



NURSING LEVEL III

NTQF Level III

LEARNING GUIDE- 11

Unit of Competence: Prepare and Maintain Beds

Module Title : Preparing and Maintaining Beds

LG Code : HLT NUR3 M03 LO1- LG-9

Module Code : HLTNUR3 M03 0919

TTLM Code : HLT NUR3 TTLM 0919v1

LO1: Prepare area for bed making

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Information Sheet-2

Organizational policy

This unit is provided as a collective unit for nursing level III Workers who have a multifunctional role within a health care facility but can also be adapted for workers who have a more specific support role in relation to providing quality health care services. It covers the skills and knowledge which you need to apply when cleaning and making a height of beds to ensure that a patient/client can safely occupy the bed. In reading through the Learning Guide you may well come across information and tasks that are not your everyday responsibility. However, by completing this unit you will gain a better understanding of your role and responsibilities in a health care setting and thereby improve your existing skills and knowledge in your current work role.

1.2. Organizational policy

In a health care facility you must ensure that you work within Occupational Safety and Health Act and your organizations policy and procedure. In the preparation and maintenance of beds and should be aware of the need to follow safe manual handling practices and techniques.

Organizational policy should have the responsibilities of all trust staff on the importance of correct and safe management of linen procedures, from storage to handling, bagging, transporting and laundering. It is important that everyone who comes into contact with linen is aware of the risks and also the appropriate precautions to take to prevent the transmission of microorganisms.

Information Sheet-3

Personal protective equipment (PPE)

1.3. Personal protective equipment (PPE)

Definition: PPE is an equipment that is fluid-resistant (e.g., plastic or rubber aprons) can protect health care workers from exposure to potentially contaminated blood or other body fluids and clients from microorganisms present on medical staff and others working in the healthcare setting. Protective barriers and clothing, now commonly referred to as personal protective equipment



(PPE), have been used for many years to protect clients from microorganisms present on medical staff and others working in the healthcare setting. More recently, with the emergence of HIV/AIDS and HBV/HCV and resurgence of tuberculosis in many countries, PPE now become important for protecting the healthcare providers as well.

The Health workers must follow all Organizational policy and procedures within their organization regarding infection control. These procedures are also monitored by the Infection Control Unit or a designated Infection Control professional. The procedures will include standard or additional

Precautions and you should be aware of which precautions you should be using before you start.

Caps are used to keep the hair and scalp covered so that flakes of skin and hair are not shed into the wound during surgery. Caps should be large enough to cover all hair.

Eyewear protects staff in the event of an accidental splash of blood or other body fluid by covering the eyes. Eyewear includes clear plastic goggles, safety goggles, and faces shields.

Prescription glasses are also acceptable. Masks and eyewear should be worn when performing any task where an accidental splash into the face could occur. If face shields are not available, goggles or glasses and mask can be used together.

Footwear is worn to protect feet from injury by sharp or heavy items or fluids that may accidentally fall or drip on them. For this reason, sandals, “thongs” or shoes made of soft materials are not acceptable. Rubber boots or leather shoes are acceptable, but they must be kept clean and free of contamination from blood or other body fluid spills. Shoe covers are unnecessary if clean, sturdy shoes are available for dedicated use only in the surgical area.

Gloves protect hands from infectious materials and protect patients from microorganism on staff members’ hands. They must be worn anytime there is a possibility of contact with potentially infectious materials or when handling contaminated waste or cleaning or disinfecting instruments. Gloves should be changed between each client contact to avoid cross contamination.



Gloves should not be worn for non-critical procedures such as bed making; however, handling visibly soiled linen requires utility gloves.

Mackintosh or plastic apron is used to protect clothing or surfaces from contamination. Aprons made of rubber or plastic provide a waterproof barrier along the front of the healthcare worker's body and should also be worn during procedures where there is a likelihood of splashes or spillage of blood, body fluids, secretions or excretions (e.g., when conducting deliveries).

Masks should be large enough to cover nose, lower face, jaw and all facial hair.

They are worn in an attempt to contain moisture droplets expelled as health workers or surgical staff speak, cough or sneeze, as well as to prevent accidental splashes of blood or other contaminated body fluids from entering the health workers' nose or mouth. Unless the masks are made of fluid resistant materials, however, they are not effective in preventing either very well.

Scrub suits or cover gowns are worn over, or instead of, routine clothes. A V-neck shirt must not be cut so low as to slide off the wearers' shoulders or expose men's chest hair.

Surgical gowns were first used to protect patients from microorganisms present on the abdomen and arms of the healthcare staff during surgery. Lightweight cloth gowns, generally available in Ethiopia, however, offer little protection. Under the circumstances, either wear a plastic apron before putting on the surgical gowns or, if large spills occur, take shower or bathe as soon as possible after completing the surgery or the procedure.

1.3.1. Purpose

- To reduce the risk of staff acquiring infections from patients
- To prevent staff from transmitting their skin flora to patients
- To reduce contamination of the hands of staff by microorganisms that can be transmitted from one patient to another (cross-contamination)
- Prevent transfer of microorganisms via the contact, droplet, and airborne modes of transmission from one patient to another; prevent transmission of microorganisms to self or clothing during patient care.



Self-Check -1**Written Test**

I- Multiple Choices: Choose the best answer.

1. W/ c one of the following is Incorrect about Personal protective equipment (PPE)

- A. Gloves should be worn for non-critical procedures
- B. Glove must be worn anytime when there is contact with potentially infectious materials
- C. Gloves should be changed between each client contact to avoid cross contamination
- D. Gloves should be worn for critical procedures

ANSWER SHEET

Name: _____ Date: _____

I - Multiple choices

1. _____

Information Sheet-4**Adjusting height of the bed**

1.4. Adjust the height of the bed

Adjust the height of the bed to ensure that you are working from a comfortable height. The height should be between your mid-thigh and hip. After you have finished the task lower the bed to a suitable height for the patient/client. Preparing and maintaining beds can result in you adopting sustained and constrained postures. The beds should have lockable castors on all legs operated by a single control with indication of locked position. There should be sufficient access for the operation of brake control. They should also have considered lightweight adjustable cot sides which allow sufficient clearance when lowered for patient handling equipment and clear access to the mattress for bed making.

After you have completed the bed making, the bed should be returned to an acceptable height for the patient/ client. In long term stay wards the height that the patient's bed is returned to, may be marked on the wall.



Adjust bed when necessary

The room, especially the bed is the patient's home while he or she is in the hospital or health care facility. A well- made bed offers both comfort and safety. It is an extremely important contribution to the well - being of the patient. Because people are usually confined to bed when ill, often for long periods, the bed becomes an important element in the client's life. A place that is clean, safe, and comfortable contributes to the client's ability to rest and sleep and to a sense of well being.

Basic furniture in a health care facility includes the bed, bedside table, over bed table, one or more chairs and storage for clothing. Most bed units also have a call light, light fixtures, electric outlets, and hygienic equipment in the bedside table. Three types of equipment often installed in an acute care

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1.4.2. Parts of Bed

Head part of the bed- it is where the head of patient is position.

Foot part of the bed- it is where the foot of patient is position.

Side Rails- safety device used in preventing clients from falling out of bed.

The use of side rails has been routine practice with the rationale that the side rails serve as a safe and effective means of preventing clients from falling out of bed.

Footboards- Used to support the immobilized client's foot in a normal right angle to the legs to prevent plantar flexion contractures.

Mattresses - large pad on which to sleep. They are used in hospitals to relieve pressure on the body's bony prominences, such as the heels. They are particularly helpful for clients confined to bed for a long time.

➡ **Bottom sheet**

➡ **Rubber sheet**

➡ **Top sheet**

➡ **Bed linen**

Self-Check -2

Written Test

I- Multiple Choices: Choose the best answer

1. It is a special bed frame placed within a circular frame.

A. Gatch bed

C. Low bed

B. Electric bed

D. CircOelectric bed

2. It is a turning frame that serves the same purpose as the CircOelectric but is operated manually

A. Gatch bed

C. Stryker Frame

B. Electric bed

D. CircOelectric bed



3. It is safety device used in preventing clients from falling out of bed. a

A. Head Board

C. Side Rails

B. Foot Board

D. Mattress

4. Which part of the bed where the head of patient is position?

A. Foot Board

C. Head Board

B. Head Gear

D. Head Part of the bed

5. Used to support the immobilized client's foot in a normal right angle to the legs to prevent plantar Flexion contractures.

A. Foot Board

C. Foot Rest

B. Head Board

D. Over Bed

5. _____

ANSWER SHEET

Name: _____ Date: _____

I - Multiple choices

1. _____

2. _____

3. _____

4. _____



Information Sheet-5

Clearing bed and surrounding areas of medical and other equipment

1.5. Cleaning beds and area of other equipment

1.5.1. Clearing a client area

Definition: -It is keeping of the patients' room neat & orderly. There are two types of cleaning that are concurrent and terminal cleaning.

Concurrent cleaning:- is a daily cleaning of the patients room. It consists cleaning the room by damp mopping the floor and dusting with damp cloth.

Terminal cleaning: - is cleaning the room that is done after the patient is discharged or transferred to another room. Clear the bed and surrounding area of medical and other equipment to allow access to carry out the task. Return them to the correct location. Cleaning equipment should be placed on a trolley so that it can be easily moved within the bed space. A linen skip should be placed close to the bed whilst stripping soiled linen to minimize your handling of it. You should separate each linen item before it is placed into the skip to avoid injuries to those involved it's processing.

Information Sheet-6

Check bed linen for displace personal items and place equipment in the appropriate area

1.6. Check bed linen for displace personal items and place equipment in the appropriate area

1.6.1. Placing aids and equipment in the appropriate area/container



As hygienically clean linen is distributed throughout a medical facility, staff members must take care that it remains as clean as when it was laundered. They must presume that linen storage covers, cabinets, door handles or anything they contact are contaminated. Staff members should follow proper hand hygiene procedures and sanitize prior to handling healthcare textiles and after touching potentially contaminated surfaces.

Throughout the process of transporting, storing and distributing clean linen it is imperative to avoid any possibility of mixing it with soiled linen. When handling any type of soiled linen in a hospital setting, TRSA recommends the Six C's: Cover, Collect, Contain, Consolidate, Clean, and Cooperate. Following these practices not only reduces the spread of infections and promotes a culture of safety in hospital settings, but it also reduces healthcare costs by eliminating the expense of lost linen products. Although soiled linen may contain large numbers of microorganisms, there is little risk to health workers during linen processing. When work related infections occur, they often are the due to healthcare workers not using gloves or not washing their hands during or after collecting, transporting and sorting soiled items.

The used linen must be placed into a white plastic bag; filled no more than $\frac{2}{3}$ full and securely tied at the neck.

All used / dirty linen is to be stored in a secure external area for collection by the laundry contractor.

The infected linen must be placed in a red dissolve liner, tie when $\frac{2}{3}$ full and placed in a red plastic bag with a label attached identifying the ward or department.

Linen that has been taken into room where a patient has been barrier nursed and then not used must be removed and sent to the laundry, this must not be used for another patient.

All infected linen is to be stored in a secure external area for collection by the laundry contractor

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