



Self-Study Handbook

For

University of Maryland St. Joseph Medical Center

To keep you safe...

...we ask students, instructors, temporary staff and volunteers serving at the University of Maryland St. Joseph Medical Center to complete annual education on the topics required by organizations that oversee our activities. Included are: The Joint Commission (TJC), OSHA, MOSHA and Institutional Ethics.

Review of this booklet and successful completion of the internal quiz will fulfill your requirement. A one page answer sheet is on the last page of this booklet.

The subject matter contained herein is solely intended to fulfill the University of Maryland St. Joseph Medical Center annual requirement of students and volunteers, and in no way supersedes or is related to any required or recommended new employee, department- or job-specific education.

Vision: Guided by our Catholic healthcare values, we will be known for our ability to deliver the highest quality, innovative and coordinated care for the communities we serve

UMMS Core Values:

Service: Patients First & Always
Respect: Always Foster Dignity & Compassion
Excellence: Always My Best
Integrity: Always Do the Right Thing
Teamwork: Together We're Always Better
Stewardship: Using resources wisely

Instructions

- ♦ Review the content of this handbook.
- ♦ **Take the post test as you proceed through each section.**
- ♦ Use the answer sheet at the end of your printed handbook. Give it to your school coordinator or hospital contact.
- ♦ If you are a student and have questions, contact the Clinical Education Coordinator at (410)337-1335. If you are a volunteer, contact the Volunteer Coordinator at (410)337-1490.

On a daily basis...

- ♦ The University of Maryland St. Joseph Medical Center policies & procedures and Safety Data Sheets are located on the UMSJMC intranet and can be provided by your supervisor/manager or resource staff.
- ♦ Be aware of the location of Emergency Response **posters** and fire alarm **pull stations** in your work areas.
- ♦ Locate personal protective equipment (PPE) in your work area (if applicable).
- ♦ Wear your University of Maryland St. Joseph ID badge at all times, face out, above the waist.

Annual Update Topics for Review

1. History, Core Values & Diversity
2. Interpreter Services
3. Patient Rights & Responsibilities
4. Ethics Consult Process
5. Infection Prevention
6. Bloodborne Pathogens
7. Standard Precautions
8. Isolation Precautions
9. Contact Precautions
10. Droplet Precautions
11. Protective Precautions
12. Airborne Precautions
13. Latex Precautions
14. Employee Health
15. Patient Safety
16. National Patient Safety Goals
17. Incident Reports
18. Environment of Care
19. Hazard Communication
20. Trash Disposal
21. Waste Water
22. Emergency Management/Emergency Codes

1. Our History, Core Values & Diversity

University of Maryland St. Joseph Medical Center: We are part of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of the state and beyond. We observe the Ethical and Religious Directives for Catholic Health Care Services.

The Sisters of St. Francis of Philadelphia

The Sisters of St. Francis established St. Joseph Medical Center in 1864 on Caroline and Oliver Streets. Called Saint Joseph Hospital, it was opened to care for wounded Civil War soldiers and German immigrants. In 1965, St. Joseph relocated to Towson, MD.

The Patron Saint of the Sisters of St. Francis is St. Francis of Assisi



St. Francis of Assisi (1182-1226 AD)

St. Francis was a man of peace, simplicity, deep faith, and compassion. He reached out to help those in need, especially social outcasts.

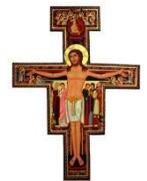
St. Francis is the patron saint of animals, merchants and ecology and the founder of the Franciscan Order. In 1979 Pope John Paul II proclaimed Francis of Assisi the patron of ecology, stating that he was “an example of genuine and deep respect for the integrity of creation.” Francis invited all creation to give honor and praise to our God. Francis had a vision as he prayed before this cross that inspired him to use his life spreading the Gospel and revealing the loving and compassionate presence of God. This cross is known as the San Damiano Cross and hangs in a chapel in Assisi, Italy. This cross is now found in every department in The University of Maryland St. Joseph Medical Center.

The University of Maryland St. Joseph Medical Center

The University of Maryland St. Joseph Medical Center is an acute care, not-for-profit medical center with 232 licensed beds.

Our Mission

We are guided by our Catholic health care tradition of loving service and compassionate care. As an Integral member of the University of Maryland Medical System, we provide access to a full spectrum of health care services that improves the health of the communities we serve.



Our Vision

UM St. Joseph Medical Center, guided by our Catholic healthcare values will be known for our ability to deliver The highest quality, innovative and coordinated care for the communities we serve.

San Damiano Cross

Our Core Values

The Sisters of St. Francis of Philadelphia imbued this ministry with values, and each of us has our own individual values. **Values** are heartfelt beliefs that we live by.

Core Values are our “moral compass,” providing standards for evaluating ourselves and others. They are “hardwired” into our consciousness, meaning that they are consistent over time and across situations.

Reverence...illuminates our profound spirit of awe for all creation

Integrity...implies a moral wholeness that inspires our decisions and behaviors

Compassion...encompasses our intimate sharing with others in solidarity as human beings.

Excellence...embraces preeminent performance that results in outstanding achievements in quality and service.

Stewardship...using resources wisely; taking care of our patients and ourselves.



These 5 Core Values serve as an umbrella under which each of us can fit comfortably as individuals, while maintaining our sense of intimate connectedness with the sacred work of healing.

Living our Core Values:

Reverence:

- ◆ Always foster dignity and compassion
- ◆ A full-time Patient Representative
- ◆ Caring for patients with dignity from birth to death

Integrity:

- ◆ Always doing the Right Thing
- ◆ Institutional Ethics Committee
- ◆ HIPAA practices – respectful of each patient’s privacy

Compassion:

- ◆ Patients first and always
- ◆ Supportive Care Program for the dying
- ◆ Many support and education groups for staff & the community
- ◆ Community Benefit Program
- ◆ Employee Recognition Program

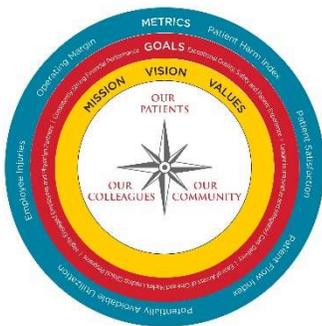
Excellence:

- ◆ Always doing my best
- ◆ Service Excellence Culture
- ◆ Quality Assurance Performance Improvement Program

Stewardship:

- ◆ Taking care of our patients and each other
- ◆ Always using resources wisely

Our True North



GOALS	TRUE NORTH	METRICS
Exceptional Quality, Safety & Patient Experience	OUR PATIENTS	Patient Harm Index
		Patient Experience
		Patient Flow Index
Highly Engaged Employees & Physician Partners	OUR COLLEAGUES	Employee Injuries
Consistently Strong Financial Performance		Operating Margin
Leader in Innovative & Integrated Care Delivery	OUR COMMUNITY	Potentially Avoidable Utilization
Ease of Access of Care & Market Leading Clinical Programs		

Community Benefit Program

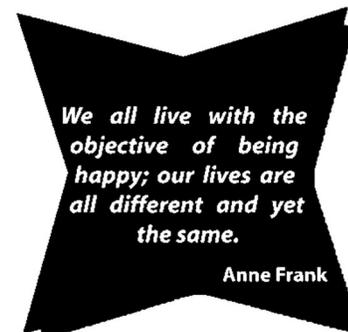
The community benefit activities undertaken by St. Joseph Medical Center refer to activities that we do *not* do for financial return, but activities and programs that give back to the community some important service that would not be provided otherwise. It targets particularly underserved population as well as particularly vulnerable and needy populations as well as fostering the health of the larger community. Examples of community benefit programs includes health screenings in financially disadvantaged areas, free cancer screenings for underserved populations, lectures on health care issues, support groups, training of students, etc.

We are proud of our community benefit activities and are constantly looking for other ways to respond to this challenge of our mission.

Cultural Diversity

...refers to the total body of tradition held by a group of people and passed down from generation to generation. It includes

- ♦ learned thoughts
- ♦ beliefs & behaviors
- ♦ music
- ♦ art
- ♦ values
- ♦ customs
- ♦ dress
- ♦ expectations and
- ♦ attitudes



These traditions make a group of people distinct. Cultures are also influenced by gender, language, religion, ethnicity, status, values and customs. There is often great diversity *within* a particular culture as well as between cultures.

Cultural Influences

- ♦ What is considered polite
- ♦ How we greet each other
- ♦ What is embarrassing
- ♦ What we wear
- ♦ What we eat and how we eat
- ♦ What we find funny
- ♦ Holidays we celebrate
- ♦ What we believe or don't believe about God
- ♦ What we think is good hygiene
- ♦ How closely we stand next to each other
- ♦ How time is used and scheduled
- ♦ Roles of men, women, children and elderly
- ♦ Family relationships and obligations
- ♦ How we interact with "authority figures"
- ♦ How we interpret hand gestures/non-verbal communications



Personal bias

At some level, we are all products of our upbringing and culture. Biases can build barriers between us. They are natural, but not necessarily right. Often, we are unaware of our own biased behavior.

Questions you may have overheard:

- ♦ *If the woman is the patient, why does her husband do all the talking?*
- ♦ *I'm not Catholic. I wonder if University of Maryland St. Joseph Medical Center will treat me differently?*
- ♦ *Why does this patient need to have her entire family in her room?*

Compare population diversity of the United States and Maryland

Distribution	Male	Female	Caucasian	African Am.	Latino	Asian	Am. Indian Alaska Native	Native Hawaiian Pacific Islander
USA	49.2%	50.8%	61.6%	13.3%	17.6%	5.6%	1.2%	0.2%
Maryland	48.5%	51.5%	52.0%	30.5%	9.5%	6.5%	0.6%	0.1%

2015 U.S. Census Bureau data

Diversity, Values and the Law

The Civil Rights Act of 1964, Chapter VI states, "All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the grounds of race, color, religion or national origin."



This means The University of Maryland St. Joseph Medical Center must provide equal access to all services to anyone requesting them. Often times this means we must provide assistance to those who wish to use our services. Because of the diverse population we serve, the biggest impact this has for us is **language access**.



NOTE:

"Test Yourself" questions appear throughout this handbook.

Enter your answers on your answer sheet as you proceed through this handbook.

1. The Franciscan Way of Life includes:
 - a. Love for all creatures
 - b. We are all sisters and brothers because we are created by the same God
 - c. Both a and b
2. The mission of The University of Maryland St. Joseph Medical Center is...
 - a. Loving Service and Compassionate Care
 - b. Vision 2016
 - c. To be the region's destination hospital
3. The University of Maryland St. Joseph's Medical Center has 5 Core Values. They are:
 - a. RACE: Rescue, Alarm, Confine, Evacuate, Stairwell
 - b. RICES: Reverence, Integrity, Compassion, Excellence, Stewardship
 - c. RATE: Revere, Aspire, Teach, Excel, Service
4. We are affected by cultural diversity in these ways:
 - a. Holidays we celebrate, roles of family members, how time is used and scheduled
 - b. What we eat, wear and find funny
 - c. Both a and b

2. Interpreter Services

Translation Services

...are provided for patients with communication limits. These services for clinical communication are free of charge to the patient and available 24/7/365 in-house. It is helpful if a patient being admitted can provide advance notice of this need (especially language), although that is not required.

The translation service resource is staffed by professional translators who are ADA compliant as well as HIPAA certified. This service is accessible at the point and time of patient service with over 200 languages offered either via audio or video (VRI). For patient convenience, a dual handset interpreter phone or mounted iPad is available to all patient units.

Services Provided

TTY

- ♦ For hearing impaired patients who request phone interpretation, obtain the TTY phone from the Spiritual Care Department [x1109, M-F business hours or x3333 off hours]. Place in patient care room and use directions attached to the equipment.
- ♦ Also available are translation services for legal documents, discharge instructions, medical records, and other documentation.

Braille Telephones

- ♦ For sight-limited patients, Braille telephones are available from the Spiritual Care Department [x1109, M-F business hours or x3333 of hours].

Document Translation

- ♦ Many UMSJMC documents are available in Spanish and several other languages and can be located on the intranet. Documents in additional languages may be translated with advance notice. This may include legal documents, discharge instructions, medical records, and other documentation.

Video (VRI) translation

- ♦ UMSJMC has engaged Stratus Video Services and LSA to provide iPad Video Translation services for our patients. These portable units provide video translation for American Sign Language and audio and video translation. Portable units can be found in: Spiritual Care, ED, L&D/Mother-Baby, 7-E/W, Women's Health Associates and St. Clare Outreach.

How do I access these services?

- ♦ Computer access on University of Maryland St. Joseph Medical Center intranet: <http://sjmcnet/portal/>. Click on interpreter services for resources and directions

3. Patient Rights & Responsibilities

Patient Rights

Healthcare providers at the University of Maryland St. Joseph Medical Center must be aware of and fully respect **Patient Rights** so that we **provide** the best possible care to our patients.

- | | |
|---|--|
| 1) Right to Treatment | 9) Right to Privacy, Safety and Security |
| 2) Right to Respect | 10) Right to Appoint Legal Agent |
| 3) Right to Decide | 11) Right to Protective Services |
| 4) Right to Information | 12) Right to Freedom |
| 5) Right to Management of Pain | 13) Right to Education |
| 6) Right to Grievance | 14) Right to Communication and Visiting
(includes Right to Interpreter services,
available 24/ 7/365.) |
| 7) Right to Participate in Ethical Issues | |
| 8) Right to Research Information | |

Patient Responsibilities are important for patients to be aware of and to comply with in order to **receive** the best possible care.

1. **Provide health/history information**
2. **Cooperate with health care team members**
3. **Provide an Advance Directive or tell her/his wishes to the MD/RN**
4. **Respect other patients' needs and personal property**

4. Ethics Consultation Process

The Institutional Ethics Committee

This committee which meets bi-monthly is composed of a multi-disciplinary team of hospital staff – physicians/physician leadership, nurses/nursing leadership, chaplains, human resources, executive leadership. It is charged with reviewing ethics issues and decisions that arise and evaluating them in light of the *Ethical and Religious Directives for the University of Maryland St. Joseph Medical Center*. The hospital has someone available for an ethics consultation 24/7. To initiate an ethics consultation page 16434 to reach the person carrying the ethics beeper who will return your call. In addition to formal ethics consultations, issues can be resolved by holding a “care planning conference” with the patient (if possible), appropriate family members, nursing staff and physicians treating a patient to clarify prognosis, and any other staff who can answer questions and develop a plan of patient care in light of that conference.

When should I call the Ethics Committee?

A conversation with the person carrying the ethics beeper or an ethics consultation with family members to discuss ethics concerns may be appropriate when there are serious questions about choices regarding the type of care the patient should receive, a change in the status of the patient to “do not resuscitate”, a withdrawal of life support, a decision to forego treatment, the move of a patient to hospice care, etc. Many times a formal ethics consultation is not necessary, but a “care planning conference” may provide the clarification and assistance in understanding the options available for the patient.

How do I reach the Committee?

Within the hospital:

page beeper #16434 or page the Nursing Supervisor On-Call.

Outside the hospital: beeper 410-806-0944 or contact the Nursing Supervisor on-call at 410-232-2129.

TDD access: 410-337-1671

Corporate Integrity Agreement

The Corporate Responsibility Program provides resources and tools for helping internal and external customers understand and comply with complex laws and regulations. The program is based on our core values of Reverence, Integrity, Compassion, Excellence and Stewardship and our standards of conduct.

- As an organization and as individuals, each of us is responsible for promptly reporting potential violations of law, regulation, policy or procedure. Individuals are protected from retaliation if he/she makes a good faith report, complaint or inquiry.
- University of Maryland St. Joseph Medical Center Initial Report Process:
 1. Speak with your supervisor or another manager
 2. If a manager is unavailable, speak with a HR representative or Corporate Responsibility Officer
 3. To report a concern anonymously you have two options
 - ♦ Call the Ethics at Work Hotline: 1.800.261.5607
 - ♦ File your report using the internet: www.ethicspoint.com



5. UM-St. Joseph Medical Center provides how many types of translation services?
 - a. 2
 - b. 4
 - c. 6

6. Patient rights exist to:
 - a. Ensure that we *provide* the best possible care to our patients
 - b. Ensure that patients *provide us* with information about their health history
 - c. Ensure that we have time to inventory patients' personal property

7. The Clinical Ethics Consultation Committee meets with a patient/family and the patient's health care providers to give guidance on...
 - a. Difficult questions confronting the patient/family
 - b. Responsible medical decision-making
 - c. Both a and b

8. I should report the following types of incidents to the Corporate Responsibility Hotline (x1930):
 - a. Restroom is unclean
 - b. Fire in my area
 - c. Stealing, fraud, or violations of a patient's rights

5. Infection Prevention

Hand Hygiene

The **Number One Way** to prevent the spread of infection

- ♦ Soap and water hand washing
- ♦ Waterless hand sanitizer

Healthcare-Associated Infections

Infections patients get while in the hospital. They...

- ♦ Affect 5-15% of all hospital patients
- ♦ Cause 100,000+ deaths each year in the U.S.

When to perform hand hygiene

Includes but not limited to:

- ♦ **Before** and **after** patient contact
- ♦ When entering and leaving a patient room
- ♦ After glove use
- ♦ Before glove use
- ♦ Upon arrival to the medical center

When soap and water must be used

- ♦ When hands are visibly soiled
- ♦ Before eating
- ♦ After using the bathroom
- ♦ After caring for a patient on Contact **Enteric** Isolation (Vomiting and/or Diarrhea)

Method for hand washing

- ♦ Warm, running water
- ♦ Soap
- ♦ Friction for **at least 20 seconds**
- ♦ Focus on finger tips, between fingers, under nails
- ♦ *Moisturize with lotion supplied by the Storeroom/Supply Chain*

Waterless Hand Antiseptic

- ♦ VERY effective at killing germs
- ♦ Located by every patient room & other key locations
- ♦ Completely covering hands, rub it in until it's DRY –then it's effective
- ♦ Only moisturize with hand lotion from the Storeroom/Supply Chain
- ♦ **DOES NOT KILL C. difficile or Norovirus:** You must WASH with soap and water after caring for patients Suspected or Confirmed to have C-diff or Norovirus who are on Contact **Enteric** Precautions.

Artificial Nails (Acrylic nails and Overlays) – this includes anything besides nail polish

- ♦ **Banned for all staff that are considered to have direct patient contact or handle sterile supplies.** This includes:
 - ♦ Nursing staff
 - ♦ Phlebotomists/IV team
 - ♦ Pharmacists
 - ♦ Rehab staff
 - ♦ Respiratory staff

6. Bloodborne Pathogens

What are “bloodborne pathogens”?

Diseases spread through blood. In healthcare, we are particularly concerned with Hepatitis B, Hepatitis C and HIV.

HBV (Hepatitis B Virus)

- ♦ Vaccine available: Know your status!
- ♦ Disease causes inflammation of the liver
- ♦ HBV may lead to cirrhosis or liver cancer
- ♦ HBV can survive in dried blood for **weeks**
- ♦ Symptoms:
 - ♦ Fatigue
 - ♦ Nausea
 - ♦ Jaundice

HCV (Hepatitis C Virus)

- ♦ No Prophylaxis
- ♦ No vaccine
- ♦ Symptoms
 - ♦ Fever
 - ♦ Jaundice
 - ♦ Liver Failure

Prevent HBV
If you are a patient care provider and/or have contact with blood or bodily fluids, you need to be vaccinated!

Employee Health provides this service free of charge to employees.

HIV (Human Immunodeficiency Virus)

- ♦ Weakens the immune system so the body can't fight other deadly diseases
- ♦ HIV infected individuals may not have symptoms for many years
- ♦ May be years before HIV develops into AIDS
- ♦ AIDS is fatal
- ♦ HIV is a very fragile virus: won't survive long outside the body
- ♦ There is no vaccine
- ♦ Symptoms:
 - ♦ Weight loss
 - ♦ Weakness
 - ♦ Fever
 - ♦ Infections

Ways bloodborne pathogens are spread

1. **Parenterally** (blood to blood, ex., a needle stick, splash to the face/eyes)
2. **Perinatally** (mother to baby)
3. **Sexually**

What is my risk of catching a bloodborne disease?

It depends on the kind of exposure you have and what you're exposed to.

- ♦ Exposure to intact skin: low risk for any bloodborne disease.
- ♦ Exposure by needle stick: higher risk.
 - ♦ Hepatitis B: high (6-30% chance)
 - ♦ Hepatitis C: (1.8% chance)
 - ♦ HIV: low (0.3% chance)

7. Standard Precautions

Protect yourself from bloodborne pathogens and medical infectious waste by...

...practicing standard precautions and referring to Infection Prevention policies and protocols.

Treat **all** blood and body fluids *except* sweat as potentially infected with **bloodborne pathogens**. In other words, protect yourself from anything wet **on** or **from** another person.

Use Personal Protective Equipment (PPE)

- ♦ Gloves
- ♦ PPE gowns (yellow gowns for isolation or standard precautions; green impervious gowns for surgery)
- ♦ Goggles
- ♦ Masks with eye shields
- ♦ Face shields
- ♦ Booties, bonnets, surgical caps
- ♦ N95 respiratory mask

What PPE should you wear?

Ask yourself...

- ♦ "What procedure am I about to perform?"
- ♦ "What is my risk of being exposed?"
- ♦ "What PPE will protect me?"
- ♦ "Do I know where the PPE is located?"

If you are exposed to blood or body fluids...

1. Practice First Aid—wash it off!
2. Tell your supervisor/Nursing Instructor
3. Report it:
 - ♦ Call Employee Health (Jordan Center), at x1470 or
 - ♦ Call the Nursing Supervisor after hours **and** Nursing Supervisor will contact Employee Health.
 - ♦ Students to follow process and notify school

What will Employee Health staff do?

- ♦ Rate the severity of your exposure
- ♦ Do a baseline blood test for whatever you may have been exposed to
- ♦ Test the source person
- ♦ Administer HIV anti-viral drugs, if appropriate
- ♦ Follow up (Employee Health)

8. Isolation Precautions

Isolation Precautions are...

...precautions we take when caring for or visiting patients with known or suspected communicable diseases.

When a patient is in Isolation Precautions...

- ♦ there will be a brightly colored sign posted on the patient's door
- ♦ Status logged into the computerized medical record

The five (5) categories of isolation precautions at UM-ST. JOSEPH are:

1. Contact
2. Contact Enteric (vomiting and/or diarrhea)
3. Airborne – **[must be fit tested!]**
4. Droplet
5. Protective (used to protect the patient)

A patient may be on a combination of any of the above precautions.

You must know these facts about Isolation Precautions

- ♦ Patients must be placed in a *private room*, unless they are sharing a room with another patient who is under the same isolation precautions for the same germ (room sharing **must** be approved by the Infection Prevention Department x1396 or by the Nursing Supervisor).
- ♦ *Reusable equipment* (BP cuffs, thermometers, etc.) must not be taken into isolation rooms.
- ♦ Shared equipment must be wiped down with hospital approved disinfectant, between every patient.
- ♦ *The chart* does **not** go into the room.
- ♦ *Isolation Cart* is to be placed outside the patient's room (except on the 6th floor, 2 C, and the MSICU).
- ♦ ANY equipment in the patient's room must be cleaned with hospital approved disinfectant **before** removing it.
- ♦ Dietary trays are delivered and collected by nutritional services to patients on isolation with the exception of AIRBORNE precautions.
- ♦ Nursing delivers and collects trays to patients on airborne precautions.

9. Contact Precautions

Patient Care Protocol

- ♦ **Orange sign** on the door (door can be open).
- ♦ Hand Hygiene before entering room.
- ♦ Wear gloves when entering the room.
- ♦ Wear a gown when entering the room.
- ♦ Leave gloves and all PPE in patient's room. Gowns are disposable – place in patient trash can near the door.
- ♦ Wash hands with antimicrobial soap or waterless antiseptic.
- ♦ As you leave the patient's room, do not touch anything that may be contaminated.
- ♦ Any equipment used for an isolation patient must be disinfected prior to use on another patient.
- ♦ Follow Standard Precautions when disposing of soiled linens.

Only you can prevent MRSA



Methicillin resistant Staphylococcus aureus is a germ that can cause serious infections. It is difficult to treat because it is resistant to most common antibiotics. MRSA is most often spread through hand contact and lack of hand hygiene.

Patients with MRSA must be put on **Contact Isolation Precautions**.

Keep your patients safe! Wash carefully!

Contact Enteric

- ♦ For patients with vomiting and/or diarrhea or suspected or confirmed C. Diff. Must wash hands with soap and water after contact.
- ♦ *Please see additional precautions above.*

10. Droplet Precautions

Patient Care Protocol

- ♦ **Green sign** on the door. Door may be open.
- ♦ Hand Hygiene before entering.
- ♦ Wear a surgical mask with face shield when entering patient's room.
- ♦ Patients **must wear a surgical mask** if they are transported out of their room for an essential medical purpose.
- ♦ Notify the receiving department of the patient's isolation status.
- ♦ Wash hands with antimicrobial soap or waterless antiseptic.

11. Protective Precautions

Patient Care Protocol

- ♦ Purpose: to keep immunocompromised patients from acquiring an infection from staff and visitors.
- ♦ **Yellow sign** on the door.
- ♦ Hand Hygiene before entering the patient's room.
- ♦ See Nursing Protocol for details on caring for these severely immunocompromised patients.
- ♦ No one may enter if they are ill.

12. Airborne Precautions

Patient Care Protocol

- ♦ Healthcare providers/Volunteers who are not fit tested should not enter the room of a patient on Airborne Isolation.
- ♦ Patient must be in a negative pressure room:
MSICU, 2C, 3E, 5W, 6E, 7W, ED, NICU, L&D, Cancer Institute, Cath Prep and Recovery.
*HEPA filter must be added to room and used on 5W.
- ♦ **Pink sign** on the door. Door must remain closed at all times.
- ♦ Hand Hygiene before entering.
- ♦ Wear a fit-tested N95 respirator when entering the room. If unable to wear an N95, get a PAPR hood from Central Supply. To be fit-tested for both, call Employee Health at x1470.
- ♦ If the patient must be transported out of the negative pressure room for an essential purpose, he or she must wear a **surgical mask**. Notify the receiving department in advance of isolation status.

13. Latex Precautions

Latex precautions are...

...actions to be taken when caring for patients who are sensitive or allergic to products containing latex.

As a patient care provider, what do I have to do?

Hospital supplies are latex-free, with one exception – surgeon's gloves. These gloves are clearly marked "Latex-Free" or "Product Contains Latex." Awareness of a patient's sensitivity to latex is essential.

If you think you are developing a sensitivity to Latex...

...go to Employee Health (Jordan Center). It is critical that you be evaluated.

14. Employee Health

What do I do if I'm sick?

It depends on the type of illness.

- Fever** * Stay home and rest. If you come to work you could make your co-workers sick too.
- Diarrhea** * Stay home (contact Employee Health at x1470 for work clearance).
- Pink Eye** * Stay home – contact your primary care MD. Must be cleared by Employee Health before you can return to work.

I think I've been exposed to a contagious disease!

Report to Employee Health Services. They will evaluate your exposure and provide appropriate follow-up (testing, preventive medications, etc.).

When in doubt, call Employee Health Services at x1470 or the Nursing Supervisor after hours on beeper 15429.

Test Yourself

9. Times when soap and water hand hygiene is required are:
 - a. When hands are visibly soiled; when caring for a patient on C-Diff precautions
 - b. After glove use
 - c. When entering and leaving patient room

10. Three examples of bloodborne pathogens are:
 - a. HBV, HCV, HIV
 - b. TB, PPE, MRSA
 - c. R2D2, C3PO, H2O

11. If you are exposed to blood or body fluids, you should...
 - a. Wash thoroughly with soap and water, tell your supervisor, report it to Employee Health
 - b. Wash it off with soap and water
 - c. Use waterless antiseptic, remain calm and return to work

12. Isolation precautions are in use when...
 - a. a patient has a known communicable disease
 - b. a patient has a known or suspected communicable disease
 - c. Neither a nor b - this relates to massage therapy only

13. Examples of appropriate Contact Precaution behaviors are:
 - a. Discard gloves and PPE in patient's room and wear a yellow isolation gown.
 - b. Orange sign on door, wear gloves and gown when entering room, disinfect equipment before using on another patient.
 - c. Both a and b

14. You know a patient is on Droplet Precautions when there is:
 - a. Red sign on door, red sticker on chart
 - b. Yellow sign on door, yellow sticker on chart
 - c. Green sign on door.

15. 'Protective Precautions' means:
 - a. Patient is immunocompromised and can acquire infection from staff and visitors
 - b. Patient requires the services of a neurologist
 - c. Patient is contagious and needs to be kept isolated

16. Airborne Precautions include the following:
 - a. Pink sign on door, door must be closed, room must have negative pressure, staff must wear N95 or PAPR
 - b. Basic PPE only is required.
 - c. A regular room is okay, patient should wear gloves and a bonnet

15. Patient Safety

Who is responsible for patient safety?

I AM!

We all are responsible for maintaining a safe health work environment for our patients.

Security – Two Tiers

1. **Automated Security** includes:

- **Badges**- for ID, access to various areas, and payroll
- **Alarms**- fire alarms, infant security alarms, etc.
- **CCTV**- closed circuit TV recordings throughout UM-ST. JOSEPH
- **Blue Light**- emergency poles (outside on campus)

2. **Live Security** includes:

- **Security Officers**-on duty 24/7
- **YOU**

Badges: The Rules

- ♦ Wear it above your waist
- ♦ Wear it on an outer garment
- ♦ Make sure it faces out
- ♦ Wear it at all times while on duty
- ♦ Don't let anyone else use it
- ♦ Notify Security if you lose it (Volunteers get a new one from Human Resources/Students get a new one from the Center for Clinical Excellence Coordinator)

16. 2019 National Patient Safety Goals

Everyone who works at University of Maryland St. Joseph needs to know the **2019 National Patient Safety Goals** and be able to explain how we help to implement them. These can be found on TJC website:

www.jointcommission.org

Identify Patients Correctly

- ♦ Always use two ways to identify a patient. Compare name and date of birth on wristband with the orders/requisition. When using a bar-code reader **ALWAYS** check the ID bracelet on the patient. Eliminate transfusion errors related to patient misidentification.

Improve Staff Communication

- ♦ Get important test results to the right staff person on time.

Using medications safely

1. Label medicines that are not labeled before a procedure begins. [Ex: medicines in syringes, cups and basins]. Do this in the areas where medications and supplies are set up.
2. Take extra care with patients who take medicines to thin their blood.
3. Record and pass along correct information about a patient's medicines.
 - ♦ Find out what medicines the patient is taking.
 - ♦ Compare those medicines to new medicines given to the patient.
 - ♦ Make sure the patient knows which medicines to take when they are at home.
 - ♦ Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarms Safely

- ♦ Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infections

- ♦ Use the hand cleaning guidelines from the Centers for Disease Control & Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- ♦ Use proven guidelines to prevent infections that are difficult to treat.
- ♦ Use proven guidelines to prevent infection of the blood from central lines. [CLABSI]
- ♦ Use proven guidelines to prevent infection after surgery.
- ♦ Use proven guidelines to prevent infections of the urinary tract that are caused by catheters. [CAUTI]

Identify Patient Safety Risks

- ♦ Find out which patients are most likely to try to commit suicide.

Prevent Mistakes in Surgery

- ♦ Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- ♦ Mark the correct place on the patient's body where the surgery is to be done.
- ♦ Pause [Time Out] before the surgery to make sure that a mistake is not being made.

17. Incident Reports

Types of Incidents

Reports

Who Completes Reports

♦ *Patient Incident*

Risk Management

Anyone who becomes aware of the event

Call Risk Management at x1296 if you witness an unexpected event that an MD must intervene to "fix"

♦ *Property/Theft*

Security

Security department members

♦ *Employee/Volunteer*

Employee Health

Anyone who is aware of the event (e.g., exposure)

What to report:

- ♦ A medical or healthcare error: medication, transfusion, or procedure errors
- ♦ Patient fall
- ♦ Failure to follow physicians' order
- ♦ An event that put a patient at risk for injury
- ♦ Procedure delays or complications
- ♦ Employee or visitor injury/work-related illness

When to report

Incidents must be reported to the Risk Manager within **24 hours**.

How to complete an incident report

- ♦ All patient's incidents are reported through RL6, located on the UMSJMC intranet.
- ♦ Contact your supervisor or Risk Management if you do not have access to RL6.
- ♦ If you witness a Visitor or Security incident, contact the BOC x3333. Security will report the incident in RL6.
- ♦ Stick to the facts.
- ♦ Do NOT put it or mention it in the medical record.
- ♦ Report actual incidents, "near misses" and unexpected outcomes.
- ♦

Thou shalt...

- ...treat the report as a confidential document
- ...not place it in the medical record
- ...not make copies of the report
- ...not document in the record that the report was completed
- ...not assess blame or make derogatory remarks
- ...not use the report as a complaint form
- ...write legibly
- ...complete & send in a timely manner
- ...call Risk Management if the patient experiences a significant injury



17. The two tiers of security are:
 - a. Baltimore City Police, FBI
 - b. Automated (e.g., badges, alarms), Live Security (e.g., Security Officers, all of us)
 - c. Tier 1, Tier 2
18. My responsibility regarding the National Patient Safety Goals is to...
 - a. be able to recite them in order
 - b. understand how I am responsible for patient safety in my job, whether I see patients routinely or not
 - c. quiz my co-workers until we know them all by heart
19. The three types of Incident Reports are:
 - a. Employee Health, Maternity Statistics, Security
 - b. Employee Health, Security, Risk Management
 - c. Employee Health, Complaints/Suggestions, Risk Management

18. Environment of Care (EOC)

What is EOC?

This is a Joint Commission regulation designed to promote a safe, functional and supportive environment within the hospital so that quality and safety are preserved. The EOC is made up of three basic elements:

- ♦ The building space, including how it is arranged and special features that protect patients, visitors and staff.
- ♦ Equipment used to support patient care or to safely operate the building or space.
- ♦ People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risk.

All employees must know how our policies and plans relate to their jobs so that we may facilitate the best possible patient outcomes and provide a safe, healing environment for all.

Who is responsible for maintaining this safe, effective environment?

I am! You are! We all are!

A. Regulatory Agencies

What agencies provide regulatory oversight at University of Maryland St. Joseph Medical Center?

MOSHA (Maryland Occupational Safety & Health Administration)
MDE (Maryland Department of the Environment)
NFPA (National Fire Protection Association)
TJC (The Joint Commission)

What is TJC?

It is a private, not-for-profit group that is contracted by the US Federal Government to ensure that certain standards of quality are met by any hospital that receives federal Medicare and Medicaid funds.

When will we have a TJC survey?

Any time day or night, weekday or weekend, holiday. Surveys are unannounced.

Typically, TJC visits University of Maryland St. Joseph Medical Center every three (3) years.

What happens when TJC visits?

TJC uses the “Tracer Methodology” to survey (inspect) hospitals. Part of this method is taking an in-depth look at employee knowledge and practice. Surveyors ask pointed questions to anyone who **impacts** patient care. To be continually prepared, it is essential for each of us to stay current on EOC regulations.

What do I do if I see a Joint Commission surveyor?

That depends. Is he/she **with** a University of Maryland St. Joseph employee escort?

Yes: Breathe. Smile. Answer questions.

No: Ask to see an ID badge.
Call Security at x3333 and give the person’s name and agency.

B. Information Tools

Tools you can use

You are not alone! These tools are available to assist you in meeting EOC standards and regulations.

- **Information Badge** – wear it behind your St. Joseph ID badge
- **Emergency Response Poster**
- **EOC Policy Manual** – on the University of Maryland St. Joseph Medical Center intranet
- **Safety Data Sheets (SDS) Manual** – on the Intranet

Emergency Response Posters tell you briefly how to respond to various medical center emergencies. Color coded, they give initial, secondary and follow-up responses generic for all staff.

The **EOC Manual** contains all medical center policies related to the Environment of Care. It is the most detailed of all information tools.

The **SDS Manual** link contains SDS’s for chemicals used in your area.

C. Smoke-Free Campus

We are a SMOKE-FREE Campus



Our smoking policy reads:

1. Smoking and the use of tobacco products or electronic cigarettes is not permitted by employees, patients, volunteers, physicians, visitors, emergency medical staff, contractors, tenants and others on the campus of UM-St. Joseph.
2. Smoking is not permitted in hospital-owned vehicles.
3. All employees that wish to leave UM-St. Joseph campus to smoke must advise their Supervisor and request approval prior to leaving the campus during their scheduled work day.

Why Smoke Free?

This policy reflects our value of **respect** for the health of patients, visitors and staff and our value of **excellence** as a Cancer Center.

Regulatory requirements mandate it. Maryland State law: No smoking in any workplace.

TJC standard:

Patients and visitors must be able to enter and exit healthcare facilities without having to pass through others' smoke.

What can University of Maryland St. Joseph Medical Center be cited for?

TJC can cite us for smoking or evidence of smoking (e.g., butts on the ground).

19. Hazard Communication

A chemical can be:

- Flammable (it burns)
- Toxic (it's poisonous)
- Reactive (it changes rapidly and/or explodes)
- Corrosive (it eats away at what it touches)

Your exposure to something can be either:

- Acute (one-time or short-term exposure)
- Chronic (exposure to something over & over, long term)

How can it get into you?

- Absorption (through skin/mucous membranes)
- Inhalation (breathe it in)
- Ingestion (eat it)
- Injection (stick yourself)

PICTOGRAMS YOU MAY SEE ON CHEMICALS:



The most common example of gases under pressure here at the hospital are oxygen cylinders. Pressure in a cylinder is very high so care must be taken to secure cylinders even when they are considered “empty”. Proper cylinder storage and labeling continues to be a focus for the joint commission.



Corrosives: Acids and bases are in this category. Many laboratory chemicals and a few cleaning chemicals fall into this group. It is very important to ensure corrosives do not mix and are stored in containers that are resistant to the chemical so there are no leaks.



Chemical with health hazards that are somewhat less severe than the other categories. Chemicals that are irritants to the skin, eyes, and respiratory track, for example, are labeled with this pictogram. You won't see the exclamation point paired with a more severe pictogram (such as severe toxicity, corrosives or health hazard.) It would not make sense to label something corrosive and also “just an irritant.”



Skull & Crossbones represents chemical with a severe acute toxicity. Chemicals that fall into this category are highly poisonous or fatal-usually in small quantities



Flammable chemicals with this pictogram have a flashpoint of $\leq 199.4\text{F}$. The flashpoint is the point where a chemical releases enough vapor to ignite, if given a heat/ignition source. An example is instant hand sanitizer. The flashpoint of Purell instant hand sanitizer is 74.5F , Room temperature is $68\text{-}72\text{F}$. This is why it is important to let your hand dry after using the hand sanitizer before touching anything.



The Health Hazard pictogram is used for chemicals that:

- cause cancer
- reproductively toxic-cause damage to unborn children or affect the ability to have children
- Mutagenic-cause changes to a person's DNA
- Respiratory sensitizer-can cause an allergic reaction where you can't breathe
- Target organ toxicity-chemicals that damage 1 or 2 organs rather than your whole body
- Aspiration toxicity-may cause you to vomit and breathe in the vomit



Circle with Flame: Oxidizers are chemicals that help “feed” a fire. They don’t burn themselves, but if they are present in a fire, the fire will burn hotter and faster than if they were not there.



Explosing Bomb: these chemicals have the potential to explode either by themselves or when mixed with other chemicals.

Hazard Communication Basics

There are 5 parts to the Hazard Communication standard:

1. Written program
2. Training program
3. Chemical Inventory
4. Safety Data Sheets (SDS)
5. Chemical Labeling

The **written program** is in the Environment of Care e-manual available on the University of Maryland St. Joseph Medical Center intranet.

The bulk of the standard covers **Chemical Inventory, SDS** and **Chemical Labeling**.

Chemical Inventory

- University of Maryland St. Joseph Medical Center is required to keep a current list of hazardous chemicals used on site.
- We update our Chemical Inventory annually at a minimum.
- If you are asked to verify a chemical list, look carefully: remember cleaners, inks, toners, adhesives, caulk, etc. are all considered chemicals.

There is now a new type of chemical classification process.

The new classes are:

- Acute Toxicity
- Skin Corrosion or Irritation
- Serious Eye Damage or Eye Irritation
- Respiratory or Skin Sensitization
- Germ Cell in Mutagenicity
- Carcinogenicity
- Reproductive Toxicity
- Specific Target Organ Toxicity Single Exposure (STOT-SE)
- Specific Target Organ Toxicity Repeated Exposure (STOT-RE)
- Aspiration Hazard

OSHA further breaks down the classes into categories-anywhere from 1 to 4 categories per class.

Let's look at an example of this:

-The first class is Acute Toxicity. A chemical can enter the body several ways. OSHA takes this into account when classifying the chemical into categories. A chemical can be:

- Acute Toxicity Oral (by mouth)
- Acute Toxicity Dermal (on the skin)
- Acute Toxicity Inhalation Gases
- Acute Toxicity Inhalation Vapors
- Acute Toxicity Inhalation Dust/Mist

So breaking the classes down further, a chemical could be Acute Toxicity Oral at 4 levels:

*Category 1

*Category 2

*Category 3

*Category 4

- A chemical that is acutely toxic orally Category 1 means a person would only need ≤ 5 milligrams per kilogram of weight for the chemical to be toxic.
- A chemical that is acutely toxic orally Category 2 means a person would need between 5 and 50 milligrams per kilogram of weight for the chemical to be toxic.
- And so on...for Category 3 and 4.

Acute Toxicity oral Category 1 means toxic at ≤ 5mg/kg.

Acute Toxicity oral Category 2 means toxic between 5-50 mg/kg

- This means that you need LESS of a Category 1 chemical to get sick than a Category 2 chemical. Less of a 2 chemical than a 3 chemical. And less of a 4 chemical than a 3 chemical.
- Therefore, the Category 1 chemical is MORE toxic than the 2, 3, or 4 .

A real life example of the using the classification information:

We are considering purchasing a new cleaning product for the hospital. We have 3 to choose from that all clean equally well. The first chemical has an acute toxicity oral category rating of 2, the second chemical is a rating of 1 and the third a rating of 3. Which one should we purchase?

Answer: If they clean equally well, the third chemical with a rating of 3 would be least hazardous.

Remember in the new classification system, the higher the number, the lower the hazard.

Safety Data Sheets (SDSs)

SDSs give information on substances you are exposed to in YOUR work area. This information includes how it can affect you *and* how to handle it safely and correctly. For your safety, review SDSs for your area **BEFORE** using the chemicals.

SDSs are on the University of Maryland St. Joseph Medical Center intranet.

- **KNOW** how to get an SDS from the Intranet
- **READ** them before using any chemicals
- **FOLLOW** all safety information

Required SDS Sections

- **Product Identifier** – Basic information on the Company, the name of the chemical, emergency phone numbers will be in this section
- **Hazard Identification** – This will now contain specific emergency wording to highlight the types of hazards in a chemical. Words such as ‘Caution’ or ‘Danger’ will be found here. There should also be information on how the product can get into your body (routes of entry: inhalation, ingestion, absorption, or injection). Pictograms will be in this section too. Pictograms are new to the standard and will be covered further in this training.
- **Ingredient Composition** – Contains a list of chemicals that are in the product. It should also have percentages of the ingredients
- **First Aid Measures** – Will list what steps to take if the chemical gets in your eyes, on your skin, if it is ingested or inhaled.
- **Fire Fighting** – What to do to prevent a fire is listed here and what to do if there is a fire.
- **Accidental Release** – This section spells out how to clean up a spill
- **Handling & Storage** – All details on the conditions that are needed to use or store a chemical are noted here. Items like temperature requirements or ventilation requirements are defined.
- **Exposure Controls & PPE** (Personal Protective Equipment) – If the chemical requires air monitoring or specific PPE, it is noted in this section. The PPE should be specific. For example, if gloves are needed, the SDS should say what type of gloves, i.e. nitrile, butyl, neoprene, etc.
- **Physical & Chemical Properties** – Information about the color, odor, boiling point, density, specific gravity, etc. is contained in this section
- **Stability & Reactivity** – If a chemical will explode or break down into another substance is located in this section.
- **Ecological** – Harmful effects on the environment are listed in this section.
- **Toxicology** – All animal testing that has been done is detailed here. It will also list if the chemical cause cancer or cause birth defects.
- **Disposal** – All the information relating to safely getting rid of a chemical will be in this section.
- **Transportation (DOT)** – The DOT or Department of Transportation has many requirements for shipping chemicals. These will be listed here.
- **Regulatory** – Information on whether this chemical is on any regulatory ‘lists’ is noted here. For example, there is a TSCA (Toxic Substance Control Act) that has a list of chemicals. If the chemical is on the TSCA, it would be stated in this section.
- **Other** – Anything else the manufacturer wants to note about the chemical is listed here.

Chemical Labeling

Chemical Label Requirements

All manufacturer labels (this is the label on the container) must have the following information:

- Product Identifier (Name of the Chemical)
- Signal Word (Danger or Warning)
- Hazard Statement (This chemical is flammable)
- Pictogram (8 to choose from)
- Precautionary Statement (Keep away from ignition sources)
- Name, Address, Phone Number or Manufacturer

Three varieties of warning labels:

Three types of labels

NFPA – diamond shapes, designed for emergency responders

HMIS – rectangular with color bars, designed for normal use

Pictograms – Discussed above.



What do the colors signify?

- Blue** = health [left diamond]
- Red** = flammability [top diamond]
- Yellow** = reactivity [right diamond]
- White** = PPE rating (diamond label) [bottom diamond]
Special hazard (rectangular label)



What do the numbers signify?

- 0 = no hazard
- 1 = minimal hazard
- 2 = moderate hazard
- 3 = severe hazard
- 4 = extreme hazard

20. Trash Disposal

What about supplies that get contaminated with blood or body fluids?

- ♦ **Reusable supplies** (IV poles, etc.) will be cleaned properly and used again.
- ♦ **Disposable supplies** (wound dressings, chux pads, etc.) are thrown out...but you must toss them in the right place!

Trash Segregation



The most cost-effective way to dispose of waste is also the safest for staff to handle and the least harmful to the environment. There are 7 categories:

1. **Red bags**
2. **Sharps**
3. **Clear bags**
4. **Shred Bins** (see HIPAA packet)
5. **Yellow chemotherapy bins**
6. **Black Pharmaceutical bins**
7. **Recycle containers**

What is “Medical Infectious Waste”?

- Anything saturated such that you could squeeze out a drop of liquid with:
 - ♦ blood
 - ♦ pleural fluid
 - ♦ synovial fluid
 - ♦ amniotic fluid
 - ♦ pericardial fluid
 - ♦ peritoneal fluid
 - ♦ cerebrospinal fluid

RED Bag Trash **Infectious Waste** must be disposed of in a red bag.

SHARPS Look for red, tan or gray sharps boxes marked with the universal “biohazard” symbol.

What goes in:

- ♦ **Any needle**
- ♦ **Anything sharp or potentially sharp**



If a sharps container is more than 3/4 full or if you cannot freely drop a sharp into it, do not use it.

- ♦ **If reusable:** (tan/gray) call Environmental Services at x1989 or call x3333 for a replacement
- ♦ **If disposable:** (usually red) close the container and toss in the red **biohazard trash cart**

PHARMACEUTICAL WASTE BINS – Black

Waste medicines go into the black bins. Narcotics **DO NOT** go in black bins. Follow signage posted on your unit near black waste bins.

RECYCLING

We recycle paper, bottles, cans, cardboard, batteries and fluorescent lights. We have battery bins located throughout the hospital. You must tape the ends of the batteries before placing them in the bin. Fluorescent lights will be picked up by your zone mechanic. The remaining recyclables go in green bins/blue recycling bags.

CHEMOTHERAPY BINS - Yellow

Trace chemotherapy waste must be placed in yellow chemotherapy bins with lids. The bin must be labeled with the date that the first item was placed in the bin.

CHEMICAL WASTE

Laboratory chemicals and other chemicals in bulk quantities that are no longer used must be disposed of through our chemical waste contractor. For example, expired betadine or un-diluted bleach must be disposed of as hazardous waste.

CLEAR BAG TRASH

Everything else: food waste, Styrofoam, paper-towels, etc.

21. Waste Water

Waste Water is specified by Baltimore County. If the code doesn't allow it, it cannot go down the drain.

Hazards of a Different Sort

Items that should never be placed in our waste water drains:

- ♦ *Turning sheets*
- ♦ *Surgical Instruments*
- ♦ *Blue Pads*
- ♦ *Non-flushable Wipes*
- ♦ *Bottle of hand lotion*
- ♦ *Pens*
- ♦ *Diapers*
- ♦ *Stacks of paper towels*
- ♦ *Can of shaving cream*

When you are aware of an accidental spill or flush that might clog the pipes, contact Facilities at x3333 immediately.

Help prevent sewage backups!!

22. Emergency Management/Emergency Codes

Emergency Codes

All Maryland hospitals are required to use the mandated, statewide emergency color code system.

Because so many of us who work in health care work at more than one organization, these universal codes should allow staff to identify the type of situation quickly and respond appropriately, saving precious moments during an emergency.

These are the emergency color codes you will hear at University of Maryland St. Joseph Medical Center

- ♦ **Red**- Fire
- ♦ **Green**- Violence
- ♦ **Silver**- Weapon/ Hostage
- ♦ **Pink**- Infant/ Child Abduction
- ♦ **Blue**- Medical Emergency (Adult, Child, Infant)
- ♦ **Gold**- Bomb threat
- ♦ **Yellow**- Disaster
- ♦ **Orange**- Hazardous Substance Spill

Fire – Code Red

First, prevent fires



Three elements are needed to have a **Code Red** (Fire)

- ♦ Fuel
- ♦ Ignition Source
- ♦ Oxygen

Take away any one element and there can be no fire.

Keep fuel sources and ignition sources separated.

- ♦ **Eliminate ignition sources where you can** (electrical equipment, warmers, Bunsen burners, lasers, or cauterizers).
- ♦ **Eliminate fuel sources where you can** (alcohol, Purell, nail polish remover, paper)

What do I do if I discover a fire?



Practice **R.A.C.E.**

- R:** Rescue anyone in immediate danger
- A:** Activate alarm: pull the pull station **and** call x1111
- C:** Confine the fire: close windows and doors.
- E:** Evacuate- if necessary. We evacuate horizontally (across) first, then vertically (down). Extinguish if you've been trained.

RACE is *not* necessarily done in that order. Practice the steps in whatever order makes sense for the situation and follow departmental procedures.

The Fire Zone... ...is the entire floor the fire is on **and** the entire floor above the fire.

What to do when a **Code Red is called.**

Patient Care Staff:

- ♦ Stay where you are unless you are in danger or work in the fire zone.
- ♦ If your work area **is** in the fire zone you must return to your unit to care for your patients during the **Code Red**.

Main Hospital and Ambulatory Buildings:

- ◆ Stay where you are unless in immediate danger.

All other buildings:

- ◆ Evacuate to your specified meeting area & take a head count.

How will I stay safe while I am caring for my patients?

The hospital layout is designed as a “Defend in Place” building. When fire doors are closed there are smoke and/or fire “compartments.” Smoke & fire cannot pass through these compartments for approximately 1-2 hours.

DO NOT PROP DOORS OPEN.

Emergency Power:

Use **red Emergency Power outlets** only for **critical**, life sustaining equipment (e.g., ventilators).



Emergency Evacuations

If an evacuation is necessary, the hospital evacuates *horizontally* (across) first, then *vertically* (down).

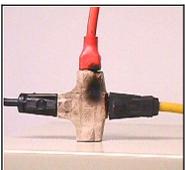
The order of evacuation is walking patients first, then those in wheelchairs, then those in beds.

Be sure that you know the location of emergency equipment and exits.

Electricity is a source of ignition.

It can cause fire and electric shock. Use only equipment that is in good condition.

Visual Inspections. Inspect electrical equipment each time you use it. Look for:



Burnt multi-plug adapter

- ◆ Frayed wires
- ◆ Overloaded circuits
- ◆ Sparks, smoke, smell of burning
- ◆ Extension cords or multiple plug adapters
- ◆ Water
- ◆ Loose connections
- ◆ Out of date inspection sticker

DO NOT USE equipment displaying any of these characteristics. Place a service tracking repair work order, segregate the equipment and tape the printed work order receipt on the equipment.

Workplace Violence – Code Green

A **Code Green** is.....an act of aggressive behavior by or against anyone.

- Threatening physical gestures
- Physical assaults
- Stalking or harassment
- Sabotage and destruction of property

Do these things if you think violence is about to erupt

- Call Security at x1111
- Provide as much information as possible
- Keep a safe distance from violent non-patients
- If the violent person is a patient, nursing staff must assist Security

Hostage/Weapon Situation - Code Silver

What is it?

A Code Silver is a step above the Code Green. Code Silver indicates a dangerous person, either armed or one who has taken a hostage. He/she usually wants demands met. A weapon does not have to be a gun! It can be items like a knife, bat, or large object capable of causing harm.

While it may seem impossible, the first thing you do is REMAIN CALM.

What if I see a hostage or weapon related situation?

- ♦ IMMEDIATELY Call Security at x1111 with a description. Give as much information as possible.
- ♦ Get yourself and others out of the way if possible.
- ♦ If unable to get away, hide in an office or storeroom
 - Barricade the door
 - Turn off lights / close blinds
 - Remain quiet.
 - If with other people, spread yourselves out (don't huddle together)
- ♦ If the hostage taker wants to leave, let him/her go!

Infant Abduction - Code Pink

What is it?

A **Code Pink** is the taking of an infant or child. If you work in a unit with pediatric patients you have specific departmental procedures to follow.

If you hear *Attention Code Pink...*



...staff who work with infants and/or children:

- ♦ Follow departmental procedures.

...all other staff:

- ♦ If near an exit, go to it: emergency exits, stairwells, or linen chutes. Look for anyone with a child or with something that could hold a child. Ask the person to please wait with you.
- ♦ Call Security at x1111 if you see anything suspicious. Give a complete description.
- ♦ Wait at your exit until you are relieved or you hear “**Code Pink all clear.**” **Note:** An abductor may try to cause a distraction (like a fire alarm) to clear a path out of the hospital. **Give the Code Pink priority,** unless you are in danger. Stay at your exit until the “all clear” is called, no matter what other color codes are announced.

Medical Emergency - Code Blue

What is it?

A **Code Blue** is a Medical Emergency/CPR in which the **injured or ill person cannot make it to the emergency room on his/her own.** It **does not** have to be someone in cardiac or respiratory arrest. It should be called for **any** injury that might be made worse by any further movement.

If you hear “*Attention Code Blue...*”

A **Code Blue** can be called for an **adult, child or infant.** This ensures that our Code Team has the appropriate code cart for the person coding:

“**CODE BLUE**” = someone 18 or older

“**CODE BLUE CHILD**” = someone 2 – 17

“**CODE BLUE INFANT**” = someone under 2

Calling a Code Blue

1. In the University of Maryland St. Joseph Main Building or Ambulatory Services Building:
 - ♦ Call x1111 and press a code button if one is available
2. In other buildings:
 - ♦ Call 911

One type of code button



Purple DNR Alert bracelets

- ♦ Some patients wear a purple DNR Alert bracelet.
- ♦ It is a flag to **you**, the patient care provider, indicating the patient wants less than a “full code” performed on her/him. This is indicated in the patient’s Advance Directive.

Bomb Threat - Code Gold

What is it?

A **Code Gold** is called when either a suspicious package has been found, or someone has called in a bomb threat to the hospital.



- You will respond in different ways, depending on the circumstances:
- ♦ If you find a suspicious package, don’t touch it and keep the area clear and have someone call x1111.
 - ♦ If you receive a bomb threat call, get as much info as possible and have someone call x1111.
 - ♦ If you hear “**Attention Code Gold**” announced **with a location** given, don’t go to that location.
 - ♦ If you hear “**Attention Code Gold**” announced **without a location**, report to your work area and look for anything not usually there.

When you search use your **eyes**, not your hands. If you find anything suspicious, call x1111.

Golden Tip

If you hear “Attention: Code Gold” or find a suspicious package,
DON’T USE A CELL PHONE!

Disaster - Code Yellow

What is it?

A **Code Yellow** is a **DISASTER**, Internal or External.

Internal disaster, e.g., power outage or water shutdown

External disaster - cause of abnormal influx of patients, e.g., accident with multiple victims

If you hear: “**Attention Code Yellow...**”

Disasters may or may not impact patient care. The hospital-wide response is for all staff to return to their work areas & follow departmental disaster procedures.

- ♦ Return to your work area immediately.
- ♦ Supervisors take a head count and be ready to report available resources to the Command Center (if they call you).
- ♦ Stay off the phones as much as possible. You may take important business calls such as lab results.

If decontamination is required, you will hear “**Code Yellow D**” to alert the decontamination team.

Hazardous Waste Spills – Code Orange

Response to Code Orange

Response depends on these factors...



- ♦ Do you know what was spilled?
- ♦ Have you been trained to clean up the spill?
- ♦ What size is the spill?
- ♦ Do you have the correct PPE to clean up the spill?

If the spill is minor, and you have been trained, you should clean it up wearing the correct PPE.

If the spill is large, major, or unknown, you must **evacuate** the area and call x1111 to initiate the HazMat team.



Environment of Care

20. When does TJC usually survey?

- a. Monday through Friday, usually at the end of the month
- b. Dayshift, about twice per year
- c. Any time, about every 3 years

21. Where can staff, patients and visitors smoke?

- a. Anywhere outside
- b. Nowhere on campus
- c. In or at a Butt Hut

22. Chemicals can be harmful because they may be...

- a. flammable, toxic, corrosive, reactive
- b. flammable, poisonous, expired, non-renewable
- c. flammable, expired, corrosive, stain-causing

23. A Safety Data Sheet (SDS) includes information on the following:

- a. Fire & explosion, hazardous ingredients, safe handling guidelines
- b. Health hazard, spill control, chemical reactions
- c. Both a and b

24. A chemical label with diamonds (for emergency responders) includes these colors/codes:

- a. Orange (flammable), purple (inhalant), aqua (water hazard), pink (skin damage)
- b. Blue (health), red (flammable), yellow (reactive), white (special hazard code)
- c. Blue (coolant), red (heating), black (bruising), white (OK to use)

25. You should dispose of (1) glove dripping w/ blood, (2) glove with dab of blood, (3) used needle...

- a. (1) clear bag, (2) red bag, (3) red/tan/gray sharps box
- b. (1) red/tan/gray sharps box, (2) clear bag, (3) red bag
- c. (1) red bag, (2) clear bag, (3) red/tan/gray sharps box

26. What are the four waste streams produced at University of Maryland St. Joseph Medical Center?

- a. Gum, cigarettes, paper, coffee cups
- b. Needles, gloves, gowns, bonnets
- c. Chemotherapy materials, wastewater, solid waste, hazardous drugs

27. These codes are used for what circumstances: (1) Pink, (2), Yellow, (3) Silver
- (1) Weapon/hostage situation, (2) disaster, (3) hazardous substance spill
 - (1) Medical emergency, (2) violence, (3) fire
 - (1) Child abduction, (2) Disaster, (3) Weapon/hostage situation
28. RACE (Rescue, Activate alarm, Confine the fire, Evacuate if necessary) is practiced...
- Only in the order shown above
 - In the order that makes sense for the situation
 - RACE or ARCE only
29. Red outlets are to be used for...
- non-essential equipment only
 - critical, life-sustaining equipment only
 - when the power goes out
30. How do you call a Code Blue in the University of Maryland ST. JOSEPH Main Building?
- Dial x3333 and press a code button
 - Dial x1111 and press a code button
 - Dial x4444 and press a code button
31. If you hear "Attention Code Gold" and no location is announced, you should...
- Report to your work area and look for anything not usually there
 - Leave the building immediately and wait by a butt hut until all clear sounds
 - Go home
32. A Code Orange is...
- A disaster
 - A hazardous material spill
 - Aggressive behavior

Joint Commission Annual Update QUIZ



- | | | | |
|-----|---|---|---|
| 1. | a | b | c |
| 2. | a | b | c |
| 3. | a | b | c |
| 4. | a | b | c |
| 5. | a | b | c |
| 6. | a | b | c |
| 7. | a | b | c |
| 8. | a | b | c |
| 9. | a | b | c |
| 10. | a | b | c |
| 11. | a | b | c |
| 12. | a | b | c |
| 13. | a | b | c |
| 14. | a | b | c |
| 15. | a | b | c |
| 16. | a | b | c |
| 17. | a | b | c |
| 18. | a | b | c |
| 19. | a | b | c |
| 20. | a | b | c |
| 21. | a | b | c |
| 22. | a | b | c |
| 23. | a | b | c |
| 24. | a | b | c |
| 25. | a | b | c |
| 26. | a | b | c |
| 27. | a | b | c |
| 28. | a | b | c |
| 29. | a | b | c |
| 30. | a | b | c |
| 31. | a | b | c |
| 32. | a | b | c |

Name: _____

Agency/School: _____

Unit/Dept: _____

Signature

Date

**To pass this quiz,
student must get 3 or
less wrong. If 4 or more
answers are incorrect,
instructor should
counsel student with
correct answers.**

Please return this answer sheet to
your Instructor.

Thank You!