



# CHI St. Joseph Health Regional Hospital

Emergency Room Volunteer Orientation



# Welcome to the Emergency Department

- We are pleased you want to join the volunteer team in the ER.
- The ER is not for the faint of heart. It is a faster paced environment and requires volunteers to be assertive and competent.
- This learning module is the first step in preparing you for your new position. It is designed to give you an overview of your duties.
- After you complete your volunteer & hospital orientation, you will be meeting with one of our lead volunteers who will go over your duties in detail before you begin your first shift.



## Signing In & Out

- Please check in first in the Auxiliary room using the touch screen computer before
- Then proceed to the ER
- Remember to sign out in the Auxiliary room after you complete your assigned ER shift



# Trauma Services Department

- **Dr. Adair Carlisle - Trauma Medical Director**
- Sherry Jennings, RN, BSN – Trauma Program Manager
- Lara Towers, RN, BSN – Trauma RN
- Wanda Dias, RN – Trauma RN
- Nikki Robertson - Trauma Registrar
- Beverly Welch, RN – ER/Trauma Executive Director
- Kristen Christian – ER/Trauma Director
- Gary Reedy, Trauma Physician Assistant



# Trauma Stats

- Mortality: Trauma is the #1 cause of death ages 1-44 years
- Every day: 17 die from unintentional injuries, 13 die from intentional injuries
- Morbidity: Every day in Texas 60 people receive permanent disabilities



# Trauma System Rules

- Trauma Service Areas (TSA)
- Regional Advisory Council (RAC)
- Regional EMS/Trauma Systems
- Requirements of Trauma Facility Designation
- State Trauma Registry

There are 22 Trauma Service Areas in Texas. We are in TSA – N (Brazos, Burleson, Grimes, Leon. Madison, Robertson, Washington).



# **CHI St. Joseph Health Regional – State Designated Trauma Facility**

- We are a Level 2 Trauma Center since 2013
- Required to re-designate with American college of Surgeons and State of Texas survey every three years.



## Trauma Activation Levels (done in ER)

- **Level 1** – highest level, most acute patients, requires full trauma team response to patient bedside – surgeon & anesthesia required within 15 min of patient arrival to ER
- **Level 2** – based on mechanism of injury, requires trauma team response to patient bedside in 10 minutes or less
- **Level 3** – trauma consult



# First Line Trauma Team

- Emergency Medicine Physician
- Trauma Nurses
- Emergency Techs
- Imaging
- Respiratory Therapist
- OR Team Leader and/or Crew (via phone for L2 – in person for L1)
- Trauma Program RN, Trauma/ED Director
- Surgeon (Level 1 activation only)
- Anesthesia (Level 1 activation only)



## Second Line Trauma Team

- Consulting Physicians
- Critical Care and Intermediate Care Nurses
- Physical Therapy/Occupational Therapy
- Wound Care/Hyperbaric Team
- Social Services
- Case Managers
- Nutrition
- Rehabilitation Services



# Trauma Flow Sheet Documentation

- Organized
- Follows Trauma Nursing Core Course Concept
- Includes Primary Assessment and Secondary Assessment
- Includes Data Element Collection required for designation
- Requires 15 minute, 30 minute, and hourly vital signs – including GCS and RTS
- Major/severe trauma patients must be out of the ER in 2 hours or less



**CHI St. Joseph Health is the Leader in Trauma Care in the Brazos Valley. More than 1600 trauma patients have been cared from per year since our initial designation in 2001.**



# Emergency Services Department Layout

- There are four areas in the Emergency Services Department (ESD): the waiting room, Express Care and the Emergency Room and Emergency Room 3. Each area has specific needs for volunteers. Described are the responsibilities for each of the areas.



# Waiting Room

The waiting room is staffed by ER Registration. Your assistance may be required for the following:

## **Patient Arrival . . .**

- When the patients arrive to the ESD, they may require assistance from their vehicle to the ESD. You should offer the assistance needed by walking with the patient or offering a wheel chair. When the patient enters the waiting room, they need to fill out the patient sign-in form. Some patients will need assistance reading and/or writing. These FORMs are important, as they are used by the triage nurse for initial patient evaluations.

## **Patient Aid . . .**

- Patients may ask you for water, a blanket, an emesis basin, a towel, etc. No one gets a blanket if they are running a fever (it keeps the heat in and does nothing to help reduce the fever), no one gets water unless you have first checked with the nurse: The WR in no way can prevent someone from getting a drink, but the triage nurse will have a requested that the patient not eat or drink until the doctor sees them if it is appropriate to their complaint. If a patient requests a blanket or water, simply ask the Triage Nurse (if they are not busy with a patient). If you need any supplies, let the tech know and someone will get the items for you.

## **Answering Questions . . .**

- This will mainly consist of a patient wondering when they will be seen. We realize that the wait can be long and that people will become impatient. One of the most important traits for the WR is a courteous and diplomatic attitude. Try to spend a little extra time visiting with patients who have had to wait long periods. Empathize with them. If there is a particular reason why the wait is long, please share that with the patients waiting (bad accident, etc.) without releasing any confidential information.



# Waiting Room

## Phone Calls . . .

- Patients and their families have access to the telephones in the WR. On all hospital phones (except pay phones) you must dial a “9” for an outside line. Long distance calls cannot be made without a calling card or Operator assistance.
- Often, family and friends call the ER to check on a patient. These calls are transferred to the waiting room. You may need to answer the “incoming calls” phone and ask if there is anyone from the requested family present to take the call. *Answer the phone “Emergency waiting room, this is ...”*

## Visitors . . .

- There may be several family members waiting to see a single patient. Due to crowding issues, work with the nurses to allow all family members an opportunity to visit. There is a two visitor maximum per patient.

## Notify Nurse or Security of unstable situations . . .

- If you have a patient in the WR that visibly worsens (stops breathing, dripping blood, etc.) let the Triage Nurse know. The same holds true for patients or family member that become violent. Don’t ever feel like you are at risk and can’t get help. We will help you.



## Things to Remember in the Waiting Room . . .

- If in doubt always ask the Triage Nurse.
- Try to keep people from wandering into the main ER.
- You may inform guest and patients (if appropriate) the location of water fountains, other pay phones (located in the main lobby), rest rooms, vending machines (in the basement by cafeteria), cafeteria (open 4:30 am – 6:30 pm), and Café San Jose (open 6 am - midnight).
- Help people in and out of their vehicles.
- Help ensure there is a smooth patient flow from triage to registration to the waiting room to the ER.
- Help take directly admitted patients up to the hospital room they are staying in.
- Be courteous.



## Express Care

- Express Care opens at 11 AM and closes at 11 PM. It provides quick care for treatment of problems requiring minimal time. Examples are simple lacerations and influenza.
- Problems that can be treated at the health clinic or a private physician's office are treated in Express Care. In Express Care, you will be working with a physician, a nurse and a tech.
- The tech will be your primary contact person. Responsibilities in Express Care are the same as the duties for the Emergency Room, following.



## Emergency Room (ER)

- The emergency room is open 24 hours a day, 7 days a week.
- It is for severe problems and trauma.
- Examples of patients are ambulance arrival, cardiac problems, OB/GYN, psychological, under police custody, or major traumas.
- The ER Tech will be your contact person or ER nurses, if not tech is on duty.



## ER Volunteers will:

- Provide on-going support to the patients, families and friends to support St. Joseph's philosophy of our healing ministry and patient-centered care.
- ER Volunteers will provide the non-clinical extra, comfort measures and aid in decreasing fear and anxiety by making everyone feel comfortable and cared for. Must convey exemplary customer service at all times.
- Provide support to staff by prepping and stocking exam rooms so that medical staff can focus on treating the patients.



## Essential Function

To “round” (*and document on rounding log*) on all patients, families and friends in ER exam rooms on an hourly basis in order to:

- Assist the ER staff in providing the excellent care to patients, families and friends by providing more personal and individualized care for patients, families and friends.
- Minimize anxiety and boredom by providing emotional support and meeting physical needs of patients and their family and friends.
- Address comfort needs of the patients family and friends in a prompt and courteous manner.
- Serve as a customer service liaison for Emergency Department staff to promote patient satisfaction.
- Expedite care by performing routine tasks that support the ER staff.



## Duties & Responsibilities

- Report on time in your volunteer uniform (navy St. Joseph polo, khaki pants, closed toe shoes with socks and rubber sole) and SJRHC-issued identification badge;
- Sign-in at Auxiliary room and report to the Emergency Room.
- Inform charge nurse that you are on duty.
- Sign in on the ER volunteer binder (blue binder and hourly rounding supplies are located across from ER room 6 behind a computer screen) and check to see if another volunteer is on duty. If another volunteer is there, coordinate duties/rounding.
- Know the layout of ED.



# Duties & Responsibilities

Round on patients every hour (coordinate with other volunteer on duty):

- Provide excellent customer service to the ED patients, their families and friends, in the manner you would want to receive it and maintain strict confidentiality.
- Know how to access the PICIS system for patient census and charting comfort measures and tasks.
- Use the ED rounding tool to round hourly on all appropriate patients and families to serve as a customer service liaison (if another volunteer is on-duty coordinate rounding task). Turn in your hourly rounding report for statistical documentation and impact reporting.
- Address patient/families comfort needs in a prompt and courteous manner which may include: warm blankets, water, relaying concerns and pertinent information to the healthcare team.
- Complete rounding log sheet.



# Duties & Responsibilities

- Minimize anxiety and boredom by providing emotional support including listening, providing games/reading materials, guiding to available resources (such as cafeteria, ATM, other hospital locations)
- Complete non-clinical tasks to support the ED staff. Performing routine tasks as guided by the ED staff expedites patient care. Tasks include:
  - Cleaning rooms
  - Restocking supplies
    - When stocking Trauma rooms 1-4, please make sure you wipe down the bins periodically to keep them clean.
  - Maintain stock in specimen trays
  - Check pneumatic air tubes for items received
  - Restocking the nutrition/beverage areas
  - Assisting with discharges
  - Transporting lab specimens



# Duties & Responsibilities

- Understand and comply with the St. Joseph's infection prevention program.
- Take patient vital signs once an hour.
- Assist the ER Staff with maintaining a safe, orderly and professional work environment.
- At end of your shift:
  - Ensure you have charted all comfort measures in the patients chart.
  - File rounding sheets in ER Volunteer box.
  - Check to see if another volunteer is still on duty and complete shift hand-off with volunteer on what you have completed and what needs to be done.
- If Main ER is fully staffed with volunteers, check with ER Express if assistance is needed (open 11 am to 11 pm).
- Perform duties as requested.



## When you arrive in the ER:

1. After you have logged in the Auxiliary room, proceed to the ER.
2. Your ID badge will give you access to the card reader panel located just outside the ER.
3. Once inside the ER, sign in on the ER Volunteer Binder (blue binder and hourly rounding supplies are located across from ER room 6 behind a computer screen)
  - a. Check to see if another volunteer is on duty
  - b. Coordinate duties/rounding with volunteers



# Hourly Rounding Overview

1. Coordinate, if another volunteer on duty, on which rooms need to be visited.
2. Obtain clip board, rounding form and pen (designated area)
3. Login to PICIS system to see which rooms are occupied, who is there, patient's name and presenting problem (note on rounding log). PICIS computer is located in front of the hourly rounding materials across from room 6. It is a dual screen computer. The computer/screen on the right is assigned to Volunteer Services. The screen on the left is utilized by Environmental Services. The system is set up for use of PICIS only. If you do not have access, you can always re-boot the computer and it should come back to where you need it.
4. Check with nurses to see if there are any patients who should not be rounded on.
5. Round on rooms and complete form.



## Hourly Rounding

6. Follow up with all requests and provide appropriate feedback to nurse/patients/physicians
7. Chart comfort measures provided in PICIS.
8. File rounding report in designated area.
9. Rounding is performed hourly.
10. Before you leave your shift, hand-off communication with volunteers on duty.



## Login to PICIS

- This program will be used to obtain information on who is in each room and why they are in the ER (to round), then to document comfort measures that you provided in the patients chart.
- We will issue you a login to use once our IT department sets you up in the system. Your login should be available during the first shift you volunteer. If not, please email us.
- Our standard set up for your login is emsv, first initial, last name. For volunteer Jane Doe, she will be set as emsvjdoe
- Initial password is 123 that must be reset upon first login.



# PICIS

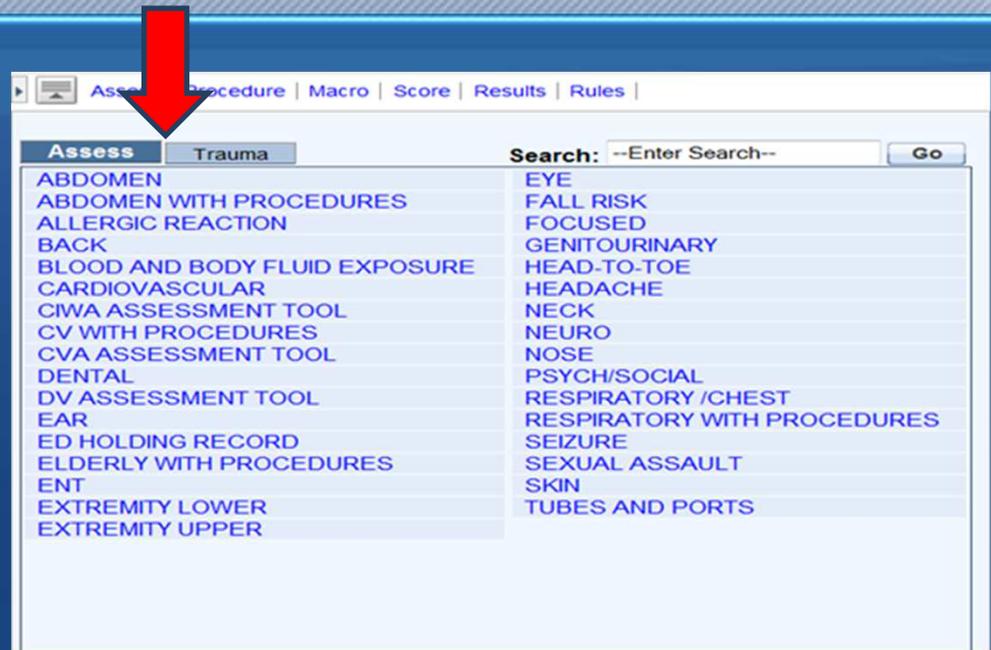
- Part of your requirements in Hourly Rounding and providing assistance to patients will be to document the comfort and other measures you have provided for each patient. The PICIS system will also provide you with the presenting complaint of each patient and their location. It will be important to review this before rounding.
- Look for the PICIS icon on the desktop. It looks different on every computer.
- (If there is not PICIS icon, click on the internet Explorer icon> (it should take you to PHIL)>
- Click on the Red Trauma – Emergency Services Tab>
- Click on Emergency Services, >ED pulsecheck > ED Pulsecheck Live site)
- Always sign into appropriate site by selecting \*SJRHC – Bryan

Select a Site	*SJRHC - BRYAN
*SJRHC - BRYAN Burleson - St. Joseph Grimes - St. Joseph Madison - St. Joseph SJRHC - CS	Area (optional): <input type="text"/>
	Login ID: <input type="text"/>
	Password: <input type="password"/>
	<input type="button" value="Login"/>



# PCIS

- On your Hourly Round Log (next to the room the patient is located) note the patient's name and any information on why they are in the ER. You can then log out of the PCIS and begin Rounding.
- Repeat login process to start documenting on tasks performed in the department, click on the patient name. When the chart opens, it is in two panes. Focus on the right hand side of the chart and click on procedure.
- Click on nurse notes. This is where you will be doing your documentation.





# PCIS

- You will document in the comfort measures section ONLY (note there is a scrolling bar in that section.) You may also add any appropriate comments to the notes section – which you must type. You MUST click on the NEXT section in order to save your comments.
- After you click NEXT, click ED Pulse-Check at the top left hand corner of the screen, and that will take you back to the main tracking board.

Nurses notes Vital signs ALL

NURSING PROCEDURE: NURSE NOTES

16 : 09

▼ NURSES NOTES

Bathroom

- Bathroom with steady gait
- Bathroom with unsteady gait

Mini assessment

- Improving
- No apparent distress
- Pain increased
- Pain decreased
- Resting quietly

Comfort measures

- Assistance offered to patient
- Pillow given to patient
- Warm blanket given to patient
- Ice chips given to patient
- Beverage given to patient

Status

- Awaiting results
- Awaiting disposition
- Exam by physician
- Re-evaluated by physician
- Notified physician of above

Re-positioning

- Dorsal recumbent
- Prone recumbent
- Trendelenberg
- Reverse Trendelenberg
- High Fowler's

Ambulation challenge

Report

Consults

- Consulting physician at bedside
- Other consult at bedside

Other

- Medical records requested
- Previous entry on wrong chart

Translator used

Notes:

NOTIFY: Welch, RN, Amy Colunga, MD, Frank Martin, SCRIBE, Kathryn

Next >>

ED PulseCheck Charting

Ambulance | Call In | Current Meds | Chart | Orders



## **PICIS – Documenting Comfort Measures**

Here is the list of Comfort Measures you may select when documenting in the patient's file:

- Assistance Offered
- Pillow given to patient
- Warm blanket given to patient
- Ice chips given to patient
- Beverage given to patient
- Meal tray given to patient
- Food or beverage offered to family members
- Ice packs applied
- Warm packs applied



## Documenting in PICIS

- “Assistance offered” will be on every patient you round on
- There may be additional things that you do for the patient that are not on the list. If you perform extra duties for the patient, please go into the “Nursing Notes” section and type in duties you have performed.
- Anytime you type anything in the “Nursing Notes” your name will be listed along with your comments.



# About Hourly Rounding

## Purpose

- Increase patient satisfaction
- Ensure that patient needs are met
- Free up time for the nurse and physician
- Update the patient on the status of their care
- Provide documentation and value to the volunteer's role



## Why is Rounding Important?

- Rounding involves personalizing emergency care by tending to the social and emotional needs of the individual. It is an attempt to make the patient feel more at ease and cared for in the Emergency Department.
- There are many other ways to be of serve/help to a patient. One of the most common forms of action is simply conversing with patients and their families. Volunteers may handle inquiries, track down a patient's belongings, and care for a patient's children while they wait. The patients' physical needs should receive attention as well; this includes providing pillows, blankets, and clothing. You may also provide food and water if this is approved by a physician/nurse.



# Talking to Patients

Conversation with patients and family has several aims. People who have experienced sudden trauma are frequently very frightened and dazed by the experience. Talking with a patient about whatever may come up and being a receptive listener will be comforting and will bolster the morale of the patient. The death of a loved one may be the most difficult situation a family member or a friend has ever had to face. You may find that trying to console someone who has suffered this kind of loss is very difficult and even emotionally draining. In these instances, all of the ER and Spiritual Care staff share the responsibility for grief counseling. Common sense and compassion are more essential than any special training. If it seems appropriate, you should feel free to sit and talk with a family member. Help may range from offering a shoulder to cry on (literally as well as figuratively), to going to get a box of Kleenex or helping to locate the patient's physician. Keep in touch with the Charge Nurse to coordinate efforts.



# Talking with Patients

- Many times patients spend hours in the Emergency Department to receive or complete treatment. They may feel bored, neglected or angry.
- By talking with them we can help to relieve their boredom or diffuse their anger, and thereby help them to realize that their welfare is important to the hospital.
- Spending time conversing with family and friends can also ease the tensions of waiting. To help allay anxiety, volunteers can relay messages to and from patient and family. We can provide a great degree of reassurance and help to all involved. Oftentimes, the company of a volunteer can assist in lessening apprehension. This is extremely important to the overall care of the patient.



# Talking with Patients

- At first it may seem difficult or embarrassing to talk with patients. The best thing to do is to begin with a simple “Is there anything I can do for you?” even such minimal contact can make a big difference to a waiting patient.
- Always introduce yourself when you first meet a patient and try to address him/her by name whenever possible, e.g. Mrs. Smith (refer or AIDET training). Conversing with patients will often present a major challenge to a volunteer.
- Ease in this regard will increase only if you work at it. It’s easy to become task-oriented and to not be involved with the patients.
- Remember, you will not always be able to make someone feel better, but there is great value in allowing the patient to express his/her feelings. By meeting this challenge, you will contribute to your own growth and increase your sensitivity to the feeling of others.



# Managing Wait Time

- Frequent room rounding
- Updates on wait times



## Why is it important to keep people informed about delays?

The main reason patients leave the ED is because they don't know why they are waiting and their waiting is not acknowledged. Patients and families consistently place "informed about delays" as one of their highest priorities on patient satisfaction surveys.

### SCRIPTING:

- *I apologize for the wait. Let me find out how much longer the wait will be. Is there anything I can do to make our more comfortable in the meantime?*

### OR

- *I'm sorry for the wait. We just received to critical patient by ambulance. I hope you understand.*



## When it appears to those waiting that people are being taken “out of turn”

### SCRIPTING:

- *I'm sorry for the wait. Different patients require different kinds of care. We want to make sure that those that are most critical are seen first. Is there anything I can do until the doctor sees you?*

### OR

- *I'm sorry for the delay. We haven't forgotten about you. The air ambulance just arrived with patients that need to be seen immediately with life-threatening injuries. I will keep you posted. Can I get you anything while you wait?*



# Introduce yourself as you enter the patient's room

1. **The key to interacting with a patient is being a good listener.**
  - a. Listen for feelings and the meaning
  - b. Be ready to show affection, empathy
  - c. Ease tension through humor if appropriate
  - d. Communicate
  - e. Show support
  - f. Suspend judgment, remember their feelings are real to them
  - g. Validate feelings
  - h. Be confident and timely in responding to needs
  - i. Summarize what you are hearing by repeating back
2. Always knock softly, partially enter and wait for the patient to greet you.
3. Identify yourself upon entering. Say something like, "Hi, I'm Nancy and I am an ER volunteer. I am here to see if I can get you anything to make your stay here more comfortable."
4. Do not enter a room when a doctor is present. Return later. If other medical staff is in the room, ask if you should return later. Note this on your log sheet.
5. Follow all requirements for entering an isolation room. This will be noted on the door with instructions of what must be done to enter the room. PPE (Personal Protective Equipment) will be outside the room. (i.e. during flu season)
6. **Sanitize hands when entering and exiting all patient rooms.**



## Additional Scripting

- *Is there anything else I can get you?*
- *Is there anything I can do to make you more comfortable?*
- *Do you have any needs or concerns right now you would like me take to your nurse?*
- *Can I get you something to drink?*
- *What I heard you say is.....*
- *It sounds like you are scared because.....*
- *Are you getting the information you want?*
- *Your baby sure is cute. How old is she?*
- *I see you're an Aggie fan....*
- *What kinds of hobbies do you have that keep you busy this time of year?*
- *Do you have everything you need within reach?*



# Rounding Log

- Copies are kept with the Rounding supplies at the nurses station across from ER room 6.
- Once completed and documented in PICIS keep the log in the completed log file.
  - If you need additional copies, look in the white binder for all the forms and make copies using the ER unit copier.
- First Log into PICIS with your rounding log to note the patient name in each room and presenting problem. Note which ones you were told not to visit by the tech, nurse or charge nurse.
- **Abbreviations used:** **NO**=Not Occupied **B**=Busy with doctor or staff **S**=Patient Sleeping **DNV**=No Not Visit per Nurse **PS**=Patient Served **FFS**=Family/Friends Served **NN**=Nothing Needed

ER Patient & Family Hourly Rounding Log									
Volunteer Name: _____		Date: _____			Time: _____				
<b>Script:</b> Hello, my name is _____. I am an Emergency Room volunteer. My job is to make you and your family and friends time in the ER more comfortable. Is there anything I can get for you? Is there anything you would like me to communicate to your nurse at this time? I check again later to see how you are doing.									
<small>NO=Not Occupied B=Busy with doctor or staff S=Patient Sleeping DNV=No Not Visit per Nurse PS=Patient Served FFS=Family/Friends Served NN=Nothing Needed</small>									
	PT Name/Nursing Notes	NO	B	S	DNV	PS	FFS	NN	Action - What did you do?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
A									
B									
C									
D									
E									

Volunteer Impact - # Patients/Family/Friends Served			
Comfort items	Drinks/Food	Restroom	Adj. Bed
Vitals	Adm/Discharge Transport	Hosp. Transport	Stock
Clean Room	Linen/Trash	Request Nurse	General Information



## Additional ER Duties

- There is much that has to be done to ensure excellent care for our patients. It is vital that you understand all of your duties and how to properly carry them out. It is also important that you coordinate your duties with any other volunteers that are serving during/before/after your shift. When it's time for your shift to end, you will need to provide a complete report to the volunteers on duty so they can continue the process and maintain continuity of care.



# Additional Duties

- Stock rooms and medical supplies.
  - When stocking Trauma rooms 1-4, please occasionally wipe down the bins when restocking.
- Maintain stock in specimen trays.
- Check pneumatic air tubes for items received.
- To assist the ER and Environmental Services staff and get rooms ready for the next patient you can:
  - Strip the room of soiled linen. Remember to always carry items away from your body.
  - Dispose of trash (following medical and non-medical waste guidelines).
  - Remove any equipment and sharps.
  - If you work under the direct supervision of the nurses or housekeepers, then you can assist in other duties to get the room ready.
  - Please note that for stewardship purposes staff usually only change the trash if it is more than half full or has food or visible liquids in them.
  - Nursing handles the removal of all body fluids from a room to ensure proper disposal.



# ER Duties

## Patient Vitals . . .

- Each patient must have their vital signs taken once an hour while they are in the ER unless otherwise specified by the Triage Nurse. Vital signs consist of Pulse, Respiration, Blood Pressure, and Temperature. You will be given training on how to properly take vital signs, how to work the various machines we have that take vitals, what normal limits are, when to bring an abnormal reading to the nurse's attention, and where to put the vital information once you have obtained it. There is a vital sign competency sheet that must be filled out and signed after you have been trained. This form **MUST** be returned Volunteer Services. Your lead volunteer and/or an ER tech will assist you in completing your competency form.
- **You will need to complete the online training course 002156 to perform patient vitals.**



## When Providing Patient Aid ...

- Patients may request water, food, blankets, etc. Always ask the patient's nurse first before providing these items. Remember to document in PICIS.
- If you perform other duties not listed in PICIS, go into Nursing Notes to document by typing directing in.



## Answering Questions ...

- This will consist of patients wondering when they will be seen, if their lab tests are back, or when they will be discharged. We realize that the wait can be long and that people will become impatient. Always ask the tech for assistance when answering questions.



## ER 3 ...

- The duties in ER 3 are the same as in the main emergency room.
- This area opens each day at 11:00 am and is another location where you may plan to work.
- If during your shift there are more than two volunteers in the main ER please plan to volunteer in ER 3 or Express.



# Transporting Lab Specimens

## Policy:

- To protect healthcare workers, patients, customers and visitors, laboratory specimens must be transported to the laboratory in such a manner that minimizes breakage, spills and/or leaks.

## Procedure:

- All patient specimens are transported to the laboratory in sealed plastic bags to prevent a blood/body fluid exposure.
- Any specimen transported through the pneumatic tube must be enclosed in a sealed zip lock bag.
- **Note:** The following types of specimens shall **NOT** be transported in the pneumatic tube:
  - Cerebrospinal fluid (CSF)
  - Specimens containing formaldehyde/formalin
  - Specimens containing alcohol
  - Wet mount slides
  - Blood products for transfusion (Exception: Packed Red Blood Cells may be transported in the pneumatic tube system under the strict supervision and policies of the Blood Bank.)**



# Transporting Lab Specimens

- Any specimen carried or walked to the laboratory by a healthcare worker must be enclosed in a sealed plastic or zip lock bag with a biohazard-warning label. Biohazard zip lock baggies are available from central stores. Red, plastic biohazard bags are available from Environmental Services.
- This includes: urines, CSF, pleural fluids, stools, sputum's, bronchial washings, etc.
- Any surgical specimen brought to the laboratory for a frozen section must be sealed in a plastic transport bag.
- Any specimens transported between the laboratory and the morgue is contained in sealed plastic bags to prevent spillage.
- Blood specimens collected by the phlebotomist may be transported to the laboratory without being contained in a plastic zip lock bag as long as the tubes are contained within the phlebotomy tray. (Each phlebotomy tray is marked with a biohazard sticker.)
- Specimens shall not be placed in a pocket during transportation.
- Accompanying paperwork shall not be placed inside the zip lock bag with the specimen to avoid contamination due to leakage of the specimen. The plastic biohazard zip lock bags have a zip lock pouch for the specimen and a separate pouch for any paperwork that accompanies the specimen.



# Patient Flow

- It will help if you know the process that a patient goes through from arrival to dismissal. When a patient comes in the Emergency Entrance the patient advocate will ask if they need to see a doctor. There is a form located on the ESD reception desk they have to fill out. They then wait to be seen by the Triage Nurse.
- The Triage Nurse will take the patient information including reason for visit, how it happened, any previous history, and a full set of vitals. The patient will be directed to either Express Care or the Main ER waiting room. If they are sent to Express Care, they may need assistance locating it. If the patient is directed to the ER, they will be sent to ER registration. Once they are through with registration, they are sent to the waiting room when they will be called to the ER as soon as a room is available.
- Once they are called to the ER, they are placed in a room and their name goes on the Patient Board by the appropriate room number.



# Patient Board (Monitor Screen)

- There is a large board on the wall between ER 2 & 3 that contains patient information. This board is “patient central”. It lists the patient’s last name, time of vital signs, nurse, doctor, and tests ordered/done. More information is available by logging into PICIS.
- **Room #**  
The room numbers in the ER.
- **Patient Name**  
We use the patient’s last name ONLY. We may occasionally use a first initial if there is more than one patient with the same last name. In that instance there will also be an asterisk\* and “name alert” by the names.
- **Vital Signs (VS)**  
Vital signs are taken once an hour on all patients in the ER. The time on the board indicates the last time the vitals were taken on a patient. All time in the ER is military time\*. It is your responsibility to keep the vitals up to date while you are here.



# Patient Board

## Nurse

- This will be the name of the nurse that is caring for that patient. If you have any questions regarding that patient or need to let the nurse know something about a patient, look to see who the nurse is and then find them. If you are unfamiliar with the nurses, just ask who someone is.

## Doctor

- This is usually the ER doctor. If a specialist has been called in to care for them, that doctor's name will be written on the board.

## Lab, EKG, Rad, RT

- A "Need" written in this field means a test has been ordered and is waiting to be done. A time with initials indicates who performed the test and at what time.

## Room #

- This is the room number in the hospital that they will be going to if they are admitted.
- **Military time** is stated in one set of 24 hours increments instead of two sets of 12 hour increments we designate AM or PM. Figuring military time is only confusing after 12 noon. Before noon all time is written as "0900" or "1130". After noon, simply take the hour and add 12. So, 3:45 PM would be "1545" and 10:00 PM would be "2200". There are no colons in military time, just the numbers together.



# Patient Confidentiality

- As a hospital volunteer you will already have had the importance of patient confidentiality explained to you and have signed a statement of confidentiality. In the ER, it is VITALLY important that patient confidentiality be strictly observed.
- Never discuss a patient in front of other patients and family.
- Never volunteer the name of a patient. If someone asks about a patient, let him or her tell you the patient's name and their relationship to the patient.
- Never discuss hospital business or patient information with members of the news media.
- If you feel that an individual is asking impertinent questions, let the nurse of the patient know. You should not be put in a position to answer questions about a patient's care.
- Our policy is to give NO patient information over the phone. If a family member wishes information on a patient, inform their nurse and let them talk directly to the family.
- \*\*\*\* After leaving the hospital, do not discuss patient demographics, patient identification, and patient condition with others. Do not contact any patient and ask about medical care received. Anyone breaching patient confidentiality will be terminated from the Volunteer Program.



## Safety & Security

- There are security personnel available to the ER at all times.
- You can notify them of patients that become critical or belligerent. It is not your job to defuse potentially violent situations. If a situation should occur, or if you feel that you are in personal danger, notify security immediately.
- There are “panic” buttons located on each phone. Only push this in an emergency situation. Be careful not to press it accidentally.



# Patient Identifiers

- One of the National Patient Safety Goals is to use two patient identifiers whenever providing medical care, treatment or services. This would include anytime you are asked to transport a patient. A patient identifier is NOT the patient's room number or physical location.
- A patient identifier can include:
  - Patient's wristband
  - Patient's date of birth
  - Patient's home address
  - Patient's telephone number
  - Assigned identification number
- 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.



# Small Best Practice Behaviors for ER Volunteers

1. Introduce yourself & use the patients preferred name
2. Establish privacy
3. Sit down & make eye contact at the same level
4. Keep your arms uncrossed & use frequent head nodding
5. Lean toward the patient
6. Smile
7. Use humor
8. Empathy
9. Assure patients that they not be abandoned or forgotten
10. Small acts of kindness
11. Involve patient and families



# 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.



## Do's & Don'ts

- The purpose for having this training is to orient you to your duties in the ER. We understand the attraction of being in such an exciting area. To help your volunteer time to be beneficial to both you and the ER staff we have comprised a list of Do's and Don'ts.
- Although you may be capable of items listed on the Do Not list, by virtue of medical or EMS training, please refrain.
- Due to your volunteer status and hospital liability, you will not be allowed to perform certain procedures. This list is not meant to curb your enthusiasm, rather to give you guidelines and prevent confusion as to what you can and cannot do in the ER.



## Do

- SMILE. Talk to patients. You can find out a lot of information on various illnesses from patients and family.
- Keep the vitals current.
- Inform the nurse of any vitals outside the “NORM”.
- Ask the tech questions if you are uncertain about something.
- Ask the Nurse if a patient is allowed to have a drink, a blanket, or is able to get up and go to the bathroom BEFORE saying yes or no.
- Use your discretion on when to go into a patient’s room or not. If the door is closed, knock.
- Assist the Tech, nurse, or physician if they ask.
- Observe any procedures you are interested in. With the exception of “Closed Procedures”.
- ASK QUESTIONS!!! It is the only way to learn.
- HAVE FUN!!!



## Don't

- Perform any medical procedure on a patient, including bandaging & splinting or wound care.
- Offer any medical advice to patients or others.
- Handle any used medical equipment or instruments, such as suture trays or needles.
- Interrupt the doctor during a procedure to take vitals.
- Take charts from a nurse or doctor.
- Give a patient a drink of water or a blanket without FIRST checking with the nurse.
- Take patients that are admitted to the hospital upstairs by yourself.
- Loiter in the Nurse's Station. It gets too crowded.



## Helpful Information about St. Joseph to Provide to Patients/Guests

Cafeteria (located in the basement) Open 7 am – 2 pm

- Breakfast is served Monday – Friday 7 am – 10 am; weekends 8:30-10:30 am
- Lunch is served daily 11 am – 2:00 pm

Café (located on 1st floor main lobby) Serve Starbucks, breakfast items, sandwiches, fresh salads, and snack items

- Monday – Friday 6 am – 2 am
- Saturday – Sunday 2 pm to 2 am

Vending Machines are located in basement by cafeteria and on third floor Labor & Delivery waiting room.



## Helpful Information about St. Joseph to Provide to Patients/Guests

- Chapel – located on the first floor on hallway leading to ER. Open 24 hours per day for prayer and meditation. Members of Spiritual Care can be reached 24 hours per day. Please ask nurse for assistance.
- Catholic Services are available Monday – Thursday at 4:30 pm in Chapel and Fridays at 11:00 am at our Rehab Chapel. Services are televised on Channel 36.
- Daily Prayers are provided when you dial extension 2040 (English) or 2041 (Spanish).



## 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.





# ACS

**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.





# 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

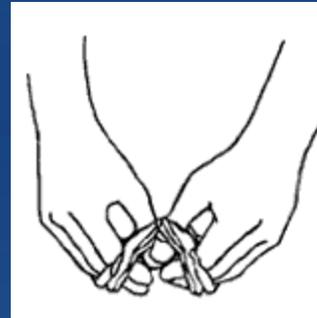
- Remember to touch only outside to outside & inside to inside of gloves when removing
- Partially remove first glove by carefully pinching outside of glove below wrist and pull glove forward toward fingertips turn the glove inside out, but don't pull all the way off.





# 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

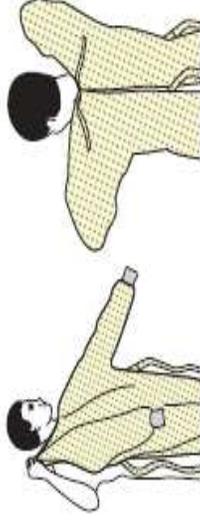
- When enter patient room
  - Use hand sanitizer, put on gloves
- When leaving patient room
  - Take gloves off then use hand sanitizer again



## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

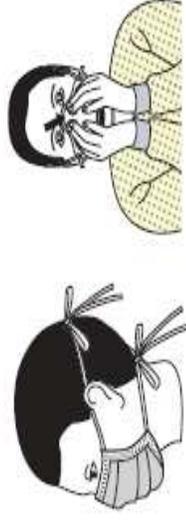
The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 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



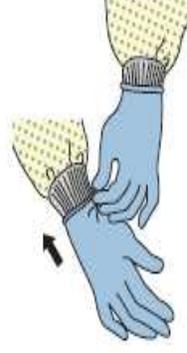
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

### 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





## 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**



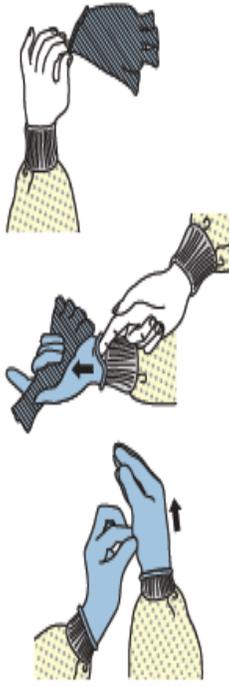


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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



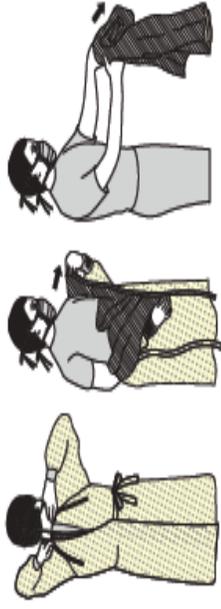
### 2. GOGGLES OR FACE SHIELD

- 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**



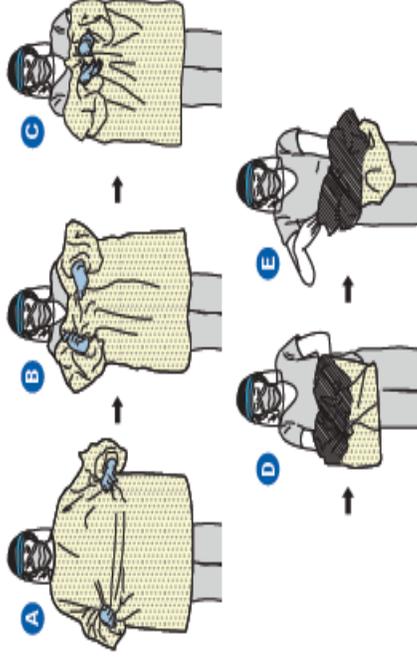


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

\* 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**





# 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

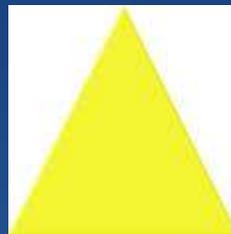
- Standardizing the colors of alert wristbands/clips across the state – and the nation – helps staff members do their jobs better and safer. Nurses and others no longer have to remember colors or symbols unique to a specific hospital. They can learn a single set of rules that will apply in every Texas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

*Inservice Express*

### 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





# Cleaning Equipment

- Equipment should be cleaned using gloves and hospital approved cleaning supplies.
  - Equipment that are required to be processed by Decontam Department should be placed in Soiled Hold.
  - Equipment that is to be reused without cycling through Decontam, or has not been cleaned by Environmental Services, the user should wear gloves and clean with the hospital approved disinfectant or Sani Wipes. Use only 1 Sani Wipe per piece of equipment. Wipes should be disposed off in regular waste containers.
- Please refer to hospital staff on proper cleaning and storing procedures for various patient care equipment.



# Patient Room Signage

- All signs are standardized and laminated.
- Exterior signs have a red border and are attached to the sign rail located outside every patient door
- Interior signs have a blue border and will be attached where appropriate.



# Approved Interior Room Signs

- Blood draws from central line
- Calorie count
- Daily weight
- Fluid restrictions of \_\_\_ ml per 24 hours
- Intake and output
- Latex allergy
- Neutropenic Precautions
- No cold food or drink
- Nothing to eat or drink
- No tube through nose
- NPO after midnight
- Orthostatic vital signs
- Seizure Precautions
- Stool specimen needed
- Strain urine
- Swallowing Precautions
- Urine Specimen Needed
- 24-HR Urine Collection in Progress
- No manipulation of NG tube



# Approved Exterior Door Signs

- Airborne Precautions
- Blood draws from central line
- Caution – Radioactive Materials
- Contact Precautions
- Droplet Precautions
- Double Occupancy
- Extended contact precautions
- Fall Precautions
- Fluid Restrictions
- Happy Birthday
- Hearing Impaired
- Name Alert
- No blood draws above waist
- No BP in either arm
- No males allowed in room
- No needle sticks in either arm
- Nothing to eat or drink
- No visitors please
- Nurse to draw labs
- On anticoagulants
- Stop: Check at nurses station before entering
- Vision Impaired



# 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 or 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



## Aging 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.*

OUR PROMISE

Safety First



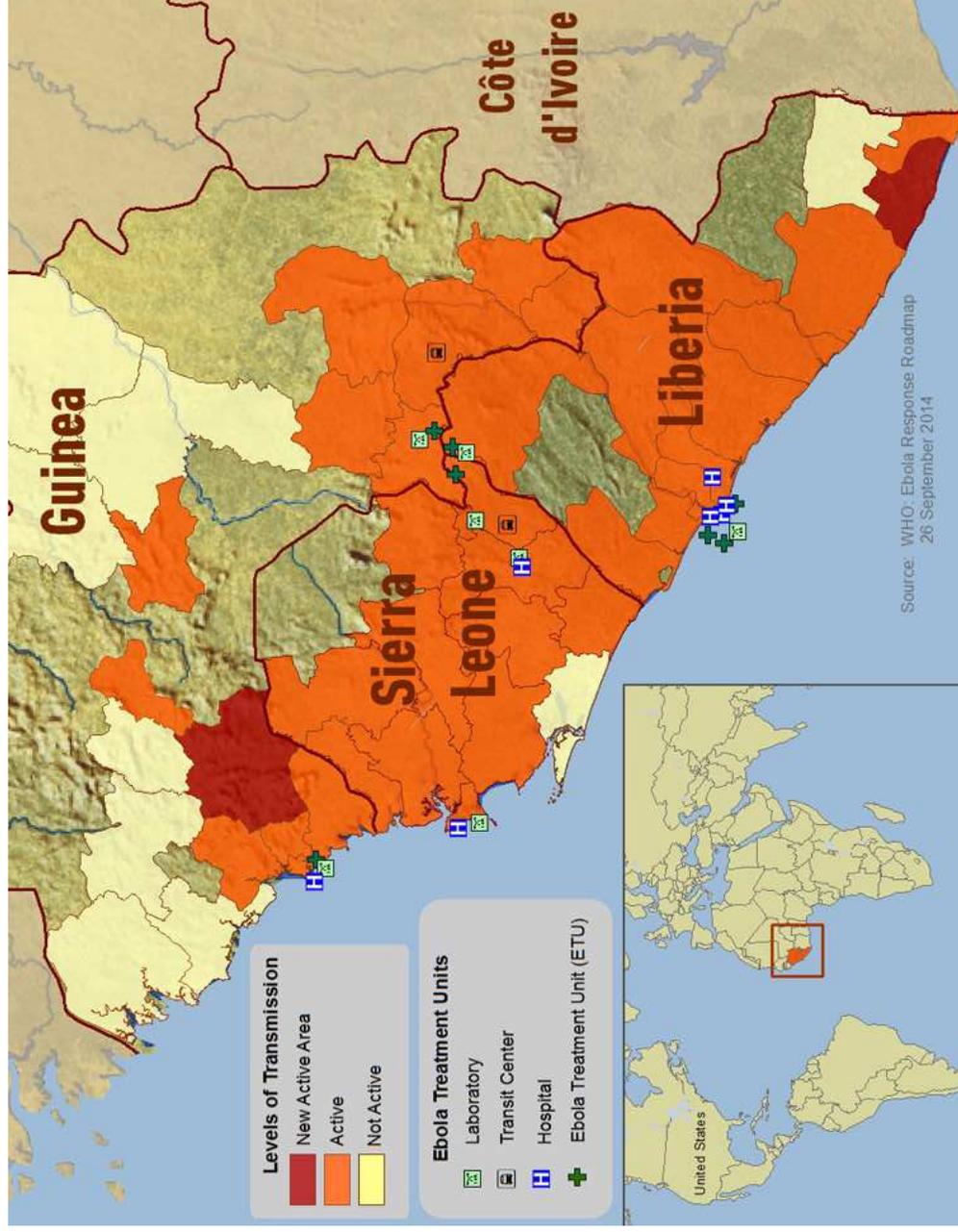
# EBOLA VIRUS DISEASE

CLEAN Hands save lives



St. Joseph

**The 2014 Ebola outbreak  
is the largest in history  
and the first Ebola  
epidemic the world has  
ever known — affecting  
multiple countries in  
West Africa.**



- **On 9/30/2014, the CDC confirmed the first travel-associated case of Ebola to be diagnosed in the United States.**
- **CDC and partners are taking safeguards to prevent the spread of Ebola within the United States.**



**The CDC is working with other U.S. government agencies, the World Health Organization (WHO), and other domestic/international partners. They have initiated their Emergency Operations Center to help organize technical assistance and control activities with partners.**

## **Symptoms of Ebola include**

- **Fever (greater than 38.6°C or 101.5°F), although some people have had fever lower than 101.5**
- **Severe headache**
- **Muscle pain**
- **Weakness**
- **Diarrhea**
- **Vomiting**
- **Abdominal (stomach) pain**
- **Unexplained hemorrhage (bleeding or bruising)**

**Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.**

## The Good News

- **Recovery from Ebola depends on the person's immune response.**
- **People who recover from Ebola infection develop antibodies that last for at least 10 years.**

## More good news

**Ebola is only contagious if the person is experiencing active symptoms**

**When an infection does occur in humans, the virus can be spread in several ways to others.**

**Ebola is spread through direct contact (through broken skin or mucous membranes) with**

- **blood or body fluids (including but not limited to urine, saliva, feces, vomit, and semen) of a person who is sick with Ebola**
- **objects (like needles and syringes) that have been contaminated with the virus**
- **infected animals**
- **Ebola is not spread through the air or by water, or in general, food.**

**Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at risk of getting infected because they may come in contact with infected blood or body fluids of sick patients.**

**The person infected with Ebola becomes more contagious the sicker they are. They are less contagious in the beginning stages.**

**During outbreaks of Ebola, the disease has spread quickly within healthcare settings in West Africa without proper infection control procedures and poor infrastructure, but it is unlikely to do so in modern settings. It is vitally important for team members to wear appropriate protective equipment - including masks, gowns, gloves and eye protection to prevent the spread of infection. Try to keep all exposed skin covered.**

**No specific vaccine or medicine (e.g., antiviral drug) has been proven to be effective against Ebola.**

**Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:**

- **Providing intravenous fluids (IV) and balancing electrolytes (body salts)**
- **Maintaining oxygen status and blood pressure**
- **Treating other infections if they occur**

**Some experimental treatments developed for Ebola have been tested and proven effective in animals but have not yet been tested in randomized trials in humans.**

**The average EVD case fatality rate is around 50%.  
Case fatality rates have varied from 25% to 90% in past outbreaks.**

**It can be difficult to distinguish EVD from other infectious diseases such as malaria, typhoid fever and meningitis. Confirmation that symptoms are caused by Ebola virus infection are made using the following investigations:**

- **antibody-capture enzyme-linked immunosorbent assay (ELISA)**
- **antigen-capture detection tests**
- **serum neutralization test**
- **reverse transcriptase polymerase chain reaction (RT-PCR) assay**
- **electron microscopy**
- **virus isolation by cell culture**

**Samples from patients are an extreme biohazard risk; laboratory testing on non-inactivated samples should be conducted under maximum biological containment conditions. Before we can test for Ebola we need consent from the State and the CDC, we cannot test because it is “suspected”**

## Controlling infection in health-care settings:

**Health-care workers should always take standard precautions when caring for patients, regardless of their presumed diagnosis. Taking precautions prevents the spread of disease to you, your loved ones, and other people you may have contact with.**

**These include basic hand hygiene, respiratory hygiene, use of personal protective equipment (to block splashes or other contact with infected materials), and safe injection practices.**

**Health-care workers caring for patients with suspected or confirmed Ebola virus should apply extra infection control measures (contact and droplet precautions) to prevent contact with the patient's blood and body fluids and contaminated surfaces or materials such as clothing and bedding.**

**While this strain of Ebola is not airborne, the CDC is recommending an N95 mask in case of coughing even though the droplet precautions are in place.**

**When in contact with patients with who have traveled to Ebola endemic areas and are presenting for evaluation (without symptoms) - the health-care worker should wear:**

- **face protection (a face shield or a medical mask and goggles)**
- **a clean, non-sterile long-sleeved gown or full body bunny suit 2 pairs of gloves (sterile gloves for some procedures).**

**For probable and confirmed cases of Ebola, hazmat suits will be utilized and will cover all areas and provide protection. A wet decontamination will be performed after contact and a buddy will help you remove the suit by observing for any breaks in process.**

**In either case – do not adjust PPE, touch your hair, face, neck, or any other exposed areas.**

**When any patient enters our facilities we need to ask if they have recently traveled (in the last 30 days) to a country such as Guinea, Liberia, Sierra Leon, or any other country that where EVD have been identified in the current epidemic.**

**Some of the countries have been removed from the list by the CDC, because they are now free of Ebola. These include Senegal and Nigeria.**

**If they state “yes, they have traveled”, give them a mask, don PPE and immediately notify a clinical person who will bring the patient to a room and keep them isolated with contact/droplet precautions until further investigation is done. Ensure you wash your hands and any exposed skin and notify your supervisor.**



- **If the patient arrives and notifies you (such as registration personnel) and you do not have PPE close by, do not touch the patient.**
- **The clinical person will wear the appropriate PPE, take vital signs, notify physician and keep the patient isolated as well as contact their supervisor for further instructions.**

**For further questions please  
see PHIL EBOLA resources**

***Or***

***Contact Pam in  
Infection Control  
979-776-2527  
[pdouglas@st-joseph.org](mailto:pdouglas@st-joseph.org)***

References:

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>  
<http://www.who.int/mediacentre/factsheets/fs103/en/>