

EMERGENCY MEDICAL TECHNICIAN VOLUNTEER PROGRAM

INTRODUCTION:

Many Emergency Medical Technicians (EMT's) of the Eastern Shore have expressed the desire to gain clinical experience in the Emergency Room setting. Considering the expanding role of the EMT's and the programs being developed for your continuing education, an Emergency Room experience would be of considerable value.

With the large numbers of patients seen in the Emergency Room at PGH, additional personnel can be utilized. Not only would you gain considerable practice in patient care and constant improvement of skills, but the nursing and medical staffs would also gain extra assistance and valuable time would be saved. Also, this program will strengthen the relationships between EMT's and the Emergency Room staff.

OBJECTIVES:

The objectives of the program are:

1. To improve the quality of medical services to the patient during transport to the Emergency Room.
2. To provide clinical experience for the E.M.T.
3. To provide trained assistance to the Emergency Room nursing staff.
4. To improve public relations between EMT's and the Emergency Room staff.

DUTIES:

Your EMT's Training Program has been carefully studied.¹ According to your previous educational background, you are qualified to assist in the care of the patient in the emergency situation. Keeping your present knowledge and skills in mind, as an EMT Volunteer and under the direct supervision of an assigned staff nurse or physician, you would assist in the performance of the following duties on a volunteer basis:

- 1-Cardiopulmonary resuscitation.
- 2-Establishment of a patent airway via positioning and/or oral airway insertion, suctioning and oxygen administration.
- 3-Application of dressings to wounds.
- 4-Treatment of the patient in shock, i.e., maintain airway, control of bleeding, positioning of patient, oxygen administration.
- 5-Irrigation of wounds.
- 6-Maintaining proper alignment of the spinal cord injured patient and application of traction.
- 7-Application of splints and slings.
- 8-Observation of the patient with a seizure disorder and provisions for his physical safety.
- 9-Care of the patient with a communicable disease and isolation technique.
- 10-Treatments for ingested poisons.
- 11-Emotional support of all patients.
- 12-Treatments for the burn patient.
- 13-Moving and lifting patients.

SPECIAL REQUIREMENTS:

1. All EMT Volunteers must be certified Emergency Medical Technicians, and have satisfactorily completed an Application and Personal Interview.
2. No EMT Volunteer will perform patient care without the direct supervision of a nurse or doctor.
3. Each EMT Volunteer will be assigned to a nurse whose duties will be to orient him to the E.R., supervise his actions, and evaluate his effectiveness in the unit. After this orientation period (see orientation checklist) the EMT Volunteer will continue to assist in the E.R. ONLY under the supervision of the nursing and medical staffs.
4. The EMT Volunteer may not administer medications or I.V. solutions.
5. Only one EMT Volunteer may work in the E.R. at a given time. He will not be required to work an entire shift per day. Instead, he may work a few hours at a time. Schedules will be made according to the EMT Volunteer's availability.
6. Peninsula General Hospital Medical Center reserves the right to select participating EMT's and to dismiss them should they not meet the course objectives.
7. The Department of Volunteer Services will schedule the EMT Volunteer's work in the E.R. Also, Mrs. Betty Smith, Director of Volunteer Services, will keep a record of each EMT's hours. These volunteers, like all others, will be recognized when they complete the required number of volunteer working hours.
8. Volunteers purchase their own uniforms. Shoes should be comfortable and quiet, rubber soled, and white or blue in color with closed toe and heel. All EMT volunteers will be issued name tags and cloth emblems.

¹ Grant, Harvey and Robert Murray. Emergency Care. Robert J. Brady Company, 1971

EMT's are volunteers in the Emergency Room

by Debbie Wagner, R.N.

There's a new type of volunteer at PGH. Emergency Medical Technicians, or EMT's, are now offering their services in our Emergency Room.

You may already have seen the EMT's as they ride on ambulances bringing emergency patients to the hospital's Emergency Room door. Now, these same EMT's are using their spare time to participate as a member of the Volunteer Services at PGH so that they may gain additional skills in caring for critically ill or injured patients.

The program at PGH is the first of its kind in the state of Maryland.

The history of EMT's here goes back quite some time. Ten years ago, Edie Johnson, now Associate Director of Nursing Service, taught an advanced first-aid course to



EMT's Gilbert Perdue (l.), of Pocomoke, and Wayne Parks, of Salisbury, get instructions from Candy Adkins, R.N., during their first day of volunteering in the PGH Emergency Room.

personnel of the Snow Hill Fire Company. From this, a 60-hour emergency care course was developed and eventually received state certification. The course was expanded to 81 hours in 1973. Since then, EMT's who serve PGH from ambulance and fire companies all over the lower Eastern Shore have expressed the desire to become more proficient by gaining clinical experience in an Emergency Room setting.

Recognizing that the knowledge and skills EMT's already possess make them a natural and valuable adjunct in delivering emergency patient care, the way was cleared to have them take part in an Emergency Medical Technician Volunteer Program at PGH. Letters were sent to ambulance companies all over the lower Eastern Shore inviting them to take part; the response was tremendous.

Starting in March, the first group of 21 EMT's attended eight hours of orientation prior to beginning their Emergency Room experience. Instrumental in organizing and conducting the classes were Betty Ann Smith, Director of Volunteer Services; Vesta Mills, R.N., Head Nurse, Emergency Room; Betty Turner, R.N., and Debbie Wagner, R.N., both of the Inservice Education Department. The initial sessions included recertification in cardiopulmonary resuscitation (CPR) with the assistance of

Mrs. Turner and two other CPR instructors from PGH, Bruce Franz and Charles Boyer.

Very early on the morning of April 12, the first scheduled EMT volunteer entered the PGH Emergency Room to begin his assignment. All EMT volunteers are "buddied" with a nurse for the entire time they are in the E. R. This allows him or her to have direct supervision and gain valuable clinical experience and knowledge. It also is a great boon to the nursing staff, for the EMT is now capable of sharing overall workload. This means greater attention can be given to individual patient needs, especially important during very busy hours.

It should be mentioned that, as a volunteer, each EMT will wear the uniform of Volunteer Services and accumulate hours of service toward recognition.

The entire staff of the Emergency Room has voiced satisfaction with the EMT volunteers. The nursing staff say that the EMT's are a big help to them and to the patients seeking care. The EMT's themselves express delight with their assignment; they feel the clinical experience they are gaining is invaluable in helping them care for patients transported by ambulance to PGH.

The formation of subsequent orientation sessions for additional EMT volunteers is in progress, along with a schedule to cover the Emergency Room during the summer months.

A warm greeting is extended to each of these men and women who have chosen to join us in helping others.

Motivational Dynamics comes to PGH

by Art Binz

The first in a series of educational programs for Administrative staff and Department Heads is off and running, creating a great deal of discussion and interaction between individuals and departments. In the process, hospital management is wrestling with a whole new and thought-provoking language which includes such terms as "Theory X," "Fayol's Gangplank," "B equals F (I,E)," "satisfiers," and "Scalar Process."

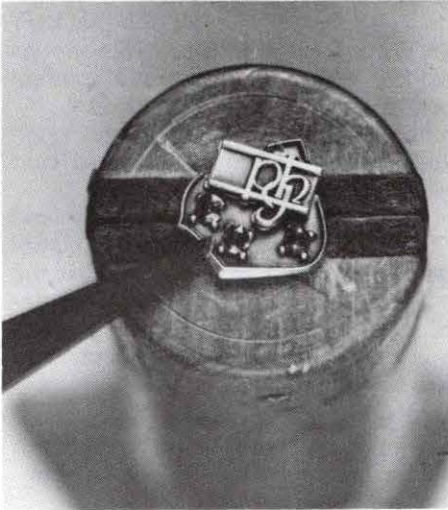
Under the guidance of Susan Potts, Education and Training Coordinator, the Motivational Dynamics program is designed to demonstrate to our management staff the complexity of human behavior and the necessity for dealing with each employee as an individual. Also, as our managers reach a better understanding of their own attitudes, they can be expected to better understand and appreciate the attitudes, values and needs of employees working under their direction.

"We believe," Susan says, "that this course will show our managers and, through them, our employees how to work cooperatively to achieve the goals we set for ourselves. Further, we hope to demonstrate that the goals of the hospital are compatible with our personal goals and that through mutual cooperation, we can meet our needs as individuals and also fulfill the objectives of PGH."

"Eventually," Susan stated, "we plan to reach each of our eighty-plus managers and supervisors with the Motivational Dynamics course. We expect that this course will show us our areas of weakness and point the way for future educational programs designed to deal with these specific needs."

peninsula general hospital intercom

see pg.
2



The new PGH service award emblem. The three rubies represent 15 years of service.

108 employees recognized for 1080 years of service

At what was surely the hospital's most outstanding service award program to date, 108 PGH employees were recognized for 108 years of collective service.

A buffet luncheon, special entertainment, and the presentation of newly redesigned service emblems highlighted the event, which was held May 14 as a conclusion to National Hospital Week activities.

Service awards are given annually in recognition of each five years of full-time service completed on or before May 12.

Oscar L. Carey, President of the Board of Trustees, Dr. Aubrey C. Smoot, President of the Medical Staff, and R. Hall Grier, Chairman of the Public Relations Committee, were on hand to commend the employees for their loyalty to the hospital. Our 1975 Employee of the Year, Mrs. Madelyn Richardson, R.N., was also an honored guest.

The Parkside High School Chorus, under the direction of Mrs. Dollie Wright, gave what turned out to be a memorable performance. In the midst of a well-executed medley of popular, spiritual, and show tunes, chorus members began to grow faint; by the end of the program, no less than four had been helped from the stage. Thanks to the ministrations of Dr. Smoot and Madelyn Richardson, the students made an uneventful recovery.

The recipient of the drawing for a \$100 savings bond was Mrs. Rose Bradshaw, Supervisor, Central Supply.

At the conclusion of the program, employees lined up for the presentation of the smart new service emblem. Depending on years of service and sex of the recipient, the emblem incorporates diamonds and/or rubies in a distinctive piece of jewelry. Many favorable comments were heard on the new design.

The INTERCOM's heartiest congratulations go to each PGH employee eligible for a 1976 service award:

35 years

Edward A. Horsman

30 years

Doris V. Hammond
Ianthé M. Sturgis

25 years

Louis J. Conti
Frances H. Lang
Margaret E. Wilson

20 years

Alice W. Cullen
Mary G. Gray
Recie M. Simpson
Lillie M. Simpson
Frances M. Timmons

15 years

Edna E. Bennett
George W. Boles
Rose W. Bradshaw
Gladys D. Church
Mary C. Church
Patricia G. Collins
Nellie M. Conti
Hattie R. Doane
Kathryn M. Givens
Ollie A. Hitchens
Karen F. Joseph
Eloise W. Massey
Vesta E. Mills
Ellen B. Outten
Ernest A. Purnell
Thelma M. Tanner
Frances O. Turner
Mary R. Turner
Mary L. Warren
Lucille T. Winder

10 years

Janet W. Ames
Norma J. Barnes
Robert Bonner
Doris M. Brewster
Brenda J. Brininger
Frances R. Butler
Janet C. Christopher
Marion F. Cook
Iris J. Corbin
Lelia C. Cordrey
Pauline R. Cruz
Nellie R. Dashiell
Virginia M. Disharoon
Mildred C. Duffy
Patricia L. Fisher
Kenneth T. Haskell
Ruth E. Hyde
Priscilla A. Jones
Jean C. Martin
Leon A. Mitchell
Marilyn R. Pope

Theresa E. Poyner
Yolanda R. Purnell
Bertha M. Williams
Brewster W. Wisher

5 years

Louise V. Abbott
Nancy L. Adams
Lily M. Anderson
Dorothy E. Baker
Helen V. Banks
Brenda W. Beauchamp
Eatha B. Bishop
Francis B. Blankfard, Jr.
Mary L. Bradford
Elwood J. Brown
Christine L. Cannon
Charles L. Clark, Jr.
Veronica M. Doyle
Joy L. Duncan
Alan W. Dykes
Teresa L. Fields
Rosie A. Finney
Anne S. Ford
Mable A. Foreman
Ruby N. Gilmore
Irvin T. Harmon
Caroline S. Hickman
Carolyn M. Hitch
Margaret D. Hurley
Donald J. Jacobs
Sharon D. James
Amy V. Jones
Mamie L. Lane
William E. Layfield
Janet E. Lean
Clementine S. Lezon
Mary L. Mayo
Sylvia J. Messick
Quinn G. Miller
Alonzo T. Mills, Jr.
Donald L. Mills
Rosalee B. Mills
Carolyn Mitchell
John C. Morcom
Nicholas C. Morris
George A. Parks
Charles R. Powell, Jr.
Lillie J. Price
Ruby M. Richardson
Corintha L. Savage
Darlene B. Simms
Georgianna Strozier
Kathryn J. Taylor
William H. Taylor, Jr.
Theresa C. Walker
Rebecca F. Weatherholt
Florence E. Wiltbank

SAFETY IN ESCORTING AND TRANSPORTING OF PATIENTS

Who May Escort Patients

The following persons are qualified to escort patients:

1. Medical and para-medical personnel
2. Properly trained volunteers

Escorting personnel should be properly oriented to the following list of rules:

1. Escorts should not smoke.
2. The patient's safety is the primary responsibility.
3. Escorts should project a friendly, courteous manner to all patients, visitors and hospital employees.
4. Escorts should give patient support and undivided attention.
5. Escorts should introduce themselves to the patient.
6. If the patient is conscious, keep him informed at all times of your location and destination.

Patients - General

Upon admission:

1. Patients should be escorted from the Admitting Lobby to their room; and if the condition of the patient is questionable, they should be taken in a wheelchair.

Upon discharge:

1. It is the responsibility of the discharging volunteer to make sure the patient is in the car with the door closed. The car should be brought up to the curb. When a patient is being discharged, they should never be left alone. This is particularly true when dealing with a person whose vision is severely impaired.
2. When an OB patient is being discharged, she holds her baby while she is in the wheelchair to the hospital door. The discharging volunteer then takes the baby. The mother walks from the wheelchair to the car with the help of the person taking her home; and when she is seated in the car, she is handed the baby.

Wheelchair Patients

General Rules

1. Before helping a patient onto a wheelchair, wheels should be locked and the foot supports locked up.
2. When a patient is seated in a normal chair, the wheelchair should be positioned to the side of the chair and the wheels locked.
3. Two persons should be used in transferring patients to and from a wheelchair.

- * 4. The wheelchair should be pulled onto the elevators (with patient facing out) and pushed off. When possible, the wheelchair should be turned while on the elevator and the patient pulled off backwards. If not possible, tip chair so small wheels in front don't catch in the space between elevator and floor causing the patient to pitch forward.
- 5. In moving a wheelchair through any doors, the wheelchair should be pulled through backwards, The only exception to this might be when going through electric eye and electric mat doors. Then pushing the wheelchair through may be acceptable. Make sure the doors are fully open before pushing the wheelchair through.
- 6. In assisting a patient off a wheelchair onto a bed, the wheelchair should be parallel to the bed with the wheels locked.
- 7. When transferring a patient from a wheelchair to a car, open the car door, then place the wheelchair so it is facing the open door and lock the wheels.
- 8. When necessary to safeguard a patient, safety straps may be used in a wheelchair.
- 9. Do not, under any circumstances, attempt to handle two patients at once.

Getting into Wheelchair

- 1. Place wheelchair parallel to bed or chair.
- 2. Lock wheels.
- 3. Put footrests and leg supports up.
- 4. Face patient and support under arms.
- 5. Have patient's feet on floor and pivot to sit down.
- 6. Support patient's legs by adjusting leg rests.
- 7. Reverse procedure to get out of wheelchair.

Traveling

- 1. Travel on right side of corridor
- 2. Push chair - Don't pull
- 3. Travel at slow rate
- 4. Have patient place arms in lap
- 5. Keep clothing, tying, etc. free from moving wheels
- 6. Place any drainage bags away from wheels
- 7. Approach corners and closed doors with caution
- 8. Be sure feet remain securely on the foot rests

Fluids

A patient being moved with fluid being administered, must have IV pole attached with an adaptor to the wheelchair, or a member of Nursing must push the IV stand and be in attendance at all times.

Stretcher patients should be handled by staff with, if needed, assistance from a volunteer. A volunteer should not escort a stretcher patient alone.

* Please note

PENINSULA GENERAL HOSPITAL
Salisbury, Maryland

GROUND FLOOR

East Ground

Operating Room
Kitchen

South Ground

Cafeteria
In-Patient Laboratory
Cytotechnologist's Office

Central Ground

Mail Room
Special Police & Environmental Services
Medical Records
Lost & Found

North Ground

Morgue
Histology Lab
Central Supply
Short Stay O.R.
Emergency Room

FIRST FLOOR

East One

Medical Area
Nursing Supervisors' Office
Administrative Offices
In-Patient Pharmacy

South One

Surgical Area
Cashier
Patients' Representative
Information Desk
Jr. Board Shop

Central One

Volunteer Services
Intensive Care Waiting Room
Out-Patient Laboratory
Out-Patient Pharmacy
Admitting Office
Intensive Care Unit
Special Care Waiting Room
Family Practice
Physical Therapy

North One

Special Care Unit
Coronary Care Unit
Inservice Education Offices

SECOND FLOOR

East Two

Pediatrics

South Two

Surgical Area

Central Two

Surgical Area
Religious Center
Social Service

Tumor Registry & Infection Surveillance

North Two

Surgical Area

THIRD FLOOR

East Three

Labor & Delivery
Father's Waiting Room
Gynecology

South Three

Maternity
EEG

Central Three

Medical Area

North Three

Medical Area

FOURTH FLOOR

East Four

Medical & Surgical Area
Blood Bank

MORGAN WING

First Floor

EKG
Library
Pulmonary Function
Cardiac Cath Lab
F-1, F-2 Meeting Room

Ground Floor

Radiology

Basement

Isotope Scanning
Inhalation Therapy

ORIENTATION FOR P.G.H. VOLUNTEERS

①

Volunteers in uniform represent P.G.H. to the public. For this reason, it is essential that the Volunteer know and understand what is expected in the performance of duty.

A. Philosophy of Volunteer Service

Volunteers are to assist and supplement the paid staff, not take their place or supplant them. Volunteers are to give that extra, personal service to the patients which the employee just can't take time to give. Volunteers should add to that greatly sought intangible referred to as human warmth or personal concern. They should be representatives of the community to the hospital and from the hospital to the community.

B. Appearance

1. Freshly laundered uniforms must be worn on duty. They can be purchased at Chester Uniform Company in the Mall.
2. All volunteers will be issued name tags and cloth emblems. Hems are to be no more than three (3) inches above the knees.
3. Shoes should be conservative--medium or low-heeled, rubber soled, or tennis shoes, white or blue.
4. Hose must be worn when in uniform (natural color).
5. Sweaters should be classic--white or blue.
6. Moderate usage of cosmetics and perfume is requested. Personal cleanliness and good grooming is essential. Long hair must be pulled back off the face.
7. Jewelry must be restricted to a ring and watch and small pierced ear "buttons".

C. Requirements

Volunteers are an integral part of hospital personnel and subject to the same disciplines and standards of the hospital as paid staff.

1. It is imperative that you personally sign in and out in the Volunteer Services Office. Three consecutive, unexplained absences constitute an automatic resignation.
2. Be prompt. Report to Head or Charge Nurse regularly on the day and time assigned to you. In case of necessary absence, notify the Volunteer Director, 749-3161, extension 395, or Nursing Supervisor's Office, extension 211.
3. Follow instructions given by the supervisor in your assigned area. Do not perform unauthorized services (those not in your job description). In case of any misunderstanding, report to supervisor or department head.
4. You are requested not to receive or make personal calls on hospital phones except in case of emergency. Public phones are available throughout the hospital or local calls may be made from the phone in the Volunteer Services Office.
5. If you should become ill or have an accident while on duty, notify your supervisor.
6. Please be guided by the needs of the department in which you are a volunteer as to the times of your lunch hour. (30 minutes). Meals may be purchased in the Employee Cafeteria or the Junior Board Shop. Name tags are to be worn at all times.

D. Ethics - Do's and Don'ts

1. Do not discuss information concerning patients. Regard any information you may learn as absolutely confidential.
2. Do accept any criticism as constructive and utilize it as an aid to progress in your volunteer duties.
3. Do not ask doctors for professional advice concerning you or your family. If you are ill, report to the supervisor or department head.
4. Do not participate in any idle gossip with patients, staff, visitors, or volunteers.
5. Do not criticize your hospital or its rules. If you have any constructive criticism or complaints, please tell your Director of Volunteers.
6. Do not chew gum. Smoking is not permitted in halls, elevators, stairwells, or patient areas. Your supervisor will advise you where smoking is permitted within your department.
7. Do not use first names on duty. Always use titles to maintain a professional manner.
8. Please be pleasant, considerate, dignified, and tactful.
9. Please observe the Hospital's visiting hours. Ask your supervisors for permission to leave the area to visit.
10. Do not leave the area assigned to you unless sent on an errand by the Head or Charge Nurse. Also, if a patient requests you to do an errand, please check with the Head Nurse.
11. PHOTOGRAPHS: NO photographs may be taken on hospital property without written authorization from Administration. Also, written permission must be obtained from the patient or a member of the patient's family before photographs may be taken.

CALL BELL SYSTEM

Executone call systems

Areas:

- East I
- East II
- East III
- East IV

- North I
- North II
- North III

- Central II
- Central III

IBM call systems

Areas:

- South I (Buzzer only at nurses station)
- South II (Buzzer and indicating panel at nurses station)
- South III (Buzzer and indicating panel at nurses station)

CCU - Lights over each door and one light at desk

Executone call system

Patient button is depressed, light on panel by patient will light, light over door and at Nurses Station indicating the room or toilet station. The chime will sound one time. Light at patient panel and over door will stay lit until reset at patient panel. Emergency toilet stations when activated will light a red light at the point originated, over the door, and at the Nurses Station. Chime will continue to operate until reset at point or origin.

IBM call system

When patient button is fully depressed, the light over the door is lit and the buzzer at the Nurses Station sounds until released to locked position. Lights will stay lit until button is reset at point of origin. Emergency toilet button, when fully depressed, will light the lights over the door and at the Nurses Station. Buzzer will sound until released to locked position. Lights will stay lit until reset at point of origin.

④

FIRE REGULATIONS.

I. Important Reminders

- A. Danger of fire always exists
- B. Report to nurse in charge and investigate any evidence of fire immediately.
- C. Know location of fire extinguishers in your area and how to operate them.

II. Procedure Should Fire Occur

A. At the scene of the fire

1. Person discovering - try to extinguish flames with extinguisher, blankets or water.
2. Notify nurse who will notify switchboard operator giving the location of the fire.

B. Patient areas

1. Report immediately to the nursing station.
2. Receive instructions from nurse in charge; close fire doors - watch stairways to keep clear - move portable oxygen tank to wing not involved - man elevators - NC to North elevator, Maternity to Central elevator, SI to South elevator (key for manual at switchboard), take to third floor and keep doors open - move patients to wing of the hospital not involved - or evacuate patients. Take extinguisher to scene of the fire - know how to use it.

III. Operation of Fire Extinguishers (To be handled by Employees)

A. Soda-Acid Type - wood, paper, trash, rubber

1. To operate - turn upside down and bump as it is set erect - direct nozzle spray to extinguish flames.
2. To shut off - turn right side up. Must then be recharged.

B. Carbon Dioxide Type

1. Opening the valve of the extinguisher discharges the gas, displaces the oxygen.
2. Electrical wiring, apparatus or equipment.
3. To operate:
 - a. Pull out lock pin and squeeze valve grip for discharge.
 - b. Direct at base of fire.
 - c. Use erect.
 - d. To shut off - release valve grip.
 - e. Do not handle "snow".

MUST BE RECHARGED

(over)

FIRE - Very serious subject in hospital - Wood construction outdated
 Observe No Smoking signs
 Elevators not sealed - cigarette in elevator shaft is dangerous
 Report all questionable electric equipment
 Demonstrate fire extinguishers
 Any time you suspect fire - odor - report it
 If fire occurs, your first concern is for patient safety

2nd - Report - Pick up phone and tell phone operator
 Give location and say "Condition I"

3rd - Get extinguishers nearest you and report to area
 no matter where area is

Supervisor of Maintenance or Nursing Supervisor turns in
 alarm to fire department.

Fire Out - "Condition I" - secure

Lateral evacuation - take to wing away from fire or downstairs -
 not upstairs.

If in your area, report to nurses station

Keep all fire doors closed

Absolutely no smoking near fire equipment

Fire drills every three months every shift

Practice Prevention of Fire

- Check ashtrays
- Lightbulbs or lampshades
- Articles being heated or boiled
- Watch patient with cigarettes
- "No Smoking" signs - visitors

DISASTER

"Operation D" Code - Decision is responsibility of Administrator
 Fire and Police notify P.G.H. as soon as possible

Volunteer Disaster Plan

If Peninsula General Hospital Volunteers are needed, the Director
 of Volunteer Services will activate the Call List for Volunteers.
 Should be in contact with Personnel Pool to determine amount of
 volunteers needed. Direct Volunteers to report to the Personnel
 Pool located in the Medical Library in the Morgan Wing.

FOR GENERAL INFORMATION

TOPIC: ADMINISTRATION
SUBJECT: EMERGENCY CODES
DATE: JULY 1, 1970

1. Maintenance Emergency Code

To be used only for emergencies demanding immediate attention of the Maintenance Department, such as, broken water line which is flooding a large area, explosion of a steam pipe or radiator.

Procedure: Call Operator, report Maintenance emergency
Operator will announce three times: "Attention - Maintenance - Area"

Response to Call:

7 - 3

All Maintenance personnel, Nursing Supervisors

3 - 11, 11 - 7

Maintenance personnel, Environmental Services porters, Attendants, Nursing Supervisors

When Emergency is secure, notify Operator who will announce three times: "Secure - Maintenance Emergency - Area _____".

2. Psychiatric or Uncontrollable Patient Emergency

To be used only when an uncontrollable patient is endangering himself, other patients, or hospital personnel, and, additional assistance is needed to control patient.

Procedure: Call Operator, report Assistance Emergency
Operator will announce three times: "Attention - Assistance - Area _____"

Response to Call:

All Shifts

Attendants, Environmental Services porters, Nursing Supervisors

When emergency is secure notify Operator who will announce three times: "Secure - Assistance - Area _____".

(over)

3. Nursing Attendant - Emergency

To be used only for a patient emergency which requires several attendants immediately, such as: a patient who has suddenly collapsed in a chair or on the floor and who must be lifted immediately; or a patient who must be restrained but is not in immediate danger of injuring himself or others.

Procedure:

Call Operator, report Nursing Attendant emergency

Operator will announce three times: "Attention-Nursing Attendants-Area"

Response to Call:

All Shifts

All nursing attendants, Nursing Supervisors

Secure: When emergency is secure, notify Operator who will announce three times "Secure - Nursing Attendants - Area _____"

INTAKE & OUTPUT

soup bowl	-	180 cc
glass	-	240 cc
juice glass	-	120 cc
styrofoam cup	-	240 cc
coffee cup	-	180 cc
water pitcher	-	900 cc

ABBREVIATIONS

- OOB ad lib - no limitation, as desired
- OOB - specific times
- BRP - bathroom privileges, elimination, wash face and hands
- Bedrest with BRP - elimination only
- Bedrest - limited activity while confined to bed
- may feed self and do own personal hygiene
- Complete, absolute or strict bedrest - does absolutely nothing for self. Is fed, bathed and given drink.
- I & O - Intake and output
- DOA - Dead on Arrival
- CA - cancer
- T & A - tonsillectomy and adenoidectomy
- OB/GYN - Obstetrics and Gynecology
- c - with
- s - without
- ss - one half
- FF - fat free
- SF - salt free
- WP - water packed

DEFINITIONS

- expectorate - spit
- emesis tray - kidney shaped tray - used for nausea, etc.
- locals - pubic area of male and female patients
- edema - retention of fluid
- dehydrated - loss of too much fluid
- feces - stool or BM

THE LOGIC OF METRIC

The metric system was born in France during the 18th century as a reaction to the dismal state of the art of measuring. Until then there was no standard unit of measurements; each country had its own eccentric way of measuring things. Metric brought order out of chaos and today is used by all countries except the United States and Canada. Even England is predominately metric and is rapidly approaching full metric.

By remaining a holdout on metrics, the United States has created many problems for itself, primarily in the field of foreign trade. Because of this impact the U.S. has already converted to metrics in many areas, such as camera lens, bicycle parts, etc. And, as you well know, most drug manufacturers use metric. In fact, the U.S. Pharmacopoeia uses metric measurements exclusively.

The effects of foreign trade is reason enough to change to metric, but there are other reasons. The units of measure in our system are very unsystematically organized and have little logical relationship one to another. There is no relation between foot and quart and pound, no simple way to memorize the whole thing and grasp its relationships. If you want to convert pounds to ounces you have to divide by 16, which is not a simple mathematical feat for many of us. If you want to buy new carpet for a room you have to measure the room in feet then convert to square yards, not a simple task. And, in each we use different standards such as length-inches, feet, yards, rods, miles-for short, medium and long distances. How many of us really know how many feet in a mile? In metrics, all distances (the length of a room, the distance between cities) are measured in one unit, meter, or in fraction or multiples of meters.

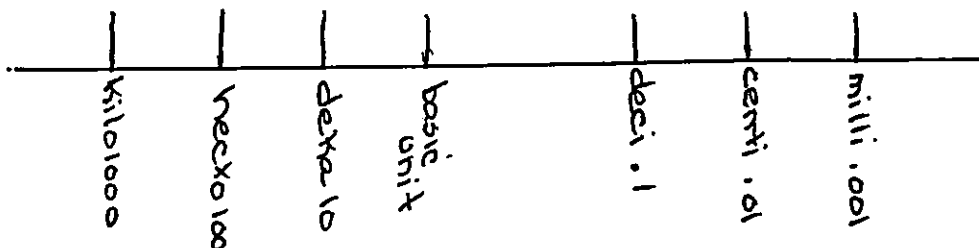
The first bill on metrics in the U.S. was introduced in Congress in 1866. Since then over 50 bills have been brought before Congress to make the system mandatory. Not until last year, however, was a vill finally passed calling for a ten year gradual conversion to the metric system.

Nationally, the change-over should be fairly easy. There will be plenty of public education via T.V. programs and magazine articles. Already there is a lot of "dual dimensioning", such as printing of both metric and English measurements on food products. One state has posted road signs in both miles and kilometers.

Why is metric much easier to learn and use than the English system? Primarily because it involves a simple structured system of prefixes attached to basic units of length, weight, and volume, all to the tune of ten. By learning the three basic units - meter, gram and liter - and six prefixes, you have the whole system of measurement.

The three basic units are:	Liter - Volume
	Gram - Weight
	Meter - Length

The prefixes or secondary units designate some factor of ten using the decimal scale.



Temperature

Fahrenheit to Centigrade conversion

Height

1 inch = 2.54 centimeters (cm)

1 cm. = 0.3937 inch

Fahrenheit	Centigrade
97.0	36.1
97.2	36.2
97.4	36.3
97.6	36.4
97.8	36.5
98.0	36.6
98.2	36.7
98.4	36.9
98.6	37.0
98.8	37.1
99.0	37.2
99.2	37.3
99.4	37.4
99.6	37.5
99.8	37.6
100.0	37.7
100.2	37.9
100.4	38.0
100.6	38.1
100.8	38.2
101.0	38.3
101.2	38.4
101.4	38.5
101.6	38.6
101.8	38.8
102.0	38.9
102.2	39.0
102.4	39.1
102.6	39.2
102.8	39.3
103.0	39.4
103.2	39.5
103.4	39.7
103.6	39.8
103.8	39.9
104.0	40.0
105.0	40.5
106.0	41.1

Apothecary (ft. or inches)	Metric (centimeters)
4'	or 48" 121.9
4'1"	or 49" 124.5
4'2"	or 50" 127.0
4'3"	or 51" 129.5
4'4"	or 52" 132.1
4'5"	or 53" 134.6
4'6"	or 54" 137.2
4'7"	or 55" 139.7
4'8"	or 56" 142.2
4'9"	or 57" 144.8
4'10"	or 58" 147.3
4'11"	or 59" 149.9
5'	or 60" 152.4
5'1"	or 61" 155.0
5'2"	or 62" 157.5
5'3"	or 63" 160.0
5'4"	or 64" 162.6
5'5"	or 65" 165.1
5'6"	or 66" 167.6
5'7"	or 67" 170.2
5'8"	or 68" 172.7
5'9"	or 69" 175.3
5'10"	or 70" 177.8
5'11"	or 71" 180.3
6'	or 72" 182.9
6'1"	or 73" 185.4
6'2"	or 74" 188.0
6'3"	or 75" 190.5
6'4"	or 76" 193.0

Centigrade = (F° - 32) x 5/9

Fahrenheit = (C° x 9/5) + 32

2.2 105. = 1 Kilogram (kg)
 ② 1 10. = 0.454 kg.
 1 kg. = 2.204 105.

Weight Conversion Chart
 Apothecary to Metric

Apoth. 105.	Metric Kgs
80	36.3
81	36.8
82	37.3
83	37.7
84	38.2
85	38.6
86	39.1
87	39.5
88	40.0
89	40.4
90	40.9
91	41.4
92	41.8
93	42.3
94	42.7
95	43.2
96	43.6
97	44.1
98	44.5
99	45.0
100	45.4
101	45.8
102	46.4
103	46.8
104	47.2
105	47.7
106	48.2
107	48.6

Apoth. 105.	Metric Kgs
108	49.1
109	49.5
110	50.0
111	50.4
112	50.8
113	51.3
114	51.8
115	52.2
116	52.7
117	53.1
118	53.6
119	54.1
120	54.5
121	55.0
122	55.4
123	55.9
124	56.3
125	56.8
126	57.2
127	57.7
128	58.1
129	58.6
130	59.1
131	59.6
132	60.0
133	60.5
134	60.9
135	61.4

Apoth. Metric	Metric
136	61.8
137	62.3
138	62.7
139	63.2
140	63.6
141	64.0
142	64.5
143	65.0
144	65.4
145	65.9
146	66.4
147	66.8
148	67.3
149	67.7
150	68.2
151	68.6
152	69.0
153	69.5
154	70.0
155	70.4
156	70.9
157	71.3
158	71.8
159	72.2
160	72.7
161	73.2
162	73.7
163	74.1

Apoth. Metric	Metric
164	74.6
165	75.0
166	75.5
167	75.9
168	76.4
169	76.8
170	77.3
171	77.8
172	78.2
173	78.7
174	79.1
175	79.6
176	80.0
177	80.5
178	80.9
179	81.4
180	81.8
181	82.3
182	82.7
183	83.2
184	83.6
185	84.1
186	84.5
187	85.0
188	85.4
189	85.9
190	86.4
191	86.9

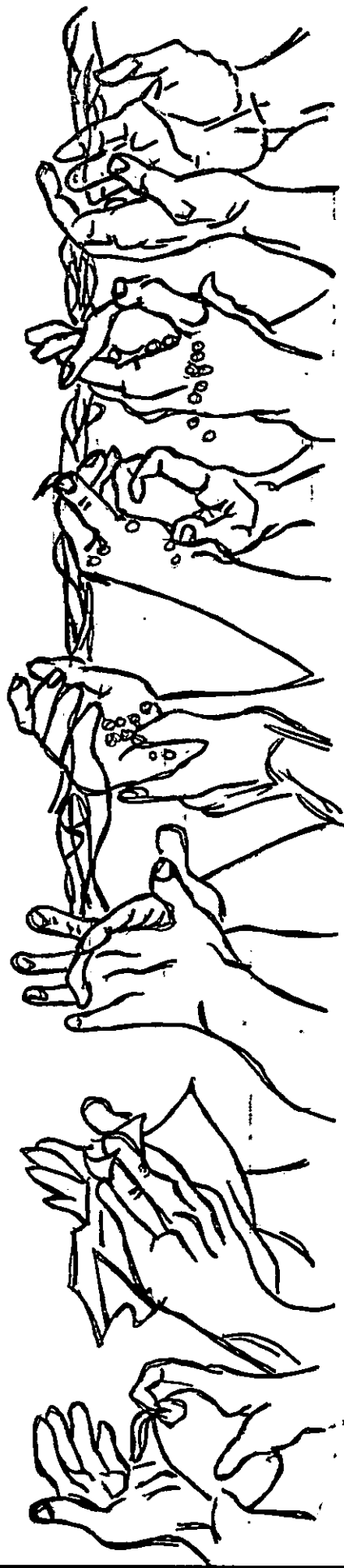
Apoth. Metric	Metric
192	87.3
193	87.8
194	88.2
195	88.7
196	89.1
197	89.6
198	90.0
199	90.5
200	90.9
201	91.4
202	91.8
203	92.3
204	92.7
205	93.2
206	93.6
207	94.1
208	94.5
209	95.0
210	95.5
211	96.0
212	96.4
213	96.9
214	97.3
215	97.8
216	98.2
217	98.7
218	99.0
219	99.5

Apoth. Metric	Metric
220	100.0
221	100.5
222	100.9
223	101.4
224	101.8
225	102.3
226	102.7
227	103.2
228	103.6
229	104.1
230	104.5
231	105
232	105.5
233	105.9
234	106.4
235	106.8
236	107.3
237	107.7
238	108.2
239	108.6
240	109.0

PROCEDURE FOR HANDWASHING

13

1. Wet hands.
2. Apply soap thoroughly; get under nails and between fingers.
3. If necessary, use a brush to remove any substance offering particular resistance.
4. With a rotating, frictional motion, rub the hands together for at least one minute. Wash at least 2 or 3 inches above the wrist.
5. To wash fingers and the spaces between them, interlace the fingers and rub up and down.
6. Rinse well.
7. Dry thoroughly.
8. Apply hand lotion, if desired.



VOLUNTEER JOB DESCRIPTION - NURSING AREAS

14

Services Performed

1. Escorting patients from one area to another.
2. Passing meal trays and nourishments.
3. Preparing patients for meals.
4. Feeding patients.
5. Measuring oral intake.
6. Making unoccupied beds.
7. Assisting with occupied beds.
8. Answering call bells and relaying messages.
9. Directing visitors.
10. Delivering mail, reading of cards, writing of letters.
11. Giving back rubs.
12. Hair grooming and making patients comfortable.
13. Arranging flowers.
14. Talking with patients.
15. Discharge of patients.
16. Filling ice bags.
17. Shaving with electric razors if willing to do so.
18. Weighing and measuring patient.
19. Assisting patient in walking after the patient has been ambulated.
20. Assisting patient with application of TED stockings.
21. Do not usually answer phone.
22. Do NOT CARRY BED PANS.
23. Transport patients to and from Cardiology upon request from that area.

Hours: 7:30 a.m. - 9:00 p.m. each day

Responsible to: Head Nurse or her designate on area assigned.

Summer 1974.