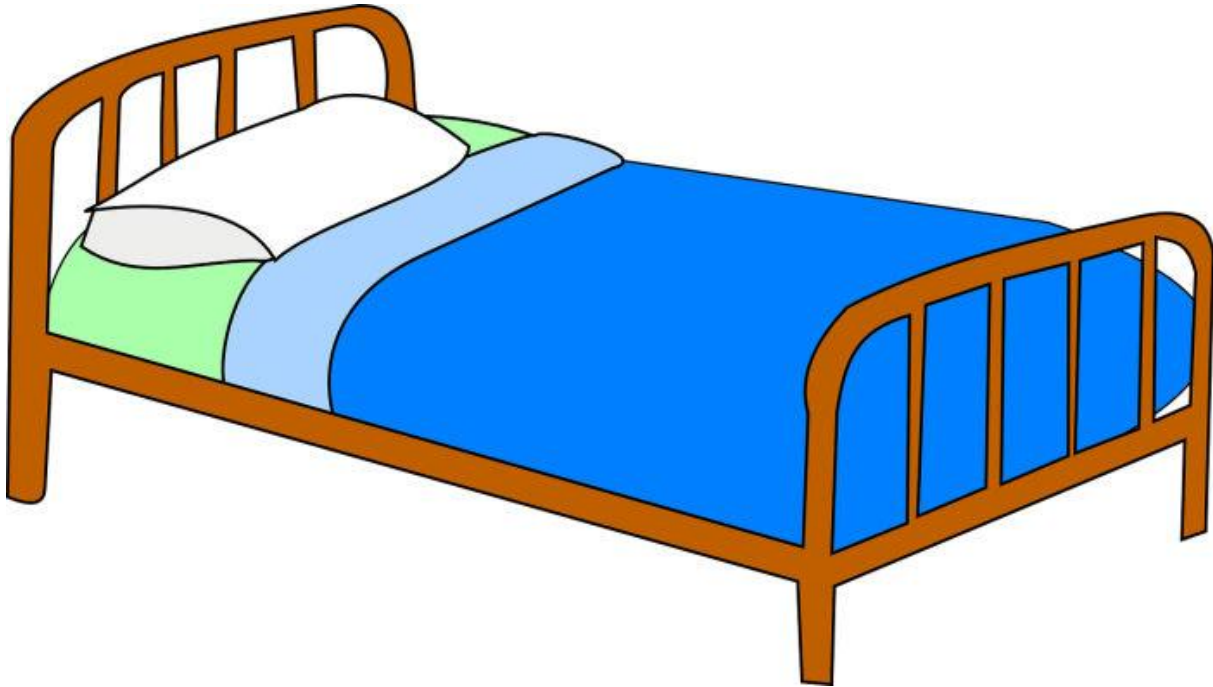


# **Nursing –Level III**

**Based on January 2022, Version I Curriculum**



**Module Title: Prepare and Maintain Beds**

**Module Code: HLTNUR3 M04 0122**

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## Acronyms

<b>AIDS</b>	<b>Acquired Immuno Deficiency Syndrome</b>
<b>HCTs</b>	<b>Health Care Textiles</b>
<b>HCV</b>	<b>Hepatitis C Virus</b>
<b>HIV</b>	<b>Human Immuno Deficiency Viruses</b>
<b>LAP-test</b>	<b>Learning Activity Performance-test</b>
<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>TRSA</b>	<b>Textile Rental Service Association</b>

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## **Introduction to Bed making**

Bed making is an essential procedure in nursing in which nurses prepare and arrange different types of beds for the client's comfort in the Hospital or other care institutions. Bed making procedures ensures the patients comfort according to the situation. It may vary on the client's conditions, purposes and procedures such as open bed, closed bed, occupied bed, fracture bed, etc. There are work practices which are required for the basic level of infection control and need to be used for the general care of all patients/clients units. Some health care facilities require that only soiled linen be changed if the same patient/client will be using the bed. Obviously soiled or contaminated linen must be replaced. In most cases you will need to follow standard precautions when cleaning the bed.

They include:

Good hygiene and cleaning practices.

The use of PPE where necessary.

Appropriate handling and disposal of sharps and other contaminated or infectious waste.

Use of aseptic techniques.

There will be occasions when you will be directed to use additional precautions. These are necessary if a patient is suspected of, or known to be, infected with highly transmissible organisms. These precautions are designed to interrupt further transmission of infection and are used in addition to standard precautions.

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. 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.

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

- Preparation for bed making
- Bed making
- Making bed ready for occupancy
- Manage linen Stock at User-Locations

### **Learning objectives of the Module**

This guide will also assist you to attain the Unite stated in the above page. At the end of this session, the students will able to:

- Adjust height of the bed when necessary
- Clean bed and surrounding areas.
- Check bed linen for displaced personal items
- Place aids and equipment in the appropriate area/container
- Perform all types of bed making

### **Module Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below.
3. Read the information written in the information Sheets
4. Accomplish the Self-checks
5. Perform Operation Sheets
6. Do the “LAP test”



## Unit one: Preparation for Bed making

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

- Equipment used for bed making
- Adjusting height of the bed
- Cleaning the bed and the surrounding
- Check the bed linen

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Identify equipment used for bed making
- Adjust height of the bed
- Clean the bed and the surrounding
- Check the bed linen

### Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described.
3. Read the information written in the unit
4. Accomplish the “Self-check”.

## Equipment used for bed making

### 1.1.1. Organizational policy during bed making.

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 nurses 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.

You will also need to adopt organizational and infection control procedures including the use of personal protective equipment (PPE) while completing the task.

## **Personal protective equipment (PPE)**

**Definition:** PPE is an equipment that 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. 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.

**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.

### **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.

## **Adjusting the height of the bed**

The nurse normally makes the bed in the morning after a patient's bath, or when the patient is out of the room for tests. The nurse should straighten the linens throughout the day, making certain they are neither loose nor wrinkled. Any sheets that become wet or soiled should be changed promptly.

When changing bed linen, the nurse should keep the soiled linen away from the uniform, and place it in the appropriate linen bag or other designated container. Never fan or shake linens, which can spread microorganisms and, if any of the sheets touch the floor, they should be replaced. The bed can be made in a variety of ways, depending on the particular patient situation. 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.



***Figure 1.1 shows an adjusted bed***

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 wellbeing. 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 facility are a suction outlet for several kinds of suction, an oxygen outlet for most oxygen equipment and a sphygmomanometer to measure the client's blood pressure. Some long-term care agencies also permit clients to have personal furniture, such as a television, a chair, and lamps at the bedside. In the home a client often has personal and medical equipment.

### **1.1.2. Types of bed**

Hospital beds are carefully designed to provide the patients with a wholesome recovery and healing environment while paying great attention to their comfort, stability, as well as safety. However, whereas, one kind of bed might perfectly fulfill the requirements of a particular user; some specific patients may need a different type of hospital bed. Basically, different hospital beds might be better suited for different purposes. Therefore, to help you understand the different types, styles of beds that are available in the market, we have curated below, detailed information about all the different kinds of Hospital Beds. Apart from that, the information mentioned below will also help you understand the anatomy of a specialized hospital bed in a better way.

## A. Hospital Beds based on their Functioning & Source of Power:

1. Manual Beds
2. Semi-Electric Beds
3. Electric Beds

## B. Hospital Beds designed for Specific Purposes:

- |                   |                   |
|-------------------|-------------------|
| 1. Bariatric Beds | 4. Gatch Beds     |
| 2. Low Beds       | 5. Fluid-Air Beds |
| 3. Hospital Cribs | 6. Freedom Beds   |

## C. Important Features of a Hospital Bed:

- |                        |                   |       |
|------------------------|-------------------|-------|
| 1. Positioning Options | 4. Trapeze        |       |
| 2. Side Rails          | 5. Gap Protection |       |
| 3. Weigh Scale         | 6. Storage        | Space |

## A. Hospital Beds based on their Functioning & Source of Power:

### 1. Manual Beds



**Figure 1.2 Manual bed**

A bed that does not have the capability of adjustments through electrical means is termed a Manual Hospital Bed. These types of beds usually have a manual hand crank which can be used to adjust the positions of the beds. The hand crank is usually situated near the foot or the head of the bed.

**Pros:** - This is one of the most economical types of hospital beds. Much cheaper than the electric ones.

**Cons:** - Manual beds offer only limited positioning options. They usually offer only head or foot adjustments.

- They also lack height variations.
- If the user is not physically enabled to operate the crank, a caregiver might be required, whenever adjustments are required.

**Recommended for:** - Users who may not need frequent position adjustments

-Check bed sheet types.

## 2. Semi-Electric Beds



**Figure 1.3 Semi-Electric Beds**

These types of beds usually offer a combination of manual and electric adjustments. Usually, the height of the beds can be adjusted manually with the help of a hand crank. However, the head and foot adjustments can be done with the touch of buttons placed near the hand of the user. Also check types of pillows.

**Pros:** - The user can himself adjust his head and foot positioning without anybody's help

Perfect for people who need frequent adjustment, without paying a hefty amount for fully automatic beds

**Cons:** - Height adjustments may need the help of a physically enabled caregiver.

**Recommended for:** - Users who may not require frequent height adjustments but are capable enough of monitoring their head and foot adjustments by the touch of a button themselves



### 3. Electric Beds



**Figure 1.4 Electric Beds**

Medical Facilities often use fully automatic hospital beds which can be operated with just a click of a button. In these types of beds, the head and foot adjustments, along with the height can be operated without any manual input by the user or the caregiver. Apart from that, fully automatic hospital beds also offer a few more positions/transitions which are as mentioned below.

1. **Trendelenburg position:** In this position, the entire bed platform is tilted at 15-30 degrees, with the user's feet above his/her head. This position is used to aim at blood circulation.

2. **Reverse Trendelenburg Position:** This position is exactly the opposite of the Trendelenburg position, with the user's head above their feet. This position is used to aid with breathing and pressure relief.

3. **Cardiac Chair:** Patients with heart surgeries as breathing issues are believed to recover faster if they spend most of their time sitting upright. Many fully automatic beds are often designed with an integrated position of a cardiac chair. With the help of this position, the patient or the



caregiver can switch the bed from the flat-lying position to the cardiac chair position using the buttons present on the bed, with minimal movement of the user.

**Pros:** - Patients can themselves change their position without the help of a caregiver

- A better pick for caregivers with weaker physical strength

**Cons:** - Highly expensive and Might stop operating completely due to equipment failure

**Recommended For:** - Patients who need frequent height as well as position adjustment

## B. Hospital Beds designed for Specific Purpose

### 1. Bariatric Beds



**Figure 1.5. Bariatric Beds**

Bariatric beds are usually larger and stronger than general hospital beds. These beds comprise a larger sleeping surface and specialized mattresses to accommodate bariatric patients. These heavy-duty beds can accommodate users weighing up to 1200 pounds and can measure up to 54” x 88”.

### 2. Low Beds



**Figure 1.6. Low Beds**

Low beds are similar to standard hospital beds. They can be manually operated as well as fully electric. However, the only additional function is that they offer extensive height adjustments. They allow the bed platform to be lowered almost to the ground level. These beds are designed for preventing the patient/user from falling off the bed. They are specifically designed for patients with mobility constraints to get off and get on to the bed.

### 3. Hospital Cribs



**Figure 1.6. Hospital Cribs**

Also termed as safety beds, hospital cribs are specially used for children who may be at risk of falling out of the bed. They usually have high railings on all the sides of the beds. It prevents the child to get out of the bed himself. Basically, they are meant for the safety of children who are recovering or need medical care.

### 4. Gatch Beds

Gatch beds are usually used by medical outposts and locations that may lack funds. These are highly economical durable as well as functional medical beds. A Gatch bed generally features three adjustable sections, which are made functional with the help of a spring mechanism. The three movable sections comprise the head, knee, and foot. These beds also offer the patients to sit upright to aid with breathing. The only drawback of this kind of bed is that they may need the help of a caregiver to adjust to different positions.



*Figure 1.7. Gatch beds*

## 5. Fluid-Air Beds



*Figure 1.8. Fluidized air beds*

Fluidized air beds are specially used by medical care facilities for patients with wounds that are really difficult to heal. These types of beds usually distribute the weight of the patient evenly over the complete mattress. These beds provide temperature-controlled air through tiny holes to minimize the pressure on the patient's body.

They are designed to create an ideal environment for wound recovery by controlling factors like body friction, temperature, pressure, as well as moisture. These beds are meant only for specialized hospitals and cannot be used for long-term recovery or care at home.

## 6. Freedom Beds



**Figure 1.9. Freedom beds**

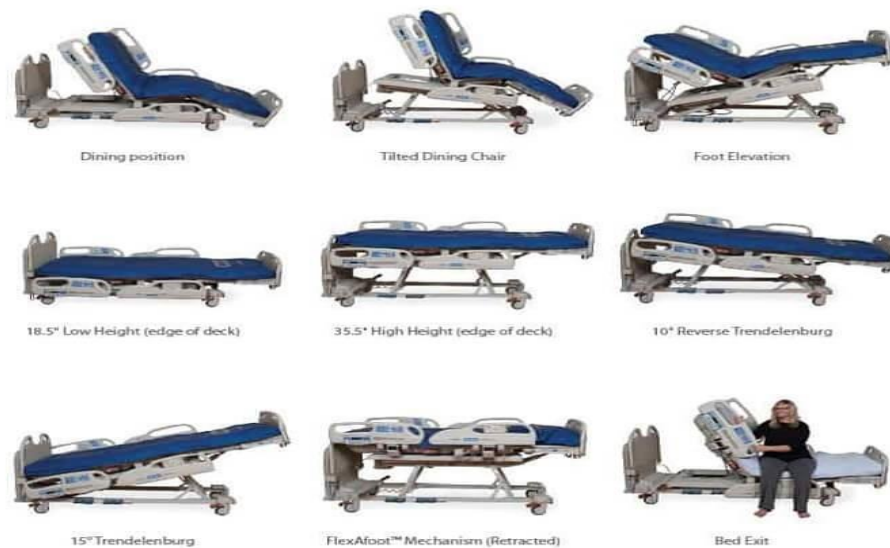
This is one of the most advanced types of hospital beds available in the market. It uses a 3-part rotation platform that can help reposition the patients in the smoothest way possible, without disturbing them. The seamless repositioning technique of a Freedom bed prevents any kind of pressure injuries to long-term bed-ridden patients. One of the unique features of Freedom Bed is its air system, which is located between the platform and the mattresses, which allows the users to be repositioned automatically even when their upper torso is in a raised position. By all means, this is one of the latest and most comfortable medical beds that one can get hold of.

## C. Important Features of a Hospital Beds



Different types of hospitals may feature different elements. Moreover, different types of patients and users may need different particular features to be integrated into their hospital beds to provide them with complete safety and comfort. Below mentioned are the various major elements of hospital beds along with their uses, which may be helpful for patients with different health issues and disabilities.

## 1. Positioning Options



**Figure 1.10. Positioning beds**

Most of the standard hospital beds are competent enough of providing basic position adjustments, including lowering and raising your head or feet. However, if the patient requires any additional positioning options like Trendelenburg, Reverse Trendelenburg, Cardiac Chair position, or Fowler's position, look out for special beds that offer the same.

## 2. Side Rails



*Figure 1.11. Beds with side rails*

Bed Rails are hand grabs that are installed on either side of a hospital bed. Apart from providing them with support while moving in or out of the bed, the handrails also prevent the user from falling off the bed while being asleep. These rails also act as a source of providing stability to the users while transiting from one position to the other. Some beds offer full-length rails, extending down to the floor level, whereas; others may offer rails up to half-length.

### 3. Weigh Scale



*Figure 1.12. Weigh scale beds*

Many hospital beds come integrated with weigh scale that can help weigh the users without having them be transferred to and from the bed. These are highly effective for those patients that need to be weighed at regular intervals of time.

#### 4. Trapeze



**Figure 1.13. Trapeze beds**

Trapeze usually hands over the head over the bed to provide support to the patients while repositioning them. This equipment is either integrated with the frame of the bed or also can be used as a freestanding structure if the bed does not have one. These can highly effective for those who need some support while switching positions or getting in or out of the bed.

#### 5. Gap Protection



**Figure 1.14. Gap Protection beds**

Gap support is one of the most important safety elements for those users who experience nocturnal movements or seizures. Most hospital beds are specially designed with efficient gap protection. However, if you are additionally providing railings or the bed does not offer bed

protection, it is very important to add on the same to prevent the user or patient from getting stuck into the gap between the sides and the bed.

## 6. Storage Space

Most of the standard hospital beds do not offer any kind of storage space. However, a few latest models come attached with basic storage spaces. These spaces can come in really handy for the user as well as the caregiver. They can be used to store essentials like gloves, medical supplies, and other commodities like books, remotes, and magazines.

**7. Stryker frame, spinal bed or wedge bed-** a turning frame that serves the same purpose as the CircOlectric but is operated manually. Once the patient is secured by placement of the upper frame, a crank is used to turn the entire frame and the patient. After turning, the patient is on the abdomen. The patient lies on the frame until turned once more.

**Hospital Bed Buying Guide:** - If you are planning to get a hospital bed installed at your home to aid your loved one's recovery or care, you need to carefully assess the below-mentioned points to shortlist the best option for them.

**Review the mobility of the user:-**The very first thing that needs to be considered while searching for a hospital bed is the mobility of the user. If the user is capable enough of getting in and out of the bed themselves, is stable on their feet without any aid, and has a basic level of arm strength, using a budget-friendly yet completely functional may work. However, if they have even the slightest difficulty in maneuvering their own movement, you should go in either with a semi-automatic or automatic hospital bed.

**Know the timeframe for which you may need the bed:-**If the user is required to be in bed for a major part of the day or is to be bed-ridden for a long duration of time, you should simply go ahead with a fully electric hospital bed. However, if the user needs the bed only for a short period of time, you should go in with a semi-automatic or manual hospital bed, along with hiring a part-time caregiver, if required.

**Choose the bed based on the size of the user:-**Normal-sized patients can be easily accommodated and comfortable in a standard-sized hospital bed. However, if the user is extraordinarily heavy or large, they may need a heavy-duty bariatric bed to accommodate them



comfortably. If the bed is to be acquired for children, you should go in with specially curated hospital cribs that may prevent them from falling off the bed and keep them safe.

**Pick a bed based on the user-friendliness of the caregiver:-**If the patient or user requires the attention of a caregiver and is being attended to by a family member or even a medical professional, it is important to keep in mind the strength of the caregiver. If the caregiver has the basic strength to operate a manual hand crank, you can go in for a manual hospital bed. However, if the caregiver is not physically competent, a semi-electric or electric hospital bed is good to go.

### 1.2.3. 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
- Top sheet
- Rubber sheet, Bed linen

## 1.3. Cleaning beds and area of other equipment

### 1.3.1. Cleaning 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.

**A. Concurrent cleaning:** - is a daily cleaning of the patient's room. It consists cleaning the room by damp mopping the floor and dusting with damp cloth.

**B. 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 in its processing.

## **1.4. Check bed linen for displaced personal items and place equipment in the appropriate area**

### **1.4.1. 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 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.

## Self-Check -1

### Test-1 Multiple Choices

#### I. Choose the best answer.

1. Which 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
2. It is a special bed frame placed within a circular frame.
  - A. Gatch bed
  - B. Electric bed
  - C. Low bed
  - D. CircOlectric bed
3. It is a turning frame that serves the same purpose as the CircOlectric but is operated manually
  - A. Gatch bed
  - B. Electric bed
  - C. Stryker Frame
  - D. CircOlectric bed
4. It is safety device used in preventing clients from falling out of bed.
  - A. Head Board
  - B. Foot Board
  - C. Side Rails
  - D. Mattress
5. Which part of the bed where the head of patient is position?
  - A. Foot Board
  - B. Head Gear
  - C. Head Board
  - 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
  - B. Head Board
  - C. Foot Rest
  - D. Over Bed



upon completion of this learning guide, you will be able to:

- Maintain client's dignity and privacy
- Stripe Bed linen
- Remove clinical waste and soiled linen
- Clean bed according to the established procedures
- Re-position existing bed linen
- Handle reusable and clean bed linen
- Clean Mattresses and pillows regularly

**Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described.
3. Read the information written in the “Information Sheets
4. Accomplish the “Self-check”.

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

This provides the skills and knowledge which you need 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. 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. 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.
- 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.

### **All patients and residents have a right to:**

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

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

- Speak to our patients with respect and polite way.
- Use good communication skills.

- Call people by their name. Do not call people 'momma', 'poppa', 'sweetie' or 'honey'.
- 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.

### **General instruction**

#### **1. Put bed coverings in order of use**

##### **Order of Beddings**

- |                              |                |
|------------------------------|----------------|
| 1. Mattress cover            | 5. Top sheet   |
| 2. Bottom sheet              | 6. Blanket     |
| 3. Rubber sheet              | 7. Pillow case |
| 4. Cotton (cloth) draw sheet | 8. Bed spread  |
2. Wash hands thoroughly after handling a patient's bed linen
  3. Linens and equipment soiled with secretions and excretions harbor micro-organisms that can be transmitted directly or by hand's uniforms
  4. Hold soiled linen away from uniform
  5. Linen for one client is never (even momentarily) placed on another client's bed.

6. Soiled linen is placed directly in a portable linen hamper or a pillow case before it is gathered for disposal.
7. Soiled linen is never shaken in the air because shaking can disseminate secretions and excretions and the microorganisms they contain.
8. When stripping and making a bed, conserve time and energy by stripping and making up one side as completely as possible before working on the other side.
9. To avoid unnecessary trips to the linen supply area, gather all needed linen before starting to strip bed.
10. Make a vertical or horizontal toe pleat in the sheet to provide additional room for the client's feet.
11. While tucking bedding under the mattress the palm of the hand should face down to protect your nails.

**Note:-** Pillow should not be used for babies

The mattress should be turned as often as necessary to prevent sagging, which will cause discomfort to the patient.

## 2.2. Stripping 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.

### **2.1.1. Operation sheet -1 Procedures on Stripping of a bed**

#### **A. Purpose**

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

#### **B. 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

#### **C. Equipment**

- Bed side chair
- Hamper
- Glove as necessary

#### **D. Procedures**

**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

### **2.1.2. Operation sheet-2 Making Unoccupied Bed (Closed bed)**

**Definition:** Closed bed is a smooth, comfortable and clean bed, which is prepared for a newly admitted patient. In closed bed: the top sheet, blanket and bed spread are drawn up to the top of the bed and under the pillows.

**Purpose:** - To receive new patient and to keep the bed neat and clean until a new patient is admitted

#### **Equipment**

- Mattress (1)
- Bed sheets(2): Bottom sheet (1), Top sheet (1)

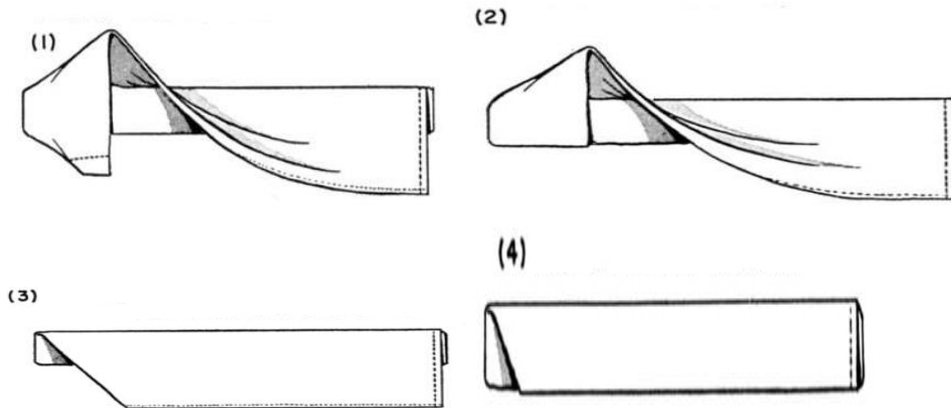
- Pillow (1)
- Pillow cover (1)
- Mackintosh/ Rubber sheet (1)
- Draw sheet (1)
- Blanket (1)
- Savlon water or Dettol water in basin.
- Sponge cloth (4): to wipe with solution (1) to dry (1)
- When bed make is done by two nurses, sponge cloth is needed two each.
- Laundry bag or hamper (1)
- Trolley(1)
- Clean glove

### **Procedure**

1. Wash hands and collect necessary materials
2. Place the materials to be used on the chair. Turn mattress and clean the mattress.
3. Move the chair and bed side locker.
4. Clean Bed-side locker, chair: Wipe with wet and dry.
5. Clean the mattress:
  - Stand in right side.
    - A. Start wet wiping from top to center and from center to bottom in right side of mattress.
    - B. Gather the dust and debris to the bottom.
    - C. Give wiping as same as procedure 2
  - Move to left side, Wipe with wet and dry the left side.
6. Move to right side. Start making the bed, Place bottom sheet with correct side up, center of sheet on center of bed and then at the head of the bed.
7. Tuck sheet under mattress at the head of bed and miter the corner.

### **Mitering steps:**

- A. Face the side of bed and lift and lay the top edge of the sheet onto the bed to form a triangular fold.
- B. With your palms down, tuck lower edge of sheet (hanging free at side of mattress) under mattress.
- C. Grasp the triangular fold, bring it down over the side of the mattress and tuck the sheet smoothly under the mattress Straighten the free hanging sheet on mattress side.



**Figure 2:15 mitering bed corner**

8. Remain on one side of bed until you have completed making the bed on that side.
9. Tuck sheet on the sides and foot of bed, mitering the corners.
10. Tuck sheets smoothly under the mattress, there should be no wrinkles.
11. Place rubber and draw sheet at the center of the bed and tuck smoothly and tightly.
12. Place cotton draw sheet on top of rubber draw sheet and tuck. The rubber draw sheet should be covered completely.
13. Place top sheet with wrong side up, center fold of sheet on center of bed and wide it at head of bed.
14. Tuck sheet of foot of bed, mitering the corner.
15. Place blankets with center of blanket on center of bed, tuck at the foot of beds and miter the corner.
16. Fold top sheet over blanket
17. Place bed spread with right side up and tuck it.
18. Miter the corners at the foot of the bed.
19. Go to other side of bed and tuck in bottom sheet, draw sheet, mitering corners and smoothening out all wrinkles, put pillow case on pillow and place on bed.
20. See that bed is neat and smooth
21. Leave bed in place and furniture in order
22. Wash hands
23. Recording and documenting.

### **2.1.3. Operation Sheet-3 Open bed**

**Definition:** Open bed is one which is made for an ambulatory patient are made in the same way but the top covers of an open bed are folded back to make it easier of a client to get in.

### **Purposes of making open bed**

- To provide clean and comfortable bed for the patient
- To reduce the risk of infection by maintaining a clean environment
- To prevent bed sores by ensuring there are no wrinkles to cause pressure points

### **Equipment**

- |                              |                |
|------------------------------|----------------|
| • Two large sheets           | • Pillow cases |
| • Rubber draw sheet          | • Bed spread   |
| • Draw sheet                 | • Clean glove  |
| • Rubber sheet (Mackintosh ) | • Chart        |
| • Blankets                   |                |

### **Procedure**

1. . Wash hands and collect necessary materials.
2. . Place the materials to be used on the chair. Turn mattress and arrange evenly on the bed.
3. . Place bottom sheet with correct side up, center of sheet on center of bed and then at the head of the bed.
4. . Tuck sheet under mattress at the head of bed and miter the corner.
5. . Remain on one side of bed until you have completed making the bed on that side.
6. . Tuck sheet on the sides and foot of bed, mitering the corners.
7. . Tuck sheets smoothly under the mattress, there should be no wrinkles.
8. . Place rubber and draw sheet at the center of the bed and tuck smoothly and tightly.
9. . Place cotton draw sheet on top of rubber draw sheet and tuck. The rubber draw sheet should be covered completely.
10. Place top sheet with wrong side up, center fold of sheet on center of bed and wide it at head of bed.
11. Tuck sheet of foot of bed, mitering the corner.

12. Place blankets with center of blanket on center of bed, tuck at the foot of beds and miter the corner.
13. Fold top sheet over blanket
14. Place bed spread with right side up and tuck it.
15. Miter the corners at the foot of the bed.
16. Go to other side of bed and tuck in bottom sheet, draw sheet, mitering corners and smoothening out all wrinkles, put pillow case on pillow and place on bed.
17. See that bed is neat and smooth
18. Leave bed in place and furniture in order
19. Wash hands
20. Recording and documenting

#### **2.1.4. Operation Sheet-4 Making an unoccupied Bed**

**Definition:** An occupied bed *is* a bed prepared for a weak patient (bed ridden) who is unable to get out of bed.

##### **Purposes**

- To provide comfort and to facilitate circulation of the patient
- To provide cleanliness and facilitate position of the patients bed
- To conserve patient's energy and maintain current health status
- To comfort the patient

##### **Equipment**

- |                              |                                 |
|------------------------------|---------------------------------|
| • Two large sheets           | • Pajamas or gown, if necessary |
| • Draw sheet                 | • Spread sheet                  |
| • Rubber sheet (mackintosh). | • Chart                         |
| • Pillow case                | • Clean glove                   |

##### **Procedure**

1. Wash hands and collect equipment
2. Explain procedure to the patient

3. Carry all equipment to the bed and arrange in the order it is to be used.
4. Make sure the windows and doors are closed.
5. Make the bed flat, if possible
6. Loosen all bedding from the mattress, beginning at head of the bed, and place dirty pillow cases on the chair for receiving dirty linen.
7. Have patient flex knees, or help patient do so. With one hand over the patient's shoulder and the other hand over the patient's knees, turn the patient towards you. Never turn a helpless patient away from you, as this may cause him/her to fall out of bed.
8. When you have made the patient comfortable and secure as near to the edge of the bed as possible, go to the other side carrying your equipment with you.
9. Loosen the bedding on that side.
10. Fold, the bed spread half way down from the head. Fold the bedding neatly up over patient.
11. Roll dirty bottom sheet close to patient
12. Put on clean bottom sheet on used top sheet center, fold at center of bed, rolling the top half close to the patient, tucking top and bottom ends tightly and mitering the corner
13. Put on rubber sheet and draw sheet if needed.
14. Turn patient towards you on to the clean sheets and make comfortable on the edge of bed.
15. Go to the opposite side of bed. Taking basin and wash cloths with you, give patient back care.
16. Remove dirty sheet gently and place in dirty pillow case, but not on the floor.
17. Remove dirty bottom sheet and unroll clean linen.
18. Tuck in tightly at ends and miter corners.
19. Turn patient and make position comfortable.
20. Back rub should be given before the patient is turned on his /her back
21. Place clean sheet over top sheet and ask the patient to hold it if she/he is conscious. Go to foot of bed and pull the dirty top sheet out
22. Replace the blanket and bed spread
23. Miter the corners
24. Tuck in along sides for low beds
25. Leave sides hanging on high beds

26. Turn the top of the bed spread under the blanket
27. Turn top sheet back over the blanket and bed spread
28. Change pillowcase, lift patient's head to replace pillow. Loosen top bedding over patient's toes and chest.
29. Be sure the patient is comfortable
30. Clean bedside table
31. Remove dirty linen, leaving room in order
32. Wash hands.
33. Recording and documentation

**NB:** If a full bath is not given at this time, the patient's back should be washed and cared for

### **2.1.5. Operation Sheet-5 Making cardiac bed**

**Definition:** Cardiac bed is a bed prepared for a patient with heart disease or dyspnea and to provide easy breathing for patient with minimum strain.

#### **Purpose**

- In order to ease difficulty in breathing
- To Provide comfort and safety
- To relieve dyspnea
- To prevent complication

#### ***EQUIPMENT***

- |                                  |                         |
|----------------------------------|-------------------------|
| 1. Linens                        | 6. Cylinder with oxygen |
| 2. Bed spread                    | 7. Draw Sheet           |
| 3. Blanket                       | 8. Footrest& back rest  |
| 4. Extra pillows (4 – 6 Pillows) | 9. Rubber sheet         |
| 5. Pillowcase                    | 10. Over bed table      |

#### **Procedure**



1. Wash your hands
2. Assemble the necessary equipment and carry to bed side
3. Place chair at the foot of the bed
4. Arrange the linen on chair in the order that it will be used
5. Turn mattress and arrange on the bed.
6. Put on mattress cover if available
7. Place bottom sheet with right side up, center of sheet on center of bed and wide hem at the head of the bed.
8. Tuck sheet under mattress at head of bed and miter the corner.
9. Remain on one side of bed until you have completed making the bed on that side.
10. Tuck sheet on the sides and foot of bed mitering the corners.
11. Tuck sheets smoothly under the mattress. There should be no wrinkles.
12. Place rubber draw sheet in the center of the bed and tuck tightly.
13. Place cotton draw sheet on top of rubber draw sheet and tuck. Rubber draw sheet should be covered completely.
14. Place top sheet with wrong side up, center fold sheet at center of bed and wide hem at foot of bed.
15. Tuck sheet at foot of bed mitering the corner.
16. Place blankets with center of blanket on center of bed and tuck at the foot of bed and miter corner. Fold top sheet over blanket.
17. Place bed spread with right side up. Tuck at the foot of bed miter corners and cover top bedding.
18. Go to other side of bed fanfold the top covers at the center of bed and tuck in bottom sheet and draw sheet mitering corners, smoothing out all wrinkles, continue with blanket and spread the same with the opposite side.
19. See that bed is neat and smooth
20. Put bed in semi fowler's position by raising the head of bed; if bed is gatched raise at the head of bed, if bed is normal bed put extra pillows.
21. Put footrest to prevent the patient from sliding down.

22. Place over bed table over the bed and a pillow over it to allow the patient's hands to rest on it.

23. Wash the hand thoroughly

24. Record in the nurse's order of any observation made on the patient

### **2.1.6. Operation Sheet-6 Post-operative/anesthetic bed making**

**Definition:** Anesthetic bed is a bed especially prepared to receive a patient after surgery and major recovery from general anesthesia.

#### **Purposes**

- To facilitate easy transfer of the patient from stretcher to bed.
- To facilitate removal of secretion
- To protect the mattress and bedding from bleeding, vomiting, drainage or discharges.
- To protect the patient from becoming chilled or give warmth.

#### **Equipment**

##### **A. For bed making**

- |   |                                   |
|---|-----------------------------------|
| 1. Two large sheets.                                      | 7. Small towel.                   |
| 2. Draw sheet(two)  | 8. Pillow case                    |
| 3. Bath blanket   | 9. Spread sheet                   |
| 4. Woolen blanket   | 10. Additional Sheets and blanket |
| 5. Rubber sheet (Mackintosh)                              | 11. bed blocks as needed          |
| 6. Two tongue blades or a mouth gag.                      |                                   |
| 12. An extra rubber sheet & draw sheet for operated areas |                                   |

##### **B. For first aid activity**

- |                                 |  |
|---------------------------------|--|
| 1. Emergency drug               | needed).                                 |
| 2. Minor set                    | 9. Airway tube                           |
| 3. Vital sign equipment         | 10. Sterile drainage bottle with tubing, |
| 4. Suction machine              | 11. IV Stand.                            |
| 5. Oxygen cylinder              | 12. Emesis basin and paper bag.          |
| 6. Sterile Suction catheter     | 13. Iv fluid                             |
| 7. Sterile glove                | 14. Hot water bag                        |
| 8. Examination lamp (at hand if | 15. Safety pin                           |

- |  |                     |
|--|---------------------|
| 16. Bed cradle   | 18. An emesis basin |
| 17. Tissue paper   | 19. Chart           |
| 20. Paper and pen for recording vital signs and charting |                     |

### Procedure

1. Wash your hand & prepared equipment
2. Strip the bed
3. Make the foundation of the bed as usual with large sheet, rubber draw sheet, bath blanket, draw sheet, etc.
4. Place one rubber sheet where the site of operation will rest
5. Place other rubber sheet across head of the bed where head will lie to protect bed from vomitus}
6. Cover each rubber sheet with draw sheet tucking it firmly under matters
7. Place top bedding as before but do not tuck in the bottom. Fold down the top as you would do in an occupied bed.



***Figure 2.16 Post-operative/Anesthetic bed***

8. Then fold the bottom of the linens up so that the fold is even with the bottom of the mattress. Do not tuck the linen in.
9. Unfold the top linens to the side so that they lay opposite from where you will place the client's stretcher. Alternatively, you may fanfold the linens to the foot of the bed. Leave a tab on top for easy grasping.
10. In cold season, place hot water bottles in middle of the bed, and cover with fanfold top bedding temperature of hot water is never to exceed 50°C (122°F).

11. Have two or more pillows available, but do not put them on the bed. Rationale: A pillow may be contraindicated for a client; usually the physician or charge nurse will determine when it is safe for the client to have one.
12. Place pillow at the head of the bed between bed & mattress and tie it back with a piece of bandage to protect head of Patient.
13. Place all necessary materials at the side of the bed opposite to the stretcher on which the patient will come
14. Arrange emergency equipment { B/P apparatus ,suction machine, Drug }
15. Close the windows. Leave the room clean and in order
16. Receiving the patient from operation room
  - A. Remove folded to cover of the bed
  - B. Place the patient on bed and cover quickly
  - C. See that patient is properly placed in bed with head to the left side and comfortable
  - D. Check patient's condition operated area, urine, vital sign, color of patient etc.
  - E. Do after care and Comfort the patient after procedure
17. Return used equipment to utility room and wash your hand
18. Document the procedure done

### **2.2.7. Operation Sheet-7 making an amputation bed**

**Definition:** - Amputation: - is the surgical removal of a part of the body or a limb, performed to treat recurrent infections or gangrene in peripheral vascular disease, to remove malignant tumors, & in severe trauma. Amputation bed/ stump bed is a regular bed with cradle, which is prepared for amputated patient.

#### **Purpose**

- To give extra warmth
- To leave the part open for observation.
- To ensure more safety and comfort by preventing soiling and staining.
- To keep the stump in a good position

- To prevent jerky movements for the amputated leg
- To prepare for emergency, to have easy access and economy of time and energy

### Equipment

- |                |                                   |
|----------------|-----------------------------------|
| 1. Linens (3)  | 9. Draw sheet                     |
| 2. Pillow      | 10. face & bath towel             |
| 3. Blanket(2)  | 11. Tourniquet                    |
| 4. Pillow case | 12. Rubber sheet                  |
| 5. Bed cradle  | 13. Mackintosh                    |
| 6. Trolley     | 14. Small rubber sheet with cover |
| 7. sponge      | 15. Dressing set                  |
| 8. safety pin  | 16. Sand bags with cover          |

### Procedure

1. Wash hands thoroughly
2. Collect equipment's arrange fresh folded linens in following order on trolley. ( blanket, towel ,sponge, face and bath towel , draw sheet , mackintosh , bottom sheet, mattress cover)
3. Clean mattress, similar with open bed
4. Cover mattress with fresh cover and tuck firmly
5. Spread long mackintosh length and top to bottom covering mattress
6. Spread bottom sheet and tuck neatly
7. 7. Top sheet, draw mackintosh and draw sheet will be received along the patient which should be firmly tucked
8. To make the lower half, use one sheet and blanket, for upper also ,one top sheet and blanket
9. Keep the lower half of the bed overlapped with the upper half as, in this way ,we can easily separate the two halves and observe the stump
10. Elevate the stump over the soft pillow covered with mackintosh
11. Place the sand bags on either side of the stumps to prevent it from jerking ,sand bags help prevent bleeding from jerking
12. Bed cradles are used to take up the weight of the bed linen

13. Cover the patient and make the unit tidy.

14. Wash the hand thoroughly and document the procedure and any observation made on the patient

### 2.1.7. Operation Sheet-8 Fracture bed making

**Definition:** Fracture bed is a hard firm bed designed for a patient with fracture.

#### Purpose

- To give firm, even support to the broken limbs and back.
- To maintain position.
- To make the patient comfortable.
- To provide a flat, unyielding surface to support the fractured limb.

#### Equipment

- |                                |                      |
|--------------------------------|----------------------|
| • Articled as for a closed bed | • Small rubber sheet |
| • Small blanket or draw sheet  | • Draw sheet         |
| • fracture board               | • Sand bags          |
| • Bed cradle                   | • Pillow if required |

#### Procedure:

1. Place the fracture board directly over the bed springs and the mattress on it. If the mattress is thin, an extra mattress must be added to prevent pressure sore due to pressures on the head surface.
2. Make the bottom bed as usual, and then place the small rubber sheet covered with draw sheet at the place where the injured part will be resting.  
The small rubber and draw sheet are easier to change then the whole bed. This applies specially to an arm or a leg, which is bleeding or has discharge.
3. Fold back the bed cloths at foot of the bed for leg fracture. Cover the uninjured limb with a small blanket. On draw sheet placed the cradle over the linen to adjust the cover over it. Extra blanket and spreads may be necessary. Be sure that the covers come high enough on the shoulder
4. Do after care and Comfort the patient after procedure
5. Return used equipment to utility room and wash your hand

6. proper documentation

**N.B:-** Never cover a plaster cast until it is thoroughly dry.

The fracture board keeps the bed with no danger of sagging. It is also used for fracture of the spine. A bed cradles are a frame made of wire wood or iron .it is used to keep the top cover from touching the injured part.

### 2.1.8. Operation Sheet-9 Baby crib

**Definition:** A the bed that prepare for pediatric case with bed side safety

**Purpose:** - To make comfort for baby with safety

**Equipment:** - The same with closed bed

#### Procedure

1. Place baby at the foot of bed
2. Loosen bottom sheet at head
3. Place clean bottom sheet and tuck in
4. Place small rubber sheet or water proof pad on top
5. Place baby at the head of bed
6. Remove soiled linen and tuck clean bottom sheet mitering corners
7. Place clean top sheet and tuck at the bottom
8. Place blanket and tuck, and place baby bed spread
9. Complete making bed on both sides
10. Raise side rails of bed and leave baby comfortable in bed.

LAP Test-1	Practical Demonstration
------------	-------------------------

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

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary materials you are required to perform the correct steps of Stripping of a bed within 15 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-2</b>	<b>Practical Demonstration</b>
-------------------	--------------------------------

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

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform the correct steps of closed bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-3</b>	<b>Practical Demonstration</b>
-------------------	--------------------------------

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

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform the correct steps of opened bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-4</b>	<b>Practical Demonstration</b>
-------------------	--------------------------------

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

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform an unoccupied bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed



<b>LAP Test-5</b>	<b>Practical Demonstration</b>
-------------------	--------------------------------

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

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform cardiac bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-6</b>	<b>Practical Demonstration</b>
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Name: \_\_\_\_\_

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform Anesthetic bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-7</b>	<b>Practical Demonstration</b>
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Name: \_\_\_\_\_

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform Amputation bed within 20 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

<b>LAP Test-8</b>	<b>Practical Demonstration</b>
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Name: \_\_\_\_\_

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform fracture bed within 30 minute.

**Quality Assurance:** - ☐ Performed ☐ partially performed ☐ Not performed

LAP Test-9	Practical Demonstration
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Name: \_\_\_\_\_

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform baby crib within 20 minute.

Quality Assurance- ☐ Performed ☐ Partially performed ☐ Not performed

## 2.3. Removing soiled linen

### Definitions

**Linen:** Articles and garments made form 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 which has been used but is not contaminated with blood or body fluids. Used dry linen from non-infected patients.

**Removing 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 & fecal samples, hair, nails, teeth (unless contaminated with free-flowing blood).

**c. Human tissue or blood** (e.g. biopsy specimens). *Exceptions:* corpses, fetuses, 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.

## **2.4. Clean the bed**

### **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 and enquire facilities
- appropriate, empty waste bin, replenish towels and soap if necessary and check toilet brush and replace if necessary.

#### **2.4.1. 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
- Miter 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.

## **2.5. 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.

## **Operation Sheet-10 Linen Handling Procedure**

**Equipment:** - Hamper, bags, chair, PPE

**Purpose:** - To prevent infection and cross-contamination

### **Handling Procedures**

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

<b>LAP Test-10</b>	<b>Practical Demonstration</b>
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Name: \_\_\_\_\_

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

Time started: \_\_\_\_\_

Time finished: \_\_\_\_\_

**Instruction I:** Given the necessary equipment, you are required to perform Linen handling within 15 minute.

Quality Assurance- ☐ Performed ☐ Partially performed ☐ Not performed

## 2.6. 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.

## Self-Check-2      Written Test

### I. Choose the correct answer from given alternatives

1. W/c one of the following is Precaution about Stripping of a bed
  - A. Prepare the bed for remaking      C. Use glove if the bed used by patient
  - B. let your uniform touch the bedding      D. Woolen blankets are never discarded in hamper
2. ----- Is a bed prepared for a patient with dyspnea and minimum strain?
  - A. Anesthetic bed      C. Amputation bed
  - B. Cardiac bed      D. Closed bed
3. Which part of bed is used to open for observation?
  - A. Fracture bed      C. Amputation bed
  - B. Open bed      D. None of the above
4. ----- Is unwrinkled bed surface with a minimum of energy expenditure
  - A. Unoccupied bed      C. Occupied bed
  - B. Surgical bed      D. Fracture bed

### II. True /False Question

1. Shaking soiled bed linen during stripping is used to remove soils?
2. Bed making is one of the comforting mechanisms of a client's?

### III. Short answer question

1. List the common equipment used to prepare a bed?
2. Describe and discuss the use of PPE during bed making?



## Unit Three:-Leave bed ready for occupancy or continued occupancy

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

- Report damaged and/or faulty beds and beddings
- Clean and return cleaning materials to storage area

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Report damaged and/or faulty beds and beds and beddings.
- Clean materials implements and returned to storage area

### Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described.
3. Read the information written in the “Information Sheets
4. Accomplish the “Self-check”.

## 3.1. Report damaged and/or faulty beds and beddings

### 3.1.1. Reporting damaged and/or faulty beddings

Remove soiled bed linen from the bed and look at the mattress pad / mattress protector to see if it is stained, torn or damaged. If it is not straighten it and make sure the mattress and box spring are even. If the mattress pad is stained then remove it and get a clean mattress pad and place it on the mattress. Do not use a stained or torn sheet. Place them immediately in your solid linen bag. Condemned linen is converted into useful items called cut-downs/ makeovers. It is important to maintain a record of the condemned articles and the makeovers, so that they can be adjusted in the stock record. Report to the supervisor if you notice stains or tears in the bedspread.

## 3.2. Clean and return cleaning materials to storage area

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.

### **Self-Check-3**

#### **I. Chose the correct answer from the given alternatives**

1. ----- Is the method to removes micro-organisms and the organic material on the bed
  - A. Clearing
  - B. Cleaning
  - C. decontamination
  - D. All
2. 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

#### **II. Short answer questions**

1. Describe the methods of cleaning soiled linens
2. When does HCWs record and report the damaged bedding

## Unit Four: - Manage Linen Stock at User-Locations

**This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:**

- Collect soiled linen
- Transport soiled linen
- Identify and report hazards
- Re-stock linen
- Rotate and return linen for processing
- Maintaining optimum stock levels
- Maintain storage and security of linen.
- Maintain records of linen stock.

**This unit will also assist you to attain the learning outcomes stated in the cover page.**

**Specifically, upon completion of this learning guide, you will be able to:**

- Collect soiled linen.
- Transported soiled linen.
- Identify Hazards and report
- Re-stock Linen
- Rotate linen stock and return for reprocessing.
- Maintain optimum stock levels.
- Requisition Linen to the pre-determined quantity levels.
- Maintain storage and security of linen.

### **Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described.
3. Read the information written in the “Information Sheets
4. Accomplish the “Self-check”.

## 4.1. Collecting soiled linen

Collect 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.

It has been shown that used linen, within healthcare settings, in particular, can harbor large numbers of potentially pathogenic microorganisms. Therefore, it is important that the appropriate precautions are taken to ensure contamination to/from linen does not occur as this might then lead to transmission of microorganisms to people or to the environment potentially causing infection. Such important precautions apply to all stages of linen management: storage, handling, bagging and transporting. The provision and management of linen services is an important function to enable sustainable delivery of patient care. By complying with this policy staff will facilitate the continued delivery of these services, minimizing risks to health & safety, complying with infection control requirements and ensuring best value for the trust.

After invasive medical or surgical procedures or when changing linen in patient rooms: - 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.

All linen bags must be placed in the correct color bag, securely tied, labeled as appropriate and stored in a room or area designated for the purpose, which is safe and separate from service user areas. A laundry poster explaining the color coding of laundry bags to be displayed in the laundry storage areas. Bags must be less than 2/3 full. Laundry bags holding used linen should not be left unsealed/tied for long periods i.e. longer than 24 hours. All trust owned items that are

sent to the laundry must be appropriately marked including mattress overlays and patient clothing.

Plastic aprons and gloves should be worn when handling used, soiled or infected linen. Hands must be washed after handling all used soiled or infected linen even though gloves have been worn. Linen should be held away from the body to prevent contamination of clothing. The amount of space to be allocated for storage depends on the size and type of operation and the linen coverage.

When designing the storage space for linen it is necessary to consider the type of shelves required, the method of storage as well as hygiene and safety factors. Using the appropriate equipment and safe handling techniques.

## **4.2. Transport soiled linen**

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.

Used linen must be handled with care to prevent environmental contamination with excretion or secretions, skin scales or bacteria. Staff must wear gloves and linen must be bagged at the bedside, never shaken or allowed to touch the floor. No extraneous items must be placed in the laundry bags, especially sharp objects. 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 the same for transporting clean line. Protect clean linen until it is distributed, do not leave extra linen in patient's area. Avoid shaking clean linen. It releases dust and lint into the room. Clean soiled mattresses before putting clean linen on them

## **4.3. Identifying and reporting hazard**

**Hazard** – a substance or situation that can cause injury or illness, damage to property, damage to the workplace environment, or any combination of these.

Reporting is a part of the internal responsibility system. Everyone shares in the responsibility for identifying, reporting & controlling hazards

Reporting hazards is a first step to workplace safety. Reporting hazards comes through worker reports safety inspections of work areas investigation reports employers must have a way for workers to report hazards, and a way for supervisors and the employer to follow up on them. Workers must report workplace hazards. Even if they aren't sure whether it's a "real" hazard or not. Reporting hazards comes through:

- ▶ Worker reports
- ▶ Safety inspections of work areas
- ▶ Investigation reports

#### **4.4. Re-stocking linen**

Once the clean linen is delivered at each area's closet, it is ready for use by the nursing staff when needed. The nursing staff refills the side carts and side closets after the clean linen is delivered. The nurses and nursing assistants refill drawers outside each room with yellow prevention gowns after the large tubs are refilled. Nurses, nursing assistants, and housekeepers then utilize the linen as needed throughout the day by taking it from the side carts or closets, and bringing it to the patient who needs it. When the linen gets soiled, the nursing staff or Housekeeping disposes of it in the soiled linen bags located in each individual room. Housekeeping is responsible for taking the soiled linen bags every day to the soiled linen closet and placing them inside the empty tubs located there. Finally, whenever the nurses believe that the linen is running low, they call EMS to request a linen refill

#### **4.5. Rotating linen stock**

Stocktaking is counting what you have (Actual or Physical Stock) and comparing it with what you are supposed to have (Book or Recorded Stock). It is an essential activity that must be carried out at regular intervals. Any discrepancies should be accounted for and adjusted in the records. It is an operational necessity in order to be able to predict future requirements. Stocktaking acts as a control measure by highlighting discrepancies, thereby promoting investigation. It also acts as a deterrent for pilferage and ensures rotation of stock.

## **4.6. Returning old stock for reprocessing**

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. No additional precautions are necessary, regardless of the patient's diagnosis, if standard precautions are used in all situations

### **4.6.1. Principles and key steps in processing linen:**

- Housekeeping and laundry personnel should wear gloves and other personal protective equipment as indicated when collecting, handling, transporting, sorting and washing soiled linen. When collecting and transporting soiled linen handle it as little as possible and with minimum contact to avoid accidental injury and spreading of microorganisms
- Consider all cloth items (e.g., surgical drapes, gowns, wrappers) used during a procedure as infectious. Even if there is no visible contamination, the item must be laundered.
- Carry soiled linen in covered containers or plastic bags to prevent spills and splashes, and confine the soiled linen to designated areas (interim storage area) until transported to the laundry. Carefully sort all linen in the laundry area before washing.

### **4.6.2. Maintaining optimum stock levels**

## **4.7. Requisitioning linen to the pre-determined quantity levels**

The stock level is the quantity of an item that is available for use in a given period of time. The reserve stock (sometimes also called safety stock or buffer stock is the lowest level of stock for each item, and quantities should not be allowed to fall below this level. Your reserve stocks are essentially extra supplies to ensure that there are no stock outs if there is an unexpected increase in demand or a delay in receiving supplies. The quantity of reserve stock depends on the average monthly consumption and the lead time. If there are factors that could increase lead times, for example, bad roads, unreliable transport or conflict, consider increasing the amount of reserve stock. The minimum stock level (sometimes called the re-order level) is the stock level that indicates you need to place an order to avoid running short of supplies. The minimum stock level

can change over time, so check it regularly and make any necessary adjustments to the stock card and your orders. To calculate the minimum level, use the formula:

Minimum stock level = Reserve stock + Stock used during lead time

The order quantity is the quantity of items that is ordered to be used in one supply period, and it depends on the length of time between orders (i.e. frequency of ordering) and average monthly consumption.

If, for example, you place an order every 6 months, the quantity ordered should maintain stocks above the reserve stock level until the next supplies are received i.e. last for 6 months. To calculate the order quantity, in other words how much you need for the supply period, use the formula: Order quantity = Time between orders x Average monthly consumption

The maximum stock level is the maximum amount of any item you should have in stock at any time. You will usually only have the maximum level in stock just after receiving a delivery. The maximum level helps to prevent you from over-ordering. This level can change over time, so check it regularly and make any necessary adjustments to the stock card and your orders. To calculate the maximum stock level, use the formula:

Maximum level = Reserve stock level + Order quantity for one supply period

#### **4.8. Maintaining storage and security of linen**

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.

#### **4.9. Maintaining linen stock records**

Many records are entered on a day-to-day basis for the exchange of linen between the linen room, laundry and floors/departments. Purchase records are essential and records of condemned linen and makeovers are usually maintained. Periodical stocktaking is carried out and the annual stocktaking is recorded in the stock register, thereby providing the value of linen as an asset. Stocktaking is counting what you have (Actual or Physical Stock) and



comparing it with what you are supposed to have (Book or Recorded Stock). It is an essential activity that must be carried out at regular intervals. Any discrepancies should be accounted for and adjusted in the records. It is an operational necessity in order to be able to predict future requirements. Stocktaking acts as a control measure by highlighting discrepancies, thereby promoting investigation. It also acts as a deterrent for pilferage and ensures rotation of stock.

## Self-Check -4

### I. Multiple Choices: Choose the correct answer

1. Which one of the following is **incorrect** statement
  - A. Collect and remove soiled linen after each procedure
  - B. All linen bags must be placed in securely tied
  - C. In laundry bags used linen should be longer than 24 hours
  - D. None
2. ----- Is a first step to workplace safety
  - A. Investigation reports
  - B. Identifying hazard
  - C. Reporting hazard
  - D. Reporting work
3. -----Is the quantity of an item that is available for use in a given period of time
  - A. Stocktaking
  - B. stock process
  - C. stock level
  - D. All

### I. TRUE/FALES QUESTION

1. Clean linen should always be stored in a clean, designated area, preferably a purpose built cupboard?
2. Wear gloves only when collecting, handling, transporting, sorting and washing soiled linen?

3. No extraneous items must be placed in the laundry bags, especially sharp objects?

### **III. Short Answer Question**

1. Describe Infection prevention precautions in linen handling?
2. When handling linen what technique would minimize the spread of microorganisms?

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