

General Duty Assistant

(Job Role)

Qualification Pack: Ref. Id. HSS/Q5101

Sector : Health Care

Textbook for Class XI



विद्यया ऽ मृतमश्नुते



एन सी ई आर टी
NCERT

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FOREWORD

The National Curriculum Framework–2005 (NCF – 2005) recommends bringing work and education into the domain of the curricular, infusing it in all areas of learning while giving it an identity of its own at relevant stages. It explains that work transforms knowledge into experience and generates important personal and social values such as self-reliance, creativity and cooperation. Through work one learns to find one’s place in the society. It is an educational activity with an inherent potential for inclusion. Therefore, an experience of involvement in productive work in an educational setting will make one appreciate the worth of social life and what is valued and appreciated in society. Work involves interaction with material or other people (mostly both), thus creating a deeper comprehension and increased practical knowledge of natural substances and social relationships.

Through work and education, school knowledge can be easily linked to learners’ life outside the school. This also makes a departure from the legacy of bookish learning and bridges the gap between the school, home, community and the workplace. The NCF – 2005 also emphasises on Vocational Education and Training (VET) for all those children who wish to acquire additional skills and/or seek livelihood through vocational education after either discontinuing or completing their school education. VET is expected to provide a ‘preferred and dignified’ choice rather than a terminal or ‘last-resort’ option.

As a follow-up of this, NCERT has attempted to infuse work across the subject areas and also contributed in the development of the National Skill Qualification Framework (NSQF) for the country, which was notified on 27 December 2013. It is a quality assurance framework that organises all qualifications according to levels of knowledge, skills and attitude. These levels, graded from one to ten, are defined in terms of learning outcomes, which the learner must possess regardless of whether they are obtained through formal, non-formal or informal learning. The NSQF sets common principles and guidelines for a nationally recognised qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities.

It is under this backdrop that Pandit Sunderlal Sharma Central Institute of Vocational Education (PSSCIVE), Bhopal, a constituent of NCERT has developed learning outcomes based modular curricula for the vocational subjects from Classes IX to XII. This has been developed under the Centrally Sponsored Scheme of Vocationalisation of Secondary and Higher Secondary Education of the Ministry of Human Resource Development.

This textbook has been developed as per the learning outcomes based curriculum, keeping in view the National Occupational Standards (NOS) for the job role and to promote experiential learning related to the vocation. This will enable the students to acquire necessary skills, knowledge and attitude.

I acknowledge the contribution of the development team, reviewers and all the institutions and organisations, which have supported in the development of this textbook.

NCERT would welcome suggestions from students, teachers and parents, which would help us to further improve the quality of the material in subsequent editions.

New Delhi
June 2018

HRUSHIKESH SENAPATY
Director
National Council of Educational
Research and Training

ABOUT THE TEXTBOOK

The Ministry of Human Resource Development (MHRD) introduced the National Skill Qualification Framework (NSQF) under the Centrally-sponsored scheme of Vocationalisation of Secondary and Higher Secondary Education.

The course of General Duty Assistant (GDA) is designed to train paramedical staff for providing quality service to the society. Students will learn about effective communication, identification of hazards and their management. They will also learn about rules and regulations to be followed by a GDA in a hospital. Clinical duties include taking and recording vital parameters, medical histories, preparing patients for examination, and dispensing medical prescription. Administrative duties include scheduling appointments, maintaining a rapport between patients and the hospital administration.

The basic requirements for a GDA are — analytical skills, mechanical aptitude, good vision, coordination and self-discipline. Work ethics, characterised by dedication and persistence, and ability to deal tactfully with patients are some of the essential qualities that one should possess to become a GDA. With these qualities, one can explore job opportunities in hospitals and clinics.

The GDA, during the tenure of learning, will learn to record case history, deal with common health problems related to activities of daily living. The textbook has coherent five units, covering the following Qualification Packs.

- HSS/N 5101: Assist nurse in bathing patient
- HSS/N 5102: Assist nurse in grooming patient
- HSS/N 5103: Assist patient in dressing-up
- HSS/N 5104: Support individuals to eat and drink
- HSS/N 5105: Assist patient in maintaining normal elimination
- HSS/N 5108: Prevent and control infection
- HSS/N 5109: Assist nurse in performing procedures as instructed in the care plan

HSS/N 5110: Assist nurse in observing and reporting change in patient condition

HSS/N 5111: Assist nurse in measuring patient parameters accurately

HSS/N 5112: Respond to patient's call

Transport patient samples, drugs, patient documents, and manage changing and transporting laundry/linen on the floor

HSS/N 5115: Carry out last office (death care)

HSS/N 9606: Maintain a safe, healthy and secure environment

We hope this textbook will be useful for students who opt for this job role. Feedback and suggestions to improve this textbook are welcome.

A. NAYAK

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THE CONSTITUTION OF INDIA

PREAMBLE

WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a ¹**[SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC]** and to secure to all its citizens :

JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship;

EQUALITY of status and of opportunity; and to promote among them all

FRATERNITY assuring the dignity of the individual and the ²[unity and integrity of the Nation];

IN OUR CONSTITUENT ASSEMBLY this twenty-sixth day of November, 1949 do **HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.**

1. Subs. by the Constitution (Forty-second Amendment) Act, 1976, Sec.2, for "Sovereign Democratic Republic" (w.e.f. 3.1.1977)
2. Subs. by the Constitution (Forty-second Amendment) Act, 1976, Sec.2, for "Unity of the Nation" (w.e.f. 3.1.1977)

Unit



Hospital Management System

INTRODUCTION

Many factors, such as food, housing, clothing, hygiene and sanitation, lifestyle, pollution, climate, etc., can affect the health of an individual and population. Health care includes all services provided to a person or population by various health and related agencies. These are delivered by the health care system, which includes the management of the health sector and its organisational structure.

This unit imparts knowledge to students about India's health care system, personal hygiene practices and codes of conduct to be followed by a General Duty Assistant (GDA). It explains the role of a GDA and supporting departments in the functioning of a hospital, reflecting the changing concept of hospitals, role of a hospital administrator, functions of the hospital management and hospital services. With the advancement in technology, the management of a hospital



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Fig. 1.1 A hospital

NOTES

is designed using various software, which coordinate all aspects of hospital operations. From front office management to most extensive procedures — all are performed in a hospital. It is, thus, interlinked to make the functioning easier for patients.

Session 1 deals with the service network of primary, private and community health centres in India.

The GDA assists doctors, nurses and other support staff while working in a hospital set up. Being informed about the duties, role and limitations, s/he benefits more by focusing on quality work. Securing personnel rights or understanding the codes of conduct related to a job role is expected to bring efficiency towards work commitment that ultimately improves patient care standards. The GDA's duty is to ensure patients' comfort, assist doctors and nurses, and maintain a clean and hygienic environment in the hospital.

The second and third sessions give an insight into the role, qualities and functions of a GDA.

Session 4 enumerates the importance of hygiene, hand washing and personal grooming for a GDA. Personal hygiene supplements good health. Neglect of cleanliness may cause many infectious diseases. Therefore, improvement in hygiene standards can prevent many epidemics. The contribution of every individual in maintaining personal and environmental hygiene influences the health standard index of the society. We follow a set sequence of oral hygiene, bathing, dressing, etc., which inculcates in us the habit of keeping our body clean. By understanding the contents in the unit, you will learn about how to wash hands and personal grooming, and how these help in maintaining a healthy life.

SESSION 1: HEALTH CARE DELIVERY SYSTEM

Health care systems

According to the World Health Organization (WHO), "A health system consists of all organizations, people and actions, whose primary intent is to promote, restore or maintain health. This includes efforts to influence



determinants of health, as well as, more direct health improving activities. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for her sick child at home, private providers, behavior change programs, vector-control campaigns, health insurance organizations, occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well-known determinant of better health.”

Health care in India is a State issue. It is delivered by institutions owned by the Central and State governments, and local bodies. The Centre is responsible for developing and monitoring national standards and regulations, linking the States with funding agencies, and sponsoring schemes for the effective implementation of health programmes. Most health care services in India are provided by the private sector. The government and the private sector help in making health care accessible in all areas of India — both rural and urban.

The health care system or models in India can be categorised under the following sectors or programmes:

Public health sector

Primary health care

- Village-level accredited social health activist
- Village-level Auxiliary Nurse Midwife (ANM), a village-level health worker, who is the first contact person between the community and health services
- Sub-centres
- Primary Health Centre

Hospitals or health centres

- Community Health Centres
- Rural hospitals
- District hospitals or health centres
- Specialty hospitals
- Teaching hospitals

Give it a thought...

Even though most of the Indian population lives in villages or rural areas, there are more hospitals in urban areas. Why? Give reasons.



NOTES

Private sector

- Private hospitals, polyclinics, nursing homes and dispensaries
- General practitioners and clinics

Levels of medical care

Health care services are, generally, categorised at four levels, viz., primary, secondary, tertiary and quaternary. These levels represent different types of care, involving varied degrees of complexity.

Primary care level

Primary care providers may be doctors, nurses or physician assistants. It is the first level of contact with individuals, family and community, where primary health care (essential health care) is provided. Most of the health problems of people can be addressed at this level. It is at this level that health care will be the most effective. In the Indian context, primary health care is provided by Primary Health Centres (PHCs) and their sub-centres through multipurpose health workers, village health guides and trained health care workers. Besides providing primary health care, village health care centres bridge cultural and communication gaps between rural people and the organised health sector.

Secondary care level

The next level is secondary (intermediate) health care. At this level, more complex problems are dealt with. In India, this kind of care is, generally, provided by district hospitals and community health care centres, which also serve as the first referral point. Secondary care means a patient will be taken care of by specialists. These specialists focus either on a specific body system/ part or a specific disease or condition. For example, if someone has a heart problem, the person needs to consult a cardiologist. If someone is suffering from problems related to hormones and diseases, like diabetes or thyroid, then s/he must consult an endocrinologist.



Tertiary care level

The tertiary level is more specialised than secondary care level. It requires specific facilities and attention of highly specialised health workers. It is provided by regional or central level institutions. For example, highly specialised equipment and expertise is required to treat coronary artery bypass surgery.

Quaternary care

It is an extension of tertiary care, and is more specialised and highly unusual. All hospitals or medical centres cannot provide quaternary care. It includes experimental medicines and procedures.

Meaning of hospital

According to the World Health Organization (WHO), a hospital is an integral part of social and medical organisation, the function of which is to provide complete health care — both preventive and curative — to the population. The outpatient services of a hospital reach out to communities in an area. The hospital also serves as a centre for the training of health workers and carries out bio-social researches.

Hospital set up

A hospital is a system with various components that are integrated by a common purpose of achieving a set of objectives. The various systems and sub-systems of a hospital has been represented in Fig. 1.2.

The performance of all these services is dependent on the cooperation and coordination of various components within the system. Individual sub-systems have independent goals for providing the best patient care. It can be inferred that hospitals are highly complex, social, economic and scientific organisations whose function is to provide comprehensive health care services.

Think, learn and discuss...

Find out the different health care delivery systems or models followed across the world and discuss their pros and cons in class.

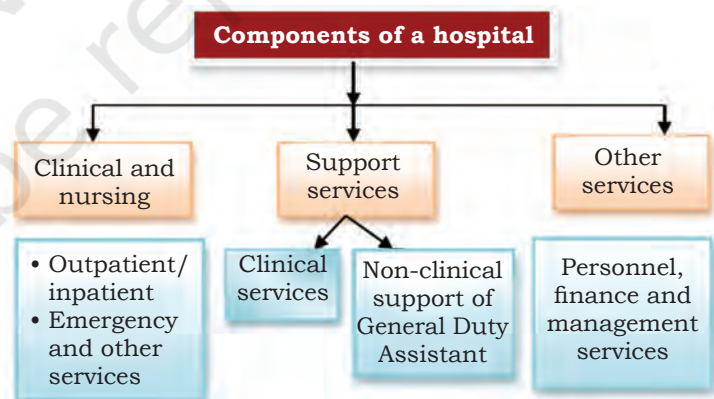


Fig. 1.2 Components of a hospital



Search and learn...

Find out about health care systems near your area and categorise them according to the functions they perform.

This explains the need for the sound management of a hospital. It is the management that helps in managing the functioning of the hospital or a health unit. It integrates various departments of a health care unit, like clinical, non-clinical and supporting departments. Health care services must be comprehensive, preventive, curative and rehabilitative. These services are provided through a network of various primary, private and community health centres in India.

Functions of a hospital

The purpose of health care services is to effectively meet all the health needs of a community. Hospitals play a major role in maintaining and restoring the health of the community. The main functions of hospitals are as follows:

- restorative
- preventive
- training and research in health and medicine

Restorative functions

The various restorative functions of a hospital include the following:

Diagnostic activity

It includes inpatient services, involving medical, surgical and other specialties, and specific diagnostic procedures.

Curative activity

It involves the treatment of all ailments or diseases.

Rehabilitative activity

It includes physical, mental and social rehabilitation.

Emergency services

It comprises providing emergency services required for dealing with accidents, natural disasters, epidemics, etc.

Preventive functions

Hospitals also carry out various preventive functions, which include the following:

- supervision of pregnancies and childbirth
- supervision of normal growth and development of children



- control of communicable diseases
- prevention of prolonged illness
- provision of health education services
- occupational health services
- preventive health check-up

Training and research activities

Training activities of a hospital, generally, refer to the training of medical, paramedical and other support staff (clinical or non-clinical) required and working in the facility. Training is, generally, provided to:

- medical undergraduates
- nurses and midwives
- specialists and postgraduates
- medical social workers
- paramedical staff

The research activities carried out by hospitals are for the enhancement of medical technology and services in the following areas:

- physical, psychological and social aspects of health and diseases
- clinical medicine
- hospital practices and administration

Classification of hospitals

Hospitals have been classified on the basis of different criteria, which include size or bed capacity, ownership or control, and objectives.

Size or bed capacity

The size of a hospital is determined by the number of beds it has, based on which, hospitals can be categorised as follows:

Small hospital: 100 or less beds

Medium-size hospital: 101 to 300 beds

Large hospital: 301 to 1000 beds

The bed strength of different types of hospitals is as follows:

Teaching and referral hospital: 200 to 300

District hospital: 50 to 200

Taluka hospital: 50 to 200

Community Health Centre: 30 to 50

Primary Health Centre: 6 to 10



NOTES

Role of General Duty Assistant in various supporting departments in a hospital

Outpatient department

The advantage of an outpatient department or an OPD is that most of the investigations and treatments can be done here without admitting a patient, thus bringing down the cost of medical expenditure. The scope of an OPD includes the following:

- consultation and investigation
- preventive and promotive health care
- rehabilitation services
- health education
- counselling

An OPD is, usually, located at the entrance of a hospital. It must be separate from the inpatient area connected to it. It should have an easy access to the Medical Record Department (MRD), X-ray room, laboratory, pharmacy and billing counter. It must be easily accessible to the casualty but separated from it too.

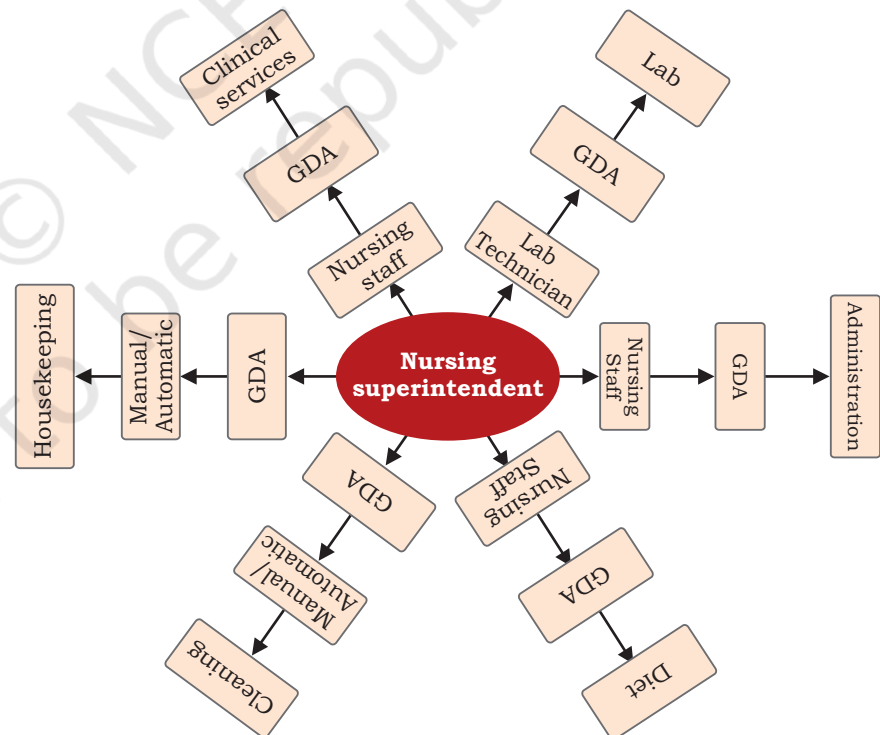


Fig.1.3 Flowchart depicting the role of a General Duty Assistant in various departments of a hospital



Laboratories

The following laboratories are, usually, found in a hospital:

Bacteriology laboratory

It conducts tests related to bacteria and toxins produced by them.

Clinical biochemistry laboratory

It conducts tests and researches on the biochemical basis of diseases and clinical trials of new drugs.

Haematology laboratory

It is responsible for conducting blood-related investigations, haemoglobin determinations, coagulation time studies, red and white blood cell counts and special blood pathology studies for anaemia, leukaemia, etc.

Parasitology laboratory

It involves the study of the presence of parasites, cyst and ova of parasites found in faeces.

Blood bank

It is here that blood is collected and tested for diseases, if any, and then, transfused into patients admitted in the hospital

Laboratory services must be easily available to outpatients and function round-the-clock. Laboratories must be located on the ground floor.

Kitchen or dietary department

The dietary department is responsible for ensuring quality food service to patients according to their needs and as prescribed by doctors. It guides patients about the diet they must take after discharge. One dietary staff member is required for 15 to 20 patients. Dietician, food storekeeper, cook, cook helpers and dish washer are engaged in this department. One dietician can look after up to 200 beds. One cook,



Fig. 1.4 Laboratory in a hospital



Fig. 1.5 Kitchen or dietary department in a hospital



one cook helper, one bearer and one dishwasher are sufficient to prepare meals for 20 patients and staff members. The food service department functions round the year.

Cleaning and laundry department

The cleaning and laundry department takes care of the entire linen used in the hospital. It has the following functions:

- washing dirty linen
- repairing torn linen
- replacing condemned linen

One laundry operator can wash linen of 25–30 beds. One laundry orderly can assist in washing the linen of 50–

60 beds. The appointment of laundry supervisor, mechanic and clerk, and the number of staff employed depends upon the size of a hospital. One supervisor, one laundry mechanic and one laundry clerk are required in each shift. One washerman can take care of 150–200 kg linen per day. Each operation in an Operation Theatre produces 7–8 kg of soiled linen. Each delivery in a labour room produces 7–8 kg of soiled linen. Each ward patient produces about 5–6 kg of bed linen.



Fig. 1.6 Store of a laundry department in a hospital

Housekeeping

The housekeeping department's main function is to keep the hospital clean. A sanitation in-charge must be able to train her/his employees in cleaning techniques that prevent the spread of diseases as cleaning is meant to remove organic matter, in which bacteria and viruses are harboured.

A sanitary attendant must be allotted a work area of 1200–1500 sq ft, keeping in view the policies of the hospital, the degree of cleanliness required, and electrical cleaning equipment used, such as scrubbing machine, vacuum cleaner, etc. For a nursing unit, one sanitary



attendant is recommended for managing 10 beds. In the Intensive Care Unit (ICU) and Critical Care Unit (CCU) of a hospital, a higher degree of cleanliness is required. Hence, more sanitary attendants are provided there. Generally, one supervisor is appointed to supervise 10 sanitary attendants. For a 300-bed hospital, there should be one sanitation in-charge, four supervisors and 40 sanitary attendants (30 sanitary attendants to meet the daily requirement and 10 as leave reserve).



Fig. 1.7 Staff of a hospital's housekeeping department at work

Administration

The administration of the entire hospital cannot be vested on the administrator alone. It is the collective responsibility of medical professionals and supporting staff. The administrative staff, depending upon the size of a hospital, comprises the administrator, assistant administrator, business manager and departmental heads.

Purchasing department

The purchasing department has the responsibility of purchasing all supplies, (excluding food), and equipment for the hospital.

Finance and accounts department

The finance and accounts department has the responsibility of collecting money, paying for the supplies and equipment, handling all records pertaining to hospital finance, keeping records of assets and liabilities, and assist in budget preparation. The business manager is responsible for the functions of the department and the accountants help the business manager. A GDA serves as the missing link between all supporting departments, in addition to her/his main duty of patient care.



Practical Exercise

Visit a hospital and write the functions of its following departments.

S. No.	Name of Department	Functions
1.	Dietary	
2.	Laundry	
3.	OPD	
4.	Laboratory	
5.	Administration	

Activity

List the names of various specimens that will be sent to different laboratories for investigation, like routine blood test, food poisoning, etc.

Check Your Progress

A. Fill in the Blanks

- The health care services should be promotive, _____, _____ and rehabilitative.
- In India, health care services is a _____ issue.
- A highly specialised doctor comes under _____ level.
- The restorative functions of a hospital include _____, _____, _____ and emergency services.
- The bed strength of a Community Health Centre is _____.
- Blood test is done in _____ laboratory.
- A sanitary attendant should be allotted a work area of _____ sq ft, keeping in view the policies of a hospital.
- The _____ department has the responsibility of purchasing all supplies and equipment for a hospital

B. Multiple Choice Questions

- Hospital-based research activities enhance medical technology and services in the area of _____.
 - physical and psycho-social aspects of health and diseases
 - clinical medicine
 - hospital practices and administration
 - All of the above



2. Control of communicable diseases is _____ function.
 - (a) restorative
 - (b) preventive
 - (c) training
 - (d) creation

3. _____ services are involved in dealing with accidents, natural disasters and epidemics.
 - (a) Emergency
 - (b) Research
 - (c) Training
 - (d) Non-clinical

C. Short Answer Questions

1. Define the following:
 - (a) health care
 - (b) health care delivery system
 - (c) hospital
2. State the functions of a hospital system.
3. Describe the various components of a hospital system.
4. Enlist two health care delivery models followed in India.
5. Which is the most widely used health care model in India?
6. Who has the primary responsibility of providing health care to the population in our country?
7. Write a note on hospital housekeeping.
8. Describe two services provided by the Outpatient Department.
9. Suppose you are a General Duty Assistant. A patient approaches you to direct him to the laboratory for blood test. What will you do?

SESSION 2: QUALITIES OF A GENERAL DUTY ASSISTANT

This session throws an insight into the role and responsibilities of a General Duty Assistant in patient care.

A GDA provides nursing care to patients under the supervision of nurses in a hospital. S/he might spend more time with patients than other health care providers in a hospital. GDAs must be empathetic, and have good communication and nursing skills.



Fig.1.8 A General Duty Assistant assisting in patient care

Essential duties and responsibilities

The essential duties of a GDA include the following:

1. Assist professional health care staff in performing physical examinations and related procedures, which include measuring and recording vital signs, and physiological input and output assessment
 - Patient data, such as vital signs and measurement of water intake and urination, etc., are taken and recorded according to the policies and procedures of a hospital.
 - Changes and abnormal findings in a patient's data are communicated timely to the registered nurse and other team members.
 - The patient is assisted with personal hygiene.
 - S/he is given assistance with ADLs (Activities of Daily Living), exercise and ambulation as directed by therapists and health care staff.
 - Personal care and patient-related services are provided in the patient's home or hospital as needed.
2. Help in maintaining the safety of patients
 - The patient's environment, including her/his room, examination room or treatment area is kept neat and clean.
 - Meal preparation and slight housekeeping duties may be necessary in the home setting to maintain a safe environment.
 - Equipment maintenance and safety checks are completed according to the policies and procedures followed by a hospital.
 - Events and incidents are reported promptly to those concerned using the health system's reporting process, which includes computer and various software.
3. Perform administrative support functions
 - Medical record duties, including file maintenance and record-keeping, are completed when necessary.
 - Orders related to purchases and supply of inventory are completed according to the hospital guidelines.



- Duties, including scheduling diagnostic procedures, meeting and greeting patients, or delivering specific supplies and pharmaceuticals, are performed efficiently.
4. Master necessary skills and competencies
- Competency in the use of new equipment (i.e., lifting and moving patients) is achieved and maintained.
 - Opportunities for professional development are identified and goals for self-improvement are set.
 - The education and development of others is fostered by sharing information learned through individual professional development.
 - A positive environment for the professional development of co-workers is encouraged.
 - Annual mandatory training activities and regulatory in-service hour requirements are completed within set timeframes.

Organisational duties

The organisational duties of a GDA include the following:

1. Communicate to maintain good interpersonal relationships
 - Positive professional qualities of an employee are reflected in her/his verbal and non-verbal communication.
 - Information about patients and staff is provided in a supportive and timely manner.
 - Interpersonal conflicts are resolved as per organisational policies.
 - Diverse perspectives in personal and social arenas are accommodated to nurture inclusive work environment.
 - Clear communication pattern is followed.
2. Service extended to internal and external customers
 - Confidentiality for patient and employee information must be maintained.
 - Appropriate resources are used consistently to meet customer needs.
 - Relationships with staff are fostered to meet internal and external customer needs.



NOTES

- Positive work relationships with peers, management and customers are maintained at all times.
 - Organisational values must be followed with respect, integrity, excellence and must be evident in the GDA's behaviour.
3. Participate in performance improvement activities
- An initiative taken by an employee is demonstrated by trying to resolve problems of the people around.
 - Change is faced with positive and supportive behaviour.

Practical Exercise

1. Prepare a presentation on the role and functions of a General Duty Assistant in a hospital.
2. Think of ways by which a GDA can enhance the interpersonal relationship standards of a hospital. For example,
 - a) fostering comfortable interpersonal relationship between colleagues
 - b) communicate with patients

Check Your Progress

A. Fill in the Blanks

1. A _____ provides support to doctors, nurses and other support staff to take personal care of patients.
2. Services extended to customers include _____ for patient and employee information.

B. Multiple Choice Questions

1. Equipment maintenance and supply check _____.
 - (a) General Duty Assistant rules
 - (b) policy-based procedures
 - (c) patient's decisions
 - (d) None of the above
2. _____ enhances interpersonal skills.
 - (a) Positive communication
 - (b) Negative interpersonal skill
 - (c) Unclear speech
 - (d) All of the above



3. Roles and responsibilities of a GDA include _____.
- maintaining patient safety
 - assisting health care staff
 - good interpersonal skill
 - All of the above

C. Match the Columns

1.	Patient care procedure	(a)	Good interpersonal skills and managing customers
2.	Administrative support functions	(b)	Maintaining a patient's personal hygiene
3.	Organisational duties	(c)	Productive work habits
4.	Teamwork	(d)	Medical record-keeping and supply of inventory

D. Short Answer Questions

- Write two professional duties of a GDA while performing the physical examination of a patient.
- Cite any two core organisational duties of a GDA.
- How can a GDA contribute in enhancing teamwork?

SESSION 3: CODES OF CONDUCT FOR GENERAL DUTY ASSISTANT

In this session, you will learn about the qualities of a General Duty Assistant. A GDA or a Patient Care Assistant (PCA) works in a range of health care settings and contributes in all areas of the sector. S/he works under the supervision of a nurse in a hospital. As per institutional guidelines, the GDA must follow the codes of conduct of her/his profession.

Medical ethics

Some of the important medical ethics a GDA must follow as per the Indian Medical Standards are discussed in this session.

Informed consent

The GDA must tell the truth to a patient and ensure her/his understandability while obtaining her/his consent to carry out a procedure or treatment.



NOTES

Confidentiality

The GDA must keep the medical details of patients confidential. Except for professional reasons, the details must not be discussed with others or in public.

Communication

Clear communication between the GDA and a patient is essential for successful treatment. Any doubt that the patient has must be dealt with care and resolved at once in a language that s/he understands.

Cultural concerns

The GDA must respect the cultural practices of a patient in any circumstance, e.g., allowing the practice of rituals before procedures.

Communication with patient's family

The GDA must understand the anxiety of the relatives of a patient and inform them from time-to-time about her/his medical conditions.

Business related issues

Health care providers must not entertain unethical practices in hospital.

Informing about illness, medication and side effects of medicines

Telling the truth implies respect for autonomy. Providing the correct information to a patient enables her/him to make reasoned and informed choice(s).

Follow hospital guidelines

The GDA must follow the guidelines for hygiene, patient care, etc. This helps in preventing patients and staff working in a hospital from catching hospital-induced infections and allergies.

Accountability

As a professional, the GDA will be accountable for actions and omissions in his/her professional practice and justify the decisions.



Qualities of a General Duty Assistant

NOTES

Empathy

- Ability to identify with and understand the other person's feelings, situation and motives
- Interest in working with people
- Care about others and ability to communicate and work with them
- Understand the needs of people and learn effective communication skills to develop empathy

Honesty

- Truthfulness and integrity
- Admit to committing mistakes and correct them

Dependability

- Accept the responsibility as required
- Maintain punctuality
- Perform the assigned tasks efficiently and on time

Willingness to learn

- Ability to learn and adapt to changes that results from inventions and other factors
- Willingness to study further if required

Patience

- Must be tolerant
- Learn to deal with workload, frustration and overcome work-related obstacles

Acceptance of criticism

- Take the criticism of patients, employers and co-workers in a constructive manner so as to improve her/his efficiency

Enthusiasm

- Must enjoy work
- Enthusiasm benefits oneself and others in improving the team spirit



NOTES

Self-motivation

- Initiate and acclimatise with a task
- Individually determine work on priority basis and follow them

Tact

- Ability to tackle difficult situations with ease
- Avoid being judgemental about other's feelings and show consideration towards them

Competence

- Capability to perform tasks efficiently
- Follow instructions
- Use approved procedures and try to maintain accuracy
- Get guidance whenever necessary

Discretion

- Information must not be passed on to anyone without authorisation
- A patient is entitled to confidential care
- Be discreet and ensure that the patient's rights are not violated

Team player

- Learn to work with others
- Each member of a health care team will contribute to provide the patient with quality care
- A team of workers can accomplish the goals faster

Personal appearance

- Keep yourself well-groomed
- Wear the uniform as per the place of employment
- Wear a photo identity card as issued by the place of employment

Professional practices for GDA

- Politely enquire from the preceptor or instructor about all facets of work rotation.
- Follow laws and regulations that govern the Health Information Patient Privacy Act (HIPPA) and seek clarification when needed.



- Master the routine tasks and specific procedures assigned by the preceptor to focus on competencies and skills specific to the rotation.
- Report to the assigned externship or internship site on time and follow the procedures required to make up for the missed hours.

Practices to be avoided by GDA

- Advising patients and other health professionals without the preceptor's authority
- Accepting payment, either directly or indirectly, from patient(s)
- Requesting to be placed with someone you are related to
- Requesting for changes and withdrawal after rotation assignments are made

Practical Exercise

1. Visit a hospital and observe the services provided by a GDA. Prepare a report based on your observations and submit it to the teacher.
2. List the qualities of a GDA.

Activity

Debate and discuss:

As a GDA, following a self-motivated working style is beneficial for professional growth.

Check Your Progress

A. Multiple Choice Questions

1. A GDA named Manu was transporting a patient suffering from a chronic disease. Manu understood the patient's anxiety and answered his queries satisfactorily. Which ability of Manu, as an ideal GDA, is reflected in this?
 - (a) Distraction
 - (b) Empathy
 - (c) Indifferent
 - (d) None of the above
2. A GDA must be able to work together in a _____ for the benefit of a patient.
 - (a) individual manner
 - (b) team



NOTES

- (c) personal way
- (d) All of the above

3. Professional, legal or ethical issues are followed and governed by _____.
- (a) Health Act
 - (b) Personal Privacy Act
 - (c) Health Information Patient Privacy Act
 - (d) None of the above

B. Short Answer Questions

1. Write any three qualities that a GDA must possess.
2. Explain the important medical ethics of a GDA and the need for following them.
3. Enumerate the practices to be avoided by a GDA while performing duties.

SESSION 4: PERSONAL HYGIENE PRACTICES FOR GENERAL DUTY ASSISTANT

Personal hygiene reflects good health. Lack of cleanliness may cause many infectious diseases, including epidemics, e.g., plague, dengue, malaria, etc. Contribution of every individual in maintaining personal and environmental hygiene influences the health standard index of a society. Lack of personal hygiene causes dandruff, bad breath, worm infestation, diarrhoea, common cold and many other infections

Medical hand hygiene practices

This session explains the importance of washing hands for the maintenance of a healthy life. Hygiene is a set of routine personal cleaning practices followed for maintaining a healthy lifestyle. Modern medical sciences follow certain standards of hygiene in different situations. The concept of hygiene varies across regions, cultures, gender groups and individuals. Some regular hygienic practices are considered as good habits by most people in the society, while the lack of these may be treated as disrespectful or even as a threat.

Hand washing is the act of cleaning one's hands with or without the use of water, a soapy liquid or sanitiser, or soap for removing soil, dirt and microorganisms present on the skin. Medical hand hygiene pertains to the practices to be followed while applying medicine or providing other medical services so as to reduce



or minimise the spread of diseases. Washing the hands with soap helps prevent diarrhoea and acute respiratory infections (ARI). The purpose of hand washing is to clean the hands of disease-carrying microorganisms (including bacteria and viruses) and harmful chemicals. This must be followed strictly by all, especially those working in the food preparation industry and medical field. It helps in protecting us from diseases transmitted through faecal-oral routes and direct physical contact (such as impetigo). Alcohol gel is a disinfectant and is helpful in killing bacteria but its effectiveness is disputed as it may lead to antibiotic-resistant bacterial strains. Hand washing or cleaning is recommended after using the toilet, changing sanitary napkins and diapers, handling animals and touching food. One must wash hands with liquid soap and warm water for at least 10 seconds.

Why is hand hygiene important?

Hands, normally, have a 'resident' population of microorganisms called 'transient' organisms apart from those accumulated during everyday activities. Most germs present on our hands are harmless but some cause cold, flu, skin infections or diarrhoea. Forgetting to wash hands causes the spread of these germs to other people, besides infecting our eyes, mouths or open cuts. Hand washing prevents the transfer of microorganisms to patients.

Why is hand hygiene important in health care?

Patients are more vulnerable to catching infections from germs carried on the hands or other hospital staff when brought to a health care environment. Patients, visitors, health care workers, nursing staff and doctors can cut the risk of infections by cleaning their hands at regular intervals.

Advice to health care staff and patients

All health care staff must wash hands with soap or use alcohol gel:

- before and after direct patient contact.
- after attending to the toilet needs of a patient.
- after carrying out medical procedures.
- before wearing and after removing gloves.



The temperature of hot water used for hand wash is not sufficient to kill bacteria. Bacteria grow much faster at body temperature (37°C). Warm water with soap is more effective than cold water for the removal of microorganisms as flowing water helps dissolve soil and dirt from hands easily. A hand sanitiser or hand antiseptic is a non-water-based hand hygiene agent. Hand sanitisers are effective against bacteria but not for some viruses, which commonly cause contagious gastroenteritis. Avoid touching wound dressings, stitches, catheters or intravenous line, unless unavoidable, as it may lead to the spreading of germs to other parts of the body. Medical hand washing or cleaning must be done for a minimum of 10 seconds, using soap and water or a sanitiser. Let us now practise the steps used for hand washing [Fig. 1.9 (i-xii)].

Steps for hand washing

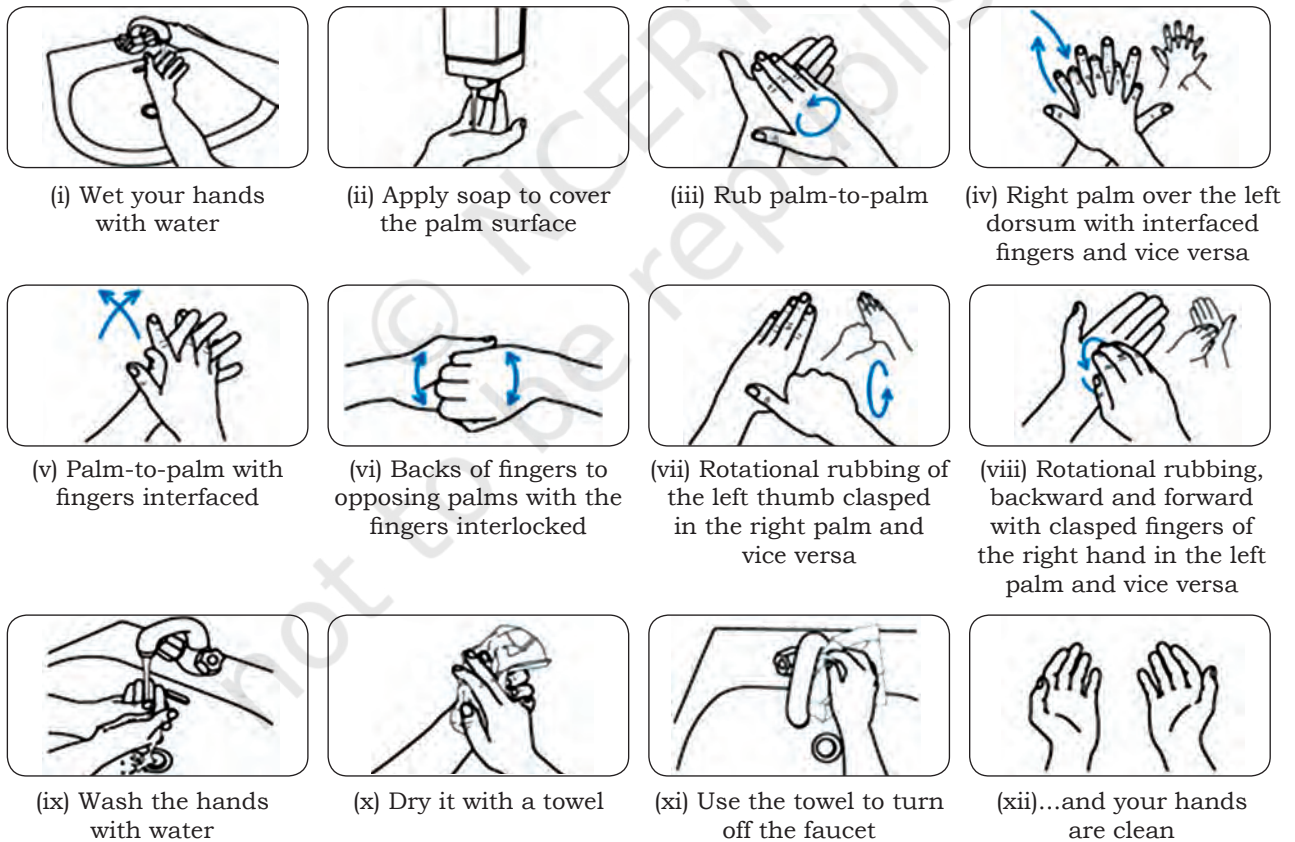


Fig.1.9 (i-xii) Stepwise procedure of hand washing



Personal grooming practices for GDA

Personal grooming (also called 'titivating' and 'preening') involves cleaning of body, and trimming of nails and hair to improve one's personality and hygiene.

Importance of personal grooming

Personal grooming encourages a person to maintain a pleasing and attractive appearance, and helps in developing a positive self-image about oneself.

- It makes a person neat and appealing.
- Grooming indicates the readiness of a person for work.

Basic grooming

Basic grooming involves practices that are followed daily to keep oneself healthy and enhance one's personality.

Practices that must be followed regularly are as follows:

- Brush your teeth twice a day
- Take bath daily and wash your hair at regular intervals.
- Keep your ears and nose clean.
- Take care of your skin by following a healthy diet, water intake and regular exercises.
- Cut and clean your fingernails and toenails.
- Groom your facial hair. Avoid patchy beard and long mustache.
- Apply deodorant.
- Always wear your identity card and a clean uniform.

Basic dressing

- White socks with dark shoes, and vice versa, must be avoided.
- Wear well-fitted T-shirts.
- An outfit must not be repeated for two consecutive days or more.
- Avoid wearing faded clothes.
- Do not wear clothes that are overly wrinkled, dirtied or stained.



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Basic appearance

- Comb your hair to enhance its appearance.
- Wear glass frames as per the requirement.
- Maintain fitness by participating in activities, like rock climbing, kick boxing, dancing, etc.

Practical Exercise

Take up the following activities in groups:

1. How does hand washing help in preventing the spread of germs? What are the precautions that need to be taken while using various types of soaps or hand sanitisers?
2. Practise the steps of hand washing.
3. Perform activities for demonstrating grooming habits.
4. Develop a project to generate awareness in your community about hand washing.

Check Your Progress

A. Fill in the Blanks

1. Personal grooming is also called _____.
2. _____ is a process that makes one look neat and attractive.
3. Basic grooming enhances one's _____.

B. Multiple Choice Questions

1. _____ is a set of practices performed for the preservation of health.
(a) Hygiene
(b) Health
(c) Environment
(d) Habits
2. Health education can _____.
(a) improve community hygiene
(b) prevent illness
(c) inculcate positive health attitude
(d) All of the above
3. _____ is an important measure to prevent the spread of pathogens.
(a) Unclean hands
(b) Washing hands
(c) Rubbing hands
(d) None of the above



C. Match the Columns

1. Hair	(a) Dry and brush the hair
2. Skin	(b) Brush the teeth twice a day
3. Teeth	(c) Wash hands with soap and dry them
4. Hands	(d) Use soap and water while bathing

D. Short Answer Questions

1. What is hand hygiene?
2. Why do we need to practise hand hygiene?
3. What is personal grooming?
4. Why is grooming important?

E. Mark True or False

1. Grooming is not an essential part of a GDA's work.
2. Clear communication skills are to be followed while conversing with patients and their relatives.
3. Personal appearance makes one look neat and appealing.



Role of General Duty Assistant for Outpatient Care



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INTRODUCTION

Medical services provided by medical professionals to members of a community for routine health check-up is 'outpatient care'. These are the services that do not require hospital stay for a patient. The procedures involved in outpatient services include managing the front office, documenting, directing the patient to the concerned specialist, guiding for laboratory investigation, assisting in examination, dispensing medicines and follow-up. A General Duty Assistant acts as a liaison between the hospital or health centre and the patient. Usually, services related to physical or mental ailments, diagnostic procedures, rehabilitation care, etc., are treated in the outpatient department, whereas, cases requiring detailed observation by a specialist doctor are recommended for inpatient care.

A GDA, while working in a hospital or clinic, may have to manage the front office as well. This requires effective communication and management skills as many situations in the hospital or clinic need quick and accurate decision-making ability. This unit describes the skills



Fig. 2.1 A General Duty Assistant at work in a hospital

required for handling the hospital medical reception and responding to emergency calls. In all these situations, clear communication is the most effective tool, else it may lead to confusion and stress in the GDA, patient and her/his relatives.

The following sessions throw light on the skills required for managing appointments at the front desk, which include responding to patients' calls, arranging for ambulance service, identifying the vital signs (body temperature, pulse, respiration and blood pressure) of a patient, assisting in her/his physical examination, etc.

SESSION 1: ROLE AND FUNCTIONS OF MEDICAL RECEPTIONIST

In this session, you will learn about the role and functions of a medical receptionist.

A General Duty Assistant may be required to serve as a Medical Receptionist. Therefore, s/he must be trained in medical terminology, application of software and office procedures. The reception is, usually, located near the entrance of a hospital. The receptionist's job is to handle visitor enquires, direct visitors to the Public Relations Officer (PRO) and coordinate with other hospitals.

A hospital's reception, usually, functions 24×7. In hospitals, where the reception does not function during the night, an alternative arrangement is made to help patients and their relatives. The size of the reception area and facilities offered by it depend on the size of the hospital and number of visitors and patients.

Physical set up of reception counter

A reception counter consists of the following:

- reception desk
- registration counter
- record room
- light system
- telephones
- waiting area
- public utility service



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- information kiosk
- clock system
- signage system
- facilities for the physically handicapped, including the deaf and mute
- seating facility

Role and functions of receptionists

A Medical Receptionist is the first point of contact for patients, visitors, doctors and staff members. Doctors, nurses, and other medical and administrative staff depend on the receptionist to create a friendly, welcoming and well-organised front office for patients and facilitate their flow through the facility. A receptionist is required to ensure that the paper work of a patient is completed by her/him or her/his family members in time. S/he may also collect patient notes and ensure that these records go to the concerned health care professional. In a clinic, s/he may arrange appointments and patient transport. A hospital receptionist helps the patient regarding information on outpatient department's timing, investigation, reports, location of departments, etc. Medical Receptionists work on their own or along with one or two other receptionists. They have to manage the crowd.

Qualities of a receptionist

The knowledge, skills, abilities and qualities that a Medical Receptionist must possess include the following:

- knowledge of departments and sections of a hospital
- greeting clients
- arranging meetings
- answering and forwarding phone calls
- sorting and distributing posts
- recording information in an organised and efficient manner
- communication skills
- politeness and efficiency
- compassionate



Practical Exercise

Visit a nearby hospital and observe the activities in the reception area. Also, take note of the tasks being performed by a receptionist. Prepare a note on your observations.

NOTES

Check Your Progress

A. Fill in the Blanks

- _____ is the first point of contact for patients, visitors, doctors and staff members.
- Any two qualities that a receptionist must possess are _____ and _____.

B. Multiple Choice Questions

- At the reception counter of a clinic, there is some confusion regarding the time allotted to few patients. What skills and abilities of a receptionist will help ease the confusion?
 - Communication skills
 - Politeness
 - Organisationability
 - All of the above
- Identify the counters related to a receptionist's job.
 - Registration counter
 - Waiting area
 - Record room
 - All of the above

C. Short Answer Questions

- Where is a hospital's reception, generally, located?
- What are the qualities of a hospital receptionist?
- What are the tasks performed by a Medical Receptionist?

SESSION 2: IDENTIFYING VITAL SIGNS IN PATIENTS

Vital signs indicate the body's most basic functions. It gives information about the physiological and psychological health of a person. In this session, you will learn about the various vital signs and how to identify them. Body temperature, pulse, respiration and blood pressure are the four vital signs of life.

The assessment of body functions allows a GDA to identify specific life-threatening conditions and plan



interventions. It also helps her/him to detect changes in a patient's health status. Vital signs in a healthy individual remains in a fixed range. These indicators are useful in detecting or monitoring medical problems in a human body. It can be measured anywhere, for example, in a medical setting, at home, at the site of a medical emergency, while travelling, etc.

Temperature

Human body temperature, in normal conditions, referred to as 'normothermia' or 'euthermia', varies on the position of the body at which the measurement is taken or the time of the day at which it is taken, or the activity being performed by a person at that time. Body temperature differs inside body cavity. For example, rectal and vaginal measurements are found to be slightly higher than oral measurements, and oral temperature is somewhat higher than the skin temperature. To explain further, the widely accepted average internal body temperature is 37°C (98.6°F), while the oral (under the tongue) measurement is $36.8^{\circ}\text{C} \pm 0.4^{\circ}\text{C}$ ($98.6^{\circ} \pm 0.7^{\circ}\text{F}$). These numbers represent the average normal temperature that varies from person-to-person.



Fig. 2.2 Clinical thermometer

Preparations for taking temperature

- Clean or wash your hands.
- Select appropriate equipment to take the measurement.
 - Introduce yourself to a patient and describe the procedure to her/him. Clarify her/his doubts, if any.
 - Shake the glass thermometer to lower the mercury level below 96°F or switch on the power button of the electronic thermometer.

Taking oral temperature

Keep the tip of the thermometer in the patient's posterior sublingual pocket of the oral cavity.

- Place it there for 3–5 minutes.
- Take out the thermometer and wipe it with a tissue paper to clear it for reading the calibrations accurately.



- See the temperature reading by rotating it slowly. It helps you to see the chemical level. Now, read to the nearest tenth of a degree or see the digital display on an electronic thermometer.
- Record the reading.



Fig. 2.3 Taking oral temperature

Taking rectal temperature

- The patient is placed with upper knee flexed in Sim's position. Cover the patient to expose only the anal area.
- Wear gloves.
- Prepare the thermometer and lubricate its tip with water or vaseline.
- Hold the thermometer using the dominant hand and separate the buttocks to expose the anus.
- The patient is asked to inhale. Insert the thermometer or probe gently into anus (infant ½ inch, adult 1½ inches). Continue the procedure, if there is no resistance, by holding it in place for 1 minute.
- Wipe secretions on the glass thermometer with a tissue paper and dispose it off. Note down the temperature and document the reading.

Taking auxiliary temperature

- Take the patient's permission to gain access to the auxiliary area (i.e., area under the armpit). Remove the gown from one side of the shoulder. Wipe the auxiliary area to dry it.
- Place the thermometer or probe into the centre of the axilla. Keep the patient's arm straight down and place the forearm across the patient's chest.
- The thermometer must be in place, usually for 5 minutes or until the signal or beep sound is heard.
- Remove it and read the calibration accurately.

Conclusion

- In case of manual thermometer, shake it downwards and clean it with soapy cold water or alcohol. Wipe it in a twisting motion.



- In case of digital thermometer, push the power button and remove the disposable cover on the thermometer.
- Record the temperature.
- Assist the patient to a comfortable position.
- Keep the thermometer appropriately.
- Wash your hands.



Fig. 2.4 Reading the pulse of a patient

Pulse

Pulse rate indicates the heart rate, or the number of times the heart beats per minute. The arteries expand and contract with the flow of blood from the heart. Pulse beat not only indicates heartbeat but also heart rhythm and strength of the pulse.

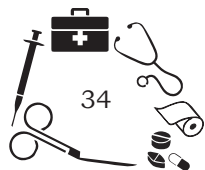
The average pulse for a healthy adult ranges from 60 to 80 beats per minute. The pulse rate may also fluctuate and increase with exercise, illness, injury and emotions.

The flow of blood through arteries can be felt by firmly pressing on the arteries, which are located close to the surface of the skin in certain body parts. The pulse can be felt on the side of the lower neck, inside of the elbow, or at the wrist. It is the easiest to take the pulse at the wrist. While taking pulse at lower neck, a GDA lowers the neck of the patient and ensures it is not pressed hard as it blocks blood flow to the brain. While taking the pulse, the following steps must be followed:

- Press firmly but gently on the arteries using the first and second fingertips until you feel the pulse.
- Count the pulse for 60 seconds (or for 15 seconds, and then, multiply by four to calculate the beats per minute).
- While counting, concentrate on the beats of the pulse rather than the time.

Respiration rate

Respiration rate indicates the number of breaths (or chest movements) a person takes per minute when s/he is at rest. The rate of respiration may vary in conditions, like fever, illness and other medical conditions. While checking the respiration rate, it is



important to also note whether the person has any difficulty in breathing. Normal respiration rate for an adult at rest ranges from 12 to 16 breaths per minute.

Blood pressure

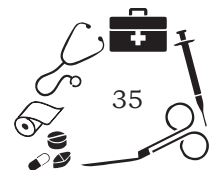
Blood pressure is the measure of the flow of blood being pumped by the heart through the artery walls. Each time the heart beats, it results in the highest blood pressure as the heart contracts. Two numbers recorded while measuring the blood pressure are — ‘systolic pressure’, the pressure inside the artery when the heart contracts and pumps blood through the body, and ‘diastolic pressure’, the arterial blood pressure recorded when the heart is at rest. Blood pressure is measured using ‘sphygmomano-meter’. The three types of sphygmomano-meters used are — mercury, aneroid and digital. Both systolic and diastolic pressures are recorded as ‘mm Hg’ (millimeters of mercury). This unit was used based on the rise of mercury along the tube in an old-fashioned manual blood pressure device (called ‘mercury manometer’). High blood pressure for adults is considered as 140 mm Hg or greater systolic pressure and 90 mm Hg or greater diastolic pressure. High blood pressure or hypertension is one of the risks identified for coronary heart disease (heart attack) and stroke.



Fig. 2.5 Measuring the blood pressure of a patient

Preparation for blood pressure measurement

- Before you start taking the blood pressure, ask the patient to take rest for 3–5 minutes without talking.
- Seat the patient on a comfortable chair, with the back supported and legs and ankles uncrossed.
- The patient’s arm must be flexed at the elbow and placed on a table to raise its level with heart.
- Wrap the cuff around the upper part of the arm above the antecubital fossa. The cuff should be wrapped tightly, allowing one fingertip to slip under it.
- Ensure that the bottom edge of the cuff is at least one inch above the crease in elbow.



NOTES

- While taking the blood pressure readings, it is important to record the date and time along with the reading.

Vital signs	High	Low
Temperature	Hyperthermia	Hypothermia
Pulse	Tachycardia	Bradycardia
Respiration	Tachypnoea	Bradypnoea
Blood Pressure	Hypertension	Hypotension

Practical Exercise

Visit a nearby hospital and observe the procedures adopted for measuring the vital signs of patients. Fill the required information for any five patients as given in the table below.

Name of the patient/code No.	Temperature	Pulse	Respiration	Blood Pressure

Activity

Prepare a catalogue of various types of thermometer and BP (blood pressure) apparatus and identify their functions.

Check Your Progress

A. Fill in the Blanks

1. The normal body temperature is _____.
2. Pulse and blood pressure are related to _____ functioning.
3. Respiration rate is the _____ a person takes per minute.
4. The two numbers recorded while measuring blood pressure are _____ and _____.

B. Short Answer Questions

1. What are the vital signs of a human body?
2. List the vital signs of the human body.
3. Explain the procedure for measuring temperature and pulse.



SESSION 3: ASSISTING IN THE EXAMINATION OF PATIENT

In this session, you will learn about the assistance provided by a General Duty Assistant during various medical examinations of patients, viz., eyes, ears, nose, throat, neck, chest, etc.

Measuring height and weight

To measure the length of a baby, who cannot stand, s/he must be placed on a hard surface, in an upright standing position with the knees extended. The measurement is taken from the soles of the feet to the vertex of the head. The head should be in such a position that the eyes face the ceiling. After a child is able to stand, the height can be measured. If the child stands on the heels, back and head against the wall, a small flat board held from the top of the head to the wall will give an accurate measure of the height, which is the distance from the floor to the board. The weight of a person, who can stand is, generally, measured by a standing scale. The person stands on a platform and the weight is noted. Usually, the weight is taken without shoes. To record the weight of a baby, a weighing scale with a container, where the baby can be laid, is used. The baby must be unclothed or the clothes need to be weighed separately, and later, its weight can be subtracted from the total weight.



Fig. 2.6 Measurement of a patient's weight

Measuring skull circumference

Skull is measured from above the eyes to the occipital protuberance, where the diameter is the maximum.

Examination of the eyes

Examination of the eyes is done in a lying or sitting position. An ophthalmologist uses a head mirror that reflects light on a patient's face. The first examination is done to determine the eye movements and its reaction to light. For detailed examination of the internal parts of the eyes, an ophthalmoscope is used.



Fig. 2.7 Eye test of a patient

Examination of the ears

A patient may be placed either in a lying or sitting position with an ear turned towards an ENT specialist.





Fig. 2.8 Examination of the ears of a patient

Equipment used for the examination of ear are a head mirror, ear speculum of various sizes, cotton-tipped applicators and auto-scope. 'Tuning fork test' is the basic test for hearing. A person needs to be carefully examined and may be advised accordingly. A young child is made to sit on her/his parent's or guardian's lap with her/his legs placed between the parent's or guardian's knees and arms held against the back. The child's head is held against the parent's or guardian's chest. Infants can be laid on the examination table.

Examination of the nose, throat and mouth

The patient is seated with the head resting against the back of the chair. A tongue depressor and adequate light are needed for examining the throat. Examination of the nose requires a nasal speculum and a head mirror. Sometimes, auto-scope is also used.

Examination of the neck

The neck is palpated to check for lymph nodes. To assess the thyroid glands, the patient is asked to swallow saliva.

Examination of the chest



Fig. 2.9 Examination of the chest of a child

The anterior chest is examined by placing a patient in a horizontal recumbent position. There are various ways to examine the chest. Percussion method is used to determine the presence of fluid or congested areas. A physician also uses a stethoscope to listen to breathing sounds in the chest. The patient is placed in a sitting position to examine the posterior chest. The heart and lungs are examined by percussion and auscultation.

Examination of the abdomen

The examination of abdomen is performed by keeping a patient in dorsal recumbent position and the knees are slightly flexed to relax the abdominal muscles. The abdomen is inspected, palpated, auscultated and percussed to detect abnormalities, if any.



Examination of extremities (arms and legs)

Arms and legs are inspected, palpated and moved in various planes. Edema (accumulation of fluid) may be observed at the ankle joint by pressing the skin against the bone and varicose veins on the posterior part of the leg over the calf muscles. The joints are moved in all directions to assess the movements.

Examination of the spine

The spine is examined by keeping the patient in a standing position for abnormal curvature. The fingers are moved over the spine to detect spina bifida (a birth defect in which a baby's spinal cord fails to develop properly) in a newborn.

Examination of the rectum

For examining the rectum and anus, the patient is placed in a dorsal recumbent or left lateral position. The anus is observed for hemorrhoids, fissures or cracks. The patient is asked to bend down so as to see if there are any internal hemorrhoids. To examine the rectum, a clean glove (finger cot), proctoscope, lubricant and adequate lighting are necessary.

Practical Exercise

Visit a nearby hospital and observe a doctor examining the following:

Particulars	Observations
Height	
Weight	
Eyes	
Ears	
Nose	
Throat	
Neck	
Chest	
Abdomen	
Arms	
Legs	
Spine	



Check Your Progress

A. Fill in the Blanks

1. To measure the length of a baby, who cannot stand, the measurement is taken from the sole of the feet to the _____ of the head.
2. Skull circumference is measured by considering its diameter from above the eyes to the _____ protuberance.
3. For a detailed internal eye examination, an _____ is used.
4. The basic equipment used for hearing test is _____.
5. The abdomen is examined when a patient is in a _____ recumbent position and the knees are slightly flexed to promote the relaxation of abdominal muscles.
6. While examining the anterior chest, a patient is placed in a _____ recumbent position.
7. The weight of a person, who can stand, is generally, measured by a _____ scale and the weight is taken without _____.
8. In standing position, the spine is examined for _____.

C. Short Answer Questions

1. What is the procedure for the examination of ears?
2. What are the techniques of physical assessment used in abdomen examination?
3. What technique is used for chest examination?
4. What precautions are to be taken while examining the height and weight of a person?

B. Match the Columns

Examination of organs

Position of examination

1. Eye	(a) Standing position
2. Spine	(b) Head resting against the chair
3. Nose, throat, mouth	(c) Lying or sitting position
4. Abdomen	(d) Dorsal recumbent



Unit



Role of General Duty Assistant for Inpatient Care

INTRODUCTION

Development of nursing care as a profession has references in the Indian history. Evidences suggest Lord Buddha took services of nuns for providing nursing care to patients. References of detailed qualities of a nurse in *Charaka Samhita*, *Astanga Hridaya* and *Sushruta Samhita* stand to explain the nobility of the profession. The pioneering efforts of Florence Nightingale were instrumental in the extensive development of nursing as a career.

Inpatient services provide for continuous care to patients, requiring at least an overnight stay in a hospital. A patient is referred for hospitalisation in case of emergencies, planned hospitalisation or ambulatory care (discharge on the same day). The roles of a General Duty Assistant, serving for inpatient facilities, include the following:

- planning and organising the unit
- nursing care
- assistance in housekeeping and sanitation
- transportation of patients and specimens
- participating in ward management, post-mortem care, etc.



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Fig. 3.1 Inpatient ward reception counter

The services to be offered by the GDA may be medical, surgical, acute care, mental health treatment or invasive procedures. The duties of the GDA during hospitalisation include recording health-related information of a patient, shifting her/him to a room, aiding in personal care activities, ensuring basic comforts for stay, informing the nursing staff about the condition of the patient, cleaning the equipment, and above all, ensuring the patient's welfare till discharge. Hence, the GDA will function in many departments, for example, clinical, nursing, laboratory, dietary, laundry, housekeeping, sanitation, etc. The duties may vary according to the situation. The GDA plays a significant role in providing the right care to patients.

The sessions included in the unit explain the skills required by a GDA for performing related tasks. The tasks include providing support for personal care, identifying the vital signs, making bed for the patient and care for the body after death. These require the GDA to act in a way, considering the psychological needs of patients and their caretakers.

SESSION 1: ROLE OF GENERAL DUTY ASSISTANT DURING THE ADMISSION OF PATIENTS



Fig. 3.2 A GDA assisting in patient care at a hospital

In this session, you will learn about the procedures followed in a hospital from the time of admission till discharge. You are aware of the physical examination procedures performed and the role of a General Duty Assistant to assist in related activities. The GDA provides support to professionals working in the field of patient care. The GDA helps in managing the front office, handling emergency services, maintaining hygiene and also performs various other duties, which contribute to the better functioning of a hospital.

Admission of patients

Admission of a patient means arranging a stay in the hospital for observation, investigations and treatment



of the disease. The patient can either be admitted to a hospital for emergency or just routine check-up. Emergency admission means that the patient is admitted in acute conditions, requiring immediate treatment, e.g., patients with heart attack, accidents, acute appendicitis, poisoning, labour pain, diarrhoea, dysentery, hyperpyrexia, haematemesis, dyspnoea, shock, etc.

In emergency admissions, every moment is precious. Therefore, the patient must be admitted to the casualty department or emergency ward without any delay and the treatment must be initiated immediately to save her/his life. Routine admission means that the patient is admitted for investigations and planned treatments, e.g., patients with hypertension, diabetes, chronic appendicitis, jaundice, hernia, cirrhosis of liver, chronic renal failure, nephritis, bronchitis, etc.

Recording personal and medical data of patients

The clerk in the record section is responsible for recording certain data that are essential for the identification of a patient. The clerk may ask questions to the patient or her/his family members to get the name, address, age, gender, religion, occupation, income, marital status, address, telephone number and name and address of the nearest relative.

The information is recorded in the outpatient record. Patients, who are too ill to answer the questions, must be admitted immediately and the necessary information must be obtained from their family or friends present in the hospital.

In order to provide appropriate and adequate services, and to give immediate care, it is necessary to know the diagnosis or suspected diagnosis, the duration of illness and the name of the physician who has been referred to. This can be obtained by asking relevant questions to the patient. The patient is given an outpatient number, for future reference. Further necessary directions are given to proceed for consulting a doctor.



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Medical history and examination of patients

A detailed social and medical history of the patient is recorded by the physician. The patient's temperature, pulse, respiration and blood pressure are recorded. A thorough examination — from head-to-toe — will reveal deviation from normal structure and body functions, which will help the physician in the diagnosis of the disease. Necessary investigations, such as X-ray, laboratory test, etc., are also done to diagnose the disease and prescribe the treatment. Relatives or friends, who bring a patient to a hospital, often want to meet and talk to the physician for clarity on the health status of the patient. The GDA must make necessary arrangements for the patient's relatives and friends to meet the physician. Those suffering from mild sickness are sent home without admission. Others with major or chronic ailments are admitted to the hospital for further investigations and treatment. Patients, who are not very ill, are allowed to walk and are escorted to the clinical division by the GDA or an attendant.

Transporting patients

Moving an injured patient to and within the hospital must be performed with care. The hospital transportation system for patients is internal, external and various methods of triage. Internal transportation includes the use of trolleys, stretchers, lifts, escalators, etc., for transporting patients, equipment and other supplies, whereas, external transportation includes ambulances, relief vans, trains, or manual labourers, etc. Transportation is done to ensure that a victim reaches the hospital without deterioration in her/his condition. A severely injured or ill person must be immobilised unless there is a threat to his life. A critically ill patient must never be left with untrained personnel. A female patient must never be left alone with a male attendant.

Table 3.1: Triage during transportation

Category	What does this mean	What can you do
I	Highest priority for immediate help to people who need surgery	Help in evacuating and safely transporting a patient to a medical centre



II	Low priority to minor injury	Comfort the injured
III	Need for first aid so that patient waits safely till surgery	Give first aid and arrange for transportation

Triage in treatment (first aid and transportation)

Red tag (highest priority)

Severe breathing difficulty, cardiac arrest, burns involving respiratory tract, heart attack, poisoning, etc.

Green tag (second priority)

Severe burns, spinal injury, moderate haemorrhage, multiple fracture, head injuries

White tag (least priority)

Minor fracture, minor bleeding, moderate or minor burns



Fig. 3.3 Triage with a red tag

Transportation by stretcher

It is used for seriously ill or injured patients.

Types

- Farley stretcher (general stretcher)
- Trolley bed
- Neil Robertson stretcher (used for rescue purpose)
- Para guard stretcher (foldable from the top)
- Improvised stretcher
- Utile stretcher (foldable from the centre)
- Pale and canvas stretcher
- Scoop (orthopaedic) stretcher



Fig. 3.4 Scoop stretcher

Carrying a loaded stretcher

1. The head must be higher than the feet.
2. Load the feet first, except in the following situations:
 - when carrying a victim to the side or from bed
 - while going downhill, or when the victim's lower limbs are injured, or when there is hyposthenia
 - while loading the victim in an ambulance



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Reception of patient in a ward

A GDA must introduce oneself and greet the patients and their relatives, making efforts to establish a bond. The GDA's behaviour has to be such that a patient gains confidence and cooperates in the medical procedures to be performed. Since the first impression is likely to be vivid and is not easily erased, it is important that the patient and those who are with her/him receive attention and care in the outpatient department. The personnel in the admission department must greet the patient and make her/him comfortable. In emergency conditions, no time must be lost to initiate the treatment. The manner in which a nurse and a physician receive and treat a patient is the most important aspect of her/his reception and admission to a hospital.

A critically ill patient must be put to bed immediately. A patient, who is not very ill, can be taken for a round or two in the ward.

The GDA must introduce the patient to the nursing personnel working in the ward and make her/him aware of the facilities, including duty room, toilet and the unit prepared for her/him. After making the patient comfortable, the GDA must explain the hospital policies, procedures and routine to her/him and her/his relatives. Most hospitals provide a small booklet to all patients on admission. This booklet explains the hospital rules and policies. S/he must also inform the patient about the time for meals, doctor visits, prayer service, if any, and other hospital routine. The GDA needs to provide assistance to the patient's relatives in paying the hospital bills. Most hospitals have restrictions regarding the visiting and the number of people visiting a patient. The relatives may be permitted to stay in the hospital till the patient has been comfortably settled in the ward. However, many hospitals have a provision for the stay of an attendant or a caretaker. Diet pass or stay pass, if any, must be provided to the relatives and must be renewed timely. The GDA must explain to patients about the type of the diet to be taken and the time when the food can be brought to the hospital.



Preliminary observation of patients

The first few moments of a GDA's contact with a patient will acquaint her/him with the patient's health conditions, and the doctor and nursing staff attending to her/him. The patient's facial expressions depict not only the emotional reactions but the presence of pain or fatigue too. Decolouration of the skin, such as jaundice or cyanosis, facial paralysis, malnourishment, etc., can be observed without much difficulty. Continuous observations can be made while taking care of the patient.

Helping patient to occupy bed

A closed bed needs to be converted into an open bed on the admission of a new patient. The patient brought in by a trolley must be transferred to the bed with assistance. Her/his temperature, pulse and respiration are recorded at the time of admission, and later, at regular intervals. The GDA must follow the doctor's guidance and instructions, which are to be followed immediately. Record the inpatient chart, date and time of admission of the patient, condition of the patient and the observations made.

How to reduce call light frequency?

The top three reasons patients use call lights are to:

- report pain or request for medication
- report unusual monitor noises
- request for daily needs, such as bathroom assistance or an extra blanket

An effective way to decrease call light frequency is to remove the reason for call lights in the first place. Hourly nursing rounds to ascertain and meet the needs of patients are an evidence-based strategy that reduce dependence on call lights. Specific actions are to be taken by a duty assistant, whether s/he is a nurse, certified nursing assistant, nurse's aide or nursing technician. Upon entering the patient's room, the duty assistant must introduce herself/himself, tell the patient that s/he is there to do rounds, and carry out the following tasks:

- assess the patient's pain level (if the patient is experiencing pain, the reporting nurse is contacted immediately);



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- put pain medication doses on the reporting nurse's list of scheduled items and remind when the dose is due;
- offer toilet assistance;
- assess the patient's position and ask if s/he is comfortable or needs to be repositioned;
- make sure that the call light is within the patient's reach;
- put the telephone within the patient's reach;
- put the TV remote control and bed light switch within the patient's reach;
- put the bedside table next to the bed;
- put tissue box and drinking water within the patient's reach;
- prior to leaving the room, s/he must ask the patient: "Is there anything I can do for you before I leave?"; and
- tell the patient that a member of the nursing staff will be back in the room in an hour for the round again.

Rounding

Rounding not only fulfils usual requests made via call lights but also demonstrates a nurse's availability to the patient and her/his readiness to meet the patient's needs.

Hourly rounding with specific nurse actions is proactive, allowing nurses to manage patient care and their own time efficiently. Hospitals adopting hourly rounds have reported a fall in medication errors concurrent with fewer work interruptions from call lights.

Rather than adding to the nurse's workload, rounding takes less time than answering call lights and dealing with repeated requests. Some units distribute the workload of hourly rounds by having nursing assistants or technicians. Rounds are reduced to every two hours during the night but continued hourly during the day.



Practical Exercise

Visit a nearby hospital and fill in the patient admission form as given below.

Patient admission form

Date: _____

1. Patient's name: _____
2. Gender: _____
3. Date of birth: _____
4. Patient's address: _____
5. Contact number: _____
6. Date of admission: _____
7. Time of admission: _____ a.m./p.m.
8. Casualty observed: _____
9. Referred by Dr. _____
10. Referred to Dr. _____
11. Is police intervention required? Yes/No
12. Room/ward type: _____
13. Room/ward number: _____
14. Admitted by stretcher/wheelchair: _____
15. Weight: _____ Height: _____
16. Temperature: _____ Pulse: _____
Blood Pressure: _____
17. Admitted by (name and contact No. of the person with patient) _____

Check Your Progress

A. Fill in the Blanks

1. _____ of a patient means allowing her/him to stay in a hospital for observation, investigation and treatment of a disease.
2. _____ admission means a patient requires immediate treatment.
3. Patients, who are brought to a hospital by ambulance, are taken to the ward on a _____.
4. A female patient must never be left alone with a _____ attendant.

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5. _____ admission means that the patient is admitted for investigations and planned treatment and surgery.
6. After the completion of admission procedures, the General Duty Assistant must explain the hospital _____, _____ and routine to the patient and her/his relatives.

B. Multiple Choice Questions

1. How frequently should a GDA take rounds in order to reduce the frequency of call lights?
 - (a) 6 hourly
 - (b) 4 hourly
 - (c) 2 hourly
 - (d) Hourly
2. The main reason for patients to use call light frequently is _____.
 - (a) to report pain
 - (b) to report about unusual monitor noises
 - (c) to seek assistance in using toilets
 - (d) All of the above
3. The colour code for medical emergency transportation during cardiac arrest is _____.
 - (a) red
 - (b) white
 - (c) green
 - (d) None of the above

C. Short Answer Questions

1. Describe the responsibilities of a General Duty Assistant in admitting a patient in a hospital?
2. List the common medical examinations performed while admitting a patient,
3. What are the equipment needed for transporting a patient?

SESSION 2: ACTIVITIES OF PATIENT CARE

Activities of Daily Living (ADLs)

Activities of Daily Living in health care refer to self-care activities, which are to be performed by an individual routinely to maintain herself/himself (e.g. feeding, bathing, dressing, grooming, homemaking and leisure activities). Health professionals refer to the ability or inability to perform ADLs as an indicator of the functional status of a person, especially while referring to people with disabilities, younger children and the elderly.



General duty assistance in hospital

Patients need help to perform ADLs in many situations, like limitations to move their limbs, injuries, brain disorders, etc. A GDA may assist in doing the following self-care activities:

- bathing and showering (washing the body)
- bowel and bladder management related to incontinence (loss of bladder control)
- dressing
- eating (difficulty in chewing and swallowing food)
- feeding (setting up the meal plate and feeding it to a patient)
- functional mobility (moving from one place to another while performing activities)
- personal device care (like walkers, hearing aids, etc.)
- personal hygiene and grooming (including washing hair)
- toilet hygiene (completing the act of relieving oneself)

Daily care plan of patients by GDA

A way of reducing the stress of a patient is to set a daily routine for her/him. This routine can be fine-tuned to ensure that the patient is comfortable. Necessary tasks are all fitted into this routine so that the patient's day is regular and s/he can get used to it.

The daily routine must be disrupted only when necessary. In addition to the daily routine, the environment around the patient needs to be relaxed and friendly. Also, the patient must have access to things needed to perform the daily activities easily. Things to keep the patient oriented about where s/he is, and what time of the day it is must be in place. Also, various other means of keeping the patient comfortable and relaxed must be in place, e.g., light dimmers, room temperature controllers, etc.

Helping tips

Bathing

- Patients often mistake the water temperature, and may end up bathing with very hot or very cold water, if not helped.



- Bathroom can be unsafe for patients, if left alone, so stay with them. Patients may feel uncomfortable in the presence of a caregiver inside the bathroom. Handing them a soap, and then, turning one's face away may give the patients a sense of privacy.
- A thin towel can be used to cover the private parts of a patient while the caregiver bathes her/him.
- A bath stool may be needed so that the patient can sit comfortably for a bath. Grab rails near the bath stool may also be needed.
- Be careful to dry the patient in the folds and areas between the toes.
- If bathing is difficult, reduce the frequency according to the weather and needs of personal hygiene.
- Use the bath time to check the patient for injuries and sores.



Fig. 3.5 Giving dental care to a patient

Dental care

- A patient may need help in brushing her/his teeth.
- Denture cleaning may be done by the caregiver and the GDA needs to assist the patient to put on and remove the dentures. Care must be taken while placing the dentures, else the patient might get mouth sores.

Grooming

- Patients may get cuts while shaving with an ordinary razor. Therefore, they must be given twin blade or electric razors. Caregivers may need to supervise the activity.
- Combing of hair is another activity that needs assistance.
- Fine coordination activities, like nail cutting and filing, also needs help.
- If a patient is unable to groom herself/himself, a caregiver needs to ensure that s/he is presentable at all times.



Dressing

- Clothing needs to be comfortable and easy to wear.
- When laying out clothes for a patient to wear, place them in the sequence in which they have to be worn.
- Ensure that the clothes are not too long to avoid tripping and falling. Replace a sari with a mid-length nightgown.
- Switch to clothes not having many zippers or buttons.
- Instead of choosing dress with strings, use dresses with elastic or Velcro straps.
- Use shoes with Velcro straps instead of those with laces.

Toileting

- Incontinence occurs for reasons, like inability of a patient to reach the bathroom in time, forgetting its location, etc. Use sign boards to indicate the way to the bathroom, have nightlights and grab rails that the patient can use to reach the bathroom. Besides, the clothing of the patient must be such that can be taken off easily.
- Timed visits to the bathroom help reduce accidents.
- Be aware of the signs of constipation and dehydration in a patient and change her/his diet and water intake accordingly.
- If a patient shows signs of pain while passing urine or during bowel movements, consult a doctor.
- Accidental falls may occur in toilets. Therefore, it must be kept dry always.
- Grab rails or toilet seats with rails may make sitting on the toilet seat less frightening for a patient.
- Watch the patient to ensure proper wiping and washing of hands after using the toilet.
- For outside visits, diapers may be a good option. Patients will need assistance in wearing and removing diapers.

Eating

- Ensure that the patient is reminded of taking food by a caregiver if s/he is alone at home.



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- There is a time when eating with hand may become difficult and patients have to use spoons to eat. The meal must be such that it is easy to chew and eat. Fruits must cut into smaller pieces.
- Patients may not be able to mix the food while eating. Therefore, caregivers may need to mix the food or make combined dishes, like *pulao*, *khichdi*, *bisibele bhat* and curd rice.
- In some cases, chewing becomes a problem. So, the food may need to be made in a semi-liquid form.
- Consult doctors about diet supplements, like calcium and vitamins, and also find out if the patient needs to take a serving of balanced diet.

General instructions for GDA in feeding patients

- The diet for every patient in a hospital must be planned according to her/his needs, metabolic changes, food habits and socio-economic status.
- Wash the patient's hands or ask her/him to wash one's hands and face before and after meals. Give time for mouth care.
- Ask the patient if s/he would like to use the bathroom or bed pan before eating.
- Food and water must be served at the correct temperature as per the safety standards.
- Create a pleasant environment for the patient before serving the food. The patient's room must be well-ventilated during meals.
- The patient must not be disturbed by treatments, dressings, visitors and doctor rounds during the meal time.
- Dressings, treatments and measurement of vital parameters may be avoided or finished at least one hour before the meal is served.
- Strong emotions of fear, worry, anger, depression, homesickness, pain, etc., interfere with digestion by inhibiting the flow of saliva, gastric and intestinal juices. Eating must be postponed till the patient's strong emotion of excitement subsides.
- The patient must be placed in a comfortable position in bed or out of bed before s/he starts eating.



- Ensure that bed-ridden patients are able to see the food or must be told what has been served to them. Patients on tube feeding may be given a chance to taste the food so as to arouse their appetite and for their satisfaction.
- Physical exhaustion can be relieved by allowing rest before meals to patients.
- Meals must be served in clean and covered utensils.
- Care must be taken to prevent the transmission of diseases through food and water.
- Remember that a sick person has a poor appetite. Small and frequent meals are recommended. Never force a patient to have food.
- Patients must be given small morsels of food so that it is easy to chew. Fruits and salad must be cut into small pieces and the patients must be served one piece at a time.
- The patient must be given enough time to taste and chew the food. Never hurry the patient.
- Each patient's fluid requirement must be met to prevent dehydration. Fluids are given at the end of a meal or between meals.
- Keep the patient in sitting position for at least 30 minutes after the meal so s/he does not choke.
- The GDA must report to the dietician if a patient is unable to finish the food served, or vomits after eating, or has an allergy after eating so that appropriate and timely action can be taken. The GDA must also record and report the quantity of food the patient has eaten.

Drinking water

- Sometimes, patients reduce their water intake to avoid urinal pressure. They may also forget to drink water.
- Caregivers need to ensure that patients drink enough water.
- Doctors may also ask a patient to include electrolyte drinks in her/his daily routine, if s/he shows an electrolyte imbalance.



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Taking medication

- Initially, patients may find it difficult to keep a track of their medicines. Using small labeled boxes for medicines can help.
- Forgetting to take medicines is a common problem in patients. Therefore, caregivers must remind and help patients to take medicines.
- A doctor must be consulted if the patient finds it difficult to chew or swallow food.

Practical Exercise

Prepare a daily care plan for patients with right-sided hemiplegia (partial paralysis of the body that can affect arms, legs and facial muscles). How can you help a patient with all the needed ADLs?

Activity

Describe the daily care plan for an infant or an elderly person in your locality.

Check Your Progress

A. Fill in the Blanks

1. _____ is a term used in health care to refer to daily self-care activities.
2. ADL is an indication of _____ status of a person.

B. Multiple Choice Questions

1. Daily care activities of a patient that need an assistant include _____.
 - (a) bathing and showering
 - (b) bowel and bladder management
 - (c) dressing
 - (d) All of the above
2. The environment around a patient needs to be _____.
 - (a) hostile
 - (b) relaxed and friendly
 - (c) suspicious
 - (d) All of the above
3. Is personal grooming of a patient an essential indicator of health?
 - (a) Yes
 - (b) No



- (c) Do Not know
(d) Not at all
4. Measures that need to be adopted while assisting a patient during toileting includes _____.
- (a) watch out for accidents
(b) report incontinence
(c) provide grab rails and toilet seats
(d) All of the above
5. Supervising a patient while taking medicines prevent _____.
- (a) over dosage
(b) forgetfulness in taking medicines
(c) the patient from taking the exact dosage
(d) Both a and b

C. Short Answer Questions

- List any five daily activities of a patient
- What basic care is to be provided to a patient while feeding her/him.

SESSION 3: BED MAKING FOR THE PATIENT

In this session, you will learn how to make bed for patients. Every patient likes to have basic items for sleep, like mattress, pillow, etc. Bed making is a procedure adopted for making beds using scientific principles of nursing to provide the maximum comfort to patients.

Bed making

The needs for making bed are as follows:

- ensure comfort and rest to patients
- give the ward a neat appearance
- promote cleanliness
- to meet the emergency needs of a patient
- efficiently manage time, material and effort
- check for bedsores, oral hygiene and a patient's ability of self-care
- teach the relatives of the patient to care for the sick at home



Fig. 3.6 A neat hospital bed

Principles involved in bed making

- Microorganisms are found everywhere in the environment, especially in places, like hospitals and dispensaries. Care must be taken to reduce



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the transfer of microorganisms from one source to another and prevent their multiplication.

- A safe bed will prevent several complications in bedridden patients, e.g., bedsores, foot drop, etc.
- Good body mechanism maintains body alignment and prevents fatigue.
- Systematic ways of bed making saves time, energy and material.

General instructions for bed making

- A GDA must wash her/his hands before and after carrying out a procedure.
- Take permission from a patient before changing the bed linen.
- Avoid changing the patient's position a number of times.
- The patient's face must not be covered while placing the linen on the bed.
- Keep the clean linen separately from soiled linen.
- Never place a woollen blanket near the patient, except the bath blanket. Never allow her/him to lie down on the mackintosh without lining.
- Shake the linen gently before placing it on the bed.
- The linen must not touch your body or uniform.
- Make the bed firm, smooth and unwrinkled.
- Practise proper utilisation of time, energy and material.
- Ensure that the patient does not fall while making the bed for her/him. The side rails of a cot prevent the patient from falling.
- Keep distance from the face of the patient while making the bed to prevent cross-infection.
- Inspect the cot, mattress and pillow frequently for the presence of pests. Destroy the pests immediately, if found.

Preparation

The articles that need to be made available in a patient's unit are:

- cot
- mattress and pillow
- chair or stool



- bedside table or locker
- mackintosh
- blanket

Things needed for changing linen are:

- bed cover
- two sheets (bottom and top sheets)
- draw sheet
- pillow case
- counterpane

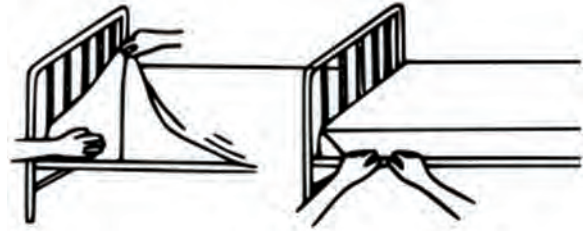


Fig. 3.7 Bed making procedure

Additional articles needed	Purpose
Laundry bag	To discard used sheets and send the soiled linen to the laundry
Dusters	One dry duster to dust the mattress and sheets, and one damp duster to dust the furniture
A bowl with an antiseptic lotion	To carbolise furniture in a room

Types of bed

- Open bed
- Closed bed
- Admission bed
- Occupied bed
- Cardiac bed
- Fracture bed
- Amputation bed
- Blanket bed



Fig. 3.8 Bed positions

Preparation of patient and the unit

- Explain the procedure to the patient to win her/his cooperation and confidence.
- Explain how s/he can assist.
- Screen the patient to provide privacy during dressing, changing of dress and sponge bath.
- Before making the bed, move the furniture away from the bed and move the bed away from wall.
- Lower the backrest, if any.
- Place a chair at the foot end of the bed and place a clean linen on it in the reverse order of use.
- Place the laundry bag within the patient's reach.



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Stripping and remaking an open bed

- Wash hands
- Remove the pillow and place it on a chair.
- Remove the top linen.
 - Loosen the top linen starting from head end and proceed towards the foot end.
 - Remove the sheets one-by-one by folding them into one. Bring the lower third over the middle third and fold the upper third over the lower third. Fold at the centre towards you, so that it falls in six. Shake it gently, and place it over the back of the chair if it is to be reused or put it in a laundry bag.
 - Remove the bedspread, blanket and top sheet separately, holding the open end towards the floor.
- Fold the draw sheet (small bed sheet placed in the centre of the bed that covers upper back and thighs).
- Bring the opposite end of the bed sheet to the middle of the bed and the near end over it, and thus, fold them into three. Place it over the chair.
- Roll the mackintosh and place it on the chair.
- Remove the bottom sheet by folding it into six parts.
- Soiled mattress cover must be removed as soon as possible.
- Change the position of the mattress every 15 days.
- The mattress is dried with a dry duster.
- Use an antiseptic lotion to clean the furniture. Dust the clean areas first, and then, the less clean ones.
- Pull the mattress to the top. Put on the mattress cover. If it is loose on the mattress, the excess can be tucked under the mattress.
- Prepare the base of the bed to a side.
 - When placing the linen on the bed and when tucking it under the mattress, face in the direction of work (patient) and move with work rather than twisting the body and over reaching.
 - While tucking the linen, separate the feet slightly apart (one leg forward and the other backward) and flex the knees instead of the back.



- ❑ Accomplish the task with each movement, e.g., when placing the bottom sheet on the bed, begin at the foot end, smooth to the head end, tuck the head end under the mattress, roll the corner and tuck under the side of the mattress as you turn to the foot of the bed.
- ❑ Place the bottom sheet on the centre of the mattress, making sure that the central longitudinal crease is in the longitudinal axis of the bed. Unfold it and spread it straight over the mattress, allowing 30–37 cm to tuck under the top of the mattress and leaving just enough at the foot end to tuck in.
- ❑ Place the mackintosh approximately 37 cm from the head end and tuck it along the side.
- ❑ Keep the draw sheet over the mackintosh, keeping it about 25 cm from the top of the mattress.
- Return to the side of the bed first made. Place the top sheet with the wrong side out. Unfold it with the top edge even with the top of the mattress.
- Spread the blanket over the top sheet 15–20 cm below from the top of the mattress.
- If a bedspread is used, place it over the blanket with the outer side out.
- Make the head end of the linen. Cuff the bedspread under the blanket, and then, bring the top sheet over the spread as second cuff. Make sure that it reaches up to the patient's chin.
- Tuck at the foot end altogether or separately and make mitred corners, allowing the sides to hang free or tucked as per the hospital policy.
- Put the pillow cover on the pillow and place the pillow at the head end. While putting on the pillow cover, the pillow must not touch the GDA's uniform.

After care of the patient

- Help a patient to get into the bed. One corner of the top linen is folded back to let the patient in. Cover her/him with the top linen.
- Comfort devices, if any, used by the patient must be taken care of.



NOTES

- See to it that the entire unit is neat and clean before you leave the unit. Ensure the following:
 - Beds in a general ward must be arranged in a straight line.
 - Bedpans, urinals, sputum cups, kidney trays, etc., lying in the patient's unit are taken away, cleaned and put back in their respective places.
 - The windows and doors are dusted.
 - The cupboards are dusted and the articles are arranged in order and according to the patient's use.
 - The water flasks are washed and filled with clean drinking water.
- Send the laundry bag with soiled linen to the laundry. If stains are present on the sheets, remove them by using appropriate methods before sending them to the laundry department.
- If there are any blankets, put them in sunlight and disinfect them before they are stored in the cupboard.
- The duster is soaked in an antiseptic lotion to disinfect it. Rinse it with clean water and put it to dry.
- Record the observations made on the patient.

GDA's responsibility in bed making

- Check the prescription or patient chart for any specific requirement regarding the movement and positioning of the patient.
- Assess if the patient can perform self-care activities.
- Check if there are adequate furniture and linen for the patient's unit.
- Assess the requirement for the number of clean linen and other bed articles, such as blankets, backrest, etc., needed for the comfort of the patient.
- Change the linen.

Practical Exercise

Visit a nearby hospital and see the various comfort devices used. Record the procedure adopted for bed making in the hospital.

Activity

Practice making bed in various comfortable styles.



Check Your Progress

NOTES

A. Multiple Choice Questions

1. The purpose of bed making is to _____.
 - (a) enhance luxury
 - (b) increase money generation
 - (c) improve the comfort of a patient, hygiene and neat appearance
 - (d) All of the above
2. The basic principle to be considered while making bed is to _____.
 - (a) prevent sources for microorganisms
 - (b) provide a safe and comfortable bed
 - (c) good body mechanism
 - (d) All of the above
3. The articles needed for complete change of linen are _____.
 - (a) mattress cover and two sheets
 - (b) draw sheet and pillow cover
 - (c) counterpane
 - (d) All of the above

B. Short Answer Questions

1. What is the purpose of bed making?
2. What are the different types of bed?
3. Describe the responsibility of a General Duty Assistant in bed making.
4. Enumerate the steps involved in making an open bed.

SESSION 4: TRANSPORTATION OF SPECIMENS

Importance of transportation of specimens

A specimen may, generally, comprise blood, urine or tissue sample that is tested to make a diagnosis. A number of specimens are collected in one place and transported to another for diagnosis. The specimen needs to be transported to a lab as soon as possible. In case of a delay, the cells in the sample may get contaminated, leading to incorrect diagnosis. Therefore, continuous effort must be made in order to ensure timely transportation of clinical specimens. The cooperation of nursing staff and others concerned with specimen collection, storage and transportation is required.



NOTES

As a General Duty Assistant, your role is to assist the nurse or doctor while the sample is being collected, labeled and ensure that it is delivered to the lab in time.

Procedure to transport specimens

Some of the procedures that must be followed for the transportation of specimens are mentioned below. These apply in hospitals and laboratories, as well as, in case of a reference laboratory.

- Once a sample is collected, store it as per the standard procedures.
- The primary container must be closed tightly, labeled and placed in a plastic bag. A 'bio hazard' label must be affixed on the specimen. 'Bio hazard' label indicates a potential danger if the content gets leaked or is opened without protection.
- Seal the plastic bag using a tape or heat sealer. Pins, staples and metal clips must not be used. A separate bag must be used to store each specimen.
- Each specimen must be placed in a leak-proof secondary container with sufficient absorbent material so as to absorb the content in case of a leakage. The secondary container must be disinfected externally.
- It is the GDA's responsibility to ensure the correct designation, packaging, labeling and documentation of all infectious substances and diagnostic specimens.
- Efficient transportation of infectious material requires coordination between the nurse, GDA and lab technician (receiving laboratory). They must ensure that the material is transported safely and arrives on time. Clear and effective communication is important for such coordination between the three parties.

Importance of labelling

Labelling a specimen is an important step. The following are the importance of labelling:

- A specimen container and request form must describe the nature of the specimen, source and the patient's full information. It allows the laboratory staff to identify the source quickly in case the specimen and form get separated.



- An additional 'Danger of Infection' label and request form for known or suspected high-risk pathogens must be attached to the specimen.
- If staff do not have access to such labels, then the forms and specimens must be clearly identified as 'bio-hazard' (the staff may wish to write in red or use a highlighter pen to indicate so).
- If the specimen has a 'bio-hazard' label, then it is given a special packaging while being transported by rail, ship or air. The package must be certified as per the laboratory standards and carry appropriate certification numbers on the tertiary packaging (outermost packaging) along with the following information:
 - ❑ bio-hazard danger or infection symbol
 - ❑ instructions of not to be opened, if found
 - ❑ labelling plays an important role in the transportation of a sample to a lab and helps in ensuring the timely delivery of the sample

Practical Exercise

Activity

Discuss in class the importance of labelling a specimen.

Check Your Progress

A. Multiple Choice Questions

1. What is the role of a General Duty Assistant in transporting a specimen?
 - (a) Collecting the specimen
 - (b) Packaging the specimen
 - (c) Labelling the specimen
 - (d) None of the above
2. In case, a specimen is infectious in nature, then what precaution must be taken?
 - (a) Label saying 'Danger of Infection' must be affixed to the specimen package
 - (b) The packaging must be certified and carry the certification number
 - (c) Instruction saying 'Not to be opened if found' must be affixed to the specimen package
 - (d) None of the above



B. Short Answer Questions

1. Mention the procedures to be followed while transporting specimens.
2. Write a short note on the importance of labelling.

SESSION 5: CARE OF THE BODY AFTER DEATH

Once a person has been declared dead, the body is prepared for the last rites. Caring for a body after death involves the following:

- making the body, especially the face, look as natural as possible
- checking for body discharge to prevent soiling and protecting other patients in the room from viewing unpleasant sights
- handing over the body safely to the mortuary in-charge with a complete death notification form
- keeping all records of the patient with duplicate death notification forms ready and safe for the record section to avoid legal complications

The signs of clinical death are as follows:

- absence of pulse, heartbeat and respiration
- pupils of the eye become fixed and non-reactive to light
- absence of reflexes
- setting of rigor mortis (stiffening of the body after death due to the fixation of muscles) within few hours

Articles required for caring for a dead body

The articles required for caring for a dead body are:

- articles for bed bath and hair care
- a clean bed sheet
- adhesive tape (one roll) and scissors
- mouth gag or tongue depressors
- perineal pads or diaper
- patient's clothes
- cotton pads and bandage
- big body size double layered polythene bag
- personal protective equipment



Procedure for care of a body after death

NOTES

The steps for caring for a dead body are as follows:

- Ascertain that the death is declared and certified by a doctor on duty. Ensure that the necessary forms are filled and signed by the officer or doctor concerned.
- Close the eyes of the dead immediately. Straighten the arms laid on the bed side and the legs too. Any dentures that have been removed are to be replaced and the mouth is to be closed. Support the chin with a jaw bandage. The head is kept elevated on a pillow.
- Keep the body in a normal position. Necessary care must be taken before rigor mortis develops.
- The body must be sent to the mortuary four hours after the death by a bed lift. Enter the death records in the dispatch book, report book and treatment book.
- The body must be treated with respect.
- Remove all equipment used for the patient, i.e., Ryle's tubes, urinary catheter, oxygen catheter, and comfort items, such as blankets, drainage tubes and soiled dressings. Adhesive marks are also to be removed.
- Remove all ornaments from the dead body. List the ornaments and hand them over to a relative, and obtain a receipt for the delivery of the same. Any other belongings of the patient, entrusted at the time of admission, must also be checked and handed over to the relative.
- The body is bathed, hair is combed and the person is dressed in clean clothes. Pack the vagina, rectum and nose with gauze or cotton. A perineal pad and diaper is also placed to prevent the discharge of urine or stool.
- Place three identification labels — first on the left wrist, on the chest and over the packed body with details, such as name, gender, age, and address of the patient, patient record number, ward number, bed number, diagnosis, her/his cause of death, and date and time of death.
- Place the deceased's hands over the chest, and tie the thumbs and wrists together.



NOTES

- Tie the toe and ankles together.
- Place a clean bed sheet under the body. Fold the top of the sheet over the face and shoulders.
- Hold the bottom of the sheet over the feet, and then, cover the body by folding it from the sides and fix it with tapes and bandages.
- Place the third identification tag over the sheet. Cover it with another clean sheet.
- In medico-legal cases, the authorities concerned (CMO) must be notified and one extra death certificate is prepared by the doctor and sent to the mortuary or police inspector on duty.
- Ensure that all dues are cleared. Send one copy of the death certificate to the mortuary, one to the admission office and one with a patient case sheet (medical history).
- After the body is removed from the ward, the unit must be treated as one after the discharge of a patient, i.e., fumigation, carbolisation, disinfection, etc., must be carried out.
- Make a detailed written record of all activities of the patient noted in the nurse's report book. Record the time when the respiration stopped and death was declared in red ink. Complete the case sheets and make an entry in the dispatch book.

Points to remember

- If relatives want to care for the body, allow them to do so. Be kind, courteous and helpful.
- The body must be transferred from the ward to the mortuary with care four hours after the death.
- No dead body should be handed over to relatives directly from wards.
- Inform the relatives that:
 - the body can stay in the mortuary for 48 hours, after which it will be disposed off.
 - arrangements for bathing the body are provided in the mortuary.
 - funeral van can be arranged through the enquiry office on payment.
 - death certificate can be obtained from the medical record section on a written request.



Practical Exercise

Visit a nearby hospital and seek permission to observe how a person is cared for after death.

NOTES

Check Your Progress

A. Multiple Choice Questions

1. Death can be confirmed when there is cessation of _____.
(a) brain function only
(b) heart and lung function only
(c) kidney function only
(d) all body functions
2. While providing care to a terminally-ill patient, which of the following would be beneficial to support the patient's spiritual needs?
(a) Do nothing
(b) Ignore them
(c) Being too emotional
(d) Provide support, compassion and love
3. For how many hours can a dead body remain in a mortuary?
(a) 24 hours
(b) 48 hours
(c) 52 hours
(d) 72 hours
4. After death, ask relatives of the deceased to collect the _____ certificate from the authorities.
(a) birth
(b) hospital
(c) death
(d) None of the above

B. Short Answer Questions

1. Enlist the articles needed for dead body care.
2. What are the signs of clinical death?
3. Mention the basic steps for dead body care.

Reference

NATIONAL SKILL DEVELOPMENT CORPORATION. May 2015.
General Duty Assistant. NSDC, New Delhi.



Unit



First Aid



171162CH04

Precaution...

Students to function as First Aider only after training.

INTRODUCTION

In this unit, you will learn about the various facilities, equipment and materials used for First Aid. First Aid facilities must be located in accessible places.

First Aid is the first assistance or aid or treatment given to a patient in an emergency situation before formal and appropriate medical help is available. Any trained person or paramedical staff at any point of time can render First Aid services. An ambulance must also be stationed at a workplace to tackle emergency situations. The purpose of giving first aid is to prevent further deterioration of the patient's health. The responsibility of a First Aider is to help the patient by winning her/his confidence. At the same time, the First Aider must not endanger her/his own life while providing treatment. S/he must always keep in the mind that the casualty may have more than one injury.

When a person suffers an injury or sudden illness, immediate medical attention or treatment may be provided to her/him in order to reduce the discomfort, pain and deterioration of her/his condition. During these situations, trained doctors may not available on the spot. Therefore, the 'first care', which is provided before professional medical help is available, is called 'First Aid'. As a trained GDA, it is necessary to understand

the principles and procedures for providing First Aid while awaiting the arrival of 'Medical Aid'.

This unit also describes the principles and rules of First Aid, identifying facilities, equipment and materials for First Aid and performing the role of a First Aider in fever, heatstroke, back pain, asthma and food-borne diseases.

SESSION 1: PRINCIPLES AND RULES OF FIRST AID

In this session, you will learn about the principles and rules of First Aid. This session explains the purpose, principles and general rules of basic First Aid. First Aid means initiating life support treatment for people suffering from an injury or sudden illness. We have to understand that First Aid has its own limitations and cannot be substituted for professional medical treatment. Assistance given by a First Aider helps in saving the life of a patient. The International Organisation for Standardisation (ISO) specified symbol for First Aid is a symmetrical white cross on a green background.

Purpose of First Aid

The primary purpose of giving First Aid is to sustain the life of a person before the arrival of a qualified medical expert, reduce her/his discomfort due to pain, help in early recovery and prevent her/his condition from worsening.

Principles of First Aid

The basic principles of First Aid are as follows:

- (i) *Preserve life*: This includes preserving the life of the casualty and the rescuer.
- (ii) *Ensure protection of the casualty from further harm*: The treatment area needs to be safe and must not have excess people.
- (iii) *Provide pain relief*: This includes the use of ice packs or applying a sling.
- (iv) *Prevent the condition from worsening*: Ensure that the First Aid procedures do not worsen the patient's condition.



Fig. 4.1 First Aid symbol



Rules of First Aid

- **Check:** Find out what has happened and what is wrong with the person. Comfort the person and arrange for a shelter.
- **Call:** Arrange for a professional medical aid.
- **Care:** Help the victim, preferably without moving her/him.

Health emergency

'Health emergency' is a situation, wherein there is a danger or risk to the health of a person because of sudden illness or accident, and immediate help is required to save a life. Immediate attention and First Aid must be provided to the person in case of an emergency before medical help arrives. The various situations that require immediate medical care are — electric shock, breathing difficulty, burns, bleeding, injury, fracture, heart attack, etc.

The human body

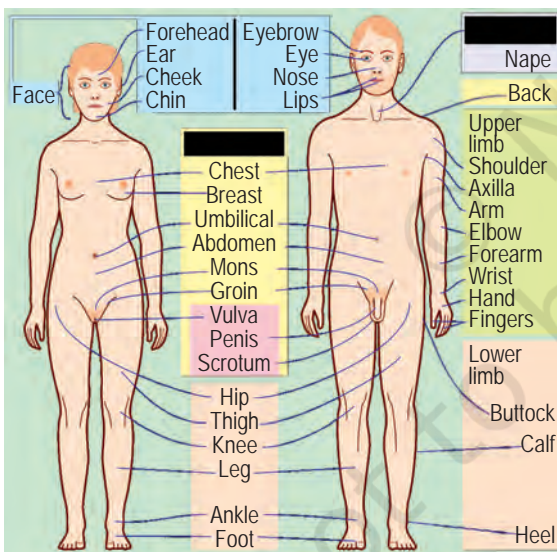


Fig. 4.2 Human body

Various parts of the human body work together simultaneously to perform a number of tasks. The body by adulthood consists of close to 100 trillion cells, the basic unit of life. These cells are organised in a systematic manner to form the whole body, having various body systems. A newborn has over 300 bones at the time of birth, whereas, an adult has 206 bones. The body includes various systems, such as musculoskeletal, cardiovascular, digestive, endocrine, integumentary, urinary, lymphatic, immune, respiratory and reproductive. We will now understand two vital aspects of life from the point of First Aid.

Breathing

Breathing is vital for life. A person breathes about 20,000 times a day. The breathing process is carried out by the respiratory system, which includes nose, throat, voice box, windpipe and lungs. We inhale air through the nose



or mouth that meets at the pharynx or throat, located at the back of the nose and mouth. The diaphragm that separates the chest from abdomen moves up and down when we inhale and exhale. When we breathe in, the diaphragm moves down to enlarge the chest cavity to fill in maximum air. When we breathe out or exhale, the diaphragm moves up, forcing the chest cavity to push out gases in the lungs through the nose and mouth.

In case of tongue fallen backwards, blocking the airway, it is necessary to hyper extend the head and pull up the chin, so that the tongue lifts and clears the airway.

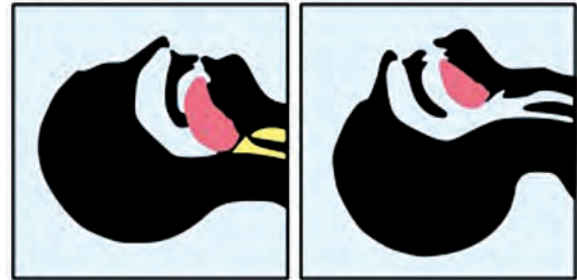


Fig. 4.3 First Aid for breathing problem

Blood circulation

Blood consists of plasma, red blood cells, white blood cells and platelets suspended in viscous medium. The heart, the main pumping organ of the circulatory system, is made of muscles. It is located between the two lungs slightly inclined towards the left. The pointed tip at the bottom of the heart touches the front wall of the chest each time the heart beats, producing a sound. You can also listen to heartbeats. When the heart contracts, it pushes blood out into two major loops or cycles — systemic loop and pulmonary loop.

The blood reaches the body's systems by circulating oxygen to all organs, structures and tissues, and collecting carbon dioxide through the systemic cycle. The pulmonary loop helps in the oxygenation of blood. It circulates blood to and from the lungs, to release carbon dioxide and carry oxygen to the tissues. The systemic cycle and pulmonary cycle control the left and right side of the heart, respectively.

Health and safety risks at workplace

The probability of a person to experience an adverse health effect if exposed to a hazard is considered as a risk factor at work. Let us now learn about the various types of hazards and their causes. This will help us to identify the various hazards that one may encounter at a workplace.



Types of hazards

Biological

Biological hazards are caused by living organisms, like bacteria, viruses, insects, plants, birds, animals, humans, etc.

Chemical

Chemical hazards include those caused by acids, poisons, cleaning agents, etc. These depend on the physical and toxic properties of a chemical. The severity of a hazard depends on the toxic properties of the chemical.

Radiation

Radiation hazards are related to exposure to radiations from radioactive substances.

Ergonomic

Ergonomic hazards are caused due to same posture and movements for a long time, improper layout of workstation (e.g., computer workstation, workstation for repair of electrical gadgets, etc.), faulty chairs, tools and equipment, etc. Wrong postures also cause fatigue, back pain, and discomfort in shoulders and lower limbs.

Physical

These hazards are caused due to slippery surfaces, falling objects, manual handling (lifting, pushing, carrying), sharp tools and equipment, radiation, magnetic fields, extreme pressure (high pressure or vacuum), excessive loud and prolonged noise, and bullying (abnormal, repeated behaviour directed against a worker or group of workers, causing health and safety risk). These may cause stress, depression, loss of self-esteem, feeling of guilt, phobias, sleeping and eating disorders, etc.

Psychosocial

Psychosocial hazards are caused due to violence, excessive pressure or stress at workplace for meeting deadlines, conflicts at workplace, etc. It also includes hazards due to discrimination on the grounds of caste, race, skin colour, ethnic origin, sex, religion, etc.



Safety

Safety hazards at a workplace include slipping or tripping, inappropriate machine guarding, collision, bumps, road and fire accidents, equipment malfunctions or breakdown, and electrical accidents (it can cause burns, affecting areas in contact with the current).



Fig. 4.4 Types of hazards

Practical Exercise

1. Visit a hospital and find out the First Aid measures adopted.
2. Find out the steps taken by the administration to provide First Aid in case of an emergency in your school.
3. Visit a nearby hospital and observe the various hazards. List the common hazards that you notice in the table given below:

Type of hazards	Places prone to hazards in hospital
Biological	
Chemical	
Radiation	
Ergonomic	
Physical	
Psychosocial	

Check Your Progress

A. Fill in the Blanks

1. Medical attention given at the first instance is called _____.
2. The ISO specified symbol for First Aid is a _____ on a green background.
3. Blood is a viscous fluid composed of _____.
4. The process of breathing in is _____ and breathing out is _____.

B. Short Answer Questions

1. What is the purpose of First Aid?
2. State the principles of First Aid.
3. What is a health emergency? Describe various emergency situations.
4. Explain the rules of First Aid.



SESSION 2: IDENTIFY FACILITIES, EQUIPMENT AND MATERIALS FOR FIRST AID

This session explains the various facilities, equipment and materials used for First Aid. First Aid facilities and ambulance service must be available at a workplace to meet emergency situations.

Ambulance is a vehicle that transports critically sick or injured people to a medical facility. Ambulances are motor vehicles, which may be a helicopter, airplane, or even a boat. The interior of an ambulance can accommodate one or more patients and emergency medical personnel. It consists of supplies and equipment to stabilise a patient's condition en-route a hospital.

An organisation or educational institution provides First Aid facilities, such as a First Aid room, First Aid kit, health centre and First Aid equipment in the premises to meet emergency situations. One or two personnel, trained in administering First Aid to casualties known as First Aiders, must be appointed at a workplace. Now, let us understand the facilities and important aspects that must be kept in mind when arranging for these facilities.

First Aid room

It is the place where equipment and materials are arranged systematically for providing First Aid services. A First Aid room must have the following:

- a nameplate with the symbol of First Aid
- adequate lighting and ventilation facility
- toilets, which should be friendly for differently abled persons
- facilities for the easy movement of a person on a stretcher or wheelchair

The other facilities in a First Aid Room include:

- table and chairs
- a telephone
- a directory containing emergency telephone numbers (e.g., in India, telephone number for fire service station is 101, for police it is 100 and for emergency services or ambulance it is 108)



- first aid kit
- examination lamp
- medical examination couch with blankets and pillows
- a portable screen
- a container for storing sharp equipment, like surgical knives, etc.
- sink and washbasin with hot and cold running water
- steriliser
- stretcher
- work bench or dressing trolley
- oxygen cylinder
- sphygmomanometer—blood pressure measuring instrument
- resuscitation equipment
- cupboards for storing medicines, dressings and linen
- electric power points
- seating arrangements
- container for soiled dressings
- medical waste containers

First Aid kit

A First Aid kit consists of items for providing First Aid in case of bleeding, fractures and burns. A First Aid kit can also be made industry or organisation specific (nature of the job being undertaken at an industry or organisation). For example, in casting and forging industries, medicines used in burns and scalds must be kept in the First Aid kit. A basic First Aid kit must include the following:

- band-aids of all sizes
- 4" by 4" gauze pads for cleaning wounds.
- 4" by 4" dressing bandages for wounds, cuts and abrasions
- 2" dressing rolls or crepe bandage for covering and bandaging injuries
- medical tape
- cotton balls
- safety pins
- alcohol pads or isopropyl alcohol for cleaning wounds



- anti-microbial hand wipes placed in a sealed plastic bag to retain their moisture
- hydrogen peroxide for cleaning skin wounds
- sterile water bottle
- eye flushing solution bottle with an eye cup
- ace bandage for casing sprains and contused soft tissue
- arm sling
- chemical ice pack
- chemical hot pack
- thermometer oral and rectal (for children)
- tweezers
- scissors
- torch
- nail clippers
- jack knife
- clean string for various purposes
- sterile gloves

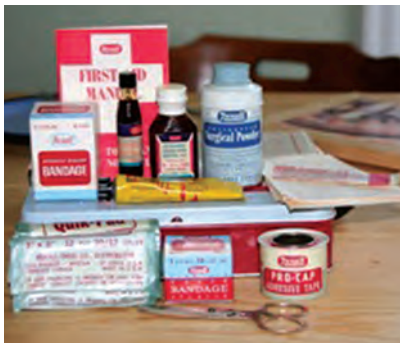


Fig. 4.5 First Aid kit components

Important medications and other relief materials to be kept in a First Aid kit (check for their expiry and replace them immediately with a fresh batch) include the following:

- antibiotic ointment for cuts and scrapes on the skin
- medicated sunburn spray or cream
- calamine lotion
- insect sting relief pads
- Tylenol (Acetaminophen) tablet, which is used for reducing pain and fever
- Advil (Ibuprophen), an anti-inflammatory tablet used for pain, swelling and fever
- Benadryl (Diphenhydramine) syrup, an anti-histamine for allergic reactions, itching and running nose
- cough suppressant
- Oral Rehydration Salts (ORS)
- defibrillator, an electronic device that controls electric shocks of preset voltage to the heart through the chest wall and is used to reinstate normal heart rate during ventricular fibrillation



- Tourniquet bandage (compression bandage), if bleeding persists with pressure for more than 15–20 minutes
- sling, a bandage used to rest an injured forearm; it is a wide triangular piece of cloth used to support the hand from around the neck
- splint, orthopaedic mechanical device used to restrain and protect a part of the body in case of a fracture (such as a broken leg or hand)

Drugs for common ailments

There are a number of common ailments from which people may suffer. These ailments are, generally, not serious in nature and can be cured by home remedies or over-the-counter medicines. Many common illnesses are treated at home using non-prescribed medicines. Some ailments are serious in nature and require professional medical attention. Even common cold can become serious, if not treated correctly and timely as it can advance to other infectious diseases, such as influenza and pneumonia. If ailments persist for few days, the patient must immediately consult a doctor.

Some of the drugs, generally, prescribed for common ailments are given in the table below.

Ailments	Drugs
Allergies	Cetirizine tablet
Headache	Saridon, Aspirin (also used for chest pain)
Heartburn or acidity	Digene tablet or syrup
Nasal congestion	Vaporub for rubbing on nose and chest
Cough and cold	Tablet for cough and cold or syrup
Fever or flu	Paracetamol (also used as a general painkiller)
Constipation	Isabgol husk (with hot milk or water)
Sprains and strains	Flexon or Combiflam tablet (used as an anti-inflammatory painkiller)
Dehydration	Oral Rehydration Salt (ORS)



Practical Exercise

Prepare a First Aid kit with all equipment and materials.

Check Your Progress

A. Fill in the Blanks

- _____ is a vehicle specifically designed to transport critically sick or injured people to a medical facility.
- _____ is an electronic device that administers an electric shock of preset voltage to the heart.
- _____ is a bandage used to support an injured forearm.
- A _____ is someone who takes charge of an emergency scene and administers First Aid.
- ORS stands for _____.
- _____ is the place where equipment and materials are systematically arranged for First Aid services.
- The contents of the _____ kit are mainly meant for providing First Aid.

B. Short Answer Questions

- Describe the First Aid room and the facilities it offers.
- Describe First Aid kit and enlist its contents.
- What are drugs for common ailments? Enlist few drugs.

SESSION 3: PERFORMING THE ROLE OF FIRST AIDER FOR FEVER, HEATSTROKE, BACK PAIN, ASTHMA AND FOOD-BORNE ILLNESS

This session will make you understand the role of a First Aider in handling people suffering from heatstroke, back pain, asthma and food-borne illness. A First Aider is a person who undertakes an emergency situation and administers the First Aid. Often, the First Aider at an emergency scene is a passerby, willing to help. A parent, who helps her/his child, a firefighter attending to an injured pedestrian, or an employee, who provides care, are all providing First Aid. A First Aider does not



diagnose or treat injuries and illnesses but offers help to the person in need.

This session describes how to administer First Aid to a person suffering from fever, heatstroke, back pain, asthma and food-borne illness. As a First Aider, the first thing is to manage the situation and stay in charge until the arrival of medical help or ambulance. Before the arrival of medical help or ambulance, many people may offer to help and crowd the place. In an emergency situation, where there is confusion and fear, a trained and effective First Aider reassures everyone and can make the whole experience less traumatic. Besides giving First Aid, one must ensure the following:

- manage unnecessary crowd
- protect the casualty's belongings

General considerations and rules

The elementary life-saving procedures are head tilt, First Aid at choking and recovery position. Now, let us imagine that a person has met with an accident. The services of priority that the First Aider needs to follow in an emergency situation like this are as follows:

Step 1

Check for bleeding: Stop bleeding by applying direct pressure on the wound area.

Step 2

Check for head, neck and spinal injury: If any of these are suspected, immobilise a victim to prevent further injury. Moving the victim will often increase the impact of spinal injuries.

Step 3

Determine responsiveness: If the victim is unconscious, try to arouse by gently shaking and speaking with her/him. Do not give fluid, the victim cannot swallow and can even choke. Check for her/his chest movements and listen to sounds of breathing (place your ear near the victim's nose and mouth and feel for breath on your cheek). If the victim is not breathing, then



mouth-to-mouth resuscitation is to be given. If you are not trained to do that, seek medical help at the earliest.

If the victim is breathing but unconscious, roll her/him on one side, keeping the head and neck aligned with the body. This will help drain the mouth and prevent the tongue or vomit from blocking the airway. If the victim remains unresponsive, carefully roll the person on the back and open the airway.

- Keep the victim's head and neck aligned.
- Cautiously roll onto the back while holding the head.
- Open the airway by lifting the chin.

Observe ABC

Basic life-saving steps

Ref: AFH 36-2218, Vol 1, Vol 2

Use extreme care when treating injuries in a contaminated environment.

Different rules may apply!



Head tilt, chin lift.

Immediate steps

When a person is injured:

- Establish an open **Airway** (if possible neck injury, ensure airway is opened using the jaw thrust maneuver; do not turn the head)
- Ensure **Breathing**
- Stop bleeding to support **Circulation**
- Prevent further **Disability**
 - Immobilise neck injuries
 - Place dressings over open wound
 - Splint obvious limb deformities
- Minimise further **Exposure** to adverse weather

A Airway
B Breathing
C Circulation
D Disability
E Exposure

A → Airway

B → Breathing

C → Circulation

Airway

Ensure that the tongue or any foreign body does not obstruct the airway.

Breathing

Make sure the victim is breathing. If you are trained to give mouth-to-mouth respiration, then facilitate breathing.

Circulation

Check for the pulse to ensure that the heart is beating normally. Check the heartbeat or pulse of the victim. If there is no pulse and you are trained to do Cardio Pulmonary Resuscitation (CPR), then begin CPR immediately. (Note: CPR is administered when both the heart and lungs have ceased to function)



Fig. 4.7 CPR First Aid

Step 4

Call emergency services: Call for help or ask someone else to do so as soon as possible. If you are alone, try to establish breathing before calling for help and do not leave the victim unattended for long. Stay calm and



do not give up. Continue administering First Aid to the victim until medical help arrives.

Let us now learn about the basic First Aid practices that may be executed by the First Aider to provide First Aid to people working in various occupations, with special reference to the health sector. Considering your age and body strength, we will take up only those First Aid practices that can be performed easily.

Fever

Fever is higher than normal human body temperature (normal body temperature is 37° C or 98.6° F). Body temperature is a good indicator of a person's health. Fever is a symptom and not a disease. Fever can be categorised as given below:

- Low fever: 98.8° F to 100.8° F
- Mild to moderate: 101° F to 103° F
- High fever: 104° F and above. If the temperature is high, then it is a sign that the body is fighting illness.

Causes

Fever may be caused due to hot weather, bacterial or viral infections, spending too much time under the Sun or allergies due to medication, food or water.

Symptoms

Symptoms may include hot flushed face, nausea, vomiting, head and body ache, constipation and diarrhoea.

First Aid

Monitor the temperature using a digital thermometer. Remove the excess clothing. Keep the person in a cool place, and if required, give a sponge bath in tap water. Give plenty of fluids and prescribed dose of Paracetamol tablet.

Taking body temperature

In case of fever, body temperature is measured using a thermometer. Let us now learn how to take the body temperature.

Step 1: Prepare

Wash the tip of the digital thermometer with clean water and wipe it with a clean cloth. Wipe it with a tissue



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paper after cleaning the surface. This will remove germs on the surface.

Step 2: Switch on

Check the power button by switching on the digital thermometer to ensure that it is working. The LCD screen must read '0'. If the screen remains blank, replace the battery. Read the instructions given in the manual to replace the battery. Use the thermometer when the initial reading is correct.

Step 3: Position

Place the thermometer in the mouth of the person by putting its tip at the centre at the back of the tongue before asking the patient to close the lips around it to hold it.

Step 4: Take temperature

Press the button to make the appliance read the temperature. This can take few minutes. Remove the thermometer from the person's mouth and read the temperature.

Step 5: Store

After you have finished using the thermometer, switch it off and clean the tip with water and wipe it with a tissue paper or dry cloth. Keep the thermometer in its protective case and store it at a safe place, away from the reach of children.

Heatstroke

Heatstroke is a severe heat-related condition and can even be life-threatening. It is caused when the body's cooling mechanism fails due to excessive heat and humidity. Impairment in sweat gland function may be another cause of heatstroke.

Symptoms

In heatstroke, the body temperature is more than 104° F. Fever may cause headache, dizziness, fatigue, fluctuating blood pressure and irritability.

First Aid

Shift the person to a cool place. Cool the person by sponging her/him with a wet towel. Apply ice packs in armpits and groin. Give lukewarm water with electrolyte.



Back pain

Back pain is acute pain in the back of the body. The pain, generally, persists for a short duration. It indicates that the body is under stress. It is caused due to problems in bones, ligaments and muscles of spine and nerves.

Triggering factors

Back pain may be aggravated because of poor posture, inappropriate footwear; incorrect walking habit; prolonged sitting; sleeping on soft mattresses; kidney, bladder prostate disorders; constipation, stress, etc.

First Aid

Massage with hot or cold packs and use painkillers or relaxants for pain relief.

Asthma

Asthma is a chronic inflammatory lung disease that causes the airways to tighten and become narrow, causing difficulty in breathing.

Symptoms

The symptoms may include wheezing, cough and cold, tightness in the chest, sticky mucus, disturbed sleep and breathlessness.

Causes

It is believed that heredity factors are the main cause of asthma. Environmental factors, like dust, mite, pollen and occupational exposure to irritants also aggravate asthma. Cold, viruses, smoking, scent, pollution, change in weather conditions, etc., are also the triggering factors.

First Aid

In case of asthmatic attack, use asthma inhalers. Asthma inhalers are hand-held portable devices that supply medication to the lungs. These help in controlling asthma symptoms in adults and children.

Food-borne illness

Food-borne illnesses occur by consuming unhygienic foods and water. Bacteria are the common cause of food contamination.



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Symptoms

The common symptoms include diarrhoea, which may be bloody, nausea, abdominal cramps, vomiting, fever, dehydration, shallow breath, rapid pulse, pale skin and chest pain.

First Aid

Oral Rehydration Salt (ORS) should be given with lukewarm water. In severe cases, the patient needs immediate hospitalisation.

Method for making 1 litre ORS solution using sugar, salt and water:

- Drinking water: 1 litre (5 cups, each containing about 200 ml)
- Sugar: Six teaspoons
- Salt: Half a teaspoon
- Stir the mixture till the sugar dissolves

Practical Exercise

Practice Cardio Pulmonary Resuscitation (CPR) procedure on simulation.

Check Your Progress

A. Fill in the Blanks

1. A person suffering from fever (98.8°F – 100.8°F) is said to be suffering from _____ fever.
2. A person having a temperature of 104°F and above is said to be suffering from _____ fever.
3. In high fever, a person should be kept _____ by sponging with a wet towel or applying ice packs in the armpits.
4. _____ is a chronic lung disease that tightens and narrows the airways.
5. Back _____ is caused due to problems in ligaments and muscles of spine.
6. Bronchodilators are used in case of _____ attack.
7. _____ are the microorganisms, which are said to be the most common cause of food contamination.



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8. _____ is a person who takes charge of an emergency scene and administers the First Aid.
9. _____ is a symptom and not a disease.
10. _____ must be given with lukewarm water.

B. Short Answer Questions

1. Who is a First Aider? Describe the role of a First Aider.
2. Describe the steps to take body temperature.
3. What is ORS? Describe the method for making 1 litre ORS solution.

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Unit



Maintaining Safe, Healthy and Secure Environment



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INTRODUCTION

Work conditions affect the physical and mental health of individuals, causing stress. Occupational health is a specialised service to attend to the health needs of workers. It focusses on the promotion of healthy practices for maintaining the physical and mental well-being of workers related to various fields. If we observe closely, the health needs of workers, the practices followed by an organisation must protect and prevent hazards to people or environment. A hazard may be a risk or threat to the health and safety of people. At a workplace, the commonly faced hazards are physical, chemical, biological or psychosocial in nature. While working in the health care sector, the major hazards encountered can be exposure to heat, light, various sound frequencies, radiation, toxic chemicals, infectious diseases and mental tensions. We have to be aware that treatment is not available for most of the occupational diseases that develop gradually. As per the recommendations of the World Health Organization (WHO) and International Labour Organization (ILO), any organisation employing more than 200 workers must have an Occupational Health Service formed by professionals, including medical officers, health administrators and staff to promote health, provide

preventive services, and facility for emergency medical care to workers.

This session gives an insight into the health practices that must be followed to ensure the safety of health care workers and patients.

SESSION 1: PROMOTING A SAFE WORKING ENVIRONMENT



Fig. 5.1 Bio-environment safety

To promote a safe working environment, the following measures must be adopted:

- A person must be aware of her/his organisation's health, safety and security procedures, and follow them at work.
- Before you begin work, always:
 - ensure risk assessments, if any.
 - examine the workplace and see if all equipment that you use are safe and meet your organisation's health and safety policies in order to rule out risks, if any.
 - try to eliminate anything that might pose a health and safety hazard.
- Ensure that patients' needs and choices are fulfilled. Take into account all measures that protect your own safety and that of patients, staff and others while at work.
- Work within the limits of your own role and responsibilities in relation to health and safety.
- Take the help of your supervisors to sort out health and safety problems wherever and whenever necessary.
- Report health and safety issues to superiors in line with the law and your organisation's policies.

How to prevent hazards at the workplace

In order to ensure the elimination of all possible risks while working with others, you must try to:

- ensure that your own health and hygiene do not pose a risk to others.
- take appropriate action in case of an accident or injury or harm.
- check the presence of crowd at your workplace.



- use approved procedures under supervision when carrying out work that could be dangerous.
- use correct moving and handling techniques.
 - Follow hygiene procedures.
 - Wear protective clothes to handle exigencies.
 - Use and store equipments and materials safely, while dealing with spillages and getting rid of waste.
- take immediate and appropriate action to deal with emergencies, like:
 - fire
 - security problems
 - accidents
- use your skills and experience until help arrives.
- inform for appropriate help.
 - Continue to provide help to a person under supervision, until someone who is qualified enough to deal with the emergency is available.
 - Support the patient and others, including family members, who may have been affected.
 - Record and report incidents and emergencies to superiors, accurately in accordance with your organisation's policies.

Hospital electrical safety measures



Fig. 5.2 Hospital electrical equipment

- Use electrical equipment for the intended purpose only.
- Keep television sets and all other electrical equipment and appliances away from bathtubs and washbasins.
- Check all small appliances before use to ensure that they are maintained and in working order. Ensure periodic maintenance of all electrical equipment and appliances.
- Remove a plug from the wall socket by holding the plug and not the cord.
- Do not overload an electrical outlet point.
- Never use faulty equipment. If an appliance overheats, produces shock or gives an odour while being used, remove it from the area. Follow procedures to have the appliance evaluated by maintenance staff.



Hospital fire safety measures

Hospital fire safety measures are important and must be followed at all times.

1. Despite the use of fire-resistant material and compliance with regulations, fire accidents still happen. Health care organisations must have regular fire drills so that all personnel working there know exactly what to do. Health care personnel, like a General Duty Assistant, must be trained in:
 - fire prevention
 - location and use of fire alarms
 - location and use of fire extinguishers
 - location of emergency exits
 - evacuation procedures
2. Oxygen supports combustion. Posters showing that oxygen is in use must be pasted wherever applicable. If a patient is being administered oxygen, ensure that the patient, her/his roommates and visitors are aware that smoking is prohibited in the area.
3. In case of a fire, follow these steps:
 - Activate the fire alarm procedures.
 - Turn off the oxygen knob, lights and all other electrical equipment in the vicinity of fire.
 - Evacuate patients who are in danger.
 - Signboards, notifying 'switchboards' in a hospital, must be prominent, along with glow signboards of fire extinguishers.
 - Close windows and doors to stop ventilation.
 - Use fire extinguisher to extinguish the fire.
 - Ask patients, who are not at risk, to return to their respective rooms.



Fig. 5.3 A fireman at work

Patient care environment safety measures

The environment safety measures to be followed for patient care are as follows:

1. Identify patients at risk for injury. Those at risk specifically may include:
 - elderly or mentally ill patients
 - patients with impaired vision or hearing
 - patients with impaired mobility (wheelchairs, walkers and partial paralysis)



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- patients with a history of falls
 - patients with a history of substance abuse
 - patients receiving medication that interferes with motor-neuron functions
2. Protect patients at risk from injuries.
3. Prevent falls by:
- placing the bed at a lower position
 - keeping the bedside railing up when the patient is not receiving bedside care
 - advising the patient to wear low-heeled shoes when walking
 - ensuring that non-skid strips or mats are affixed near bathtubs and shower areas
 - ensuring that bathtubs have supporting handrails in place
 - warning patients and visitors when floors are wet and slippery
 - signboards must be placed at the time of housekeeping
4. Prevent patients from burns caused by hot liquids.
- placing coffee, tea, and other hot liquids on a table where the patient can reach easily and safely
 - carefully following the prescribed norms when using hot water bags or heating pads as many health care facilities do not allow their use because of the danger of burning patients
5. Prevent the spread of infections. A hospital or a health care facility may follow its own policies to control infections. However, the procedures, generally, followed by and large are those recommended by the Center for Disease Control (CDC), a US agency that studies various pathogenic organisms, spread of contagious diseases and methods used to control the spread of infections. Some of the preventive tips are as follows:
- Preventing diseases due to infections is a priority in hospital care services. A General Duty Assistant must use disinfection and sterilisation techniques that prevent the spread and growth of microorganisms.



- Two methods are used to eliminate the presence of microorganisms, and thus, prevent infections. These two methods are 'surgical' and 'medical' asepsis.
 - Surgical asepsis eliminates the presence of all microorganisms. This practice is also called sterilisation or sterile asepsis, like washing the hands and arms with some germicidal solution.
 - Medical asepsis refers to the practice that reduces the number and inhibit the growth of microorganisms, especially pathogens or disease-causing bacteria.
 - The technique of asepsis mandates the use of anti-microbial agents, hand washing and cleaning the equipment.



Fig. 5.4 Disinfecting hands

Check Your Progress

A. Multiple Choice Questions

1. The major emergencies, usually, occurring in hospitals are due to fire, security problems and _____.
 - (a) road accidents
 - (b) drowning
 - (c) electrical shock
 - (d) None of the above
2. A General Duty Assistant must be trained in fire prevention, for the use of fire alarm and to locate _____.
 - (a) electrician
 - (b) emergency exits
 - (c) trees
 - (d) None of the above
3. If oxygen knob is on, then _____ is prohibited.
 - (a) sleeping
 - (b) eating
 - (c) smoking
 - (d) None of the above

B. Short Answer Questions

1. Enumerate the fire safety measures to be followed in hospitals.
2. Describe the environment safety measures that need to be adopted for patient care.
3. List the electrical safety measures to be followed in hospitals.



ANSWER KEY

UNIT 1: HOSPITAL MANAGEMENT SYSTEM

Session 1: Health Care Delivery System

A. Fill in the Blanks

1. preventive, curative
2. State
3. tertiary care
4. diagnostic, curative, rehabilitative
5. 30 to 50
6. haematology laboratory
7. 1200 to 1500
8. purchase

B. Multiple Choice Questions

1. d
2. b
3. a

Session 2: Qualities of a General Duty Assistant

A. Fill in the Blanks

1. General Duty Assistant
2. confidentiality

B. Multiple Choice Questions

1. b
2. a
3. d

C. Match the Columns

1. b
2. d
3. a
4. c

Session 3: Codes of Conduct for General Duty Assistant

A. Multiple Choice Questions

1. b
2. b
3. c

Session 4: Personal Hygiene Practices for General Duty Assistant

A. Fill in the Blanks

1. titivating or preening
2. Personal grooming
3. personality

B. Multiple Choice Questions

1. a
2. d
3. b

C. Match the Columns

1. a
2. d
3. b
4. c

E. Mark True or False

1. False
2. True
3. True

UNIT 2: ROLE OF GENERAL DUTY ASSISTANT FOR OUTPATIENT CARE

Session 1: Role and Functions of Medical Receptionist

A. Fill in the Blanks

1. Medical receptionist
2. politeness and communication skills

B. Multiple Choice Questions

1. d
2. d

Session 2: Identifying Vital Signs in Patient

A. Fill in the Blanks

1. 37.0° C (98.6° F)
2. heart
3. number of breaths
4. systolic and diastolic

Session 3: Assisting in the Examination of Patient

A. Fill in the Blanks

1. vertex
2. occipital
3. ophthalmoscope
4. tuning fork
5. dorsal recumbent
6. horizontal recumbent
7. standing scale, shoes
8. abnormal curvature

B. Multiple Choice Questions

1. c
2. a
3. b
4. d

UNIT 3: ROLE OF GENERAL DUTY ASSISTANT FOR INPATIENT CARE

Session 1: Role of General Duty Assistant during the Admission of Patients

A. Fill in the Blanks

1. Admission
2. Emergency
3. stretcher
4. male
5. Routine
6. policies, procedures

B. Multiple Choice Questions

1. d
2. d
3. a

Session 2: Activities of Patient Care

A. Fill in the Blanks

1. Activities of Daily Living
2. functional

B: Multiple Choice Questions

1. d
2. b
3. a
4. d
5. d

Session 3: Bed Making for the Patient

A. Multiple Choice Questions

1. c
2. d
3. d

Session 4: Transportation of Specimens

A. Multiple Choice Questions

1. a, b, and c
2. a and c

Session 5: Care of the Body after Death

A. Multiple Choice Questions

1. d
2. d
3. b
4. c

UNIT 4: FIRST AID

Session 1: Principles and Rules of First Aid

A. Fill in the Blanks

1. First Aid
2. white cross
3. Plasma and cells
4. Inhalation and exhalation

Session 2: Identify Facilities, Equipment and Materials for First Aid

A. Fill in the Blanks

1. Ambulance
2. Defibrillator
3. Sling
4. First Aider
5. Oral Rehydration Salt
6. First Aid room
7. First Aid

Session 3: Performing the Role of First Aider for Fever, Heatstroke, Back Pain, Asthma and Food-borne Illness

A. Fill in the Blanks

1. low
2. high
3. cool
4. Asthma
5. pain
6. asthma
7. Bacteria
8. First Aider
9. Fever
10. Oral Rehydration Aalt

UNIT 5: MAINTAINING SAFE, HEALTHY AND SECURE ENVIRONMENT

Session 1: Promoting a Safe Working Environment

A. Multiple Choice Questions

1. Electrical shocks
2. Emergency exits
3. Smoking



LIST OF CREDITS

Vijay Anand Joshi

Unit 2

Fig. 2.3, Fig. 2.4, Fig. 2.5

Unit 3

Fig. 3.1, Fig. 3.3, Fig. 3.5

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Unit 1

Fig 1.1 <https://goo.gl/hJeLbW>

Fig 1.4 <https://goo.gl/AJu9w5>

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Fig 1.6 <https://goo.gl/8eEhrV>

Fig 1.7 <https://goo.gl/DZ7CXt>

Fig 1.8 <https://goo.gl/QuKeRt>

Unit 2

Fig 2.1 <https://goo.gl/afje5F>

Fig 2.2 <https://goo.gl/Q5YjGf>

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Fig 2.7 <https://goo.gl/zeZmpf>

Fig 2.8 <https://goo.gl/t9CUn2>

Fig 2.9 <https://goo.gl/ktQGfF>

Unit 3

Fig 3.2 <https://goo.gl/xeoCQp>

Fig 3.4 <https://goo.gl/psqyFf>

Fig 3.6 <https://goo.gl/WbXPPc>

Fig 3.7 <https://goo.gl/upyedz>

Fig 3.8 <https://goo.gl/SFKKcN>

Unit 4

Fig 4.1 <https://goo.gl/tc1kik>

Fig 4.2 <https://goo.gl/5UWYPD>

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Fig 4.4 <https://goo.gl/XtzLYd>

Fig 4.5 <https://goo.gl/ann42h>

Fig 4.6 <https://goo.gl/xDzoQr>

Fig 4.7 <https://goo.gl/fHMMCg>

Unit 5

Fig 5.1 <https://goo.gl/1LaUNY>

Fig 5.2 <https://goo.gl/8U7iN5>

Fig 5.3 <https://goo.gl/a2b1gg>

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