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CASE STUDY – DRAFT

The Occupational Health and Safety Act places a general duty of care on the employer and the employee for the safety of any one in the workplace including 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 the situation the nurse should firstly check for danger in the immediate area to ensure the safety of herself, the patient and others. The nurse must strictly adhere to the use of standard precautions to reduce the risk of exposure to blood borne disease before attempting to touch, move, assess the patient or clean up the blood spill. Standard precautions are safe work practices that protect both the nurse and the patient from infection and involves using personal protective equipment which primarily includes gloves, gowns, masks and eye protection. Personal protective equipment is focused on reducing the risks of exposure to blood and certain body fluids by protecting the nurse from skin, mucous membrane and clothing contact. (Infection Control guidelines page 205).

After the nurse has checked for danger, taken standard precautions, washed hands thoroughly and used the appropriate personal protective equipment, which in this case when in contact with blood would include suitable gloves, plastic apron, eye protection and a mask. The nurse could then begin first aid on the patient checking for a response through giving simple commands such as "Can you hear me", "Open your eyes", "What's your name", "Squeeze my hand" and checking the airway, breathing and circulation. If the patient is unconscious the nurse should call for help immediately and roll the patient into the recovery position then check that the mouth is clear from any obstruction, open the airway with head tilt and jaw support and look listen and feel for breathing. By this time assistance should have arrived with the resuscitation trolley and Expired Air Resuscitation (EAR) could be commenced by giving 5 breaths in 10 seconds followed by checking for signs of circulation. If the pulse is still absent then Cardiac Pulmonary Resuscitation (CPR) should be commenced. CPR in a hospital situation is different to a basic first aid situation. If the patient responds then the nurse could try to assess the cause of the accident, check vital signs and regularly monitor the patient's level of consciousness, breathing and pulse rate every few minutes and report any abnormal ranges to the Registered Nurse immediately and record in the patient 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 left over either side. 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 to the embedded object. If a broken bone is suspected, and the patient is conscious they should not be moved and rested in a position of most comfort until help arrives or the Enrolled Nurse is instructed otherwise. If the patient is already laying down, their 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 the nurse should call for help to get the patient moved 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 should be handled with care. The patient must not grab the nurse around the neck whilst they are being lifted off the floor, if this happens the lift must be stopped immediately. If the patient needs to hold on to something they could put their hands around the nurse's back.

Before attempting to use a hoist the nurse must make sure the hoist is suitable and within safe working capacity. The environment should be as private for the patient as possible. If the patient is particularly heavy, make sure the hoist is safe to lift the weight of the patient. If not one may need to be borrowed from another ward or from the central equipment holding department in the hospital if they have one.

If the nurse is required to stand the client with a walking belt, the nurse should assess the patient's ability to assist and make sure the patient is able to weight bear on their legs, kneel down to the patient's level and communicate the procedure to them and obtain their consent, the walking belt is placed around their waist and, with one person on either side of the patient, bend both knees and put one hand on first handle closest to the side of the nurse and the forearm must be around the lumbar of the spine. The other nurse assisting does the same procedure from their side, the patient can assist by leaning forward with hands down the side. One person must call ready, brace, move before anyone attempts to lift the patient. On the cue of move, stand the patient upright, the walking belt is not used to lift and should not be lifted up under their axilla. If the patient is stable, the nurse could move into a staff assisted walk to get the patient onto a bed or trolley making sure the bed or trolley is at a safe height first. If the patient is unstable, try and sit them down on a chair. The nurse should be close to the patient and have both knees bent and body braced. (Toni's class notes page 63 & 77). When positioning the client, keep in mind the patient's condition and their ability to position self once in a comfortable and stable position, support the patient with pillows and make them as comfortable as possible (Toni's class notes page 95).

Before leaving the blood spill on the floor, someone must stay there to reduce the occupational health and safety risk to other health care workers or patients. For a large blood spill a "Caution wet floor" or warning sign should be placed around the spill.