



Nursing Services

*CHI St. Joseph Health Regional Hospital
Orientation for Volunteers (RMHC-CTX)*

The Basics

As part of your duties, you may be required to enter patient rooms and interact with the nursing staff on the third floor. The basics include:

- ✓ Come neatly dressed in your official uniform.
- ✓ Wear your badge. This clearly identifies you to our patients.
- ✓ Never wear perfume in patient areas. Patients can be very sensitive to smells.
- ✓ Don't wear artificial nails while working in patient care areas.

Visiting Patients

- In an effort to improve patient satisfaction, volunteers can provide unique personal attention to patients.
- Before you begin going room to room with the Happy Wheels Cart, check with the nurses at the nurses station for the list of patients who are not appropriate to visit or who don't want be interrupted.
- When entering the room, always knock first.



Visiting Patients

Come in and introduce yourself. “Hi, my name is _____. I am a volunteer with Ronald McDonald House.”

Remember your AIDET Training! Explain why you are in the patient’s room.

Before you leave, always ask the patient if there is anything you can do for them. Relay all requests through the patient’s nurse.



Visiting Patient

If the patient has a request, deal with that first (all requests for food or comfort items should be cleared through the patient's nurse). Tell the patient, that you will go check on their request and get back to them in a minute.

Remember, you are dealing with sick people. If they seem rude or put out by you being there, don't get your feelings hurt.



AIDET - Review

Acknowledge – immediate, ask permission, greet by name, cheerful

Introduce – Your name, department

Describe – What you will do and when, provide specific timeframe and/or follow-up regularly

Explain – What to expect, in terms they understand, verbal and written, verify understanding

Thank – “Thank you for allowing me to care for you!”

Visiting Patients

- Whenever entering patient's room, always remain alert to changes in the a patients conditions.
- Report all concerns, no matter how small to the patient's nurse or charge nurse.
- If the patient is in cardiac arrest or difficulty breathing, call 2555 to call a code blue.

What is Service Recovery?

- Service Recovery is an important component of responsiveness.
- Service Recovery is the **ACT** of satisfying dissatisfied patients and family members.
- Service Recovery is initiated when a customer has received less than excellent service.

A.C.T.

A – Acknowledge and Apologize

1. Acknowledge that there is a problem
2. Apologize; nothing soothes faster than “I apologize”
3. Apologize without placing blame on other departments or individuals
4. Apologizing represents your sincere concern for an inconvenience

A.C.T.

C – Correct

1. Empathize; letting them know you understand how they feel is important, “That must have been very frustrating for you.”
2. Make it right; ask the person, “What can I do to help?”
3. Take the ownership to involve others that can correct any issues.
4. Be responsive

A.C.T.

T – Take It Forward and Track

1. Follow through
2. Refer to patient nurse and charge nurse or other department as appropriate
3. Supervisors should track issues
4. Supervisors should forward information to Administration.



**CHI St. Joseph
Health**

***General Information for Patient
Care Areas***

Sign of Stroke

Signs and Symptoms of Stroke:

SUDDEN numbness or weakness of face, arm or leg, especially on one side of the body

SUDDEN confusion, trouble speaking or understand

SUDDEN trouble seeing in one or both eyes

SUDDEN trouble waling, dizziness, loss of balance or coordination

SUDDEN severe headache with no known cause

Respond by calling 2555 ... Code Green

If your patient has **NEW** onset or **WORSENING** signs and symptoms of stroke!

Time lost is brain lost!

Signs of ACS –

Acute Coronary Syndrome (Heart Attack)

Signs & Symptoms of ACS

- Chest pain or discomfort
- Pain in one or both arms
- Back, neck or jaw pain
- Shortness of breath
- Cold sweats, nausea or lightheadedness
- Women's most common heart attack symptom is chest pain or chest discomfort BUT women are most likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.
- Symptoms are NOT dependent on age.

What to do if someone walks into the front lobby with signs and symptoms of a heart attack?

Call operators (2555 at main hospital and 7555 at Rehab) and activate a CODE GREEN!

Standard Precautions - Review

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of patient infection status, in any setting where healthcare is delivered. Standard Precautions include:

- 1) hand hygiene,
- 2) use of personal protective equipment,
- 3) safe handling of potentially contaminated equipment or surfaces in the patient environment, and
- 4) respiratory hygiene and cough etiquette.

Hand Hygiene

Good hand hygiene is critical to reduce the spread of infections. Alcohol-based hand rubs are preferred except when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea - for example, *Clostridium difficile* or norovirus - in which case soap and water should be used.

Alcohol based hand rubs are available inside and outside of patient rooms.

Hand Hygiene

- Perform hand hygiene:
- Before touching a patient, even if gloves will be worn
- Before exiting the patient's care area
- After contact with blood, body fluids or excretions, or wound dressings
- Prior to performing an aseptic task
- If hands will be moving from a contaminated body site to a clean body site during patient care
- After glove removal
-
- In addition, do not wear artificial fingernails or extenders.

Personal Protective Equipment (PPE)

- Use gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material.
- Do not wear the same pair of gloves or gown for the care of more than one patient.
- Do not wash gloves for the purpose of reuse.
- Perform hand hygiene immediately after removing gloves.
- Use a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

PPE

- Facemasks are recommended when placing a catheter or injecting materials into epidural or subdural spaces, as during epidural anesthesia. Failure to wear facemasks during these procedures has resulted in patients developing bacterial meningitis.
- Remove and discard PPE before leaving the patient's room or area.
- Hand hygiene is always the final step after removing and disposing of PPE.

Standard Precautions

Use these precautions when standard precautions may not be enough to stop transmission.

- Wear gloves and gowns when in contact with the patient or surfaces in the patient's room
- Patients being transported should wear gloves, a disposable gown, and a regular surgical mask
- Wear masks with face shields when within 3 to 6 feet of a patient who is sneezing or coughing
- Special air handling and ventilation may also be required.
- Wear an N95 respirator mask when entering the patient's room

Standard Precaution Reminders

What types of body substances can the volunteer expect to come in contact with? Possibly all of these at one time or another.

Boxes of gloves are available throughout each unit – please familiarize yourself with the locations. If someone vomits and you replace the emesis basin, use gloves. Do not pick up a used Band-Aid unless you have gloves on.

Volunteers are to use gloves when handling dirty linen, when doing vitals on patients with open wounds, or anytime you touch a patient if you feel more comfortable. You will be given further training on specifics of protective barriers as needed.

Standard Precautions - Gloves

- Clean gloves will be worn when touching blood, fluids, secretions, excretions and contaminated items
- Gloves will be changed between tasks and procedures on the same patient
- Gloves will be removed promptly after use to avoid cross-contaminating other times or surfaces and before going to another patient
- Wash hands/use hand sanitizer immediately to avoid transfer
- Gloves contaminated with potentially infectious waste will be discarded into red biohazard bags

Proper way to remove contaminated gloves

Remember to touch only outside to outside & inside to inside of gloves when removing
Partially remove first glove by carefully pinching outside of glove below wrist and pull glove forward toward fingertips turn the glove inside out, but don't pull all the way off.



Removing Contaminated Gloves

Partially remove second glove with same procedure. Pull second glove off but still hold with gloved fingers to finish removing first glove.



- **Be sure to only touch the inside of gloves**

Gowns and Protective Clothing

Wear a clean gown to protect clothing during procedures
Removed soiled gown as promptly as possible and wash hands immediately

Mask and eye protections will be work to protect mucous membranes of eyes, nose and mouth from activities that generate splashes of blood, fluids, etc.

Proper Procedures for use of Personal Protective Equipment

Standard Precautions – taken with all patients

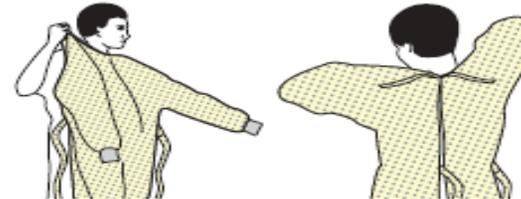
- When enter patient room
 - Use hand sanitizer, put on gloves
- When leaving patient room
 - Take gloves off then use hand sanitizer again

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



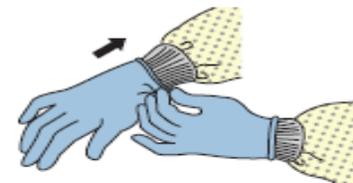
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Entering Patient Rooms with Precautions



- If there is a STOP sign do not enter the patients room without following precautions.
- If there are precautions (contact or droplet), follow the instructions by using appropriate protective barriers (gloves, gown, mask) which is located outside the room.
- A blue butterfly on the door indicates the patient has passed away.



Proper Procedures for use of Personal Protective Equipment

If patient is under contact precautions:

- Before entering:
 1. **wash hands/use hand sanitizer**
 2. Put on gown then gloves

Before leaving the patient's room:

1. Remove gloves then gown
2. **Wash hands/use hand sanitizer**

Proper Procedures for use of Personal Protective Equipment

Airborne Precautions

- Before entering:
 1. **Wash hands/use hand sanitizer**
 2. Put on mask
 3. Put on gown then gloves

Before leaving pt's room:

1. Remove gloves then gown **NOT** mask
2. **Wash hands/use hand sanitizer**

After leaving pt's room:

1. Shut door
2. **Wash hands/use hand sanitizer**
3. Remove mask
4. **Wash hands/use hand sanitizer**

Proper Procedures for use of Personal Protective Equipment

Droplet Precautions

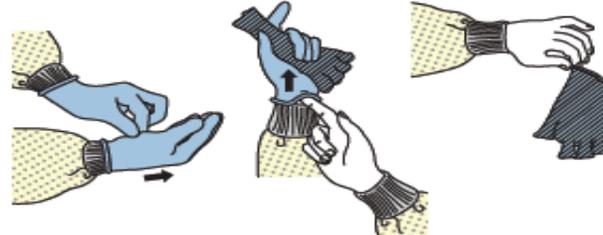
- Before Entering:
 1. **Wash hands/use hand sanitizer**
 2. Put on Mask and Eye Protection
 3. Put on Gown then Gloves
- Before Leaving Pt's Room:
 1. Remove gloves then gown
 2. **Wash hands/use hand sanitizer**
 3. Remove eye protection and mask
 4. **Wash hands/use hand sanitizer**

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious* waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious* waste container

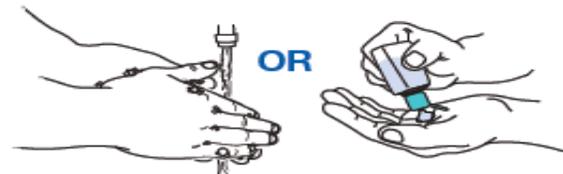


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious* waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into an infectious* waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container

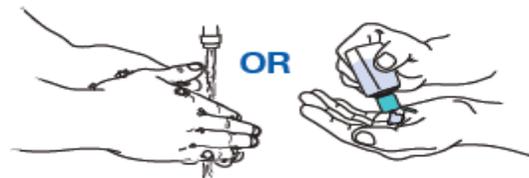


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious* waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



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**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Patient Identification, Verification

(Patient Care Manual #81)

Accurate patient identification is an important measure in preventing medical errors. All patients are positively identified prior to any medical procedures.

Before discharging a patient, giving food to a patient, taking a patient to the lab or imaging, you must verify the identify of the patient by using two identifiers.

Patient Identifiers

Examples:

- Patient's name
- J number (account number)
- M number (medical record number)
- Date of birth
- Social security number
- Address
- Phone number
- Blood band number

Patient Identifiers

You may obtain them from:

- Patient, patient's family or representative (verbally)
 - Identification band
 - Drivers license
 - Social security card
 - Military ID
- ** Patient's room number is not a valid identifier

Patient Identifiers

For example: You are asked to transport patient John Smith in room 4401 for an ultrasound. When you receive your orders make sure you have one additional identifier before going to the patient's room, like date of birth, home telephone number, etc.

- When you enter the room you might say, “Hi Mr. Smith, my name is _____. I am going to take you for your ultrasound. May I see your wristband?” (check to verify name). “What is your date of birth?”
- If the patient inquires why you are asking these question, just inform them you are following safety standards.

Patient Armbands

The following patients must have a patient identification armband on at all times during their stay:

- Inpatient
- Observation patient (OBS)
- Surgery Day Center patients (SDC)
- Emergency Room patients (ER)
- Interventional Radiology patients

Patient Armband Placement

Preferred placement of armband is either of the patient's wrists. If neither wrist can be used, the armband may be placed in one of the following locations:

- Either ankle
- Patient's clothing

Patient Armbands

COLOR-CODED WRISTBAND/CLIP STANDARDIZATION

Standardizing the colors of alert wristbands/clips across the state – and the nation – helps staff members do their jobs better and safer. Nurses and others no longer have to remember colors or symbols unique to a specific hospital. They can learn a single set of rules that will apply in every Texas hospital.

- **Red: ALLERGY ALERT** -An allergy to anything should be documented. Caregivers should check the allergy before delivering food, medicine or other aspects of care.
- **Purple: DO NOT RESUSITATE** - Caregivers should follow appropriate guidelines for their unit. This also creates confidence that caregivers are clear about the patient's end-of-life wishes.



Patient Armbands

Yellow: RISK OF FALLS - The hospital wants to prevent falls at all times. Nurses continuously assess patients to determine if they need extra attention to prevent a fall. When a patient has a yellow triangle clip, it means they need assistance when walking or getting out of bed. If you see a patient trying to get out of bed or walk alone with a yellow triangle clip on their wristband please help the patient immediately and seek assistance from another staff member.

Patient Armbands

RISK-REDUCTION STRATEGIES VOLUNTEERS SHOULD KNOW

- Use wristbands/clips with the alert message pre-printed (such as DNR).
- Remove any “social cause” colored wristbands/clips (such as LIVESTRONG).
- Remove wristbands/clips that have been applied by another facility, except for emergency identification bands.
- Initiate banding upon admission, changes in condition or receipt of information during the hospital stay.
- Educate patients and family members regarding the wristbands/clips.
- Coordinate care plan/door signage information/stickers with same color coding.

***Who applies the wristband/clip to the patient?**

A clinical provider who assesses the patient at the point of service (i.e. nursing unit admission nurse) and any other time the nurse becomes aware of the condition or status.

***When does the application of the wristband/clip occur?** Once the admission assessment is complete and warnings are identified.

Patient Armband at Discharge

What discharge instructions should be given to patients regarding the wristbands/clips?

Color-coded wristbands/clips are not removed at discharge. For discharge to home, the patient is advised to remove them at home. For discharge to another facility, the wristband(s)/clip(s) are left intact as a safety alert during transfer.

Medical Waste Reminder

- I. Medical waste is segregated from other waste at the point of origin by placing it in containers that are impervious to moisture.
- II. Medical waste, excluding sharps and chemotherapy waste, is placed in red biohazard bags that are clearly marked with the biohazard symbol.
- III. The bags should not be allowed to become so full that the top of the bag cannot be closed.
- IV. No side of the biohazard box, including the bottom, should be bulging, and the box should not exceed 25 pounds.
- V. Sharps are placed in rigid, puncture-resistant, closeable containers that are located as close to the point of origin as possible. The sharps container is marked with the biohazard symbol.

Waste Containment Reminder

Regular Trash

- Empty urine cups, empty stool containers, empty urinary drainage bags, empty bed pans, IV tubing and bags
- Diapers, bandages, peripads, cotton balls, gloves, food waste and containers

Red Biohazard Bags

- Blood, blood components, vials of blood, waste soaked with blood/body fluid, blood and body fluid soaked linens (Apply Squeeze Test, splash/spray rule, or >100cc rule)
- Used culture plates/tubes. Containers of CSF, synovial, pleural, peritoneal, pericardial, and amniotic fluid
- Chest tube systems – clamps MUST be placed on all tube
- Non-paper items containing confidential patient information (i.e. plastic biohazard bags with patient label adhered)
- Surgical specimens

Sharps Container (closed with $\frac{3}{4}$ full)

- Needle/syringe units, needles, scalpels, razors, broken glass
- Glass slides, pipettes
- Pharmaceutical ampoules

Stericycle® Reusable Sharps Containers Do's & Don't's

New Sharps Containers



ONLY DEPOSIT

Needles
Syringes
Scalpels
Blades
Broken Glass
Broken capillary tubes
Broken rigid plastic
Lancets
Needle counters

DO NOT DEPOSIT

Chemotherapeutic products
Tape
Paper
Bandages/gauze
Exam gloves
Alcohol preps
Liquids
Batteries
Hazardous waste
Pharmaceutical waste
CADD Cartridges

Sharps are any objects that are contaminated or have the potential to be contaminated with an infectious substance and are capable of penetrating skin or packaging materials.



Stericycle
Protecting People. Reducing Risk.™

Red Bag Waste Containers

ONLY DEPOSIT

Visibly bloody gloves
Visibly bloody plastic tubing
Visibly contaminated PPE
Saturated gauze
Saturated bandages
Blood soaked items

Blood & body fluids
Closed sharps *disposable* containers
Human or animal tissue
Organs
Body parts
Bulk body fluids

DO NOT DEPOSIT

Needles
Syringes
Scalpels
Broken Glass
Broken capillary tubes
Broken rigid plastic

Lancets
Medications
Hazardous & chemical waste
Radioactive waste
Garbage
Fixatives & preservatives



Regular Trash Containers

ONLY DEPOSIT

IV tubing
Empty IV bags
Paper
Plastic
Glass
Alcohol preps
Non-bloody gauze
Exam gloves
Tape
Empty CADD Cartridges

DO NOT DEPOSIT

Patient labels
Blood or body fluids
Bloody gloves
Bloody tubing
Contaminated PPE
Syringes
Sharps
Hazardous waste
Human or animal tissue



Fall Precautions

- Falls are the leading cause of death due to injury for people 65 years or older (National Center for Injury Prevention and Control 2002)
- 75% of nursing home residents are expected to fall each year (Rubenstein 1994)

SAFE Care Fall Prevention Program

Stay
Alert
for
Fall
Event

Why Falls Happen

- The hospital may seem foreign or unfamiliar to patients, especially when they wake up at night.
- Some falls, such as those associated with illness or therapy, cannot be avoided. However, by following the safety guidelines, the patient, their family, and friends can help reduce the patients risk of falling.

Safe Care Fall Prevention Program

Multidisciplinary Patient Care Manual Policy No. 40
SJRHC will minimize opportunities for falls by:

- Creating a safe and hazard free environment for patients, visitors and staff;
- Identify patients at risk for falls on assessment and reassessment;
- Place at risk patient on Safe Care program;
- Using interventions to prevent falls;
- Educating patients, family and staff about falls; and
- Monitoring falls data for performance improvement.

Safe Care – Patient Assessment & Reassessment

- Initial assessment is done by RN using the Morse Fall Scale and placed into a low risk, medium risk or high risk category
- All patients, regardless of fall risk, will receive the Fall Prevention Guidelines.
- Patients are reassessed by RN at each shift and after a fall.

Morse Fall Scale

1. History of falling
2. Secondary diagnosis
3. Ambulatory aid (bed rest, nurse assist, crutches, cane, walker, furniture)
4. IV or IV Access
5. Gait (normal, bed rest, wheelchair, weak, impaired)
6. Mental status (oriented, overestimated ability, forgets limitations).

Morse Fall Scale

Numeric scores are assessed to categorize patients:

- 0-24 Low Risk
- 25-44 Medium Risk
- 45 or higher High Risk

Safe Care Program Standards

All patients receive information about fall prevention.
Patients who score 25 and above are placed in Safe Care Program.

Patient Interventions

All Patients & Low Risk

- Orient patient to surroundings, i.e. bathroom and routines
- Instruct on white board and nurse's name
- Instruct patient to call for help before getting up
- Inform patient/family of fall prevention interventions
- Hourly rounding for position, toileting, pain
- Anticipate side effects from medication

Patient Interventions

All Patients & Low Risk

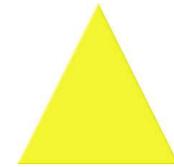
- Wheels on bed and wheelchairs locked, document number of side rails up
- Call light, urinal, telephone and personal belongings within reach
- Patient room free of obstacles
- Additional lighting for vision
- Provide patient with non-skid slippers/socks

Patient Intervention

Patients scoring 25 or greater

Place Safe Care Fall Prevention Plan on white board

Place “fall alert” armband on patient



- CHI St. Joseph Health uses a yellow triangle that clips to armband
- Give patient yellow non-skid socks (patients who score 45 and above on Morse Fall Scale have red non-skid socks)

Patient Intervention

If patient scores 25 - 44

- Post fall sign on door
- Review safety program, risk factors and interventions with family
- Commode at bedside, urinal/bedpan within easy reach
- Initiate Safe Care
- Place patient at nurses station as needed for observation
- Move patient to room near nurse's station

Patient Intervention- If patient scores 45>

- Red socks are used instead of yellow socks
- Bed Alarm is activated
- Pharmacist to evaluate medication regimen
- Night lights
- Low beds or putting mattress on floor
- Use of gait belt
- Provide ongoing reassessment of patients
Determine patient's toileting habits and
establish toileting schedule to meet those needs

Fall Prevention – Role of Volunteers

Help patients and nursing by staying alert to patients on Fall Prevention

Reinforce fall prevention education with patient and family members

Ensure standards are being followed

Remind patients to call for assistance before they get out of bed

Before you leave, ask patients the 3 P's (potty, pain, position):

- Do you they need to use the bathroom
- Are they in pain
- Do they need to change position

National Patient Safety Goals

- Issued by Joint Commission yearly
- Focus on safe clinical practices/best practices for hospitals and critical access hospitals
- Clinical based volunteers should review and be familiar with the goals

National Patient Safety Goals

Please Review

Identify patients correctly

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

Get important test results to the right staff person on time

National Patient Safety Goals

Please Review

Use medicines safely

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

Take extra care with patients who take medicines to thin their blood.

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.

National Patient Safety Goals

Please Review

Use alarms safely

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

National Patient Safety Goals

Please Review

Prevent infection

- Use the hand cleaning guidelines from the Centers for Disease Control and 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.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

National Patient Safety Goals

Please Review

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 before the surgery to make sure that a mistake is not being made.

Age Specific Standards

For all clinical based staff and volunteers

Meets Joint Commission requirements for staff/volunteers who provide direct care

Skills which enable you to care for the patient at that individual's stage of life.

Neonate/Infant = 0 months to 1 year

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Your role is to relieve anxiety and fear
4. Maintain a quiet, soothing environment
5. Keep crib rails or side rails up at all times the baby is in the bed
6. Provide safe and appropriate toys
7. Keep child dry and warm

Toddler/Preschool = 1 to 5 years

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Remember that children this age understands more words than they can speak
4. This age group can understand simple instructions
5. Use puppets of familiar toys to role play
6. Allow child to keep favorite toy, blanket, pacifier bottle, etc.
7. Keep child dry and warm
8. Children need close supervision
9. Children are highly interactive and curious
10. This age group does not always understand right/wrong, ok/not ok

School Age Child – 6 to 12 years

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Children of this age group should be spoken to directly
4. Children this age can understand more complex directions, instructions and explanations
5. Allow time for child to process information, ask questions and explore equipment
6. Answer their questions open and honestly
7. Allow them to keep any comfort items
8. This age group is able to understand right from wrong and accept limits

Adolescence = 13 to 18 years

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Speak to patient directly
4. Answer questions open and honestly
5. explain what you are doing
6. Do not talk down to, use adult terms
7. Ask the teenager if they want a parent/caregiver with them
8. Assure confidentiality and privacy, protect their modesty
9. Knows right from wrong
10. Can anticipate danger

Adulthood = 19 to 65 years

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Talk to patient directly
4. Answer questions openly and honestly
5. Explain what you are doing
6. Be respectful
7. Provide for their privacy
8. Respect their autonomy and desire for control
9. Offer them hospital amenities
10. Provide safety measures to prevent falls and injury as necessary; side rails, night lights, non-slip socks

Ageing Adult = over 65 years

1. Knock on door and introduce self to family/caregiver and briefly explain your role
2. Use good eye contact
3. Assess patients ability to see and hear
4. Talk to patient directly
5. Answer questions openly and honestly
6. Explain what you are doing
7. Assess for confusion and level of orientation
8. Keep patient warm and dry
9. Keep items within close reach; telephone, remote, Kleenex, drink
10. Pace self with patient's pace when walking
11. Be respectful

Age Specific Standards

Ask nurse for help with any further questions about patient's abilities and specific care needed.