UNIVERSITY of MARYLAND MEDICAL CENTER

Medical Staff Services

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ATTESTATION FOR REVIEW OF ANNUAL VISITING RESIDENT EDUCATION

I _____ have reviewed the educational material
Print name

provided as part of visiting resident credentialing in order to meet requirements of the University of Maryland Medical Center.

_____ _____
Signature **Date**

Please return to Medical Staff Services with application. Thank you.

UNIVERSITY OF MARYLAND MEDICAL CENTER MEDICAL/AFFILIATE STAFF ANNUAL EDUCATION

ENVIRONMENT OF CARE & EMERGENCY PREPAREDNESS

The Environment of Care refers to the physical environment in which you provide care; this refers to the building, unit, or room and the utilities and medical equipment serving the location in which you see patients, provide care and work. The following represent 2017 Joint Commission standards/elements of performance for hospitals as they pertain to the Environment of Care and Licensed Independent Practitioners. Points that you need to be familiar with are in underline after each standard.

Standard: EC.03.01.01: Staff and licensed independent practitioners (LIPs) are familiar with their roles and responsibilities relative to the environment of care.

2. Staff and LIPs can describe or demonstrate actions to take in the event of an environment of care incident. (See also HR.01.04.01, EP 1)

   Help move staff, patients, and visitors away from any overt danger. Next, report issue in your environment that requires immediate attention (e.g., security issue, fire, flood, plumbing problems, etc.), to 1Call (SOSC) at 8-5174 or 8-8711 (emergency).

   Non-emergent Safety and/or Environment of Care concerns may be reported by calling the Safety Officer at 8-6001 (BEEP 1336) or emailing jchang@umm.edu.

Standard: EM 02.02.07: As part of its Emergency Operations Plan, the hospital prepares for how it will manage staff during an emergency

8. The hospital communicates, in writing, with each of its LIPs regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.

   As an LIP, your position may require you to report for work as scheduled and/or remain at work to ensure continuity of services or quality care to patients. It is recognized there may be circumstances that warrant special consideration of your personal situation during these crisis situations. We will be as supportive as possible, realizing that taking care of patients is our core goal.

   For staff on service, you should continue to provide care in your normal work location. If your services are needed elsewhere, the Medical Care Director (myself or designee) will ask you to report to an alternative location. If you have an assigned Hospital Incident Command System (HICS) role, you should follow the instructions on your Job Action Sheet.

9. The Emergency Operations Plan describes how the hospital will identify LIPs, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3) Note: This identification could include identification cards, wristbands, vests, hats, or badges.

   Please make sure your UMMC badge is properly displayed at all times. Badges from other facilities (including UMB) may not be recognized during an emergency.

"CODE" Calls:
Code Red: Fire –Remember "**RACE**" - **R**escue persons, **A**lert – Activate Alarm, **C**onfine fire; **E**xtinguish if possible. Pull Pin, Call it in 8-8711. **"PASS" P**ull the pin, **A**im nozzle at base of fire, **S**queeze handle, **S**weep from side to side.
Code Blue: Resuscitation/Cardiopulmonary Arrest
Code Orange: Hazmat Event
Code Pink:: Infant/Child Abduction
Code Purple: Security Event
Code Yellow: Emergency Plan Activation

Other Important Phone Numbers:
Life Threatening Emergencies: 410.328.2911
All Other Emergencies: 410.328.8711
Hospital Command Center: 410.328.7021
Admin on Call: 410.328.6711
Blood Exposure/Needlestick: 410.328.BEEP 7845
Safety Concerns: Report all safety concerns to the Safety Officer (8-6001) or the SOSC (1call) center.

IMPAIRED PRACTITIONER

An **impaired** provider is one who is unable to practice with reasonable skill and safety because of a physical or mental illness including deterioration through the aging process, loss of motor skill, or excessive use or abuse of drugs, including alcohol. The Professional Assistance Committee can be accessed via self referral or referral by a supervisor/Chair/Credentials or Medical Executive Committee, or via Medical Staff Services by calling 410.328.5860 during the day, and 410.241.1488 after hours. The referral is confidential except as limited by law, ethical obligation or when safety of a patient is threatened. Services are free to the LIP.

REPORTING CONCERNS

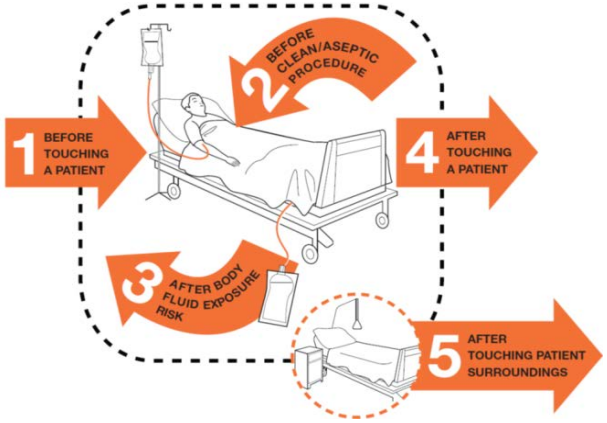
In support of UMMC's culture of safety, we encourage reporting of patient safety and quality of care concerns, occurrences, and close calls to:
Chain of command: Unit Medical Director, Division Chief, Dept Chair, or Chief Medical Officer.
Patient Safety Hotline: 410.328.SAFE (7233)
8safe@umm.edu
Online Incident Report to Risk Management (intranet)
Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
1.877.402.8218
The Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800-994-6610 or complaint@tjc.org

UNIVERSITY OF MARYLAND MEDICAL CENTER ANNUAL INFECTION PREVENTION EDUCATION

Hand Hygiene

Perform hand hygiene:

- When entering and exiting patient care area; even if you do not touch the patient.
- Before putting on and after removing gloves
- Use soap and water (15-20 seconds) after caring for patients with *C. difficile* or if hands visibly soiled
- Be aware of your "5 moments" for hand hygiene:



Preventing Transmission of Micro-organisms

Standard Precautions

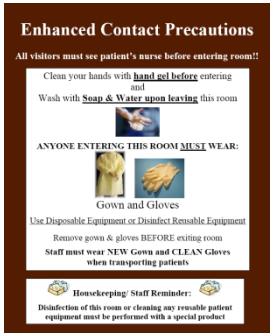
- Applies to all patients; assumes potential for presence of infectious material including blood-borne pathogens (HIV, hepatitis B&C) in any patient
- Based on anticipated exposure, use an appropriate combination of gloves, gowns, and mask+eyeshield to prevent exposure to blood, body fluid, secretions, mucous membranes, or non-intact skin via touch, spray, or splash

Transmission-based "isolation" precautions stop the spread of specific known or suspected infectious organisms from an infected or colonized patient to HCWs and other patients.

- Specific requirements for individual patients are posted as door signs with information on PPE requirements.

Prevent the spread of multidrug resistant organisms (MDRO) and *C. difficile*

- "Contact Precautions" for MDRO, i.e., MRSA, VRE, MDR gram negative (*Klebsiella, E. coli, Enterobacter, Pseudomonas, Acinetobacter*)
- "Enhanced Contac t Precautions" for *C. difficile*
- Wear gown & gloves when entering room
- Disinfect equipment between patients
- Avoid taking personal items into room
- Use antibiotics wisely



Prevent the spread of respiratory viruses

- Initiate droplet and contact precautions for suspected respiratory virus infections
- Gloves, gowns, mask+eyeshield
- For Influenza Virus, use "Enhanced droplet" (i.e., fit-tested N95 or PAPR) for aerosol-generating procedures e.g., bronchoscopy, sputum induction

- Annual flu vaccination is required
- During flu season, consider influenza among hospitalized patients with new fever and respiratory symptoms; send nasopharyngeal swab or BAL for testing by multiplex PCR
- Do not work when ill (fever, uncontrolled secretions/excessive coughing)

Prevent the spread of tuberculosis (TB)

- Suspect TB in the following clinical settings
  - Classic symptoms (chronic cough, hemoptysis, fever, night sweats, weight loss)
  - TB risk factor + pneumonia or disseminated disease
  - TB risk factors: birth in endemic country (most common), HIV, immunosuppression, incarceration, homelessness, known TB exposure, positive PPD
- Institute airborne precautions; collect 3 consecutive sputum samples for AFB, 8-24 h apart, at least one early morning specimen
- Isolate until 3 sputum smears (or one BAL specimen) negative AND alternate diagnosis made

Preventing Surgical Site Infections

- Patient should bathe with CHG on the night before and morning of surgery
- If hair removal needed , use clippers in pre-op area
- Skin prep using alcohol + CHG "Chloraprep" (unless contraindicated)
- Use appropriate antibiotic prophylaxis at right time: http://intra.umm.edu/ummc/pharmacy/docs/antimicrobial-prophylaxis-for-surgical-procedures.xls
- Minimize OR traffic during surgery
- Maintain sterile dressing until post-op day 2 or until epithelialization of the wound whichever is longer
- Hand hygiene before and after caring for wound

Preventing central line-associated bloodstream infection

- Use central line insertion checklist
- Avoid femoral site
- Perform hand hygiene, use full body drape; wear mask, cap, sterile gown and sterile gloves, use CHG skin prep
- Antimicrobial catheters when available
- CHG dressing at exit site
- Replace line within 24 h when inserted in an emergency setting and sterility potentially compromised
- Assess line site daily and ensure surrounding skin is clean and free of lesions; notify nurse if site compromised
- Sterile dressing changes
- Hand hygiene before accessing line
- Assess daily and remove line if unnecessary

Preventing catheter-associated urinary tract infection

- Use indwelling urinary catheter only when necessary, utilize alternatives e.g., bladder scan & straight cath, male external "condom" catheter
- Insertion is 2-person sterile procedure
- Assess need daily; remove at earliest opportunity
- Utilize Nurse Driven urinary catheter removal Protocol

Choosing Wisely in Infection Diagnostics

- Limiting unnecessary testing important to use antibiotics judiciously and prevent MDROs and *C. difficile*
- Avoid "pan-culturing" when site-specific symptoms present, or culturing in absence of symptoms: positive tests may simply represent colonization (e.g., bacteriuria not UTI
- Do not routinely use central line for blood cultures: catheter colonization likely to yield false positive blood culture results

UMMC Infection Prevention & Hospital Epidemiology 8-5757
http://intra.umms.org/ummc/departments/infection