

Module 4: Prevention and Management of Catastrophe and Unusual Occurrences

Minimum Number of Theory Hours: 1

Recommended Theory Hours: 3

Recommended Clinical Hours: 1

Statement of Purpose:

The purpose of this unit is to introduce the student to the concepts and procedures related to the resident's safety including environmental emergency issues. The Nurse Assistant's role in creating a safe environment for the resident is discussed.

Terminology:

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| 1. Circulation, Sensation & Movement (CSM) | 14. Oxygen (O ₂) |
| 2. Disaster plan | 15. Oxygen precautions |
| 3. Emergency | 16. Postural supports |
| 4. Emergency codes | 17. Pull, Aim, Squeeze, Sweep (P.A.S.S) |
| 5. Escape routes | 18. Quality Assurance (QA) |
| 6. External disaster | 19. Rapid Response Team (RRT) |
| 7. False imprisonment | 20. Rescue, Alarm, Contain, Extinguish (R.A.C.E) |
| 8. Fire plan | 21. Restraints |
| 9. Internal disaster | 22. Safety Device Reminders (SDR) |
| 10. Material Safety Data Sheet (MSDS) | 23. Soft protective device |
| 11. National Patient Safety Goals | 24. STAT |
| 12. Occupational Safety and Health Administration (OSHA) | 25. Total Quality Improvement (TQI) |
| 13. Omnibus Budget Reconciliation Act (OBRA) | 26. Workplace violence |

Performance Standards (Objectives):

After completion of one hour of class, plus homework assignments, and one hour of clinical experience the learner will:

1. Define key terminology.
2. Explain the role of the Nurse Assistant in emergency, disaster, and fire situations.
3. Describe ways the Nurse Assistant can help residents, families, and visitors remain calm in an emergency situation.
4. Describe common emergency codes used in facilities.
5. Describe general rules for providing a safe environment for the Nurse Assistant.
6. Describe general rules for providing a safe environment for the resident.
7. Identify two safety issues for the residents and interventions to prevent them.
8. Describe major causes of fire and general fire prevention rules.

9. List the safety rules to be followed for the resident receiving oxygen therapy.
10. Describe the safe application of postural supports and the implication for their use.
11. Discuss the legal and psychological implication of the use of postural supports.
12. Discuss the overview of bioterrorism.

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
<p>Objective 1 Define key terminology. A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.</p>	<p>A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration.</p>	<p>A. Ask students to select five words from the list of key terminology and write a sentence for each defining the term. B. Administer vocabulary pre-test and post-test.</p>
<p>Objective 2: Describe the role of the Nurse Assistant in emergency, disaster, and fire situations. A. Be prepared 1. Know emergency codes (facility rules). 2. Know fire and disaster plans. 3. Know location of fire exit, extinguishers, and alarms. B. Remain calm. C. Use emergency call system 1. Telephone numbers used within each facility. 2. The licensed nurse activates the EMS (Emergency Medical System) by dialing 911. D. Remain calm and do not shout “fire” or “cardiac arrest”, etc. E. “STAT” means to respond at once or there is an immediate need. F. Use RACE and PASS per policy (see Objective 8). G. Do not act beyond level of knowledge. H. Move resident if in immediate danger. I. Remain with resident. J. Keep resident comfortable and calm. K. Evacuate resident to safety according to facility fire & disaster plans. L. Send family or visitors to the facility-designated area.</p>	<p>A. Lecture/Discussion B. Refer to Objective 4 for Code descriptions. C. Review emergency codes and plans from each clinical site before visiting the facility. D. Show pictures of fire exit signs and pull boxes. E. At facility, instruct students to locate emergency equipment, fire extinguishes, and alarm boxes.</p>	<p>A. Written test B. Provide mock situations at facility and ask students to respond according to facility policy.</p>

<p>Objective 3: Describe ways the Nurse Assistant can help residents, families and visitors remain calm in an emergency situation.</p> <ul style="list-style-type: none"> A. Stay calm and use a calm voice. B. Project confidence. C. Know and use facility emergency codes and plans. D. Stay with the resident and keep them comfortable and quiet. E. Move or direct families and visitors to the designated area in the facility or a safe environment. F. Close fire doors. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. During clinical experience, instruct students to locate designated safe areas in the facility. C. Role play emergency situations and ask students to respond to residents. D. Unit/facility scavenger hunt. 	<ul style="list-style-type: none"> A. Written test B. Responds to mock emergency according to policy.
<p>Objective 4 Describe common emergency codes used in facilities.</p> <ul style="list-style-type: none"> A. Each facility may have different codes. B. Resident safety issue; examples may be manpower or a special alarm sound. C. Disaster code <ul style="list-style-type: none"> 1. Example may be Disaster Level Three. 2. May be different for internal or external disaster. D. Emergency colors and meanings <ul style="list-style-type: none"> 1. Code Red – fire. 2. Code Blue – adult medical emergency (cardiac/pulmonary). 3. Code Yellow – bomb threat. 4. Code Gray –combative person. 5. Code Silver –person with weapon or hostage. 6. Code Orange – hazardous waste spill or release. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Review emergency codes and plans from each clinical site before visiting the facility. C. Have students write out each code and the meaning. D. Use game or crossword to review. 	<ul style="list-style-type: none"> A. Written test B. Recognizes emergency codes and responds according to policy.
<p>Objective 5 Describe general rules for providing a safe environment for the Nurse Assistant.</p> <ul style="list-style-type: none"> A. Use body mechanic principles. B. Use ergonomics. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Show examples of 	<ul style="list-style-type: none"> A. Written test B. Reports safety issues.

<ul style="list-style-type: none"> C. Know the policy and procedures regarding OSHA safety laws on use of equipment and handling hazardous materials. (MSDS) D. Wipe up spills immediately and identify wet floors with the appropriate signs. E. Walk, never run in halls and watch carefully at intersections. F. Use contents of containers only if they have proper labels/dates and you know how to use them correctly. G. Tag and report broken equipment. H. Report unsafe situations. I. Use 3-pronged plugs on electrical equipment. J. Refuse to do any task that you do not know how to do. K. Know proper operation of equipment. L. Watch linen and garbage cans for safety hazards (sharps) M. Report if sharps container is over half full. N. Know procedure to follow in case of personal injury <ul style="list-style-type: none"> 1. Report the injury immediately to the supervisor. 2. Fill out an incident report/unusual occurrence form as per facility policy and procedure. 3. Seek medical help as necessary. O. Resident and staff safety is an important quality assurance issue. 	<p>incident form.</p> <p>C. Discuss TQI and performance improvement issues.</p>	<p>C. Follows policy to protect self from injury.</p>
<p>Objective 6 Describe general rules for providing a safe environment for the resident.</p> <ul style="list-style-type: none"> A. Know the National Patient Safety Goals. B. Check wrist bands/name tags before performing any task on a resident. C. Use side rails when appropriate and know facility policy and procedure on side rails. D. Have the resident use handrails/appropriate assistive device when unstable. E. Have resident wear non-skid footwear when ambulatory. F. Place the call signal light within the reach of the resident and instruct them on correct use. G. Lock wheels on bed/gurney/wheelchair when transferring the resident. H. Answer call lights promptly. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Show pictures of hazards and have students identify them and describe how to report/correct hazard. C. Observe student in resident room. Ask if it is a safe environment and if not how to correct it. 	<ul style="list-style-type: none"> A. Written test B. Responds to mock safety issue according to policy.

<ul style="list-style-type: none"> I. Use night-lights to help ensure good lighting and reduce obstacle hazards. J. Keep the bed in the lowest position except when tending to the resident. K. Check bed/chair alarms ensuring working condition. L. Keep environment clutter free. 		
<p>Objective 7 Describe two of the top safety issues for residents and interventions to prevent them.</p> <ul style="list-style-type: none"> A. Falls are 70% of all resident-related accidents. Most falls occur during 4:00pm and 8:00pm and during shift changes. B. Ways to prevent falls <ul style="list-style-type: none"> 1. Proper position in bed/wheelchair and readjust every two hours. 2. Soft protective devices as ordered and necessary. 3. Side rails as necessary and use caution when raising and lowering. Watch for arms/legs & tubing. Make sure the rails are locked in the up position. 4. Brakes should be on when transferring resident to or from wheelchair/bed/gurney. 5. Comfort items (water, call bell, urinal, etc.) should be easy for resident to reach. 6. Answer call lights promptly. 7. Areas should have good lighting and be free of clutter. 8. Check to ensure foot latches on beds and foot supports on the wheelchair are out of the way to prevent tripping or hitting staff or resident's legs. 9. Wipe up spills promptly. 10. Meet the comfort needs of the resident promptly (water and elimination.) 11. Fall precautions; identify at risk patients who are taking medications that cause patient to be weak, dizzy or sleepy. 12. Check residents for weakness, dizziness and ambulation/transfer hazards. 13. Use the appropriate assistive device as directed by the licensed nurse and ask for help if in doubt. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Shows videos for use of devices. C. Demonstrate use of devices including gait belt and heating pads. D. Review transfer and ambulation techniques. E. Demonstrate use of soft restraints. F. Show examples of equipment hazards. G. Show pictures of various types of burns. 	<ul style="list-style-type: none"> A. Written test B. Uses assistive devices according to policy. C. Reports and corrects fall hazards. D. Monitors temperature of liquids used for residents and avoids exposure of resident. E. Uses heating pads according to policy.

<p>14. Be aware of resident's location at all times.</p> <p>C. Assistive devices used to reduce falls and maintain safe mobility of the resident</p> <ol style="list-style-type: none"> 1. Assessed for need by the licensed nurse, physical therapy (PT), or rehab aid with input from the Nurse Assistant. 2. Cane <ol style="list-style-type: none"> a. Types of canes include single tip, tri-tip, and quad cane. b. Use on the strong side. c. Check the rubber tip and height appropriate for the resident. 3. Walker <ol style="list-style-type: none"> a. Provides stability and support. b. Types of walkers include pick-up, front-wheeled, and four-wheeled rolling. Some might have seats. c. Check rubber tips and height appropriate for resident. d. Give instruction on the correct use. 4. Gait belt if facility permits. 5. Wheelchair <ol style="list-style-type: none"> a. Provide mobility for the non-ambulatory resident. b. Different types. c. Remember removable arm rests and foot rests. d. Check that the brakes are locked when transferring the resident. 6. Mobility alarm <ol style="list-style-type: none"> a. Used to warn staff and resident of fall hazard. b. Used in bed or in chair. c. Make sure it is in place and all parts are connected. d. Respond immediately to the alarm and check the resident. <p>D. Burns are the second most common hazard for residents and often can be prevented</p> <ol style="list-style-type: none"> 1. Types and causes of burns. <ol style="list-style-type: none"> a. Steam or water burns. <ol style="list-style-type: none"> 1) Bath temperature. 2) Hot drinks. b. Flame, smoking. c. Chemical, cleaners like periwash. 		
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<ul style="list-style-type: none"> d. Thermal <ul style="list-style-type: none"> 1) Heating pads. 2) Sunburn. 2. Prevention and interventions for burns <ul style="list-style-type: none"> a. Prevention (best approach) <ul style="list-style-type: none"> 1) Check the water temperature and report if it is too hot. 2) Monitor smoking. 3) Monitor hot drinks and risk for spills. 4) Be familiar with the use of equipment such as heating pads and hot packs and know the policy and procedure. 5) Protect resident from sunburn with a hat, sunscreen and brief exposure. 6) Know the policy and procedure on fire response. 7) Follow directions on the use of chemical cleansers. b. Intervention (initial first aid) <ul style="list-style-type: none"> 1) First degree burns – ice and cold water only for discomfort <ul style="list-style-type: none"> a) Never use butter, shortening, etc., it may cause the burn to become worse. 2) Deeper or large burns require immediate medical attention <ul style="list-style-type: none"> a) Notify licensed nurse immediately. b) Describe the cause of burn, if possible (e.g. flame, chemical, etc.) 		
<p>Objective 8 Describe major causes of fire and general fire prevention rules.</p> <ul style="list-style-type: none"> A. Major causes of fire <ul style="list-style-type: none"> 1. Smoking is the number one cause of fire. 2. Sparks from faulty electrical equipment. 3. Heating systems (fireplaces, butane/propane heaters or electrical heaters). 4. Spontaneous ignition, chemical reaction leading to heat and fire. 5. Improper disposal of rubbish including disposed of cigarettes, cigars, matches with flammable materials. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Show examples of fire hazards. C. Provide samples of facility policy and procedures related to fire/fire prevention. D. Demonstration of use of fire extinguisher by 	<ul style="list-style-type: none"> A. Written test B. Locates facility fire extinguishers and alarm boxes. C. Reports fire hazards. D. Responds to fire drills according to policy. E. Follows facility policy regarding smoking and

<p>B. Three things are needed to start a fire</p> <ol style="list-style-type: none"> 1. Fuel. 2. Flame. 3. Oxygen. <p>C. Fire prevention</p> <ol style="list-style-type: none"> 1. Electrical <ol style="list-style-type: none"> a. Report frayed electrical cords, smoke or burning smells. b. Refrain from using too many electrical devices on one wall socket. c. Use 3-pronged grounded plugs. 2. Smoking fire hazard prevention <ol style="list-style-type: none"> a. Empty waste paper into proper containers. b. Supervise residents who smoke if they are confused, lethargic or weak. c. Be sure materials in ash trays are completely extinguished before throwing them away. d. Always use ashtrays when smoking. e. Smoking is allowed in designated areas only. <p>D. The role of the Nurse Assistant during fire emergencies</p> <ol style="list-style-type: none"> 1. R.A.C.E. <ol style="list-style-type: none"> a. R-remove the resident from the fire area and close the room door. b. A-activate the fire alarm system. c. C-contain the fire. d. E-extinguish if possible. 2. P.A.S.S. <ol style="list-style-type: none"> a. P-Pull safety pin. b. A-Aim at base of fire. c. S-Squeeze. d. S-Sweep low. 3. Be sure residents are not placed near automatic fire doors. 4. Know and follow the facility's specific policy and procedure related to fires and fire prevention. 	<p>facility.</p> <p>E. Handout 4.8a-PASS.</p> <p>F. Handout 4.8b-RACE.</p>	<p>disposal of smoking materials.</p> <p>F. Properly disposes of trash.</p>
<p>Objective 9 List the safety rules to be followed for the resident receiving oxygen therapy.</p>		

<p>A. Oxygen therapy</p> <ol style="list-style-type: none"> 1. Oxygen is abbreviated O₂ and measured in liters per minute (L/min). 2. A colorless, odorless, tasteless gas is essential for respiration (breathing). 3. Some residents need supplemental oxygen to assist them in breathing. 4. Oxygen is supplied in portable tanks, through wall outlets or concentrators. 5. Oxygen increases the risk of fire since it supports combustion and is one of the three elements needed for fire. <p>B. When oxygen is in use, specific safety precautions need to be followed</p> <ol style="list-style-type: none"> 1. Place a “no smoking, oxygen in use” sign on the door of resident’s room as well as over their bed. 2. Smoking is never allowed near the oxygen by anyone, including the resident or visitor. 3. Keep oxygen-tubing open and free of kinks. 4. Check electrical equipment use in presence of oxygen (electric razors, fans and radios). Electrical items must be turned off before unplugging. 5. No flammable liquids, such as alcohol, nail polish remover or petroleum based products (Chap Stick, Vaseline) 6. Watch for static when combing resident’s hair, using wool blankets, or nylon materials in clothing, etc. <p>C. Types of oxygen equipment</p> <ol style="list-style-type: none"> 1. Green metal portable tanks: (E tank/ H tank) <ol style="list-style-type: none"> a. Under pressure and must be handled carefully to prevent dropping and possible explosion when in storage. b. Must be secured to wall. c. Must be on movable stand and strapped in place. 2. Portable tanks <ol style="list-style-type: none"> a. Large ones covered with plastic casing and small ones that resident can carry or hang on assistive device when moving. b. Must be kept upright and not dropped. 	<p>A. Lecture/Discussion</p> <p>B. Show Video on oxygen use.</p> <p>C. Show examples of oxygen equipment like nasal cannula, masks, oxygen tank, etc.</p> <p>D. Demonstrate placement of oxygen devices.</p> <p>E. Demonstrate oxygen tank on/off procedure.</p>	<p>A. Written test</p> <p>B. Observes safety guidelines when caring for resident with oxygen.</p>
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<ol style="list-style-type: none"> 3. Wall outlets use wall mount flow meter and plastic tubing. 4. Resident equipment used to deliver flow of oxygen: <ol style="list-style-type: none"> a. Nasal cannula. b. Face mask. c. Concentrators. <p>D. Nursing care</p> <ol style="list-style-type: none"> 1. A physician's order is needed for oxygen because it is considered a medication. 2. Make sure the resident wears mask/cannula at all times <ol style="list-style-type: none"> a. If oxygen needs to be turned off, there needs to be an order that the resident may have it off at certain times. b. When the oxygen is not in use for a short period of time, then the oxygen needs to be turned off. It is very expensive and poses a fire hazard. 3. The Nurse Assistant must follow the policy and procedure for their facility in filling the oxygen tanks, turning the tanks on and off, as well as the setup. 4. Oxygen is very drying to nasal passages <ol style="list-style-type: none"> a. Check resident's nose and cleanse. b. Maintain the water level in humidifier to reduce dryness. 5. Check for redness and discomfort over the ears where the tubing rests and on the face when wearing the mask. 6. If redness or discomfort noted, report to the licensed nurse. 7. The Nurse Assistant may turn the tank on and off, but may not adjust the oxygen flow rate, as that is administration of medication and not in their scope of practice. 		
<p>Objective 10 Describe the safe application of postural supports and the implications for their use.</p> <p>A. Postural supports/soft protective devices/restraints description and purpose</p> <ol style="list-style-type: none"> 1. Used to prevent the resident from harming self or others. 2. Used to prevent resident from <ol style="list-style-type: none"> a. Falling out of bed/chair. b. Crawling over side rails or the end of the bed. c. Interfering with therapy by removing tubing or dressings. 	<ol style="list-style-type: none"> A. Lecture/Discussion B. Show video on postural supports/restraints. C. Show examples of types of devices. D. Demonstrate and return demonstration for 	<ol style="list-style-type: none"> A. Written test B. Applies and removes protective devices according to policy. C. Documents use of devices.

<p>d. Hurting themselves or others.</p> <p>3. Description of terms</p> <p>a. Soft protective device – a device that serves as a reminder to the resident of safety issues, like a waist device or Posey (also called safety device reminders-SDR).</p> <p>b. Postural supports – are devices that help to keep the resident in the correct posture position when in a chair, like a jacket or vest.</p> <p>c. Restraints</p> <ol style="list-style-type: none"> 1) Control behavior and are used only in extreme measures like limb devices. 2) Side rails can be considered as a restraint if all four side rails are up. 3) Infringe on resident's right to freedom of movement as it holds back or limits a resident's movements and may be considered "false imprisonment" when inappropriately used. <p>B. Alternative to the use of devices</p> <ol style="list-style-type: none"> 1. Place the resident where they can have constant supervision. 2. Make sure resident's comfort needs are met like water, toilet, reposition, etc. so there is a reduced risk of them attempting to meet needs unassisted and agitation is reduced. Check for pain or discomfort. 3. Devices are used as a last resort and never for nursing convenience or as punishment. <p>C. Types of protective devices and postural supports</p> <ol style="list-style-type: none"> 1. Vest or jacket device – has an opening in the front, watch for choking and cutting into resident. 2. Wrist or ankle device – this soft limb device restricts limb movement. 3. Hand mitt device – this device helps to prevent scratching and removal of tubes and dressings. 4. Waist device – this can be a soft cloth that may be self-releasing to remind the resident that they need assistance before walking or standing to reduce falls. 5. Pelvic support – this keeps the resident from sliding down in 	<p>various types of devices including quick release tie.</p> <p>E. Discuss alternative methods to protective devices.</p> <p>F. Manual Skill 4.10 Applying Postural Supports.</p>	
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<p>the wheelchair and are wide in the front and narrow in the back. Be careful to not injure genitalia.</p> <p>D. Regulations regarding the Nurse Assistant's role in the use of postural supports concern resident rights and improper application which can be dangerous.</p> <ol style="list-style-type: none"> 1. Approach the resident in a calm manner to reduce anxiety and agitation during application. 2. Explain to the resident and their family in a non-threatening manner by using terms like "safety" and "soft protective". 3. Use only on a resident in a bed or chair that has wheels in case of an emergency. 4. Place resident in a good body alignment and position. 5. Pad bony prominences. 6. Use "quick release" bow-tie knot to secure postural support to bed frame or chair to ensure easy removal in an emergency. 7. Tie securely, but allow some slack for movement – two-finger check between support and skin. 8. Check circulation, sensation, and movement (CSM) every two hours. 9. Tie support to the bed frame that moves with the resident, not side rail. 10. Remove the support, reposition resident and do ROM to the joints every two hours for at least ten minutes or more frequently per facility policy. 11. Offer fluids, bedpan, or urinal on a frequent, regular basis. 12. Have the call bell in reach. 13. Apply vest device with the open area of the vest in the front to prevent choking or use according to the manufacturer's instructions. 14. Document type of device, reason for device, time on and off, CSMs, effectiveness, and nursing care that is needed. 		
<p>Objective 11 Discuss the legal and psychological implications of the use of postural supports.</p> <p>A. Legal implications of the use of postural supports</p> <ol style="list-style-type: none"> 1. Must have a doctor's order to use protective devices including 	<p>A. Lecture/Discussion</p> <p>B. Review resident rights.</p>	<p>A. Written test</p> <p>B. Observes patient rights</p>

<p>stated reason for use, type of device, and for how long.</p> <ol style="list-style-type: none"> 2. Must have informed consent. 3. Resident rights require that resident not be restrained unnecessarily or for the convenience of the staff. 4. Unnecessary restraint of a resident could constitute false imprisonment. Ask nurse for explanation of needs if in doubt. <p>B. Psychological implication of the use of postural supports</p> <ol style="list-style-type: none"> 1. Explain to the resident and the family the reason for using protective devices. 2. The resident is usually aware of restricted movement and may struggle against the supports. Reassure and support the resident and the family. 		<p>when using postural supports, protective devices and restraints.</p>
<p>Objective 12 Describe the overview of bioterrorism.</p> <p>A. Define terrorism.</p> <p>B. Possible terrorism acts</p> <ol style="list-style-type: none"> 1. Biological threat <ol style="list-style-type: none"> a. Bacteria – Anthrax. b. Viruses – Smallpox. c. Toxins – Ricin. 2. Chemical threat. 3. Explosions. 4. Nuclear blast. 5. Radiation threat. <p>C. Possible types of bioterrorism threats.</p> <ol style="list-style-type: none"> 1. Explosion. 2. Chemical/Biological Attack. 3. Nuclear/Radiological Attack. <p>D. National Terrorism Advisory System (NTAS). Replaces the Homeland Security Advisory System (HSAS) that was color-coded.</p> <ol style="list-style-type: none"> 1. Imminent Threat. 2. Elevated Threat Alert. 3. Sunset Provision – expires after a specific time period. 	<p>A. Lecture/Discussion</p> <p>B. Handout 4.12 – Homeland Security Advisory System.</p> <p>C. Ask students to view information on US Department of Homeland Security website http://www.dhs.gov/national-terrorism-advisory-system</p>	

Sample Test- Module 4: Prevention and Management of Catastrophe and Unusual Occurrences

1. Mrs. S, the charge nurse, wants blood work results on Mr. Jones immediately. Which of the following terms would indicate “immediately” to the lab?
 - A. ASAP.
 - B. STAT.
 - C. PRN.
 - D. AD LIB.
2. The Nurse Assistant finds a fire burning in a wastebasket in a resident’s room. What should the Nurse Assistant do first?
 - A. Go out into the hall and call out “fire”.
 - B. Remove the patient from the area of the fire.
 - C. Run out of the room to find a fire extinguisher.
 - D. Keep the resident’s room dark to keep him in bed.
3. Falls are a common cause of injury. Which of the following might help prevent the resident from becoming injured from falls?
 - A. Keep the resident’s bed in the low position.
 - B. Place a small rug or towel on the floor by the bed to prevent slipping.
 - C. Have the resident wear only socks when ambulating.
 - D. Keep the resident’s room dark at night to keep him in bed.
4. Mr. B is receiving oxygen therapy. Which of the following is a rule that should be followed with oxygen therapy?
 - A. Use nylon blankets so there will be static electricity.
 - B. Do not allow smoking when oxygen is in use.
 - C. Use oil-based lotions to lubricate the skin.
 - D. Use electric razors for shaving the face.
5. Mrs. A is being placed in a vest device to keep her from falling from her wheelchair. What should the Nurse Assistant do?
 - A. Keep Mrs. A in her room out of sight of other residents.
 - B. Apply the restraint to help control the resident’s behavior.
 - C. Explain kindly to Mrs. A that the postural supports are being used to help prevent her from falling.
 - D. Use electric razors for shaving the face.

6. When applying postural supports (restraints) the Nurse Assistant should keep in mind that:
 - A. Careful use of restraints can decrease the need for direct patient care.
 - B. Residents frequently become more calm, docile and compliant when restraints are used.
 - C. Registered nurses are allowed to order the use of restraints in long-term care facilities.
 - D. Unauthorized (unordered) use of restraints can result in accusation of "false imprisonment".
7. The Nurse Assistant enters a resident's room and sees the bed is at its highest level. The Nurse Assistant should know that:
 - A. The resident wants to get closer to the television set.
 - B. The resident is very independent and will not be injured.
 - C. Nurse Assistant's do not deal with safety issues.
 - D. The bed should be placed in the lowest position.
8. RACE is a term representing activities to be carried out in the event of a fire. The "R" stands for which of the following?
 - A. Run for help.
 - B. Remain at the fire site.
 - C. Reduce the fire risk.
 - D. Remove the resident.
9. To help prevent fires, the Nurse Assistant should:
 - A. Remove the grounding prong from electrical cords.
 - B. Report frayed electrical cords immediately.
 - C. Empty ashtrays immediately into the wastebasket (trash).
 - D. Encourage residents to smoke only in their beds.
10. The Nurse Assistant finds a frayed electrical cord on a fan in a resident's room. Which of the following actions is correct?
 - A. Obtain electrical tape and cover the broken wire.
 - B. Report the situation to the nurse.
 - C. Activate the fire alarm and remove the resident.
 - D. Check the fan by turning it on.

11. Mr. B is receiving oxygen therapy and requests assistance with shaving. What should the Nurse Assistant do?
- A. Use alcohol to soften the resident's beard.
 - B. Shave with soap and a safety razor.
 - C. Use only grounded electrical razors.
 - D. Refuse to shave the resident because oxygen interferes with blood clotting.
12. Suffocation is
- A. The loss of memory and thinking and reasoning abilities.
 - B. A sudden event in which people are killed and injured.
 - C. When breathing stops.
 - D. When electrical current passes through the body.
13. Which person has the greatest risk for accidents and injuries?
- A. A 78-year old woman.
 - B. A person with dementia.
 - C. A person with a hearing impairment.
 - D. A person with impaired smell and touch.
14. The Nurse Assistant sees water on the floor. The Nurse Assistant should immediately:
- A. Call the housekeeping staff.
 - B. Clean up the water.
 - C. Report the water to the nurse.
 - D. Place a paper towel over the water.
15. Falls are most likely to occur:
- A. During change of shift.
 - B. During meal times.
 - C. When visitors are visiting.
 - D. When care is given.

16. Who has the greatest risk of getting caught in the bed rails?
- A. Mr. S - uses bed rails to move and turn in bed.
 - B. Mrs. W- feels safer with upper bed rails.
 - C. Mr. G - is confused and disoriented.
 - D. Mrs. R – has bedrails down.
17. For safety reasons, the wheelchair brakes must be locked:
- A. At all times.
 - B. When transferring into or out of the wheelchair.
 - C. When wheelchair is parked.
 - D. Wheelchair brakes should never be locked.
18. Hazardous substances include the following EXCEPT:
- A. Oxygen.
 - B. Drugs used in cancer therapy.
 - C. Cleaning solutions.
 - D. Soaps and shampoos.
19. You are injured while transferring a person to a wheelchair. Which is true?
- A. This is workplace violence.
 - B. You need to complete an incident report.
 - C. This is negligence.
 - D. This is resident abuse.
20. Which of the following items is NOT a fire hazard?
- A. A damaged electrical cord.
 - B. A full waste basket.
 - C. A broken three-pronged electrical plug.
 - D. An open can of cleaning fluid.

21. The Nurse Assistant is ambulating a resident with crutches. The Nurse Assistant should:
- A. Walk directly behind the resident.
 - B. Replace the crutch every week.
 - C. Hold the resident's shoulder.
 - D. Have the resident wear non-skid shoes.
22. When applying soft postural supports to a resident, the Nurse Assistant MUST:
- A. Apply the postural supports tightly.
 - B. Tie the postural supports to the side rails.
 - C. Apply lotion to the skin.
 - D. Apply padding over bony areas.
23. To use a fire extinguisher, you must first:
- A. Remove the safety pin.
 - B. Direct the hose at the fire.
 - C. Squeeze the top handle.
 - D. Sound the nearest fire alarm.
24. When making a resident's bed, the Nurse Assistant discovers a damaged electrical cord. Which of the following actions should a Nurse Assistant take?
- A. Report the situation to the charge nurse.
 - B. Unplug the cord.
 - C. Wrap the exposed wires with tape.
 - D. Make the resident's bed.
25. To prevent residents from falling, the Nurse Assistant should keep residents
- A. Beds at the highest position, with side rails up.
 - B. Beds at the lowest position, with side rails up, if ordered.
 - C. Walkers and canes away from the beds and out of reach when not in use.
 - D. Wheelchair and walker wheels unlocked for easy movement.

26. A resident who is receiving oxygen has a visitor who wants to smoke. The Nurse Assistant should tell the visitor:
- A. To smoke at least three feet away from the resident.
 - B. To go outside the building to smoke in a designated area.
 - C. That the oxygen can be stopped when the visitor smokes.
 - D. That the visitor can only smoke for five minutes.
27. Which of the following safety precautions should the Nurse Assistant recognize as one to be used when caring for residents who are receiving oxygen?
- A. Smoking is allowed in the room five feet away from the source of oxygen.
 - B. The nasal cannula or nose piece should be lubricated with petroleum jelly.
 - C. The humidifying container should not be connected to nasal oxygen.
 - D. A "No Smoking: Oxygen in Use" sign is placed on the door of the room.
28. The Nurse Assistant discovers that the three-pointed ground plug has a point missing. The Nurse Assistant should:
- A. Plug the cord into the wall outlet.
 - B. Immediately tell the maintenance department.
 - C. Plug the cord in and look at it for problems.
 - D. Continue resident care.
29. Upon entering a resident's room, the Nurse Assistant discovers a fire. Which of the following is the correct sequence of steps that the Nurse Assistant should take?
- A. Contain and extinguish (put out) the fire, activate the safety alarm, and remove the resident.
 - B. Activate the safety alarm, remove the resident, and contain and extinguish (put out) the fire.
 - C. Extinguish (put out) the fire, remove the resident, and activate the safety alarm.
 - D. Remove resident, activate the safety alarm, and contain and extinguish (put out) the fire.
30. The Nurse Assistant enters a resident's room and checks the resident's environment. Which of the following problems must be taken care of immediately?
- A. The window is open.
 - B. The lights are flickering.
 - C. Electrical wires are exposed.
 - D. The faucet is dripping.

31. During a disaster, the Nurse Assistant must:
- A. Know the disaster plan for the facility.
 - B. Know the facility administrator's telephone number.
 - C. First call home.
 - D. Call each resident's family.
32. After hearing the emergency code for fire, the Nurse Assistant should:
- A. Provide a list of all assigned residents by name and room number.
 - B. Close all room doors and report to the nurse in charge.
 - C. Wait for the nurse in charge to give directions.
 - D. Wait for the fire fighters to give directions
33. The Nurse Assistant is caring for a resident who is wearing wrist restraints. The Nurse Assistant should remove the restraints and perform passive range-of-motion exercises for the resident at least every:
- A. 2 hours.
 - B. 4 hours.
 - C. 8 hours.
 - D. 24 hours.
34. When a resident is wearing a jacket restraint while in a chair, the Nurse Assistant should:
- A. Tie the restraints tightly as possible.
 - B. Close the resident's door to provide privacy during restraint.
 - C. Release the restraint every two hours for repositioning.
 - D. Tie the restraint to the side rail of the resident's bed.
35. A resident tells the Nurse Assistant that her wheelchair is broken. The Nurse Assistant should FIRST:
- A. Tell the charge nurse.
 - B. Try to repair the wheelchair.
 - C. Ignore the situation.
 - D. Notify the resident's family.

36. Which of the following devices would not be used for resident activities of daily living?
- A. Plate guards and silverware with cuffs or curved handles.
 - B. A cup or glass holder and silverware attached to a splint.
 - C. A walker, a cane, and crutches.
 - D. A stethoscope, a blood pressure cuff, and a thermometer.
37. The Nurse Assistant should use a gait belt:
- A. To help the resident ambulate safely.
 - B. As a resident restraint.
 - C. For back support when transferring residents.
 - D. To hold the resident's oxygen tank on its cart.
38. The Nurse Assistant is cleaning the nose of a resident who is receiving continuous oxygen by a nasal tube. The Nurse Assistant should NOT use:
- A. A water-based lubricant.
 - B. Warm water.
 - C. An oil-based lubricant.
 - D. Soap and water.
39. Which is the main reason that the Nurse Assistant MUST report broken equipment?
- A. The Nurse Assistant could be held legally responsible for the broken equipment.
 - B. The Nurse Assistant must care about resident and staff safety.
 - C. The information will go in an incident report.
 - D. The information is needed by the nurse in charge.

Sample Test Answers: Module 4

- | | |
|-------|-------|
| 1. B | 21. D |
| 2. B | 22. D |
| 3. A | 23. A |
| 4. B | 24. A |
| 5. C | 25. B |
| 6. D | 26. B |
| 7. D | 27. D |
| 8. D | 28. B |
| 9. B | 29. D |
| 10. B | 30. C |
| 11. B | 31. A |
| 12. C | 32. B |
| 13. B | 33. A |
| 14. B | 34. C |
| 15. A | 35. A |
| 16. C | 36. D |
| 17. B | 37. A |
| 18. D | 38. C |
| 19. B | 39. B |
| 20. B | |

MANUAL SKILL: Applying Postural Supports (Restraints)

EQUIPMENT:

Authorization from a licensed nurse

Postural support (as appropriate, i.e. limb, jacket (vest), waist)

BEGINNING STEPS:

1. Wash hands.
2. Knock and pause before entering the resident's room.
3. Introduce self.
4. Identify resident.
5. Explain procedure speaking clearly, slowly, and directly. Maintaining face-to-face contact whenever possible.
6. Gather equipment, if applicable.
7. Provide for privacy with a curtain, door, or screen.
8. Apply gloves (standard precautions).

SKILL STEPS:

- A. Raise bed to comfortable working position.
- B. Check body alignment and position
 1. Limb device:
 - a. Place soft edge of restraints against resident's skin. Wrap restraint smoothly around the limb. Make sure no wrinkles are present.
 - b. Pull both ends of straps through tab or ring on the restraint; then pull the restraint secure, but not too tight, against the skin.
 - c. Test for fit and comfort by inserting two fingers between the restraint and the resident's skin.
 - d. Position arm or leg in comfortable position, limiting movement only as much as necessary.
 2. Jacket device:
 - a. Assist resident to sit in upright position. Slip armholes of jacket onto resident's arms. Be sure that vest is applied according to manufacturer's instructions.
 - b. Test for fit and comfort by inserting two fingers between the restraint and the resident's skin.
 3. Waist device:

- a. Place waist device low over pelvis and down between wheelchair sides and seat to “the foot-bars” in back of the wheelchair.
 - b. Test for fit and comfort, etc.
- C. Secure straps to each side of movable part of bed frame or to back of wheelchair with easily removable tie, out of resident’s reach. Do not tie to side rails.
- D. Observe color and temperature of skin below restraint (for vest restraint, observe respirations).
- E. Check resident every 15 to 30 minutes or according to facility policy.
- F. Remove restraint and change position every two hours. Offer toileting, fluids, range-of-motion exercises and position changes as needed. Provide skin care.

ENDING STEPS:

- 1. Clean and return equipment and supplies, if applicable.
- 2. Remove gloves (without contaminating self) into waste container and wash hands.
- 3. Position resident comfortably.
- 4. Place call light within reach.
- 5. Lower bed to safe position for the resident.
- 6. Leave room neat.
- 7. Wash hands.
- 8. Document.
- 9. Report abnormal findings to licensed nurse.

P

Pull safety pin.

A

Aim.

S

Squeeze.

S

Sweep low.

R Remove the resident from the fire area and close the room door.

A Activate the fire alarm system.

C Contain the fire.

E Extinguish the fire, if possible.