

List of Policies and Procedures for JCC Review 9-8-25

Blue (Hospital-wide); Grey (Departmental)

Status	Dept.	Policy #	Title	Owner/ Reviser	Notes
Revised	LHHP	01-08	Media Relations	J. Carton-Wade	1. Replaced "Assistant Hospital Administrator" with "Assistant Nursing Home Administrator (ANHA)" throughout the document. 2. Replaced "Assistant Hospital Administrator" with "LHH PIO" throughout the document 3. Updated references
Revised	EVS	IX	Waste Management	S. Yu	1. Update format 2. Add containers colors description for medical waste. Update "medical waste" rooms to "Soiled Utility" rooms 3. Add the medical waste type: "d. RCRA Pharmaceutical waste (Black)....."
Revised	EVS	V	EVS Staff General Information	S. Yu	1. Replace "Housekeeping" to "EVS" in C. 2. Remove AM shift in E. Breaktime and Lunch Time 3. Change "the Office" to "HR Leave team" 4. Update the process of posing the time off calendars 5. Update the injury report process 6. Update and rephrase Q. 7. Update the Smoke free policy in S. 8. Replace "helpful" to "Respectful" in Z.
Revised	EVS	VII	Work Rules	S. Yu	1. Add "and the daily huddles" in A. 2. 2. Add "outside of resident care area" in E.4. and add "headset" in E.5. 3. Add "perform hand hygiene" in H. 4. Replace "in barrels" with "in bins covered while transporting" in J.4. 5. Remove "AM shift" section in L.
Revised	EVS	XII	Transmission-based precaution cleaning policy	S. Yu	1. Update "PPE – Perform hand hygiene and follow the infection prevention and control precaution to don/doff appropriate PPE's" 2. Add steps i, ii, iii, iv, v, vi to the 1. Minimum cleaning procedure 3. Add "this procedure will be performed when the resident come off the isolation or are discharged from the room" in 2. 4. Add "a. Perform hand hygiene.... Follow the transmission precautions signs." Under 2. 5. Remove "Follow seven step procedure" in 2.f.
Revised	EVS	XIV	Mail Room Procedure	S. Yu	Reorganize the procedures and update the resident packages delivery process.
Revised	EVS	XXI	Rejected Linen Procedure	S. Yu	Add "C. All linen deemed unserviceable in the clean linen carts should be placed in to the rejected lien hampers in Clean Utility Rooms"
Revised	EVS	I	Philosophy	S. Yu	1. Change pest "elimination" to "Control", updated "comfortable" to "homelike" 2. Add "waste management" in PURPOSE 1 3. Add "and respectful" work environment
Revised	EVS	II	Environmental Services	S. Yu	1. Remove AM shift schedule 2. Add "Courier and Messenger service" and "Fleet management"
Revised	EVS	III	Environmental Services Organizational Chart	S. Yu	1. Add "Executive support" 2. Add official title to EVS Director and Operation Manager, and update the report to
Revised	EVS	IV	Job Description	S. Yu	1. Update format and add official titles 2. Correct spelling
Revised	EVS	VI	Performance Guidelines	S. Yu	1. Correct format, spelling and grammar 2. Removed the outdated guidelines in 3. 3. Update "Pager" with "work cellular phones" in 5. 4. Update "appropriate" to "progressive" disciplinary action. 5. Remove "Making time up due to tardiness or leaving early is not permitted" in 14.
Revised	EVS	VIII	Safety	S. Yu	1. Replace "patient" with "resident" in B.1.a. 2. Add "or composite toe", replace "staff" with "SEIU 1021 members in 4. 3. Add "d. EVS employees complete the required trainings periodically and be compliant with all OSHA regulations for waste transportation and disposal" under 7.
Revised	EVS	X	Equipment, Supplies and Chemicals	S. Yu	1. Add "Enzymatic Luster Crème Cleanser" under "Chemicals" 2. Update the soiled mop procedure at 2.
Revised	EVS	XI	Standard Cleaning Procedure	S. Yu	1. Add more surfaces points in 3. 2. Add "perform hand hygiene and gloving as infection control guidance when practice the daily standard cleaning procedure
Revised	EVS	XV	Pest Control Policy	S. Yu	Update service to "three times" a week hospital wide, both EVS and Food services

Revised	EVS	XVI	Ice machine cleaning	S. Yu	<ol style="list-style-type: none"> 1. Replace “on the unit great room” with “in the unit Great Room” 2. Remove “Use chemical (22ppm) “, add “including the racks” in b. 3. Add “use the ratio 1oz. detergent” 4. Reorganize sentence of b.2. 5. Add “b. dust the top of the ice machines” in Weekly cleaning 6. Add color to the 3 buckets
Revised	EVS	XVII	Transport and Delivery for Medical Wast, Trash and Linen	S. Yu	<ol style="list-style-type: none"> 1. Replace “Biohazard” with “Medical Waste” 2. Add types of the “Medical Waste” at LHH
Revised	EVS	XVIII	Microfiber damp mopping cleaning	S. Yu	<ol style="list-style-type: none"> 1. Update format 2. Add brand name “with Easy Trap duster” 3. Add “G. Remove glove and perform hand hygiene after putting away the soiled mops” 4. Add LHH EVS P&P VII Safety as reference
Revised	EVS	XX	Privacy Curtain Replacement	S. Yu	<ol style="list-style-type: none"> 1. Update format 2. Add “D. Perform hand hygiene and don proper PPE” 3. Add “J. Doff PPE and perform hand hygiene before exiting the resident room”
Deletion	EVS	XXII	EVS Temporary Services	S. Yu	This was a one-time project only
Revised	FNS	1.04	Quality Assurance Communication	M. Adusumalli	<ol style="list-style-type: none"> 1. Deleted Space – Log Book to Logbook 2. Added – 3/2025 3. Deleted- Established and 6/85, 12/87, 1/89, 1/92, 8/04, 7/09. 4. Deleted- Reviewed: 8/13, 8/14. 5. Replaced – Unusual occurrences with Incident report form is completed 6. Removed space- Log book to Logbook 7. Removed space -Log Book to logbook. 8. Replaced – On a daily basis to daily. 9. Deleted footer date- 11/6/2015
Revised	FNS	1.35	Suspected Food Contamination	M. Adusumalli	<ol style="list-style-type: none"> 1. Deleted – Established and 2/89, 5/97, 3/05, 9/06, 9/07, 7/09 2. Added- 3/2025 3. Deleted – Reviewed: 8/13, 8/14 4. Deleted- (See next page for form) 5. Replaced Unusual Occurrence Report with Incident Report. 6. Deleted Footer date -11/6/2015
Revised	FNS	1.58	Body Substance Isolation (BSI) and Universal Precautions.	M. Adusumalli	<ol style="list-style-type: none"> 1. Deleted – Established and 03/87,05/97, 7/09. 2. Added Date- 3/2025 3. Deleted- Reviewed - 8/13, 8/14 4. Replaced warewashing with ware washing 5. Replaced handles with handle 6. Replace etc with etc. 7. Deleted Unusual Occurrence 8. Added Incident 9. Deleted use the Universal Precautions procedure at all times 10. Added always use the Universal Precaution procedure 11. Replaced dishmachine with dish machine 12. Deleted footer date 11/6/2015
Revised	FNS	1.68	Proper Disposal of Garbage	M. Adusumalli	<ol style="list-style-type: none"> 1. Deleted- Established and 3/81, 1/89, 2/94, 5/97,9/06, 7/09, 6/11 2. Deleted- Reviewed :8/13, 814. 3. Added- 8/2024 4. Deleted- are not. 5. Removed space – Cardboard 6. replaced -closed at all times to lids always closed 7. Added- If applicable. 8. Deleted- 30 twice.

Revised	FNS	1.69	Cleaning of the Ice Machine on Tray Line	M. Adusumalli	<p>1. Deleted- Established and 2/83,12/87, 1/89, 5/97, 9/06, 5/08,7/09, 6/11</p> <p>2. Deleted- Reviewed :8/13, 814.</p> <p>3. Added- 8/2024</p> <p>4. Deleted- On a daily basis the exterior ice machines will be cleaned after meal service. Use MikroKlene (25ppm) to sanitize inside of Ice machine.</p> <p>5. Added- Daily- External cleaning of outside surfaces with department approved cleaner and single use cloth-Ice scoop and container must be washed in dish washer.</p> <p>6. Added -Monthly</p> <p>7. Replaced- Service to line.</p> <p>8. added- Use the Three-bucket method of cleaning and sanitizing for the inside of the ice machines.</p> <p>9.Replaced- Mikro Klene with department approved sanitizer.</p> <p>10. Capitalized- C.</p> <p>Added- Ice machine will be cleaned.</p>
Revised	Nursing	E 01.0	Oral Management of Nutritional Needs	J. Selerio	Generalized Policy #9 to state “Staff assigned to observe during meals...” (currently states “Nursing staff assigned to observe during meals”)
Revised	Nursing	H 6.0	After Hours STAT Blood Draw	J. Selerio	<ul style="list-style-type: none"> • No major changes • Updated references
Revised	Nursing	I 4.0	Laryngectomy Tube Care	J. Selerio	<ul style="list-style-type: none"> • Changed tracheostomy shower collar/shields to “tracheostomy protector” • Clarified to state “Rinse an already clean LaryTube with sterile water...” (Currently states “Rinse the LaryTube...”
Deletion	Outpatient Clinic	C4	High-Level Chemical Disinfection	H. Chen	We no longer use high-level chemical disinfection/Cidex
Deletion	Outpatient Clinic	C5	Flexible Nasopharyngeal Laryngoscope	H. Chen	We no longer use reusable NP laryngoscopes (they are all disposable now)

JCC Follow-up

MEDIA RELATIONS

POLICY:

1. It is the policy of Laguna Honda Hospital and Rehabilitation Center (LHH) to protect every resident's (resident) right to privacy. Protected health information may be released only for approved purposes, with proper authorization from the resident, conservator or guardian when required, and in accordance with state and federal laws as discussed in LHH's policies and procedures.
2. The LHH PIO or designee has the primary responsibility for managing the media, including all inquiries, news releases initiated by or involving persons associated with LHH, public comments on behalf of the hospital, and internet or social media presence operated by LHH. The LHH PIO or designee is responsible for determining the communication value of a story and may consult with DPH and LHH executive colleagues, as well as the form, method, time and sources of the dissemination of relevant information.
- 3.
4. LHH staff are directed to refer media inquiries to the ~~Assistant Hospital Administrator~~ Assistant Nursing Home Administrator (ANHA). In the event that the ~~Assistant Hospital Administrator~~ ANHA is not available, LHH staff are directed to refer media inquiries to the Department of Public Health (DPH) Public Information Officer (PIO).
3. ~~The LHH Assistant Hospital Administrator~~ PIO or designee has the primary responsibility for managing the media, including all inquiries, news releases initiated by or involving persons associated with LHH, public comments on behalf of the hospital, and internet or social media presence operated by LHH. The Assistant Hospital Administrator ~~LHH PIO~~ or designee is responsible for determining the communication value of a story and may consult with DPH and LHH executive colleagues, as well as the form, method, time and sources of the dissemination of relevant information.
- 4.5. The ~~Assistant Hospital Administrator~~ LHH PIO shall inform the LHH Chief Executive Officer, Administrator on Duty, and the Hospital Executive Committee of any high-profile media issues.
- 5.6. LHH may deny media access to any area of the campus including, but not limited to, the resident neighborhoods and households, patient/resident care areas, acute care units, and rehabilitation center. If media is granted access to LHH, the ~~Assistant Hospital Administrator~~ PIO or designee shall accompany the media at all times.

PURPOSE:

The purpose of this policy is to provide guidelines for:

1. Protecting residents' rights to privacy regarding media inquiries
2. General media inquiries
3. Information that may be publicly released
4. Authorization and consent to interview, photograph or film
5. Equipment maintenance and inventory review

PROCEDURE:

1. Residents' Rights.
 - a. Information is to be released only with specific authorization from a resident, legally authorized surrogate decision-maker, guardian or conservator.
 - b. Residents have the right to request cessation of interviewing, photographing, filming and or other applicable recordings.
 - c. Residents have the right to rescind consent for use up until a reasonable time before all applicable recordings mentioned above are used.
2. Media Inquiries and Release of Information
 - a. Staff with knowledge of media interest shall work through Administration so the release of information can be coordinated and handled according to applicable policies and procedures. When appropriate, the Assistant Hospital Administrator shall work with the DPH Public Information Officer in the management of media relations.
 - b. All media inquiries are coordinated by the ~~Assistant Hospital Administrator~~ LHH PIO, (415) ~~759-3576~~ 699-9815 or designee.
 - c. In the absence of the ~~Assistant Hospital Administrator~~ PIO, ANHA, or an on-campus designee, media calls shall be referred to the Public Information Officer at DPH (415) ~~415-699-9815~~ 554-2507.
 - d. Off-hours (Mon. - Fri., 5:30 pm through 8:30 am), weekends, and on holidays: All media calls through the switchboard or Nursing Office are directed to the Administrator on Duty (AOD). The AOD may provide basic information and should consult with the information officer on call. An information officer from the hospital or the Department of Public Health shall be on call 24 hours / day, seven days / week.
3. Authorization and Consent to Interview, Photograph or Film for Media Purposes

- a. Residents who have no decision-making authority and no surrogates may not be photographed or interviewed by the media.
- b. Permission to interview, photograph or film may be given if the resident has signed a written consent. The signed consent shall be uploaded to the resident's medical record in the electronic health record.
- c. If media representatives request to interview, photograph or film a resident, request information about a resident, or request access to family members, the request shall be directed to Administration for approval prior to access. The Assistant Hospital Administrator or designee shall request consent from the resident, legally authorized surrogate decision-maker, guardian or conservator with assistance of the charge nurse and physician assigned to the neighborhood where the resident lives. Management of these types of requests is done during regular Administration business hours, 8:30 a.m. to 5:30 p.m. Monday through Friday. High profile residents or situations may require Administration staff, AOD, or nursing staff on all shifts to communicate status and updates to the next shift.

4. Equipment Maintenance and Inventory Review

- a. The ~~Assistant Hospital Administrator~~[LHH PIO](#) or designee shall conduct quarterly maintenance checks on all media related equipment purchased and used by Administration to interview, photograph or videotape. Any media related equipment deemed to be inoperable shall be recycled and new equipment shall be requested.
- b. Any media related equipment purchased through Administration shall receive an identification tag and or label with original purchase date. An inventory list shall be updated annually and or when new equipment is purchased and given a new identification tag and or label.
- c. All media related equipment purchased through Administration shall be stored in a locked cabinet in the Administration suite. Department staff or managers wishing to borrow equipment may make request through the ~~Assistant Hospital Administrator~~[LHH PIO](#) or designee. A sign in and sign out list shall be maintained.

5. Department of Public Health (DPH)

- a. All inquiries regarding DPH administration, programs, or policies shall be referred to the DPH Public Information Officer at (415) [415-699-9815](tel:415-699-9815) [554-2507](tel:415-554-2507).

ATTACHMENT:

Appendix A: Information Officer Contact Info

Appendix B: Photo Release Form

Appendix C: January 2011 Memo Re: Media Policy from Barbara A. Garcia, MPA, and Director of Health

REFERENCE:

LHHPP 01-06 Administrator on Duty

LHHPP 20-01 Admission to ~~Laguna Honda~~ LHH Acute and SNF and Relocation ~~b~~Between ~~Laguna Honda~~ SNF Units

LHHPP 21-01 Medical Records Information: Confidentiality and Release

LHHPP 22-03 Resident Rights

LHHPP 50-09 Capital Asset Administrative Policy

LHHPP DPH 16.06 Patients, Visitors, and Staff Photo/Audio/Video Recording

Revised: 07/12/04, 09/10/27, 11/03/24, 14/11/25, 15/11/09, 16/09/13, 19/07/09, 22/06/30
(Year/Month/Day)

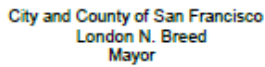
Adoption date: 88/01/22

Appendix A

Information Officer Contact Information

Title	Name	Office Number	Cell Phone No.	Email
LHH Chief Executive Officer	Roland Pickens Diltar Sidhu	759-628-754- 45103015	Refer to AOD Schedule	Diltar.Sidhu@sfdph.org Roland.pickens@sfdph.org
LHH Public Relations Officer	Zoe Harris	N/A	415-699-9815	Zoe.Harris@sfdph.org
LHH Assistant Hospital Administrator Assistant Nursing Home Administrator	Diltar Sidhu Jennifer Carton-Wade	759-3015 628-754-5622 6822	N/A	Diltar.Sidhu@sfdph.org Jennifer.Carton-Wade@sfdph.org
LHH Administration Services	Main Number	759-628-754- 2363	N/A	LHH.Administration@sfdph.org
DPH Public Information Officer	Zoe Harris Rachael Kagan Deirdre Hussey	415-N/A 554- 2507274- 0426	N/A 415-699-9815 N/A	deirdre.hussey@sfdph.org Zoe.Harris@sfdph.org Rachael.Kagan@sfdph.org
LHH Administrator on Duty	Schedule rotates - refer to the Intranet or call the Nursing Office	415-516-1155 415-682-1502	N/A	N/A

Photo Release Form



Grant Colfax, M.D.
Director of Health

DATE _____

I further agree that the interview and/or photograph/film may be printed or publicized for public distribution.

Other

Signature of resident or surrogate decision maker

Appendix C

~~January 2011~~ February 2017 Memo Re: Media Policy from Barbara A. Garcia, MPA, and Director of Health



City and County of San Francisco

Edwin M. Lee, Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

San Francisco Department of Public Health

Policy & Procedure Detail*

Policy & Procedure Title: DPH Media Policy (EXF2)		
Category: External Affairs		
Effective Date: January 1, 2011		Last Revision Date: February 3, 2017
DPH Unit of Origin: Communications Office		
Policy Owner: Rachael Kagan	Phone: 415-554-2507	Email: rachael.kagan@sfdph.org
Distribution: DPH-wide <input checked="" type="checkbox"/>	Other:	

*All sections in table required.

1. Purpose of Policy

This policy and procedure is necessary in order to ensure a consistent, unified message to the media regarding the policies and activities of the San Francisco Department of Public Health (SFDPH). It also allows SFDPH to track the issues that are making news and to allow the Communications Office to remain informed about which public health topics are of interest to the media. In many cases, reporters are at the front line of significant public health breaking news stories.

It is the policy of SFDPH to cooperate with the media, by providing accurate and timely information to the public. That goal must be balanced in every instance against the imperative to protect patient privacy and limit disruption to administrative and clinical operations.

It is the policy of SFDPH to maintain the privacy of Protected Health Information (PHI) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protected health information may be released only for approved purposes, with proper authorization from the patient when required, and in accordance with state and federal laws. Refer to the Administrative Policy *HIPAA Compliance: Privacy and the Conduct of Research*.

2. Policy

SFDPH's Media Policy requires that all staff receive approval the Communications Office before:

- Making a statement or granting an interview with a reporter or member of the media; and/or
- Permitting professional or independent photography or videography in any workplace location where patients/clients receive services and/or
- If you believe you have information or a story relating to or about SFDPH

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

@

Title of Policy: DPH Media Policy (EXF2)

Effective Date: 1/1/11

3. Procedures

a. Press/Media Inquires

If contacted by a reporter or news agency, employees should refer the reporter to the Director of Communications or to the Communications Office designee assigned to the appropriate program or facility. Alternatively, the employee can call or e-mail the Communications Office directly for advice. There are four individuals to contact:

- Rachael Kagan: (415) 554-2507, rachael.kagan@sfdph.org
Overall DPH Communications, Population Health Division and San Francisco Health Network
- Brent Andrew: (415) 206-3170, brent.andrew@sfdph.org
Zuckerberg San Francisco General Hospital (ZSFG)
- Quoc Nguyen: (415) 759-3576, quoc.nguyen@sfdph.org
Laguna Honda Hospital

An employee must contact their Communications officer regardless of the situation. It does not matter where the employee is or what is happening. If it is related to the individual's work at SFDPH, the Communications Office is the first point of contact before making a statement or arranging an interview. There is no exception to this policy during an emergency. In fact, it is even more important during an emergency to involve the Communications Office.

b. Authorization and Consent to Photograph, Videotape and Audio Record

After obtaining prior approval from the SFDPH Communications Office for public media, Authorization and Consent to Photograph / Interview/ Videotape forms will be provided by the Communications Office. These forms must be signed by the patient/client involved before continuing.

The original signed consent form must be filed in the patient's medical record. A copy of the signed consent form will be kept by the Communication's Office. If a third party is involved (e.g. a clinic), they will also keep a copy of the consent form.

While written approval should be obtained before permitting media photography or videography in a location where patients/clients may be present, written approval does not need to be obtained from SFDPH staff or contracted staff. As an employee of a public agency, SFDPH staff have given implicit consent to any photography or videography that may take place during regular business hours for public media purposes that have been authorized through the SFDPH Communications Office.

c. Interviewing Patients

Members of the media may request to interview/photograph patients/clients as part of covering a core health issue. This is reasonable and makes the story better understood by the public. Any patient/client interviewed must first agree and sign a SFDPH consent form.

Title of Policy: DPH Media Policy (EXF2)Effective Date: 1/1/11

The patient's provider, care-taker or medical director of the particular clinic or program will be consulted to determine if there are any clinical reasons to deny the interview such as whether it would jeopardize the patient's condition or if the patient does not have decision-making capacity.

d. Escorting Media during interview and/or photography, videography

Any member of the media wanting to conduct business at an SFDPH facility or with SFDPH staff as a part of a ride-along or on or off-site engagement must be escorted by a member of the SFDPH Communications Office or designee. This will ensure that the privacy of SFDPH patients, clients, residents, and staff is protected and will minimize interference with a SFDPH's operations.

e. Interacting with media during non-work time

SFDPH employees, while acting as individuals on their non-work time, are permitted to speak to a reporter without checking with anyone and/or obtaining permission through the SFDPH Communications Office. However, the employee is required to make it clear to the reporter that he/she is not speaking in any official capacity as an SFDPH employee. The Communications Office is available to provide any guidance that you may need on this matter.

v. EVS STAFF GENERAL INFORMATION

A. Hours of Work

Eight (8) hours per day, forty (40) hours per week, duty hours as assigned by the General Services Manager. Employee will generally work five (5) consecutive days with two (2) consecutive days off each week. However, at times, a change of schedule may be necessary, and employees may be requested to work more or less than five (5) consecutive days between days off, or more than eight (8) hours per day. Employees authorized to work more than eight (8) hours per day, or forty (40) hours per week, shall be paid overtime for those hours worked.

B. Pay Days

All employees will be paid bi-weekly, every other Tuesday. If an error or discrepancy appears on your check, consult the Payroll Officer as soon as possible. Be courteous when discussing payroll errors.

C. Correct Address

Be sure your correct address and telephone number are on file in the Housekeeping-EVS Office. It is imperative that you report any change of address or telephone number. Per Civil Service Commission rules.

D. Work Area

All employees are required to stay in their assigned area except for required duties elsewhere, breaks and lunch. Porters' closets in your assigned area are to be kept locked at all times. Equipment and Porters' closets must be kept clean. Pick up supplies at the start of your shift before going to your assigned area. If you need additional supplies, contact your supervisor and he/she will either get them or give you permission to get them.

E. Break Time and Lunch Time

Break time consists of two fifteen (15) minutes and a 30-minute lunch break.

~~AM shift: 11:00pm-7:30 am~~

~~2am-2:15am, Lunch 4am-4:30am, 6am-6:15am-~~

Dayshift: 7am-3:30pm

10:00 – 10:15am, lunch 12:00 -12:30pm, 2:00 – 2:15pm.

PM shift: 3:30pm – 12:00am

5:30- 5:45pm, lunch 7:30pm – 8:00pm, 9:30pm – 9:45pm

As needs of the Department dictate, an employee may request, or elect, to take his/her break or lunch at another time. If this occurs, let your supervisor know. Break and lunch time consists of the time your stop **works** to the time you resume work.

F. Leaving Hospital Premises

All employees must obtain permission to leave the Hospital other than when on break or lunch time from a supervisor.

G. Paging

Answer all pages as quickly as possible.

H. Personal Telephone Calls

Personal phone calls on Hospital telephones or personal cell phones while on duty is not permitted. Unless it is an emergency, restrict phone usage to break and lunch times. Employees may not receive phone calls in their assigned work area. If an individual needs to contact an employee, calls will be routed through the Office and a message will be taken and given to the employee as quickly as possible.

I. Absence due to Illness

In the event of absence from duty due to illness, or for reasons that fall under the category of illness, Office must be contacted before starting time and the reason communicated to the individual in charge.

Should an employee be absent due to illness for more than five (5) working days, the employee will be required to submit a "Request for Leave" form available from Human Resources. The employee must have his/her physician complete Section 12-19. After completion, return the form to ~~HR Leave team~~the Office for processing.

Excessive absenteeism, or more than one (1) non-consecutive days for illness per month within six (6) months, is caused for disciplinary action.

As a courtesy when returning to duty after illness, contact the Office by 4:00 pm on the day preceding return.

J. Absence for Personal Leave

Unpaid absence from duty for valid reason, approved by the Environmental Services Director or his designated representative is personal leave. Excessive requests for personal leave will not be granted. Employees falling into the category of excessive absenteeism will not be granted personal leave except for emergencies.

As in case of illness of more than five (5) working days, employees will be required to submit a "Request for Leave" form available from Human Resources.

K. Absence without Leave

Employees absent from duty without a valid reason or without approval are considered A.W.O.L. An employee will be subject to disciplinary action if designated A.W.O.L.

L. Tardiness

Employees who call in prior to their starting time to inform their supervisor they will be late, will be allowed up to a thirty (30) minutes extension to report to work.

Employees who have not called will be allowed up to thirty (30) minutes to report and may be docked up to half (1/2) an hours per fifteen (15) minutes they are late. An employee who has not called may be replaced in his/her assigned area and given a float assignment after (15) minutes tardy. After (30) minutes an employee who has not called will not be allowed to work and will be carried A.W.O.L. for that day. Chronic tardiness will result in disciplinary action.

A tardy employee who requests personal leave must have the request granted by the Environmental Services Director or ~~the~~his designated representative.

M. Loitering

All employees must remain off Hospital property when not scheduled, or at work. An employee who remains on the Hospital property after work or during off hours will be considered loitering and the employee could face disciplinary action.

Three (3) exceptions to the above are: (1) Time spent for meals; (2) Request to remain with supervisor's permission; (3) Official Hospital business.

N. Holidays

All employees are required to work on holidays that fall on their regularly scheduled day to work unless granted permission from the Environmental Services Director or ~~the designated~~his representative. ~~A work list of those scheduled is posted in the Office prior to the holiday. The approved time off calendars are posted at the department bulletin.~~ If a holiday falls on an employee's regularly scheduled day off, a compensating day off will be given at a mutually convenient time.

O. Vacation

After one (1) year of continuous service, an employee is entitled to two (2) weeks paid vacation. After five (5) years of continuous service, three (3) weeks; and after fifteen (15) years of continuous service, four (4) weeks. The cumulative balances for the three (3) categories above

are 320, 360 and 400 hours respectively. One week of vacation consists of five (5) consecutive days. The Environmental Services Director rewards the annual vacations with consideration given to seniority.

P. Accident or Injury

Report all accidents or injuries, no matter how small/minor, received while on duty, to a supervisor immediately. All

Injuries incurred while on duty are covered under Workers' Compensation. ~~Either the supervisor or the employee will file~~ complete the Workers' Compensation Claim and injury report as required. If treatment is necessary, report to the CCSF Designated Medical Treatment Facilities for On-The-Job Injuries or Illness ~~San Francisco General Hospital Emergency Department. Transportation may be provided by Hospital Security.~~

Q. Money and Valuables

Employees are prohibited to ~~not to~~ accept money from resident, have checks cashed for them, nor run errands. Refer the request to the head Charge Nurse in the unit. Do not receive or deliver any notes, messages, or packages to, or from, residents. Refer the request to the Chargehead Nurse. Employees are not permitted to accept tips, gifts, or gratuities from resident or resident or visitors. ~~Remember, we are paid to perform a service.~~

Money or other valuables brought to the Hospital will be at the employee's risk. The Hospital and the Department of Public Health ~~assume no responsibility~~ is not liable in the event of loss or if theft occurs.

It is requested and advisable that an employee neither lends nor borrows money from another employee. ~~If repayment does not occur, This event may lead to~~ hard feelings/feelings, or an altercation could develop. Management will not assist in the recovery of a loss.

R. Information Concerning Residents (PHI)

Employees are prohibited from disclosing any information regarding patients or their care. This includes discussing a particular resident with fellow employees unless work related. Employees are not to read resident charts. Questions concerning residents from any individual should be referred to the nursing team.

S. Smoking, Gambling and Alcohol

Laguna Honda Hospital is a Smoke Free Campus. Smoking is allowed only during lunch and breaks outside the campus only ~~Smoking is permitted in all areas of the Hospital except resident wards and areas designated as no smoking.~~

Gambling is not permitted on Hospital property. Alcohol and drugs are not permitted on Hospital property. Gambling, or the use of alcohol or drugs on Hospital property calls for immediate disciplinary action.

T. Sexual Harassment

The San Francisco Administrative Code prohibits any type of sexual harassment, verbal, physical or visual. Also, the request for sexual favors or unwanted sexual advances is considered sexual harassment and is prohibited.

U. Safety

Report any unsafe condition to your supervisor immediately. Always work in a safe manner and with the proper equipment to prevent accidents. This means using wet floor signs, etc. Horseplay and using equipment improperly will not be tolerated. An employee who knowingly causes or contributes to an accident could face disciplinary action.

V. Locker Room

The locker rooms are located at the H2 area Administration Building. Each staff member is allotted with a locker and is responsible for providing own padlock.

W. Parking

Employees may park in the designated areas of the Hospital with the displayed monthly tag permit. Don't be a litterbug in parking areas. Tampering with another person's vehicle will bring Police action.

X. Grooming

Employees should report for work well-groomed and wearing suitable clean work ~~clothes~~uniform. An employee could be sent home if lacking in personal hygiene or poorly groomed.

Y. Stealing

Stealing from another employee or the Hospital is prohibited by the San Francisco Administrative Code and involves with Police. Removal, borrowing without authorizations, or the use of Hospital property without authorization is prohibited.

Z. Employee Relations

Employees are requested to be courteous, friendly, and ~~helpful-respectful~~ to fellow employees, visitors and residents. ~~Rude-Unrespectful~~ behavior is uncalled for in any situation. All employees are responsible to create an Equitable, Fair, and Respectful Working Environment.

AA. ~~AA.~~ Completion of Shift

Employees must sign out and return keys to the EVS Key Watcher outside the Environmental Services Office. If an employee is unable to complete an assignment, ~~theyhe/she~~ must let a supervisor know with a satisfactory reason. Failure to complete an assignment without a valid reason is unacceptable. An employee can return keys and sign out no sooner than ten (10) minutes prior to the end of their shift.

Reference

Environmental Services P&P VII Work Rules

Environmental Services P&P Safety VIII

P&P 01-15 Staff Use of Personal Recording Device Cell Phones

P&P 21-18 Breach Policy

P&P 76-02 Smoke and Tobacco Free Environment

P&P 90-04 Parking on The Laguna Honda Campus

VII. WORK RULES

A. Time and Attendance:

1. Employees are required to sign in and out on the time sheet at their actual time of arrival and departure. One employee cannot sign in or out for another employee. NOTE: Employees are required to finish the work shift and are not allowed to leave until the official end of their shift, unless approved by the Assistant General Services Manager or designee.
2. Employees are to report to their workstation immediately after signing in and the daily huddles.
3. Employees may not work before or after their assigned work hours unless approved by the Assistant General Services Manager or designee.
4. Employees are to call their supervisor at least one-half hour before the start of their scheduled shift each day if requesting sick leave. Sick Leave cannot be used to conduct personal business. In some cases, verification of illness may be required. Employees required to bring in verification will be notified in writing five days in advance of the effective date. Employees required to bring in verification of illness because of excessive absenteeism or a pattern of absence will be counseled regarding their absenteeism.

B. Time Off:

1. Requests for Lieu Days, Comp Days or Hours, Floating Holidays, Personal Leave must be submitted in writing to your supervisor 72 hours in advance of the requested time off. Requests are to be submitted by the supervisor to the Assistant General Services Manager or designee for final approval. The requests are approved on First Come First Served.
2. Vacation time must be submitted in writing at least two weeks in advance.
3. Annual vacation bidding: Consideration for requests for annual vacation taken after December 31 will be in accordance with the following procedure:

Prior to January 1 of any year, any employee may submit up to three (3) choices of a preferred vacation period. The Department shall approve such choices based on employee seniority within his or her classification and shift at the facility and shall post a list of scheduled vacations within thirty (30) days.

Any employee who fails to submit a choice or any new employee who misses the sign-up period shall schedule vacation by mutual agreement with the Department, provided that such scheduling shall not supersede a vacation scheduled by prior submission.

The Department has the right to limit the number of employees on vacation at any one time consistent with the needs of the service. Consideration of all annual vacation requests will be in accordance with schedules, workload, MOU, and Civil Service regulations.

NOTE: ANY TIME OFF (Lieu Days, Comp Days or Hours, Floating Holidays, Personal Leave or Vacation) WITHOUT APPROVAL FROM EVS OPERATIONS MANAGER or DESIGNEE SHALL BE MARKED AWOL.

C. Lunch and Break:

1. Lunch and breaks are to be taken in the allotted and scheduled time only.
 - a) 15 minutes break for each 4-hour work period.
 - b) 30 minutes lunch

D. Clean Up Change Time:

1. For those employees in protective clothes, no more than five minutes change time will be allowed for coming and going, to and from lunch and break time.
2. All employees are allowed no more than ten minutes at the end of their shift to clean up.

E. Telephones / Cellular Phones:

1. Only emergencies calls shall be connected to an employee during work time.
2. Employees are required to step out the assigned area for emergency call after notifying the immediate supervisor.
3. Department phones are to be used for Hospital or other Departments business only.
4. Personal phone calls are to be made or accepted on lunch and break time outside of resident care area.
5. Cellular phones ~~and headset cannot~~should not be used while on duty to ensure work safety and to minimize the disruption of workflow. The standard of conduct is as follow:
 - a. Cellular phones must not be in use during work hours except break or lunch hour at designated areas (i.e. Staff Break Area, Locker Room)
 - b. Never use or answer cellular phones while on the unit resident areas, in the hallway or corridor at all times.

F. Work Assignment:

1. Employee will be assigned work at the beginning of each shift. Assignments may be rotated at any time depending on production need and staffing requirements. The intent is to eventually have weekly work assignments.
2. When an employee has completed his/her immediate work assignment, he/she will assist to complete the nearest task in the work area assigned (Soiled or Clean Area), unless given other direction by the supervisor.
3. Employees will stay in assigned work area, working at all times, unless notifying their supervisor.

G. Uniform:

1. All employees who have issued uniforms will be in uniform while on duty. New employees waiting for uniforms to be issued must wear shirt/blouse and pants/skirt.
2. All employees must wear low-heeled protective shoes.
3. Clothing, jewelry and hair that could be a safety ~~hazard~~problem should not be ~~worn~~worn, e.g., bracelets, necklaces, earrings, long fingernails, long hair not tied back.
4. Employees are required to wear a Hospital ID badge at all times, except when wearing protective clothes.
5. Employees should come to work neat, clean, refreshed, alert and ready for duty.

H. Safety:

Safety is everybody's job; therefore all employees are required to:

1. Take care and follow proper methods of processing work.
2. Keep everything up off the floor in working area.
3. Report any unsafe condition to supervisory staff immediately.
4. Report any on-the-job injury to supervisory staff immediately.
5. Keep food, cigarettes, cigars, and personal reading materials out of the work ~~area~~area. Porter carts, and Closets.

Cross contamination: In accordance with Title 22, employees working in the soil sort area must wear protective barrier clothing, hair covers, eye goggles, gloves, gowns, pants, shoe covers, i.e.,

rubber boots. Before employees can come to the clean linen area, perform hand hygiene and protective clothing must be removed to prevent contamination of clean linen. (Laundry/Linen)

I. Smoking:

1. LHH is a Smoke Free Campus. Smoking is allowed only during lunch and breaks – outside the campus only.

J. Other Important Rules:

1. Employees must treat each other with respect and courtesy; verbal and/or physical abuse OR the threat of physical abuse is unacceptable.
2. Sexual, racial, ethnic, or religious slurs are NOT acceptable. The use of slurs against any person on the basis of color, national origin, ancestry, age, sexual orientation or disability is also NOT acceptable.
3. No drugs, alcohol, illegal substances, firearms, or weapons of any kind are allowed on the premises.
4. All employees are responsible for keeping work areas of the Department as clean as possible at all times.
 - a. Keep all equipment and all areas clean at all times. Keep trash in bins covered while transporting in barrels, etc. If trash containers are full, employees are responsible to remove the plastic bag and place in the designated area.
 - b. Clean up after yourself in all areas; this includes locker room, bathroom, etc.

K. Questions:

If an employee has any question concerning these guidelines and rules, contact a supervisor for explanation. Please do not hesitate to ask questions when in doubt about an assignment, policy or procedure, other phase of your job.

L. Break/Lunch Times:

1 – Day shift	SHIFT STARTS	SHIFT ENDS:
	7:00AM	3:30PM
Break	Break Starts	Break Length
First Break	10:00am	15 Minutes
Second Break	12:00pm	30 Minutes
Third Break	2:00pm	15 Minutes
2 – PM Shift	SHIFT STARTS	SHIFT ENDS
	3:30PM	12:00AM
Break	Break Starts	Break Length
First Break	6:00pm	15 Minutes
Second Break	7:45pm	30 Minutes
Third Break	9:45pm	15 Minutes
3 – AM shift	SHIFT STARTS-	SHIFT ENDS-
	11:00PM	7:30AM
Break	Break Starts	Break Length
First Break	4:00am	15 Minutes
Second Break	3:00am	15 Minutes
Third Break	5:00am	15 Minutes

M. Employee Uniforms / Dress Code Standard:

1. Policy

It is the policy of the Environmental Services Department to establish guidelines concerning the issuance and wearing of uniforms provided by Laguna Honda Hospital. The policy affects 2736 & 2738 classifications.

2. Purpose

Presentation of a professional image is important to promote a good image of the Porters, ~~Laundry, Linen,~~ and the Environmental Service department. It is expected that staff members comply with the department dress code, maintaining good hygiene, wearing the provided uniforms and proper ID badge at -work.

3. Policy Statement

- a. Each employee will receive five sets of uniforms upon hire.
- b. Each employee is entitled to two sets of uniforms each year. The Department will ~~issue~~ complete the voucher for two sets of uniforms to each employee every twelve (12) months upon request from employee.
- c. Uniforms determined by the Department ~~to be~~ damaged in the line of duty will be replaced by the Department with reasonable prove.
- d. The employee will pay for replacements for uniforms damaged by employees outside their line of duty.
- e. Employees who terminate their employment with the Department will be required to return the uniforms to the Department.
- f. It shall be the responsibility of each employee to launder his or her own uniforms.
- g. Employees shall not use their uniforms during off duty hours as street clothes other than for travel to and from work.
- h. Employees shall report for duty in complete uniform ready for work. This will include ID badge, clean uniform with inscribed logo on shirts, comfortable and supportive shoes.
- i. Employees who report for duty either out of uniform or in partial uniform shall not be permitted to work. An employee will be sent home if lacking in personal hygiene or poorly groomed. The Department will use progressive corrective action for policy enforcement.

Reference

P&P 01-15 Staff Use of Personal Recording Device Cell Phones

P&P 21-18 Breach Policy

P&P 76-02 Smoke and Tobacco Free Environment

P&P 90-04 Parking on The Laguna Honda Campus

Memoranda of Understanding (MOU), Service Employees International Union, Local 1021

Environmental Services Policy & Procedures

~~X.IX.~~
Effective March, 2024

~~IX.~~ Waste Management Policy

POLICY:

The department shall have and enforce a policy/procedure following the required process for the collection, handling, storage and disposal of biohazardous, chemotherapy, and pharmaceutical waste.

PURPOSE:

To ensure the safety and well-being of staff, residents, and visitors. To ensure compliance with all regulatory agency standards.

PROCEDURE:

- A. Medical Waste is contained separately from all other wastes at the point of generation. Employees are to wear PPE when handling all medical waste at all times during transport. Non-Medical Waste such as trash, and or compost is not to be disposed in medical waste containers. All medical waste is to be placed into the correct container. See the following below:
- a. **Biohazardous waste (Red)** must be placed in red liners/red container, including the sharp containers in residents' rooms. Red bins are kept in ~~medical waste~~ Soiled Utility rooms throughout the hospital. Red bins are placed in waste storage rooms when $\frac{3}{4}$ full.
 - Sharp containers (Red) in residents' rooms are replaced when $\frac{3}{4}$ full.
 - b. **Chemotherapy waste (Yellow)** must be placed in yellow liners/container. Yellow bins are kept in ~~medical waste~~ Soiled Utility rooms throughout the hospital. Yellow bins are replaced in waste storage rooms when $\frac{3}{4}$ full.
 - c. **Pharmaceutical waste (Blue)** is kept in the pharmacy ~~, or med rooms on the unit.~~ When $\frac{3}{4}$ full, ~~the hospital staff dispose of containers located in the medical waste rooms throughout the hospital.~~ When pharmaceutical waste bin is placed inside the white bin, it is placed in the medical waste storage room.
 - d. **Resource Conservation and Recovery Act (RCRA) Pharmaceutical waste (Black)** is kept in the pharmacy, medication rooms and medication carts. When $\frac{3}{4}$ full, hospital staff dispose the containers into the white bins located in the Soiled Utility rooms throughout the hospital. When RCRA pharmaceutical waste bins are inside the white bins, they are transported and placed in the waste storage room.
- B. Medical waste containers are scheduled for pick up by our medical waste vendor. These containers are kept in our medical waste storage rooms located in two separate locations in the hospital. The medical waste vendor is to complete the appropriate manifest indicating type and volume of waste. A copy of this manifest is to be provided to the Environmental Services Office. The Environmental Services department will maintain all tracking documents.
- C. Comply with hospital Hand Hygiene and Standard Precautions when handling wastes.

ATTACHMENT:

None.

REFERENCE:

LHHPP 73-11 Medical Waste Management Program
LHHPP 72-01 B1 Standard Precautions
LHHPP 72-01 B2 Hand Hygiene

Previous Revisions: May 1997, April 2001, Jan 20-07, June 2010, January 2022, Mar, 2024

XII. TRANSMISSION-BASED PRECAUTIONS Cleaning Policy

Purpose:

- To reduce the likelihood of transmission of infection by actual contact, direct or indirect.
- To reduce exposure to resident and staff from potentially harmful pathogens and to provide a clean environment that promotes health and sense of well-being for the resident.

Material Recommended:

For Floor surfaces: Bleach Germicidal Cleaner

For Hand Hygiene: hospital grade alcohol hand sanitizer and/or hand soap, following Infection Prevention & Control Precaution

High Touch Surfaces: Neutral Cleaner and Bleach Germicidal Wipes.

PPE- Perform Hand Hygiene and follow the Infection Prevention and Control Precaution to don/doff appropriate PPE's. ~~S for contact, droplet, or airborne precaution.~~

1. Minimum Cleaning Procedure Includes:

On a daily basis, Environmental Services participates as follows:

- i. Perform hand hygiene and don on proper PPEs.
 - Following the Transmission Precautions signs.
- ii. Trash Pick Up:
 - The Porter removes trash from room.
 - If a special pick up of Biohazardous trash is needed (apart from scheduled pick up) it may be arranged by phoning request to EVS Office
- iii. Furniture/High Touch areas
 - Disinfect all high touch surfaces, including but not limit to light switches, walls, doors and doorknobs, wall mounted items, with the germicidal bleach wipes, ensuring they remain wet for a minimum of 3 minutes to allow full disinfectant actionallowing 3 minutes contact time.
- iv. Bathroom or Toilet
 - Disinfect all high touch areas in bathrooms, including but not limit to mirrors, fixtures, pipes, toilet seat, and dispensers with Germicidal Bleach Wipes, ensuring they remain wet for a minimum of 3 minutes to allow full disinfectant actionallowing with 3 minutes contact time.
- v. Floor Care
 - Sweep resident room and mop with Germicidal Bleach.
 - Sweep bathroom and mop with Germicidal bleach.
- vi. Doff off PPEs and perform hand hygiene before exiting the room.

2. Initial Terminal Cleaning Procedure Includes below steps. This procedure will be performed when the residents come off the isolation or are discharged from the room.

a. Perform hand hygiene and don on proper PPEs.

- Following the Transmission Precautions signs.

a.b. Trash removal and Dusting

- High Dusting of the room, starting from top of the walls and windows
- Dusting vertical surfaces onto floor.
- Remove trash liner from waste bins.
- Tie off trash liner.
- Wash interior and exterior of waste bins with Neutral Cleaner and Bleach Germicidal Wipes
- Allow time for wastebaskets to completely air dry.
- Reline waste bins.

b.c. Furniture/High Touch areas

- Clean all high touch surfaces twice, including but not limit to .Lightlight switches, walls, doors and doorknobs, wall mounted items, bed side tables, etc. Clean with Neutral Cleaner, and after 1 minute clean again with germicidal beach wipes.

c.d. Bathroom or Toilet

- ~~Follow Seven Step procedure when~~ Clean and disinfect the bathroomsing- Bathrooms. Clean all high touch areas noted in section b, along with mirrors, fixtures, pipes, toilet seat, and dispensers in bathroom twice with Neutral Cleaner and after 1 minute and Germicidal Bleach Wipes

d.e. Floor Care

- Sweep resident room and mop with Germicidal Bleach.
- Sweep bathroom and mop with Germicidal bleach.

e.f. Leaving Room

- Using proper doffing technique to reduce pathogen transmission and avoid contamination, remove gown, mask, and glove, and place in trash container.
- Performing hand hygiene with hospital graded alcohol hand sanitizer and/or hand soap, following the Infection Prevention & Control Precautions before proceeding to next station or assignment.
- Clean bucket and wringer in porter closet dispose of mops in soil mop container in biohazard room.

Addendum: In the event of an emergency, the department may use approved disinfectants and cleaners as an alternative to our standard.

ATTACHMENT:

None.

REFERENCE:

LHHPP 72-01 b1 Standard Precaution.

LHHPP 72-01 B2 Hand Hygiene

LHHPP 72-01 B5 Transmission-Based Precautions and Resident Room Placement

LHH EVS P&P XI Hospital Cleaning Step

XIV. MAIL ROOM PROCEDURE

PURPOSE

To provide guidance for LHH mail systems and the handling of Resident mail / packages received from United States Postal Services (USPS)

A. LOCATION AND SECURITY

The Hospital's mail distribution outlet is located at the H - Wing "Mail Room", 2nd Floor, Administration Building. The doors to this area are equipped with ~~trilogy lock~~locks and can only be accessed by authorized users. Doors to the mail room are open Monday – Saturday, 8am-4:30pm.

B. DAYS OF SERVICE

Mail Services for USPS and internal mails are provided six days per week, 12:30 pm to 4:30 pm (Monday through Saturday) except Sundays and legal Holidays.

C. SOURCES OF MAIL

1. Downtown (City Hall & other government agencies – brought in by the messenger) to H – Wing.
2. Parkside - Post Office (USPS – brought in by the messenger Monday - Saturday).
 - a. Parkside – Post Office hours: Mon-Fri 9:00am – 5:00pm, Sat 9:00am – 2:00pm
 - b. Messenger will pick up mails and packages from Parkside Post Office and deliver them to Mail Room.
3. Internal mail brought in from other departments.

D. STAFFING

The Environmental Services Department will staff the Mail Room from 12:30 pm to 4:30 pm Monday through Saturday except Sundays and holidays.

E. MAIL SORTING PROCEDURE

- a. Messenger brings in mail from in-house and outside box into Mail Room. Messenger will enter all picked up packages from the Parkside – Post Office into the Resident Package Receiving log. The Resident Package Receiving log is kept in the EVS Mail Room.
- b. EVS staff will identify the mails and package addressed to residents, with named neighborhood/household, named employee with specified household/unit.
- c. Mails to the ~~Mail Boxes~~Mailboxes/Slots: Mail addressed to department, department head title, department head name, employee name, mail for distribution to ~~all mail~~ ~~boxes~~mailboxes (as instructed.)
- d. Mail received in the Mail Room must be date stamped before delivering to the resident mail slots.
- e. In-house mails Back to Mail Room
Sort internal department mails from in-house ~~bex~~boxes, and all other unsorted mail. Leave the keys to EVS box (Box #50).

F. DELIVERY PROCEDURE

- a. Residents' mail will be sorted and delivered into mail slots in H-Wing by household, neighborhood, or unit. The Unit Clerk or designated nursing staff will pick up the mail from the slots in the Mailroom.
- b. Resident parcels and packages received from the United States Postal Service (USPS) will be picked up from the post office and delivered to the Laguna Honda Hospital (LHH) Mailroom.
- c. All packages will be logged and signed for upon receipt in the Mailroom.
- d. EVS employees will sort and record the resident packages in the Centralized Tracker for Resident Packages on LagunaNet, then deliver the packages to the Administration Office for distribution.
- e. LHH doctors' mail will be delivered to the Medical Director's Office. Only authorized personnel with ID access may enter this office.

~~f. Mail for Administration (1st floor) will be delivered to Administration/Personnel, the Deputy City Attorney, and the Laguna Honda Foundation/Personnel. Outgoing mail will be collected from the designated box and sorted in the H-Wing Mailroom.~~

~~g. Nursing Administration mail will be delivered to the Nursing Office mail slot.~~

~~h. Mail for all MDs and Psychologists (Ph.D. and Psy.D.) will be delivered to the Medical Director's Office.~~

~~DELIVER PROCEDURE~~

~~Residents' mail will be sorted and delivered in mail slots in H – Wing per household, Neighborhood or Unit. The Unit clerk or designated nursing staff will pick up the mails from the slots at the Mail Room~~

~~Resident parcels and packages received from the United States Postal Service (USPS) will be picked up from the post office and delivered to the Laguna Honda Hospital mailroom.~~

~~All packages will be logged and signed off upon receipt in the mailroom.~~

~~EVS employees will sort and log the resident packages in the Centralized Tracker for Resident Packages at LagunaNet, then deliver the packages to the Administration Office for distribution.~~

~~LHH doctors' mail to be delivered inside Medical Director's Office Room (only authorized personnel with id. Access).~~

~~Deliver mail to Administration (1st floor) which includes Administration/personnel, Deputy City Attorney, Laguna Honda Foundation/personnel. Take out the outgoing mail from the box, sort mail in H – Wing mailroom.~~

~~Nursing Administration mail to the nursing office mail slot.~~

~~All MD's, Psychologist's (Ph.D. and Psy.D.) mail to Medical Director's Office.~~

MAIL TYPE

Admission and Eligibility (A&E) ~~Mail Box~~Mailbox:

- a. Employee name c/o A&E
- b. Admission & Eligibility (A&E)
- c. LHH for patient name/LHH c/o patient name
- d. Patients Utility Bills addressed to ~~the resident's~~ name
- e. Ambulance Bills addressed to ~~the resident's~~ name
- f. Insurance bill from CIGNA, Blue Cross, Tricare, Blue Shield, SFGH, etc. addressed to ~~the resident's~~ name c/o LHH
- g. Social Security Administration addressed to LHH – C/O LHH ~~for that~~ correspondence
- ~~h. Department of Human Services addressed to the resident's/patient's name w/ an LHH address. Other mail addressed to LHH will be distributed distributed to the corresponding department, i.e. HR/Administration/Rehab - etc.~~

~~Residents Mail – Unit Mail slots~~

- a. Mail addressed to ~~the resident~~/patient name with LHH plus street address. (To be sorted according to neighborhood, household, or unit.
 - ~~SSR correspondence addressed to the resident~~
 - ~~Patients Utility Bills addressed to resident name~~
 - ~~Ambulance Bills addressed to resident name~~
 - ~~SF Chronicle Bills addressed to resident name~~

~~Patients Account Mail- Billing/PFS Department Suite A3271, Administration Building~~

- ~~b. Mail addressed to Patients Accounts or to staff c/o patient's account.~~
- ~~c. Resident's checks addressed to residents from NHIC – National Heritage Insurance Co. (Blue envelope).~~
- ~~d. Checks (brown window envelope) from United Government Service, LLC window address showing "Pay to the order of – Resident's name with LHH address.~~
- ~~e. Envelope from SEIU, EDD addressed to the resident's name with LHH address.~~

Checks (to determine a mail with check, envelope is usually blue, brown color, some in window envelopes, "pay to the order" is mostly shown outside the envelope.)

- a. Checks addressed to or pay to the order of the patient's name with LHH an address are delivered to Patient Account.
- b. Checks addressed to LHH from State Controller - medium brown envelope are delivered to Patient Billing.
- c. Checks addressed to LHH (in small brown envelope) from State Controller addressed to LHH are delivered to Medical Records or Health Information Systems (HIS).
- d. Checks addressed to a department go to the corresponding department, e.g., Volunteers, Accounting, etc.
- e. Checks in a big brown window envelope addressed to LHH from CA State Controller are delivered to Accounting the Accounting Department.

Mail Returned to Sender

- a. Mail addressed to employees – no longer working with LHH. If the sender pertains to a department function, send the mail to that department.
- b. Mail addressed to a resident/patient – no longer a resident of LHH.
- c. Mail addressed to the resident/patient from government agencies will be sent to A&E.

Unidentified Mail

- a. Mail addressed to LHH with no department name, no department title, and no resident/employee/other name to A&E. If sender is related to patient function, mail goes to A&E, mail related to department function – goes to corresponding department.
- b. Mail returned to sender and the sender's name is only LHH plus the address - mail room clerk can open the mail and write/stamp "opened for routing."
- c. Returned mail from in-house and sent back to the H – Wing Mail Room – mail room clerk can open the mail and write/stamp "opened for routing".

REFERENCE:

Standard Work Centralize Tracking of Resident Packages

- ~~h. Other mail addressed to LHH will be distribute to the corresponding department, i.e. HR/Administration/Rehab etc.~~

Residents Mail— Unit Mail slots

- ~~— Mail addressed to resident/patient name with LHH plus street address. (To be sorted according to neighborhood, household, or unit.~~
- ~~— SSR correspondence addressed to resident~~
- ~~— Patients Utility Bills addressed to resident name~~
- ~~— Ambulance Bills addressed to resident name~~
- ~~— SF Chronicle Bills addressed to resident name~~

Patients Account Mail—Billing/PFS Department Suite A3271, Administration Building

- ~~— Mail addressed to Patients Accounts or to staff c/o patient's account.~~
- ~~— Resident's checks addressed to residents from NHIC— National Heritage Insurance Co. (Blue envelope).~~
- ~~— Checks (brown window envelope) from United Government Service, LLC window address showing "Pay to the order of— Residents name with LHH address.~~
- ~~— Envelope from SEIU, EDD addressed to resident name with LHH address.~~
- ~~Checks (to determine a mail with check, envelope is usually blue, brown color, some in window envelopes, "pay to the order" is mostly shown outside the envelope.)~~
- ~~— Checks addressed to or pay to the order of the patient's name with LHH addressed deliver to Patient Account.~~
- ~~— Checks addressed to LHH from State Controller— medium brown envelope deliver to Patient Billing.~~
- ~~— Checks addressed to LHH (in small brown envelope) from State Controller addressed to LHH deliver to Medical Records or HIS.~~
- ~~— Checks addressed to department go to corresponding department, e.g., Volunteers, Accounting, etc.~~
- ~~— Checks in big brown window envelope addressed to LHH from CA State Controller deliver to Accounting Department.~~

Mail Returned to Sender

- ~~— Mail addressed to employee— no longer working with LHH. If sender pertains to department function, send mail to that department.~~
- ~~— Mail addressed to patient— no longer resident of LHH. Mail addressed to patient from government agencies to be sent to A&E.~~

Unidentified Mail

- ~~— Mail addressed to LHH with no department name, no department title, and no resident/employee/other name to A&E. If sender is related to patient function, mail goes to A&E, mail related to department function— goes to corresponding department.~~
- ~~— Mail returned to sender and the sender's name is only LHH plus the address— mail room clerk can open the mail and write/stamp "opened for routing."~~
- ~~— Returned mail from in-house and sent back to the H— Wing Mail Room— mail room clerk can open the mail and write/stamp "opened for routing".~~

—Delivery Procedure:

- ~~— Residents' mail will be sorted and delivered in mail slots in H— Wing per household, Neighborhood or Unit. The Unit clerk or designated nursing staff will pick up the mails from the slots at the Mail Room~~
- ~~— Resident parcels and packages received from the United States Postal Service (USPS) will be picked up from the post office and delivered to the Laguna Honda Hospital mailroom. EVS will be sorted and delivered to the respective nurse's station for distribution. All packages will be logged, and the unit need to sign off upon receipt.~~
- ~~— LHH doctors' mail to be delivered inside Medical Director's Office Room (only authorized personnel with id. Access).~~
- ~~— Deliver mail to Administration (1st floor) which includes Administration/personnel, Deputy City~~

~~Attorney, Laguna Honda Foundation/personnel. Take out the outgoing mail from the box, sort mail in H — Wing mailroom.~~

~~— Nursing Administration mail to the nursing office mail slot.~~

~~— All MD's, Psychologist's (Ph.D. and PsyD.) mail to Medical Director's Office.~~

~~Residents Mail—Unit Mail slots~~

- ~~a. Mail addressed to resident/patient name with LHH plus street address. (To be sorted according to neighborhood, household, or unit.~~
- ~~1) SSR correspondence addressed to resident~~
- ~~2) Patients Utility Bills addressed to resident name~~
- ~~3) Ambulance Bills addressed to resident name~~
- ~~4) SF Chronicle Bills addressed to resident name~~

~~Patients Account Mail—Billing/PFS Department Suite A3271, Administration Building~~

- ~~a. Mail addressed to Patients Accounts or to staff c/o patient's account.~~
- ~~b. Resident's checks addressed to residents from NHIC—National Heritage Insurance Co. (Blue envelope).~~
- ~~c. Checks (brown window envelope) from United Government Service, LLC window address showing "Pay to the order of—Residents name with LHH address.~~
- ~~d. Envelope from SEIU, EDD addressed to resident name with LHH address.~~

~~Checks (to determine a mail with check, envelope is usually blue, brown color, some in window envelopes, "pay to the order" is mostly shown outside the envelope.)~~

- ~~a. Checks addressed to or pay to the order of the patient's name with LHH addressed deliver to Patient Account.~~
- ~~b. Checks addressed to LHH from State Controller—medium brown envelope deliver to Patient Billing.~~
- ~~c. Checks addressed to LHH (in small brown envelope) from State Controller addressed to LHH deliver to Medical Records or HIS.~~
- ~~d. Checks addressed to department go to corresponding department, e.g., Volunteers, Accounting, etc.~~
- ~~e. Checks in big brown window envelope addressed to LHH from CA State Controller deliver to Accounting Department.~~

~~Mail Returned to Sender~~

- ~~a. Mail addressed to employee—no longer working with LHH. If sender pertains to department function, send mail to that department.~~
- ~~b. Mail addressed to patient—no longer resident of LHH. Mail addressed to patient from government agencies to be sent to A&E.~~

~~Unidentified Mail~~

- ~~a. Mail addressed to LHH with no department name, no department title, and no resident/employee/other name to A&E. If sender is related to patient function, mail goes to A&E, mail related to department function—goes to corresponding department.~~
- ~~b. Mail returned to sender and the sender's name is only LHH plus the address—mail room clerk can open the mail and write/stamp "opened for routing."~~
- ~~c. Returned mail from in-house and sent back to the H—Wing Mail Room—mail room clerk can open the mail and write/stamp "opened for routing".~~

F. Delivery Procedure:

- ~~a. Residents' mail will be sorted and delivered in mail slots in H—Wing per household, Neighborhood or Unit. The Unit clerk or designated nursing staff will pick up the mails from the slots at the Mail Room~~
- ~~b. Resident parcels and packages received from the United States Postal Service (USPS) will be picked up from the post office and delivered to the Laguna Honda Hospital mailroom. EVS will be sorted and delivered to the respective nurse's station for distribution. All packages will be logged, and the unit need to sign off upon receipt.~~
- ~~c. LHH doctors' mail to be delivered inside Medical Director's Office Room (only authorized personnel with id. Access).~~
- ~~d. Deliver mail to Administration (1st floor) which includes Administration/personnel, Deputy City Attorney, Laguna Honda Foundation/personnel. Take out the outgoing mail from the box, sort mail in H—Wing mailroom.~~

~~e. — Nursing Administration mail to the nursing office mail slot.~~

~~All MD's, Psychologist's (Ph.D. and PsyD.) mail to Medical Director's Office.~~

~~XXI. REJECTED LINEN PROCEDURES~~

XXI. REJECTED LINEN PROCEDURE

POLICY: It is the policy of the Environmental Services Department to handle and store and dispose **rejected** linen.

PURPOSE: To ensure the quality of linen meets hospital standards.

PROCEDURE:

A. All linen deemed unserviceable by the vendor will be laundered, separated, and returned to the facility in separate packaging for disposal.

~~B.~~ This linen should be packaged and identified as “rejected”.

~~B.C.~~ All linen deemed unserviceable in the Clean Linen carts should be placed into the Rejected linen hampers in Clean Utility Rooms

~~G.D.~~ Rejected linen will be placed in storage for disposal or department usage.

ATTACHMENT:

None.

REFERENCE:

LHHPP 72-01 F4 Management of Hospital-Provided Linen

Revised EVS Policies and Procedures

ENVIRONMENTAL SERVICES (EVS) POLICY & PROCEDURES

POLICY:

1. To provide the best quality services, which include the provision of cleaning services, linen services management, waste management, pest ~~control~~elimination, and other auxiliary services in a way that supports the medical center goals and practices of care.
2. The Department will maintain a clean, safe and Homelike ~~comfortable~~ environment to residents, staff and visitors.

PURPOSE:

1. To provide cleaning services, waste handling, clean linen delivery & pickup, waste management, ~~of pest control~~elimination, moving/set up and other related services which support the resident caregivers and other staff.
2. To establish policies and guidelines in accordance with the rules and regulations set forth by the City, State and Federal Agencies.
3. To ensure staff has the knowledge and necessary skills to enable consistency and standardized service throughout the facility.

PROCEDURE:

I. PHILOSOPHY

The Environmental Services staff of Laguna Honda Hospital (LHH) acknowledges the need for humanistic concepts and supports a compassionate and caring approach to residents, family members and co-workers. We believe that each resident has psychosocial, economic, spiritual, and physical needs, which comprise the total person, and that we have a responsibility to assist residents in meeting their needs at their individual state of wellness.

We believe that Health Care practice and medical technology are continually changing and that the Environmental Services staff must keep abreast of current trends in order to provide the care for which we are responsible, and the residents have a right to expect. We support financial management programs, orientation programs for new personnel, and the education of all employees at our ~~Hospital~~hospital.

We believe that as a sub-system of the total Hospital system, we have a responsibility to work with other Hospital departments, other health professionals and ancillary services in coordinating and improving patient care services.

We believe that we have a special responsibility to our co-workers to maintain good working relations with one another. We realized that as individuals we must assume the initiative and responsibility to provide a pleasant and respectful work environment. Through open and honest communication and respect for one another, we will be better prepared to work as a cohesive unit in providing quality care to residents.

II. ENVIRONMENTAL SERVICES

A. Hours of Operations

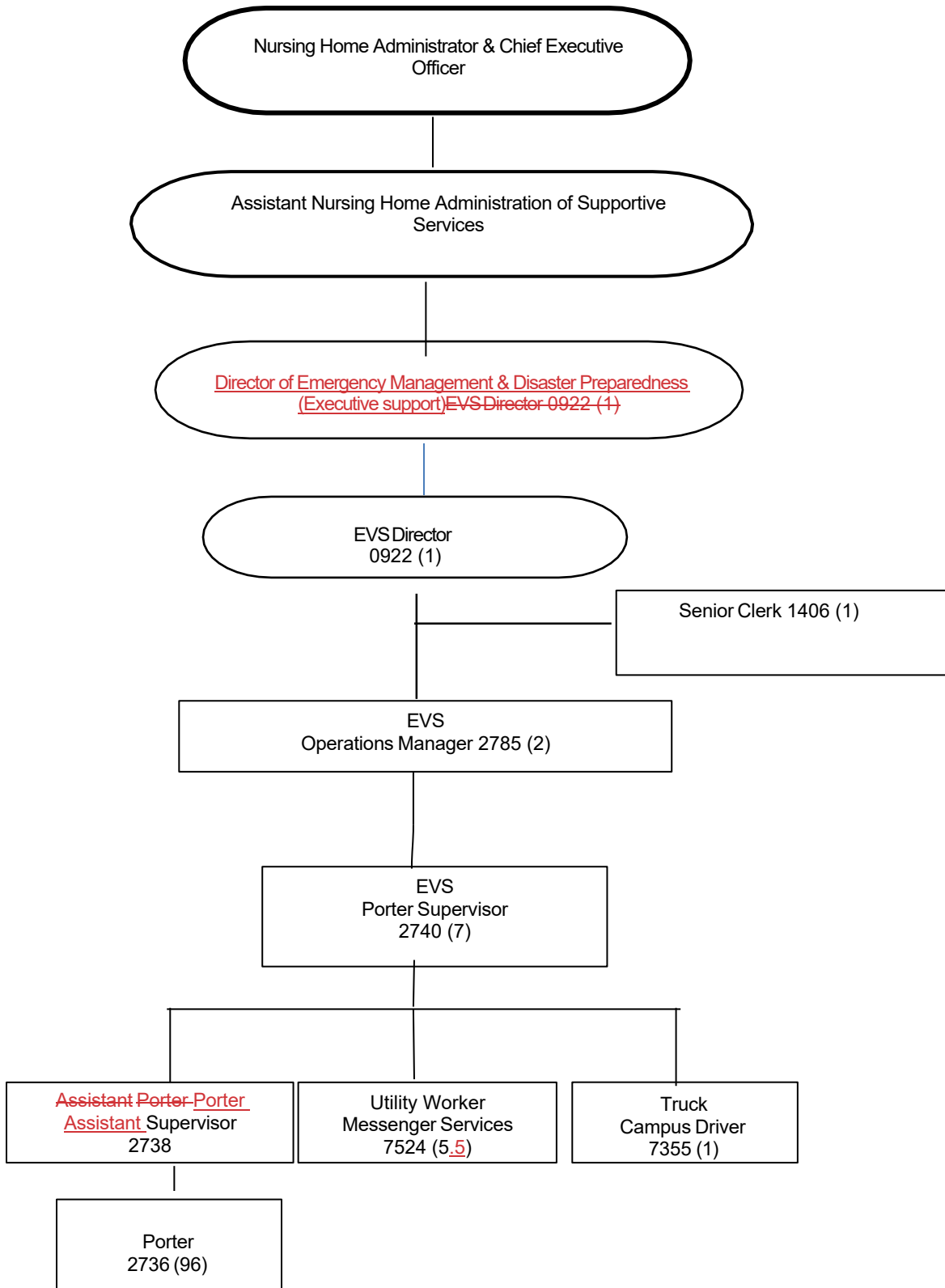
Environmental Services operates seven days per week, ~~24 hours per day~~.

1. Day Shift: 7:00 AM – 3:30 PM
2. PM Shift: 3:30 PM – 12:00 AM
- ~~3. AM Shift: 11:00 PM – 7:30 AM~~

B. Scope of services:

1. Daily cleaning and disinfecting of high and frequently touched surfaces in the facility.
2. Performs floor care throughout the facility including mopping, buffing, scrubbing, waxing, floor stripping, and carpet cleaning.
3. Transport soiled and clean linen to throughout hospital.
4. Courier and Messenger Service ~~Replace curtains~~
5. Furniture removal and room set up
6. Exchanging curtains as scheduled or requested.
7. Collecting and removing trash, recycle and compost from all areas of the facility.
8. Transportation: provides shuttle service for residents and staff, coordinate maintenance of facility fleet.
9. Provide Pest Control services to the facility.
- 9-10. Fleet management: maintaining all LHH vehicles

III. ENVIRONMENTAL SERVICES ORGANIZATION CHART



A. Organizational Chart Breakdown

1. EVS Director (~~Manager 1~~) – Reports to ~~Chief Operations Officer~~Assistant Nursing Home Administrator of Supportive Services. This position is responsible for overall management of the department.
2. EVS Operations Manager (Assistant General Service Manager) – Reports to Environmental Services Director and acts as his/her representative in/her absence. Assists Environmental Services Director in management of the department.
3. Porter Supervisor – Reports to Operations Manager. Responsible for shift operations or a large segment of shift operation of the Environmental Services Department.
4. ~~Assistant~~ Porter Assistant Supervisor – Reports to Porter Supervisor. Responsible for a small segment of shift operations or a particular area. May assume duties of a Porter Supervisor in his/her absence. May also assume the duties of a Porter.
5. Porter – Reports to Assistant Porter Supervisor and/or Porter Supervisor. Responsible for maintaining an assigned area of the Hospital utilizing basic housekeeping techniques.
6. Truck Driver & Institutional Utility Worker – Reports to Porter Supervisor or his/her designee. Responsible for driving of vehicles and performing other utility functions in the Hospital.

Revised: May 1997, Jan 2007, Aug 2008, Aug 2009, Aug 2015, ~~April~~April 2024, April 2025

IV. JOB DESCRIPTIONS

A. Environmental Services Director (0922 ~~Manager 1~~)

1. Characteristics of the Class:

Under administrative direction of the Chief Operations Officer, the Manager I, Environmental Services Manager, is responsible for managing the Environmental Services (EVS) for Laguna Honda Hospital. This position will supervise the Assistant General Services Manager and Porter Supervisors to plan, schedule and execute work. The Environmental Services Manager will develop and use metrics to measure workloads, performance and quality of services performed. This position will oversee the coordination of internal moves and set ups, support disaster and emergency operations, and perform other duties as assigned.

Requires responsibility for: carrying out, interpreting, coordinating, and enforcing existing policies and methods and developing detailed work procedures; achieving considerable economies and/or preventing considerable losses through enforcement of proper handling of equipment, materials and supplies; making regular contacts with supervisory and auxiliary personnel in various departments and occasionally with representatives of outside organizations as well as with the general public and visitors; supervising the preparation, gathering, review and approval of operational and personnel records. Work involves occasional exposure to ~~accident~~accidents and health hazards and occasionally to somewhat disagreeable elements.

2. Examples of Duties:

- a. Directs the activities of the Environmental Services Department, which includes porter supervisors, managers, porters, truck drivers, courier services, fleet services, outside grounds, and mail services.
- b. •Meets and directs the services of outside vendors to assist the operational needs of the hospital, including linen, upholstery, cleaning supplies, furniture moves, and pest control.
- c. •Assists the Chief Operations officer in, non-medical, in the preparation of annual budgetary estimate covering the personal and non-personal services in the areas supervised; subsequently controls expenditures within approved budgetary appropriations.
- d. •Confers with assistant manager, non-medical, various department heads and other supervisory personnel regarding housekeeping and general services problems in order to assure high standards of cleanliness, sanitation and appearance.
- e. •Through subordinates, assigns, trains and evaluates all personnel; enforces established regulations and disciplinary measures.
- f. •Determines and prepares or supervises the preparation of detailed work procedures; inspects and reviews work performance to assure satisfactory compliance with established standards.
- g. •Prepares or approves the preparation of specifications and requisitions for necessary equipment, materials and supplies.
- h. •Directs the moving, assembling and storing of furniture, equipment, materials and supplies; arranges for the disposal of items and maintains related inventories.
- i. •Conducts regular inspections of buildings, grounds and ~~equipment~~equipment checks on cleanliness, safety factors, operation and maintenance services.

3. •Prepares periodic and annual reports of work performance and services rendered.

Minimum Qualifications:

Possession of a Bachelor's degree from an accredited college or university; AND
Three (3) years (equivalent to 6,000 hours) of progressively responsible experience in

environmental services or custodial/janitorial services.

~~Minimum Qualifications:~~

~~Possession of a Bachelor's degree from an accredited college or university; AND
Three (3) years (equivalent to 6,000 hours) of progressively responsible experience in
environmental services or custodial/janitorial services.~~

D.B. _____ EVS Operations Manager (2785 Assistant General Service Manager)

1. Definition:

Under direction, assists in the supervision of the housekeeping and general service activities of a section of a large institution; plans, organizes and directs the work of subordinate personnel assigned; and performs related duties as required.

Requires responsibility for, executing, interpreting, coordinating and enforcing existing policy and assisting in the development of work procedures and methods; achieving economies through the most efficient assignment of personnel, and through the enforcement of proper handling and use of supplies; making regular contacts with institutional personnel; supervising and preparing a wide variety of operating records and reports. Work involves occasional exposure to ~~accident~~ accidents and health hazards as well as to disagreeable elements.

2. Examples of Duties:

- a. Directs and coordinates the activities of personnel assigned to a section of a large institution, with respect to services such as housekeeping janitorial, security, laundry, storage, inventory, messenger, patient property and related activities.
- b. Inspects premises with respect to cleanliness, orderliness, safety regulations or other pertinent conditions in order to determine the effectiveness of housekeeping and general services procedures of the institution; studies and makes recommendations ~~concerning~~ concerning housekeeping methods and procedures and the most efficient assignment of personnel in this regard.
- c. Directs and may participate in the indoctrination of new employees; conducts evaluation ~~interviews, and interviews~~ and makes recommendations; plans and coordinates in-service training programs for both new and veteran employees.
- d. Consults with institution supervisory personnel on matters connected with housekeeping or related activities; maintains close liaison in this regard; assists in the preparation of annual budget estimates for the housekeeping and general services division; directs the moving assembling, and storage of a variety of items of supplies, furniture and equipment; directs the preparation and maintenance of a wide variety of personnel and operating records and reports and participates in this activity.
- e. Provides direction for the Housekeeping and General Services Division and may act for the manager in his absence; enforces discipline among subordinates; makes appropriate recommendations on disciplinary action; provides counseling when ~~necessary~~ necessary, in regard to disputes on assignments.
- f. Directs the preparation of work schedules providing the most efficient coverage; directs, reviews and approves the preparation of requisitions for a variety of supplies and equipment; makes appropriate recommendations on disciplinary action.

3. Minimum Qualifications:

- a. Knowledge of: Methods and procedures employed in servicing, cleaning, and maintaining a large institution including the use of a wide variety of cleaning equipment and supplies; modern supervisory methods particularly as they apply to a large ~~institution~~ ;regulatory institution; regulatory requirements for health, safety and infection control; principles and methodologies of budget development.
- ~~b.~~ Ability and Skill to: Direct a large group of subordinates employed at various locations in an institution to effectively arrange work schedules, evaluate performance of subordinates and establish and maintain effective liaison with instructional, administrative, and supervisory personnel; understand and interpret written material; communicate effectively both orally and in writing.
- ~~b.~~
- c. Experience: Two (2) years of experience supervising general services in an institutional/hospitality setting (such as environmental services, housekeeping, messenger, laundry/linen or mailroom).

E.C. **Porter Supervisor (2740)**

1. Characteristics of the Class:
Under direction, the Porter Supervisor I oversees the activities of a large group of porters responsible for the maintenance and cleaning of a large institutional building. The Porter Supervisor I is responsible for the following essential duties:
Working Conditions: Using approved safety procedures and special protective clothing and/or equipment, the 2740 Porter Supervisor I is expected to supervise and perform cleaning activities requiring exposure to hazardous cleaning chemicals, blood and bodily fluids and other medical wastes, and/or patients with contagious diseases. Work may require physical strength and stamina in heavy lifting, standing, bending, pulling and pushing, for extended hours throughout the day and/or night.
2. Examples of Duties:
 - a. •Directs, assigns and supervises the work of a large group of porters;
 - b. •Regularly inspects and evaluates assigned areas and makes spot checks of the work of subordinate staff for satisfactory completion of work assignments and adherence to department standards;
 - c. •Ensures that standard infection control, safety and waste management procedures are observed and enforced;
 - d. •Explains procedures and methods to subordinates by written and oral instructions, demonstrations or other training methods;
 - e. •Interprets departmental rules, regulations and policies to subordinates;
 - f. •Responds to on-site emergency situations about custodial services or maintenance problems to proper institution personnel for correction;

•Requisitions, replenishes and issues custodial and other supplies and other equipment; ensures that supplies are adequate for completion of assigned work.
3. Minimum Qualifications:
 - ~~a.~~ Three (3) years (equal to 6,000 hours) of verifiable experience in an institutional setting performing all of the following duties: floor and carpet maintenance; furniture, equipment and wall cleaning or disinfecting; hazardous waste and trash disposal; and movement of furniture and other equipment.

a.

*Verifiable experience must include at least one (1) year supervising Porters, Janitors, or Custodians performing the above tasks.

F.D. Assistant Porter Supervisor (2738)

1. Characteristics of the Class:

Under the general supervision, performs porter duties in maintaining a large institution in a clean and orderly condition; and in addition, supervises the work of a small crew of porters performing such duties; and performs related duties as required.

Requires responsibility for: carrying out and explaining existing methods and procedures related to routine manual cleaning tasks; safeguarding of supplies and equipment; personal contact with patients, other institution personnel, and the ~~general public~~ public; making and keeping routine records and reports. Work involves the use of simple repetitive manual skills, with short periods of concentration required to assure satisfactory results requiring sustained physical effort in doing continuous light or occasional heavy work in surroundings that may be somewhat disagreeable.

2. Examples of Duties:

- a. Performs the duties of a porter in maintaining an institution in a clean and orderly condition.
- b. Assigns duties to a small crew of porters and inspects their work for satisfactory results.
- c. Checks timesheets of subordinates and reports tardiness of porters to Porter Supervisor I or Assistant General ~~Services Manager, and~~ Services Manager and reports any uncovered assignments.
- d. Trains and instructs new porter personnel, explaining and demonstrating accepted methods and procedures to be followed.
- e. Supervises and/or engages in the transporting of food, utensils, furniture, equipment, ice and other items throughout an institution as required.
- f. May supervise and/or engage in the very minor repair and adjustment of tools and equipment used in executing the duties of the ~~position, or~~ position or reports the need for minor or major repairs to such tools and equipment.
- g. As directed, may occasionally perform the duties of Porter Supervisor I for limited periods.

3. Minimum Qualifications:

- a. Training and Experience: Two (2) years of verifiable experience in an institutional setting as a porter, janitor, or custodian, performing all of the following duties: floor and carpet maintenance; furniture, equipment and wall cleaning or disinfecting; hazardous waste and trash disposal; and movement of furniture and other equipment.
- b. Knowledge, Abilities and Skills: Requires a good knowledge ~~of~~ of modern cleaning methods and materials, tools and equipment, their uses and upkeep.
- c. Requires the ability and skill to bend, stoop, reach, stretch, push, lift and carry; issue and follow oral and written instructions; keep simple records and make simple reports; make preliminary recommendation regarding the adequacy of performance of new porter personnel; get along well with others.

G.E. Porter (2736)

1. Characteristics of the Class

Under supervision, performs a variety of routine manual tasks in cleaning floors, hallways, stairs, walls, furniture and equipment in a large institution; transports food, utensils, equipment and supplies between locations; and performs related duties as required

2. Essential Duties:

1. Sweeps and wet-mops the floors in halls, wards, laboratories, treatment rooms, stairways and other areas throughout an institution.

2. Scrubs and waxes floors with the aid of electric scrubbing and buffing equipment.

3. Empties waste baskets into larger trash cans and takes same to incinerator; takes wet garbage to garbage room.

4. Washes and cleans face bowls, commodes, ~~bath-tubs~~bathtubs and other bathroom fixtures and replenishes paper towels, toilet tissue, soap, light bulbs, etc., as needed.

5. Dusts, cleans and washes all furniture, equipment, walls and woodwork throughout an institution.

6. Gathers soiled linen on the various assigned wards and loads into the laundry chute; sterilizes mattresses, pillows, bed linens, etc.

7. Transports food and utensils by pushing a food ~~guernsey~~gurney from the kitchen to the various wards and return to kitchen; moves furniture, equipment and other items about an institution as required and may carry ice to various wards; assists in loading and unloading trucks; uncrates and assembles furniture and equipment.

8. Upon the discharge of a patient, may be assigned to the complete discharge cleaning function which includes but is not limited to the dusting and cleaning of patient rooms, floors, walls, bathrooms, furniture and light fixtures, and the changing of the ~~patients~~patient's bed.

9. May occasionally have very limited responsibility for the checking and storing of a small variety of supplies, such as dirty and clean linen, office supplies, printed forms, etc.

~~10.~~ May occasionally wash and clean window glass and electric fixtures from ladders or scaffolds from ground level or interior heights.

~~10.~~

~~11.~~ As directed, may occasionally perform the duties of Porter Assistant Supervisor.

3. Minimum Qualifications:

a. One (1) year of janitorial work experience in a hospital, hotel, similar institution or janitorial service performing cleaning duties described above; or

b. successful completion of a certified custodial program (proof of completion must be submitted with application); AND

c. Six (6) months of janitorial work experience in a hospital, hotel, similar institution or janitorial service performing the cleaning duties as described above.

H.F. Institution Utility Worker (7524)

1. Special Working Condition:

Under general supervision, performs a variety of manual and general labor tasks in connection with the operation and maintenance of institutional buildings and grounds, and performs other related duties as required. The essential functions of this class include: consolidating and loading refuse onto trucks for removal or transportation to disposal sites; performing minor

repairs to mechanical and hospital equipment; performing general maintenance duties; operating a motor vehicle while transporting various items; assisting others in daily tasks; assisting in identifying health and safety issues; and assisting in the reconfiguration of work areas.

2. Essential Duties:

- a. Operates a motor vehicle while transporting a variety of items which include money, refuse, donations, equipment, furniture, food, medical related items, and interdepartmental forms of communication. This includes items for pick-up and/or delivery. May operate a motor vehicle in the transfer of employees and/or patients.
- b. Assists others in daily tasks.
- c. Assists in setting up or rearranging meeting rooms and the reconfiguration of work areas.
- d. Performs related duties and responsibilities as assigned.

4. Minimum Qualifications:

- a. Ability to: establish and maintain effective working relationships; and speak and write in a clear and effective manner.
- b. One year of experience in the maintenance of buildings and grounds; OR
- c. Six months experience in Class 7524 Institutional Utility Worker; AND
- d. Possession of a valid Class C driver license (attach a copy to the application).
- e. Essential duties require the following physical skills and work environment: the ability to drive to various ~~work-related~~ work-related sites; to work occasionally on weekends and nights; and may involve some dirty and disagreeable work conditions such as tight crawl spaces with hot steam pipes. Employees will be required to lift 50 – 70 pounds depending upon the position.

I-G. Senior Clerk (1406)

1. Characteristics of the Class:

Under general supervision, performs difficult, responsible and specialized clerical work, may assign clerical and office work to subordinate office personnel and performs related duties as required. Essential functions include: interpreting, enforcing and carrying out existing methods and procedures relative to office operations; making regular contacts with other departmental personnel and providing information; explaining and interpreting existing laws, regulations and administrative policies to the general public in connection with office activities; gathering, preparing and maintaining a wide variety of records, reports and documents relative to office operations; and calculating basic mathematical computations in connection with the preparation of various reports.

2. Essential Duties:

1. Assigns clerical and office work to subordinate personnel.
2. Codes and indexes documents, records and correspondence. Methods may include color code, terminal digit, numerical, alphabetical and/or chronological order to ensure proper filing and ready access of data.
3. Disseminates information and answers inquiries by communicating with the public, departmental personnel and other departments.

4. Explains and interprets existing laws, regulations and administrative policies governing the activities of the assigned office to the general public and other City personnel.

5. Checks and reviews a variety of documents for completeness and accuracy.

6. Files, maintains and retrieves documents, records and correspondence in accordance with established procedures.

7. Compiles information and data necessary for the preparation of various departmental reports in which judgment may be exercised in the selection of data and materials.

8. Prepares and maintains a variety of reports in which judgment may be exercised in the selection of data and materials.

9. Makes mathematical computations using addition, subtraction, multiplication and division of whole numbers, decimals and fractions.

10. Exercises sound judgment and utilizes knowledge of applicable laws, regulations and procedures in solving daily clerical and office problems.

11. Receives a variety of telephone and in-person calls and routes such calls and individuals to proper places.

12. Receives and accounts for moderate amounts of money from the collection of fees and similar sources.

13. Operates office equipment, including calculators, photocopying equipment, adding machines, computer terminals, microfiche viewers, fax machines and postage meters.

14. Processes mail: opens, time stamps, sorts and distributes the incoming mail; stuffs and seals envelopes; makes daily pickup and delivery to ensure timely mailing and receipt of mail.

15. Performs related duties as required.

3. Minimum Qualifications:

1. Two (2) years (equivalent to 4000 hours) of verifiable clerical experience included preparing and maintaining a variety of records and/or documents, filing, use of office equipment, public contact and processing of incoming and outgoing mail; OR

2. Eighteen (18) months (equivalent to 3000 hours) of verifiable clerical experience as described in #1 and completion of a clerical training program (240 hours); OR

3. Eighteen (18) months (equivalent to 3000 hours) of verifiable clerical experience as described in #1 and 15 semester units (or equivalent quarter units) of coursework from an

accredited college or university.

~~Eighteen (18) months (equivalent to 3000 hours) of verifiable clerical experience as described in #1 and 15 semester units (or equivalent quarter units) of coursework from an accredited college or university.~~

VIII. SAFETY

Policy:

The Environmental Services (EVS) Department staff will act and work in a fashion which recognizes good safety practices. Department management will encourage and promote a safety conscious attitude among the staff.

Purpose:

To avoid accidents and provide a safe environment to patients, staff and visitors.

A. Procedure:

The EVS Department staff will observe established guidelines concerning EVS safe work practices.

The EVS Department staff will report safety hazards to their respective supervisor. Department management will inform the responsible department.

The Department reports repairs or equipment needed to Plant Services for action.

The Department maintains adequate records of repair requests.

B. Safety Related Policies & Procedures:

Policies and procedures relating to safety specific to Environmental Services. Listed below are the policy titles related to safety policies and procedures.

1. Porter Carts Usage

- a. All porter carts with cleaning solutions and materials must be locked at all times and shall not be left unattended in ~~resident~~patient or public areas.
- b. All porters shall return their carts to the designated storage area during breaktime and/or when leaving their work area for any reason.
- c. All porter carts must be parked at one site of the hallway, not blocking Egress Exits, extinguishers/pull stations, fire doors, corridors, electricity panels, by following the Fire Life Safety guidelines.

2. Porter Closet Doors & Door Wedges

- a. Porter Closets and supply rooms must be locked all the time when not in use.
- b. Use of door wedges or any items to prop doors open is prohibited.

3. Locking of Linen Chute Doors

- a. All doors of Soiled Utility Room are to be locked all the time.
- b. All linen chutes doors are kept locked when not in use. 3:30PM-Midnight shift personnel have the additional responsibility of making a final round at approximately 11:30pm to check all linen chute doors are secured before their shift ends.

4. Covered Toe Shoes

All staff must wear covered toe shoes during work hours. One pair of steel-toe or composite toe safe shoes is provided to all 2700 classification ~~staff~~ SEIU 1021 members annually.

Employees who choose not to comply may face disciplinary action or be refused permission to work.

5. Moving of Furniture & Equipment

Below safety practices shall be followed when moving furniture and equipment.

- a. Flatbed carts should not be overloaded so that items fall off the cart.
- b. Large loads that impair vision should be transported with assistance to ensure traffic is cleared out of the way.
- c. Large and heavy items, including folding tables, should only be lifted and moved with assistance.
- d. Appropriate work gloves or requested PPE are provided to perform the move.

6. Mopping Procedure

- a. Perform Hand Hygiene and wear proper PPE.
- b. Mop floors in sections, leaving a dry area for traffic.
- c. Mop small areas at a time. Mop one room at a time utilizing a wet floor sign at each room. Remove the wet floor sign when the floor is dry completely.
- d. Damp mops the floors without excessive cleaning solution.
- e. Wet floor signs must be always utilized and placed visibly to secure the wet area, not blocking the doors from closing.
- f. Communicate with the nursing team/residents about the wet floors.

All Hospital staff has an obligation to contribute to a safe work environment.

7. Trash/Waste Disposal

The EVS Department is responsible for the transport and disposal of Medical Wastes, Trash, Compose, and Recycles.

- a. Transfer and dispose all Hospital trash/waste in accordance with all applicable City, State and Federal regulations.
- b. EVS employees shall wear proper PPE, perform Hand Hygiene, and/or utilize equipment to handle wastes (Biohazard, Pharmaceutical, and Chemotherapy)
- c. The EVS Department management maintains all hazardous waste manifests for annual inspection.

~~c.~~d. EVS employees complete the required trainings periodically and be compliant with all OSHA regulations for waste transportation and disposal.

ATTACHMENT:

None.

REFERENCE:

EVS Policy IX Waste Management Policy

EVS Policy XVII Transport, Delivery Time for Biohazard, Trash and Linen

LHHPP 72-01 B1 Standard Precautions

LHHPP 72-01 B2 Hand Hygiene

LHHPP 72-01 F4 Management of Hospital – Provided linen. ~~Line~~

Revised: May 1997, Jan 2007, Aug 2008, Mar 2024.

X. EQUIPMENT, SUPPLIES AND CHEMICALS

POLICY:

The Environmental Services Department will maintain adequate supplies, equipment and cleaning chemicals for the efficient operation of the Department and Hospital.

PURPOSE:

To allow the Environmental Services Department to carry out its function and to maintain a clean and safe Hospital environment.

PROCEDURE:

All cleaning chemicals used will be purchased and approved by the Infection Control Committee and procured from sources approved by the City. Cleaning chemical use, disposal and/or diluted disposal will comply with all City, State and Federal regulations.

Records will be kept of requisitions for supplies and equipment. Equipment operating instructions and warranties will be kept until that piece of equipment is replaced or discarded. Equipment will be maintained at all times.

Records will be kept of requisitions for cleaning chemicals. SDS (Safety Data Sheets) will be maintained for all chemicals in use and for chemicals used, but not currently in use.

Equipment supplies and cleaning chemicals shall not be removed from the Hospital.

A. Cleaning Cart Set-Up

To provide the EVS porter with a checklist of equipment and supplies that will be needed to complete a routine job assignment. (Project work assignments will require different and/or equipment and supplies).

1. The following items should appear on a properly equipped cleaning cart:

<u>Materials</u>	<u>Materials</u>	<u>Chemicals (Ready to use)</u>
<ul style="list-style-type: none">1 Wet Mop Handle1 Microfiber Dust Mop Handle with 11 string mop handle with 1 microfiber string mop14 microfiber Mops2 Mop Buckets with Wringer1 High Duster Handle12 microfiber High Duster Heads6 Wet Floor Signs1 Toilet Bowl Swab1 Toilet BrushHand Paper TowelsToilet PaperToilet Seat CoversEasy Trap Duster	<ul style="list-style-type: none">1 Caddy1 Dustpan with BroomMicrofiber ragsPutty KnifeGlovesPlastic Bags (clear)	<ul style="list-style-type: none">Glance: Glass & Surface CleanerVirex 256 Disinfectant CleanerStride: daily cleaner for floors and other hard surfacesCrew: Non-Acid Bowl and Bathroom DisinfectantEnzymatic Luster Crème CleanserOxivir 1: Disinfectant WipesMicro-Kill Bleach Germicidal Bleach Wipes/Solution: Sporocidal, fungicidal, bactericidal and virucidal disinfectant

2. Porter Carts shall be kept clean and organized.
 - Top shelf of cart must be kept clear of cleaning supplies. No large containers, personal belongings or food are allowed on the cart.
 - Two mop buckets with wringers should be on the cleaning cart.
 - Soiled cleaning rags and mops should not be seen on the cart or allowed to accumulate. They should be wrapped in soiled linen bags and placed down through the linen chutes stored in every time when the porter carts are parked in the Soiled Utility Rooms until they are transferred to the central location to be picked up by the laundry vendor.
 - Extra plastic bags should be kept in the pouches on the exterior of the cart bag. Do not drape bags on the exterior of the cart.
3. All cleaning solutions shall be in properly labeled bottles that are clear and readable. All Ready-to-use cleaning products should be in bottles with flip-top caps for dispensing cleaning products.
4. Carts are inspected randomly by a supervisor or manager. All carts will be checked for proper cleanliness, assigned/tagged equipment and operation.

B. Cleaning Chemical Products. All EVS chemicals are ready-to-use, no dilution needed.

Product	Color	Usage	PPE	Disposal
Virex 256 Disinfectant Cleaner	Light Blue	One-Step Disinfectant Cleaner and Deodorant to clean all high touch areas, bed/bed frame, mattress, bedside stands, doors, floors and walls. <u>10-minutes contact time.</u>	Gloves Goggles	In accordance with local codes
Oxivir 1	Wipes	Disinfectant wipe used for horizontal and vertical surfaces. <u>One-1 minute contact time.</u>	Gloves	In accordance with local codes
Micro-Kill Bleach Germicidal Bleach	Wipes/ Solution	A disinfectant with sporicidal activity against Clostridium difficile spores. <u>3 minutes contact time</u>	Gloves	In accordance with local codes
Crew	Green	Non-Acid Bowl and Bathroom Disinfectant Cleaner to clean restroom toilets, sinks, urinals, under-pipes, etc. <u>10-minutes contact time</u>	Gloves Goggles	In accordance with local codes
Glance	Blue	Glass and multi-Purpose Cleaner NON-Ammoniated to clean mirror, chrome and glass surfaces.	Gloves Goggles	In accordance with local codes
Stride	Light red	Citrus Neutral Cleaner to clean daily use on floors, walls. and other hard surfaces	Gloves Goggles	In accordance with local codes

❖ **After applying the chemicals, the surfaces shall be left to air dry.**

Addendum: In the event of an emergency, the department may use approved disinfectants and cleaners as an alternative to our standard.

XI. Standard Cleaning Procedure

The cleaning steps outlined below applies to all areas of the facility daily including Resident, Staff, and Public Areas.

 The following is based on Unit Cleaning Procedures as cleaning procedures may slightly differ in offices of the hospital and administration building.

Procedure:

1. **Trash Removal /Walkthrough:** Collection of trash, relining of receptacles, and restock supplies.
2. **High Dusting:** High dust everything above shoulder level, this includes the following:
Televisions, ceiling vents, door frames, blinds, and windowsills.
✦ This practice will be performed when the residents are not present in the rooms.
3. **Surface Cleaning (high and low touch):** damp wipe the following with disinfectant:
light switches, phones, doorknobs, TV remote, and desks, drawer handles, chairs, desks, tables, countertops, handrails, all furniture surfaces, handrails, elevator button, and other high touched areas in the resident rooms or public areas.
4. **Restroom Cleaning:** Cleaning of all fixtures, wall-mounted items, walls, doors, floors, restock restroom supplies. Flush the toilets and keep the water of the sinks and showers running for 2 minutes.
Spa rooms: Clean and disinfect the Arjo bathtubs following the manufacture guidelines.
5. **Floor Cleaning:** sweeping, mopping, vacuuming, carpet cleaning/floor buffing when needed.
6. **Policing of Room/Area:** Making a second round to your assignment, ensuring supplies are stocked, trash is removed, spot mop as needed.

*Perform hand hygiene and gloving as Infection Control Guidance when practice the daily Standard Cleaning Procedure.

Reference: Arjo Parker Quick reference guide- - Cleaning and ~~Disinfectin~~Disinfectingg
Previous Revisions: May 97, Jan. 07, June 10, April 2022

Laguna Honda Hospital & Rehabilitation Center

Environmental Services Policy & Procedures

Effective April 2025

~~Previous Revisions: May 97, Jan. 07, June 10, April 2022~~

~~Laguna Honda Hospital & Rehabilitation Center~~

~~**Environmental Services Policy & Procedures**~~

~~Effective March 2024~~

~~Previous Revisions: May 97, Jan. 07, June 10, April 2022~~

Previous Revisions: May 97, Jan. 07, June 10, April 2022

XV. PEST CONTROL Policy

POLICY:

The Laguna Honda Hospital Environmental Services (EVS) will maintain an on-going pest control program

PURPOSE:

To provide a pest free, clean, healthy environment for residents, staff and visitors.

I. PROCEDURE:

- A. The Environmental Services Department will provide the facility _with pest control service ~~three times~~ twice a week.

 The Food Service Department will be treated ~~three times~~ once per week when the _
Department is not in operation.

~~B.~~ Supplemental service to the facility must be requested by completing a EVS work order

~~B.~~

~~I.~~

~~D-C.~~ Documentation will be maintained of the pest control program in the EVS office

Pest control service will be provided by a City and County of San Francisco approved pest control company and will be done in compliance with all City, State and Federal regulations.

II. RODENT and Insect Control PLAN

A. Surveillance

1. The pest control service provider, inspects and identifies the buildings, trail ways, landscapes and campus sewer ~~man holes~~ manholes for potential rodent locality and entry points. This includes but it is not limited to the external visual inspection on the building ground level vents, wall orifices, doors, and windows.
2. Monitoring traps are to be placed by vendor in non-patient care areas only. Frequent monitoring is performed by EVS and Vendor.
3. Non EVS staff are to contact EVS to remove incorrectly placed monitoring traps. Non EVS staff are to contact EVS to replace monitoring traps in non-patient care areas
4. Rodent traps such as snap traps are not allowed in hospital

B. Rodent Baiting, Trapping and Monitoring in LHH Campus

1. When new incidences of rodent activity are reported, pest control in consultation with the LHH Director of EVS will conduct an initial and scheduled rodent baiting in identified sewer main holes.

C. Procedure for Staff Request for Pest Elimination Services

1. Pest Control is responsible for setting and baiting all rodent control traps and for handling and appropriately disposing all rodents captured or killed.
2. Hospital Staff will complete an Environmental Services Work order
3. EVS Staff will review the request and assign the request to the responsible party, including EVS, and pest control vendor
4. Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.
5. Facility will ensure that appropriate chemicals are used to control pests but can be used safely inside the building without compromising resident health.

XVI. ICE MACHINE CLEANING

POLICY: The Environmental Services Department will clean ice machines ~~on the unit great room in the unit Great Room.~~

PROCEDURE:

Daily:

- a. Perform hand hygiene and put on hand gloves and other protective equipment.
- b. ~~Use Chemical (25 ppm) to sanitize and clean~~ Clean and sanitize the exterior of ice machine, ~~including the racks,~~ by using the three-bucket method. All chemicals are stored in Galleys at each unit.
 1. **Cleaning Procedure (Green Bucket):** Mix the detergent, ~~use the ratio of~~ 1 oz. ~~detergent~~ per gallon of hot water. Wipe with clean cloth.
 2. **Rinse Procedure (Blue Bucket):** Thoroughly rinse all surfaces ~~using being cleaned with the warm,, use Wipe with~~ with warm water, clean cloth.
 3. **Sanitizing Procedure (Red Bucket):** Fill sanitizer bucket with 3 qt. sanitizing solution from dispenser. Apply with clean cloth to all surfaces previously cleaned. Allow to air dry.

Weekly:

- a. Perform above procedures.
- a.b. ~~Dust the top of the ice machines~~
- b.c. Polish stainless-steel panels if needed.

Materials:

- Detergent
- Sanitizing Solution
- 3 Bucket ~~(Green, Blue, Red)~~
- Clean Cloths
- Hand Gloves

Note: Outbreak of infection: Use Infection Control guidelines such as bleach solutions to wipe clean all surfaces.

ATTACHMENT:

None.

REFERENCE:

26-04 Resident Dining Services

P & P 1.91 General cleaning and sanitizing work surfaces and kitchen or galley equipment

~~Previous Revision: May 2009, August 2013, August 2015, April 2022~~

XVII. Transport and Delivery for Medical Waste~~Biohazard~~, Trash and Linen
Staffing: Staff is scheduled 7 days per week to perform above duties routinely
North Building - 6:30am-3:00pm and 3:30pm-12:00am
South Building/Pavilion Mezzanine - 6:30am-3:00pm and 3:30pm-12:00am

South Residence Building

Soiled linen – Staff shall collect soiled linen from the chute, wrap the cart with a plastic bag and transport to the 2nd floor loading dock for pick up by the vendor.

~~Biohazards~~Medical waste– Staff shall transport Medical waste~~biohazards~~ from the Soiled Utility Room to the temporary storage located at the G-Wing of the Administration Building for vendor pickup.

Trash & recycles – Staff shall transport trash and recycle from the Soiled Utility Room during their shift, and dispose of items at the appropriate collection bins at the South loading dock.

North Residence Building:

Soiled linen – Staff shall collect soiled linen from the chute, wrap the cart with a plastic bag and store in the North Mezzanine temporary storage room for pick up by the vendor.

~~Biohazards~~Medical waste – Staff shall transport ~~biohazards~~Medical waste from the Soiled Utility Room to the North Mezzanine temporary storage for pick up by the vendor.

Trash & recycles – Staff shall transport trash and recycle from the Soiled Utility Room during their shift, and dispose of items in the appropriate compactor at the North Mezzanine loading dock.

Medical waste includes but not limit to Biohazards waste, Chemotherapy waste, RCRA pharmaceutical waste, sharp containers

NOTE: Bin(s) must be covered with a lid during transport at all times.

Clean linen delivery:

1. Clean linen will be delivered daily by the laundry vendor.
2. EVS staff will transport the clean linen to the designated clean linen/utility rooms.
3. Clean linen is to be stored in the designated clean utility rooms or carts.
4. Clean linen is to be kept covered for storage at all times and during transportation of clean linen.

Note: Service corridor in the Pavilion Building will be utilized whenever possible

- (a) Unit storage has Biohazard symbol on the door.
- (b) Medical waste~~Biohazard~~ Temporary storage – loading dock has two languages.

XVIII Microfiber damp mopping cleaning

POLICY: The Housekeeping Department will clean and maintain all area of the hospital as require of the hospital standards.

PURPOSE: The usage of Microfibers mop program is to prevent the spread of cross contamination in all areas of the hospital and to remove dust and light litter or soil from the floors as part of daily cleaning process and the preparation for the wet damp mopping cleaning.

Materials:

- Microfiber flat and Microfiber loop mops
- Mop Handle, Poles and dispensing container.
- Virex 256/Neutral Cleaner
- Personal Protective Equipment
- Wet signage / Porter bucket and wringer

PROCEDURE:

Daily:

- A. Perform Hand Hygiene and put on proper Personal Protective Equipment
- B. Set up the Wet Floor Signs and move all obstacles and furniture
- C. Dust mop floor with the Easy Trap duster
- D. Apply damped microfiber mop
- E. Use one microfiber mop per room
- F. Use a ~~microfiber~~ ~~String~~string loop mop for the bathroom
- ~~F.G.~~ Remove glove and perform hand hygiene after putting away the soiled mops
- ~~G.H.~~ Remove the wet floor signs when floor is completely dry

Note: Outbreak of infection: Use Infection Control guidelines such as bleach solutions to wipe clean all surfaces.

REFERENCE:

LHHPP 72-01 b1 Standard Precaution.
LHHPP 72-01 B2 Hand Hygiene
LHH EVS P&P XI Hospital Cleaning Steps
LHH EVS P&P VII Safety

Previous revision: Dec 2010, Apr 2024

XX. PRIVACY CURTAIN REPLACEMENT

POLICY: It is the policy of the Environmental Services Department to replace privacy curtains as needed.

PURPOSE: To ensure all privacy curtains are clean.

EQUIPMENT:

1. Caution Sign
2. Clean Cloths
3. Clean Curtains
4. Equipment required for changing a specific type of curtain
5. Step Ladder

PROCEDURE:

- A. Replace the curtains and anytime they become soiled or after isolation to prevent cross contamination.
- B. Post the caution sign and set up the ladder. Ensure that the ladder is on a level surface and that it is locked open before climbing on it.

C. Keep all hardware locked in the drawers to prevent safety hazards.

D. Perform hand hygiene and don on proper PPE.

G.E. Remove all hardware and hooks and replace them on the track or set aside for use with the new curtain.

D.F. Insert new hooks in the clean curtain, being careful to keep the new curtain off the floor.

E.G. Wipe the track ledges with a clean damp cloth prior to hanging the new curtain.

F.H. Hang the new curtain and ensure it is working properly.

I. Place the dirty curtains in a soiled linen plastic bag and give to the outside laundry

services for cleaning.

J. Doff PPE and perform hand hygiene before exiting the resident room.

Deletion EVS

Policies and Procedures

~~XXII. EVS TEMPORARY SERVICES~~

~~POLICY:~~ ~~The Housekeeping Department will clean and maintain all areas of the hospital as required of the hospital standards.~~

~~PURPOSE:~~ ~~Temporary services are only performed when it is required in emergency situations above the EVS scope of Work.~~

~~TEMPORARY PROTOCOL FOR GALLEY SERVICE CLEANING~~

~~MATERIALS:~~

- ~~• Mop Bucket~~
- ~~• Mop Handle/Wringer~~
- ~~• Virex 256~~
- ~~• Wet floor sign/caution floor sign~~
- ~~• Broom~~
- ~~• Dustpan~~
- ~~• String Mop~~
- ~~• Appropriate PPE (gloves)~~

~~PROCEDURE:~~

- ~~A. Check soap and paper towel dispensers and refill as needed.~~
- ~~B. Empty out trash, recycle, and compost bins by tying off bag and removing bag. Wipe off interior and exterior of wastebasket with damp cloth dipped in germicidal disinfectant solution as needed. Reline empty wastebasket with plastic bag liner~~
- ~~C. Transport bags by using mobile trash bin every 30 minutes from start of sanitation process. Mobile trash bin is provided and is used to transport trash, compost, and recycle.~~
- ~~D. Assemble equipment—one clean string mop, mop bucket and wringer, broom, mop handle, dustpan.~~
- ~~E. Fill mop bucket with germicidal disinfectant solution (Virex 256).~~
- ~~F. Take equipment to Galley.~~
- ~~G. Move movable items (trash bins, etc.) to center of room.~~

- ~~H. Sweep floor with broom. Sweep floor from back to front including under the cabinets.~~
- ~~I. Sweep debris to door and deposit into garbage bag using dustpan.~~
- ~~J. Place caution wet floor sign by the door.~~
- ~~K. Damp mop floor with germicidal disinfectant solution (Virex 256) from back to front using string mop.~~
- ~~L. Allow floor time to dry before removing caution wet floor sign.~~
- ~~M. Return movable items (trash bins, etc.) in its proper place.~~
- ~~N. Use new string mop for every galley. Use new germicidal disinfectant solution before cleaning of next galley.~~
- ~~O. Return to Porter's closet and clean equipment. Put dirty string mops inside dirty mop bin inside the dirty utility room.~~
- ~~P. Return mop bucket/wringer, mop handle, broom, and dustpan to EVS storage closet.~~

~~GALLEY SEQUENCE~~

~~North 6, South 6, North 4, South 4, North 2, South 2~~

~~CLEANING TIMES~~

- ~~• After Breakfast: 10:00am~~
- ~~• After Lunch: 3:00pm~~
- ~~• After Dinner: 9:00pm~~

Revised Food and Nutrition Policies and Procedures

1.4 Quality Assurance Communication ~~Log Book~~ Logbook

~~Established and~~ Revised: 3/2025 ~~-6/85, 12/87, 1/89, 1/92, 5/97, 8/04, 7/09~~
~~Reviewed: 8/13, 8/14~~

Policy: To ensure the quality of service provided to the residents and staff at Laguna Honda Hospital, a ~~log book~~ logbook will be used to document all problems related to Nutrition Service.

Procedure: The Quality Assurance Log Form will be completed by the Assistant Food Service Director, Chief Dietitian, Food Service Manager, Chef, Dietitian, Supervisor or others who note below standard elements of food service.

The note in the Q.A. log will ~~complete~~ be completed in the event of any of the following:

- A. A variance from generally accepted standards. For example, while doing QA prior to meal service, Coffee Temperature found to be 120°F or dish machine temperature in wash tank found to be 220°F, etc.
- B. Specific quality not met. For example, a call is received that a resident did not receive his prescribed puree diet, instead he received a mechanical soft ~~diet~~ diet, or a call is received that a bone was found in the puree beef on the tray for L7- 22.
- C. Incident report form is completed ~~Unusual occurrences~~ involving residents, guests, or staff that may result in noncompliance ~~to~~ with state or federal regulations. For ~~example~~ example, a food service employee is observed verbally abusing a resident or a visitor falls in the cafeteria.
- D. Specific quantity not met. For example, while serving lunch, there is a shortage of the main entrée (Roast Lamb) the substitution is Roast Beef. The substitution will be ~~the~~ documented documented for last minute substitutions.
- E. Any delay in food service which results in late, 10 minutes or more, food service to residents. Wards will be notified by the diet office.

The Quality Assurance ~~Log Book~~ Logbook is located near the department's mailboxes. When documenting a ~~problem~~ problem, the Recorder needs to fill in the following:

- | | |
|------------------------------------|-------------------------------|
| a) Date of Occurrence | d) Correction Action(s) Taken |
| b) Summary of Problem & Evaluation | e) Responsible Persons |
| c) Problem Referral Source | f) Completion Date |

The log will be reviewed by the Management Staff ~~on a daily basis~~ daily. Follow up or corrective action taken will be related to the *Responsible Persons*. It will also be reviewed at daily production meetings. If further action is required to correct a problem, the director will investigate.

1.35 Suspected Food Contamination

~~Established and~~ Revised: 3/2025 - ~~2/89, 5/97, 3/05, 9/06, 9/07, 7/09~~
~~Reviewed: 8/13, 8/14~~

Policy: Nutrition Services will investigate any complaints of suspected contamination of food served in resident/client food service, cafeteria, or catered services.

Purpose: To identify the existence of and cause for any food borne illness within the Department.

Procedure:

1. If there is suspected food borne illness caused by contamination of food served by Nutrition Services Department, the consumer should report it to the Director of Nutrition Services immediately. If the consumer was a resident/client, the report should be made to the charge nurse or manager of the appropriate ward or program.
2. Those reporting the suspected food borne illness need to gather pertinent information about the incident. ~~(See next page for form)~~
3. Whenever possible, a sample of the contaminated food, whether it is one that was prepared on the premises or one that is packaged from an outside source, should be saved and forwarded to the Nutrition Services Department along with the formal complaint.
4. The Director of Nutrition Services will lead the investigation
5. If a resident, employee, or guest was seen by a physician and was diagnosed for food-related illness, the physician will contact the Medical Director to investigate any outbreak of food borne illness.
6. If the food was from an outside source, the Department of Public Health will be notified to assist in investigating the alleged outbreak. If available, a sample of the food in question will be saved for testing by the Department of Public Health.
7. If the food source was from this department, a sample will be kept in the freezer and sent, if necessary, to San Francisco General Hospital for lab tests. Again, Public Health will be contacted for a thorough investigation.
8. An Incident Report ~~Unusual Occurrence Report~~ must be filed.
9. Once the investigation is complete, it will be forwarded to Administration for review. If necessary, because resident may have been involved, the Medical Director will receive a copy of the report. All corrective actions will be administered through Laguna Honda Hospital Quality Management.

1.68 Proper Disposal of Garbage

~~Established and~~ Revised: ~~3/81, 1/89, 2/94, 5/97, 9/06, 7/09, 6/11, 8/12~~
Reviewed: 8/13, 8/14

Policy: All garbage will be disposed ~~of~~ in a safe and sanitary way.

Purpose: For safety and sanitation purposes.

Procedure:

1. Disposable gloves are not ~~are~~ to be worn whenever transporting and disposing of the garbage. Remember to wash hands before and after transporting garbage.
2. When garbage is being transported, it will be transported with lids covering the garbage cans. Large garbage bins are used to aid transporting garbage to and from the garbage area.
3. For the safety of the employees, it is highly encouraged that a “two buddy system” be used in disposing of the garbage.
4. All ~~card board~~ cardboard boxes are to be properly broken down and recycled.
5. All plastic containers are to be recycled in blue totes. Keep lid ~~sever closed at all times~~ always closed to avoid pests.
6. Food waste must be composted along with any paper products in green totes. Keep lid ~~sever closed at all times~~ always closed to avoid pests.
7. Employees should always be careful, sharp objects like opened can lids or broken glass can be a danger if precaution is not taken.
8. If applicable, ~~f~~Follow the manufacturer's operating procedures when operating the compactor. The compactor lid should be closed after each use.
9. Make sure the garbage cans, transport carts, and garbage area is cleaned after each use.
10. It is Recology's responsibility for regular garbage, compost and recycle pick up, usually on Monday, ~~Wednesday~~ Wednesday, and Friday. They are also responsible for cleaning the compactor after each pick up.
11. We are assigned ~~30~~ green totes and ~~30~~ blue totes. They will be cleaned and sanitized when they are emptied.

~~12.~~ If you have any concerns, please inform your supervisor.

13.

14.

15.

16.

17. 12.11/6/2015

1.69 Cleaning of the Ice Machine on Tray-line

~~Established and~~ Revised: ~~8/2024~~ 2/83, 12/87, 1/89, 5/97, 9/06, 5/08, 7/09, 6/11
Reviewed: 8/13, 8/14

Policy: The ice machines will be cleaned on a routine basis.

Purpose: Proper Sanitation of Nutrition Service Areas

Procedure:

1. ~~On a daily basis~~ Daily- external cleaning of outside surfaces with department approved cleaner and single use cloth.; Ice scoop and container must be washed in a dishwasher. ~~the exterior ice machines will be cleaned after each meal service.~~ Use MikroKlene (25 ppm), to sanitize inside of Ice Machine. Use the ~~three bucket~~ three-bucket method of cleaning and sanitizing for the outside of the Ice Machines
2. Monthly - t The interior of the two ice machines located in the tray-~~line-service~~ area will be cleaned and sanitized following the schedule as outlined. Use the three-bucket method of cleaning and sanitizing for the inside of the Ice Machines.

Inside of Ice Machine:

1. Discard all ice inside bin.
2. Sanitize with ~~department approved sanitizer~~ MikroKlene dispensed from wall mounted unit using a clean damp cloth wrung out in solution.
3. Wipe down all visible areas of the inside bin including stainless steel drop plate.
4. Do not rinse, allow to air dry.
5. Supervisor or ~~Team leader~~ Team leader is to date and sign off when completed.

Ice Machines

#1..... ~~C~~(losest to wall) ~~w~~ Will be cleaned on the 1st Saturday of the month.
#2..... Ice machine will be cleaned 3rd Saturday of the month.

6. The machine is then turned back on to produce ice.
7. Return and /or discard/dispose of all cleaning materials accordingly.
8. Remember to wash hands after this process.

Revised Nursing Policies and Procedures

ORAL MANAGEMENT OF NUTRITIONAL NEEDS

POLICY:

1. The facility will provide each resident a nourishing, palatable, well-balanced diet that meets daily nutritional and special dietary needs including adequate hydration.
2. The facility will provide table service to residents who desire it and served at tables of appropriate height.
3. Physician orders are required for diets, nutritional supplements, swallowing evaluation, standard aspiration precautions and individualized aspiration precautions.
4. Paid feeding assistants such as clerical, housekeeping, or administrative staff (does not include licensed nursing staff and nursing assistants) are not permitted to assist residents who have complicated eating problems including but not limited to difficulty swallowing and recurrent lung aspirations. Only trained staff may assist.
5. Menus must meet the nutritional needs of residents in accordance with established national guidelines, be prepared in advance for viewing, and followed by staff.
6. Menus will reflect, to the extent possible, person-centered care including but not limited to the cultural, religious, and ethnic needs of the resident population as well as input from the residents and/or resident groups.
7. The facility will make reasonable efforts to provide food that is appetizing and culturally appropriate for the residents and provide individualized plans of care for those requiring special dietary needs.
8. Physicians and speech therapy will coordinate any additional individualized aspiration precautions recommended by speech therapy to be ordered by the physician and documented in the care plan.
9. The facility utilizes diet liberalization where possible, to minimize dietary restrictions where safe to do so, and to improve nutritional and hydration status where possible, as well as provide for resident preferences.
10. Nursing staff is responsible for monitoring residents' safety related to eating, adequate nutritional and fluid intake.
11. Infection prevention and control measures will be in place to monitor preparation, storage, cooking, serving/feeding, and disposal of the food line service.
12. Nursing staff will monitor and document resident unintended weight loss or gain and inform the dietitian and physician of significant changes (Reference: NPP G 7.0 Obtaining, Recording and Evaluating Residents Weight).
13. Family, volunteers, and visitors will be educated regarding dietary restrictions including for food brought in from outside.
14. Standard aspiration precautions and individualized aspiration precautions will be documented in the resident care plan.

PURPOSE:

This policy will guide staff in ongoing communication and coordination among staff within all departments for the delivery of adequate and safe nutrition and hydration consistent with federal requirements and resident safety, and to meet the resident's daily nutritional needs, dietary needs, and preferential choices to the extent possible within this setting.

PROCEDURE:

1. On admission and throughout the resident's stay, the licensed nurse (LN) will monitor residents for ability to eat safely and for any signs or symptoms of swallowing difficulties or changes in the resident's ability to eat/swallow (Refer to HWPP 26-02 Management of Dysphagia and Aspiration Risk).
2. A baseline care plan including dietary restrictions and food allergies, is developed within 48 hours of admission with healthcare information that will allow staff to properly care for resident safely while providing adequate nutritional needs until a comprehensive care plan can be developed by the interdisciplinary team.
3. Consideration of diagnosis may serve to guide speech therapy interventions and/or any concerns that staff may have.
4. Once a resident is identified as being at risk for aspiration, the physician and dietitian shall be notified as soon as practicable before next meal service.
5. The nurse reports significant unintended weight loss or gain to the dietitian and physician. (Reference: NPP G 7.0 Obtaining, Recording and Evaluating Residents Weight).
6. Nursing staff will verify that the meal/snack is consistent with the resident's diet as ordered by the physician including type, consistency, and fluid viscosity, and that this individualized information is documented in the resident plan of care.
7. Nourishment is to be served by nursing staff between meals, at bedtime and upon resident's request and will be consistent with dietary orders and resident preference, to the extent possible.
8. For those residents on restricted diets, family, volunteers, and other visitors will be instructed to speak with the nurse prior to offering the resident any food or beverages to ensure the food is the proper consistency (pureed, soft etc.) and type (diabetic, low salt etc.) in accordance with the physician order.
9. ~~Nursing~~ Staff assigned to observe during meals, will have the following responsibilities:
 - a. Designated staff will wear a designated pink vest.
 - b. Designated staff will stay in the Great Room during meals (from beginning to end; until the last resident in the Great Room is finished eating).
 - c. Designated staff will ensure that residents are seated at an appropriate table/seat.
 - d. Designated staff will continuously scan the area of the Great Room to monitor that aspiration precautions are being followed.
 - e. Designated staff will monitor that staff assisting any resident who has recommended individualized aspiration precautions are following the plan. Individualized aspiration precautions are printed on the resident's tray ticket for easy reference and the meal tray has a pink piece of paper.

- f. Designated staff will monitor and intervene as necessary when patients are eating unsafely or showing signs/risk of aspiration (e.g., excessive coughing, excessive throat clearing, impulsive eating behavior, etc.).
- 10. The designated staff ensuring resident's use of individualized aspiration precautions will not be assigned other responsibilities during mealtime nor assist individual residents during meal time as he or she will not be able provide adequate supervision to the other residents.
- 11. Prior to and after meal service, residents will be provided with hand hygiene opportunities and assisted as needed.
- 12. Before the resident leaves the dining area (or for in-room dining before the tray is removed) the resident will be assessed for cleanliness of clothing, and clothing protectors will be removed.
- 13. After the meal is completed, the Nursing Assistant will clean the resident's hands, face and clothing as needed. Keep resident sitting upright for at least 20 minutes after the meal. If residents must lie down, position on the side.
- 14. Documentation
 - a. Nursing staff will determine and document in the electronic health record the resident's meal intake. Report to the LN if meal intake is less than 50%.
 - b. If a supplement is given per physician's order, the amount of the supplement consumed is documented in the electronic health record.
 - c. Resident's diet, standard aspiration precautions or individualized aspiration precautions, adaptive equipment used for eating, and dining preferences are documented in the electronic health record.
 - d. In addition to standard aspiration precautions, the speech pathologist may develop individualized aspiration precautions for some of the residents who are at risk for aspiration. —These specific precautions, once ordered by the physician, will be listed on the resident's tray ticket for easy reference by [nN](#)ursing staff. They will also be recorded in the resident's care plan.
 - e. If resident is on fluid restrictions, fluid intake is documented in the intake and output section of the electronic health record.

REFERENCES:

CMS Nutrition Critical Element Pathway. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Form CMS-200-75 (5/2017).

CMS Federal Regulatory for Long term care. Standard 483.60 Food and Nutritional Services including but not limited to:

- F800 Provided food meets needs of each resident
- F803 Menus meet resident needs/ prep in advance/followed
- F804 Nutritive Value/Appear, Palatable/prefer temp
- F805 Food in form to meet resident needs
- F806 Resident allergies, preferences and substitutes
- F807 Drinks avail to meet needs/ preferences/hydration
- F808 Therapeutic diet prescribed by physician

- F809 Frequency of meals/snacks at bedtime
- F810 Assistive devices-eating equipment/utensils
- F813 Personal food policy

CAHAN (California Advocates for Nursing Home Reform (2016). Nursing Home Care Standards. Food and Nutrition. http://www.canhr.org/factsheets/nh_fs/html/fs_CareStandards.html

CROSS REFERENCES:

Hospitalwide Policy and Procedure
26-02 Management of Dysphagia and Aspiration Risk
26-04 Resident Dining Service

Nursing Policy and Procedure
B 5.0 Color Codes- Resident Identification
G 3.0 Intake and Output
G 7.0 Obtaining, Recording and Evaluating Resident's Weight

ATTACHMENT/APPENDIX:

NONE

Revised: 2005/09, 2009/10, 2010/01, 2011/07/26, 2014/12, 2015/03/10, 2015/11/06, 2017/05/09, 2019/03/12; 2021/02/09; 2024/03/08; 2024/09/16; [2025/05/23](#)

Reviewed: 2024/12/10

Approved: 2024/12/10

AFTER HOURS STAT BLOOD DRAW

POLICY:

1. A Registered Nurse (RN) may perform venipuncture for STAT blood draw ordered by the physician.
2. The licensed nurse must notify the physician immediately if the specimen cannot be obtained.

PURPOSE:

To describe the guideline to nurses when obtaining after hours STAT blood draw.

PROCEDURE:

Arranging Pick-Up

1. For STAT blood draw orders, when laboratory technician is unavailable or after hours, the licensed nurse will call Nursing Operations / Nurse Manager upon collection of specimen to arrange Lab courier transportation arrangements to pick-up specimen.
2. For STAT order during regular working hours, inform Lab Technician to include lab specimen to the earliest lab courier pick-up time.
3. Refer to Nursing Policy & Procedure (NPP) C 9.0 Transcription and Processing of Orders.
4. Print Label from Epic assuring printer is on "Unit Collect". The order Label will also give color of tube to be used for specific tests.
5. Secure the specimen container and place inside a specimen plastic bag. Place the laboratory requisitions in the outside pocket of the specimen plastic bag. Each specimen is placed in a separate plastic bag with its own lab requisition.
6. Lab specimens are dropped off to the Clinical Laboratory Specimen Refrigerator for courier pick up. If Blood Cultures are ordered and obtained, they are to be kept at Room Temperature.
7. STAT blood results are viewed on the electronic health records (EHR). Critical results are usually reported by phone to the unit licensed nurse or physician.
8. The Licensed nurse documents the date, time, name of physician notified of STAT test result(s).
9. The charge nurse or team leader is responsible for communicating the status of all STAT orders to the oncoming shift to ensure follow up.

REFERENCE:

NONE

CROSS REFERENCES:

~~— Clinical Laboratory Policy and Procedure~~
~~A1 Clinical Laboratory~~
~~— A2 Phlebotomy Procedure~~
~~— A3 Identification of Resident and Collection of Blood Specimen~~
~~— A4 Blood Culture Procedure~~

Nursing Policy and Procedure
J7.0 Central Venous Access Device (CVAD) Management
J7.1 Peripherally Inserted Central Catheters (PICC) Management

ATTACHMENT/APPENDIX:

NONE

Revised: 2001/03; 2009/01; 2010/10; 2015/07/14; 2019/03/12; 2024/04/18

Reviewed: 2024/07/09; 2025/07/03

Approved: 2024/07/09

LARYNGECTOMY TUBE CARE

POLICY:

1. Physician's order is required for all laryngectomy care.
2. Upon admission, the attending physician may refer any resident with a laryngectomy to ENT/RT and/or other specialists for review and evaluation.
3. Trained registered nurses (RN) or licensed vocational nurses (LVN) will change the laryngectomy (LaryTube) of residents who have had been stable post laryngectomy and LaryTube placement.
4. Emergency respiratory equipment shall always be available at the bedside:
 - a. Airway suction supplies including complete suction equipment set-up, unopened suction kit, and unopened sterile water/saline
 - b. Lary Tube of the same type, size - for emergency replacement
 - c. Ambu bag with pediatric mask (ordered by physician to keep at bedside)
5. If resident is to use a Heat Moisture Exchanger (HME) valve, an order and RT referral is required.

PURPOSE:

To maintain a patent airway and to prevent infection.

DEFINITIONS:

Laryngectomy: A surgery to remove part or all of your larynx (voice box). After a total laryngectomy, the trachea is brought to the skin as a stoma and is called a tracheostoma, which no longer has any anatomical connection with the oropharyngeal cavity and digestive tract

Laryngectomy tube (LaryTube): A hollow, pliable silicone tube that is inserted into the tracheostoma designed to maintain an airway. It has a curvature consistent with the curvature of the trachea following a laryngectomy.

Heat Moisture Exchanger (HME): a device that you use in-line with a breathing tube to keep moisture in your airway.

PROCEDURE:

A. Emergency Airway Care for Resident with LaryTube:

- a. If LaryTube becomes dislodged and stoma is not patent, the licensed nurse is to have another staff person call code blue (Ext. 42999) while the LN stays with the resident and attempts to open the airway.
- b. If the resident requires bag valve mask ventilation with an ambu bag for respiratory distress, respiratory failure or cardiac arrest, use a pediatric sized mask with an adult ambu bag for rescue breathing, and mask should be placed over the stoma.

- i. Squeeze the bag once every 5 seconds while it is connected to oxygen set at 15L/min until the physician arrives.
- c. During an emergency the physician may choose to immediately insert an endotracheal tube into the stoma, not into the oral airway.

B. Resident Considerations:

- a. Assess resident: there may be apprehension about choking, inability to communicate verbally, inability to remove secretions, and difficulty in breathing.
- b. Explain the function of the equipment
- c. Provide resident the best method of communication, for example: letter boards, paper and pencil, dry erase board.
- d. The licensed nurse is to assess breath sounds as needed for evidence of crackles, rhonchi, or diminished breath sounds. Secretions are to be observed for amount, consistency, color, and odor.
- e. The resident is provided with [tracheostomy protector](#)~~shower collar~~[/shield](#) during bathing to protect their stoma and airway. [Tracheostomy protector](#)~~Shower collar~~[/shield](#) are obtained in LHH Central Supply Room.

C. Equipments:

- Mask and/or plastic apron; goggles, face mask, if needed
- Sterile water
- Sterile gauze 4" x 4"
- Sterile cotton-tipped applicators
- Trach Kit, and LaryTube supplies (Tube Brush, Tube Holder or tracheostomy tie)
- Replacement/Clean Lary Tube
- Water soluble lubricant (KY Jelly, SurgiLube, Xylocaine)
- Sterile clamp (Mayo, Kelly, or Magill) for emergency

D. Routine LaryTube Change

Note: The LaryTube disinfection requires a dwell time, so cleaning the current LaryTube requires swapping a clean tube to insert while the old tube is being cleaned. Do NOT throw away the removed tube. It needs to be cleaned and stored, so it can be swapped if necessary.

- a. Perform suctioning of the trachea as necessary before changing LaryTube. (Refer to NPP I 2.0 Tracheobronchial Suctioning)
- b. Perform Laryngectomy Stoma Care (refer to Tracheostomy Care LHH NPP I 3.0 for site care)
- c. Wash hands thoroughly before and after performing this procedure.
- d. Put on a mask, goggles, and/or plastic apron if resident has copious secretions.
- e. Stand at the resident's side while suctioning or cleaning the Larytube.
- f. Remove the soiled dressing from around the stoma and discard.
- g. Observe the skin surrounding the stoma for evidence of irritation or infection.
- h. Wash hands.
- i. Prepare the sterile field on the bedside table.

- j. Open the tracheostomy care set on sterile field and prepare the equipment including replacement LaryTube.
- k. Place the paper drape across the resident's chest.
- l. As needed, remove ~~s~~ tracheostomy mask.
- m. Hold the LaryTube in place and remove the HME system component from the tube as needed.
- n. Release one side of the TubeHolder (trach tie) and remove the LaryTube from the stoma using a slow, gentle motion.
- o. Place the removed LaryTube in the sterile water basin.
- p. Remove gloves, perform hand hygiene and don sterile gloves.
- q. Rinse ~~the~~ clean already clean LaryTube with sterile water to remove any disinfectant residues. Gently shake off excess water or dry with gauze.
- r. Verify the new or cleaned LaryTube is the correct size.
- s. Carefully inspect the Larytube before each use (i.e., before insertion). Do not use the product if damaged (e.g., tears, cracks, or crusts) and obtain a replacement.
- t. If needed, lightly lubricate the LaryTube with water soluble lubricant ~~contamination~~.
- u. Gently inserts the LaryTube into the ~~tracheostoma~~ tracheostoma and attaches with TubeHolder or tracheostomy tie.
- v. Discard used equipment. Remove and discard gloves and wash hands.

E. Cleaning of LaryTube and Storing for Next Use

- a. Rinse the used LaryTube with sterile water
- b. Clean the inside of the tube with Tube Brush.
- c. Clean the holes of a fenestrated tube (if resident has this type of tube) with a Provox Brush
- d. In a clean basin, place the LaryTube in disinfectant with one of the following methods: (obtain solution from pharmacy)
 - i. Ethanol 70% for 10 minutes
 - ii. Isopropyl alcohol 70% for 10 minutes
 - iii. Hydrogen peroxide 3% for 60 minutes
- e. Rinse the Brush after use (reusable for single patient use, replace after 4 weeks or PRN)
- f. After dwell time, rinse the LaryTube in sterile water and allow to dry.
- g. When not in use, store the cleaned/disinfected LaryTube in a clean and dry container (i.e. denture cup) at room temperature. Protect from direct sunlight.
- h. Do not use the device until it is completely dry. Inhalation of disinfection fumes can cause severe coughing or airway irritation
- i. If the LaryTube looks dirty or has air dried in an area with a risk of contamination, the device should be cleaned and disinfected before use.
- j. The LaryTube may be used for a maximum of 6 months. Replace earlier if damaged or as needed.
- k. If resident is using HME, do not lubricate the HME holder, HME cassette or any accessory that is held by the LaryTube because it may lead to accidental detachment.

F. Suctioning: See Tracheobronchial Suctioning (LHH NPP I 6.0)

G. Documentation

- a. The licensed nurse is to document pertinent information, including the type and size of the tracheostomy in the electronic health record.

REFERENCES:

PROVOX LaryTube Manufacturer Instructions for Use
[_https://www.atosmedical.us/wp-content/uploads/sites/2/2022/12/90734_provox-larytube-manual_2022-03-14_web.pdf](https://www.atosmedical.us/wp-content/uploads/sites/2/2022/12/90734_provox-larytube-manual_2022-03-14_web.pdf)

Mosby's Clinical Skills: Tracheostomy Tube: Care and Suctioning: https://point-of-care.elsevierperformancemanager.com/skills/388/quick-sheet?skillId=GN_24_4&virtualname=sanfrangenerallhospital-casanfrancisco

CROSS REFERENCE:

[Hospitalwide Policy and Procedure](#)
[27-05 Tracheostomy Management/Laryngectomy Care](#)

[Nursing Policy & Procedure](#)
[I 3.0 Tracheostomy Care LHH NPP I 3.0\)](#)
[I 5.0 Oxygen Administration](#)

~~Tracheobronchial Suctioning (LHH NPP I 6.0)~~
~~Tracheostomy Management/Laryngectomy Care LHH HPP 27-05~~
~~Nursing P&P I 5.0 Oxygen Administration~~

[Revised: 2025/07/10](#)

Reviewed: 2023/10/10

Approved: 2023/10/10

Deletion Outpatient Clinic Policies and Procedures

HIGH-LEVEL CHEMICAL DISINFECTION

POLICY:

High-level chemical disinfection is performed by trained and qualified Clinic Staff according to accepted standards of practice and LHH Infection Control Policy G7, "High-Level Chemical Disinfection".

PURPOSE:

High-level chemical disinfection is a process used for the disinfection of semi-critical resident care devices (devices that touch mucous membranes or non-intact skin). This level of disinfection is effective in destroying most types of harmful microorganisms, but not necessarily bacterial spores.

PROCEDURE:

1. ~~Prior to the disinfection process, all devices are cleaned according to LHH Infection Control Policy G4, "Cleaning of Reusable Medical Instruments" and to LHH Outpatient Clinic Policy G3, "Cleaning of Medical Instruments Prior to Disinfection and Sterilization".~~
2. ~~Fluid-resistant gowns, gloves, face masks, and eye protection are worn during the cleaning and disinfection procedures.~~
3. ~~Hospital-approved high-level disinfectants must be used.~~

~~Chemicals are mixed, stored and used in accordance with manufacturer's recommendations and LHH Infection Control Policy G7, "High-Level Chemical Disinfection".~~
4. ~~Refer to Appendix A for specific instructions on the use of Cidexplus® OPA Solution (ortho-phthalaldehyde 0.55%) for high-level disinfection.~~
5. ~~After removing devices from the disinfectant solution, rinse devices thoroughly with sterile water. Sterile water is used to prevent contamination with organisms that may be present in tap water, such as non-tuberculous mycobacteria and Legionella.~~

Reference:

LHH Infection Control Policy G7, "High-Level Chemical Disinfection"
CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Revised: 12/05/15

Appendix A: Use of Cidexplus® OPA Solution (*ortho*-Phthalaldehyde 0.55%) for High-Level Chemical Disinfection

For Complete information on use refer to Cidexplus® OPA Product information

1.—Material Compatibility

For compatibility of device materials with Cidexplus® OPA refer to device manufacturer's recommendations and Cidexplus® OPA Product information.

2.—Cleaning Agent Compatibility

Detergents that are either highly acidic or alkaline are contraindicated as cleaning agents since improper rinsing could affect the efficacy of the Cidexplus® OPA Solution by altering its pH. Rinse devices completely prior to immersion in Cidexplus® OPA Solution.

3.—Safety

Caution: Contains *Ortho*-Phthalaldehyde

- Harmful by inhalation and if swallowed
- Irritating to respiratory system and skin
- Risk of serious damage to eyes
- May cause sensitization by inhalation and skin contact

Precautions

- Wear suitable protective clothing, gloves and eye/face protection
- Use only in well-ventilated areas
- Avoid contamination of food
- Avoid release to the environment

First-Aid Measures

- Refer to Cidexplus® OPA Product Information

4.—Directions for Use

Activation

- a. Does not require activation before use.
- b. **Test the activated solution with compatible test strips prior to each use. The minimum effective concentration (MEC) of *ortho*-Phthalaldehyde is 0.3%.**

5.—Cleaning

Feces, mucous, tissues, blood and other body fluids must be thoroughly cleansed from surfaces and lumens of devices before processing in Cidexplus® OPA Solution.

Thoroughly clean, rinse and rough dry devices before immersing in Cidexplus® OPA Solution.

Clean and rinse lumens of hollow instruments before filling with Cidexplus® OPA Solution.

6. Usage

- a. ~~Test the solution with Solution Test Strips prior to each use.~~
- b. ~~Immerse cleaned and rough dried medical devices completely in the Cidexplus® OPA Solution, filling all lumens.~~
- c. ~~Leave medical devices completely immersed for at least 12 minutes at room temperature for High Level Disinfection.~~
- d. ~~Rinse with sterile water.~~
- e. ~~Used ortho Phthalaldehyde solution is neutralized as per Product Information and is placed in a sealed container provided by Industrial Hygienist and will be picked up by Facility Services for disposal.~~

Revised: 12/05/15

FLEXIBLE NASOPHARYNGEAL LARYNGOSCOPE

POLICY:

~~Flexible nasopharyngeal laryngoscopes are cleaned and disinfected consistent with LHH Infection Control Policies G4 "Cleaning of Reusable Medical Instruments", G7 "High-Level Chemical Disinfection" and F9 "Chemical Sterilization Standards".~~

PURPOSE:

~~To destroy microorganisms both cleaning and high-level disinfection are necessary to prevent disease transmission.~~

PROCEDURE:

~~1. Classification and processing requirements~~

~~A flexible nasopharyngeal laryngoscope is classified as a semi-critical medical device because during use the device makes contact with mucous membranes but does not usually penetrate normally sterile areas of the body. Refer to Infection Control Policy G2, "Classification of Reusable Medical Devices and Processing Requirements."~~

~~High-Level Disinfection is acceptable for processing semi-critical medical devices.~~

~~2. High-level disinfection on the day of use~~

- ~~a. Perform leakage test to ensure scope seal has not been compromised (refer to leakage tester instruction manual for proper procedures).~~
- ~~b. Select a high-level disinfectant consistent with device and disinfectant compatibility and LHH Infection Control Policy G7, "High-Level Chemical Disinfection."~~
- ~~c. Prepare the high-level disinfectant as recommended by the disinfectant manufacturer.~~
- ~~d. Prepare the proper container for the high-level disinfectant and pour the solution into it.~~
- ~~e. Immerse the scope for the scope and disinfectant manufacturers' recommended time and temperature conditions for high-level disinfection.~~
- ~~f. If using Cidex as disinfectant, immerse for 12 minutes at room temperature.~~

~~NOTE: These conditions should be strictly followed since over immersion may damage the scope.~~

~~g. Using sterile gloves:~~

- ~~• Remove the scope from chemical solution.~~
- ~~• Rinse the scope thoroughly using sterile water.~~
- ~~• Dry the scope thoroughly using sterile gauze.~~

~~3. Cleaning after procedure and use of the laryngoscope~~

~~Immediately after removing the laryngoscope from the patient:~~

- ~~A. Gently wipe all debris off insertion tube with gauze soaked in freshly prepared enzymatic detergent solution.~~
- ~~B. Ensure all debris has been removed from the insertion tube, deflection section, and illumination/observation windows.~~
- ~~C. Transfer the laryngoscope from the procedure room to the reprocessing room in a leak proof enclosed container.~~
- ~~D. In the reprocessing room thoroughly but gently wash the entire outer surface of the scope with a mild pH enzymatic detergent following the manufacturer's instructions.~~
- ~~E. Thoroughly rinse the scope with potable water and gently dry or allow to air dry.~~

~~4. High-level disinfection after initial cleaning procedure~~

- ~~A. Perform leakage test to ensure scope seal has not been compromised (refer to leakage tester instruction manual for proper procedures).~~
- ~~B. Select a high-level disinfectant consistent with device and disinfectant compatibility and LHH Infection Control Policy G7, "High-Level Chemical Disinfection."~~
- ~~C. Prepare the high-level disinfectant as recommended by the disinfectant manufacturer.~~
- ~~D. Prepare the proper container for the high-level disinfectant and pour the solution into it.~~
- ~~E. Immerse the scope for the scope and disinfectant manufacturers' recommended time and temperature conditions for high-level disinfection.~~
- ~~F. If using Cidex as disinfectant, immerse for 12 minutes at room temperature.~~

~~NOTE: These conditions should be strictly followed since over immersion may damage the scope.~~

~~G. Using sterile gloves:~~

- ~~• Remove the scope from chemical solution.~~
- ~~• Rinse the scope thoroughly using sterile water.~~
- ~~• Dry the scope thoroughly using sterile gauze.~~

~~5. Storage~~

~~Store the laryngoscope in a clean, dry, dust free locked storage cart. The storage area will be cleaned with a hospital approved disinfectant each time the laryngoscope is used. The laryngoscope will be placed in a cleaned tray lined with a new chuck and locked until the next time it is used.~~

~~6. DISPOSAL OF Ortho-PTHALALDEHYDE SOLUTION~~

~~Used ortho-Phthalaldehyde solution is neutralized as per Product Information and placed in a sealed container provided by the Industrial Hygienist and will be picked up by Facility Services for disposal.~~

References:

~~LHH Infection Control Policy G2, "Classification of Reusable Medical Devices and Processing"~~
~~LHH Infection Control Policy G4, "Cleaning of Reusable Medical Instruments"~~
~~LHH Infection Control Policy G7, "High-Level Chemical Disinfection"~~
~~LHH Infection Control Policy F9, "Chemical Sterilization Standards"~~

Revised: 12/05/15