



KDSAP STATION PROTOCOLS

Updated July 2017

Guiding Principles

(*READ BEFORE EVERY SCREENING*)

1. **Before each screening begins, read fully over the instructions for your assigned station.** Prior to serving the first participant, **each station manager should engage the station volunteer/s in a practice run-through** to ensure that all volunteers are fully knowledgeable and competent in the clinical protocol.
2. If and when you have a question regarding a step in the station protocol, ask your station manager to clarify. If you are the station manager and are uncertain of the answer, ask a screening coordinator or physician to teach you. **Learning (or teaching) something new at each screening is your goal!**
3. As a volunteer in a medical setting, you must habitually **uphold high standards of medical professionalism** including clinical competence, adherence to “universal precautions” in the management of bodily fluids, honesty, confidentiality and the continual pursuit of excellence in your encounters with participants.
4. From the very start of the screening to its end, prioritize participants’ needs above your own and be fully present in each clinical encounter. Strive to honor the core mission of KDSAP (and of medicine!) by asking yourself: **“How can I best serve each and every individual who participates in this screening?”**
5. **There is no food or drink allowed in the screening area.**
6. At the end of the screening, **re-pack your station box as neatly as you found it** to facilitate the inventory and restocking process for the Directors of Community Outreach. Thank you!

STATIONS:	<i>pages</i>
Registration.....	2
Questionnaire.....	3
Urinalysis.....	4-5
Body Mass Index (BMI).....	6
Blood Pressure.....	7
Blood Glucose.....	8-9
Physician Consultation.....	10
Exit Survey.....	11

REGISTRATION STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up the Registration Station sign using the table stand.
4. Organize station materials neatly on the table.
5. Compose questionnaire folders. One consent form and one questionnaire should be put in each folder.

Procedure:

1. Greet participants in a friendly manner.
2. Ask for participant's name and date of birth, then record this information on the KDSAP log sheet.
3. Generate participant ID: first 2 letters of first name + first 2 letters of last name + 2 digits for birth month + 2 digits for birth date + 2 digits for birth year + gender (F for female, M for male). Write the participant ID onto the log sheet. NOTE: To maintain confidentiality of all participants, only a volunteer -- not the participant -- may write information onto the log sheet.

Examples:

a) **May-Ling Chen, DOB: 02-29-1956, Female, → MACH022956F**

b) **John Smith, DOB: 01-01-1977, Male, → JOSM010177M**

4. Write the screening date and participant ID on the upper right hand corner of the questionnaire and consent form.
5. Hand participant his/her folder and direct the participant to the next station.

QUESTIONNAIRE STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up the Questionnaire station sign using the table stand.
4. Organize station materials neatly on the table.

Procedure:

1. Greet participants in a friendly manner.
2. Always Purell hands before and after each patient.
3. Go through the items in the folders with the participant. This should be done on a 1:1 (individual or family) ratio.
 - a. Information sheet: Inform participants about the screening. Must go over the highlighted sections (see the information sheets in the station folder) with participants.
 - b. Questionnaire: Help participants to fill out the entire form.
3. Unwrap a urine cup from its packaging and copy participant's ID number onto the cup body with sharpie (Note: Do NOT write the ID on the cap of the cup because caps can be exchanged accidentally between urine samples). Hand the cup to participant.
 - a. Hand participant a moist towelette and instruct them to wipe their urinary opening area prior to urination. After starting to urinate, participant should wait several seconds before urinating into the cup so that the sample of urine collected is "midstream."
 - b. Direct participant to bathroom for urine collection and then come back to questionnaire station to pick up folder.
4. Hand participant his/her folder and direct participant to the next station.

URINALYSIS STATION

Setup/Calibration:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up Urinalysis Station sign using the table stand.
4. Unload all items from box, organize the station neatly and plug in urine testing unit.
5. Set up trash bag.
6. Test urine machine and strips with cup of water first to verify the accuracy of the machine:
 - a) Press “strip test,” then “start.”
 - b) Remove a single urine test strip from the container. (Note: Rescrew bottle lid immediately after the removal of each strip. Always keep unused strips sealed in an air-tight environment since exposure to light and air moisture will render their results inaccurate.)
 - c) Dip a strip by fully submerging all the colored squares into the water
 - d) Using the side of the strip, dab off excess liquid onto a napkin so as not to let the colored squares touch the napkin.
 - e) Press “Strip Test” then “Start.”
 - f) Place the strip face up, colored squares first, into the slot in the machine.
 - g) Machine will analyze the sample.
 - h) Make sure the paper feeds through the slot at the top.
 - i) For water, all results should be negative. The pH should be 5.5 for tap water.

Protocol:

1. General principle, greet participants in a friendly manner, ask for folder and urine cup, then inform participant what will be measured at this station.
2. Check if the participant ID on the cup matches the ID on the questionnaire.
3. Urine test:
 - a) Always Purell hands before and after each patient.
 - b) Put on gloves. Make sure to put on new gloves before each participant. Never shake participant’s hand with gloves on.
 - b) Remove a single urine test strip from bottle. (Note: Rescrew bottle lid immediately after the removal of each strip. Always keep unused strips sealed in an air-tight environment since exposure to light and air moisture will render their results inaccurate.)
 - c) On the Clintek machine, enter “strip test,” then “start.”
 - d) Unscrew cup and dip urine strip into urine sample. Remove excess urine by dabbing on paper towel. Put cap back on urine cup.
 - e) Place the strip on the machine’s test table.
 - f) Make sure that the strip is accepted (no “Error” message on screen). A countdown will appear (about 46 seconds).

- g) Dispose of sealed urine cup in a separate trash bag. We will dump out all urine samples at the end of the screening. The reason for this is in case the urine machine shows an "Error" message, we still have the sample to re-test.
- h) A urine test result will be printed by the machine; tape the printout to the result section of the participant's paperwork. (Press "print" if it doesn't print). (Adhere to the "one glove" policy -- remove one glove before touching common clean surfaces such as the urinalysis machine, tape dispenser, pens, questionnaires, and folders.)
- g) Press "done" on the Clintek machine.
- h) Gently wipe slot with paper towel/tissue from top to bottom.
- i) All the used items (paper towel/tissues, gloves, urine strip and urine cup) should be disposed into the trash bags (Note: disposal into biohazard bag is unnecessary). Take gloves off and dispose in trash bag.
- 4. Hand participant his/her folder and direct participant to the next station.

Note: When cleaning up, store the urinalysis machine extension cords neatly such that there are no kinks in the cord.

BODY MASS INDEX (BMI) STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up the BMI Station sign using the table stand.
4. Organize station materials neatly on the table.

Procedure:

1. General principle, greet participants in a friendly manner, ask for folder, and inform them that their height, weight, waist and hip circumferences will be measured.
2. Always Purell hands before and after each patient.
3. Ask participant to remove any bulky clothing items (jackets, scarves, shoes, etc.).
4. Measure participant's height and weight and record the measurements.
5. Using the BMI formula (or a BMI chart), calculate participant's BMI. Round to one decimal place.

BMI	=	weight in pounds X 703
(lbs/inches²)		(height in inches)²

Note: You may use an online BMI calculator from a reputable health source as long as you confirm that it yields the same result as this formula.

6. Measure **waist** (approximately **1 inch above iliac crest** -- the upper point of the pelvic bone that is called the "hip bone" colloquially) and **hip** (widest berth around body) circumferences. Note: The waist is NOT the narrowest measurement around the body. You should ask the participant to feel for and touch their "hip bone" to ensure you are measuring at the correct location.
7. Hand participant his/her folder and direct participant to the next station.

BLOOD PRESSURE STATION

KDSAP volunteer must have had blood pressure training prior to volunteering at this station.

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up Blood Pressure Station sign using the table stand.
4. Organize station materials neatly on the table.

Protocol:

1. General principle, greet participants in a friendly manner and ask for folder. Inform participant that blood pressure will be measured at this station.
2. Always Purell hands before and after each patient.
3. Position participant's arm at the level of heart.
4. Select the right size cuff.
5. Take blood pressure (according to the BP training procedures):
 - a. Place cuff appropriately around participant's arm and make sure manometer is readily in sight. Locate brachial/radial artery.
 - b. Estimate systolic blood pressure by inflating the cuff and palpating the brachial/radial artery.
 - c. Place stethoscope over brachial artery and make sure all equipment is appropriately positioned.
 - d. Deflate cuff and take systolic blood pressure and diastolic blood pressure.
 - e. Remove equipment as soon as finished for participant's comfort.
6. Record the BP measurement in the result section of participant's paperwork. Initial the gray area if abnormal reading is noticed.

BLOOD GLUCOSE STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover the station table with tablecloth.
3. Put up Blood Glucose station sign using the table stand.
4. Set up biohazard bag (make sure there are two layers of biohazard bags)
5. Organize station materials neatly on the table (including biohazard sharps container).

Calibrating the glucometer:

- a) Stick a test strip into the strip insert opening and a number will show on the display screen. Make sure the displayed number matches the number on the bottle. If the number is different, use the up/down button on the machine to adjust to match the number on the bottle.
- b) Place a drop of the control testing solution on a flat surface. Place the test strip on the drop of solution so that it is absorbed for a reading. Check that the number displayed on the glucometer screen matches the number listed on the testing solution bottle. If not, please try again. If after several tries, the reading number is still not within the range, please do not use the glucometer and notify the screening manager.

Procedure:

1. General principle, greet participants in a friendly manner and ask for participant's folder. Inform participant that blood glucose will be measured at this station.
2. Always Purell hands before and after each patient.
3. Put on gloves. Make sure to put on new gloves before each patient. Never shake participant's hand with gloves on.
4. Ask participant which hand and which finger (middle or ring) they would prefer to have pricked. Use alcohol prep pad to wipe the area that will be pricked in circular motion from center.
5. Place a blood glucose test strip into the strip holder of the glucometer. Make sure to put the correct end in (the end with the black and white stripes). The meter will automatically read the preset number (found on the test strip bottle) and then flash " – mg/dl." This means that the glucometer is ready to go. (Note: After you load the strip, be mindful of timing as the glucometer will become inactive approximately 25 seconds after the strip is loaded. If you wait too long, you will have to remove and re-insert the strip before collecting the drop of blood.)
6. Retrieve a lancet and twist off the safety tip.
7. Place the lancet firmly on the desired area that has been cleaned. Then, after giving the participant verbal indication that you are proceeding with the prick, push the side button on the lancet to release the needle.
8. After the finger is pricked, wipe off the initial spot of blood with gauze. Squeeze the pricked finger until the second spot of blood is sufficiently large. (Note: To avoid causing

needless discomfort, do NOT apply pressure ONLY to the fingertip to collect blood; rather, massage the entire finger and hand.)

9. Place the test strip on the drop of blood at approximately a 45 degree angle to facilitate absorption. The test strip will absorb the blood and give a blood reading. (Note: If the amount of blood absorbed onto the strip is insufficient, the glucometer cannot complete the reading. If this happens, the strip must be discarded and the procedure must be repeated on a different finger.)
10. Provide participant with gauze and a bandage.
11. The used lancet goes into the tabletop biohazard “sharps” container and the rest of the used items should be disposed into the double-layered biohazard bags.
12. Record the blood glucose measurement to the results section of participant’s paperwork. Initial the gray area if abnormal reading is noticed. Ask the patient at what time s/he last ate and record the number of hours since last meal. (Adhere to the “one glove” policy – remove one glove before touching common clean surfaces such as pens, questionnaires, and folders).
13. Hand the participant his/her folder and direct participant to the next station.

PHYSICIAN CONSULTATION STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover each of the consultation tables with tablecloth
3. Each consultation table should have a bottle of Purell and a set of BP equipment.

Procedure:

1. Go over the Results form with the participant and copy over/circle the results onto the Explanation Sheet. Please keep your conversation with participants brief if all results are NORMAL.
2. If abnormal finding(s) are present, encourage participant to make an appointment with his/her PCP. You may give a renal brochure and clinic # if a nephrology appointment is needed.
3. Sign your name as the "Supervising Physician" on the Results form. Keep the screening folder. The forms are for us to keep as a record. The Explanation Sheet is given to the participant.

EXIT SURVEY STATION

Setup:

1. Check the items in the box according to the inventory checklist. Notify screening manager if anything is missing.
2. Cover station table with tablecloth.
3. Organize station materials neatly on the table.

Procedure:

1. General principle, greet participants in a friendly manner. Inform participant that this station is for them to tell us about what they think about our screening. The Exit Survey is an opportunity for KDSAP to learn how to better serve the participants and communities.
2. Politely ask participant to take a quick exit survey.

NOTE:

Please make sure that participants are **NOT** walking away with the questionnaire package/folder (KDSAP keeps and stores all questionnaire results as data). Participants should only be holding the Explanation Sheet containing results written by the physician.