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CASE STUDY – DRAFT

The Occupational Health and Safety Act imposes a general duty of care on the employer and the employee with respect to the safety of anyone in the workplace, including, in the case of hospitals, patients, visitors, medical and nursing staff and contracted employees. The employee's responsibility as defined in the Occupational Health and Safety Act is to "take reasonable care to ensure their own safety, not place others at risk by any act or omission, follow safe work procedures, use and care for equipment as instructed, not willfully or recklessly interfere with safety equipment, report hazards and injuries and cooperate with the employer to meet Occupational Health and Safety obligations" (Implementing occ health in aged care).

Before approaching any situation, the nurse should first check for dangers in the immediate area to ensure the safety of herself, the patient and others. The nurse must strictly adhere to standard precautions designed to reduce the risk of exposure to blood-borne diseases before attempting to touch, move or assess the patient, or to clean up the blood spill. Standard precautions are safe work practices that protect both the nurse and the patient from infection. They will involve using personal protective equipment, primarily gloves, gown, mask and eye protection. The essential purpose of personal protective equipment is to reduce the risks of exposure to blood and certain other body fluids by protecting the nurse from skin, mucous membrane and clothing contact (Infection Control guidelines page 205).

After the nurse has checked for any dangers, taken standard precautions, washed her hands thoroughly and put on the appropriate personal protective equipment described above, she can then begin delivering first aid to the patient. This will involve checking for a response through asking simple questions and giving simple commands such as "can you hear me?", "open your eyes", "what's your name?", and "squeeze my hand", as

well as checking the patient's airway, breathing and circulation. If the patient is unconscious, the nurse should call for help immediately and roll the patient into the recovery position. She should then check that the mouth is clear of any obstructions, open the airway with head tilt and jaw support and look, listen and feel for signs of breathing. By this time, assistance should have arrived with the resuscitation trolley. Expired Air Resuscitation (EAR) can be commenced by giving five breaths in ten seconds followed by checking for signs of circulation. If the pulse is still absent, Cardiac Pulmonary Resuscitation (CPR) should be commenced. CPR in a hospital situation is different from that applied in a basic first aid situation. If the patient responds, the nurse could try to assess the cause of the accident, check vital signs and monitor the patient's level of consciousness, breathing and pulse rate every few minutes. Any abnormal ranges should be reported to the Registered Nurse immediately and be recorded in the patient's care plan.

Generally, external bleeding is easy to control. Pressure created by firmly placing a hand on the wound using a sterile or clean bulky pad or bandage can control the bleeding by restricting blood flow through the wound. The pad or bandage should totally cover the wound with a small amount extending over all sides. This is known as applying direct pressure. (First Aid Book page 22). If there is a visible foreign body embedded in the wound, it should not be removed. Instead, a ring pad and bandage should be applied around the embedded object. If a broken bone is suspected, and the patient is conscious, he or she should not be moved and should be placed in a resting position that is most comfortable until help arrives or until the Enrolled Nurse is instructed otherwise. If the patient is already lying down, his or her head should be tilted to face the injured side. If the nurse needs assistance to move the patient due to decreased levels of consciousness or severe pain, help should be called for to lift the patient onto a stretcher or bed.

Providing there are no suspected fractures, a hoist should be used to lift the patient up from the floor. Lifting from the floor is a high risk activity and the patient should be handled with care during this procedure. The patient must not grab the nurse around the neck while being lifted off the floor. If this should happen, the lifting must be stopped