

# Hospital Based Special Needs Patient Decontamination

## Lessons from the Shower

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# Hospital Emergency Response Team-HERT

First hospital in the nation to certify staff members in Hospital Emergency Response Team (HERT) training.

Comprised of:

TRAINERS – 6 trainers that have completed the following required courses: HERT – TtT\*

SAAT (Standardized Awareness Authorized Training ) – TtT\*

ITC (Instructor Training Course)\*

IS 100, 200, 700. 800

\*HERT – TtT, SAAT TtT, ITC are all offered at the Center for Domestic Preparedness (CDP) in Anniston, AL

# Hospital Emergency Response Team-HERT

Comprised of:

HERT members -- 46 staff (includes the trainers) that have completed the following required courses:

HERT

SAAT

IS 100, 200, 700, 800

\*HERT – TtT, SAAT TtT, ITC are all offered at the Center for Domestic Preparedness (CDP) in Anniston, AL

# Project Objectives

## Primary goals

1. Perform effective technical decontamination of special needs patients while maintaining the safety of the staff and the patients
2. Safely accommodate unique patient needs in the showers, including guide dogs and motorized wheelchairs

# Project Objectives

Secondary goals: the team elected to establish community partnerships to help identify and meet its trio of secondary aims:

3. Identify needs of special needs populations by patient type, including blindness, hearing loss, and cognitive learning disabilities
4. Outline effective use of federal preparedness funds to support planning and execution of table top and mock victim drills; and
5. Demonstrate the ability of a community hospital to be a catalyst of community-wide disaster response improvements.

# WHY FOCUS on SNPs?

- HERT team was becoming very proficient with the decontamination of the traditional ambulatory and non-ambulatory patients
- Grant funding streams were emphasizing the need to plan for a response that included SNPs
- Kent County has a very active SNP preparedness committee
- Anticipated the need for change in process based on the special needs of the patients



# Methods: Engage Community Partners



# Snapshot of Exercises

<b>Exercise type and date</b>	<b>Number of participants</b>	<b>Objectives</b>
February 5, 2008: Tabletop	4 HERT/8 non-HERT	Discuss method of safely decontaminating SNP/expand educational competencies.
April 8, 2008: Functional	12 HERT/7 mock pediatric victims/ 1 mock adult victim	Functional test of decontamination procedures on mock victims with special needs. Update team education.
August 12, 2008: Functional	11 HERT/8 adult mock victims and 2 dogs	Functional test of decontamination procedures on mock victims with special needs.



# Snapshot of Exercises

<b>Exercise type and date</b>	<b>Number of participants</b>	<b>Objectives</b>
November 19, 2008: Tabletop	5 HERT	Discuss decontamination methods and compliance with religious and cultural needs/preferences.
October 10, 2009: Functional	7 HERT/30 adult mock victims	Functional test of decontamination procedures on mock victims with special needs.
Total: 2 TTX; 3 Functional	39 HERT; 7 mock pediatric victims; 39 mock adult victims; 2 service dogs	40 Participants completed evaluations 35 Mock victims completed evaluations

# Special Considerations

Taken from *Hospital-Based special needs patient Decontamination: Lessons from the shower*. Bulson, Bulson & VandeGuchte. *American Journal of Medicine* – November/December 2010

## Sight and hearing loss

- Reinforce a verbal description of the decon process, before and during each step.
- If possible, decontaminate a service animal with the patient.
- If necessary to maintain calmness, allow a friend, relative, or support person to go through decontamination process with the patient
- Accompany patients throughout the entire decontamination process



# Lessons Learned

Taken from *Hospital-Based special needs patient Decontamination: Lessons from the shower*. Bulson, Bulson & VandeGuchte. *American Journal of Medicine* – November/December 2010

## Wheelchair/walker/cane dependent

- Treat as nonambulatory patient and backboard, if possible, consider alternatives including:
  - Transfer to a mesh- seated and wheeled shower chair
  - Transfer to a Hoyer Lift
  - Transfer to a nonelectric wheelchair
- Set up a separate shower with privacy screens on a flat surface to allow patient to roll into shower.



# Lessons Learned

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## Frail / Elderly

- Address each patient when giving instructions, not the caregivers, if present
- Do not rush. Patient movements may be slow, but hurrying a patient may promote feels of anxiety and confusion



# Lessons Learned

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## Pediatric Patients

- Recognize the potential for fear of abandonment / separation.
- Be aware of fears caused by the appearance of PPE
- Be aware of the fear of the unknown
- Understand that small children if they are being held will be slippery

# Lessons Learned

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## Service Animals

- Animals will “Alert” when a patient is in trouble.
- Allow the animal to see and/or hear the patient as much as possible
- Decontaminate the animal with the patient
- If an animal presents a danger to others in the decontamination area, it may be removed by public safety or animal control officers.



# Lessons Learned

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## Language Barriers

- When possible, provide an interpreter to explain the decontamination process
- Use pre-scripted written instructions in the patient's language
- Use illustrations of decontamination process
- Speak to the patient, not to the interpreter
- Allow time for patient to respond to questions.



# Lessons Learned

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## Religious / Cultural Considerations

- Understand symbolism
- Recognize an inherent need for modesty
- Eye contact is not always appropriate; pay attention to comfort level of patient when making direct eye contact.
- Personal space varies among cultures
- Use body language conservatively





# Conclusion

•Plan



•Practice



•Evaluate

# Contact information

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