



**University of Maryland Medical Center**  
**Clinical Faculty and Student Orientation Packet**  
**Last Revision July 2020**

Dear Clinical Faculty and Student,

Welcome to the University of Maryland Medical Center. We are delighted to have you as a guest. The University of Maryland Medical Center has achieved its third Magnet Designation in recognition of the hospital's nursing excellence. Magnet status is awarded by the American Nurses Credentialing Center (ANCC) to hospitals worldwide that meet specific criteria for nursing professionalism, teamwork and the highest standards in patient care. Only about 8 percent of hospitals across the United States have this prestigious designation and only 3 percent have received a third Magnet designation.

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 faculty 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 faculty are allowed into the facility for clinical experiences:

- **New** clinical faculty has spoken with the School of Nursing Partnership Manager 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 at least 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 the School of Nursing Partnership Manager **before** students care for patients: Student Roster, Orientation Attestation Statement, and 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 to the attention of the School of Nursing Partnership Manager 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](mailto:Cronald@umm.edu)  
410-328-1251

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## UMMC Nursing & Patient Care Services, Mission, Vision and Values

**The University of Maryland Medical Center (UMMC) is the academic flagship of the University of Maryland Medical System that provides health care services on two campuses, Downtown 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

### UMMC Nursing & Patient Care Services Mission

UMMC Nursing and Patient Care Services provides compassionate patient and family-centered care in an environment that is recognized for clinical and service excellence, promotes inter-professional and innovative practice, and supports a culture of learning and discovery through transformational leadership.

### UMMC Nursing & Patient Care Services Vision

Privileged to Care and Passion for Excellence

### UMMC Nursing & Patient Care Services Values

UMMC is committed to values that foster a culture of professionalism, diversity, inclusion and respect, using teamwork, communication and collaboration to promote excellence in the advancement of our shared human service mission.



We genuinely care for each other and we acknowledge the dignity of every person in every role, including our patients and families.

We are committed to honesty, fairness, sincerity and ethical behavior in all of our interactions, starting with how we treat each other.

Our personal and professional conduct ensures that we are always worthy of trust.



We collaborate, share knowledge and listen carefully to each other so that we can achieve our potential and optimize results.

We embrace the individual contributions of our team members while working together to achieve our common mission.



We seek improved solutions to meet new challenges and to constantly advance for the good of our patients, our students, our partners and our communities.

We are dedicated, motivated and encouraging to each other so that we can excel in everything we do.



We welcome and embrace a range of human experiences, ideas and perspectives.

We involve and empower all people so they share a sense of belonging and can make meaningful contributions.

We appreciate and celebrate our differences, creating an environment of equity and inclusion with opportunities for everyone to reach their potential.

## **IMPORTANT INFORMATION**

### **Corporate Compliance**

**Reporting:** 877-300-3889 (anonymous), 410-328-3889 (8-DUTY),  
compliance@umm.edu, privacy@umm.edu, or go to [www.reportit.net](http://www.reportit.net). Please contact the  
Compliance Hotline, 8-3889, 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

### **What to do about patient safety concerns:**

- Talk to your clinical faculty or the unit charge nurse for immediate resolution of your concern.
- If your concerns are not resolved or addressed, call the patient safety hotline 410-328-SAFE (8-7233).

### **HIPAA: Health Insurance Portability and Accountability Act of 1996**

- Privacy Rule
  - Limits the use and disclosure (leaking) of confidential patient information to prevent improper use.
  - Establishes patient rights relating to their health information.
- Security Rule
  - 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. UMMC’s policy permits the Medical System to disclose protected health information (PHI) to law enforcement officials, without the individual’s written authorization, under specific circumstances.
- 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.
- If you have access to confidential information, it is part of your responsibility to ensure it remains confidential.

## **Drug Free Workplace Program (Policy HRM-513)**

- 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**

- 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 8-8711.

## **Workplace Safety**

- Don’t walk alone to isolated areas. Security provides escorts or a shuttle to the local garages.
- If you feel that you need it, call Security- ext. 8-8711.
- 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 Department.



## **Tobacco Policy** (*see policy for further information if needed*)

- 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.
- Patients who smoke and their family, caregivers and visitors present on admission will receive education regarding UMMC Tobacco Policy and expectations regarding not smoking within the hospital or in any area not designated as a smoking area. Patients will receive education on Smoking Cessation from Micromedex Carenotes upon admission.
  - Patients will be advised that smoking products may not be kept at bedside when oxygen is in use. Specifically, if the patient is on oxygen or goes on oxygen, all smoking products must be discarded unless a family member/visitor is able to immediately remove items from premises.
  - The inpatient nurse will review the benefits of utilizing nicotine replacement therapy and “Patient Acknowledgment of Consequences on UMMC Premises” with the patient.
- If you see or smell smoke in the hospital, tell staff right away!

# ENVIRONMENT OF CARE

## Overview

- Provide a safe environment for patients, visitors and staff.
- There are several regulatory agencies we have to comply with, some of which include:
  - The Joint Commission
  - Centers for Medicare and Medicaid Services
  - Office of Health Care Quality
  - Maryland Occupational Safety & Health
  - Maryland Department of the Environment
  - Baltimore City Fire Department
- Everyone has a role in keeping the environment safe.
- Safety is the responsibility of every hospital employee, supervisor, patient and visitor in the Medical Center.

## 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 (1CALL phone number: 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.

## Reporting Safety Concerns or 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 or manager, charge nurse, clinical faculty, or preceptor
  - The Safety Officer
    - 8-6001
    - [jchang@umm.edu](mailto:jchang@umm.edu)
  - Patient Safety Hotline (8-SAFE)
    - Not for emergent issues
  - Calling 1CALL 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 Quality – 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 clinical faculty or preceptor for more detail

## Know the Code

Code Blue	Resuscitation	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 when appropriate.
Code Orange	Hazmat Spill/Release	Minor spill: Contain and report as trained. Major spill: Evacuate, isolate if possible by closing doors, and call 8-8711.
Code Pink	Infant/Child Abduction	Can be an infant or child. Look for suspicious persons. Call Security 8-8711 with description immediately. Be aware of anyone looking suspicious, carrying an infant instead of pushing a bassinet, carrying a tote or duffel bag.
Code Purple	Security Response	Keep clear of area. Direct visitors and patients away from area.
Code Red	Fire	Call 8-2911. Move people from danger; follow RACE and PASS
Code Yellow	Emergency Plan Activation	Report to place of duty if possible. Contact supervisor for more direction. Check Intranet. Call 8-8711

## Code Red: In case of fire

### 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 direst 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 designee.

When should medical gas be shut-off?

- Medical gases should only be shut off if they are contributing to a hazardous situation and he/she have assessed the impact of shutting off the gas(es).
- Possible reasons for shutting off med gases include:
  - An uncontrolled leak,
  - Or the med gas is worsening (accelerating) a fire.



## Questions?

- Jim Chang – Director
  - [Jchang@umm.edu](mailto:Jchang@umm.edu); 8-6001

## Injury/Exposure

- Blood and Body Fluid Exposure Management:
  - Wash the area completely.
  - If it is bleeding a little, let it bleed.
  - Get the name, MR#, and location of source patient.
  - Notify your clinical faculty or preceptor.
  - 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 by Employee Health & Wellness.
- If you are exposed to an infectious illness, contact Infection Control at ext. 8-5757.
- For all other job-related injuries, notify your clinical faculty or preceptor immediately and follow appropriate instructions.

## MRI Safety

- An MRI checklist must be completed prior to an MRI.
- Remember the MAGNET IS ALWAYS ON. No badges, metal (scissors, stethoscope, etc.) in the scanner room.

## Computer Networking and Internet Access (*see policy for further information if needed*)

- 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 of the clinical experience and civil and/or criminal liability.

## Social Media Policy (*see policy for further information if needed*)

You are not a spokesperson for UMMS. Only authorized members of UMMS Senior Leadership and Marketing and Communications are permitted to speak on behalf of UMMS. The use of UMMS branding is not permitted, including logos or UMMS email addresses to set up social media accounts. Photography and Videography is not permitted. 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

## Dress Code Policy (see policy for further information if needed)

Personal neatness and appropriate attire provide an atmosphere of professionalism and inspire confidence in our ability to deliver services. University of Maryland Medical Center staff, students, and 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 and students 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.

### UMMC DRESS CODE & PERSONAL APPEARANCE POLICY



# Making a Professional Appearance

This dress code has been established for the University of Maryland Medical Center staff with three areas of focus: 1) minimize infection risk to our patients, 2) maximize safety for our patients and staff, and 3) raise the level of professional appearance.



#### ID Badge

Display Photo ID badge at or above chest level at all times.



#### Jewelry

Earrings must be ½ inch or less below earlobe, all earrings must be completely covered when participating in sterile procedures. Necklaces close to the neck for direct care providers, and no dangling bracelets, watches, other jewelry.



#### Facial Hair & Nails

No gel (salon or store bought), shellac or acrylic nails. Fingernails must be trimmed. No chipped polish. Beards and mustaches must be well-groomed and professional.



#### Hair

Hair must be well-groomed and professional—no bright or unnatural colors. Direct care providers must pull long hair (below chin) back.



#### Footwear

Neat, clean, safe—wear closed-toe shoes in all buildings on the UMMC campus.



#### Tattoos

Tattoos are allowed but not on your face—and visible tattoos cannot be lewd or hateful.



#### Visible Piercings & Body Jewelry

Visible facial jewelry (including tongue, nose, eyebrow, lips) must be removed at work. No other visible pierced jewelry or body adornments. No visible dermal implants or ear gauges.



#### Lab Coats & Jackets

Lab coats and jackets that are not laundered daily should be removed when entering a patient's room.



#### Appropriate Dress

T-shirts are inappropriate in a professional workplace and are not allowed. Dress appropriately for your job; clean, neat, professional.



#### Audio Devices

Within Medical Center work areas, or while traveling within the Medical Center, the personal use of earphones, headphones, earbuds, Bluetooth ear devices, or iPods is not permitted.

In case you were wondering... No blue jeans, sweatshirts, hoodies, T-shirts, athletic pants, leggings, yoga pants, sweatpants, shorts, mini-dresses, halter tops, tube tops, sandals, hats and no visible undergarments through sheer fabrics or scrubs. See the full UMMC Dress Code & Personal Appearance Policy on the UMMC Insider.

Effective 9/8/2015 • Revised 2/23/206



## Sexual Harassment Policy

- 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.
- Anyone who believes they are being subjected to sexual harassment should immediately ask that the harassing behavior stops and discuss the situation with their clinical faculty or appropriate supervisor.
- 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 appropriate corrective action.

## INFECTION CONTROL PROCEDURES

Hand hygiene is the single most important procedure to protect patients, visitors, and health care workers from acquiring infections.

Steps for preventing infection spread include:

- Avoid contact with patients' bodily substances by wearing protective attire (e.g., gowns, gloves, masks, goggles).
- Do not go to clinical sick.
- 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.

Discuss with your clinical faculty or preceptor different levels of infection prevention practices and appropriate personal protective equipment. Links and policies found on the Insider outline current practices for different levels of isolation, visitation, and donning and doffing. The current classifications of precautions include: standard, contact, enhanced contact, airborne, droplet, and enhanced droplet and contact. Always place patients who are positive or being ruled out for organisms in a private room or cohort patients who are documented with same organism.

**Equipment Cleaning Performed by Unit Based Staff (*see policy for further information if needed; different policy for operating room staff*)**

### General Information:

- Check equipment for a clean tag. If no tag is present, assume it is dirty and it must be cleaned before use. If you are unsure whether equipment is clean, assume it is dirty, and tag it as so or clean it immediately. Once equipment begins to be used, remove tag.
- Clean equipment should not be stored with dirty equipment.
- Use appropriate hand hygiene prior to coming in contact with contaminated patient care equipment.
- Put on clean gloves and any appropriate personal protective equipment (PPE) prior to using cleaning agents.
- 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 Procedures

- Remove cables, tubing's, sensors, etc. Remove any tape or adhesive residue on equipment.
- Use hospital-approved germicidal solution to clean all surfaces including permanent cables, cords, pole or mounting table.
- The following equipment must be cleaned with a bleach based product:
  - All equipment cables and lead wires



- IV pumps
- Any equipment removed from a patient room who is on Enhanced Contact Precautions
- Allow for appropriate drying time and allow product to air dry.

NOTE: DO NOT USE VIREX II SOLUTION ON CAREFUSION IV PUMPS!!!

**REMINDER:  
EQUIPMENT  
CLEANING WIPES**



**1 Min Dwell Time**  
for most organisms



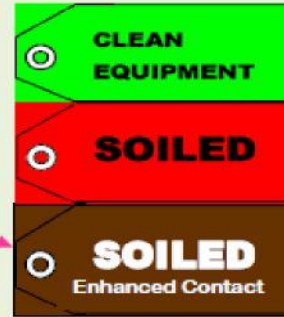
**5 Min Dwell time**  
Required for C Diff

“Dwell” Time or “Contact time” =  
the amount of time required for object  
to remain wet with cleaning product in  
order to be effective

**Equipment Cleaning Reminder!**

Make sure that you can identify when equipment is clean or dirty!

- No soiled equipment in hallways!
- Return items to EQD between use when possible
- Use Clean and Soiled Equipment tags where appropriate
- Unit owned equipment should be cleaned after each use by the user– vital sign machines, bladder scanners, dopplers, scales, ultrasound machines, etc.



Use DISPATCH  
(bleach-based)  
cleaner with  
c-diff patients

## Nurse Sensitive Quality Indicators

### Hand Hygiene

Wash your hands with **soap and water** in these circumstances:

- Hands are visibly dirty or contaminated with any materials including blood/body fluids.
- After caring for a patient on Enhanced Contact Precautions for C.dificile or other spore forming organisms, rotavirus, or norovirus.
- After using the restroom, toileting a patient or changing a diaper.
- Before eating.
- Before caring for a patient with a food allergy.

Wash your hands with alcohol based hand sanitizer (or may also use soap and water) in these circumstances:

- 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.
- Before and after glove use.
- Before handling an invasive device.
- Moving from a contaminated to clean body surface.

### CLABSI (Central Line Related Blood Stream Infection) Prevention Tips

- Daily review of necessity.
- Advocate to 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 Curoc 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 CAUTIs.
- Discuss catheter indications & removal plans every day during rounds: “Do we still need it?”
- Use alternative methods to assess fluid status when appropriate: bed scales and daily weights, external male condom catheters, consider weighing under pads for female patients if accurate output is essential.
- Remove catheters using nurse-initiated removal protocol, when it is ordered.

### Restraints

A restraint is used **only as a last resort after all alternatives are attempted**, or if use of other less-restrictive measures poses a greater risk to the patient and their medical treatment. Apply the least restrictive restraint needed to stop the behavior with the goal to remove all restraint devices as soon as possible.

**Initial orders:** Must be placed within 15 minutes of application. May obtain verbal order if provider is not able to enter the order. (See policy titled “Verbal Orders.”)

### **Use of Restraints on Non-Violent Patients for Acute Medical/Surgical Reasons**

- **Clinically justified behaviors** for initiation of *non-violent* restraints include the patient:
  - Pulling at tubes, lines, or drains.
  - Attempting to remove therapeutic devices or interfere with treatment success.
  - Climbing over the side rails: at risk for fall.
- Nursing will assess and document minimally every 2 hours.

### **Use of Restraints for Uncontrolled, Violent, and/or Aggressive Behavior**

- **Clinically justified behaviors** for the initiation of *violent* restraints include patients who exhibit violent or uncontrolled behaviors that pose a risk to themselves, staff or others.
- The use of 4- point restraints is considered a violent restraint.
- Place patient on 1:1 observation, in view of assigned staff at all times, with documentation of the observation every 15 minutes until discontinued or changed to non-violent restraint.
- Nursing will complete a nursing assessment and document minimally every 1 hour.

Refer to Policy for additional information on restraints policies titled: **Use of Restraints on Non-Violent Patients for Acute Medical/Surgical Reasons and Use of Restraints for Uncontrolled, Violent, and/or Aggressive Behavior.**

### **Fall Prevention and Management Plan (*see policy for further information if needed*)**

- A fall is defined as a sudden, unintentional descent to the floor (or extension of the floor, e.g., trashcan or other equipment or object) regardless of presence of injury to the patient. Everyone at UMMC is responsible for fall prevention.
- Nursing adult fall risk assessment is based on use of the Morse Fall Scale (MFS). It will be performed upon admission and twice daily.
- Further, reassessment is recommended after patient’s condition changes, following a fall, upon transfer to a new unit, and at the nurse’s discretion.
- Pediatrics Services including Child Psychiatry, but excluding the NICU and Newborn Nursery, will assess fall risk using the Little Schmid tool.
- Ambulatory areas perform a falls screening and intervene appropriately to their population and the circumstances of the patient.
- Fall prevention strategies are tailored to the patient, using the TIPS (Tailoring Interventions for Patient Safety) evidence-based fall prevention program in all units except the NICU and 13 E/W.

### **Suicide and Ligature Risk**

- The RN will complete the Suicide Risk Screen on admission and PRN. There is an unresponsive patient question on this tool to use when appropriate. There is also a “refuse to answer option,” which automatically deems the patient High Risk.

- Upon completion of the Suicide Risk Screen, a risk stratification score will be assigned to the patient: No Definitive Risk, Low Risk, Moderate Risk, or High Risk. Appropriate actions and documentation will be taken based on which score the patient is assigned.
- If the patient is assigned a Moderate or High risk score, the nurse will notify the provider, place the Suicide Nursing Order Panel using “non-physician communication” order mode, and complete the Patient Safety Flowsheet (High-Risk Observation and the High-Risk Safety Check). Documentation must be done initially, once/shift, and PRN as needed.