



RANCHOLOSAMIGOS
NATIONAL REHABILITATION CENTER

Rancho Los Amigos National Rehabilitation Center

Occupational Therapy and Recreation Therapy Department Policy and Procedure

Subject: SUPERVISION OF INTERNS AND
TRAINEES AS RELATED TO SAFETY

Policy No.: 219.1
Supersedes: May 2013
Revised: Dec. 2015
Page: 1 of 2

PURPOSE

Interns in the early stages of internship need close supervision in order to assure that effective learning and safe care of patients can occur concurrently. Later in the internship, the amount and type of supervision is generally dependent on the intern's level of skill and professional maturity, as well as the patient's medical stability. As the accountable party to the patient, the clinical preceptor is at all time informed of the patient care activities in which the intern is engaged.

POLICY

During patient care hours, either the precepting OTR or a fellow staff OTR is available on the floor where the intern is working. This also applies to RT interns working under the supervision of the CTRS they are assigned to.

All interns will complete general safety training as described in the orientation safety checklist (Attachment A) including Blood Pressure Competency Check-out (Attachment B) by the end of week one of the fieldwork. Evidence of all safety training activities is turned in to the fieldwork secretary immediately after training is completed.

Supervision in Clinic Areas

OT Interns will treat patients in the presence of an Occupational Therapy practitioner. This also applies to RT interns in assigned treatment space or other areas when working with patients (including off unit locations) with their RT practitioner.

Supervision on the Patient Units

During the first week of fieldwork, OT, OTA, and RT interns will be oriented to the resources on the patient care unit to assist with any unexpected situations when they are alone with patients on the unit. For example, intern competency on a variety of transfer skills may be required before allowing interns alone with patients in this environment.

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Supervision for Bathing Evaluations or Training:

Because of the safety issues in teaching bathing skills, intern competency must be assured via preceptor observation and written self assessment (Attachment C and D) before allowing interns to perform bathing with patients. Preceptors are to provide closer supervision during bathing evaluation or training with patients whose cases are considered more complex. Interns are to be made aware of emergency buttons in the training bathrooms in order to call for help.

Supervision on Home Visits:

OT and OTA interns are able to participate on home visits under the supervision of an OT practitioner. (See Departmental Policy and Procedure No. 306, "Home and Community Evaluation").

Supervision on Community Evaluation/Training Sessions:

RT, OT, and OTA interns will not go on RT or OT-direct community evaluation/training sessions alone with patients. RT, OTR, or COTA staff must be present.

Supervision of Interns in Clinics when Patients are not Present:

Prior to remaining alone in the clinic, the intern will be oriented to management of emergencies, including fire and disaster. The intern will also need to be instructed to keep the clinic door locked after hours. After this orientation has occurred, interns may be in clinics alone without the presence of patients during working hours. After clinic hours, interns can remain in clinics alone until 6:00 p.m. Interns who stay in a clinic after-hours must inform their preceptor in advance.

Director, Occupational Therapy and Recreation Therapy
Department

Signature(s) On File

**TRAINEE SAFETY AND
ORIENTATION CHECKLIST**

Name of Trainee

From: _____ To: _____
Date of Assignment

SAFETY

I. GENERAL SAFETY

Check if
Oriented Initial
Sup./Inst.

A. Patient Supervision:

Trainee has reviewed OT P&P 219.1 (2003) and knows how supervision policy applies to his/her situation. (Attachment A)

B. Safety During Patient Treatment:

- 1. Knows the transfer ability of all the patients the trainee works with.
- 2. Checks that patients in wheelchairs lock their wheels before attempting transfers or when engaged in an activity at a work surface.
- 3. Explains the proper use of tools to patients and watches that they use them correctly and safely.
- 4. Knows that patients are not permitted to take potentially dangerous items (knives, scissors and other sharp implements) out of the treatment area. All such equipment must be accounted for and put away at the completion of an activity.
- 5. Checks that the set-up of patient projects is safe (e.g. not too close to edge of table; that C-clamp, when used, is securely in place).
- 6. Does not create dust or sawdust or use items with strong odor when patients are in the area. Use potentially irritating material in well ventilated areas, or outdoors.
- 7. Knows phone procedures for Code Blue and security emergencies.
- 8. Completes Blood Pressure Cuff competency checkout (attachment B).

C. Flammable Supplies and Fire Safety:

- 1. All hazardous and flammable supplies must be store in a locked flammable and/or hazardous materials cabinet.
- 2. Keep the flammable supply storage cabinet free of any combustible items (e.g. paper, yarn).
- 3. All containers in the flammable and/or hazardous materials cabinet must be labeled.
- 4. Pour used solvents in properly marked red safety can immediately after use. Do not pour down sink. Notify the Building Crafts Department when the can is ready to be emptied.

I. GENERAL SAFETY (Continued)

Check if
Oriented

Initial
Sup./Inst.

- 5. Put flammable solid waste (e.g. used paper towel, rags, empty cans) into a covered waste receptacle that is painted red and clearly marked "flammable waste". Notify Building Crafts Department when it needs to be emptied.
- 6. Enforce the "no smoking" rule at all times.
- 7. Clean the work area immediately after use of any flammable supplies.
- 8. Clean brushes immediately after use; do not leave in solvents to soak.
- 9. Know the number and code name for a fire emergency.
- 10. Know where call boxes and fire extinguisher are located in OT clinic and relevant patient care areas.
- 11. Know evacuation routes of clinic and patient unit areas.

D. Electrical Equipment:

- 1. Knows proper use of equipment prior to use. Instructions are available in the equipment notebook.
- 2. Only staff members who have current documentation for competency may use industrial sewing machine, electrical woodworking equipment, and other items listed on the departmental competency checklist. (Attachment C)
- 3. Report any defective equipment to supervisor immediately.

II. AREA SPECIFIC SAFETY

The following topics have been reviewed for relevant services.

A. SIS OT:

- 1. Pressure Relief
- 2. Autonomic Dysreflexia
- 3. Halo Precautions
- 4. Ventilator Safety/Ambu-bag
- 5. Wheelchair Repositioning.
- 6. Blood Pressure.
- 7. Sensory Loss
- 8. Skin inspection/protection

B. Stroke/Gero OT:

- 1. Patients' self-perception of functional abilities and the occasional conflict with reality, e.g., transfers, ambulation.
- 2. Knows guidelines for monitoring of Heart Rate, Blood Pressure, EKG.

II. **AREA SPECIFIC SAFETY (Continued)**

- 3. Restraint Policy: Knows application technique. Knows schedule to check and documentation procedure.
- 4. Age related precautions.



C. **Neuro OT:**

- 1. Knows guidelines for Muscle Belly Tenderness with GBS.
- 2. Knows guidelines for monitoring of Heart Rate, Blood Pressure, EKG.
- 3. Restraint Policy: Knows application technique. Knows schedule to check and documentation procedure.



D. **Ortho Diabetes Service:**

- 1. Sensory loss.
- 2. Skin inspection/protection.
- 3. (Un)safe dietary habits for diabetics .
- 4. Signs of Hypo/Hyperglycemia.

E. **Brain Injury:**

- 1. Patients' self-perception of functional abilities and the occasional conflict with reality, e.g., transfers, ambulation.
- 2. Restraint Policy: Knows application technique. Knows schedule to check and documentation procedure.
- 3. Knows guidelines for monitoring of Heart Rate, Blood Pressure, EKG.



F. **Pediatrics:**

- 1. Pressure Relief
- 2. Autonomic Dysreflexia
- 3. Halo 'Precautions
- 4. Ventilator Safety/Ambu-bag
- 5. Wheelchair Repositioning.
- 6. Patients' self-perception of functional abilities and the occasional conflict with reality, e.g.; transfers, ambulation.
- 7. Muscle Belly Tenderness/GBS and fatigue prevention.
- 8. Sensory loss.
- 9. Skin inspection/protection.
- 10. Choking hazards with small objects.



ORIENTATION

Check if Initial
Oriented Sup./Inst

I. MEDICAL CENTER

A. Mission Statement:

The mission of Rancho Los Amigos National Rehabilitation Center is to provide each patient with superior medical and rehabilitation services in a culturally sensitive environment.

B. Vision Statement:

Rancho Los Amigos National Rehabilitation Center is the provider of choice for medical rehabilitation and research in the United States. Rancho's Centers of Excellence are administered such as to ensure continuity and quality of care, as well as financial viability in a managed care environment.



II. Occupational Therapy

A. Mission Statement:

The mission of the Occupational Therapy Staff is to provide quality occupational therapy services in a cost effective manner to patients receiving rehabilitation services at Rancho Los Amigos National Rehabilitation Center. As an integral part of the interdisciplinary rehabilitation team, occupational therapy provides specialized services to maximize the function of individuals with physical disabilities and promotes education and research to improve the quality of care.



B. Vision Statement:

All staff will be committed to and have pride in efficiently providing the highest quality service to patients which is second to none.

Each staff will be self-directed in contributing to the Department and in pursuing professional development.

The Occupational Therapy Department will be recognized as the leader in the field for its outcome based programs, education, clinical research, and progressive management.



III. Role of Trainee

- Fieldwork I
- Fieldwork II
- Other SWOC _____
- Other _____

IV. **Objectives of Trainee**

Review objectives of:

- Fieldwork I
- Fieldwork II
- Other SWOC _____
- Other _____

OT Trainee (**Print**):-----

Signature: ----- Date: _____

Rancho Los Amigos National Rehabilitation Center

Occupational and Recreational Therapy Department

Employee's Name: _____

Title: _____

Date _____

BATHING SELF-STUDY COMPETENCY CHECK OUT
(Please see P & P on bathing evaluations)

1. What preparation needs to take place prior to a bathing evaluation? Circle the correct answer/s.
 - a. Contact the physician and request a written order on the Physician Order Sheet.
 - b. Communicate with PT regarding transfer status and the need for help in transferring the patient.
 - c. Discuss bathing goals with patient and family.
 - d. Collect all necessary equipment to be taken to the bathroom.
 - e. All of the above.
 - f. B, C, D

2. Who is authorized to carry out bathing evaluations?

3. Who is authorized to carry out bathing training?

Mrs. Jones is a seventy-five year old woman with a history of hypertension (controlled by medication) and osteoarthritis involving both hips and knees. Patient is s/p right total hip replacement six days ago.

Jane Smith, COTA, has been treating Mrs. Jones since postoperative day #2. Mrs. Jones is now able to dress herself using adaptive equipment but requires occasional cuing to attend to her hip precautions. Her discharge to home with her husband is scheduled for three days from now. At home, Mrs. Jones plans to shower sitting on a transfer bath bench. She will ambulate to the bathroom using a front wheeled walker as wheelchair does not fit through bathroom doors.

4. What specific information would the OTR or COTA need from the physician prior to initiating bathing

ATTACHMENT C

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training? (Three key questions should be asked of physician).

- 1.
- 2.
- 3.

5. . What specific information/training does the OTR or COTA need from the physical therapist prior to initiating bathing training with Mrs. Jones? (Jane is familiar with hip precautions from working with Mrs. Jones on lower body dressing).

- 1.
- 2.

6. . What safety checks need to be performed on the equipment/area prior to beginning evaluation or training process?

- 1.

7. What specific information does the OTR or COTA need from Mrs. Jones regarding her home environment prior to beginning bathing evaluation/training process?

- 1.
- 2.

8. What steps must the OTR or COTA take to ensure Mrs. Jones privacy is respected during the evaluation and training process?

- 1.
- 2.

9. What family training should occur following the evaluation and training process?

- 1.
- 2.

ATTACHMENT C

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10. What documentation should follow a bathing evaluation?

1.

2.

3.

4.

Reviewed by:

Date:

COMPETENCY CHECK-OUT

Follows steps:		BLOOD PRESSURE CUFF
Vas	No	
		1. Explains procedure to patient in language that meets his/her age level and understanding.
		2. Chooses proper cuff size depending on age/size of patient.
		3. Positions patient either sitting or supine with arm supported at heart level.
		4. Applies deflated cuff with lower edge 1" above elbow crease and centers bladder over brachial artery.
		5. Positions stethoscope over brachial artery.
		6. Inflates the cuff rapidly to 20-30mm higher than patient=s normal systolic pressure. If not known, inflates to 200mm.
		7. Deflates the cuff at a rate of 2-3mm per second.
		8. Keeps eye on the needle and listens for systolic sound. Reads gauge when sound is first heard to determine the systolic pressure.
		9. Keeps eye on the needle and listens for beats to become softer and disappear. Reads gauge when the beats disappear to determine the diastolic pressure.
		10. Deflates cuff completely before removing from patient =s arm.

Comments:

-----**demonstrated** competence in using this equipment.

Employee Name

 Instructor

 Date

Send completed form to OT/RT main office

SELF-STUDY COMPETENCY CHECKOUT

Employee **Name**:----- Employee Number:_____

Payroll Title:_____

Subject	Date Passing Score Achieved	Evaluator's Signature
Bathing Evaluation		
Home Visit		
Community Outing		

File in Employee File when completed.