

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: DEPARTMENTAL POLICY
AND PROCEDURE MANUALS**

POLICY NO. 105

PURPOSE:

To provide a guideline for department / and maintenance of policy and procedure manuals.

POLICY:

Harbor-UCLA Medical Center requests every Department/Service to maintain a current policy and procedure manual in their area for orientation and ongoing training of staff, and in the Administration Office for accreditation purposes.

PROCEDURE:

Harbor-UCLA Medical Center wants all Division Chiefs, Service Directors, and Managers to ensure that the department's manual is current and that new and/or revised policies be provided to Hospital Administration. When revisions are made, the department must insert the updated policy in both manuals. The Department must request the Administration manual in order to insert updated policies, and return immediately.

The manual shall have the approved outline of applicable contents:

I. GENERAL ADMINISTRATIVE

A. Review and Approval Sheet (Attachment A)

Signed by the Department Chair/Service Director and placed in front of the manual (Do not discard previous years' approval sheets).

B. Table of Contents

Must correspond to numbered pages.

C. Organization Charts

1. Department of Health Services
2. Organizational chart that shows at a minimum the relationship of the Department/Service to Hospital Administration and/or Medical Director.

EFFECTIVE DATE: 1/01/83

SUPERSEDES:

REVISED: 12/95, 2/99, 9/04, 7/07, 12/10, 6/14, 2/18

REVIEWED: 9/86, 9/89, 10/92, 12/95, 2/99, 1/02, 9/04, 12/10, 6/14, 2/18

REVIEWED COMMITTEE: N/A

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

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- D. Harbor-UCLA's Mission/Vision/Value statement.**
- E. Department/Service Philosophy/Scope of Service.**
- F. Description of how policies and procedures are developed/approved/reviewed in the Department/Service.**

II. HUMAN RESOURCES

A. Education, Training and Competency Determination:

1. Mandatory Training:

- New Employee Orientation
- Abuse Prevention and Recognition*
- Training
- Competency
- Disaster/Emergency Preparedness*
- Equipment
- Fire/Life Safety*
- Hazardous Materials*
- Infection Control (Universal)*
- Information Management
- Patients' Rights*
- Population/Age-Specific*
- Radiation
- Re-Orientation*
- Risk Management/Event Reporting*
- Safety

*Annual Update

2. Department Orientation

- Area Tour
- Department Manual
- Attendance
- Working Hours
- Keys/Parking
- Usage of Equipment
- Evacuation Plan
- Customer Service
- Forms/Intranet Website
- Introduction to Departmental Quality Improvement or Quality Control Activities

3. Continuing Education

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- 4. Abuse Reporting
 - Adult Sexual Assault
 - Child Abuse and Neglect
 - Dependent Adults or Elders
 - Intimate Partner Violence (Domestic Violence)

B. Employee Health (Annual Health Clearance)

C. Performance Evaluation Methods

D. Qualifications/Licensure/Certification

E. Dress Code (as applicable)

F. Job Responsibilities (job-specific performance)

- 1. Customer relations
- 2. Age appropriateness, knowledge, training

G. Basic Personnel Policy & Procedure (i.e., tardiness, call in)

III. PATIENT CARE (if applicable)

A. Patient Assessment and Reassessment

B. Patient/Family Education

C. Patient Treatment (including any department-specific to patient-care procedures).

D. Operative and Invasive procedures

IV. SAFETY

A. Emergency Conditions & Basic Response Emergency Response Guide (Codes)

B. Ergonomics

C. Reference all Safety Data Sheets and location

D. Department-specific Emergency Management Plan

E. Department-specific Safety Policies

F. Hazardous Materials

G. Workplace Violence Prevention

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H. Fire Safety

I. Usage of Equipment

J. Personnel Contact Information (Area File)

V. INFECTION CONTROL

A. Department/Division scope of activities related to Infection Control, including universal precautions and Blood Borne Pathogens

B. Department-specific Tasks

C. Exposure to Blood: What Healthcare Personnel Need to Know (Issues CDC/Cal OSHA handbook)

D. Waste Management (if applicable)

VI. MEDICO-LEGAL

A. Event Notification (Including DHS Handbook)

B. Situation Reports

C. Patient Safety Handbook)

D. Consents (as appropriate)

E. Equipment Sequestering (Safe Medical Equipment Reporting Act)

VII. INFORMATION MANAGEMENT

A. Medical Records

B. Hospital Information System

1. Down-time procedures.

VIII. EQUIPMENT/SUPPLIES

A. Ordering

B. Maintenance

C. Malfunctions/Repairs

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XI. IMPROVING ORGANIZATIONAL PERFORMANCE

A. Departmental Quality Improvement Plan (if applicable)

B. Scope of Service Performance Improvement Goals

C. Scope of Performance Improvement Activities

1. Indicators/measure for monitoring
2. Standards
3. Assessment tools

X. CONTRACT/CONTRACT SERVICES (if applicable)

A. Monitoring and Assessment

B. Reporting of Compliance and Fiscal Review

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ATTACHMENT A

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

**POLICY AND PROCEDURE MANUAL
REVIEW AND APPROVAL**

Department Name

Department/Service

-- 2018 --

_____	_____
Department Chair/Service Director	Date
_____	_____
Chief Nursing Officer	Date
_____	_____
Chief Medical Officer	Date
_____	_____
Chief Executive Officer	Date