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Minimum Care Facility Just in Time Training for Volunteer Care Providers

Thank you for volunteering to help care for your sick friends and neighbors. A licensed health care worker will be in charge of the care provided in this facility. That person is your “medical director”.

MALPRACTICE PROTECTION

The work you are doing to help others is protected under the North Dakota Disaster Act. The language of the disaster act includes the following:

An emergency worker complying with or reasonably attempting to comply with the North Dakota Disaster Act, or any executive order or disaster or emergency operational plan pursuant to the provisions of the Disaster Act of is not liable for the death of or injury to persons, or for damage to property, as a result of any such activity, except in case of willful misconduct, gross negligence, or bad faith. N.D.C.C. § 37-17.1-16(1).

Any requirement for a license to practice any professional, mechanical, or other skill does not apply to any authorized disaster or emergency worker who, in the course of performing their duties, practices such professional, mechanical, or other skill during a disaster or emergency. N.D.C.C. § 37-17.1-16(2).

"Disaster or emergency worker" means any person performing disaster or emergency responsibilities or duties at any place in this state subject to the order or control of, or pursuant to a request of, the state government or any political subdivision. N.D.C.C. § 37-17.1-04(2).

KEEPING YOURSELF WELL

It is important to recognize that you are working in a facility providing care for patients with a contagious disease. Even though you will be supplied with protective equipment to help you stay well, you may be at increased risk of becoming ill. **ALWAYS PROTECT YOURSELF FIRST.** If you are hurt or sick, you cannot help others and someone will need to care for you. There are several things you can do to prevent spreading infection to yourself or those around you and things you can do to keep from becoming injured.

If you begin to **feel sick** while you are working in the minimum care facility, notify the your supervisor right away.

Hand washing, wearing personal protective equipment and keeping your hands away from your face are the most effective things you can do to keep from getting sick.

Clean your hands with either soap and water or an alcohol based hand cleaner frequently but at least:

- When you arrive at the facility for your shift;

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- Anytime hands are visibly dirty;
- Before and after providing any care for each patient;
- After removing personal protective equipment such as gown, gloves, or masks;
- After using the restroom;
- Before and after eating meals; and,
- Before leaving the facility at the end of your shift.

Hand washing should be thorough. Use plenty of soap. Lather at least 20 seconds and clean under the nails.

Avoid touching your face, eyes, nose, or mouth at anytime while providing care to patients unless you wash your hands first.

Wear protective gear as directed by the facility medical director. You should always wear gown, gloves, and a mask when caring for patients in the minimum care facility; however, the number of times you will be able to change gowns and masks will depend on the supplies that are available.

- Masks should fit tightly over your face to prevent you from breathing in germs in the air. When you have the mask on, use one hand to cover the mask without pressing it into you face. Now inhale. The mask should draw in slightly toward your face. Now place both hands around the edges of the mask (don't try to hold the mask against your face) and breath normally noting if there is any air leaking around the mask. If air is leaking around the mask, you may need to adjust the nose clamp and the position of the mask on your face. If air continues to leak around the mask, you may need a different size or shape mask. Recheck any new mask you try. If you cannot fit the mask with out noticeable air leaks you may not be able to work in this facility. Talk to the facility medical director.
- Take your mask off only if you are away from the sick people in an area where you may eat, drink, and rest. Even then, keep a distance of 3 feet or more between you and others in the rest area. Influenza can be spread by people who have become infected but don't have symptoms. Other diseases may or may not spread before a person becomes ill.
- Change gloves after each contact with a patient. If gloves are in short supply you will be instructed to use gloves when handling body fluids such as blood and to wash your hands carefully for all other patient care activities. Always wash your hands after taking gloves off. Wearing gloves does not mean you don't have to wash your hands!
- Gowns should be changed when they are visibly dirty such as if something has spilled on the gown. When changing your gowns handle the gown as described below for handling dirty linen. Take off a dirty gown before going to any clean areas such as the area where care providers may eat and rest. Some patients may have to have a separate gown used for their care.

To avoid becoming injured or injuring someone else:

- Use good judgment and listen to the instructions of your supervisors, Medical Director and the Safety Officer. Use the techniques you have been taught.

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- Don't try to move something too heavy for you. This includes patients. Patient care requires moving heavy people in sometimes awkward positions. This requires more than one person to avoid injury. For especially large persons, a special lift may be needed.
- Unlike hospital beds, the beds you will be working around don't have rails. It is easy to roll a patient out of bed on the floor and seriously injure them. Someone will need to be on the each side of a patient when they are rolled over.
- If you see a sharp object, such as a needle that has not been properly disposed of, notify your supervisor or medical director who has been trained in sharps disposal. Do not put caps back on needles.
- When you become fatigued, you will be more prone to injury. Be aware of this and stop and think. If you become too fatigued, rest.
- If you become emotionally distressed, take the time needed to recover and speak to a chaplain, staff member or co-worker to work through feelings.

Working in this facility will be stressful. Remember that there is only so much you can do. Try to keep a positive attitude—you are making a difference—and work as a team with other care providers in the facility. Make sure that you eat healthy meals, drink plenty of water, and try to get eight hours of sleep a day.

Feelings of strong emotion in this setting is normal. Talk to others working in the facility with you about what you see and how you feel. You can talk to your family about your feelings, but remember to not talk with them about the patients. If you have a family member or friend in the facility you will be able to participate in their care, but you will be expected to give equal time and care to all patients. Talking is important, but share when you are ready with persons you feel you can trust.

If you make a mistake that is detrimental to a patient, notify your supervisor or the Medical Director immediately. They can ensure that the patient is assessed and helped. Learn from your mistakes, but avoid guilt. You are not and are not expected to be a licensed health care provider (who also make mistakes). You are willing and loving hands and heart doing the best you can for those in need in a terrible situation.

LINEN

Separate dirty linens, supplies and equipment from clean linens, supplies and equipment. You will be given a tour of the facility which will include where clean supplies are kept and where to store dirty linen, where to deposit garbage, how to separate regular garbage from medical waste, and where to clean dirty equipment. Always transport dirty linen, garbage, dirty supplies and equipment by carrying them away from your body. Dirty things should not be held against your body as they can transfer germs to your clothing. Never “shake out” or “drag” dirty items because this allows some types of germs to float through the air.

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PATIENT PRIVACY

When people are sick enough to be at this facility they will need someone to help them with almost every personal activity such as eating, changing position, and toileting. It is important to provide privacy when possible and to demonstrate respect for the individual when helping with these personal tasks. Try to offer the privacy that you would want if you were a patient here.

Humor is alright in an appropriate setting and can help relieve stress. But respect boundaries. Make no fun of a patient. Say nothing negative about a patient. Even though many of the patients may appear to be unconscious, assume every patient can hear you. Sometimes they really can. It feels degrading to be dependent on others for help. We want each patient to know that it is OK to be sick, and that everybody needs help sometimes. This is an opportunity for you to express kindness to those who are sick and to be an example to those you work with.

You may know some of the patients in the facility. Some you may like; some you may not like. Make sure it makes no difference to the care you provide. Care for all the same.

PATIENT IDENTIFICATION

All patients in the facility will be wearing an **ID bracelet**. Always check the bracelet to make sure you have the right patient when you are giving any medications, transferring patients, or writing information on the patient's papers or "chart".

CHARTING

What you do for the patient and how the patient reacts is **documented** on the patient's chart at least once during each shift (the time you are assigned to work at the facility). The patient's chart is a legal record. Write on the chart only what you personally have done or have seen. Each note must include the date and time the note is written. Sign your name to each note you put on the record.

All documentation is done in ink. If you need to correct something you have written, do not scribble it out. Instead, draw a single horizontal line through the incorrect entry and write your initials and date next to the deletion. Correct language can now be added. (Example: John has a ~~brown~~^{SPP 2/13/07} grey horse.) Although you are protected from malpractice by state tort protection, the state may be challenged regarding care that was delivered, and these medical records are legal documents. Information which is scribbled out can be "assumed" by attorneys to be anything. Something that has been incorrectly written but properly corrected is always better than what is unknown because it can't be read.

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GIVING FLUIDS

To **give fluids by mouth** raise the head of the bed or assist the patient to sit up in bed. Assist the patient to sip small amounts of fluids. Offer fluids frequently. If the patient is not conscious and cannot swallow, do not try to give fluids by mouth. Notify the medical director so that other treatment measures can be considered.

When a patient is not conscious and can not take fluids by mouth they still need the mouth cleaned and moistened. To provide this **oral care** you can mix mouthwash with water and use special sponges or soft toothbrushes to clean the mouth and teeth. Carefully clean the roof of the mouth, tongue, gums, inside of the cheeks, and teeth. If necessary a clean gauze pad can also be used to clean the mouth. If the patient has dentures remove them prior to providing oral care. You should always wear gloves when providing oral care.

Sometimes for patients that can not swallow fluids, a **naso-gastric tube** (NG tube) will be used. Usually the tube going through the patient's nose into the stomach will be connected to a bag of fluids which slowly drip into the stomach. Be careful to not pull the tube out. The tube will be taped to the nose to make sure it stays in the stomach. Before putting fluids down the tube, check it to see if is firmly secured in the tape to the nose. If you think the tube could have pulled part of the way out, stop any fluids and notify the medical director. Do not attempt to push the tube back in yourself. A tube which has come too far out and is put back, could end up in the lung instead of the stomach.

Once per day, you will need to replace the fluid bag with a clean one. If you notice that a bag is empty and do not have instructions for additional fluids, notify the medical director. Sometimes the naso-gastric tube is not connected to a bag, however; at regular intervals a large syringe is attached to the tube and fluids are allowed to slowly drip into the stomach. The syringe is then removed until the next time that fluids are given to the patient. Some patients may need important medications that they cannot swallow. Some pills can be crushed and given through the naso-gastric tube. If you are to give fluids or medications through the naso-gastric tube using a large syringe, someone will show you how to do it.

The fluids being given through the naso-gastric tube are a mixture of water, salts and sugar. Sugar solutions can grow bacteria which can make the patients sick, so care must be used. When mixing or adding fluids, make sure your hands are very clean and freshly gloved. Do not touch the liquid or the inside of the bag. Unless given instructions to the contrary, the fluids will be mixed in the bag. Turn off the flow of fluids. Add one quart of water to the bag and then add the contents of one packet or baggie of the solution mix. (If alternative instructions should be followed, they will be provided to you at the time.) Make sure everything is well dissolved and mixed before starting the solution flow again. The sugar and salt mixture may come in a commercial packet or may be prepared in the kitchen or pharmacy area. Make sure you are using the correct mixture. Never use a mixture from an unlabeled package or baggie.

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Patients that are not able to keep fluids down when given through the stomach may need **intravenous fluids or an “IV”**. The medical director or another medical provider will place a small flexible tube into a blood vessel and special fluids in a bag will be connected to the “IV” to slowly drip into the blood stream. You won’t need to manage an IV other than notifying the medical director if you are concerned about it (see below). You will want to take care not to put tension on the tube or accidentally pull it out. Notify the medical director or medical provider if you observe any of the following:

- An IV bag is empty;
- Skin around the IV is swollen, hard, or red;
- IV is not dripping;
- Patient complains of pain around the IV site;
- Blood is flowing up into the line (Sometimes you will see blood in the IV line that has been there awhile; if the line is dripping, this is not a problem);
- IV catheter pulls out of the skin. If the patient is bleeding from the site, use a piece of gauze while wearing gloves to hold pressure on the site until it quits bleeding, then notify the medical director.

TOILETING

Most of our patient will not be able to get out of bed to go to the bathroom. Many will not even be able to tell you that they have to pass their water or move their bowels.

If the patient is able to tell you their **toileting needs** you can either assist them to a near-by **bathroom**, assist them to use a **bedside commode**, or assist them to use a **bedpan**. When a bedside commode or bed pan is used they should be emptied right away in the nearest bathroom. A bedpan will be used for only one patient and should be rinsed clean and returned to the patient’s bedside. A commode may be used for many patients and should therefore be cleaned between patients. For those patients that can not tell you of their toileting needs you will use disposable pads on the bed or disposable underpants. These should be checked frequently and changed when wet or soiled. Wear gloves when changing clothing or linen of soiled patients.

In rare cases a patient may have a soft flexible tube known as a “**foley catheter**” placed into the bladder to drain urine into a bag. Keep the urine bag hanging from the bed frame below the level of the patient. Do not leave the bag lying on the floor. Take care not to put tension on the catheter or pull the catheter out. As the bag becomes full you will drain the bag into another container and empty the urine into the toilet in the nearest bathroom.

MOVING PATIENTS

Patients that are very sick and weak often are not able to turn over in bed or **re-position** themselves. Patients should be carefully turned from back to side to side every 2 hours or as often as possible to prevent “bed sores” caused from pressure of lying in the same position for too long. Reach across the patient grasping the blankets or sheets that are

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under the patient and pull them toward you to roll the patient on his side. When you turn patients, it is helpful to use pillows or folded blankets to help “prop” the patient into the desired position if possible. Position the arms and legs in a way that looks comfortable to you, and so that they are not pinned under the patient or causing bony areas to rest against other bony areas. Look for areas of severe redness or open sores and report these to the medical director or medical provider. The usual areas for bed sores to occur are the heels of the feet, the buttocks, back, hips, shoulders, and back of the head.

Transferring patients from their bed to a transfer cart or cart to bed will require several people. Get help. Use blankets under the patient to help lift the patient from a bed to a transfer cart or cart to bed. Staff people on both sides of the patient will take a hold of the blanket with both hands. One person will give the instruction to transfer the patient on the count of three. As the counter says “three” lift and move the patient. Lift with your legs and arms taking care not to strain your back. A “**patient lift**” may be available to help transfer heavy patients. This mechanical piece of equipment uses a sling and frame and a hydraulic mechanism to allow one person to safely transfer a patient. Someone will show you how to use the lift. Never leave a patient alone while in the lift.

VITAL SIGNS

You may be asked to measure a temperature, pulse (heart beats each minute), respiratory rate (breaths each minute), or blood pressure. These measurements are commonly called **vital signs**. An electronic thermometer that reads the temperature in the ear will be used in this facility. The cover on the tip that goes in the patient’s ear is for one patient only. The cover is changed for each patient. If there are plenty of covers they can be thrown away after each use, but if there is a limited supply, keep the cover at the patient’s bed side so it can be re-used for the same patient. Someone will show you how to use the thermometer. To measure the pulse, locate the pulse on the patient’s inner wrist or use a stethoscope to listen to the heart beat through the chest. Count the number of heart beats in 15 seconds then multiply the number times 4 to get the number of beats in a minute. To measure the respiratory rate, watch the patient’s chest and count each breath in 15 seconds and multiply times 4 to get the number of breaths in a minute. Blood pressure is measured with a blood pressure cuff around the upper arm and a stethoscope listening for the heart beat at the inner elbow. If you need to measure vital signs someone will show you how and let you practice. Vital signs are then “documented” or written down on the patient’s papers or “chart”.

CONFIDENTIALITY

Medical providers and those that care for patients in any type of medical facility are bound by law to keep personal medical information **confidential**. You will probably be asked by friends, family members, and others in the community about the patients in the minimum care facility. You should never offer information about the patients (even information about whether they are in the facility or not) or activities in the facility. When you are asked questions tell them you can’t say anything about any person in the facility. Family members can use the “security code” given to them when the family

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member was admitted to get information from a website. We also provide information to the newspapers, radio, and television about how the public can obtain information about their loved ones.

DEATH AND DYING

It is expected that some of the patients you are taking care of will die even though you and others have done everything you can to help them. This facility will not attempt artificial respirations or cardiac resuscitation. When the medical director determines that a patient has little chance of living he may designate the patient for “**palliative care**”. Palliative care means providing comfort and dignity for the patient in their last hours as much as possible with the care providers and supplies that are available. Although you may be instructed to care for those likely to live first, to the extent possible those who are dying will be given equal care.

Those designated as palliative care may remain among the other patients or may be moved to a designated area of the facility to make room in the treatment area for new patients that have a better chance of getting well. Moving patients to another area should only be done if ordered by the medical director. When you notice that a patient is not breathing, notify the medical director or medical provider. If you find that you are having trouble handling the impact of seeing very ill and dying patients in this situation, please let someone know so that you can be relieved of duty and receive support from our crisis counselors.

SECURITY

No person who is not working in the facility or a patient in the facility is allowed to enter. This is for their protection and the facilitation of the work you are here to do. Families bringing patients to be admitted will be met in a separate triage area. Families are not allowed to enter any other part of the building. Media representatives are not allowed in building. If you are asked to speak to a media representative based on your role in the MCF, please refer the media representative to the Site Commander.

You are expected to sign in and out of the facility whenever entering or leaving. You will be assigned an ID which will consist to two parts. In one part will be a number ID badge issued to you. In other you should place a government issued ID (such as driver’s license) with a picture. Please wear the ID at all times when on duty.

When checking out, do not take personal protective equipment (e.g., masks) with you. They must be left in your assigned locker space.

GOING OFF DUTY

When your work period (shift) is over tell the next care provider what you can about what needs to be done. Show the new care provider how to use any equipment and complete any cares or treatments that you have been trained to do such as vital signs, using the patient lift, giving fluids through the naso-gastric tube, and other patient care activities.

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Take off your gown, mask, and gloves in the designated safe area, either store them for the next time you come to work at the facility or throw them away (you will receive instructions based on the amount of gowns, and masks available), wash your hands, and leave the facility. If showers are available, you may be able to shower before you go home and put on clean clothes that you have brought. If not, shower as soon as you get home.

Influenza viruses can live for a few hours on environmental surfaces outside the body, so as a precaution you should launder your work clothes separately from those of your family, and clean any personal items that you may have taken with you to the facility. If an object that you think could have influenza virus on it is left in the open air for a day, any influenza virus should be inactivated. However, note that in caring for patients, you could be exposed to infectious agents other than influenza, some of which may be more durable in the environment than influenza.

ADDITIONAL ORIENTATION

You should receive additional orientation to the specific facility you work in which may include:

- Building tour
- Location of key resources
- Introduction to key staff and roles
- Shift scheduling
- Assignment of locker
- Assignment and labeling of personal protective equipment
- Access to supply areas
- Assignment to mentor