Nursing Services

CHI St. Joseph Health

Orientation for Volunteers

Direct Patient Care Volunteers

- Serving on a nursing unit requires more responsibility and training that other positions.
- The information in this module is extensive and requires careful review.
- You may save a PDF copy to review after you complete the module.
- You are responsible for knowing this information.

How to Fit In

- No matter who you are, volunteering in a hospital environment can be nerve-wracking. Fitting in may be hard, and probably won't happen over night. Volunteering around nurses and physicians can be intimidating and you may feel lost. Keep in mind that you are making a difference and you are an important part of the St. Joseph healing ministry.
- Whatever background you may be coming from, if you follow a few simple guidelines it is possible to fit in.

Step 1 – Be Outgoing!

- Your instincts may tell you to shrink away, but this is no time to be shy. The quickest way to become a part of the team is to approach the staff and introduce yourself. Let them know you are eager to learn your duties and help in any way you can. It may feel awkward at first, but you will soon find a connection.

Here are some tips:

⇨ Show you are genuinely interested in the staff and patients.

⇨ Smile at everyone you see.

⇨ Remember people's names.

⇨ Ask questions and be a good listener.

Be Outgoing!

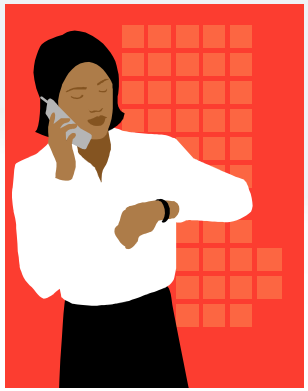
⇨ Make the staff feel important. You are there to learn from them and gain an understanding about healthcare and a possible future career.

⇨ Keep a confident attitude. You may *feel* like sinking into the floor, but you don't have to show it. People will respect you if you show confidence in yourself.

⇨ Show a servant heart! Service to others is the most noble of attributes. No matter if you are refilling water pitchers or filing lab sheets you are providing an important service to the staff and patients.

Step 2 – Show Up!

- One of the fastest ways to lose ground is by not showing up for your shift. Staff come to depend on volunteers to provide assistance. When volunteers don’t show up staff are left to try to get the extra work done.
- We realize that periodically something at home, school, or work will come up and you will need to be off. Please let you department know.



Step 3 – The Basics

- ✓ Come neatly dressed in your official uniform.
- ✓ Wear your badge.
- ✓ Never wear perfume in patient areas. Patients can be very sensitive to smells.
- ✓ Don’t wear artificial nails while working in patient care areas.
- ✓ Remember, you are a volunteer - there will be limitations on things you can do.
- ✓ Be open to learning new things.
- ✓ If you absolutely think that your placement is not for you, please come and talk to Volunteer Services right away.

Volunteer Daily Duties

- Every nursing floor has a list of daily duties.
- You will receive the list for your assignment when you come to your scheduled orientation or whenever you switch to a new department.
- Not every department has exactly the same duties.

Overview of Daily Duties

(Duties in red are not in every nursing area)

1. Visit patients – introduce yourself as a volunteer, ask if the patient needs anything:-

   Refill water pitcher (Get NPO list from charge nurse)

   - Check & refill glove boxes
   - Check & refill Kleenex boxes in bathrooms
   - Restock towels
   - Do a visual check of room for cleanliness and report concerns
   - Offer reading material (magazines from Auxiliary room)
   - Other: assist patient with phone calls, mailing letters, sitting with patient, etc.
2. Serve meal trays– nurse/cna to check all trays for correct diet
3. Feed patients – if approved by charge nurse
4. Pick up meal trays – document % eaten on diet sheet
5. Set up rooms for admission – admission kit, draw sheet on bed
6. Keep pneumatic tubes and printers empty
7. File lab report, etc. on charts
8. Check charts to be sure VTE form is on all charts
9. Answer phones and call lights
10. Escort discharged patient to cars
11. Take patient vitals

Visiting Patients

- In an effort to improve patient satisfaction, volunteers can provide unique personal attention to patients.
- Before you begin going room to room, check with the nurses for the list of patients who cannot have water or who don't want be interrupted.
- When entering the room, always knock first.

Visiting Patient

- Come in and introduce yourself. “Hi, my name is ___. I will be volunteering today until __. Is there anything I can do for you today?”

- Remember your AIDET Training!

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!”

AIDET – Key Phrases to Remember

- *"Hi, my name is Marlene. I am a volunteer on your floor today."*
- *"I am going to stock some supplies in your room which will only take a few minutes."*
- *"Your nurse said they are waiting on your test results and it should be another 30 minutes."*
- *"Thank for choosing CHI St. Joseph Health. Is there anything else I can assist you with today?"*

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.

Visiting Patients

- Check to see if they need fresh water or ice. Please be aware of any signs prohibiting or limiting liquids – these are often posted outside the door, but you should always check with the nurse to make sure the patients can have water.

- Check room for cleanliness. If there are small things you can take care of easily, please do so. If not, please seek out an environmental services worker to address the issue.

- If there is a food tray, ask the patient if they are finished.
  - If you take a food tray out, make sure the patient does not have any of the their belongings on the tray (glasses, hearing aides, dentures, etc.) Recently some of the elderly patients have been wrapping their dentures in a napkin and then leaving it on the food tray.
  - If you remove the tray, ask the nurse if you need to record how much the patient ate.

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 (main hospital), 7555 (Rehab), to call a code blue.

Visiting Patients

- Check and refill Kleenex boxes in bathrooms
- Restock towels
- Volunteers can assist with any number of tasks for patients, like writing letters, making phone calls, going to the gift shop to get items, watching TV with patient, talking, reading to patient, sitting with patient, etc. Be open and sensitive to each patient. You can even list these activities to let patients know you are there to assist them in anyway. If you are asked to do anything that makes you uncomfortable please discuss with the patient's nurse.
- Sometimes patients need someone to just sit with them.

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.

Food Trays

- Patients receive 3 scheduled meals per day. Depending on the time of your shift this may or may not coincide with meal trays.
- Volunteers can pass out meal trays after the nurse or CNA has determined the patient is receiving the correct diet.
- When picking up meal trays, check with the nurse if the patient needs to have the amount of food eaten recorded on their chart.

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
- Cafeteria is closed 10 am – 11 am and after 2 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 Regional Hospital Provide to Patients/Guests

- Chapel – located on the first floor on hallway leading to Imaging. 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).

Wheelchair Procedures

Please observe the following:

- The brakes are located immediately beneath the armrest.
- Lock both brakes before patient sits down or gets out. Both brakes must be locked while chair is sitting idle, except in closet. If only one brake is locked, chair will swivel.
- Be sure footrests are up and leg supports are out of the way before patient gets in or out. While moving, footrests are down and patient's feet must be on them.
- When ready to move, release both brakes, push slowly and steadily and do not jerk.
- When stopping, place hand on grip, foot behind wheel and lock both brakes. Raise footrests and offer your arm while steadying chair with your foot. Keep brakes on if you are going to transfer this patient to another place.
- If you need to push wheelchair through a manual door, go through backwards, using your back hip to open door.

Using Wheelchairs in the Elevators

- Try to use the service elevator and not the guest elevator in the lobby area for wheelchairs.

- While waiting for elevator, brake should be on. When elevator arrives, step into elevator and press red “lock” button to hold open the door while you back wheelchair in and reset brakes. Now pull “lock” button out and select desired floor.

Wheelchair Procedures

If you are requested by your department to assist a patient with a wheelchair:

- Always ask name of patient or check name band for proper identification.
- As patient backs into a wheel chair, stand very close to guide if needed. Contact a nurse if the patient needs assistance into or out of a wheelchair. Do not attempt to handle the situation yourself.
- If a patient has a bathrobe or blanket, be sure it is tucked in carefully so nothing catches on the wheels. The patient must be properly covered at all times. If their gown or robe is short, ask the nurse for a lap sheet. Slippers or shoes should be worn (or cover feet).
- Never read or show charts or medical orders to the patient.
- Converse in “small talk” and refrain from discussing patient’s condition or discharge plans. “Wish patient well” when leaving the facility.

Restocking Supplies

- Volunteers can assist with stocking supplies (medical supplies, linens, blanket warmers, gloves, etc.)
- When stocking supplies with expiration dates move those items nearing expiration to the front to be used first. Items that have expired should be pulled from stock and given to a staff member.
- When you begin volunteering find out where supplies are kept.
- While refilling supplies, please wipe down the bin or storage area.

Discharging Patients

Volunteers can assist departments by:

- Units have discharge packets that contain copies of materials that the patient needs to take home. You can help by putting packets together and making sufficient copies.
- Help patients pack up their belongings. Units have carts to assist in moving items from their room to their vehicle.
- Wheelchairs are available on each unit for patients. Volunteers can assist the patient to the wheelchair and take the patient to their vehicle. Patients are discharged through the front lobby entrance of the hospital.
- Assist staff by changing bed linens and cleaning room to prepare for the next patient.

Answering Call Lights

Volunteers can assist the staff a great deal by answering the telephones and call lights.

- When answering Call Lights – the patient's room number will be identified. When you answer say, "How may I help you?"
  - If the request is something you can take care of immediately (e.g., I dropped the remote control, I can't reach the water pitcher, etc.) please go and take care of the problem immediately. Tell the patient you will be there in a few moments.
  - If the request involves anything related to their medical care (medication, food, etc.) please alert the patient's nurse with the request and follow the nurse's instructions. Tell the patient you will check with their nurse and get back with them as soon as possible.

Answering the Telephone

- When answering the telephone:
  - Say, “CHI St. Joseph Health___(department name), this is __(your name), how may I help you?” *(CHI St. Joseph Health Oncology. This is Cara, how may I help you?)*
  - Try to answer within three rings.
  - Try to assist by finding out what they are calling about. If they need a response from the patient’s nurse or other staff member, put the caller on HOLD and ask the nurse or appropriate person. If the nurse is busy, ask the caller for their name and number and tell them you will call them back.
  - Always put the caller on hold, don’t just lay the phone down on the desk, as the caller may overhear confidential information.
  - Remember, due to confidentiality you cannot release any information about a patient. When in doubt, always ask a staff member.

Use of Patient Identification Number for Information Release

- CHI will allow release of patient related medical information and updates to individuals authorized by the patient to receive this information. Inpatients and surgery patients will be given a privacy identification number (PIN) at registration or once admitted to his/her room.
- Patient will be issued a card with the PIN number written on it.
  - If patient is unresponsive or a minor, the PIN card will be given to person who signs the consent form
  - ER, nursing or outpatient areas may also issue a PIN

PIN

- Patients will share this number at their discretion with family/friends so staff can share information about patient location and condition with them.
- Patient information Via Phone:
  - Staff will ask for the patient's PIN number before responding to a request about patient information from family/friends.
  - After receiving the correct PIN number, staff may respond about general condition, vital signs, doctors instructions, test results, estimated length of stay.
  - Staff will not reveal information that could harm or embarrass the patient such as HIV/AIDS status, pyschiatric treatment, or alcohol or drug treatment or testing.
- Patients have the right to withdraw use of PIN cards at any times by notifying staff member

Filing

- Volunteers may be required to file charts and various items to assist departments.
- Make sure you file things accurately as this can effect patient care.
- Always maintain strict confidentiality of patient records.

Other Duties

Each unit may have specific duties you will need to be trained on. These may include:

- Feeding patient
- Training to be an infant handler (Nursery only)
- Turning patients
- Taking patient vital signs

Feeding Patients

- The following patients ***CANNOT*** be fed by a Meal Mates volunteer:
  - Patients who are lethargic
  - Patients who are uncooperative or combative
  - Patients who are high risk for aspiration

Feeding Patients

- The following patients ***CAN*** be fed by a volunteer:
  - Patients who are confused, but able to eat.
  - Patients who may have restraints in place for safety.
  - Patients who need encouragement to eat.
  - Patients who request/require companionship while eating.

What should I report to the nursing staff …

- Choking
- Food or liquid coming from nose
- Vomiting
- Refusal to eat or drink
- Coughing before or after taking a bite of food
- If the patient has questions about their diet
- Requests for additional food, drinks, or condiments
- If something just doesn't feel/seem/look right

****************DO NOT LEAVE THE PATIENT**************

Ensure that the patient's head of bed is elevated.

Feeding Patients

What is a swallowing problem?

- DYS = Disorder
- PHAGIA = To eat
  - Disorder of swallowing
  - Complex group of motor and sensory activities
  - Both voluntary and reflexive behaviors
  - Symptom of an underlying disease

Four phases of the normal swallow

- Oral Preparatory Phase:
  - Getting the food ready to swallow by chewing and mixing it with saliva.
  - Oral strength and coordination are the key elements.
- Oral Transit Phase:
  - Moving food to the back of the mouth.
  - Tongue strength is key.
- Pharyngeal Phase: protecting the airway and “swallowing”.
- Esophageal Phase: down the hatch!

Feeding Patients

Signs and symptoms of swallowing problems

- "Gurglely" vocal quality
- Drooling
- Pocketing of food
- Spiking of temperature
- Breathing changes and/or distress
- Coughing/choking during or after eating

Safe swallowing techniques

- Positioning:
  - Sitting upright at 45-90 degrees
  - Head posture (chin tuck, etc.)
  - Straw vs. cup
  - Close observation of the patient
  - Head of bed up after eating

Types of Diets

- Pureed
- Mechanical Soft
- Thin Liquids
- Nectar Thick Liquids
- Honey Thick Liquids

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 glow as promptly as possible and wash hands immediately
- Mask and eye protections will be work to protect mucous members of eyes, nose and mouth from activities that generate splashes of blood, fluids, etc.

Proper Procedures for use of Personal Protective Equipment

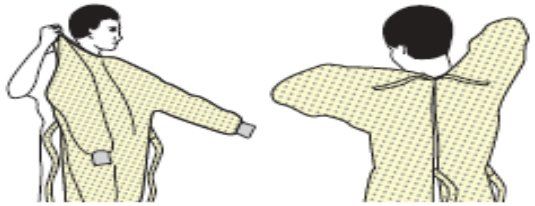
- Standard Precautions – taken with all patients
  - When enter patient room
    - Use hand sanitizer, put on gloves
  - When leaving patient room
    - Take gloves off then use hand sanitizer again

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

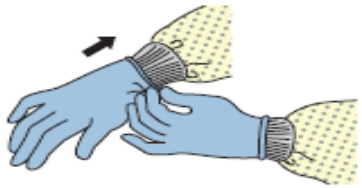
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

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

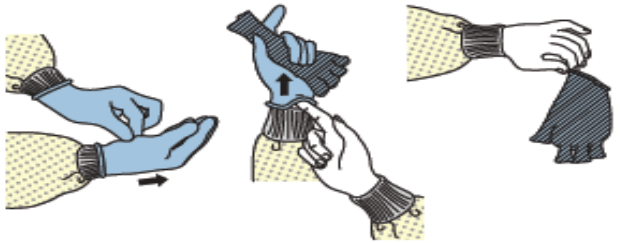
- Droplet Precautions
  - Before Entering:
    1. **Wash hands/use hand sanitizer**
    2. Put on Mask and Eye Protection
    3. Put on Gown then Gloves
  - Before Leaving Pt's Room:
    1. Remove gloves then gown
    2. **Wash hands/use hand sanitizer**
    3. Remove eye protection and mask
    4. **Wash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

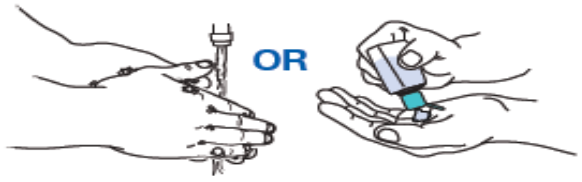
3. GOWN

- 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.

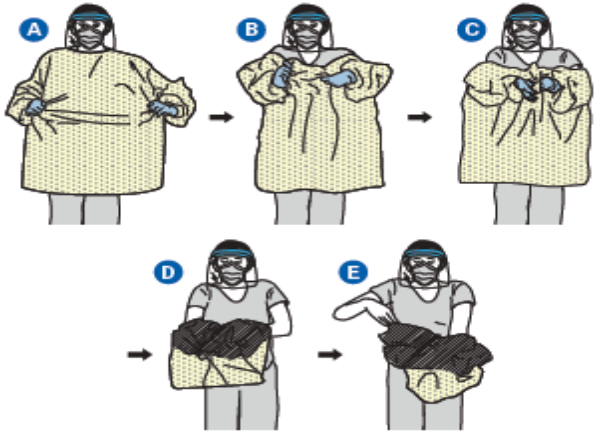
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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



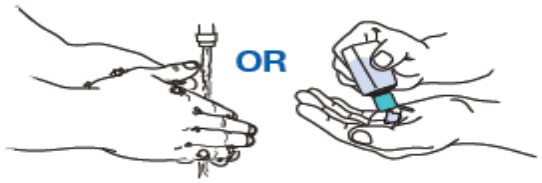
2. GOGGLES OR FACE SHIELD

- 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 you 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 LIVE**STRONG**).
  - 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 ¾ full)**
  - Needle/syringe units, needles, scalpels, razors, broken glass
  - Glass slides, pipettes
  - Pharmaceutical ampoules

The St. Joseph Difference

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

INSERVICE EXPRESS flyers are required to be read by all clinical nursing personnel. Sign the back of this flyer to acknowledge you have read this information. For additional information and/or questions please contact your Departmental Director.

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

When Patient has Died

- Blue Butterfly is placed on door to notify staff that the patient has passed away.

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
- CHI 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

  - St. Joseph 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 confidentially 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.*

Remember

- ✓ Ask questions
- ✓ Get to know the staff
- ✓ Never volunteer if you are ill
- ✓ Always let the department know when you are unable to volunteer for your shift
- ✓ Dress appropriately - uniform
- ✓ Wear your badge
- ✓ Have fun!! And thank you for helping St. Joseph provide excellent care to all our patients.