Dear Clinical Faculty and Student,

Welcome to the University of Maryland Medical Center, a Magnet Designated Hospital. We are delighted to have you as a guest.

We need your assistance to continue to be able to offer high quality clinical placements. As an organization, we must ensure that we are continuously in compliance with regulatory agencies’ and accrediting bodies’ standards, as well as legal statutes set forth by the State for clinical instructors and students that access our facility for educational experiences. It is essential that we have knowledge of all students and instructors working at our facility and ensure that the students and the instructors are properly oriented prior to caring for our patients.

Please note: Clinical faculty and students will only be allowed on the nursing unit once all paperwork is received and verified for accuracy. If the faculty and students do not abide by the requirements set forth below, they will be asked to leave the unit and will not be allowed to return until requirements are met.

**UMMC Requirements for Clinical Placement**
We require the following BEFORE the students or the clinical instructors are allowed into the facility for clinical experiences:

- **New** clinical instructor has spoken with Mrs. Ronald and received orientation to the facility.
- **New, to either the hospital or the unit**, clinical faculty must spend a **minimum** of 8 hours orienting on the unit where they will have their students, prior to bringing students.
- Clinical faculty and Student names along with school IDs are provided **electronically** to the email below a minimum of two weeks **prior** to the first day of the clinical rotation for computer access needs and UMMC badges.
- Clinical faculty and students must complete the online training for our electronic documentation system prior to clinical rotation start. Access ID and passwords are not issued until training is complete.
- All required paperwork **must** be completed and returned to Ms. Ronald **before** students care for patients.
  - Student Roster
  - Orientation Attestation Statement
  - Confidentiality Form
- Department Orientation Checklist is **due one week** after clinical groups have oriented to their unit.

The forms and required paperwork should be returned as soon as possible attention of Cyndy Ronald at the Office of Clinical Practice and Professional Development Paca Pratt Office or Satellite Office located in the Gudelsky Lobby.

Thank you and enjoy the semester,
Cyndy Ronald
SON Partnership Manager
Cronald@umm.edu
410-328-1251
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UMMC MISSION, VISION, VALUES, AWARDS
Our Mission: We Heal, We teach, We Discover, We Care

University of Maryland Medical Center (UMMC) is the academic flagship of the University of Maryland Medical System. With a mission, to provide health care services on two campuses, University and Midtown, for the Baltimore community, the State of Maryland and the nation. In partnership with the University Of Maryland School Of Medicine and the University of Maryland health professional schools, UMMC is committed to:

- Delivering superior health care
- Training the next generation of health professionals
- Discovering ways to improve health outcomes worldwide

Our Vision:

UMMC will be known for providing high value and compassionate care, improving health in Maryland and beyond, educating future health care leaders and discovering innovative ways to advance medicine worldwide.

Our Values:

Quality of Care, Excellence in Service, Respect for the Individual, Quality in Education and Research, Cost Effectiveness

Awards:

The Leapfrog Group named UMMC as one of the nation’s best in patient safety 2006-2012. The Leapfrog Group's national survey measures hospital performance in a range of areas including patient care outcomes, use of best practices and patient safety initiatives and measures of efficiency.

Practice Greenhealth, an organization dedicated to environmentally responsible practices at large health care facilities, awarded UMMC a "Partner for Change, with Distinction, Award"

The University of Maryland Medical Center has achieved Magnet Designation in recognition of the hospital's nursing excellence. Magnet status is awarded by the American Nurses Credentialing Center (ANCC) to hospitals that meet specific criteria for nursing professionalism, teamwork and the highest standards in patient care. Only about 7 percent of hospitals across the United States have this prestigious designation.

UMMC is one of only two U.S. hospitals named a Top Hospital of the Decade for patient safety and quality of care by the Leapfrog Group in 2010. The award recognizes the medical center's inclusion on the Leapfrog Top Hospital list every year since its inception in 2006 through 2012.
**COMMITMENT TO EXCELLENCE (C2X)**

- Our mission says that “We Heal, We Teach, We Discover, We Care.
- In this regard, Commitment to Excellence is our distinctive culture of caring for those individuals whom we have the privilege to serve and the pleasure of working alongside.
- Commitment to Excellence then, is the way we care.

**The UMMC Pillars of Excellence**

Exemplify the Values and Priorities of UMMC

- **People** - Be the “employer of choice” and a health care industry leader in staff recruitment, satisfaction, retention and ongoing leadership development.
- **Service** - Provide compassionate care and accessible service in a culturally sensitive manner to all patients and families at a level that exceeds expectations.
- **Safety & Quality** - Provide the safest care anywhere, maintain positive healthcare environments and employment conditions, and become a recognized leader in achieving optimal patient care outcomes.
- **Stewardship** - Achieve volume growth and manage operating expenses in order to attain financial results that allow for investment in our strategic priorities, while meeting our mission to provide services to all.
- **Innovation** - Develop innovative programs and services to improve the health status and quality of life for residents of communities served while fulfilling our academic mission.

Without clinical knowledge, consumers use three factors to judge quality of care:

- Responsiveness to their needs
- Courtesy they are given
- Information they receive

As a UMMC steward, we need to set the bar high and keep it there! Currently, UMMC has 5 teams working to ensure we are Committed to Excellence. You may get more information on each team on the C2X webpage on the Insider.

**Patient Experience Team:**

Develops and promotes initiatives that create the environment that leads to achieving a high level of patient satisfaction.

**Healing Arts Team:**

Dedicated to using art as a forum for growth, self-expression and healing, and to providing opportunities for employees, patients, families, and visitors to integrate art into their daily lives.

**Employee Engagement Team:**

To promote a positive and trusting culture inclusive of motivated and committed employees who feel valued and recognize the importance of their own contributions within UMMC and/or their work groups.
Celebrations Team:
Preparation and execution of organization wide celebrations to include: communication, defining theme, creating décor, identifying giveaways, location and set-up, etc. Provides guidance and resources for leaders across the organization in order to celebrate employees at a departmental level.

Communication Forum Team:
In collaboration with senior leaders, this team prepares and executes all employee communication forums. These forums establish a mechanism for staff to gain insight into current events, the financial status of the hospital, and to have the opportunity to give opinions, and ask questions. These forums are meant to be educational, as well inspirational!

UMMC Behavioral Standards show our Commitment to Excellence:
Spell out specific behaviors that will lead to service excellence:
- Create an atmosphere of respect, care, compassion, teamwork, accountability and pride
- Foster a culture needed to achieve and sustain our mission and vision

Accountability: We commit to take ownership of all that we do and responsibility for the outcomes of all our actions.

Appearance: We commit to respect our personal appearance, work environment and all areas visible to patients and customers.

Communication: We commit to clear, open, honest and timely communication

Respect: We commit to treat others as they would want to be treated

Service: We commit to provide our patients, families, visitors, and co-workers with courteous, prompt, and safe service
Cultural Competence & Inclusion

University of Maryland Medical System uses a mixed mechanism approach to Cultural Competence and Inclusion basing the work on four models:

Lee Gardenswartz & Anita Rowe: 4 Layers of Diversity aka Diversity Wheel


Larry Purnell: The Purnell Model for Cultural Competence
UMMS Inclusion Guiding Documents

### Inclusion Definition
Inclusion is the active harnessing of the diverse perspectives, talents, and ideas of each UMMS healthcare professional – employees, leaders, physician partners, and volunteers – in a way that inspires, connects, and involves everyone, leading to improved patient outcomes and increased business value.

### Inclusion Vision
UMMS leverages the cultural diversity of our workforce to create improved outcomes for our patients and to support a more inclusive workplace.

### Inclusion Mission
As a premier healthcare provider, UMMS embraces diversity in the composition of our workforce and in the delivery of culturally sensitive, compassionate, quality care to promote healthy and empowered communities.

### Inclusion Goals
- Provide culturally appropriate clinical care and customer service
- Engage the UMMS workforce
- Enhance the patient experience
- Improve healthcare equity
- Connect with, learn from, and empower the communities UMMS serves

### Inclusion Strategies
**Healthcare Equity:** Support clinical operations that improve healthcare equity capabilities
- **Workforce Inclusion** – Recruit, retain, develop, and promote diverse candidates into leadership positions
- **Patient Experience** – Leverage the cultural diversity of the UMMS workforce to engender trusting relationships with our patients and their families to improve clinical outcomes
- **Education** – Educate the UMMS workforce to understand the cultural nuances of the populations served
- **Communication** – Ensure that Inclusion initiatives, actions, and results are communicated to all key stakeholders
- **Community Engagement** – Create and maintain two-way channels that ensure community engagement and involvement
IMPORTANT INFORMATION

Corporate Compliance

Hotline 1-877-300 DUTY (3889), compliance@umm.edu or go to www.reportit.net.
Please contact the Compliance Hotline to ask a question and/or report a concern regarding:
- Business practices
- Patient care issues
- HIPAA—patient privacy and confidentiality
- Safety
- Documentation
- Staff licensure
- Conflicts of interest
- Pharmaceutical distribution and handling
- Patient and vendor gifts
- Patient leave of absence
- Billing and reimbursement
- Honest communication

HIPAA-Health Insurance Portability and Accountability Act of 1996

- Privacy Rule (effective April 14, 2003)
  - Limits the use and disclosure (leaking) of confidential patient information to prevent improper use.
  - Establishes patient rights relating to their health information.
- Security Rule (effective April 21, 2005)
  - Protect confidentiality of electronic patient information when stored, maintained or transmitted.
  - Patients have the right to have their health information kept private.
- Do not discuss patient information in public areas, e.g. elevators, cafeteria lines, hospital lobby and hallways.

Patient Privacy

- Keep patient information on a “need to know” basis. Share information with staff who need to know for treatment, payment or Medical Center operations.
- Locate fax machines used to send or receive patient information in places not easily accessible to patients, family members or visitors.
- Keep patient information out of public view.
- Transport patient information face down, covered, or preferably in envelopes.
- Remove paper records with patient information from meeting rooms or public areas after use.
- Keep computer screens out of public view and log off of the computer when done.
- Make sure patients are properly covered when they are transported.
- Close doors and draw the curtains around patients when they are receiving care.

The Joint Commission

- Provides an accreditation process that challenges organizations to improve their performance on an ongoing basis
- For us it means patient safety and quality patient care
What to do about patient safety concerns:
- Talk to your clinical faculty or the unit charge nurse for immediate resolution of your concern
- Talk to the nurse manager or director about problems that recur and/or show a pattern
- If your concerns are not resolved or addressed, call the patient safety hotline – 410-328-SAFE or 8-SAFE (7233)
- You may also call your concerns to
  - The Maryland Office of Healthcare Quality – 410-902-8016
  - The Joint Commission – 1-800-994-6610

Drug Free Workplace Program (HRM-513)
- The Medical Center’s primary consideration is the safety of the patients and employees
- This policy applies to all providers of care in the Medical Center
- Each person is responsible for
  - Personally refraining from use of drugs or alcohol in the workplace
  - Reporting co-workers suspected of being unfit for duty
- Employee Assistance Program is available for staff for confidential counseling

Security
- Security strategic posts: Main lobby, Shock Trauma Center, Gudelsky lobby, ED entrance
- 24/7 Patrols throughout the hospital
- Security telephone number 410-328-8711
- All visitors and staff should wear the appropriate ID badge or armband. If you see a person who does not appear to have a purpose in your area, ask if you can direct them to the area they need. If someone is not displaying an appropriate badge or armband please refer them to the guest services desk. If you believe someone is a security risk, call Security at ext. 8-8711.

Workplace Safety
- Don’t walk alone to isolated areas. Security provides escorts or a shuttle to the local garages
- If you are working in isolated areas or after hours, call Security- ext. 8-8711- and give your name and location.
- If you witness workplace violence, acts of vandalism, or disruptive behavior, contact Security immediately at ext. 8-8711 – The Medical Center has zero tolerance for workplace violence

Safe Haven Law
The Medical Center is a Safe Haven. A distressed parent who is unable or unwilling to care for an infant can give up custody of a baby who is less than 10 days old, safely, legally, and confidentially. If someone hands you a newborn baby, don’t ask any questions. Take the baby to the Pediatrics Emergency Room.

The Medical Center is a TOBACCO FREE facility (Policy EOC-003)
- In order to provide the healthiest possible environment for its patients, visitors, employees and volunteers, the University of Maryland Medical Center is a Tobacco-Free facility.
• Smoking is not permitted within the facility because of the significant risk of harm to patients, visitors, staff, volunteers, physicians, residents, students, emergency medical staff, contractors, employees, and others.
• The Medical Center takes a strong position that smoking will not be tolerated or permitted.

UMMC is a Smoke-Free Hospital (Patient Handouts)
What is the smoking policy at University of Maryland Medical Center (UMMC)?
• Smoking is not allowed in any patient rooms or bathrooms
• Smoking is not allowed anywhere inside the hospital

If I smoke, what do I need to do?
• Tell the unit staff that you smoke
• Work with your healthcare team to make a plan to help you stay smoke-free during your hospital stay
• Tell staff if you want medications that can help control nicotine cravings

Why is it important to do these things?
• Beds, equipment, and gases used in the hospital can easily catch fire
• Fire is more dangerous in a hospital because many people cannot move easily
• You or others around you could be seriously hurt or die as a result of fire
• Smoking slows your healing
• Smoking causes cancers, lung disease, heart disease and many other problems

What problems related to smoking should I report to staff?
• If you see or smell smoke in the hospital, tell staff right away!

ENVIRONMENT OF CARE
What is the Environment of Care?
• Provide a safe environment for patients, visitors and staff.
• There are several regulatory agencies we have to comply with.
  o The Joint Commission
  o Centers for Medicare and Medicaid Services
  o Office of Health Care Quality
  o Maryland Occupational Safety & Health
  o Maryland Department of the Environment
  o Baltimore City Fire Department
• Everyone has a role in keeping the environment safe.

Responsibilities

**Employer (UMMC):**
• Provide a workplace free of recognized hazards.
  o Promptly mitigate/correct identified issues.
  o Provide necessary safety and health training.
  o Conduct periodic hazard assessments of the workplace.

**Employees/Students/Volunteers:**
• Comply with applicable rules, regulations and policies.
• Complete required training.
- Notify their supervisor of accidents (including near misses), spills, damaged equipment, safety deficiencies, and personal medical conditions that may affect their ability to provide care.

*Safety is the responsibility of every hospital employee, supervisor, patient and visitor in the Medical Center.*

**Resources for your use**
- Signs
- Department Safety Manual
- UMMC Intranet – key word search “Safety”
- Department Safety Officer
- Your preceptor/buddy/manager
- Safety Office
- Your Code Badge (Code descriptions, important phone numbers, R.A.C.E. & P.A.S.S.)

**Safety Management**
- Safety
  - Think before you act
  - Heed warning signs
  - Not sure, ask
- Always follow proper procedures and wear appropriate Personal Protective Equipment (PPE).
- Look out for your co-workers (make sure they work safely too).
- Take responsibility for your environment.

**Electrical Safety/Clinical Equipment**
- Before plugging a piece of equipment in, check the following:
  - Equipment is in good condition with all parts present.
  - Clinical equipment inspection sticker is within date.
  - Check the cord for frayed spots, breaks in insulation, flat spots (from being crushed), unauthorized modifications or repairs, or any other damage.
  - Call Biomed if you have any questions or concerns. (ONE CALL 8-5174)
- Take any suspect equipment out of service, tag it, and notify Biomed immediately.
  - Do not attempt to fix or diagnose clinical equipment faults.
- Not sure how to operate a piece of equipment – ASK SOMEONE WHO KNOWS or call Biomed.
- To contact Biomed call **ONE CALL 8-5174.**

**Reporting Safety Concerns**
Report safety concerns to:
- The area supervisor or manager
- The Safety Officer
  - 8-6001V, 410-389-9408P
  - jchang@umm.edu or safety@umm.edu
- Patient Safety Hotline (8-SAFE)
  - Not for emergent issues
- Calling ONE CALL 8-5174 (routine) or 8-8711 (emergencies)
- You have the right to:
- Make a complaint without facing retaliation
- Request confidentiality
- Call the Joint Commission - 1-800-994-6610 or the Maryland Office of Healthcare – 877-402-8218

**Hazardous Materials/Hazardous Wastes**
- All chemicals need to be labeled
- Safety Data Sheets (SDSs) are available in Department Safety Manual (Safety Data Sheets are also available on the intranet – key word search “SDS”)
- UMMC is segregating waste into regulated medical waste, ordinary trash, hazardous waste, confidential paper, and recyclables.
  - Do not drain dispose any pharmaceuticals (except for narcotics)
  - Hazardous pharmaceuticals require special handling (see pharmacy label)
  - Ask your unit manager for more detail

**How to report an emergency**
- **Anyone** becoming aware of an event that could cause or threaten to cause a disruption in our ability to provide patient care should immediately notify:
  - The area Supervisor
  - ONE CALL 8-8711 or the nursing coordinator (BEEP 3148)
- ONE CALL will make the appropriate notifications to staff who can assess the situation and if necessary, implement the applicable portions of the Emergency Operations Plan

**Emergencies: Know Your Role**
- Make sure we have your up-to-date contact info.
- Report to your meeting place immediately or call in if unable to report.
- Make sure everyone knows about the emergency.
- Provide direction to patients and visitors.

**Know the Code**

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<th>Code Blue</th>
<th>Resuscitation</th>
<th>Call 8-2911 and specify: adult/pediatric, and location. STC dial 117 and announce “Code Blue” then “Adult or Child” and then “location” 3 times. Initiate CPR if qualified.</th>
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<td>Code Pink</td>
<td>Infant Abduction</td>
<td>Can be an infant or child. Look for suspicious persons. Call Security 8-8711 with description immediately.</td>
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<td>Code Purple</td>
<td>Security Response</td>
<td>Keep clear of area, Direct visitors and patients away from area.</td>
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<td>Code Red</td>
<td>Fire</td>
<td>Move people from danger; follow RACE and PASS</td>
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Code Yellow

Emergency

Report to place of duty if possible. Contact supervisor for more direction. Check Intranet.

Code Red: In case of fire

- Listen for where the fire is
- Clear the corridor, close all doors
- Reassure patients and visitors
- Help each other

Fire/Life Safety

- Know where exits and emergency equipment are located
- Don’t block exit ways
- In the event of a fire alarm, follow RACE
  - R – Rescue anyone in danger
  - A – Alert or Alarm (activate the nearest pull station and call 8-2911)
  - C – Confine the fire by closing doors
  - E – Extinguish the fire if it is safe to do so
- If you use a fire extinguisher, follow PASS
  - P – Pull the pin
  - A – Aim the nozzle at the base of the fire
  - S – Squeeze the handles to activate
  - S – Sweep the nozzle side to side

Evacuation

- Outpatient facilities and office buildings
  - Evacuate in the event of an emergency unless doing so would cause the occupants more harm (e.g. tornado or hazardous chemical release)
- Inpatient Facilities
  - Only evacuate if situation dictates
  - Evacuate horizontally first
  - Order of evacuation: ambulatory, wheelchair, then bedridden patients
  - If time permits, evacuate medical records with the patients
- Vertical Evacuation of Inpatients
  - Should only be done under the most dire of circumstances
  - With the assistance of the fire department and evacuation equipment
  - Elevators may only be used if cleared by the fire department or Incident Commander

Medical Gas Shut-Off

Know the location and procedures for medical gas shut-off.

Who can shut off medical gases?

- charge nurse,
- senior technologist (procedural areas)
- or their designees

When should medical gas be shut-off?
• You should consider shutting off medical gases only if they are contributing to a hazardous situation and you have assessed the impact of shutting off the gas(es).
• Possible reasons for shutting off med gases include:
  o an uncontrolled leak,
  o or the med gas is worsening (accelerating) a fire.

Questions?
• Jim Chang – Director
  o Jchang@umm.edu; safety@umm.edu; 8-6001V, 410-389-9408P
• Craig Savageau – Emergency Management Coordinator
  o csavageau@umm.edu; 8-3467V, BEEP 7159

Employee Injury/Exposure
Report all needle injuries and exposures to blood or body fluids immediately by calling 8-BEEP (2337), then enter STIK (7845). You will then be contacted with the information you need.
• If you are exposed to an infectious illness, contact Infection Control at ext. 8-5757.
• For all other job-related injuries, notify your supervisor immediately. Complete the Employee's Report of Injury or Illness, and seek medical care at Employee Health Services, T1R05, 7 a.m. - 4 p.m. After 4 p.m. or on weekends/holidays go to the Adult Emergency Department, ground floor of the Weinberg building. Bring your injury report and ED discharge instructions to Employee Health Services on the next business day.

MRI Safety
• MRI safety is everyone’s responsibility.
• Complete the MRI checklist accurately
• Remember the MAGNET IS ALWAYS ON. No badges, metal (scissors, stethoscope, etc.) in the scanner room.
• Heed posted warning signs and directions from the technologist
• In case of a code, the technologist will remove the patient from the scanner to outside the room. Follow their directions.

Code Pink Policy – COP-025
• If a child or infant is determined missing, a CODE PINK will be overhead paged.
• If a Code Pink is called, be aware of anyone looking suspicious, carrying an infant instead of pushing a bassinet, carrying a tote or duffel bag.
• If you see a suspicious person, get a good description and call security STAT—8-8711.

UMMC Internet Policy-MOI-015
• It is the responsibility of each computer network user to adhere to this policy
• Employees, students and staff are provided access to the computer network to assist them in the performance of their jobs
• The computer network is the property of UMMC & is to be used for legitimate business purposes
• All users have a responsibility to use UMMC’s computer resources and the Internet in a professional, lawful and ethical manner
• Abuse of the computer network or the Internet may result in disciplinary action, up to and including termination and civil and/or criminal liability
UMMC Social Networking/Social Media Policy - HRM-504

All users are responsible for the content published on the Internet and social networking sites. Information disseminated through the Internet and social networking and/or social media sites are subject to all UMMC policies.

Violations include but are not limited to posting:

- Patient information (HIPAA)
- Explicit sexual references
- Disparagement of race, ethnicity, religion, sex, gender, obscenity or profanity
- References to illegal drugs
- Unauthorized pictures

UMMC Identification, Dress Code and Personal Appearance – HRM 518

Personal neatness and appropriate attire provide an atmosphere of professionalism and inspire confidence in our ability to deliver services. For reasons of customer service, safety, security, appearance and identification to patients, visitors, staff members and physicians, this dress code has been established for University of Maryland Medical Center staff.

- University of Maryland Medical Center staff (Temporary, Contractual, Students, UMB, UPI, STAPA, Clinical Faculty) are required to wear badges. The badge is to be worn on the upper torso (right or left shoulder) with the picture side visible. For safety purposes, within the above stated parameters, employees working in clinical/patient care areas are asked to use professional discretion in determining how and/or where to place their name badge and/or photo ID.
- When on duty, staff are to be modestly attired in an acceptable and professional manner, appropriate to the position they occupy in the hospital and are responsible to follow the established dress code. Managers and Human Resources are expected to discuss the dress code requirements necessary for the job in question during the initial pre-placement process.

Sexual Harassment Policy- S 515

- The University of Maryland Medical Center is committed to maintaining a work environment in which all individuals are treated with mutual respect and dignity
- The policy of the University of Maryland Medical Center is to provide and maintain a workplace for each of its employees that is free of sexual harassment
- Employees who believe they are being subjected to sexual harassment should immediately ask that the harassing behavior stops and discuss the situation with their supervisor or Human Resources
- No retaliation for reporting the incident will be tolerated.
- Individuals found to have engaged in misconduct constituting sexual harassment or retaliation will be subject to corrective action, up to and including termination of employment.

INFECTION CONTROL POLICY – SP & CI-008

Hand hygiene is the single most important procedure to protect patients, visitors, and health care workers from acquiring infections. Alcohol-based hand rubs are available and can be used instead of soap and water except when hands are visibly soiled and after caring for a patient with Cdiff or Norovirus.
- Avoid contact with patients’ body substances by wearing protective attire (e.g., gowns, gloves, masks, goggles).
- Avoid recapping used sharps or syringes.
- Always dispose of syringes and other sharps by putting them into the proper containers.
- Store clean and soiled linens separately.

**Management of Patients on Isolation Precautions:**

Transmission-based precautions will be used in addition to Standard Precautions for patients with documented or suspected infection or colonization with potentially transmissible pathogens.

1. Patient care providers are to initiate transmission-based precautions based on clinical presentation and likely pathogens, while awaiting test results and pending consultation with infection prevention staff.
2. Place appropriate signage outside the patient room.
3. Place stocked isolation cart outside the room.
4. Instruct visitors on the use of transmission-based precautions and personal protective equipment (PPE).

**Airborne Precautions** - used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei.

- Patients are to be placed in an Airborne Infection Isolation Room (AIIR) with door closed.
- Powered Air Purifying Respirator (PAPR) or N95 mask required to enter room
  - N95 masks only utilized by those who have been fit-tested within the last year.

**Droplet and Contact Precautions** - used for patients known or suspected to be infected with microorganisms transmitted by large-particle droplets that can be generated by the patient during coughing, sneezing, talking or the performance of procedures.

- Place patients in a private room or cohort patients with the same disease.
- The door to the patient room may remain open.
  - For Enhanced Droplet and Contact (for patients with suspected or confirmed FLU) - Powered Air Purifying Respirator (PAPR) or N95 mask with eyeshield required for aerosol-generating procedures.

**Contact Precautions** - used for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces.

- Place patients in a private room/cohort patients who are documented with same organism.

**Enhanced Contact Precautions** will be used for patients with Clostridium Difficile, Norovirus or acute gastrointestinal symptoms

- Place patients in a private room/cohort patients who are documented with same organism.
- Alcohol sanitizer may be used for hand hygiene upon room entry but soap and water is required upon exit. PUMP IN, WASH OUT
- A bleach-based product is required for daily room cleaning and for post-discharge cleaning.

Please see tables on pages 18 and 19 for gown, glove, mask and cleaning requirements.
<table>
<thead>
<tr>
<th></th>
<th>Airborne</th>
<th>Contact</th>
<th>Droplet and Contact</th>
<th>Enhanced Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Room</td>
<td>Required</td>
<td>Required - *unless cohorted</td>
<td>Required - *unless cohorted</td>
<td>Required - *unless cohorted</td>
</tr>
<tr>
<td>Hand Hygiene Practices</td>
<td>Alcohol Sanitizer or Soap &amp; Water</td>
<td>Alcohol Sanitizer or Soap &amp; Water</td>
<td>Alcohol Sanitizer or Soap &amp; Water</td>
<td>Alcohol sanitizer acceptable upon entry to room Soap &amp; Water Required Upon Exit</td>
</tr>
<tr>
<td>Mask and Eye Shield</td>
<td>YES - PAPR or N-95 mask to enter room Standard Precautions</td>
<td>Not required except as dictated by Standard Precautions</td>
<td>YES – surgical mask with eye shield to enter room PAPR or N-95 mask with eye shield for aerosol-generating procedures**</td>
<td>Not required except as dictated by Standard Precautions</td>
</tr>
<tr>
<td>Gown</td>
<td>Not required except as dictated by Standard Precautions</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Gloves</td>
<td>Not required except as dictated by Standard Precautions</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Special Transport Precautions</td>
<td>Patient must wear surgical mask</td>
<td>Staff must wear clean gown &amp; gloves Patient in clean gown &amp; assist with hand washing</td>
<td>Staff must wear clean gown &amp; gloves Patient to wear clean gown, surgical mask &amp; assist with hand washing</td>
<td>Staff must wear clean gown &amp; gloves Patient in clean gown &amp; assist with hand washing</td>
</tr>
<tr>
<td>Dedicated equipment – disposable BP cuff &amp; thermometer</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Cleaning Solution for Housekeeping</td>
<td>Standard hospital approved disinfection solution</td>
<td>Standard hospital approved disinfection solution</td>
<td>Standard hospital approved disinfection solution</td>
<td>Hospital approved Bleach-based product</td>
</tr>
<tr>
<td>Curtain Change</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Meal Tray Delivery &amp; Pick up</td>
<td>Nursing</td>
<td>Food and Nutrition</td>
<td>Nursing</td>
<td>Food and Nutrition</td>
</tr>
</tbody>
</table>

** Aerosol-Generating procedures include: intubation/evubation, open suctioning, bronchoscopy, resuscitation.

REVIEWED/REVISED: 01/11, 06/14
<table>
<thead>
<tr>
<th>ISOLATION TYPE</th>
<th>ONE OR TWO PERSON TRANSPORT</th>
<th>THREE PERSON TRANSPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne Precautions</td>
<td>Surgical Mask must be put on patient. Healthcare workers are not required to wear gown, gloves or masks unless dictated by Standard Precautions. If worn, healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
<td>Mask is put on patient. Healthcare workers are not required to wear gown and gloves unless dictated by Standard Precautions. If worn, healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
</tr>
<tr>
<td>Contact Precautions</td>
<td>Patient gown and/or top layer of linen should be changed prior to transport. Healthcare workers should wear clean gown &amp; new gloves. Healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
<td>Two healthcare workers should wear clean gown &amp; new gloves. The third healthcare worker is “clean” and should not wear gown &amp; gloves and shall proceed ahead of patient and transport staff to open doors, press elevator buttons, etc. Healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
</tr>
<tr>
<td>Droplet &amp; Contact Precautions</td>
<td>Mask must be put on patient. Patient gown and/or top layer of linen should be changed prior to transport. Healthcare workers should wear clean gown &amp; new gloves. Healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
<td>Mask is put on patient. Two healthcare workers should wear new gown &amp; clean gloves. The third healthcare worker is “clean” and should not wear gown &amp; gloves and shall proceed ahead of patient and transport staff to open doors, press elevator buttons, etc. Healthcare workers should remove gown &amp; gloves, and perform hand hygiene when transport completed.</td>
</tr>
<tr>
<td>Enhanced Contact Precautions</td>
<td>Patient gown and/or top layer of linen should be changed prior to transport. Healthcare workers should wear clean gown &amp; new gloves. Healthcare workers should wash hands with soap &amp; water when transport completed</td>
<td>Two healthcare workers should wear new gown &amp; clean gloves. The third healthcare worker is “clean” and should not wear gown &amp; gloves and shall proceed ahead of patient and transport staff to open doors, press elevator buttons, etc. Healthcare workers should wash hands with soap &amp; water when transport completed</td>
</tr>
</tbody>
</table>

Always utilize strategies to avoid contamination of the environment such as – asking for assistance, pushing elevator buttons with elbow or use inside section of gown.

REVIEWED/REVISED: 01/11, 06/14
Equipment Cleaning Performed by Unit Based Staff (POC-006)

Before equipment used: Check equipment for Clean Equipment Tag.
1. If clean tag present, may use equipment immediately- if no tag present, equipment must be cleaned prior to using with a patient.
   a. Remove Clean Equipment Tag upon initial use of equipment.
2. Equipment that does not have a clean equipment tag or is suspected of being used should be cleaned immediately or tagged with Soiled Equipment tag.
3. Use appropriate hand hygiene prior to coming in contact with contaminated patient care equipment.
4. Put on clean gloves and any appropriate personal protective equipment (PPE) prior to using cleaning agents.
5. Any equipment taken from an occupied patient room should be considered “dirty” and must be cleaned prior to being used with another patient- especially IV pumps, dynnamaps, or other vital sign machines, and glucometers.
6. Any equipment left in a patient room prior to discharge cleaning should be considered “dirty” and must be cleaned prior to returning to service.

Prior to Cleaning
1. Remove any disposable tubing, cables, sensors, cuffs, etc. from equipment to be cleaned and deposit into appropriate receptacle.
2. Remove reusable tubing, cables, sensors, etc. from equipment, as appropriate
   a. The following equipment must be cleaned with a bleach based product
      1. All equipment cables and lead wires
      2. IV pumps
      3. Any equipment removed from a patient room who is on Enhanced Contact Precautions
   b. Check equipment for date of preventative maintenance completed- if date is greater than 1 year- do not use, and place in dirty utility room with sign stating preventative maintenance required.

Cleaning Procedure
1. Remove any tape or adhesive residue on equipment.
2. Use hospital approved germicidal solution to clean all surfaces including permanent cables, cords, pole or mounting table.
   a. Bleach-based Cleaner only for the following equipment:
      1. All equipment cables and lead wires
      2. IV pumps
      3. Any equipment removed from a patient room who is on Enhanced Contact Precautions
3. *NOTE: DO NOT USE VIREX II SOLUTION ON CAREFUSION IV PUMPS!!*
   a. Allow cleaning solution to remain damp on equipment surface according to guidelines provided to maximize germicidal activity of product.
   b. When cleaning with bleach-based cleaner- after product has dried, wipe surfaces with damp cloth to remove any cloudy residue as needed.
   c. Allow equipment to air dry prior to returning to patient care use.
   d. After Cleaning is completed, tie Clean Equipment tag in visible location.
   e. Replace any disposable cuff, tubing, or cables, as appropriate.
Dress Code and Personal Appearance (HR 518)

Identification Badges and Pins
Employees are to visibly display their photo ID badge at all times while on duty. The badge is to be worn on the upper torso (right or left shoulder) with the picture side visible.

Hygiene/Grooming
- The use of strong heavy scents and fragrances is highly discouraged
- For clinical areas, fingernails must be natural, neatly trimmed and no longer than ¼ inch in length from the fingertip. Polishes should be appropriate to work area. Artificial nails, nail extenders or gel wraps will not be allowed when working in any clinical area or in contact with any patient supplies.
  - Artificial nails and enhancements have been linked to outbreaks of infection due to Gram-negative bacteria and fungi. Gram-negative bacteria are known to adhere to the surface of artificial nails and are known to persist there even after the appropriate use of hand hygiene cleansing/sanitizing procedures. (additional information see policy Hand Hygiene SP & CI 002)
- Hair must be clean, well-groomed and present a professional image. Hair that is shoulder length or longer, interferes with delivery of services or patient care or does not present a professional appearance must be secured off the shoulders and away from the face.
- Large adornments and/or headdresses should not be worn.
- Beards and mustaches must be appropriately trimmed at all times to meet the safety and sanitation requirements of the related job function.

Footwear
- Employees working in clinical areas must wear hospital approved close-toed shoes, sneakers or clogs.
Nurse Sensitive Quality Indicators
Getting to ZERO!
Hand Hygiene is the most effective way to prevent infections. Hand hygiene is important whether your job involves patient care, lab work, food preparation, environmental cleaning, clerical tasks or any other kind of work. Practicing hand hygiene is simple part of doing your job well.

**WASH** your hands with soap and water:
- Hands are visibly dirty of contaminated with any materials including blood/body fluids.
- When caring for patients with C Diff or Norovirus.
- After using the restroom, toileting a patient or changing a diaper.

**WASH** your hands with alcohol based hand sanitizer (or may also use soap and water):
- In/out of every patient room.
- Before/after having contact with a patient if hands are not visibly soiled.
- After contact with inanimate objects in the vicinity of the patient.
- After removing gloves.
- Before donning sterile gloves for a non-surgical procedure.

**CLABSI (Central Line Related Blood Stream Infection) Prevention TIPS**
*Insertion of Line:*
- Avoid femoral site for insertion
- Maximal barrier precautions
- Hand hygiene
- CHG for skin antisepsis
- Antimicrobial coated catheters
- Sterile CHG dressing
- Observer checklist

**Maintenance:**
- **Daily review of necessity**
  - Replace line ASAP when inserted in an emergent situation
  - Assess insertion site and dressing integrity each shift
  - Replace tubing and connectors at appropriate intervals
  - Scrub the hub/ use Curos cap
  - Do not use CVC for blood cultures: likely to yield false positive

**CAUTI (Catheter Associated Urinary Tract Infection) Prevention TIPS**
- Adhere to sterile catheter insertion technique- take a buddy to help with insertion!
- Early catheter removal is essential to preventing UTIs
- Discuss catheter indications & removal plans every day during rounds “Do we still need it?
- Use alternative methods to assess fluid status in critically ill patients including: bed scales and daily weights, external male condom catheters, consider weighing underpads for female patients if accurate output is essential.
- Remove catheters using nurse-initiated removal protocol

**Use of Seclusion and/or Restraints for Uncontrolled, Violent, and/or Aggressive Behavior (COP-026) & Use of Restraints on Non-Violent Patients for Acute Medical/Surgical Reasons (COP-029)**

Restraint is used only as a last resort after all alternatives are attempted. The patient must be continually re-evaluated if restraints need to continue.

**Initial orders:** Must be placed within 15 minutes of application (may use verbal order if provider is not available or able to enter the order). See COP-005 Verbal Order Policy.

**Order is renewed daily (non violent) or every 4 hours (violent > 18 years old).** Verbal orders are NOT to be used for renewals. Ensure all steps are followed per policy: Assessments, documentation, order renewal, and LIP face to face requirements

**Electronic Morse Fall/Restraint Needs Assessment** is done every 12 hours in the EMR – nurse documents reason for restraint, alternatives used, etc.

**24 Hour Non-Violent Restraint Flowsheet in Formfast is used for ongoing assessment.** The top portion requires initial date/time of application, date/time of discontinuation when applicable; type of restraint, alternatives attempted, as well as monitoring & assessment every 2 hours A new flowsheet should be started each day when ten daily flowsheet is changed. Restraint use and education should be documented in the POC and Patient/Family Education forms.

**Patient Monitoring for Non-Violent Restraints**

Nursing staff will:
1. Assess and document the following at least every two hours:
   a) Personal needs requiring attention including:
(1) Toileting
(2) Fluids and nutrition as appropriate
b) Circulation
c) Skin integrity
d) Adjustment or repositioning of restraints and/or providing range of motion as appropriate
e) Release from restraint(s) to allow patient to perform range of motion or to provide passive range of motion.

2. Continuation, Early Termination, and Reapplication of Restraints
a) Discontinuation of restraints does not require a provider order.
b) A registered nurse may direct a trained staff member to release a patient from restraints or reduce the level of restraints based on clinical assessment
c) Patient care staff trained and competent in the appropriate use and application of restraints may temporarily release and reapply the patient’s restraint(s) to perform a patient care activity.

Patient Monitoring for Violent Restraints
1. Upon initiation of restraint or seclusion:
   a) During the first hour of the patient in seclusion a trained staff will directly and continuously observe the patient and document this observation every 15 minutes.
   b) Patients in 4 point restraints are placed on 1:1 observation, in view of assigned staff at all times with documentation every 15 minutes.
2. Staff will monitor the patient every 15 minutes for the following:
   a) Check the restrained patient’s circulation, respiration, body alignment, and skin condition and adjust the restraints as indicated; and signs of injury or illness, need for medication,
   b) Assess the patient for continued need for seclusion or restraint and/or readiness for discontinuation of seclusion or restraints.
3. Staff will every 2 hours:
   a) Offer fluids and toileting; and
   b) Release the patient’s restraints (one at a time) to allow the patient to perform active range of motion or provide passive range of motion on each extremity.
4. On regularly scheduled hours, staff will:
   a) Offer opportunity for patient grooming and hygiene activities; and
   b) Supervise meals served on disposable materials.
   c) Take the patient’s vital signs at least once per shift or as ordered.
5. Removal of restraints will occur when the behaviors that lead to the restraint application are no longer present.
   a) The registered nurse may discontinue the seclusion or restraint without a prescriber’s order.

Fall Prevention and Management Plan (COP-006)
Adult Fall Risk Assessment
1. Nursing adult fall risk assessment is based on use of the Morse Fall Scale (MFS). And is performed upon admission and twice daily.
2. Reassessment occurs after any of the following:
   a. Patient’s condition changes (after surgery, new medication regimen, etc.)
   b. a fall
   c. Upon transfer to a new unit
   d. At the nurse’s discretion.
Adult Fall Prevention Interventions

Standard Risk Fall Preventative Interventions: (≤35 on MFS) include:

- Adequate Lighting
- Education on patient safety and falls
- Hourly caring rounding
- Beds in low positions
- Night light on
- Floor dry and uncluttered
- Personal items within reach, secure footwear
- “Call Don’t Fall” reminders and other interventions based on nursing assessment.

High Risk Fall Interventions: applies to patients who are designated as high-risk (≥ 40 on MFS) and will have the following in addition to standard precautions:

- Yellow identification bracelet (exception: pediatrics, NICU, and behavioral health)
- Non-slip socks or secure footwear
- Room signage

RN will also consider the following additional interventions:

- Physical Therapy consult for evaluation/treatment
- Pharmacy consult, especially if new medications are ordered that may alter the patient’s sensory or neurological status
- Bed/chair alarms
- Bedside commode and/or toileting schedule (as appropriate)
- RN/CNA/PCT remains at arm’s length (i.e. while in bathroom, performing ADLs)
- Use of family/ significant other to assist in keeping patient calm/oriented
- Room near the nursing station, especially if confused/disoriented
- Lap belts
- Floor mats
- Low beds
- Enclosure beds (it is a restraint and requires prescriber order)
- Sitter (PRE 002-Levels of Observation)
The Morse Fall Scale is a systematic, reliable assessment of a patient's fall risk factors. MFS subscales and scoring includes assessment of:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Scale</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Falls</td>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td><em>Include immediately post fall, if admission is fall related, or fall within 3 months</em></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Secondary Diagnosis</td>
<td>Yes</td>
<td>15</td>
</tr>
<tr>
<td><em>(Two or more medical diagnoses – also consider medication use such as diuretics, pain medication, or sedatives)</em></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Ambulatory Aids</td>
<td>Furniture</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Crutches/Walker/Cane</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>None/Bed rest/Wheelchair/Nurse</td>
<td>0</td>
</tr>
<tr>
<td>IV</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Gait/Transferring</td>
<td>Impaired (including paraplegia)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Weak</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Normal/Bed Rest/ Immobile</td>
<td>0</td>
</tr>
<tr>
<td>Mental Status</td>
<td>Forgets limitations</td>
<td>15</td>
</tr>
<tr>
<td><em>(include sedation or impaired judgment r/t narcotic administration)</em></td>
<td>Oriented to own ability</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

Standard Risk = 0-35  High Risk = 40 and higher