



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 504.30 Issue 3
Page 1 of 3

SECTION: V. TRAUMA SERVICES

SUBJECT: SCREENING, BRIEF INTERVENTION AND REFERRAL

APPROVED BY: _____

Chairman Department of Surgery

I. POLICY

To provide a guideline for screening, brief intervention, and referral related to alcohol use in the trauma patient population at Arrowhead Regional Medical Center. Injury prevention strategies that prevent repetition of risky behaviors are an essential component in trauma care. Using the Alcohol Use Disorder Identification Test (AUDIT-C) is an evidenced based injury prevention strategy to help identify patients who are hazardous drinkers or at-risk drinkers in order to deliver early intervention. Trauma patients that screen positive on the blood alcohol concentration (BAC) test or meet the screening criteria will have a brief intervention prior to discharge.

DEFINITIONS

- A. Screening: Testing for blood alcohol concentration (BAC) and use of the AUDIT-C screening instrument assists in identifying patients with risky behavior therefore, warranting a brief intervention.
- B. AUDIT-C Screening Tool: The Alcohol Use Disorders Identification Test is a simple three questions-screening tool used to identify patients with alcohol problems or potential alcohol problems. The AUDIT-C is scored 0-12. In men, a score of more than four is considered positive; in women, a score of more than three is considered positive. Each patient admitted due to an injury will receive the Audit-C screening.
- C. Brief intervention: Short counseling session (approximately 10 minutes-1 hour) that provides the patient with information about their screening results from their Blood Alcohol Concentration (BAC) and AUDIT-C interview. Additionally, the brief intervention will include discussions on the patient's perception of the role alcohol consumption contributed to his/her injury, guidelines for low risk alcohol consumption, methods for reducing drinking, and assisting the patient in developing goals to reduce risky behaviors.
- D. Referral: Community resources will be provided to the patients to assist in alcohol cessation or reducing alcohol use.

II. PROCEDURES

- A. Screening:
 - 1. A Blood alcohol level will be drawn on patients who have a trauma panel ordered.
 - 2. Blood specimen is drawn by trauma or lab personnel as part of the trauma panel.
 - 3. All admitted trauma patients will have an Audit-C completed upon admission. Those who test positive for blood alcohol or who meet the criteria for brief intervention, will receive that intervention either prior to discharge or will be contacted at home.
 - 4. A list of patients requiring brief intervention will be identified by the Injury Prevention Nurse or designee. This will be done daily or as soon as possible.
- B. Brief Intervention:

1. When the patient is deemed appropriate for screening (alert, cooperative, responsive to questions), the admitting nurse will interview the patient using the AUDIT-C questionnaire in Medi-Tech.
2. The patient will be provided with their BAC and AUDIT-C results in a confidential manner.
3. The Injury Prevention Nurse or designee administering the brief intervention will attempt to elicit open communication with the patient regarding their view of drinking and how alcohol consumption may have contributed to their injury.
4. The Injury Prevention Nurse or designee will provide the patient with a packet that contains health educational information related to alcohol use and resources related to alcohol cessation.

C. Exceptions/Clinical Alerts:

1. Patients, who due to their injury, cannot actively participate in the screening and/or brief intervention will be excluded.
2. Patients with history of substance abuse disorder/ alcohol dependence will be excluded.
3. Patients with psychosis disorder/ admitted to behavior health will be excluded.
4. Patients who are incarcerated will be excluded

D. Documentation

1. The Admitting Nurse will complete the questions as part of the admission assessment in Medi-Tech. The Injury Prevention Nurse or designee will document the intervention and/or referral in the nursing notes section of Medi-Tech in the patient's chart.

E. Follow-up:

1. The Trauma Services Department will track alcohol screenings and brief intervention for performance improvement.

REFERENCES:

American College of Emergency Physicians. Alcohol Screening and Brief Intervention Kit
U.S Department of Health and Human Resources. (2007) Alcohol Screening and Brief Intervention
(SBI) for Trauma Patients; Committee on Trauma Quick Guide. Pgs 3-15. www.samhsa.gov

DEFINITIONS:**ATTACHMENTS:****APPROVAL DATE:**

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Executive Medical Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Bueanvidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES:**EFFECTIVE:** 04/20/12**REVISED:** 05/17/18**REVIEWED:** 03/19/15



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY 506.00 Issue 3
Page 1 of 2

SECTION: V. TRAUMA SERVICES

SUBJECT: HOSPITAL EMERGENCY RESPONSE TEAM (H.E.R.T.)

APPROVED BY: _____
Chairman, of Department of Surgery

I. POLICY

The Hospital Emergency Response Team responds to emergency situations outside the hospital setting to perform emergency field amputations in circumstances where amputation is the only option for extrication and as a life saving procedure. Preservation and reattachment are the goals if possible. The team should be assembled and ready to respond within 20 minutes of request.

II. PROCEDURES:

- A. Communication
 - 1. Following notification of request for field amputation, the Trauma Attending is to be notified.
- B. Responding physician
 - 1. The Trauma back-up surgeon will be called in and directed to the scene to perform the procedure unless otherwise determined by the in-house Attending Surgeon.
- C. Support staff
 - 1. A trauma nurse will accompany the physician to the scene to provide assistance as needed.
- D. Supplies
 - 1. The following supplies will be stored in a container marked "H.E.R.T." and will be housed in the trauma resuscitation room:
 - Equipment:**
 - a. Gigli saw (2) with 2 sets of handles
 - b. Amputation knife
 - c. Scalpel
 - d. Hemostats
 - e. Gauze dressings
 - f. Tourniquets
 - g. Betadine
 - h. Gloves
 - i. BP cuff
 - j. Commercial tourniquet
 - k. Needles (18g, 22g) 1 ½"
 - l. Syringes (3cc, 10cc, 35cc)
 - m. PPE (Steel toe boots, gloves, safety goggles, hard hats)
 - Medications:**
 - a. Morphine 20mg
 - b. Versed 10 mg
 - c. Ketamine 1000mg
 - d. Lidocaine w/ epi 1% 60ml
 - e. Tranexamic Acid 1gm with 100mL normal saline bag and IV tubing

- E. Transportation
1. When either ground or air transportation is indicated, the San Bernardino County Communication Center will arrange response vehicle transportation for the team.
 2. Upon conclusion of the incident, the team will work with the Incident Commander to contact the San Bernardino County Communication Center to arrange transportation of the team back to the originating facility, if needed.
- F. Arrival on Scene
1. Upon arrival to the scene the physician will report to the incident commander and show proper identification.
 2. The physician must agree to sign the patient care record agreeing to take full responsibility for the care and treatment of the patient(s) involved in the incident and accompanies the patient(s) in the ambulance to the medical facility most appropriate to receive the patient(s). This statement is available on the Inland Counties Emergency Medical Agency (ICEMA) e-PCR and on the back of the first (white) copy of the ICEMA Standard Run Report Form (01A). Prehospital EMS agencies using software not totally integrated with ICEMA software must provide a form stating the above and obtaining physician signature.
 3. Care of the patient must be transferred to a physician at the receiving facility.
- G. Documentation
1. The physician performing the field amputation is responsible to document the procedure on a progress note upon return to the hospital.
 2. Nursing documentation for any care rendered in the field will be documented on the trauma flow sheet in the nurse note section upon return to the hospital.

REFERENCES: Inland Counties Emergency Medical Agency. (February 2014). *Physician on Scene, 9020.Hospital Emergency Response Team Policy,15050*

DEFINITIONS:

ATTACHMENTS:

APPROVAL DATE:

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Buenavidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES: NA

SUBJECT: HOSPITAL EMERGENCY RESPONSE TEAM

ARMC Policy No. 506.00
Page 3 of 3

EFFECTIVE: 3/31/11

REVISED: 2/20/14, 5/19/16, 1/17/19

REVIEWED:



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 508.00 Issue 2
Page 1 of 3

SECTION: V. TRAUMA SERVICES

SUBJECT: ORTHOPAEDIC GUIDELINES FOR TRAUMA ROOM FRACTURE WASHOUTS AND LONG BONE FRACTURE STABILIZATION IN POLYTRAUMA PATIENTS

APPROVED BY: _____

Chairman Department of Surgery

POLICY

Adequate wound assessment, debridement, lavage, and fracture stabilization are vital adjuncts to minimize morbidity. Historically it has been recommended that this should occur as soon as possible after injury. Recent publications have questioned the need to rush all orthopaedic injuries to the operating room when care may be compromised due to shock, lack of experienced surgical team; or when other extenuating circumstances prevail. Damage control orthopaedic surgery is an important approach in the care of the polytrauma patient.

- I. The goal of the initial washout timing should be < 8 hours from arrival.
- II. The goal for timing of long bone fracture stabilization in the polytrauma patient should be < 24 hours.

PROCEDURES

Based on the assumption that the earlier the bacterial contamination is reduced the less likely it is that an infection will supervene, the ARMC Orthopaedic Service will attempt to abide by the following general guidelines with the respect to open fracture washouts in the Trauma Room:

- A. If adequate analgesia/anxiolysis can be safely achieved, the washout should be performed in the Trauma Room but ultimately in the Operating Room.
- B. If adequate analgesia/anxiolysis cannot be safely achieved, the washout should not be performed in the Trauma Room but ultimately in the Operating Room.
- C. Situations where the patient usually will **not** be taken to the Operating Room on an emergent basis include:
 - 1. Gustillo grade 1 or 2 fractures

2. Absence of gross contamination
3. No operative suite available
4. Patient too unstable to go to Operating Room
5. Equipment availability issues
6. Subspecialty expertise availability

D. Circumstances where an attempt should be made to take patient to Operating Room to perform washout may include:

1. Grossly contaminated wounds
2. Neurovascular compromise/compartment syndrome

E. Decision to take patient to the Operating Room for definitive care should ultimately rest with the specific orthopaedic attending physician on call.

REFERENCES:

Skaggs, D., Friend, L., Alman, B., Chambers, H., Schmitz, M., Leake, B., Kay, R., & Flynn, J. (2005, January). The Effect of Surgical Delay on Acute Infection Following 554 Open Fractures in Children. *The Journal of Bone and Joint Surgery*;87(A):8-12.

Srour, M., Chan, C., Schnuriger, B., Skiada, D., Inaba, K., Okoye, O., Lam, L., Demetriades, D. Prospective Evaluation of Open Fractures – Impact of Time to Washout. Presented at University of Southern California, Los Angeles, CA.

Dunham, C.M., Bosse, M.J., Clancy, T.V. (2000). Practice Management Guidelines for the Optimal Timing of Long Bone Fracture Stabilization in Polytrauma Patients. *The Eastern Association for the Surgery of Trauma*.

Nicola, R. Early Total Care versus Damage Control: Current Concepts in the Orthopedic Care of PolyTrauma Patients. *ISRN Orthopedics*, Volume 2013, Article ID 329452, 2013

DEFINITIONS:

ATTACHMENTS:

APPROVAL	DATE:	<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
		<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>02/12/19</u>	<u>Orthopaedic Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/01/19</u>	<u>Nanette Buenavidez, CNO</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES:

EFFECTIVE: 10/01/14 **REVISED:** 08/20/15

REVIEWED: 01/17/19



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 509.10 Issue 1
Page 1 of 1

SECTION: V. TRAUMA

SUBJECT: TRAUMA PATIENTS ADMITTED TO A NON-SURGICAL SERVICE

APPROVED BY: _____
Chairman, Department of Surgery

POLICY

This policy defines the service admission to a non-surgical service for the traumatically injured patient.

PROCEDURES

- I. All patients that meet alert or activation criteria, as well as trauma consultations, must be evaluated by the Trauma Service and cleared prior to being admitted to a non-surgical service.
- II. Patients cleared by the Trauma Service to be admitted to a non-surgical service must be re-evaluated the following day by the Trauma Service.

REFERENCES: N/A

DEFINITIONS: N/A

ATTACHMENTS: N/A

APPROVAL DATE:

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Buenavidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES:

EFFECTIVE: 05/06/16

REVISED: _____


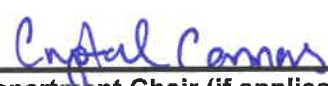
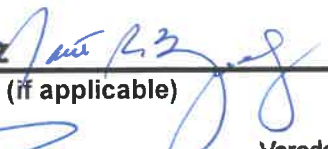

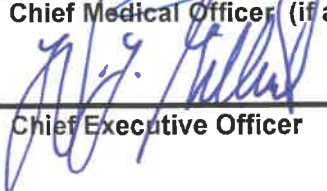
REVIEWED: 4/21/19



THIS IS TO CERTIFY THAT

**ARROWHEAD REGIONAL MEDICAL CENTER'S
STERILE PROCESSING DEPARTMENT**

**HAS BEEN REVIEWED AND UPDATED
AS NEEDED**

	Michelle Delee	8/1/19
Department Manager		Date
	Crystal Connors	8/1/19
Department Chair (if applicable)		Date
N/A		
Associate Hospital Administrator (if applicable)		Date
Nanette Buenavidez		8/2/19
Chief Nursing Officer (if applicable)		Date
	Varadarajan Subbiah	8/2/19
Chief Medical Officer (if applicable)		Date
	William L. Gilbert	8/2/19
Chief Executive Officer		Date
Chair, Board of Supervisors		Date

**ARROWHEAD REGIONAL MEDICAL CENTER
STERILE PROCESSING POLICIES AND PROCEDURES
August 20, 2019 Summary of Policy Revisions**

August 20, 2019 Summary of Policy Revisions

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ARROWHEAD REGIONAL MEDICAL CENTER
Sterile Processing Policies and Procedures

POLICY NO. 1100.10.1 Issue 4
Page 1 of 3

SECTION: INFECTION CONTROL

SUB SECTION: DECONTAMINATION

SUBJECT: Transportation and Receiving of Soiled Instruments, Equipment and Accessories

APPROVED BY: _____

Sterile Processing Supervisor

POLICY:

Any equipment or instruments used in patient care areas are transported to the Sterile Processing Department (SPD) Decontamination Area for cleaning and processing.

BACKGROUND

All invasive procedures involve contact by a medical device or surgical instrument with a patient's sterile tissue or mucous membranes. Failure to properly disinfect or sterilize reusable medical equipment carries a risk associated with the introduction of pathogenic microbes that could lead to infection.

PROCEDURE:

I. Patient Care Units and Ambulatory Clinics

- A. Transportation of used medical and surgical instruments from the procedure area to the soiled utility room will be transported by means of a puncture resistant, leak proof, container with rigid sides and bottom identified as the transport container. The transport container will be cleaned by staff with hospital approved disinfectant after each use.
- B. Clinics and Off Site Collection
Persons participating in the transportation of and cleaning of medical or surgical instruments will wear the appropriate personal protective equipment (PPE) per hospital policy and OSHA standards.
- C. Personnel remove excess solution in the container, applying enzymatic cleaner, and secure the lid prior to putting the container in another larger transport container in order to reduce the risk of coming in contact with the soiled medical or surgical instruments.
- D. Clinic personnel prepare reusable instrumentation used in patient care in the Family Health Center (FHC) or Specialty clinics for transportation.

II. Operating Room (OR)

- A. Operating room personnel prepare reusable instrumentation used in the OR for transport to SPD.
- B. OR personnel remove excess solution, apply enzymatic cleaner and secure the lid on a designated transport container according to OR policy.

III. Sterile Processing Department Collection and Preliminary Process

- A. Reusable instruments are collected by SPD staff from patient care areas at least once a day or more often, as required. Sterile Processing staff provides a clean, disinfected covered container in designated utility rooms.
- B. The hospital based clinic areas will have collection by 19:00 (7:00 pm) Monday through Friday.
- C. Offsite clinics will utilize a hospital contracted delivery services for the transportation of soiled reusable items.
- D. Those areas within the hospital that provide services after 19:00 may either call for pick up or take the covered containers to the SPD decontamination area.
- E. To prevent contamination and splashing the containers are covered and staff wears the appropriate PPE when handling such containers. Covered containers are collected and brought to the decontamination area of SPD. Small containers can be carried. Larger containers are transported on cleaned closed carts.
- F. Sterile Processing staff wears appropriate PPE and follow Standard Precautions.
- G. A hospital approved enzymatic soak solution that assist in soil removal and provides a continuous wet surface is left with each container or is provided by the department.
- H. Instruments are separated from equipment on arrival to the decontamination area. Equipment and instruments are processed in separate areas, as designated.

IV. Soiled Lift

- A. Instrumentation and equipment used in the operating room suites or endoscopy procedure rooms are transported on carts using the dedicated lift.
- B. If the lift is inoperable; carts are covered with plastic and transported via staff elevator to the SPD decontamination area.
- C. SPD staff clean and disinfect carts used in the collection of soiled instrumentation and equipment after removal of the instrumentation and before reuse. Carts are processed by automated equipment when possible.

For Instrumentation, refer to SPD Policy 1100.1, Collection and Receiving of Soiled Instrumentation.

REFERENCES: ANSI/AAMI ST79:2017 Comprehensive guide to steam sterilization and sterility assurance in health care facilities
ARMC Policy 1100.1: Collection of Soiled Instrumentation
SPD Policy 1100.1, Collection and Receiving of Soiled Instrumentation
CMS Conditions of Participation: 482.42 Infection Control
California Occupational Safety Health Administration (1996). Occupational Exposure to Bloodborne Pathogens Title 8, CCR 5193

**SUBJECT: RECEIVING SOILED INSTRUMENTS, EQUIPMENT
AND ACCESSORIES**

Page 3 of 3
SPD Policy No. 101

APIC Text of Infection Control and Epidemiology, Cleaning, Disinfection, and Sterilization in Healthcare Facilities, (2005), W. A. Rutala, PhD, MPH, D.J. Weber, MD, MPH

DEFINITIONS: N/A

ATTACHMENTS: N/A

APPROVAL DATE: 07/05/19 Infection Control Committee
07/31/19 Quality Management Committee
08/01/19 Medical Executive Committee
Board of Supervisors

REPLACES: N/A

EFFECTIVE: 03/99 **REVISED:** 4/2001, 12/2007, 7/2019

REVIEWED: 04/2005, 10/2010, 10/2013

