



**CHI St. Joseph
Health**

Emergency Department



2019

Volunteer Orientation

Objectives:

- Welcome to the ER
 - Signing in & out
 - Responsibilities as a Volunteer
 - Layout of the Emergency Department
 - Facility Designations
 - ER Activations
- Purpose of Volunteers in the ER
- Waiting Room
 - Science of Waiting
- Exam Rooms
 - Hourly Rounding
- Additional Duties
- ER Guidelines – Do's and Don'ts
- Infection Prevention
- National Patient Safety Goals
- Developmental Stages

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 → Fast paced environment and requires assertive and competent volunteers
- This 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

- Before 1st shift → check-in at Information Desk using the touch screen computer.
- Then proceed to the ER.
- Remember to sign out at the Information Desk after you complete your assigned ER shift.
- If you are offsite at other facilities, follow the proper procedure for that location. This is usually a binder that you sign in within the department



Responsibilities as a Volunteer

- Report on time in your volunteer uniform 
- Sign-in at Information Desk and report to ER
- Inform charge nurse that you are on-duty.
- Sign ER volunteer binder (blue binder and hourly rounding supplies are located across from ER room 6 behind a computer screen)
- Check to see if another volunteer is on duty; If another volunteer is there, coordinate duties/rounding.
- Familiarize yourself with the layout of the ER
- Waiting Room Concierge and Hourly Rounding
- Other duties as assigned

Navy CHI St. Joseph polo

Khaki pants

Closed toe shoes with rubber sole and socks

SJRHC-issued identification badge



Layout of the ER

- You will learn the layout of the ER on your orientation day
- There are a total of 33 beds, 2 waiting room, and 2 triage booths

24 Patient Exam Rooms – Full-Size [Rooms 1-9, 12-26]

2 Trauma Rooms – Very Sick/Injured Patients [Rooms 10-11]

4 Rapid Medical Exam Rooms (RME) – Smaller Rooms [Rooms A-D]

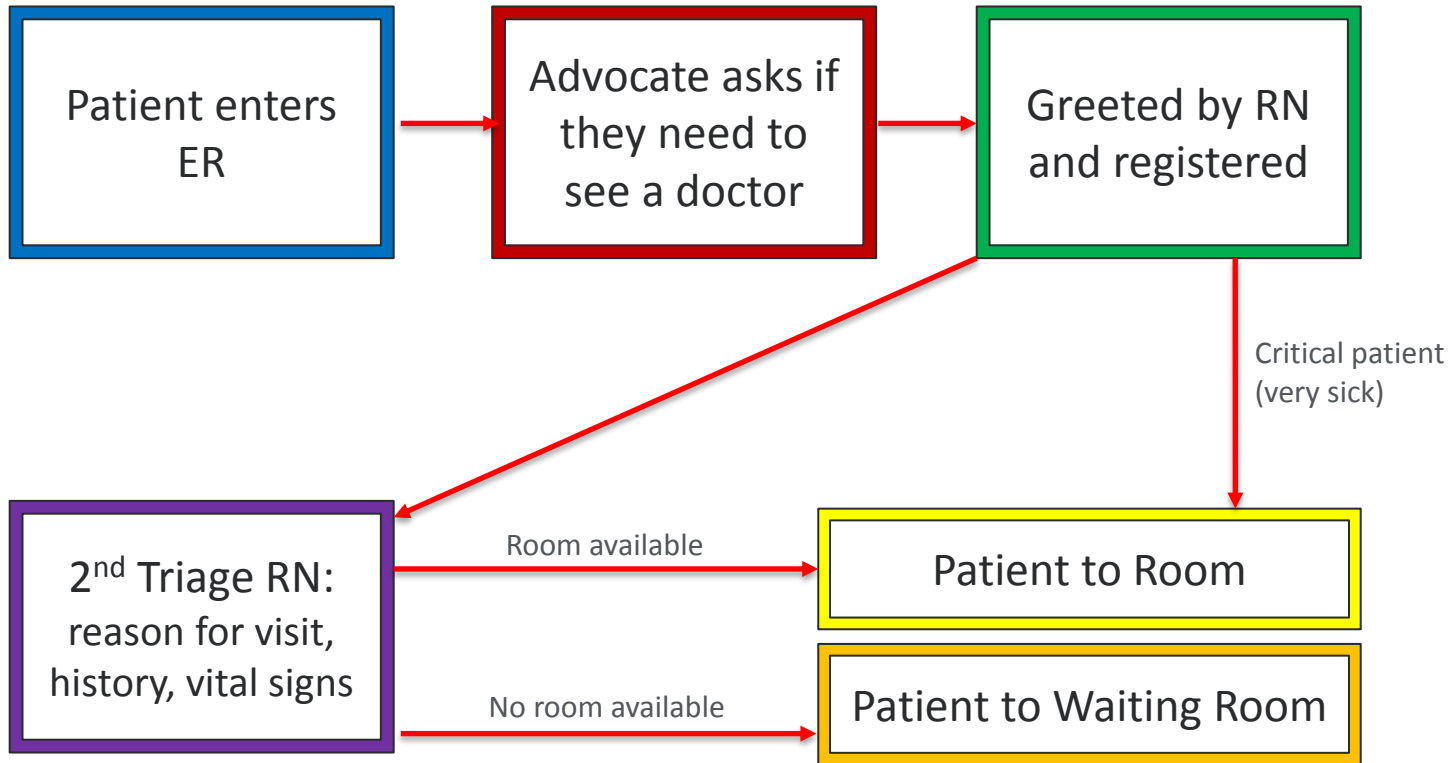
3 Behavioral Health Rooms – Monitored by 1 Sitter/Tech [Rooms 27-29]

2 Triage Booths

2 Waiting rooms – Main Lobby and RME (Internal Wait)

Patient Flow

- It will help if you know the process that a patient goes through from arrival to dismissal



CHI St. Joseph Health Regional: Facility Designations

- Level 2 Trauma Center
- Joint Commission Accredited for Chest Pain
- Joint Commission Accredited for Stroke
- Joint Commission Accredited for Bariatric Surgery
- Joint Commission Accredited for Breast Cancer
- Centers of Excellence for Orthopedic Surgeries



Activations in the ER

Things You Will Hear Paged Overhead



- **Level 1 Trauma** – highest level, requires full trauma team response to patient bedside – surgeon & anesthesia required within 15 min of patient arrival to ER
- **Level 2 Trauma** – based on mechanism of injury, requires trauma team response to patient bedside in 10 min or less
- **MTP** – (Massive Transfusion Protocol) – patient requiring a LOT of blood to keep him/her alive
- **STEMI Alerts** – patient is having an active heart attack
- **Stroke Alert Level 1** – patient is having a stroke that may require intervention (a medicine to be given through their IV)
- **Stroke Alert Level 2** – patient is having a stroke that may require intervention in the cath lab
- **Code 3's** – An EMS is in route to our hospital with a critical patient – not necessarily trauma, stroke or STEMI

Helpful Information to Provide to Patients/Guest

Cafeteria (located in the basement)

- Breakfast served Mon – Fri, 7 am – 10 am; weekends 8:30-10:30 am
- Lunch 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 – located in the hallway around the corner, connecting the waiting room to the rest of the hospital.

Helpful Information to Provide to Patients/Guest

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

- 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

- Provided when you dial extension 2040 (English) or 2041 (Spanish)

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, 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
 - Assisting with discharges by helping patients to their car in a wheelchair
 - Transporting lab specimens (make sure the specimen is labeled)
- ✓ Hourly Rounding
- ✓ Waiting Room Concierge

Duties & Responsibilities cont.

- ✓ Understand and comply with CHI St. Joseph's infection prevention program.
- ✓ Assist ER Staff with maintaining a safe, orderly, and professional work environment.
- ✓ At end of your shift:
 - 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.
- ✓ Perform duties as requested



The Science of Waiting

Satisfaction = Perception – Expectations

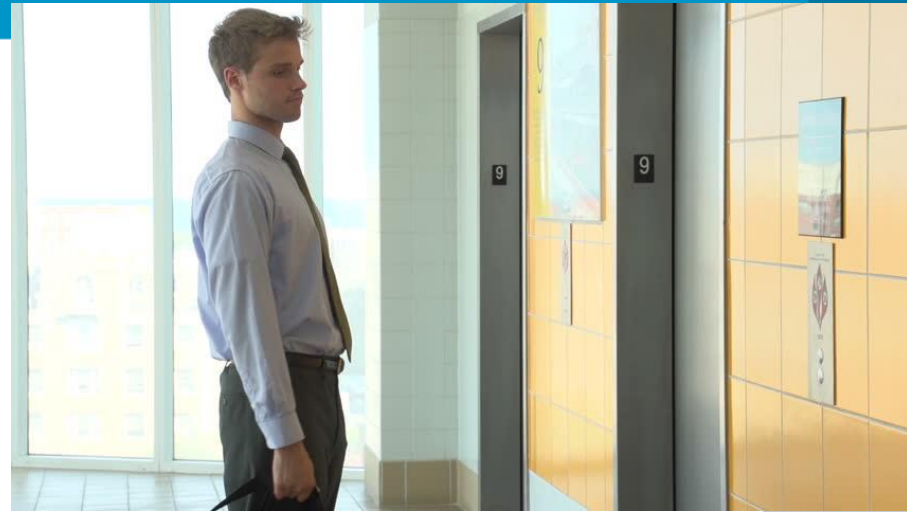
- The problem is that perception and expectations are not reality!
- We must pay attention to:
 - What actually happened
 - What the client perceived
 - What the client expected

Real World Example

Change the *perception* of the wait time

Hotel chain reduced perceived wait times for their elevators by placing a mirror next to them.

The natural tendency of people to look into an available mirror occupied them and reduced their perceived wait time.



Real World Example

Change the *expectation* of the wait time

Restaurants do then when they set the expectation of a wait time of 30 minutes, but deliver a wait time of 15.

Under promise and over deliver.



Second Law of Service...

It's hard to play catch-up

- Must stay ahead of expectation/perception as they are hard to change once a mind has been made up.

Psychology of waiting...

Occupied time feels shorter than unoccupied time.

STARTERS

- Soup of the Day £2.95
- Chicken Dippers with BBQ Dip £2.95
- Garlic Mushrooms with Mayo Dip £2.95
- Prawn Cocktail £3.25

SIDE ORDERS

- Garlic Bread £2.45
- Chessey Garlic Bread £2.95
- Onion Rings x 8 £2.50
- Cheesy Chips £2.95
- Chips £2.30
- Peppercorn Sauce £2.25

MAIN MEALS

- Hunters Chicken & Chips £7.95
- Chicken Curry, Rice & Chips £6.95
- Steak & Ale Pie £8.50
- The MEGA Burger & Chips £7.95
- Beef Lasagne & Chips £7.95
- Breaded Scampi & Chips £7.50
- Bangers & Mash £5.95
- 10oz Grilled Gammon Steak £7.95
- 6oz Rump Steak £7.95

GRILLS

- MEGA Mixed Grill & Chips £12.95
- 8oz Rump Steak & Chips £9.95
- 10oz Gammon, Chips & Salad £8.50

FOODIE FRIDAYS

Main Meal & Dessert Only £5.99!

- Lasagne & Chips
- Gammon, Egg & Chips
- Sausage Mash with peas
- Mini Mega Burger & Chips
- Chicken Curry Rice/Chips
- Chocolate Fudge Cake
- Apple Pie
- Ice Cream with Sauce

Served All-Day Fridays

KIDS MEALS £3.45

- Chicken Nuggets, Chips & Beans
- Sausage, Chips & Beans
- Bangers & Mash with Beans or Gravy

VEGETARIAN MENU

We have every vegetarian option available. PLEASE PRE-ORDER VEGETARIAN MEALS IN ADVANCE.

MON - TUE - WED £2.99 CLUB

Lasagne & Chips - 6oz Gammon & Chips - Burger & Chips
Chicken Curry & Chips - Sausage, Chips & Beans

THU - FRI - SAT GRILL CLUB

2 x Mixed Grills £11 - 2 x Steaks £9
2 x Gammon Steaks £7

- Restaurants may let you look at a menu prior to being seated
- Some places let you sit in the bar area and order a drink while you wait
- Occupying activities are best if they add value to the visit.

Anxiety Makes the Wait Seem Longer



- Fear of being forgotten (how many times have you gone back to the hostess to see if your name is on the list?)

- Ask yourself what your customers may be worrying about (rationally or irrationally) and find ways to remove the worry.



Unexplained waits are longer than explained waits

- Waiting in ignorance creates a feeling of powerlessness
- Powerlessness often results in irritation and rudeness

Remember our scenario at the doctor's office?

Now imagine at 0930 the nurse tells you the doctor was called to an emergency but should be back in about 20 minutes.

- How do you feel? Why?

Psychology of waiting... **The More Valuable the Service, the Longer the Customer Will Wait**

- Complicated versus simple:



- Express check out was created because people purchasing few items were more likely to leave without a purchase if the lines were too long.

Solo Wait Feels Longer than Group Waits

- How often do you see people in a waiting room converse with each other about the wait?
- Develops a sense of community among the waiting room patrons
- Promoting the sense of group rather than isolating the individual can increase the tolerance for waiting.

Managing Wait Time

- Frequent room rounding
- Updates on wait times

Why is it important to keep patient's informed about delays?

- Main reason patients leave ED = 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 a critical patient by ambulance. I hope you understand.*

Managing Wait Time

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?*

Waiting Room

The Waiting Room

- The waiting room is staffed by ER Nursing and Tech personnel

Patient Arrival . . .

- When patients arrive to ESD, they may require assistance from their vehicle
- Offer assistance needed by walking with patient or offering a wheel chair
- When patient enters waiting room, greet them and help direct to nurse or give a map to rest of the hospital (the ER doors never close and after Hospital hours is the only way to enter the Hospital)
- You have the potential to leave a lasting impression on all

The Waiting Room

Roles & Responsibilities

Patient Aid . . .

- Patients may ask you for water, a blanket, an emesis basin, a towel, etc.
- NO blanket if they are running a fever (it keeps the heat in and does nothing to help reduce the fever)
- NO 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.

The Waiting Room

Roles and Responsibilities

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 most important traits for WR is courteous and diplomatic attitude.
- Spend extra time visiting with patients who have had long wait times
- 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
- Additionally, you may hand out a medical history form for the patient to complete. This helps pass/occupy time and helps the triage staff collect medical information.

The Waiting Room

Roles and Responsibilities

Phone Calls . . .

- Patients and their families have access to the telephones in the WR.
- All hospital phones must dial “9” for outside line
- Long distance calls cannot be made without a calling card or Operator assistance.

Cell Phone Charging...

- Charge station behind security booth and within internal wait (RME area), people can charge their phones



The Waiting Room

Roles and Responsibilities

Visitors . . .

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

Notify Nurse or Security of Unstable Situations . . .

- If you have a patient in WR that visibly worsens (stops breathing, dripping blood, etc.) let the Triage Nurse know immediately
- 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
- You may inform guest and patients (if appropriate) location of water fountains, rest rooms, vending machines, cafeteria, and Café San Jose
- Help people in and out of vehicles
- Help ensure smooth patient flow from Triage → Registration → Waiting Room → ER
- Help take directly admitted patients up to hospital room

- Be courteous and **SMILE** →



S	Smile
M	Manage up staff
I	Inform patients
L	Lead people to destination
E	Express gratitude

Best Practice Behaviors for ER Volunteers

- Introduce yourself & use the patients preferred name
- Establish privacy
- Sit down & make eye contact at the same level
- Keep your arms uncrossed & use frequent head nodding
- Lean toward the patient
- Smile; Use humor
- Empathy
- Assure patients that they not be abandoned or forgotten
- Small acts of kindness
- Involve patient and families

Patient Exam Rooms

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
- Maintain strict confidentiality.
- Use 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 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

Comfort Measures

Things patients may need that you can assist with

- Pillows
- Warm blanket
- Ice chips
- Beverage
- Meal tray
- Food or beverage offered to family members
- Ice packs applied
- Warm packs applied
- Enough chairs for visitors in the room

As You Enter the Patient's Room

*Introduce Yourself, Every time

Key to interacting with patients = be a good listener

- Listen for feelings and the meaning
- Be ready to show affection, empathy
- Ease tension through humor if appropriate
- Communicate
- Show support
- Suspend judgment, remember their feelings are real to them
- Validate feelings
- Be confident and timely in responding to needs
- Summarize what you are hearing by repeating back



As You Enter the Patient's Room

- Always knock softly, partially enter and wait for patient to greet you
- Identify yourself upon entering.
 - “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.”
- Do not enter room when doctor is present. Return later. If other medical staff is in room, ask if you should return later. Note this on your log sheet.
- Follow all requirements for entering an isolation room. This will be noted on door with instructions of what must be done to enter room. PPE (Personal Protective Equipment) will be outside the room. (i.e. during flu season)
- **Sanitize hands when entering and exiting all patient rooms.**




Best Practice Behaviors for ER Volunteers

- Introduce yourself & use the patients preferred name
- Establish privacy
- Sit down & make eye contact at the same level
- Keep your arms uncrossed & use frequent head nodding
- Lean toward the patient
- Smile; Use humor
- Empathy
- Assure patients that they not be abandoned or forgotten
- Small acts of kindness
- Involve patient and families

Hourly Rounding

Rounding Log

- Copies kept with Rounding supplies at nurse's station across from room 16
- Once completed and documented in PICIS, keep log in 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.
- 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	Do Not Visit per Nurse
PS	Patient Served
FFS	Family/Friends Served
NN	Nothing Needed

Rounding Log

ER Patient & Family Hourly Rounding Log

Volunteer Name: _____ Date: _____ Time: _____

Script: 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.

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

	PR 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/Dischg Transport	Hosp. Transport	Stock
Clean Room	Linen/Trash	Request Nurse	General Information

Think of a time you were stressed, anxious, or scared?

Now think of a person that helped you feel better...

What did they do to help you?

Listen

Care

Just be there for you

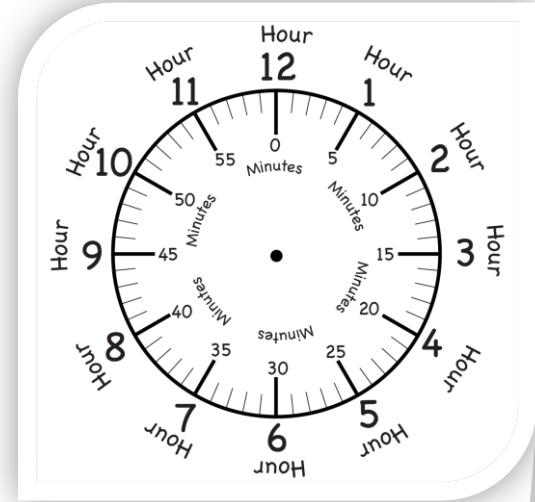
Hug

Hold your hand?

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 Rounding is Important



- Rounding involves personalizing emergency care by tending to social and emotional needs of the individual.
- Attempt to make patient feel more at ease in ER
- Many other ways to serve or help a patient:
- One of most common forms – simply conversing with patients/families
 - Volunteers may handle inquiries, track down a patient's belongings, care for patient's children while they wait
 - Patients' physical needs should receive attention as well; includes providing pillows, blankets, and clothing
 - You may also provide food and water **if approved** by physician/nurse

Hourly Rounding

- Follow up with all requests and provide appropriate feedback to nurse/patients/physicians
- File rounding report in designated area
- Rounding is on patients with a length of stay greater than 2 hours.
- Before you leave your shift:
 - Hand-off communication with volunteers on duty, we do not want to over round on our patients
 - We want it to be with purpose and meaningful to patient AND family



HOURLY ROUNDING
COMPASSIONATE CARE AROUND THE CLOCK

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.

Talking to Patients

- 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.
- 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.

Talking to Patients

- We can provide a great degree of reassurance and help to all involved. Oftentimes, the company of a volunteer can assist in lessening apprehension.
- 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.

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?

Additional Duties in the ER

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 ER Duties

- Stock rooms and medical supplies
 - When stocking Trauma rooms please wipe down the bins when restocking.
- Check pneumatic air tubes for items received
- To assist ER and Environmental Services staff and get rooms ready for the next patient you can:
 - Strip room of soiled linen. 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 direct supervision of 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 removal of all body fluids from room
 - If you are unsure if something is disposable, please ask.

Additional ER Duties

Patient Vitals . . .

- Vital signs = Pulse, Respiration, Blood Pressure, and Temperature. You will be given training on how to properly take vital signs, how to work various machines, normal limits, when to bring an abnormal reading to nurse's attention, and where to put vital information
- 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.**

Additional ER Duties

- Patients request water, food, blankets, etc → Always ask patient's nurse 1st before providing these items. Remember to document in PICIS
- 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 tech for assistance when answering questions.
 - Also, use communication boards in the room:
 - *“Let me ask your nurse about that”*
 - *“According to the communication board, it looks like ___ tests are not back”*

Transporting Lab Specimens

Policy:

- To protect healthcare workers, patients, customers and visitors, laboratory specimens must be transported to 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

Patient 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 info with members of news media
- If you feel that an individual is asking impertinent questions, let nurse or patient know. You should not be put in position to answer questions about patient's care.
- Our policy – NO patient information given over the phone. If a family member asks for patient info, inform nurse and let them talk directly to the family.
- **** After leaving the hospital, do not discuss patient demographics, patient identification, or 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 and Security

- There are security personnel available 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



ER Guidelines

Do's and 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 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.



General Information for Patient Care Areas

Signs 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**

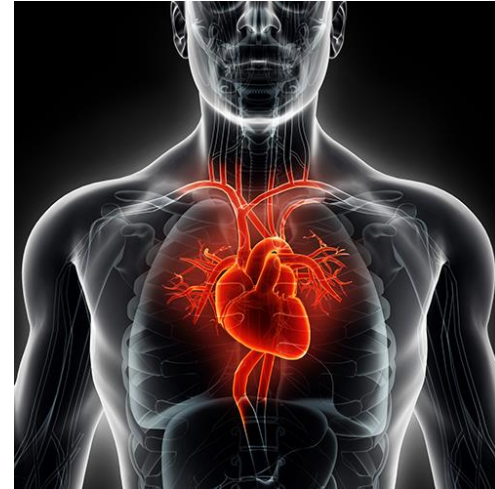
- If your patient has NEW onset or WORSENING signs and symptoms of stroke!
- Time lost is brain lost!

Signs of Acute Coronary Syndrome (ACS)

AKA “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.



Acute Coronary Syndrome (ACS)

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!** – if you are by yourself or walking through the hospital.



Infection Prevention

Review of Standard Precautions

- **Standard Precautions** – 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:
 - ✓ Hand hygiene
 - ✓ Use of personal protective equipment
 - ✓ Safe handling of potentially contaminated equipment or surfaces in the patient environment
 - ✓ 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 - example, Clostridium difficile or norovirus → soap and water

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

***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 same pair of gloves or gown for care of more than 1 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.

Personal Protective Equipment (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.



Additional 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 – 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

Removing 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.
- 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.



Procedures for Use of PPE

Standard Precautions – All Patients

Entering Patient Room

- Use hand sanitizer
- Put on gloves

Leaving Patient Room

- Take gloves off
- Use hand sanitizer

Contact Precautions

Entering Patient Room

- Wash hands or use hand sanitizer
- Put on gown, then gloves

Leaving Patient Room

- Remove gloves, then gown
- Wash hands or use hand sanitizer



Procedures for Use of PPE

Airborne Precautions

Before Entering Patient Room

- Wash hands or use hand sanitizer
- Put on mask
- Put on gown, then gloves

Before Leaving Patient Room

- Remove gloves, then gown, NOT mask
- Wash hands or use hand sanitizer

After Leaving Patient Room:

- Shut door
- Wash hands/use hand sanitizer
- Remove mask
- Wash hands/use hand sanitizer

Droplet Precautions

Before Entering Patient Room

- Wash hands or use hand sanitizer
- Put on mask and eye protection
- Put on gown, then gloves

Before Leaving Patient Room

- Remove gloves, then gown
- Wash hands or use hand sanitizer
- Remove eye protection and mask
- Wash hands or use hand sanitizer

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, user should wear gloves and clean with 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 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



Medical Waste Reminder

- Medical waste is segregated from other waste at the point of origin by placing it in containers that are impervious to moisture.
- Medical waste, excluding sharps and chemotherapy waste, is placed in red biohazard bags that are clearly marked with the biohazard symbol.
- The bags should not be allowed to become so full that the top of the bag cannot be closed.
- No side of the biohazard box, including the bottom, should be bulging, and the box should not exceed 25 pounds.
- 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

National Patient Safety Goals

National Patient Safety Goals

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

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

Use alarms safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
- If you hear an alarm that has been turned down (it is very quiet) let the charge nurse know

Patient Identifiers

- National Patient Safety Goal – 2 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



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



- **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

Development Stages and Tips for Interaction

Common for All Patients

- Knock on the door and acknowledge all in the room
- Make eye contact
- Introduce yourself, your role, and your purpose
- If visitors present, find out how they are related
- Be respectful during all interactions
- Answer questions open and honestly.
- If you are feeling uncomfortable with a situation, excuse yourself and step out of the room
- If the patient has a question – It's okay to say, *“I don't know, let me find out for you”* and be sure to return back with an answer.
- Before leaving ask *“is there anything else I can do for you right now?”*
- For children (0-18 years) you can get something from Room D for the patient to help pass time (toys, games, coloring books, etc. – the carts are age specific)

Neonates: Birth – 1 year

- Your role is to relieve anxiety and fear
- Maintain a quiet, soothing environment
- Keep crib rails or side rails up at all times the baby is in the bed
- Provide safe and appropriate toys
- Keep child dry and warm



Toddler/Preschool: 1-5 years old

- Understand more words than they can speak
- Understand simple instructions
- Allow child to keep favorite toy, blanket, pacifier, etc.
- Keep child dry and warm
- Need close supervision
- Highly interactive, curious, and like to play – let them press buttons on machines, blow up gloves to make balloons, etc.
- Does not always understand right/wrong, ok/not ok
- Give them choices (instead of do you want me to take your blood pressure, ask them which arm can I give a big hug too?)



School-Age Child: 6 – 12 years old

- Children of this age group should be spoken to directly
- Children this age can understand more complex directions, instructions and explanations
- Allow time for child to process information, ask questions and explore equipment
- Allow them to keep any comfort items
- This age group is able to understand right from wrong and accept limits



Adolescence: 13– 18 years old

- Explain what you are doing
- Do not talk down to, use adult terms
- Ask the teenager if they want a parent/caregiver with them
- Assure confidentiality and privacy, protect their modesty
- Knows right from wrong
- Can anticipate danger



Adulthood: 19 – 65 years old

- Talk to patient directly
- Explain what you are doing
- Provide for their privacy
- Respect their autonomy and desire for control
- Offer them hospital amenities
- Provide safety measures to prevent falls and injury as necessary; side rails, night lights, non-slip socks, and call light in reach, remove cords from the ground that could cause a tripping hazard



Aging Adult: over 65 years old

- Assess patients ability to see and hear
- Talk to patient directly
- Explain what you are doing
- Assess for confusion and level of orientation
- Keep patient warm and dry
- Keep items within close reach; telephone, remote, Kleenex, drink
- Pace self with patient's pace when walking

