



# **NURSING LEVEL III**

**NTQF Level III**

## **LEARNING GUIDE -12**

**Unit of Competence: Prepare and Maintain Beds**

**Module Title : Preparing and Maintaining Beds**

**LG Code : HLT NUR3 M03 LO2- LG-10**

**Module Code : HLTNUR3 M03 0919**

**TTLM Code : HLT NUR3 TTLM 0919v1**



## LO2. Make bed

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### Instruction sheet # 2

### learning guide # 2

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This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Maintaining client's dignity and privacy
- Stripping bed linen
- Removing clinical waste, soiled linen and place in the appropriate container.
- Cleaning the bed is according to the established procedures
- Re-positioning the existing bed linen.
- Asking the client whether they are comfortable, or if they have any specific bed needs.
- Handling reusable clean bed linen
- Cleaning mattresses and pillows regularly and on discharge

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, upon completion of this Learning Guide, you will be able to:

- Maintain client's dignity and privacy
- Stripe Bed linen
- Remove clinical waste and linen soiled and place in the appropriate container
- Clean bed according to the established procedures, where necessary
- Clean bed linen and place on bed in accordance with the organizational procedures.
- Re-position existing bed linen
- The client is asked whether they are comfortable, or if they have any specific bed needs.
- Handle reusable clean bed linen in accordance to with the organizational procedures.



- Clean Mattresses and pillows regularly and on discharge, in accordance with the organizational procedures.

### **Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in number 2 to 19.
3. Read the information written in the “Information Sheets 2”. Try to understand what are being discussed. Ask your teacher for assistance if you have hard time understanding them.
4. Accomplish the “Self-check” in page 6 & 14.
5. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work.
6. If you earned a satisfactory evaluation proceed to “Information Sheet 3”. However, if your rating is unsatisfactory, see your teacher for further instructions or go back to Learning Activity #1.
7. Submit your accomplished Self-check. This will form part of your training portfolio.
8. Request your teacher to evaluate your performance and outputs. Your teacher will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your teacher shall advise you on additional work. But if satisfactory you can proceed to Learning Guide # 3.

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#### **Information Sheet-1**

#### **Maintain client's dignity and privacy**

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This provides the skills and knowledge which you need to maintain client's dignity and privacy to ensure that a patient/client can safely occupy the bed. Patients and residents have all these basic human rights plus other special rights just for those in an assisted living home, a nursing home or a hospital. Patients and residents must be given a copy of these special rights when they come to a hospital, assisted living or nursing home.



We all must know about these rights when we work in health care. We must know what these rights are so we can make sure that all of our patients and residents have these rights while we provide care to them 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.

## **2.1. Maintain client's dignity and privacy**

People do not lose their right to privacy because they are in a hospital or nursing home. They also do not lose this right when they have home health care. Patients and residents have a right to:

- Talk privately with family, friends and other patients or residents. Do not interfere. Do not listen to these conversations. Give people a quiet place to talk in private.
- Personal things. NEVER open a patient's closet or pocketbook without getting their permission. If you are in the person's home, do NOT enter any area or open any closets unless the person tells you that you can.
- Knock on the patient or resident door before walking in. Their room is their own private space, just like yours is in your own home. Do NOT enter their space unless they allow you to or there is an EMERGENCY.
- Personal privacy. Provide personal privacy when bathing or caring for a patient. Patients and residents have a right to have personal information kept secret from all other people, except those that are giving her care. NEVER talk about one of your patients with friends, neighbors, other patients or residents. Some confidentiality rights are found in laws. For example, if you tell your sister that Mrs. M, your patient has AIDS/HIV, you have broken the law. It is not legal to tell anyone that a patient has AIDS/HIV. Health care workers, including nursing assistants, should NEVER tell a person's diagnosis or condition to anyone that is NOT caring for the patient. Do NOT talk about patients in halls or coffee shops. You never know who is listening.



- All patient charts and records must also be kept in a safe place so that people not caring for the person cannot read them.
- Do NOT talk about your patients when you go home. It is against the law to tell your family member or neighbor that 'Mr. B., my patient has AIDS'.
- Do NOT talk about your patients with other patients or unknown people that have called the nursing station. You do NOT KNOW who is at the other end of the telephone. We all must know about these rights when we work in health care. We must know what these rights are so we can make sure that all of our patients and residents have these rights while we provide care to them.

All patients and residents have a right to:

- ▶ Respect and dignity
- ▶ Privacy
- ▶ Confidentiality
- ▶ Freedom from abuse and neglect.
- ▶ Control over their own money
- ▶ Have their personal property
- ▶ Know about their medical condition and treatments.
- ▶ Choose their own doctor(s)
- ▶ Make decisions about their medical care
- ▶ Competent care
- ▶ Religious and social freedom
- ▶ Accurate bills for services given
- ▶ Complain and be heard

All people have the right to respect and dignity. We must:

- ▶ Speak to our patients with respect. We must always talk to all of our customers, families, fellow workers and visitors in a kind, helpful and polite way.
- ▶ Use good communication skills.



- ▶ Call people by their name. Do not call people 'momma', 'poppa', 'sweetie' or 'honey'. These names do not show respect.
- ▶ Let the person talk about their feelings. Give them the time to talk with you. Do NOT look like you are in a hurry. Always make the time to talk to a person with respect.
- ▶ NEVER treat an adult like a child. Do NOT talk 'baby talk' with adults.
- ▶ Help patients and residents so they can be as independent as they can. Help them with their self care and activities of daily living.
- ▶ Make sure the person looks good and is clean. We must make them look clean, shaved and without dirty finger nails.
- ▶ NEVER allow a person to stay wet with urine, dirty or with a bad odor. These things take away a person's dignity.
- ▶ Give people as many choices as possible. Let the person choose unless their choice can cause them harm or can harm others. For example, let a person pick a fresh fruit for their snack. Let the resident pick out the activities they want to attend over the next week. Let them pick out their own clothing for the day.

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### Self-Check – 1

### Written Test

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#### I- Multiple Choices: Choose the best answer

1. W/c one of the following is **incorrect** about the right of patient
  - A. Choose their own doctor
  - B. Talk about your patients when you go home
  - C. Knock on the patient door before walking in
  - D. Freedom from abuse and neglect

#### ANSWER SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### I - Multiple choices

1. \_\_\_\_\_



## **2.2. Striping bed linen:**

**Definition:** Stripping of a bed is removing the bed linen from a bed which had been previously made-up.

Bed linen consists of sheets, blankets and counterpane or duvet. Cotton is the preferred fabric to use. Duvets are usually made of a fiber filling encased in a washable or impermeable cover

The following is a representative guide of what is involved:

- ▶ Remove bedspread or duvet. – inspect and air, or replace as required. All bedspreads etc are washed or dry-cleaned periodically
- ▶ Remove blankets (where provided) - inspect and air, or replace as required. All blankets are washed or dry-cleaned periodically
- ▶ Remove pillowcases – place into soiled linen bag. Inspect pillow and pillow protectors to determine if they require attention or replacement
- ▶ Remove sheets - place into soiled linen bag
- ▶ Check mattress protector – spot clean as necessary or replace if required due to staining or damage
- ▶ Inspect electric blanket – safety check and for signs of staining. Replace as per house protocols.
- ▶ Items that have been stripped from the bed should not be placed on the floor. Check what applies in your establishment but options include placing them on chairs, tables, couches in the room.

### **2.2.1. Purpose:**

- ▶ To prevent cross contamination
- ▶ Ventilate the bed and bedding, and
- ▶ Prepare the bed for remaking



- ▶ To prevent damage of bedding

### **Precautions:**

- No bedding, either clean or soiled, should ever be put on the floor. It should be discarded in hamper.
- Do not let your uniform touch the bedding. Woolen blankets are never discarded in soiled clothes hamper. If soiled, they should be dry-cleaned or washed carefully or treated with direct sunlight.
- Use glove if the bed soiled or used by patient

### **Equipment**

- Bed side chair
- Hamper
- Glove as necessary

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### **Operational sheet -1**

### **Procedures on Stripping of a bed**

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### **Demonstration:**

### **Procedure**

**Step 1-** Wash hand

**Step 2-** Place chair conveniently at the foot of the bed

**Step 3-** Place pillow on seat of chair

**Step 4-** Loosen the bedding all around, starting from the right

**Step 5-** Fold bedspread twice, bring top hem (edge) to bottom hem, and pick up

**Step 6-** Fold the blanket and the top sheet in similar manner





**Step 7-** Place soiled linen in the hamper

**Step 8-** Place other soiled bedding on chair, and place that which is to be used again, over back of chair

**Step 9-** Fold the draw sheet in two and place it over the chair if clean or on the- chair if soiled.

**Step 10-** Do likewise with mackintosh.

**Step 11-** Remove and fold the bottom sheet in the same manner as the bedding

**Step 12-** Turn mattress from top to bottom or from side to side.

**Step 13-** Wash hands

**Step 14-** Recording and documenting

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### Self-Check-2

### Written Test

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#### I- Multiple Choices: Choose the best answer

1. W/c one of the following is **Precaution** about Stripping of a bed
  - A. Prepare the bed for remaking
  - B. let your uniform touch the bedding
  - C. Use glove if the bed used by patient
  - D. Woolen blankets are never discarded in hampe

#### ANSWER SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### I - Multiple choices

1. \_\_\_\_\_

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### Information Sheet-3

### Removing clinical waste, soiled linen and place in the appropriate container

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### 2.3. Removing clinical waste, soiled linen and place in the appropriate container

#### Definitions

- ▶ **Linens:** Articles and garments made from linen or similar textile, such as cotton or manmade fibers.
- ▶ **Soiled linen:** Refers to linen which has been used but which remains dry
- ▶ **Used Linen:** Linen which has been used but is not contaminated with blood or body fluids. Used dry linen from non-infected patients.
- ▶ **Clinical waste:** Refers to waste produced from health care and similar activities that may pose a risk of infection, for example, swabs, bandages, dressing etc.

Clinical and related waste is waste which has the potential to cause sharps injury, infection or public offence.

#### Clinical waste is divided into the categories of:

- a. Sharps (hypodermic needles, IV sets, Pasteur pipettes, broken glass, scalpel blades, and some hard plastics).
- b. Laboratory waste (e.g. tissue cultures, specimen collection waste) *Exceptions:* bedside urine & faecal samples, hair, nails, teeth (unless contaminated with free-flowing blood).
- c. Human tissue or blood (e.g. biopsy specimens).
  - *Exceptions:* corpses, foetuses, recognizable limbs

Soiled linen periodically means collecting used linens from user locations for the purpose of laundry or discarded. Solid linens can be collected based on the item type or department in the bag. After laundry processes the clean linens can be transport to user locations using appropriate equipment and safe handling techniques.



Collect used linen in cloth or plastic bags or containers with lids. If linen is heavily contaminated with blood or body fluids, carefully roll the contaminated area into the center of the linen and place in a leak proof bag or container with a lid.

Cloth bags are adequate for the majority of the patient care linen. They require the same processing as their contents.

Handle soiled linen as little as possible and do not shake it. This helps prevent spreading microorganisms to the environment, personnel and other patients.

It is not necessary to double-bag or use additional precautions for used linen from patients in isolation.

Do not sort and wash soiled linens in patient care areas.

Collect and remove soiled linen after each procedure on daily basis or as needed including patient rooms.

Transport collected soiled linen in closed leak proof bags, containers with lids or covered carts to the processing area daily or as needed. Transport soiled linen and clean linen separately. If there are separate carts or containers available for soiled and clean linen, they should be labeled accordingly. If not, thoroughly clean the containers or carts used to transport soiled linen before using them to transport clean linen

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### Self-Check- 3

### Written Test

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#### I- Multiple Choices: Choose the best answer

1. W/c one of the following is **Precaution** about Stripping of a bed
  - A. Prepare the bed for remaking
  - B. let your uniform touch the bedding
  - C. Use glove if the bed used by patient
  - D. Woolen blankets are never discarded in hamper



## ANSWER SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### I - Multiple choices

1. \_\_\_\_\_

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#### Information Sheet-4

#### Cleaning the bed is according to the established procedures

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### 1.4. Cleaning the bed is according to the established procedures:

#### DEFINITION OF TERMS:

**Cleaning:** A process that removes micro-organisms and the organic material on which they thrive. It is a prerequisite for effective disinfection or sterilization

**A bed:** The hospital bed consists of a bed frame, mattress, pillows and bed clothes. Clear guidelines should be formulated for bed cleaning and systems established, such as labeling to indicate when a bed has undergone decontamination

To make such reductions a realistic target, nurses need clear and simple guidelines on how and when to decontaminate equipment. The hospital bed is comprised of different components which pose a potential risk of infection for the patient if not adequately decontaminated

The hospital bed is the most frequently used piece of equipment in the clinical area. The constant high turnover of patients often leaves little time to clean equipment effectively. Bed components, including bed frames and mattresses may become contaminated by micro-organisms through direct contact with skin scales and body fluids, thus becoming a source of infection.



Cleaning bed is recommended that the bed, including the frame, undercarriage, mattress and base, should be decontaminated between each patient and once per week if bed is occupied by same patient. This aims to prevent dust collecting and helps to prevent the harboring of micro-organisms.

On discharge or transfer of patient, the locker, bed table, nurse call systems, bed controls, patient chair, oxygen and suction canister and tubing system also need to be included in this decontamination process.

This is a procedure for environmental cleaning of a room / bed space following discharge or transfer of a patient with no indication of colonization or infection requiring isolation precautions.

- ▶ Decontaminate hands before and after carrying out procedure.
- ▶ Put on aprons and disposable gloves.
- ▶ All linen should be placed in the appropriate color coded bag using the appropriate. Trust approved disinfectant solution; clean all surfaces, fixtures and fittings in the patient's immediate environment.
- ▶ All items of nursing or medical equipment should also be thoroughly cleaned with the solution.
- ▶ Clean bed, bed frame, undercarriage and both sides of the mattress.
- ▶ The mattress should be turned as per cycle.
- ▶ Always use disposable cloth. Do not return cloth to solution. Replace cloth frequently (minimum of 3 per bed).
- ▶ Attach and date green assurance label on bed when procedure completed.
- ▶ Domestic Duties – Request to spot check walls, clean ensuite facilities if appropriate, empty waste bin, replenish towels and soap if necessary and check toilet brush and replace if necessary.

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#### Information Sheet-5

#### Re-positioning the existing bed linen

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### 1.5. Re-positioning the existing bed linen

When removed the blanket or duvet, you may wish to place this in the cupboard or folded back at the end of the bed. If they have more pillows, make the bed and position the pillows accordingly

If items such as books, magazines, glasses, clothes or other personal items were found on the bed, place them neatly back on the bed in a similar position. Making the bed „properly“ is an extremely important part of servicing any room because the bed is often the focal point of the room and one of the first things in the room that the guest looks at

It is important that clear procedures are identified when re-positioning the existing bed linen.

- ▶ Remove pillows and place them on a clean surface, checking for stains or need for replacement
- ▶ Straighten bottom sheet, again checking for stains or need for replacement. If a new sheet is required, change accordingly
- ▶ Re-tuck in sheet
- ▶ Smooth out creases
- ▶ With seams up, position top sheet – top edge even with mattress at bed head
- ▶ Position blanket – seams up
- ▶ Turn head of top sheet over blanket
- ▶ Smooth out creases
- ▶ Tuck in top sheet and blanket on sides
- ▶ Mitre all corners, top sheet and blanket together
- ▶ Smooth out creases
- ▶ Position bedspread so it is straight and all corners are even
- ▶ Fold back bedspread at bed head end
- ▶ Place pillowcases on fluffed up pillows



- ▶ Position pillows on the bed as required
- ▶ Fold bedspread over pillow and neatly tuck in.

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**Self-Check- 5****Written Test**

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**I- Multiple Choices: Choose the best answer**

1. ----- Is the method to remove micro-organisms and the organic material on the bed
- A. Clearing
  - B. Cleaning
  - C. decontamination
  - D. All

**ANSWER SHEET**

Name:

\_\_\_\_\_

Date: \_\_\_\_\_

**I - Multiple choices**

1. \_\_\_\_\_



### **1.6. Handling reusable clean bed linen**

Conscientious linen service providers make great efforts to meet standards that ensure hospitals and other medical facilities receive the healthcare textiles (HCTs) they need to operate safely. But once HCTs reach the facility's doors, launderers' role in maintaining their hygiene is limited or nonexistent, unless the laundry's service includes linen distribution.

Healthcare linen providers who adhere to Hygienically Clean Healthcare standards are certified through laundry plant inspection and third-party, quantified biological testing. Inspection and re-inspection verify that items are washed, dried, ironed, packed, transported and delivered using best management practices to meet key disinfection criteria. Between inspections, ongoing microbial testing quantifies cleanliness and adherence to best management practices.

Clean linen should always be stored in a clean, designated area, preferably a purpose built cupboard, off the floor to prevent contamination with dust and/or aerosols. If a linen trolley is used for the storage of linen it should be enclosed.

Ideally, linen should not be decanted onto different trolleys, or stored in corridors when delivered, as this may result in contamination.

Linen can be machine dried or air dried in direct sunlight, if possible, keeping the fabric off the ground, away from dust and moisture.

After the linen is dry, check for holes and threadbare areas. If damaged, either discard or repair before reuse.





The linen that is not going to be sterilized should be ironed and folded. If surgical drapes are to be sterilized, do not iron. Ironing dries out the material, making autoclaving more difficult.

Sorting is carried out primarily to make counting possible as well as for streamlining laundry procedures. Linen is counted in order to make a record so that issuing to departments may be accurate and it is possible to tally the exchange of linen between the linen room and the laundry and a basis for billing exists.

#### Handling Procedures:

- Handle stored linen as little as possible
- Keep clean linen in clean, closed storage area
- Use physical barriers to separate folding and storage rooms from soiled areas  
Keep shelves clear
- Clean and soiled linen should be transported separately Containers or carts used to transport
- Soiled linen should be thoroughly cleaned before using same for transporting clean line
- Clean linen must be wrapped or covered during transport to avoid contamination
- Protect clean linen until it is distributed, do not leave extra linen in patient's area
- Handle clean linen as little as possible
- Avoid shaking clean linen. It releases dust and lint into the room
- Clean soiled mattresses before putting clean linen on them
- Sterilization is a preferred end process for surgical gowns, linen drapes and wrappers

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#### Self-Check-6

#### Written Test

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##### I- Multiple Choices: Choose the best answer

1. W/c one of the following is **incorrect** about linen



- A. Do not leave extra linen in patient's area
- B. Sterilized linen should be ironed
- C. Avoid shaking clean linen
- D. soiled linen should be transported separately

## ANSWER SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### I - Multiple choices

1. \_\_\_\_\_

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#### Information Sheet-8

#### Cleaning mattresses and pillows regularly and on discharge

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### 1.7. Cleaning mattresses and pillows regularly and on discharge

All linen items including bed sheets, surgical drapes, masks, gowns should be thoroughly washed before reuse. Decontamination of linen before washing is not necessary unless linen is heavily soiled and will be hand washed.

The workers should not carry wet, soiled linen close to their body even though they are wearing a plastic or rubber apron.

The storage time for soiled linen before washing is related to practical issues, such as available space and aesthetics, not to infection prevention practices.

Hand washing Linen:

Wash heavily soiled linen separately from nonsolid linen.

Wash the entire item in water with soap to remove all spoilage, even if not visible.



Use warm water and add bleach to aid cleaning and bactericidal action.

Also add some sour (mild acetic acid) to prevent yellowing of linen, if available.

**NB:**

Presoaking in soap, water and bleach is necessary only for heavily soiled linen.

Check items for cleanliness.

Rewash if it is dirty or stained/discolored/marked.

Rinse linen with clean water.

**References:**

1. Perry AG & Potter PA. 2006. **Fundamental of Nursing. 6<sup>th</sup> Edition:** Elsevier Mosby
2. Suzanne C. O'Connell Smeltzer, & Brenda G. Bare. (2004). Brunner and Suddarth's Text Book of **Medical-Surgical Nursing. 10th Edition:** Lippincott Williams and Wilkins. Pp 249-282.

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