility.
      - If the clinical team identifies that LHH can manage the [resident or](#) patient with appropriate behavioral interventions, the resident or patient shall not be transferred from LHH.

## 9. Individualized Care Plan Review and Implementation to Address Triggers and

## Enhance Coping Skills

For residents or patients deemed to be appropriate for the level of care provide by the facility:

- a. The physicians assessing the resident/patient will within the shift review with the Licensed Nurse the existing care plan and orders to confirm documentation and implementation of any previous or newly recommended interventions, with Psychiatry input (if consult was called). The care plan will be updated within the shift, regardless of the level of risk.
- b. The physician and nurse will hand off to the next daytime shift to inform the Resident Care Team (RCT) members of the results of both the screening and evaluation results, and the recommendations. Notify ~~LHH~~ Psychiatry and BERT.
- c. The RCT will conduct a ~~Resident Care Conference (RCC)~~ as indicated, based on the risk level (low, moderate, high), within the next business day, to discuss the resident or patient's suicidal ideation (SI) risk and update the mitigation plan that includes the psychiatry recommendations (if any).
  - i. Include the resident/patient's representative, when appropriate.
  - ii. Other resources, such as ~~LHH~~ Psychiatry, Chaplain, BERT, etc. will be invited to participate in the RCC.
- d. The RCT will develop a comprehensive care plan within the next business day (as described in c) to address safety related to suicidal ideation risk.

## 10. Returning from Psychiatric Emergency

- a. The consulting or on-call psychiatrist will discuss with Psychiatric Emergency Services psychiatrist and determine if the resident can be cleared psychiatrically for returning to LHH and any recommendations for clinical management.
- b. The consulting or on-call psychiatrist will communicate the recommendations (clearance and management) to the attending physician or on-call physician and the Psychiatry team.
- c. The attending physician or on-call physician will determine if the resident/patient may return, and if so, will provide the order. (The physician shall only accept the resident for return after clearance by the consulting or on-call psychiatrist.)

## 11. If the resident is cleared to return to LHH

- a. Maintain a safe environment;

- i. Staff shall assess the environment for potentially dangerous items for self-harm that may need to be removed or for which risk may need to be mitigated.
  - Refer to the Patient Safety and Ligature Identification Checklist.
- ii. Consider AeroScout.
- b. Ensure section 9 is completed.
- c. Notify the Nursing Operations Supervisor.
- d. Inform the RCT members.
- e. The RCT shall conduct a Resident Care Conference to discuss the resident or patient's suicide risk and identify a mitigation plan that includes the ~~p~~Psychiatry recommendations if any.
  - i. Include the resident/patient's representative, when appropriate.
  - ii. Other resources, such as ~~LHH~~Psychiatry, Chaplain, BERT, etc. shall be included in the RCC.
- f. The RCT shall develop a comprehensive care plan to address safety related to suicidal ideation risk.

## 12. Psychiatry Communication with RCT

The ~~p~~Psychiatry provider will alert the RCT should the Psychiatry provider have significant clinical information or recommendations. Refer to Standard Work "Communication between Psychiatry and the RCT".

## 13. Documentation Requirements

- a. C-SSRS Screen shall be charted in the electronic health record (EHR).
- b. Document the resident/patient's behavior(s) in the EHR.
- c. The resident/patient's care plan shall be updated to reflect the resident/patient goal to remain free from self-harm.

**ATTACHMENT:**

Attachment A - Columbia-Suicide Severity Rating Scale

Attachment B - Patient Safety and Ligature Identification Checklist

**REFERENCE:**

Harmer B, Lee S, Duong TvH, et al. Suicidal Ideation. [Updated 2023 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://cssrs.columbia.edu/training/training-options/>

LHHPP 22-09 Psychiatric Emergencies

LHHPP 22-12 Clinical Search Protocol

LHHPP 24-10 Coach Use for Close Observation

LHHPP 24-28 Behavioral Health Service Care and Services

NPP C04.0 Notification and Documentation of Change in Resident Status

MSPD D08-03 Access to LHH Psychiatry Services

Standard Work: Suicide Screening

Standard Work: Referral to Psychiatry

Standard Work: Communication between Psychiatry and RCT

[Standard Work: 5150 of a LHH Resident](#)

Revised: ~~24/03/12/24~~, ~~25/04/14/25~~, 2/17/26 (~~Year~~/Month/Day/Year)

Original adoption: ~~23/06/13/23~~

# Revised Nursing Policies and Procedures

## NURSING CLINICAL AFFILIATIONS (Student Placements)

### POLICY:

1. Laguna Honda Hospital (LHH) supports the clinical training and education of nursing professions, including Nursing Assistants, Unit Clerks, ~~Home Health Aides, Paramedic Students,~~ Licensed Vocational Nurses, Registered Nurses, Advanced Practice Nurses and those enrolled in doctoral programs.
2. Each ~~e~~Clinical ~~i~~nstructor will not exceed eight (8) students per clinical shift. ~~The~~ Clinical ~~i~~nstructor will provide supervision on-site to all their students.
3. All nursing students or preceptee/trainees, whether pre-certification, pre-licensure, or in a post-licensure course of education must:
  - Be enrolled in an educational institution approved by the California Department of Public Health, Board of Registered Nurses, and/or Board of Vocational Nursing and Psychiatric Technicians.
  - Be enrolled in an educational program that has a current contract with the San Francisco Department of Public Health. The contract stipulates responsibilities of faculty and of LHH staff consistent with legal and ethical standards of practice.
  - ~~Adhere to the following procedures.~~
4. The ~~e~~Clinical ~~i~~nstructor must ~~communicate all planned treatments and medications~~ communicate resident care prior to implementation for approval to ~~the~~ Charge Nurse.
5. The ~~e~~Clinical instructor will ~~complete~~ sign in and out on ~~the~~ *Clinical Instructor's Sign-in Sheet* in the Nursing Office each day that they are on-site with the students. The Clinical Instructor will provide a copy of students' daily sign-in sheets to Department of Education and Training (DET).
6. Department of Education and Training (DET) is responsible for ~~monitoring current affiliations' agreements and~~ following up on clinical or educational concerns that occur as a result of student placements and will provide a regular update to the Director of DET and/or ~~Chief Nursing Officer~~ Directors of Nursing (DONs).
7. To avoid conflicts of interests:
  - LHH nursing staff are not permitted to be paid or unpaid ~~e~~Clinical ~~i~~nstructors of educational programs and supervise students at their place of employment.
  - LHH nursing staff are not permitted to be placed into a student placement at LHH.
  - LHH nursing staff are not permitted to serve as a nursing student preceptor-trainer for other LHH nursing staff.

### PURPOSE:

1. To outline guidelines to ensure a safe and educationally sound clinical experience.
2. To clarify the roles and responsibilities of the school and the nursing staff of LHH.

### PROCEDURE:

- A. ~~One Two~~ One months Six (6) Wweeks ~~p~~Prior to the ~~practicums~~ Start of the eClinical rRotation.

## **Nursing Clinical Affiliations**

1. The ~~eClinical i~~nstructor ~~\_~~will send a request ~~via email~~ for student placement to the LHH Student Affiliation Coordinator in the Department of Education and Training ~~Department~~.
- ~~2.~~ The ~~C~~linical ~~i~~nstructor ~~r~~ will electronically send a clinical syllabus all required documents to the LHH Student Affiliation Coordinator prior to the start of the clinical rotation.
- ~~2.~~
- ~~3.~~
- ~~3.~~ All schools who utilize LHH as a clinical site must have an approved school affiliation contract with the City and County of San Francisco.
- ~~4.3.~~
- ~~5.~~ If the school has not had a recent affiliation with LHH (i.e. within the past school year), the Affiliation Coordinator will verify with the Contracts Office at (415) 554-2839 to determine if a current contract exists between the school and DPH.
- ~~6.4.4.~~ The ~~C~~linical ~~i~~nstructor and the LHH Student Affiliation Coordinator, in collaboration with the Nurse Manager, when applicable, shall determine the practicum dates, days, hours and the resident care units where students will be placed.
- ~~1.~~ A written agreement is reached describing the clinical experience among the faculty, Affiliation Coordinator, and Nurse Manager. This agreement will specify the days and hours the student will be on the neighborhood, the skills the student will be practicing, services the students will be providing and programs the students will be developing. The written agreement will specify in writing the faculty's responsibility related to supervising pre-licensure students' administration of medication or treatments.
- ~~7.~~ Students will receive orientation prior to the first day of their clinical rotation via SF Learning ELM and EHR (Epic) training as appropriate.
- ~~8.~~
- ~~9.5.5.~~ The Clinical ~~i~~nstructor ~~r~~ will send the list of students with complete demographics for pre-boarding and onboarding, ~~and~~ to obtain POI numbers for each student. LHH Student Affiliation Coordinator will conduct pre-boarding and communicates with the Clinical Instructors all instructions to disseminate instructions to the students.
- ~~10.6.~~ ~~6.~~ For ~~6.~~ All ~~eClinical i~~nstructors will need to inform the LHH Student Affiliations Coordinator and provide complete demographics in order to start the pre-boarding and onboarding process. Orientation of ~~eClinical i~~nstructors will be conducted via SF Learning ELM, complete required EHR (Epic) training, and attend in-person nursing orientation initial tour of the facility. Scheduling of orientation tour can be arranged with the LHH Student Affiliation Coordinator and/or the New Employee Orientation Coordinator/designee via email or phone call.
- ~~7.~~ ~~7.~~ Once request for clinical rotation is confirmed, the LHH Student Affiliation Coordinator will electronically send the Clinical Instructor all required compliance documents and orientation education requirements Student/Instructor Health Screening Verification Form, and Student/Instructor Roster/Clinical Schedule, preboarding, ~~and~~ onboarding, and orientation instructions.
- ~~8.~~ ~~8.~~ Students will receive orientation prior to the first day of their clinical rotation via SF Learning ELM and EHR (Epic) training as appropriate.

### **B. Orientation to Clinical Instructor**

1. Clinical Instructor orientation will be coordinated by the LHH Student Affiliation Coordinator or designee, ~~New Employee Orientation Coordinator~~, and/or ~~Nursing Orientation Coordinator~~

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~~1-2. Clinical Instructor orientation education will be provided via SF Learning ELM to cover regulatory and compliance topics.~~

~~2. The following orientation content will be covered during the clinical instructor orientation via SF Learning ELM:~~

- ~~a. Welcome and Overview~~
- ~~b. Hospital and Nursing Organization~~
- ~~c. Resident Rights and Civil Rights~~
- ~~d. Abuse Video: Film on "It's Your Legal Duty" and Mandated Reporting Law~~
- ~~e. Abuse Post Test, Attestation,~~
- ~~f. Code of Conduct~~
- ~~g. Confidentiality Agreement~~
- ~~h. Privacy and Compliance~~
- ~~i. Infection Control~~
- ~~j. Fire Safety,~~
- ~~k. Disaster Preparedness~~
- ~~l. Cardiopulmonary Emergencies~~
- ~~m. Prevention of Workplace Violence~~
- ~~n. Injury Illness Prevention Program~~
- ~~o. Quality Assurance Performance Improvement (QAPI)~~
- ~~p. Cultural Humility~~
- ~~q. Dementia and Behavior~~
- ~~r. Trauma Informed Care~~
- ~~s. Resident Color Codes, Code Green~~
- ~~t. Individualized Precautions to Prevent Aspiration~~
- ~~u. Therapeutic Communication~~
- ~~v. Facility tour by the Clinical Instructor~~

### C. Clinical Instructor Responsibilities

1. The ~~e~~Clinical ~~i~~nstructor shall collaborate with the Charge Nurse and/or Nurse Manager to determine students' resident assignments.

~~2. The eClinical i~~nstructor will ensure that students receive hand-off report from the Charge Nurse or designee before providing care.

~~2-3. The Clinical Instructor will be present and available for students during their clinical assignment in any of the care areas at LHH.~~

~~3. The eClinical i~~nstructor will provide direct/line of sight supervision for each student during medication administration, and each student will be supervised during treatments by either the clinical instructor or the LHH licensed nurse. Students will **not** administer controlled substances. The clinical instructor will co-sign the student in the EHR for each medication administered, and ~~t~~The ~~e~~Clinical ~~i~~nstructor or LHH licensed nurse will co-sign in the EHR for the treatment administered.

~~The eClinical i~~nstructor will co-sign all EHR documentation completed by student.

### D. Student Responsibilities

1. Each student must wear a visible school identification (ID) badge so that it can be easily identified.

**Nursing Clinical Affiliations**

2. Each student must obtain a hand-off report from the Charge Nurse or designee before providing care. When leaving the neighborhood, students will provide appropriate hand-off report to the Charge Nurse or designee, and Clinical Instructor.
- ~~3. Students needing to review medical records prior to clinical rotation must check in with the Charge Nurse and adhere to LHH policy on confidentiality (LHH 21-01 Medical Record Information: Confidentiality and Release).~~
3. Students may seek guidance from their Clinical Instructor faculty member or LHH Student Affiliations Coordinator regarding activities and student role.
4. Students must maintain confidentiality of resident information and must not take any printed resident information off the resident care units.

**E. LHH Student Affiliation Coordinator Responsibilities or Designee**

1. Ensure students completion of required forms and required information for pre- and onboarding prior to orientation.
2. Request for POI access and coordinate SF Learning ELM orientation and EHR (Epic) training for Clinical Instructor and student orientation prior to start of clinical rotation.
3. Keep records of clinical instructors and students' orientation and training documents.
4. Maintain communication with the school affiliation.
5. Maintain communication with the school affiliation and report any problems related to the student(s).
6. Keep records of student roster and neighborhood assignments including assigned Clinical Instructors.

**REFERENCE: ATTACHMENT:**

NONE

~~NONE~~

**CROSS REFERENCE:**

Hospitalwide Policy and Procedure  
Laguna Honda HHPP-84-01 Student Affiliation  
LHH 21-01 Medical Record Information: Confidentiality and Release

**ATTACHMENT:**

NONE

Adopted: 1/2005

Revised: 2007/10/2007; 2011/09/27/2011; 2015/09/08/2015; 2019/07/09/2019; 2022/12/13/2022;  
10/21/2025

**Nursing Clinical Affiliations**

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