Fundamentals of Caregiving

3rd Edition

Aging and Long-Term Support Administration

Washington State Department of Social & Health Services
Transforming lives

This curriculum was developed with feedback and input gathered from subject matter experts, stakeholders, instructors, and tribal partners across the state.

Language Access

This textbook is available in multiple languages at: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Contributors

Curriculum Development

Samuel Cooke, MA TESOL
Training and Curriculum Specialist
Training, Communications & Workforce Development Unit
Aging and Long-Term Support Administration • Washington State Department of Social and Health Services

Special Thanks

Jesse Byrd, M.S. – for all his curriculum development work on this project from 2017 to 2018.

Subject Matter Experts

Vicki Anensen-McNealley, PhD, MN, RN
Director of Assisted Living
Washington Health Care Association

Doris Barret RN, MBA
Nursing Service Unit Manager
Developmental Disability Agency (DDA)

David Beacham
APS Training Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Best Practices Subcommittee
Rainbow Alliance Inclusion Network (RAIN)
WA State Business Resource Group (BRG)

Taja Blackhorn
She/Her/Chi
Co-Chair RAIN BRG
Retrospective Rating – WA State L&I

Deb Cary
Training Oversight and Policy QA Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Jeanette Childress, MBA: Health Care Mgmt
LTC Policy and Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Karen Cordero
Director of Education & Support
Adult Family Home Council

Columba Fernández, BA in Biology, Science, Arts, and Letters
Gender Pronouns: she/her/ella
Health Disparities Consultant (bilingual)
Office of Infectious Disease
Washington State Department of Health

Arielle Finney
APS Policy and Legislative Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Jackie Fry, MA
Training Unit Program Manager, TCDQ
Aging and Long-Term Support Administration
Department of Social and Health Services

Subject Matter Experts (continued)

Barbara Hannemann, MSW
Medicaid Unit Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Laura Hofmann, MSN, RN
Director of Clinical and Nursing Facility Regulatory Services
LeadingAge Washington

Emily Hovis, MS
Assistant Teaching Professor
Department of Environmental & Occupational Health Sciences
University of Washington
Formerly a Food Safety Specialist with the Washington State Department of Health

Kitara Johnson, MAM
Preferred Pronouns She, Her, her's
Chief Human Resource Officer
Excelsior

Rebecca Kane MN, RN
Regulatory QA nurse program manager
Residential Care Services
Aging and Long-Term Support Administration
Department of Social and Health Services

Christine Kubiak, RN, MSN
Regulatory QA Nurse Program Manager
Residential Care Services
Aging and Long-Term Support Administration
Department of Social and Health Services

Kim Maki
she/her/hers
Workforce Development Unit Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Erin Nelson, Regional LTC Ombuds
Washington State LTC Ombudsman Program

Angela Nottage RN, BSN
Nursing and Performance Improvement Unit Manager (NPIU)
Aging and Long-Term Support Administration
Department of Social and Health Services

Julie D. Peters, MA
Quality Assurance Training Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Angela Regensburg, MAED
Program Manager, Training Unit Specialty Curriculum & Quality Assurance
Aging and Long-Term Support Administration
Department of Social and Health Services

Paul Riedel, M.S. Management and Leadership
Program Manager, Training Oversight and Policy Unit
Aging and Long-Term Support Administration
Department of Social and Health Services

Alexis Rodich
Service Employees International Union 775

Elena Safariants, MA, CDP
LEP, ADA, Voter Registration Assistance Manager
Aging and Long-Term Support Administration

J. Manny Santiago
Executive Director
Washington State LGBTQ Commission

Michael D. Sheehan, PhD
Unit Manager; Training Development & Learning Management
Training, Communications & Workforce Development Unit
Aging and Long-Term Support Administration
Department of Social and Health Services

Sondra Silverman
LTC Policy Program Manager, Enhanced Services Facilities
Aging and Long-Term Support Administration
Department of Social and Health Services

Dawn Shuford-Pavlich, BA: Psychology
Office Chief, Wellbeing, Improvement and Nursing
Aging and Long-Term Support Administration
Department of Social and Health Services

Sandy Spiegelberg, MPA
Residential Support Program Manager
Home and Community Services
Aging and Long-Term Support Administration
Department of Social and Health Services

John Stebbins, CSP, CIH
Industrial Hygiene Technical Specialist
Division of Occupational Safety and Health
Department of Labor and Industries

Tavares J. Terry, MPA, CDE
Pronouns: he/him/his
Equity, Diversity and Inclusion Administrator
Department of Social and Health Services

Subject Matter Experts (continued)

Chelsea D. Unruh, MD (they/them)
Board Certified Family Medicine Physician
Special interest in transgender medicine
Yelm Family Medicine
Unruhly Medicine

Libby Wagner, MPA, MPH
Former Adult Family Home Policy Program
Aging and Long-Term Support Administration
Department of Social and Health Services

Janet Wakefield RN, BSN
Nurse Delegation Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Melissah Watts
Individual Provider, Long-Term Care Worker

Mary Whittington, DNP-PHN, MSM, RN
Nurse Consultant
Healthcare-Associated Infections and Antimicrobial Resistance
Department of Communicable Disease Epidemiology

Chris Wukasch, MPA
HIV Community Services Supervisor
Office of Infectious Disease
Division of Disease Control and Health Statistics
Washington State Department of Health

Curriculum Review

Sherise Baltazar
Adult Family Home Consultant
Proactive Solutions LLC

Diane Dea, NAC
MEIHSS Credentialing Specialist, Interim HCA Trainer
Muckleshoot Indian Tribe Elders In Home Support Services

Uma Kukathas
Manager of Competency Research and Development
Training Partnership
SEIU 775 Benefits Group

Gregory LaVielle, MA, JD
Program Manager, Training Unit, TCWD
Aging and Long-Term Support Administration
Department of Social and Health Services

Tari A. Lennox
Social and Health Program Consultant 4
Home and Community Services
Aging and Long-Term Support Administration
Department of Social and Health Services

Kami Madsen
eLearning Developer
Training Development and Learning Management
Training, Communications & Workforce Development Unit
Aging and Long-Term Support Administration
Department of Social and Health Services

Molly McIsaac
Training Program Manager, TCWD
Aging and Long-Term Support Administration
Department of Social and Health Services

Nicole Moon, MA:Gerontology
Training Manager, TCWD
Aging and Long-Term Support Administration
Department of Social and Health Services

Crissy Smith
eLearning Developer
Training, Communications & Workforce Development Unit
Aging and Long-Term Support Administration
Department of Social and Health Services

Derek Trubia, MBA, MPA, MS, MA
Program Manager and LMS Administrator
Aging and Long-Term Support Administration
Department of Social and Health Services

Lauren Miles, Master of Community Planning
Project Manager, Traumatic Brain Injury Strategic Partnership Advisory Council
Home and Community Services
Aging and Long-Term Support Administration
Department of Social and Health Services

Janise Munos Arteaga, MA Ed

Robin VanHyning, MSN, RN, NHA
Founder/Owner/Director of Training
Cornerstone Healthcare Training Company, LLC.

Jeannine White, RN, MSN, CCNS
Quality Assurance Consulting, LLC

Maureen Woods, Manager
Makah Senior /Health Home/Veterans Program

Pilot Instructors

Katherine Bates
Cascade Connectionss

Lauri Borup
Spokane Falls Community College

Sarah Dudder
Sunrise Services, INC.

Allison Hill
Cascade Connections

Pilot Participants

Kaiden Armstrong
Chrisy Cochran
Nahed Ghaly
Wafa Hakimi
Ashley Harrison
Nester Kamau
Nahrawan Khudhair
Sanjevni Prasad

Final Editing and Layouts

Cheri Huber
Visual Communications Manager
Office of Innovation, Strategy, and Visual Communications
Office of the Secretary
Department of Social and Health Services

Holly Miranda
Visual Communications Manager
Office of Innovation, Strategy, and Visual Communications
Office of the Secretary
Department of Social and Health Services

Jean Roberge
Visual Communications Manager
Office of Innovation, Strategy, and Visual Communications
Office of the Secretary
Department of Social and Health Services

Chris Wright
Media Relations Manager
Office of Communications
Office of the Secretary
Washington State Department of Social and Health Services

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Module 1: Course Introduction

Learning Goal

Home Care Aides will identify their training requirements and use strategies to successfully complete this course.

Lesson 1: Introduction

Lesson 1 Introduction

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Identify the training requirements for Home Care Aides; and
2. Use strategies to successfully complete this course.

Key Terms

Continuing Education (CE): approved annual training that keeps a Home Care Aide's (HCA) skills and knowledge current.

Home Care Aide (HCA): a person who has completed 75 hours of basic training, passed the Washington State Department of Health Home Care Aide certification exam, and maintains their certification by attending 12 hours of continuing education annually.

Professionalism: following a high standard of personal conduct.

Welcome!

Welcome to the Home Care Aide core basic training, which is part of the HCA certification training. This practical course will introduce you to the knowledge and skills you need to provide personal care. This first lesson will explain your training requirements and give you an overview of the course. You will also learn some strategies for successfully completing the course.

We want you to leave this class confident in your knowledge and skills to provide quality care. Be sure to ask your instructor right away if you have any questions or problems, or if you need help.

Home Care Aide Training Requirements

Home Care Aides must complete 75 hours of required training within 120 days of the date of their employment. The 75 hours includes four components:

1. Orientation and safety
2. Core competencies (this book)
3. Practice of skills
4. Population specific topics, which may include specialty and/or nurse delegation training

Training Certificates

After you complete all the Home Care Aide training requirements, you will receive a 75-hour certificate of completion. Keep track of your own training certificates. You may need to provide them to the Department of Health as part of an audit.

Home Care Aide Exam

After completing all 75 hours of required training, you must take the Washington State Department of Health Home Care Aide Exam. The exam includes both a written test and a skills demonstration test. You must take the exam within 200 days from your date of hire or 260 days if you have limited English proficiency.

Written Test

The written test will show whether you have learned the key points in this course. By completing the lesson checkpoints and module reviews, you should be ready to pass the written test.

Skills Demonstration Test

The skills test will show whether you can do the personal care tasks and other important caregiving skills taught during the class. You will have plenty of time in class to practice these skills.

Continuing Education Requirements

What is Continuing Education?

Continuing education is additional training designed to keep your skills and knowledge current. Continuing education must be on a topic relevant to the care needs of the client and the care setting, or long-term care worker career development.

When do I Have to Complete Continuing Education?

Once you become a certified Home Care Aide you must complete 12 hours of approved continuing education training by your birthday each year. If your birthday following your initial certification as a Home Care Aide is less than a full year from the date of certification, no continuing education will be due for the first renewal period.

You must keep your certificates and proof of continuing education hours.

For more information about the Home Care Aide Exam, go to prometric.com/test-takers/search/wadoh

For more information about Continuing Education, visit dshs.wa.gov/altsa/training/continuing-education-ce

How This Class Works

As a learner, you are an important part of this class. Your participation and engagement will improve your learning experience and make this class a success for everyone.

Learning Goals

There are five major learning goals in this course.

1	Understand what is required and expected of you in your job.
2	Use good communication and problem-solving skills with a client, family members, and other care team members.
3	Know how to protect a client's rights and why it is important to protect a client's rights.
4	Protect the health and physical safety of a client and yourself.
5	Correctly provide personal care and other authorized tasks while: • understanding how a client wants things done and doing tasks that way; • honoring a client's privacy, dignity, and differences; and • encouraging a client to do as much as they can for themselves.

How the Class is Taught

You will actively take part in and practice what you are learning. This will be accomplished through:

- class and small group discussions;
- short instructor lectures;
- study teams;
- personal care skills practice in skill stations; and
- module reviews and module scenarios.

The Learner's Guide (This Book)

Your learner's guide is your workbook for the entire course. Make sure to:

- bring it every day;
- write notes in it to help you remember important items; and
- use it to follow along with the instructor during class.

There are four other sections in the back of your learner's guide:

1. **Resource Directory** includes reference information and resources that will be useful to you in the class and in the future.
2. **Glossary** includes definitions of common caregiving words that may be new to you.
3. **Skills Checklists** give you step-by-step instructions for performing personal care tasks.
4. **Common Diseases and Conditions** section includes information about diseases and conditions seen with many clients.

Learner Expectations

To pass this course, you are required to attend and participate in all classes and show your ability to correctly perform the skills.

If you cannot be in class: You are expected to attend every class. If there is an emergency, speak with your instructor.

If you need extra support: If you need help with writing, reading, understanding English, or have any other challenges, speak with your instructor.

Professionalism: Come to each class prepared to work. Dress as you would for your job. Treat everyone with respect.

What You Can Expect from The Instructor

You can expect that your instructor is knowledgeable and able to guide you through the training process.

Your instructor will understand what classes you need to take and provide you with information and assistance to complete your Home Care Aide training.

Your instructor should provide you with this book, answer your questions, give you time to practice the skills while using all the supplies needed and providing guidance, and hold classes for the required length of time that is reflected on your certificate.

Successfully Completing the Course

Active participation in class is the key to your success in this course. The more engaged you are, the more you will get from this training, and the better prepared you will be to do your job well.

Prepare for Each Class

1. Be rested and ready to learn.
2. Read the lessons in the textbook before class.
3. Keep outside demands/distractions out of the classroom.

Use the Textbook

1. Highlight or underline the most important parts of each lesson.
2. Complete the lesson checkpoints to test yourself and reinforce your knowledge.
3. Make sure to take the time and understand ALL the important steps and pieces to what you are learning.

Actively Participate in Class

1. Be on time and attend every class.
2. Be committed to getting the most out of the class.
3. Listen and take notes.
4. Watch demonstrations carefully and use practice time wisely.
5. Ask questions if you don't understand something.
6. Take an active role in study teams and discussions.

Getting to Know Classmates

You and your classmates will work together and help each other throughout the course. Take a few minutes to get to know some of your classmates using the activity below.

Directions: Use the questions below to interview the learner sitting next to you. Make sure this is someone you do not know. You will each be given one minute to interview the other person. After both interviews are completed, you will introduce your neighbor to the class.

What is your name?

What is your favorite color?

What languages do you speak?

What is your favorite activity or hobby?

Where do you work as caregiver?

What are your personal goals for this class?

Summary

Home Care Aides must complete the Home Care Aide certification training within 120 days from their date of hire. They must take the Home Care Aide certification exam within 200 days from their date of hire. They must also complete 12 hours of continuing education annually. To successfully complete this course, Home Care Aides are expected to actively participate in each class and work effectively with their instructor and classmates.

Checkpoint

Try to answer these questions without looking back at the lesson. When you have finished, check your own answers and review any information you may have missed. Note the page number where you find the answer.

1. How many hours is the complete Home Care Aide certification training?

2. Who is responsible for keeping track of training certificates?

3. How many days do you have to complete your Home Care Aide certification training?

4. How can you take the Home Care Aide exam?

5. How many hours of continuing education do you have to complete each year?

6. Where can you find more information about continuing education?

Notes:

Module 2: Person-Centered Care

Learning Goal

Home Care Aides will use person-centered strategies to provide culturally competent care.

Lesson 1: Introduction to Person-Centered Care

Lesson 2: Honoring Differences

Lesson 1 Introduction to Person-Centered Care

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Distinguish between behaviors that are more/less person-centered; and
2. Communicate the value of person-centered care.

Key Terms

Discovery: the ongoing process of fully getting to know someone as a whole person.

Important TO / Important FOR: a person-centered concept that describes what a person needs to be happy, comfortable, fulfilled, safe, and healthy.

Person-first language: a way of talking about people that shows the person is more important than their diseases, disabilities, or conditions.

Unconditional positive regard: acceptance and support of a person regardless of what the person says or does.

Overview

"Person-centered" describes a certain way of thinking about people and how you treat them. Every individual is equally deserving of your interest, respect, empathy, compassion, and service. Person-centered behavior reflects that. People who care to be person-centered will get to know you. They want to learn what is important to you. They want to collaborate on solutions that meet your needs in a way that works for you. They promote your strengths, choice, direction, control, happiness, and well-being. In other words, person-centered people will learn about you, value, and support you.

Person-Centered Philosophy

Person-centered care is not as simple as learning a step-by-step process. It is more like learning a philosophy, or a new way of thinking. In this training you will learn several person-centered concepts. As you learn each concept ask yourself the following questions:

- Do I think this concept has value?
- Do I already apply this concept in my daily life?
- How can I apply this concept to my everyday caregiving practice?
- Do I believe that applying this concept to my caregiving will have a meaningful impact?

The concepts are organized into 3 categories: LEARNING about people, VALUING people and SUPPORTING people.

Learning about People

Getting to know the people you care for is important. The very best caregivers will always try to learn more about the people they work with and care for. That process of getting to know someone more fully over time is often called discovery.

A Commitment to (Ongoing) Discovery

You might first learn about the client from their service plan. You may also get information from other care team members (including friends and family). However, the best source of information is the client themselves.

Getting to know someone takes time. Your client may not want to be interviewed for hours when you first meet, or maybe they are excited to speak with you about themselves. Everyone is different. Either way, let this process happen naturally as you perform other caregiving tasks. Show real interest in their life, what they think, and how they feel. Your client wants you to care about them and not just for them.

Discovering the *Whole* Person

It is important to learn about your client's physical health needs and the services they receive, but it is equally important to consider their strengths and abilities. We all appreciate being understood as the complex human beings that we are.

Make an honest effort to really get to know the client as a person. As your relationship grows, and they learn to trust you, they may open up and become more comfortable sharing.

- Who are they?
- What have they done in their lives?
- What can they do well?
- What do they believe and value?
- What motivates them?
- What meaningful activities do they enjoy?
- What relationships are most important to them?
- How do they perceive themselves and want to be perceived?
- What would they like to learn more about?

A More Whole Introduction

Imagine that you go to work for an assisted living facility. Which introduction would you prefer from your new supervisor? Does one better represent the concept of honoring the whole person?

Option A: *Listen up people: We have a new staff member here. He doesn't have any caregiving experience and will need a lot of help from you. Please show him what to do. And please make sure he isn't left alone with any of our dementia clients… he has not completed the required specialty training.*

Option B: *Hi everyone. Help me welcome Miguel, our newest care team member! Could one of you help support and mentor Miguel while he becomes familiar with our home? He seems eager to learn and has some excellent person-centered care skills to share. He is also bi-lingual which will be a great help. We are happy to have you, Miguel!*

Recognizing and Respecting Worldviews, Perspectives, and Attitudes

Some clients may see things differently than you. Their ideas about society may be different. They may have different religious beliefs, political views or values. Differences make each person unique! At times you may be pleased about such differences. Other times you may feel uncomfortable or even upset, but always remember your professional responsibility to be tolerant and respectful.

Be careful not to judge. While you may not agree with your client's point of view, please respect their right to think for themselves and to be who they are. For more information, see Module 2, Lesson 2: Honoring Differences on page 19.

Learning What is "Important TO" and "Important FOR" the Person

"Important TO / Important FOR" is a person-centered concept that encourages you to think about not only a person's needs but also their values.

"Important TO" is something you value. It includes the things that make you happy, comfortable, fulfilled, and satisfied. Spending time with friends, going shopping, and eating your favorite foods may all be important TO you.

"Important FOR" are the things that keep you safe and healthy. Getting enough exercise, paying bills and drinking lots of water might be examples of things that are important FOR many people.

Balancing "Important TO" with "Important FOR"

Sometimes what is important FOR us is also important TO us (you might enjoy frequent exercise for example). At other times that won't be true (you might enjoy smoking instead). If you focus too much on what is important FOR your client and ignore what is important TO them, they will likely be miserable in your company and may make unhealthy choices when you are not around. If you focus too much on what is important TO them, and neglect what is important FOR them, you are not promoting their health and safety.

Your scope of practice as a person-centered caregiver is to help clients find a good (for them) balance between the two. Help them make informed decisions that consider both their short-term happiness and comfort as well as their long-term wellbeing. Support their choice, direction and control, but help them understand the likely impact of unhealthy choices.

To be able to support the whole person, you need to learn both what is important FOR them and what is important TO them.

Fill in the important TO / important FOR table for yourself. An example has been provided.

Important TO me	Important FOR me
Example: I like to stay up late and sleep until noon.	I have several medications that I need to take daily to stay healthy.

What do you do to balance what is important TO you and what is important FOR you?

Example: Take my medicine on a schedule that allows me to wake up when I want.

Learning to Communicate Effectively with the Person

Each of us communicates in our own ways. We use both verbal and non-verbal signals to tell other people how we feel and what we need. As you work with clients, pay attention to their unique ways of communicating. Think about the following questions.

- What do their words and gestures mean?
- How do they express their discomfort or pain?
- How can you recognize when they are becoming agitated?
- How can you make sure they understand you?

Example:

You have just started supporting Mark. Mark communicates non-verbally. He uses facial expressions and behavior to communicate his feelings, emotions, and desires. One morning you are assisting Mark to put on his clothes. In the middle of the task, Mark pushes your hands away and stops looking at you.

How could you find out what Mark is communicating?

Behavior is a form of communication. To effectively support a client, you need to learn what their expressions and behaviors mean.

For communication strategies, see Module 3: Communication, on page 29.

Valuing People

Valuing a person means seeing the best in them and appreciating what they have to offer. It means accepting them just as they are (rather than what they could become). Sometimes we call this unconditional positive regard. You can show someone that you value them with your words and behaviors.

Accepting the whole person means accepting their physical capabilities, their personal beliefs, their morals, values, and views of the world. When we accept these, we recognize their values and don't try to change these to meet our personal views.

Showing Respect and Dignity

You can show a client respect and protect their dignity every time you interact with them. By treating them politely and honoring their preferences, you show the client that you see and appreciate their value.

Consider the two situations below. Which caregiver is being more respectful?

Caregiver A enters the client's room and politely tells them it is time for a bath.

Caregiver B knocks on the client's door, waits for permission to enter, greets them politely and offers choices on when to bathe.

Person-First Language

In person-first language, the person is more important than their mental and physical conditions. Person-first language shows we value and respect the people who we are talking about. There are two basic rules of person-first language.

1. Put the person first and the condition second. For example, say "I care for individuals experiencing dementia" and do not say "I care for dementia patients."
2. Describe conditions as one (and not the defining) characteristic of a whole person. For example, say "Michele has diabetes" and do not say "Michele is a diabetic."

By using person-first language, you recognize and value the whole person, emphasizing their personhood above any healthcare needs they may have.

Rewrite each statement using person-first language.

Bill is disabled.	
I'm glad the disabled have so many services.	
Joan struggles with cerebral palsy.	
Even normal people use the automatic doors.	
Sal is a dementia patient.	

Identity-First Language

Not everyone prefers person-first language. Some people feel that their condition is an essential part of their identity and may prefer identity-first language. Examples of identity-first language are "I am an Autistic person," or "Deaf people have their own culture."

Everyone has their own preference. Ask the person you care for how they would like to be referred to.

Recognizing the Dignity of Risk

Having control over our own lives is a fundamental human right, and this includes making choices that may not be the healthiest for us. Keep in mind that as a professional caregiver you should always promote good health and safety. But you should also honor your client's personal choice and control.

If it is important TO them to engage in behaviors that are risky, you might have a conversation with them about the possible long-term impact of those decisions. Let them know that you are concerned about them and remind them of your role and responsibility as a caregiver. They are in control, but you care about their wellbeing. If the behaviors are more serious, document them and communicate to the appropriate person like a supervisor or case manager.

In summary:

- Share with your client why you are concerned.
- Ask them if they are interested in discussing alternatives that might be a better TO/FOR balance for them.
- Report more serious concerns to the appropriate person in your care setting (the client's preference will be noted in the service plan).
- If appropriate in your care setting, document your concerns, what you did, and who you reported it to.

For more information about supporting a client's choices, see Self-Determination in Module 4 on page 63.

Celebrating Cultural Identity, Diversity, and Individuality

Individual and group differences make our world interesting and rich. Many viewpoints also give us different ideas and makes our society healthier.

Learning about a person's culture and identity can tell you a lot about who they are and what they prefer. If you have engaged in the discovery process (both self-discovery and discovering the person you support), you may be aware of possible differences. Learn to respect those differences that come from the person's cultural or personal background. What has shaped their perspectives, beliefs, and values? What has shaped your own? For more information, see Module 2, Lesson 2: Honoring Differences on page 21.

Becoming more culturally competent will require you to spend time thinking about yourself and others. Do you or the client have any cultural assumptions and/or biases you are aware of? Do either of you feel that you have privilege or lack a privilege in society? Do your values align with the client's? Do the client's values align with those of the healthcare systems they use?

You shouldn't assume anything about a person based on where they were born, what they look like, or what languages they speak. Instead, learn about them as an individual by spending time with them and asking them to share as much about themselves as they want to.

Supporting People

Think of supporting a client as working in partnership with them. You each bring important knowledge and experience. They are in the best position to understand their needs while you have been trained to support their efforts to meet those needs. By assisting them with their activities of daily living and healthcare goals while honoring their preferences, you support their choice, independence and safety.

Promoting Choice, Direction, and Control

Having control over our own life has a positive effect on wellbeing. Promoting a client's ability to make their own decisions and choices is one of your most important responsibilities.

As you get to know the people you support, you will learn their daily routines and preferences. Each day that you work with them is an opportunity to support their choices about how they receive care and live their lives.

Example:

Mrs. Cortez likes to dress for supper and is particular about her appearance. The blouse she would like to wear is wrinkled and she would like you to iron it, but she is already running very late. Which is a more person-centered approach?

Choice A: Let her know there is not enough time and ask her to please select another blouse.

Choice B: Offer to iron her blouse but suggest that it might make her very late to supper.

Consider how you make choices and control your own life. How would it affect you to lose that control?

Promoting Self-Determination, Self-Direction, Autonomy, and Independence

As a caregiver, you support a client's ability to be independent. Each client will need different kinds and levels of support in their daily life. In some cases, the client will need you to perform the entire task. However, in many cases you will be providing just as much assistance as they need to complete the task themselves.

Think About It

Consider the difference between buttoning a client's shirt for them and helping to steady their hands so they can fasten the buttons themselves.

Some clients will need more support than others. Make sure you know how much and what kind of support the client prefers.

Exercising Power With Rather than Power Over

"Power over" is the practice of "fixing" things as you see fit. It is natural for a caregiver to want to fix things on their client's behalf. Try to resist the urge to do so without asking.

"Power with" means that you support your client's autonomy and independence by asking them if they would like assistance, how much, and what kind.

Try not to think about sharing responsibilities as "allowing" or "letting" the client do something. "Power with" is client-directed teamwork and decision support.

Building Healthy Relationships

Building authentic, healthy relationships with clients makes person-centered interaction possible. This does not mean becoming your client's best friend or doing whatever they want when they want it. You also need to maintain professional boundaries and consider your scope of practice. Work to be transparent, trustworthy, respectful and solve problems in a constructive way. Listening first and being honest when responding is the very best policy. For more information about problem solving, see Effective Problem Solving in Module 3 on page 43.

Facilitating Teamwork

As a caregiver, you are part of a team that works together to support the client. Each client chooses their team, and each team will be different. It will be your responsibility to know and work with your client's team (to include family and informal supports). Consider each person's support role and responsibilities. Help facilitate team interaction and make sure the client retains control.

See Module 4, Lesson 1: The Client on page 57 for more information about care teams.

Tailoring your Care

The term "person-centered care" suggests that you will want to adjust your care practice to each individual's needs and preferences. As you learn about each client and build a relationship with them, you will come to know how best to support them. However, knowing is not enough – you must decide to act on that knowledge. Always pay attention to the effect your support is having on the client. Consider (with your client), what is working? What is not working? Adapt your care as your clients' needs and preferences change. Keep in mind that everyone changes over time. And sometimes we simply change our minds temporarily. Before providing support, re-affirm with your client. If a client's preferences and needs change over time, it is important to notify your supervisor or the client's case manager so the service plan can be updated to reflect current care needs.

Advocating for the Person

Supporting a person includes advocating for them. As a caregiver, you spend a lot of time with your client, and can get to know them well. You have an important role in helping to protect their health, safety, rights, and comfort. For more information, see Module 5, Lesson 1: The Professional Caregiver on page 77.

Encourage your client to self-advocate for quality and equitable care services. Advocate on their behalf when they ask you to. You might help them maintain control of health services, make sure their voice is heard in team discussions, make sure they are engaging in meaningful activities, and work with them to have the community interactions they value.

Summary

You have learned several concepts related to person-centered care. They might be grouped into three broad categories: LEARNING about people, VALUING people, and SUPPORTING people.
We encourage you to explore additional training opportunities as you grow professionally. We hope that you will continue to think about these concepts. We hope that you will actively choose to apply them to your daily caregiving practice. On behalf of all DSHS, we salute you! We are proud of our person-centered caregivers, and proud of the service you provide our clients.

Checkpoint

Try to answer these questions in your own opinion and words. When you have finished, talk about your answers with a classmate or another person.

1. Summarize person-centered philosophy in your own words.

2. Which of the person-centered concepts has the most value to you as a caregiver? Why?

3. Which of the person-centered concepts is most important for a client? Why?

4. What is a person-centered concept you already apply in your daily life? How do you apply it?

5. What challenges or barriers are there to providing person-centered care?

6. Choose one person-centered concept and describe how you will apply it in your caregiving.

Lesson 2
Honoring Differences

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Understand how to provide culturally appropriate care;
2. Describe how cultural background, lifestyle practices and traditions can impact care; and
3. Use methods to determine and ensure that these are respected and considered when providing care.

Key Terms

Bias: tendency, trend, inclination, feeling or opinion that is not necessarily true. Examples include confirmation bias (the tendency to look for evidence to support our own opinions) and similarity bias (the desire to surround ourselves with people who are like us).

Cisgender (adj): a person whose gender identity matches the sex assigned at birth.

Creed: a system of religious belief or faith.

Culture: the customs, language and practices of a specific group of people. Includes views about food, dress, religion, family relationships and roles.

Ethnicity: a grouping of people who share a common culture, religion, language, etc.

Gender Expression: how a person's name, pronouns, clothing, haircut, behavior, voice and/or body characteristics express their gender.

Gender Identity: a person's internal, deeply held sense of their gender.

Heritage: the traditions and culture that we inherit.

Intersex (adj): people whose anatomy and/or genetics show both male and female characteristics.

Mindfulness: being aware of one's own thoughts, emotions, or experiences on a moment-to-moment basis.

Race: a social division of people based on certain physical traits such as skin color.

Religion: a system of beliefs, ceremonies and rules used to worship a god or group of gods.

Rhetoric: language with a persuasive effect that often lacks sincerity or meaningful content.

Sexual Orientation: a person's enduring physical, romantic, and/or emotional attraction to members of the same and/or other sex.

Overview

Honoring differences means respecting a client's culture, background, and individuality. Caregivers should work to become aware of their own biases and take action to overcome them so that they can provide equitable care.

Culturally Appropriate Care

A person's culture often shapes how they see the world. It contributes to their knowledge, preferences and beliefs. It can affect choices about food, clothing, spirituality and communication. Providing culturally appropriate care helps clients to live in a meaningful and fulfilling way. It also improves quality of care and leads to better health outcomes.

To care for clients in a culturally appropriate way, caregivers must understand and respect each client's unique individuality. Caregivers also need to understand how their own cultures, environments and identities influence their beliefs and behaviors when caring for a client.

Identity and Individuality

Each person is a unique and worthwhile individual. This uniqueness comes from a lifetime of experiences influenced by such things as:

- race and ethnicity,
- cultural background,
- religious upbringing and beliefs,
- gender,
- sexual orientation,
- marital status,
- education,
- economic status,
- social groups, and
- physical, mental, and/or sensory disability.

All these factors intersect to influence:

- the social privileges a person enjoys or the discrimination they experience,
- how they see the world,
- what they believe in and value,
- what they consider as acceptable ways to look and act, and
- what they consider "normal."

Intersectionality

Intersectionality is the idea that cultures and identities overlap. Certain groups of people experience discrimination more than others. This inequality intensifies when a person belongs to a combination of disadvantaged groups. Some people may experience privilege in some areas and disadvantage in other areas. For example, a Black woman may experience discrimination like other Black people or other women. Also, she experiences unique combinations of discrimination as a Black woman.

Cultural Self-Reflection

Caregivers bring their own identity and individuality to the caregiving relationship. Before you can honor and respect a client's identity and culture, you need to be aware of how your own background and life experiences shape your view of the world. Think about the aspects of your individuality below. For each item, consider how it may affect your beliefs, behavior, values and attitudes.

**This activity was adapted from the ADDRESSING model in Addressing Cultural Complexities in Practice by Pamela A. Hays.*

Getting to Know the Client

Get to know each client as a unique individual. Your effort to learn about and understand them will help build trust and respect. It will also help make the client feel appreciated and accepted. Getting to know a client also tells you what behavior they consider respectful and appropriate. This helps you avoid unintentionally offending a client or other misunderstandings – especially when you first begin working together.

To learn more about your client, ask questions of other care team members and pay attention to any clues from how they act, dress, relate to others and/or items of importance displayed in their room or home. You can also ask questions of the client directly. Be aware that a client may have a different view of what types of questions are respectful and appropriate.

How might a client's culture, life experience and religious beliefs influence their choices and preferences in care? Consider topics like food, clothing, communication and touch.

Cultural Humility

Providing culturally appropriate care is more than having knowledge about various cultures. In fact, relying on knowledge alone can lead to stereotyping and incorrect assumptions.

Work to identify the stereotypes you may hold about groups of people. Question those stereotypes and commit yourself to not using stereotypes to judge other people.

Learning about caring for people from diverse cultures is a life-long process. Always keep an open mind and be willing to listen and learn about clients as individuals. Accept that your knowledge and beliefs are only one way to see the world, and that other ways may be as valid as yours.

Bias

Bias is a natural function of our minds that helps us make sense of our complicated world. It allows us to make quick decisions based on a limited amount of information. Biases can be positive or negative, and either conscious or unconscious.

Your reactions and feelings towards other people, especially people who are different from you, happen automatically based on beliefs and values learned from your own culture, environment and life experiences.

Biases can have a profound negative effect on client/caregiver relationships as well as quality of care and health outcomes. However, there are some ways to overcome bias, even if it is unconscious.

Explicit vs. Implicit Bias

Explicit bias exists when a person is aware of their prejudice and attitudes towards certain groups. Overt racism and racist comments are examples of explicit bias.

Implicit bias is unconscious. We are not aware that we have these biased feelings. We may not recognize how they affect our actions, attitudes and decisions. Implicit bias might make you assume that a doctor you have not met is a man.

Everyone has implicit biases. They develop over our lives from what we see, hear and experience. Even people who believe they have no prejudice have implicit biases.

Research shows that there is implicit bias in the general population of the United States. This bias is about gender, age, sexual orientation, ethnicity, race, religion, disability and other factors. This bias favors white, young, abled, straight, male, cisgender and thin people.

Negative Effects of Implicit Bias

Implicit biases can influence how you talk to, look at and do things for a client. This can result in lower quality of care and worse health outcomes for people about whom you may have negative implicit biases.

The following are examples of health disparities that have been linked to implicit bias among healthcare professionals:

- Asian Americans are more likely than any other population to die from cancer, but they are the least likely to be recommended for cancer screening.
- Black women are less likely to be screened for cervical cancer.
- Although women have more chronic pain and are more sensitive to pain, women's pain reports are taken less seriously than men's, and women receive less aggressive treatment than men for pain.
- African American patients experience much higher infant mortality rates than non-Hispanic whites.

It is important to be aware of and question how your beliefs and values impact your interactions with others. Remember that differences are neither good nor bad. It is how you react to them that is the key.

Stay alert for signs that unquestioned biases are impacting your actions with a client, including:

- negative judgments about a client's choices, lifestyle, etc.;
- viewing a client's cultural preferences as unimportant;
- being impatient or not open-minded about a client's needs; or
- making jokes regarding a client.

Bias in Long-Term Care Settings

Explicit and implicit bias can lead to discrimination, bullying and other mistreatment. Because of this, some clients may hide certain parts of their identity, such as their religion, heritage, or sexual orientation from caregivers or other residents. Part of your role as a caregiver is to help make sure each client feels welcomed and safe.

Reducing Implicit Bias

Since implicit bias is unconscious, it is challenging to identify and reduce it. However, there are some steps you can take to unlearn implicit bias.

1. Discover your own implicit biases by taking implicit association tests: implicit.harvard.edu/implicit/
2. Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing. The more relaxed you are, the less your mind will rely on quick, automatic reactions.
3. Watch yourself for stereotyping. When you hear rhetoric that stereotypes groups or people or catch yourself making assumptions about a person because of their culture, race, etc., try to refocus on the individual and their personal attributes.
4. Challenge and dispute stereotypes. Spend time thinking or imagining people who break the typical stereotypes associated with their groups.
5. See things from their point of view. Imagine yourself to be a member of the stereotyped group.
6. Seek opportunities to have meaningful positive interactions with people from other groups. Personal experience with stereotyped groups improves our attitudes and interactions with those groups.

Respecting Sex and Gender Identity

Sexual orientation and gender identity are key parts of a person's sense of self. The freedom to be ourselves is essential to our quality of life. People who are part of the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities may not feel safe to live openly. They may hide their identities to protect themselves from mistreatment. As a caregiver, you can help each client feel safe and welcomed in full recognition of who they are. Exactly like you want to be welcomed and recognized regardless of differences.

LGBTQ Population and Demographics

In 2020, About 5.6% of U.S. adults identified as lesbian, gay, bisexual, transgender, or something other than straight or heterosexual. People who are LGBTQ live in communities of all sizes across the country. They come from all backgrounds, cultures and life histories.

Chances are that some of the clients you work with are LGBTQ even if they have not told you. It is important for you to be intentionally welcoming to people of all sexual orientations and gender identities.

Disparities in Long-Term Care

LGBTQ individuals and their communities are amazingly strong and resilient. They have overcome generations of discrimination, criminalization and marginalization by mainstream society. Nowadays, more LGBTQ people can safely live "out of the closet" or openly about their sexual orientation and gender identity.

However, this community still faces discrimination and disparities in many areas of life. One reason that LGBTQ older adults may not be open about their sexual orientation or gender identity is because they face high rates of discrimination and abuse in long-term care.

According to *LGBT Older Adults in Long-Term Care Facilities Stories from the Field (2015)*:

- 23% of respondents had experienced verbal or physical harassment from other residents;
- 14% had experienced verbal or physical harassment from staff;
- 9% had experienced staff refusing to refer to a transgender resident by the correct name or pronoun; and
- 6% had experienced staff refusing to provide basic services or care.

As a caregiver, you should be committed to treating everyone equally. This means understanding LGBTQ concepts and issues, and acting in a way that supports all people, whether they identify as LGBTQ or not.

Best Practices for Creating a Safe Environment

In your role as a caregiver, you have the power to support each client's safety and quality of life. There are specific practices you can follow to make sure you are supporting the quality of life for clients who are LGBTQ.

DO	DO NOT
Assume that some of the clients you work with are LGBTQ.	Assume someone is heterosexual and/or cisgender.
Remember that people who are LGBTQ may be married, partnered, or single and have children.	Assume that you can tell if someone is LGBTQ by judging their looks, behavior, family structure, voice, or way of speaking.
Protect every person's privacy and confidentiality.	Talk about someone's sexual orientation or gender identity to other people.
Learn and use respectful language for sexual orientation and gender identity.	Use terms in a derogatory or negative way or tell homophobic or transphobic jokes.
Honor each person by using the name and pronouns they gave you.	Misgender people by ignoring the name and pronoun they gave you– this is a mistreatment and isolates the individual.
Remember that there are a wide range of relationships. A person may have a "wife," "husband," "partner," "boy/girlfriend," "roommate," or "spouse," for example.	Make any assumptions about a person's family or support system. Avoid questions that assume relationship status such as "is she your sister?"
Accept that body parts do not define a person's gender identity. Both men and women might have male anatomy, female anatomy, or a combination of both (such as people who are transgender or intersex).	Act surprised if a client you are assisting to dress, toilet, or bathe has anatomy that does not match your idea of their gender.

Respectful Language

Language evolves, and the meanings and usage of words change over time. It is important to know which words are respectful when talking about people. This is especially true if those people have experienced a history of discrimination.

L – Lesbian: A woman who is emotionally, romantically, or sexually attracted to other women.

G – Gay: A man who is emotionally, romantically, or sexually attracted to other men. Also an umbrella term for people who are LGBTQ.

B – Bisexual: A person emotionally, romantically, or sexually attracted to more than one gender.

T – Transgender: An umbrella term for people whose gender identity is different from the sex assigned at birth. Transgender is a description of gender identity rather than a sexual orientation. People who are transgender may be of any sexual orientation.

Q – Queer: A term people use to express fluid identities and orientations. Often used interchangeably with "LGBTQ." "Queer" was previously used as a slur, and not everyone is comfortable using it. "Q" may also stand for "Questioning." This describes people who are exploring their sexual orientation or gender identity.

There are many other words that describe gender identity and sexual orientation. Online resources help you learn respectful terms. These include: hrc.org/resources/glossary-of-terms and lgbtq.wa.gov/data/general-information-and-definitions

The most respectful way to refer to someone is by using the terms and names that they use. Listen to them carefully and ask them respectfully to find out the correct terms.

Honoring Gender Identity

A person's gender identity is their inner concept of self as male, female, a blend of both or neither. The way people express their gender identity varies from person to person. Clothing, hairstyle, voice and behaviors are all ways to express one's gender identity. However, you cannot know someone's gender by the way they present themselves.

Honoring a client's gender identity is one of the most powerful things a caregiver can do to make them feel safe and respected. Home Care Aides should support a client's choices of clothing and hairstyle, use the names and pronouns that the person uses, and be aware of the diversity of anatomy that people may have.

Anatomy and Transgender

People who are transgender have a different gender identity than the one assigned at birth based on physical features. They may or may not have had surgeries to change their physical bodies to match their gender identities. This means that, for example, a woman who is transgender may have features of male anatomy such as a penis.

As a caregiver, you need to be aware of these possibilities because they can impact a client's care needs. For example, a man who is transgender may need assistance with menstruation products. Remember not to make assumptions about a client's physical body and needs based on their gender expression.

Pronouns

Most people use pronouns that match their gender identity. You may politely ask someone (preferably in private) what their pronouns are, but do not try and force anyone to share. One way to make a welcoming environment is share your pronouns when you first meet someone.

Make sure you always use the names and pronouns that the client gives you, even when they are not present. This shows respect and support for their gender identity. If you don't know what pronouns to use for someone, using "they/them" is respectful. Never call a person "it."

Pronouns include:

- He/him/his/himself
- She/her/hers/herself
- They/them/theirs/themselves

You may also hear other pronouns:

- Ey/em/eir/eirs/emself
- Ze/hir/hir/hirs/hirself

Finally, there is a gender-neutral title that is an alternative to Mr., Mrs., Miss, and Ms. It is "Mx." (pronounced "mix.")

Making Mistakes

If you accidentally use the wrong name or pronoun with someone, simply apologize, correct yourself, move on, and practice on your own for next time. Most people will appreciate that you are trying to be respectful even if you make a mistake.

For more information on pronouns and their use, see: uwm.edu/lgbtrc/support/gender-pronouns/

Summary

Each person's identity and values are based on a lifetime of experiences. Our cultures and individuality influence how we see the world and treat others.

Caregivers should reflect on how their own identity, culture and values affects the care they provide, and watch themselves for hidden biases and judgments. Caregivers should approach each client with acceptance and respect, learn about them as a person and tailor their care to meet the client's specific needs.

Checkpoint

Try to answer these questions in your own opinion and words. When you have finished, talk about your answers with a classmate or another person.

1. What aspects of your culture or life experiences most strongly influence your values?

2. Which of your values influence how you provide care?

3. What might be some of the challenges providing culturally appropriate care? How could you overcome these challenges?

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

4. What are three specific ways you can get to know more about a client's cultural preferences?

5. What are three different ways to reduce implicit bias?

6. Why is it important to be welcoming to people of all sexual orientations and gender identities, even if you do not think you work with someone who is LGBTQ?

Module 3: Communication

Learning Goal

Home Care Aides will use effective strategies to communicate in a respectful and appropriate manner with clients, family members, and care team members.

Lesson 1: Basic Communication

Lesson 2: Overcoming Challenges to Communication

Lesson 1
Basic Communication

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Engage and show respect for the client through verbal and nonverbal communication;
2. Listen carefully and determine that the client, when able, understands what has been communicated;
3. Recognize and respond to the client's communication including signs of pain, confusion, or misunderstanding;
4. Recognize how verbal and nonverbal signals impact communication with the client and care team;
5. Use strategies to overcome common barriers to effective communication; and
6. Use an effective method for solving problems.

Key Terms

Active listening: a way of listening where the listener gives the speaker their full attention and observes not only their words but also nonverbal cues like body language and tone.

Body language: nonverbal communication through conscious and unconscious gestures and movements.

Brainstorming: freely creating many ideas or solutions without criticism or evaluation.

Empathy: the ability to understand and demonstrate sensitivity to the feelings of another.

Feedback: our response or reaction to the messages we receive.

Nonverbal Communication: communication without words, including body language, gestures, and facial expressions.

Overview

Good communication is essential to caregiving. It helps you build trust and respect with the client and other members of their care team. It also allows you to get the information you need to do your job well.

Communication is more than a verbal exchange. It involves our values, emotions, attitudes, actions, and relationships. The way we communicate is influenced by our past and varies from person to person.

A Home Care Aide may have to overcome challenges to communication. Keeping an open mind and using effective communication strategies will improve the care that you provide and make your job more enjoyable.

Clear and respectful communication is required whenever you provide personal care assistance. See Communication and Client Rights in the Skills Checklists on page 420 for more information.

How do you like to communicate?

What is important to you when you are talking with someone?

What communication challenges do you think a Home Care Aide might experience?

Listening

Listening is a fundamental skill for Home Care Aides. Effective listening helps you learn about the client and their needs. Moreover, listening itself is a powerful caregiving technique. Becoming a good listener takes effort and practice. You must have the desire to connect with the client and understand them as a human being. Be open to new ideas, maintain an attitude of respect, and try to see things from a different point of view. The listening skills you develop for caregiving will also help you in other parts of your life.

How would you describe someone who is a good listener? How about a bad listener?

How does it make you feel when someone listens to you carefully?

Active Listening

Active listening is way of communicating that focuses on the message and feelings of the other person. This is good for both the listener and the speaker. Active listening helps you:

- connect with the other person,
- better understand their message,
- recognize what they want you to do, and
- show and receive respect.

When you focus on listening to someone, they feel valued and important. Active listening shows that you want to pay attention and understand. People are more likely to talk with you and let you assist them if they feel you truly listen and understand them.

Active listening takes energy, practice, and concentration. Listen with your whole self actively involved. Pay attention to the content, feelings, and body language of the person speaking.

Active Listening Self-Evaluation

We all have areas where we can improve. When listening to others, rate how often you do the following. (Mark each item "never," "sometimes," "often," or "always.")

1. Daydream or think about other things instead of listening?
2. Think about what you're going to say instead of listening?
3. Judge the person or their message based on your own values?
4. Interrupt or talk over the person?
5. Let your emotions distract you from paying attention to the other person?
6. Stop what you are doing to listen?
7. Give the person your complete attention?
8. Make sure your body language shows you are listening (make eye contact, nod your head, lean towards the person)?
9. Make sure you fully understood what the person has said?

Seven Keys to Becoming an Effective Active Listener

Silence is key! 1
Sometimes, waiting quietly is the best thing you can do. Give the other person time to think about what they want to say.

See things from the other person's point of view. 2
Try to understand things from their point of view. Think about their opinions, values, and history and how that context might influence their understanding or viewpoint.

Show the person you want to hear them. 3
Face the other person and keep good eye contact. Position your body at eye level so they do not have to look up at you. Keep a relaxed posture. Nod your head and add comments that let them know you are listening, such as "I see," and "Mm Hmm."

Give the person your full attention. 4
Focus on the other person and try to limit distractions. If possible and appropriate, stop what you are doing. Ask for permission to turn off the TV or close the door.

Be patient and respectful. 5
Don't interrupt. Give the other person time to finish before you jump in. Let the conversation be at their pace!

Watch your own emotions 6
If you have a strong emotional reaction to what you hear, be sure to listen carefully. Take a deep breath and relax. When you are emotional, you can miss critical parts of what someone tells you. Stay aware of your body language. You are likely to send negative messages if you are upset.

Make sure you understood the message. 7
As a listener, there will be times when you are confused or not sure you fully understood what the speaker is trying to communicate.

The following are ways to confirm that you understand what the speaker is saying.

- **Restating:** In your own words, restate the speaker's ideas. This will help make sure you got the message as they intended it. You don't have to agree with what they say in order to do this effectively.
- **Clarifying:** Ask questions and get more information if you don't understand something. Don't wait and risk your confusion growing into a larger misunderstanding. Use phrases such as "I am confused by this point," "I need more information to understand what you have said," or "can you show me?"
- **Validating:** If the person is upset, use your own words to acknowledge their feelings. For example, you could say "It sounds like you are frustrated."

Recognizing Nonverbal Communication

The words people speak (verbal communication) give us only part of their message. In fact, people communicate much of their message in nonverbal ways. Nonverbal communication includes tone of voice, facial expression, posture, body movement, and nonverbal vocalizations such as groans and sighs.

There are many reasons that a client might not express their feelings or thoughts verbally. They may avoid a subject because it is embarrassing or difficult for them to talk about. In some cases, their condition may make verbal communication difficult or impossible. Home Care Aides must learn to recognize each client's nonverbal communication so that they can identify the client's needs and respond appropriately. Learning to identify non-verbal signs of pain and confusion from the client is particularly important.

Signs of Pain

- **Vocal nonverbal complaints:** groans, moans, cries, whines, gasps, sighs
- **Facial expression:** grimaces, winces, sad worried look, frightened or distorted expression, furrowed brow, narrowed eyes, rapid blinking, clenched teeth, tightened lips, jaw drop
- **Bracing:** tense, guarding, muscle stiffness, clutching or holding furniture or equipment for support, changes in gait, favoring affected area during movement
- **Restlessness:** constant shifting or changes in position, rocking, inability to keep still, intermittent or constant hand motions/ fidgeting, pacing
- **Rubbing:** massaging affected areas
- **Changes in behavior:** Agitation, irritability, confusion, resistive behavior, insomnia, combativeness, anger, depression, withdrawal from interpersonal activities, or changes in appetite, usual activities, or ability to perform activities of daily living

Signs of Confusion

- **Facial expressions:** frowning, brows drawing together, lines forming between the eyebrows, blank gaze
- **Emotional:** agitation, anxiety, fear, frustration
- **Behavioral:** indecision, inattention, lack of motivation, becoming quiet, withdrawn, nervous, upset
- **Physical:** shifting or shuffling, slurring words or having long pauses during speech, restlessness
- **Cognitive:** struggling to focus, forgetfulness, misperceptions, disorganized thinking, fluctuation in level of consciousness, lacking awareness of location or time
- **Vocal:** mumbling or saying things that don't make sense

Some nonverbal expressions are universal human traits. However, facial expressions, gestures, and vocal reactions can be different from culture to culture. Furthermore, our own individual biases affect how we perceive people based on physical characteristics. You should be aware of the signs above, but never assume your interpretations are correct without confirming them with the client.

Listening with Empathy

Usually when we listen, we think about it from our own point of view. We ask ourselves questions like "Is that right or wrong?" This kind of listening is judgmental and very useful to us in our daily lives. "Listening with empathy" means listening to someone else, feeling their emotions, and understanding entirely from their point of view. This kind of listening, without judgment or advice, can be very helpful to the other person.

Which of these conversations is an example of listening with empathy?

Conversation A

Jesse: I do not like my neighbor. His dog barks all day, and his front yard is a mess.

Pham: That's terrible. Why don't you go tell him how you feel? Maybe he will take care of it.

Conversation B

Luis: The food here is terrible. I cannot eat what I want.

Idrisa: That sounds frustrating. That must take the enjoyment out of dinner time.

In the first conversation, Pham makes a judgment about Jesse's problem, and gives him advice. This is not an example of listening with empathy. Pham's advice may not be helpful to Jesse, and by giving the advice, she takes the focus away from Jesse's feelings. Conversation B is an example of listening with empathy because Idrisa tries to see things from Luis's point of view and focuses on his emotions.

Many of the issues that people experience do not have easy solutions. Even though you are unable to solve these problems, you can help just by listening and trying to understand. When people know that you listen to them and understand their emotions, they will feel better. This experience can help you develop trust and an emotional connection.

Exercise for Listening with Empathy

Instructions: Listening with empathy takes practice. Read the statements below and write an empathic response for each one. First, identify the emotion that the person is feeling and restate it. Then, identify something that is Important TO that person based on their statement.

Example: "I feel like I am treated unfairly at work. My boss is favoring other employees by assigning them more interesting work and making me do the same tasks over and over again."

Restate the emotion they are feeling: That must be frustrating.

Confirm what is Important TO them: It sounds like you enjoy being challenged by your work.

1. "I am trying to save money, but it seems impossible. I have tried lots of things and nothing seems to work."
   Restate the emotion they are feeling:
   Confirm what is Important TO them:
2. "My children do not understand how I feel – they will not listen to me."
   Restate the emotion they are feeling:
   Confirm what is Important TO them:
3. "I do not feel ready for the changes that are happening in my life right now."
   Restate the emotion they are feeling:
   Confirm what is Important TO them:
4. "I need this to happen now. I do not have time to wait."
   Restate the emotion they are feeling:
   Confirm what is Important TO them:
5. "Stop trying to help me. I am fine on my own."
   Restate the emotion they are feeling:
   Confirm what is Important TO them:

Managing Your Communication

In addition to good listening skills, effective communication also requires that you are mindful about how you express yourself. In fact, many of the messages you send to others are through your body language and tone of voice. These can be sources of communication problems at work and at home.

How we communicate through our body language is the result of habits formed over a lifetime– whether you are aware or not. Becoming more self-aware of your body language and tone of voice is the first step in identifying and improving your communication habits.

Effective Use of Body Language in Caregiving

Body language communicates your emotions and the inner meaning behind your words. Make sure your body language communicates respect and engages a client.

Emotions can be difficult to hide. Others may pick up on any strong emotions you are feeling - even if you think you are doing a good job of hiding them. It only takes an instant to communicate emotions like anger, boredom, disgust, or disrespect. Remember that body language varies from culture to culture. Learning the cultural expectations of populations you care for can help you avoid misunderstanding. This will also improve the quality of the care you provide.

Gesture

- Your gestures should be relaxed and not be distracting.
- Use smooth, and open-palm gestures.
- Avoid gestures that communicate tension or disrespect (e.g., tapping your feet, drumming your nails, etc.).

Posture

- Hold yourself in a way that looks natural, approachable, and confident.
- Stand at a comfortable distance from the other person (about an arm's length). The amount of distance that is comfortable depends on the person. If in doubt, ask!

Facial expressions

- Use pleasant, calm, friendly facial expressions.
- Match your facial expressions to your spoken words.
- Smile (if appropriate).

Check yourself frequently during the day to see how much tension you feel in your face. If you notice tightness or stress there, chances are you may be communicating that you are stressed, upset, or tense. Relax the muscles in your forehead and around your eyes and mouth. Taking several deep breaths can be a good, calming tool.

Eye contact

Good eye contact helps you connect to another person, show your sincerity and openness, and keep another's attention. In many cultures, maintaining eye contact while speaking with someone is considered respectful, and shows attentiveness and interest. In other cultures, it is a sign of disrespect and aggression.

- Make appropriate eye contact with the other person (their culture influences what is appropriate for them).
- Whenever possible, sit or stand at the same eye level of the person you are talking to.

The next time you talk to someone, analyze your own body language:

What gestures do you use? What do they mean?

What is your posture? How is it related to your emotions?

How do you move your face as you feel emotions?

How much eye contact feels comfortable?

Effective Use of Your Spoken Words

Make sure the words you use, and your tone of voice are thoughtful and show respect for the other person.

- Think about what you want to say before you speak.
- Use simple words and common terms you are sure the other person understands.
- Make one point at a time.
- Avoid rambling and meandering speech - make your points sharp and clear.
- Clearly pronounce each word without mumbling.
- Avoid using slang words or swearing.

Tone of Voice

- Use a respectful and calm tone.
- Do not speak to a client with tones you would use with a child.
- Use the mid-range of your voice.

Pace of Speaking

- Speak at a speed which is comfortable for the other person. A client may need you to speak slowly as they may need more time to process information. When in doubt, ask. "Am I going too fast? I will be happy to slow down."

Volume

- The client should be able to hear you easily without straining.
- Do not speak too loudly. This can seem being pushy or irritating.

You don't always have to use words. At times, saying nothing can be the best thing. A simple caring gesture might be the best message you can communicate.

Matching Your Body Language with What You Say

People believe and trust you when your words, body language, and tone of voice all communicate the same thing. When your messages do not match, the listener may become confused or suspicious. They may view you as untrustworthy or dishonest. This can hurt your working relationship with a client or other care team members.

Imagine that you want to show someone that you are happy to help. What combination of words, tone of voice, and body language could you use to send that message?

Making Sure Your Message Has Been Understood

For you to communicate effectively with a client or other care team members, the listener needs to understand your message the way you mean it. There are three ways to make sure your message is understood correctly. You need to:

1. pay attention to how your message was received (feedback),
2. communicate in ways that work best for the client, and
3. try again if it looks like the client misunderstood the message.

Feedback

Look for feedback to make sure the listener understands your message correctly.

- Watch a person's body language. Do you see a puzzled look or a nod of understanding? Body language gives you important feedback. Good observation skills are important here.
- Ask for it: "Do you have any questions?"
- Pay attention to the client's verbal response. Does it match the type of response you expected? Does it match what their body language is communicating to you?

Communicating in Ways that Work Best for the Client

As you get to know the people who you support, you will learn what is important to them and how they like to communicate. If you communicate in a way they prefer, it will be easier for them to understand you. This will help you avoid miscommunication and confusion and create a good relationship .

To learn how a client likes to communicate:

- Listen for the words and phrases they use.
- Pay attention to how the client handles new information. Do they want to write it down, try it, read it, hear it, etc.?
- Ask them directly, "Would it be better if I wrote this down for you or should I remind you before I leave?"

Try and Try Again

Sometimes our first attempt at communication fails. However, it is important that you do not give up. Good communication prevents mistakes and misunderstandings, and it helps us build positive relationships. Keep trying new ways to communicate until you find one that works.

Communication Checklist

Practice these skills in your daily communication. When you feel you have mastered a skill, check it off the list.

- ❑ My gestures and facial expressions create a feeling of openness and respect.
- ❑ My posture looks natural, approachable, and confident.
- ❑ My eye contact is appropriate.
- ❑ The words I choose are thoughtful and understandable by the client.
- ❑ My tone of voice is calm, with pace and volume appropriate to the client.
- ❑ My body language matches my message.
- ❑ I make sure the client understands my message the way I mean it.

Barriers to Effective Communication

Barriers to effective communication are situations or behaviors that make communication more difficult. These can interfere with communication with the client or other care team members.

Environmental Barriers

Environmental barriers are distractions, interruptions, and physical issues that interfere with communication. Some examples include:

- noise from a loud television, radio, etc.,
- other people walking in and out of the room,
- phones ringing or buzzing, and
- uncomfortable temperature or poor ventilation.

Reducing Environmental Barriers

- Choose a time that works best for your client (e.g., when they are fully awake, alert, and comfortable).
- Turn down the television or radio volume (politely ask for permission).
- Silence your cell phone while having a conversation with a client.
- Make sure the environment is comfortable (temperature, lighting, noise, etc.).
- Go to a different place where there are fewer distractions, interruptions, or more privacy.

Communicating through Masks

Communicating while wearing masks may be challenging for both clients and Home Care Aides. Getting the client's attention first, speaking slowly and clearly, and using body language can help.

Conversational Bad Habits

Conversational bad habits are behaviors that immediately stop or interfere with good communication. Three common conversational bad habits are imposing your point of view, advising, and avoiding. You should be aware of these habits while working with a client or other care team members.

Imposing your Point of View

When you impose your view on the speaker, the other person often ends up feeling defensive and misunderstood, as if you have overridden their views. You can impose your point of view in many ways:

- **Judging:** "This would not have happened if you were not so..."
- **Name-calling:** "You are being a baby."
- **Ordering:** "Go do this right now!"
- **Threatening:** "If you do not do this, I will not help you."
- **Using offensive language**

Verbal or nonverbal actions that threaten, humiliate, harass, coerce, intimidate, isolate, unreasonably confine, or punish a vulnerable adult are considered mental abuse. Mental abuse may include ridiculing, yelling, or swearing. See Module 5: The Caregiver on page 101 for information on preventing abuse and mistreatment.

Advising

Advising is when you automatically step in to solve the client's "problem." Even though you want to help, you can actually make things worse. The client may not think there is a problem, or your understanding of it might be incomplete. The client can end up feeling resentful or put down. Avoid saying things like, "If I were you, I would…" or "Why don't you fix the problem like this?"

Avoiding

Avoiding is when you change the subject because you are uncomfortable, bored, or just do not want talk about something. Changing the subject or drawing attention to yourself are examples of avoiding a conversation. Avoid saying things like, "Let me tell you about something similar that happened to me..." or "Well, enough about that, did you see that show on TV last night?"

Why is it important to stay focused on the client instead of drawing attention to yourself?

When do you, as the caregiver, have an opportunity to express yourself?

How are these conversational bad habits related to Listening with Empathy?

Think about a person you know who is difficult to talk with. How could they improve their communication skills?

Do you have any conversational bad habits you would like to change?

Navigating Challenging Communication

Although conflict with others can be uncomfortable, conflict itself is not always bad. Conflict can be positive when it helps people:

- clarify important problems and issues,
- resolve a problem,
- release emotions in a healthy way, and
- reach a place of trust and understanding.

Unresolved or poorly handled conflict or problems can be damaging and even dangerous to you or a client's emotional and/or physical well-being. However, good communication and active listening skills help in conflict or problem situations.

Dealing with Challenging Behaviors

Challenging behaviors in others can make your life miserable if you let them. Since you cannot change the other person, learn to focus on changing the way you respond to them.

Practice these steps when you are faced with challenging behaviors:

1. **Stop** yourself from reacting with negativity.
2. Get **calm and balanced**.
3. Make a conscious choice of how you want to **respond**.

The client's service plan may have instructions for handling challenging behavior. Always document and report any changes in a client's behavior so the service plan stays up to date.

1. Stop Yourself from Reacting

Reactions are emotional actions without thought. When faced with negativity, our natural instinct is to react with negativity. This only makes the problem bigger. Train yourself to recognize when you are reacting, and follow these steps to stop your automatic negative reactions:

1. Pause and be still for a few moments.
2. Take two or three deep breaths.
3. Remind yourself that you are in control.
4. Stay focused on achieving what you want.

2. Get Calm and Balanced

Once you have stopped your automatic reaction, the next step is to calm yourself and get balanced. There are a variety of ways to do this. Practice so you can use them successfully when you need them most:

- Take a few more deep breaths.
- Count to ten.
- Detach yourself from the emotions of the situation.
- Recognize it is not about you.
- Focus on the behaviors that are challenging, not the person.
- Repeat a positive phrase to yourself (e.g., "I am calm and centered").
- Imagine a scene, person, or experience that gives you a feeling of calm.

If you are still unable to get yourself calm and balanced, take a brief time-out (if possible, in your situation) or ask for help. It is better to walk away for a few minutes and collect yourself than to risk reacting and making the situation worse.

3. Make a Conscious Choice of How You Want to Respond

Responding is action with thought. You are ready to respond when your breathing is normal, you are aware of yourself, and you have an idea of what to do. Try to respond to the cause of the negative behavior rather than the behavior itself. Here are some possible causes to look for:

- **Physical** problems, such as pain, discomfort, dehydration, fatigue, constipation, hunger or thirst

If you are concerned about a client's medical condition, always contact the appropriate member of the care team. Get help!

- **Environmental** issues, such as temperature, noise, lighting, or a lack of privacy
- **Emotional** triggers, such as a disruption in routine, depression, recent loss, or difficulties with other people

Remember that the challenging behavior is probably not about you. Behind every challenging behavior is a person in need. Do not take it personally and try your best to meet people where they are. If you can respond to the need, rather than the negative behavior, you may be able to resolve the conflict in a positive way.

Finally, make sure you take care of yourself during and after challenging situations. Be patient with yourself. Look at each difficult exchange as a lesson in how to deal with others and remember that you are not alone. You can always ask for help when you need it.

Think of a challenging situation you have experienced with a person or in your own life or job.

- What were some of the emotions you felt?
- What did you do to get calm so that you could focus on handling the situation?
- Was there a physical, environmental, or emotional cause?
- How could you have handled the situation differently for a more positive result?

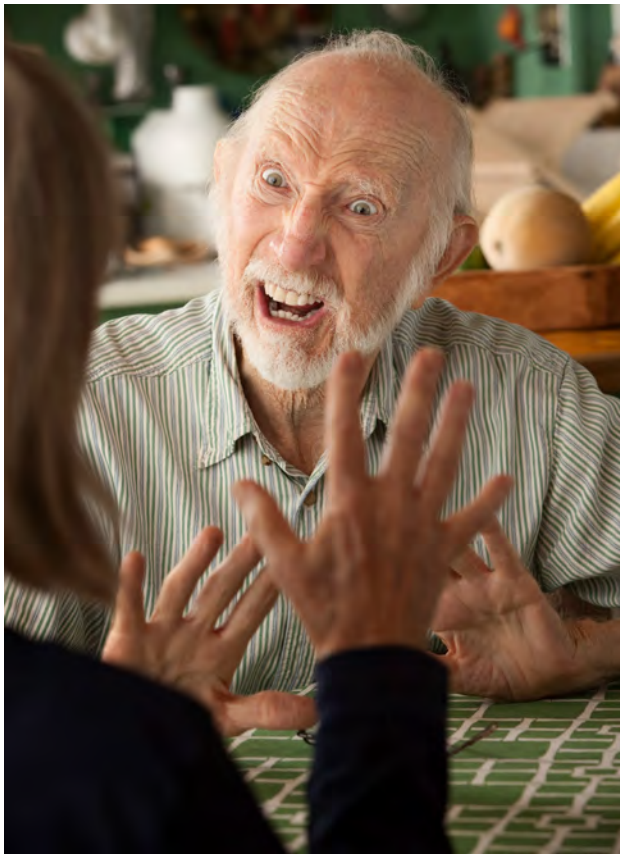
Tips for Dealing with Specific Challenging Behaviors

Some caregivers may be in situations where a client's difficult behavior becomes more extreme. These difficult behaviors can include things like a client becoming angry, violent, sexually inappropriate, or disrespectful.

This may be caused by several factors.

- Their disease or condition
- Side-effects of medication
- Environmental factors (e.g., too much noise or distractions)

For more detailed strategies, see Tips on Handling Difficult Behaviors in the Resource Directory on page 339.



Effective Problem Solving

Effective problem solving is a key skill for Home Care Aides. This method of problem solving follows four steps:

1. Understand the problem.
2. Brainstorm possible solutions.
3. Pick a solution, make a plan, and do it!
4. Get feedback about how it worked.

By becoming more aware of these steps, you can use them to solve many problems that come up at work.

Step #1 – Understand the Problem

What is the real problem, and what is causing it? Gather information and think about what is happening. Stop and identify:

- what is happening,
- when is it happening,
- with whom is it happening, and
- why is it happening?

Keep asking "why" until you get to the root of the problem.

Things to Remember

- Remain open-minded.
- Be as specific as possible.

Things to Avoid

- Do not try to solve a problem before having a good understanding of what the problem is.
- Try not to react emotionally to a problem right away.
- Do not focus on a symptom of the problem instead of the cause of the problem.

Problem Solving with Others

Each person involved needs to share their perspective and perception of the problem. The goal of this sharing is to reach a common agreement of what the problem is. It works best if the problem is viewed as something to solve together, not a battle to be won. Often, a problem will be redefined or even resolved as it is discussed.

Step #2 – Brainstorm Possible Solutions

To get to the best solution, consider many possible options. One of the best ways to do this is brainstorming. If the problem involves others, include them in the brainstorming process. Together, come up with as many solutions as possible. Even silly ideas can be the seeds of a great solution.

Things to Remember

- Be creative when coming up with options.
- Don't stop with the first couple of options – keep thinking.
- Respect all ideas. This is not the time to evaluate them.

Things to Avoid

- Do not limit yourself to using the more obvious solutions; be creative.
- Do not stop brainstorming after one or two options: list as many as possible.

Step #3 – Pick a Solution, Make a Plan, and Do it!

Look at the positives and negatives of each option before making a decision. Pick what you think is the best option and plan out how you are going to do it. It may be that the best choice is obvious or that you will have to decide which solution has the best chance of solving the problem.

Choosing a Solution Together

When solving a problem involves other people, agree on what criteria will be used to decide which solution to try. This could include taking a vote and letting the majority rule, agreeing the entire group must reach consensus, or evaluating and rating each idea against a set list of criteria.

Pick an option/solution that is fair and beneficial to everyone and focuses on the best solution. This will help the group avoid a contest of wills where the strongest person wins. Make sure everyone is clear about what steps or actions they need to take to resolve the problem. Each person needs to be committed to taking these actions.

Things to Remember

- Make the client's preferences and needs the priority.
- Think about the resources you have available (time, money, desire of others, energy it will take to get it done).
- Think through how the plan and solution will affect other people.

Things to Avoid

- Do not select the easiest solution just because it requires less effort.
- Do not ignore any of the effects of the plan and solution.
- Do not skip steps when you make the plan.

Step #4 – Getting feedback

The final step of problem solving involves getting feedback. Ask yourself and the people involved how the solution is working. If changes need to be made, look at the brainstormed options and try a different solution. Do not assume the problem will always stay solved once the plan is put in to action.

Summary

Good communication skills are essential to providing appropriate, high-quality care. As a Home Care Aide, you must be able to engage clients, family, and care team members with empathy and respect. You should pay attention to body language and ensure everyone understands each other. There will be good days and bad days, and you will have to be flexible and adapt. Remember to take care of yourself, be proud of the work you do, and ask for help when you need it.

Checkpoint

Try to answer these questions without looking back at the lesson. When you have finished, check your own answers and review any information you may have missed. Note the page number where you find the answer.

1. What is the definition of empathy?

2. How many Keys to Active Listening are there? Explain three of them.

3. Give four examples of nonverbal communication that show pain or confusion.

4. What are three ways to make sure the client understood you correctly?

5. What is the difference between reacting and responding?

6. What are the four steps of effective problem solving?

Lesson 2
Overcoming Challenges

Learning Objectives

After completing this lesson, the Home Care Aide will be able to:

1. Identify common symptoms associated with hearing loss;
2. Recognize signs of hearing loss or changes in condition from baseline;
3. Recall when and to whom to report when a client's hearing ability changes;
4. Use strategies to communicate with a client who is experiencing hearing loss; and
5. Use strategies to overcome difficulties with communication.

Key Terms

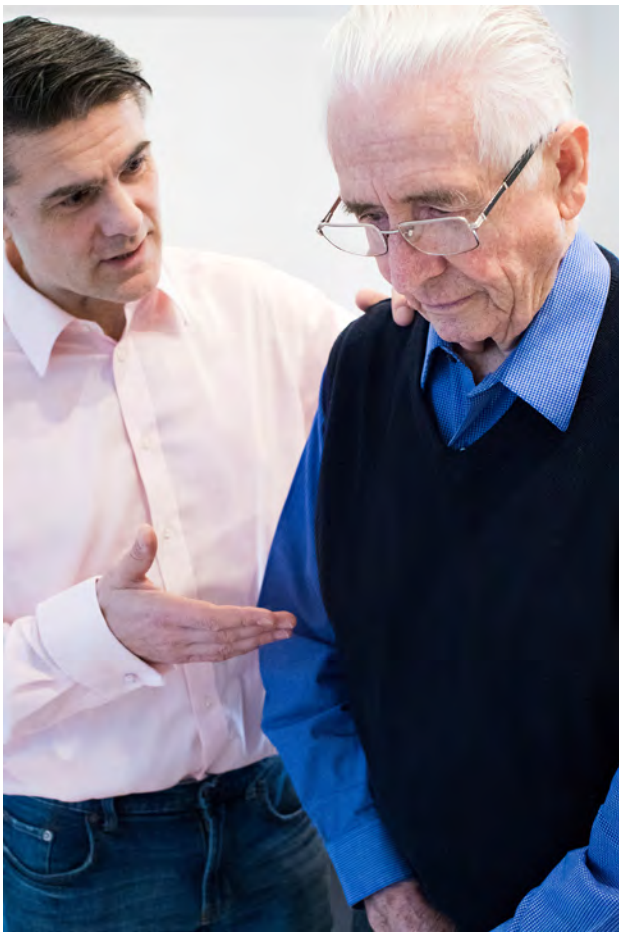
Baseline: the client's usual condition and level of ability (physical, emotional, mental, behavioral and social)

Disability: an impairment that requires modification or assistance with a task or function. A disability may be temporary or permanent.

Disorder: a medical condition that causes an impairment of the mind or body.

Hearing Loss: a decrease in the ability to hear sounds; deafness.

Impairment: an abnormality, partial or complete loss, or loss of the function of a body part, organ, or system.



Overview

Some clients live with conditions that make communication more challenging. As a long-term caregiver, part of your responsibility is watching for changes in condition and reporting them. Therefore, you need to be familiar with these common conditions. In addition, understanding these conditions will prepare you to communicate with clients who have or develop them.

Hearing Loss or Impairment

According to researchers, nearly 25 percent of people age 65 to 74 and 50 percent of those who are 75 and older have disabling hearing loss. Studies have linked this loss of hearing to walking difficulties, falls, and social isolation. This makes it very important for caregivers to identify when a client might be experiencing hearing loss and may need professional assessment.

Reporting Guidelines

To effectively report changes in a client's condition, observe their physical and cognitive ability and compare it to their baseline. Good sources of baseline information include the client, their service plan, and the rest of their care team. You should document and report when you observe any changes in a client's condition. You should report when the client develops a new problem or has personal care needs that are not being met or documented in the service plan. For more information on documenting and reporting, see Module 5: The Caregiver on page 86.

Possible Signs of Hearing Loss or a Change in Condition from Baseline

People who are experiencing hearing loss may do the following.

- Increase volume level on audio/video devices
- Report ringing in their ears
- Speak loudly
- Be non-responsive to sound
- Be unable to hear your voice, or have trouble hearing high-pitched sounds
- Be unable to distinguish sound with background noise, or when two people are talking at once
- Misunderstand communication, especially if mobility challenged, e.g., unable to turn to the speaker while seated in a wheelchair
- Require a speaker to repeat the same thing multiple times
- Ask the speaker to speak more slowly, clearly and loudly
- Act withdrawn
- Miss part or whole words
- Only pretend to understand when spoken to
- Be unable to hear the caller on the phone
- Miss alerts, such as a kitchen timer
- Be unable to hear another person in a different room
- Struggle to follow what is being said
- Report missing phone calls
- Not hear people knocking on the door

Problem Solving Hearing Loss or Impairment

When you or the client notice signs of hearing loss or impairment, there are several things you can do to help.

- Note if the client wears a hearing aid – check to see that it is on, is clean, is operating, and that it has batteries.
- Review the service plan to learn of any temporary loss or permanent loss of client's hearing.
- Check when the client was last examined by a medical provider. Discuss with the client whether they would like to arrange a medical provider examination (e.g., primary care physician, audiologist). Depending upon your work environment, there may be different ways of arranging for a medical provider examination.
- Discuss your observations with the client and their care team.

Assisting Clients with Hearing Loss or Impairment

- Use hearing assistive technology such as hearing aids (these allow for arm-range effectiveness in noisy environments).
- Refer the client to captions on phones, TV.
- Slow down the conversation and focus on one topic at a time.
- Identify background sounds, and work with the client to reduce or eliminate distractions.
- Encourage the client to request others to change behavior (e.g., ask speakers to face them).

Communicating with a Client who has Difficulty Hearing

- Get the client's attention verbally or by touch (e.g., tap the person gently on the shoulder or arm).
- Face the client directly and keep your hands away from your face. Make sure there is enough light so the client can easily see your face.
- Speak slowly and carefully form your words.
- Use short, simple sentences.
- Reduce background noise and distraction as much as possible.
- Use gestures and facial expressions to help explain yourself.
- Check to make sure the client has understood what you said before moving on.
- Avoid chewing gum, eating, or having anything in your mouth when you speak.

More Information about Hearing Assistive Technology

As a long-term care provider, you need to know the facts about hearing aids and the resources that are available. See Hearing Loss in the Resource Directory on page 336 for more information.

Overcoming Difficulties with Communication

Difficulties with communication can be caused by many factors, including disorders, injury, or disease. These make communication and understanding more challenging for both the client and the caregiver.

To help the client overcome these challenges, you will have to be patient, flexible, and use all your good communication skills. Do your work with empathy and respect and remember that the client is doing the best that they can.

Difficulty Speaking

There are many conditions that can make speech difficult or impossible. Try the following.

- Reduce background noise and distraction.
- Ask questions in a way that lets the client respond with one word, hand gestures, or a head nod.
- Give clear choices, but not too many choices.
- Give them plenty of time to think and understand.
- Watch their lips and gestures to help you understand their message.
- Be patient. If you do not understand, ask again.
- Visual clues are helpful. Use pictures or props. Carry a paper and pencil.
- Limit the length of your conversations so the client does not become fatigued.
- If the client becomes frustrated, consider changing to another activity.
- Do not pretend to understand.

See Communication Tools in the Resource Directory on page 309 for detailed ways to overcome this challenge.

Cognitive Impairment

Cognitive impairment can affect our ability to send, receive, and understand messages. You have to be careful of what and how you communicate with someone who is experiencing cognitive impairment. They may feel frustration, anger, anxiety, decreased self-esteem, and depression.

- Speak slowly in a calm, soft, low tone of voice.
- Ask one question at a time and wait for the response. Repeat questions if needed.
- Use concise, positive statements and phrases. Repeating information can be helpful.
- Use simple, one-step directions.
- Demonstrate how to complete a task in addition to explaining it.
- Provide cues to help with transitions (e.g., “In five minutes, we’ll be going to lunch”).
- Reinforce information with pictures or other visual images.
- Include the client in conversations about them, if appropriate. Never talk as though the client is not there.
- Remember, a person who has cognitive limitations is often sensitive to body language and tone. Control your negative emotions.

Dementia

Dementia is caused by disease, injury, or illness that damages brain cells. As dementia advances, communication becomes more challenging.

- The person may not remember you. Introduce yourself every time you approach them. Wearing a name badge can be helpful for someone who needs a little help remembering your name.
- They may not know where they are or what part of their life they are in. Avoid the mention of time (say "It's time to eat" instead of "It's 8 o'clock.) Focus your conversation on their reality. Reorienting them to your reality may cause more confusion, distrust, and possibly anger.
- They may tell the same story or ask the same question repeatedly. Be patient.
- Show them that you are listening. Be still, stay focused, and show concern and support.
- Pay attention to the person's feelings and emotions. Use your senses to understand what the person is communicating.
- A person with dementia is extra sensitive to feeling, emotions, and nonverbal communication. Pay attention to your own nonverbal communication. Be careful of what you say, and how you say it.
- Use a friendly tone and avoid raising your voice. Be kind, smile, and stay positive.
- Talk slowly and clearly. Ask "yes" or "no" questions. Give them time to ask questions and respond.
- The person may not understand everything that is said, but it is important to preserve their dignity and self- esteem.
- Make sure the environment is quiet, comfortable, and calm.

Traumatic Brain Injury

An injury to the brain can affect communication skills. No two brain injuries are the same, and communication challenges may vary. The most common difficulty for individuals with a brain injury is social communication. This can lead to problems forming and maintaining relationships and effectively communicating with caregivers.

- Communicate clearly. They may not understand your body language and facial expressions. Describe your feelings to them very directly and clearly.
- Give them time to think and organize their thoughts.
- Make sure your message has been understood. Encourage them to ask questions for clarification.
- Some survivors of a traumatic brain injury have trouble taking turns in conversation. Politely interrupt and ask for a chance to speak.
- Make sure you understand their message. Ask them to repeat themselves if you don't understand.

Some survivors may have difficulty using nonverbal communication or be unaware how their physical actions affect others. Don't rely on body language, and directly ask what the person is feeling. Politely ask the person to change their physical behavior if necessary.

Disability

A disability is any condition of the body or mind that requires modification or assistance for certain activities. There are many types of disabilities, and each person's experience and needs are unique.

- Treat the person as you would any other adult.
- Don't be afraid to ask questions when you're unsure of what to do.
- Just be yourself. Use a normal tone of voice and body gestures. Relax. Don't be embarrassed if you happen to use common expressions such as "Do you want to take a walk," or "I wish you could have seen it?" that might relate to a person's disability.
- Don't talk down to a person with disabilities. Gauge the pace, complexity, and vocabulary of your speech according to theirs.
- If you have trouble understanding, don't nod or pretend that you do understand. Ask the person to repeat what they have said. If, after trying, you still cannot understand the person, ask them to write it down or find another way to communicate.
- Don't assume because someone has a disability, they need help. The fastest way to find out if someone needs assistance is to ask them. If they do want help, ask how before you act.
- Speak and ask questions directly to the person with a disability, not to another person who may be accompanying the person.
- When referring to a person's disability, be mindful of the language that you use. Say "person with a disability" rather than "a disabled person."
- If a conversation will last more than a few minutes and the person needs to sit or uses a wheelchair, sit down or kneel to communicate at eye level.

Working with Interpreters

Home Care Aides may need to communicate with the client through an interpreter. The following tips will help show respect for the client.

- Speak in a normal tone and volume.
- Speak in short phrases and pause to give time for the interpreter to interpret.
- Speak directly to the client, using phrases such as "How are you feeling?" rather than asking the interpreter "How is she feeling?"
- Look at the client while speaking, not at the interpreter.
- Acknowledge your client with your body language.

Summary

Impairments to hearing and other body functions can make verbal and nonverbal communication more difficult. As a caregiver, it is your responsibility to know and follow the documentation policy in your setting. By using effective communication strategies for specific disorders, you will maximize your connection with the individuals you care for. Everyone deserves to be communicated with clearly, respectfully and without judgment. Use your compassion and empathy skills and be willing to hear what the person has to say.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the page number where you find the answer.

1. What is a change from baseline?

2. Give four possible signs of hearing loss or impairment.

3. What should you do if you notice signs of hearing loss or impairment?

4. Where can you and/or the client get more information about hearing assistive technology?

5. Give three strategies for good communication with someone living with dementia.

Module Review

For each question, choose the best anwer.

1. What are the benefits of using active listening skills?
   a. Active listening helps us understand.
   b. Active listening makes our personal connection stronger.
   c. Active listening is respectful.
   d. All of the above

2. You communicate everything through the words you speak.
   ❑ True ❑ False

3. A client is upset, and you are not sure you have understood what they are telling you. You should:
   a. Let it go. If it is important it will come up again.
   b. Restate their basic ideas in your own words to test your understanding.
   c. Tell them you are not going to listen until they calm down.

4. When faced with challenging behaviors from others, it is best to:
   a. React in a similar manner.
   b. Remain calm and balanced.
   c. Defend yourself and fight back.

5. What is the first step of effective problem solving?
   a. Brainstorming solutions.
   b. Making sure you understand the cause of the problem.
   c. Trying the first solution you think of.

6. Part of your job as a Home Care Aide is to watch for signs of hearing loss or impairment.
   ❑ True ❑ False

7. Most people notice when their hearing gets worse.
   ❑ True ❑ False

8. If you notice signs of hearing loss or impairment, you should report it to the client and their care team.
   ❑ True ❑ False

9. There are many different kinds of communication difficulties, but good active listening skills can always help.
   ❑ True ❑ False

1. D, 2. False, 3. B, 4. B, 5. B, 6. True, 7. False, 8. True, 9. True

Module Scenario

Mrs. Jones is a 78-year-old client with Dementia and Chronic Obstructive Pulmonary Disease (COPD). She has difficulty understanding why she needs to use her oxygen tank and pulls out her tubes several times daily. She is usually cooperative when caregivers re-insert the tubes. Today, when Michael, another caregiver at the assisted living facility goes to assist her, she looks away, cries, and screams that she doesn't want him near her.

Understanding the problem

What causes you to think there's a problem? Remember to think about:

- what is happening
- when it is happening
- with whom is it happening
- why it is happening

In one sentence, describe what you think the problem is that needs to be solved.

Module 4: Clients and Their Rights

Learning Goal

Home Care Aides will use person-centered care strategies to promote and protect a client's legal and human rights.

Lesson 1: The Client

Lesson 2: Resident and Client Rights

Lesson 1
The Client

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Describe the importance and impact of client-centered care on a client's independence, self-determination, and quality of life;
2. Describe the role of a care team and the long-term care worker's role in the care team; and
3. Recall the purpose of a service plan and how it is created and modified.

Key Terms

Adult family home (AFH): residential, neighborhood home licensed to care for two to six people (qualified homes can apply for a capacity up to eight people).

Assessment: gathering information to determine what care and services a client needs and wants and how and when they want assistance provided.

Assisted living facility (ALF): larger residential facility licensed to care for seven or more people.

Care setting: where a client lives, such as an adult family home, assisted living facility, enhanced services facility, or their own house or apartment.

Care team: everyone who supports a client, including professionals, friends, family, and the client themselves.

Enhanced services facility (ESF): residential facilities for up to sixteen people with specialized staff and intensive services that focus on behavioral interventions.

Functional disabilities: a physical, cognitive, emotional, or mental condition caused by disease, developmental disability, or chemical dependency which impairs a person's ability to live independently.

Self-determination: the ability of a person to control what they do and what happens to them.

Service plan or care plan: a guide or map of the care and services a client wants and needs, including how and when services should be offered and who will provide them. In an assisted living facility, this document is called a "negotiated service agreement."

Overview

Long-term care helps adults with functional disabilities live independently in their home or a home-like care setting. Client-centered care is essential to quality of life and well-being. Home Care Aides support a client's self-determination and choices.

Each client needs different kinds and amounts of support. An assessment identifies the client's individual needs. The client and the rest of their care team negotiate a service plan that directs the client's care. A Home Care Aide follows the client's service plan and preferences to provide appropriate care and support.

What emotions would you feel if you lost the ability to do the activities you enjoy?

Clients

More than 70,000 adults receive long-term care services and support in Washington, with more added every year. This growing population includes people with diverse life experiences, cultures, ethnicities, languages, gender identities and ableness. These adults need some assistance because of functional, physical, and/or mental challenges with caring for themselves. The support they receive from caregivers helps them to maintain their highest level of independence.

Terminology: "Client" or "Resident?"

The Department of Social and Health Services frequently uses the term "client" for people who receive long-term care. In residential settings, such as an adult family home, assisted living facility, or enhanced services facility, "resident" is often used.

You may hear other terms such as "care recipient," "service participant," or "consumer." Your choice of words affects the people you support and their families. Ask them what they prefer and use the term most appropriate for your care setting.

How can our word choice affect other people? Try to relate your answer to what you learned in Module 2: Person-centered Care on page 14

Care Settings

Most people prefer to live and grow old in their own homes and communities. They want to stay close to their families, friends and pets, and participate in meaningful activities. The type of care setting that a client chooses depends on the services and support they need.

Clients can receive assistance from Home Care Aides in many different settings, including:

- their individual house or apartment,
- an adult family home,
- an assisted living facility, or
- an enhanced services facility.

Care Teams

As a Home Care Aide, you are part of the team that supports the client's well-being. This group also includes the client themselves and anyone else the client chooses, such as:

- the client's relatives,
- their friends,
- doctors,
- nurses,
- formal representatives,
- social workers, and
- case managers.

Can you think of other people who may be part of someone's care team?

The care team works together to provide person-centered care based on the client's choices, strengths, and goals.

Care and Client Choice

Wherever the client lives, they have choices about the care and services they receive. Even clients with cognitive conditions that limit their ability to fully direct their care may be able to make some choices. The goal of person-centered long-term care is to support the client's independence and respect their preferences.

Service Plans

When a person begins to receive long-term care services, an assessment determines their needs and preferences. The case manager or supervisor works with the client and the rest of the care team to develop a service plan (also called a negotiated care plan).

The service plan is a detailed explanation of the client's needs and the services they will receive. In general, a service plan identifies:

1. What tasks the client wants and needs support with;
2. Who will support them with each task; and
3. How and when the client wants the task to be done.

The care team is responsible for keeping the client's service plan up to date. A client's needs can change over time, and they may want or need more or less support. One responsibility of a Home Care Aide is to report these changes to the rest of the care team.

Read the client profiles below.

What kind of services and support might each individual need?

What person-centered considerations would caregivers need to be aware of?

Jeff is 33 years old and lives in his own home with his mother.

His mother works days, while Jeff stays home alone.

Jeff has Cerebral Palsy and uses a motorized chair for mobility.

He works from home and enjoys many hobbies.

Daisy is 65 years old. Her partner of 40 years recently died, and she moved into an adult family home a few weeks ago.

She lives with physical limitations, and needs help with mobility, especially when transferring to bathe.

Daisy is a transgender woman, and prefers female caregivers for help with personal care.

Zainab is 69 years old. She has lived in an assisted living facility for two years.

She has progressive dementia, which causes her to forget where she is and who the people around her are.

Zainab also lives with several chronic conditions that she manages with daily medications.

Bernard is 80 years old. Last year, he broke his hip and wrist in a fall. He recently transferred from a nursing home to an assisted living facility.

Since then, Bernard has been experiencing increasing depression and anxiety.

Bernard lives with emphysema, but chooses to continue smoking. Bernard prefers to communicate in Spanish, but speaks English as well.

Aging and Health

Everyone experiences changes as they age. Some people experience these changes sooner than others. Our genes, life-style, nutrition, stress, exercise, mental outlook, behavioral health, physical environment and disease all affect how we age.

See the Recipe for Healthy Aging in the Resource Directory on page 277 for more information.

Understanding the Aging Process

There are many common misunderstandings about the natural aging process. For example, some people may believe that all older people are:

- sick,
- lonely and sad,
- cognitively declined,
- unproductive,
- totally dependent on others, and
- weak or frail.

None of these are true for everyone. These misunderstandings can cause harm if they prevent a person from getting necessary care and/or support. This may happen when caregivers overlook treatable conditions and assume they are the unavoidable results of aging.

What other assumptions do people commonly make about older adults?

What are some treatable conditions that people experience as they age?

Watch for situations that need to be checked by a client's health care provider. Encourage a client to get professional medical advice when they need it. Document and report any concerns you may have about a client to the appropriate person in your care setting.

Common Physical Changes Associated With Aging

While everyone experiences different changes as they age, there are some common changes many people share:

- **Eyesight:** loss of peripheral (side) vision and decreased ability to judge depth. Decreased clarity of colors (for example, pastels and blues). Need for more light. Glare is harder to tolerate.
- **Hearing:** loss of hearing, especially high pitched sounds. Decreased ability to distinguish sounds when there is background noise and words become more difficult to separate.
- **Smell and taste:** decreased ability to smell and taste.
- **Touch:** decreased sensitivity to pain, touch, and extreme temperature.
- **Kidneys and Bladder:** increased frequency in urination. Kidneys and bladder shrink and become less efficient.
- **Bones:** somewhere around age 35, bones lose minerals faster than they are replaced. Height may decrease, bones may weaken with an increased risk of fracture, and posture may get worse.

- **Heart:** thickens with age. Pumps less efficiently.
- **Lungs:** somewhere around age 20, lung tissue begins to lose its elasticity, and rib cage muscles begin to shrink. Breathing gets less deep and ability to cough is decreased.
- **Muscles:** muscle mass declines, especially with lack of exercise.
- **Skin:** skin is thinner and gets drier and more wrinkled. It heals more slowly.
- **Nails:** grow more slowly and get thicker.
- **Digestion:** some vitamins are absorbed more slowly, digestive system slows down. Constipation may be more of a problem.
- **Nervous system:** reflexes get slower, less steady on feet, and falling may become a problem. Individuals may sleep less and less deeply and may wake up more at night.

Common Diseases and Conditions

Most older adults live with one or more chronic health conditions. Among older people who do live with chronic diseases or conditions, the following are most common.

- Hypertension (High Blood Pressure)
- Stroke
- High cholesterol
- Arthritis
- Heart disease
- Diabetes
- Chronic kidney disease
- Heart failure
- Depression
- Alzheimer's Disease or other forms of dementia
- Chronic Obstructive Pulmonary Disease
- Macular degeneration

These diseases and conditions, as well as other common ailments, may affect the people you provide care for. Therefore, it is important for you to be familiar with them.

See the Common Diseases and Conditions section on page 356 for more information on these examples.

Memory and Aging

Most people have some experience forgetting names, appointments, or trivial things like where they left their keys.

Memory loss is different from forgetfulness and is not a normal part of the aging process. Memory loss can include:

- not being able to remember important events (e.g. family weddings, familiar people, or places);
- forgetting how to do familiar tasks (e.g. opening a door with a key);
- repeating phrases or stories in the same conversation; and
- difficulty making choices.

Memory loss is linked to certain diseases and can be permanent such as with Alzheimer's disease. Memory loss can also be temporary and caused by dehydration, illnesses, reactions to medications, depression, and/or stress.

See Dementia in Common Diseases and Conditions on page 364 for information about dementia and delirium.

Summary

Long-term care services help adults maintain their independence and quality of life. As part of the client's care team, you will provide the client with the support they need. The client-centered care you provide will empower clients to live with dignity and self-determination.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are the benefits of supporting a client's independence?

2. Who creates a client's service plan?

3. Who chooses the members of a client's care team?

4. When would a client's service plan change?

5. Is memory loss a normal part of the aging process?

Lesson 2
Resident and Client Rights

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Recognize a client's legal and human rights as protected by federal and state law;
2. Take appropriate action to promote and protect a client's rights to confidentiality, dignity, privacy, and a restraint-free environment; and
3. Encourage and support a client's maximum independence when providing care.

Key Terms

Abuse (RCW 74.34.020): willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult, including sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult.

Advance directives: a written document of a person's wishes regarding medical care in the event they become unable to make decisions for themselves.

Cardiopulmonary Resuscitation (CPR): manual chest compressions and ventilation in an attempt to restart a person's heart.

Confidential: private, secret information not to be shared unless necessary for the client's care.

Grievance: a formal complaint.

Guardian: a person authorized by the court to act and make decisions in the best interest of a client who is incapacitated.

Incapacitated: unable to act, make, or communicate sound decisions (i.e. a person is unable to make decisions about their care.)

Involuntary seclusion: making a person stay alone against their will, a form of mental abuse.

Ombuds: a person who advocates for the rights of clients in long-term care facilities.

Restraints: an object or method for restricting movement for discipline or convenience and not medically necessary. The use of restraints is illegal.

Vulnerable adult (RCW 74.34.020): a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or found incapacitated under chapter 11.88 RCW; or who has a developmental disability as defined under RCW 71A.10.020; or admitted to any facility; or receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or receiving services from an individual provider; or who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

Overview

A person's quality of life depends on the freedom to exercise their basic human rights. Part of your job as a Home Care Aide is to protect the rights of the people you support. It can be challenging to balance a client's rights with their safety and well-being. You need to understand their rights and learn appropriate ways to support them.

Why do you think it's so important for you to protect the rights of vulnerable adults?

Basic Rights

All people have human, civil, and legal rights regardless of any disease, disability, or condition. They keep their rights when they move into a residential facility and/or begin to receive long-term care services. Federal and state laws specifically protect the rights of vulnerable adults.

Person-centered care promotes these rights by giving choice and control to the person who is receiving support. By knowing, promoting, and protecting client rights, you help them maintain safety, independence, self-respect, and dignity.

Freedom from Abuse and Neglect

Clients have the right to live free from abuse. Sadly, vulnerable adults are often the victims of abuse. Each year, Adult Protective Services and facility compliance agencies investigate over 39,000 reports of abuse and neglect.

As a Home Care Aide, you must understand, recognize, report and prevent abuse. See Module 5, Lesson 2: Mandatory Reporting and Preventing Mistreatment on page 101 for the facts about abuse and your responsibilities.

Self-Determination

The loss of home, work, strength, function, and/or health can limit a person's sense of freedom and independence. A client's well-being and quality of life depends on them continuing to make decisions about their daily lives.

All clients have the right to control their life decisions, including the right to:

- direct their own service plan and changes in the service plan;
- refuse treatment, medications, or services;
- choose their activities, schedules, clothing, and hairstyle;
- participate in religious, political, civic, recreational, and other social activities;
- decide who they want to spend time with and when;
- decide what they want to eat and when; and
- refuse to perform services for others such as housework or yardwork.

Home Care Aides support these rights by knowing the client's preferences and honoring their choices. You can learn about a client's preferences from their service plan and by communicating with them.

Sometimes a client may make a choice you do not personally agree with. However, unless they ask you to do something inappropriate or unsafe, you must respect and follow their choices.

Balancing a Client's Right of Choice and Safety

Clients have the right to make their own choices, even if those choices are not the healthiest or safest. Consider these examples:

Example 1: Sasha lives with diabetes, and they want to eat a bag of candy for lunch.

Example 2: Dani has not taken a shower for several days and does not want to take a shower today, either.

When a client's personal choice could be unhealthy or unsafe for themselves or others, follow these steps:

1. Explain to the client why you are concerned.
2. Offer safe alternatives that could meet the client's desire while allowing them to make the final choice.
3. Report your concerns to the appropriate person in your care setting (the client's preference will be noted in the service plan).
4. Document your concerns, what you did, and who you reported it to.

How could you follow these guidelines to balance choice and safety in the examples of Sasha and Dani?

If you are concerned that a client's actions put them or others in immediate danger, call 911.

A Client's Right to Make Health Care Decisions

In Washington state, all adults have the right to make their own decisions about medical care. Before receiving treatment, the client must understand the purpose, benefits, alternatives and potential risks. The client's health care provider explains these. Then, the client decides whether they want the treatment or not. This process is called "Informed Consent."

The client's service plan explains services and treatment that the client has consented to receive. However, the client has the right to accept or choose not to receive any treatment at any time.

The Right to Refuse Treatment

Clients have the right to refuse treatment, medications, or services at any time. No one can force a client to do anything the client does not want to do.

If a client refuses treatment, medications, or services, follow the guidelines for balancing choice and safety (explain your concerns, offer safe alternatives, report, and document).

For more information about a client choosing not to take medication, see Module 11, Lesson 2: Medication Assistance and Medication Administration on page 245.

A Restraint-Free Environment

All people have a human and legal right to live free from restraints and involuntary seclusion. Physical/mechanical and chemical restraints, and involuntary seclusion are dangerous and can cause serious harm. There are many safe alternatives to restraints.

RCW 70.129.120 states a client has the right to be free from physical and/or chemical restraints in an assisted living facility or adult family home.

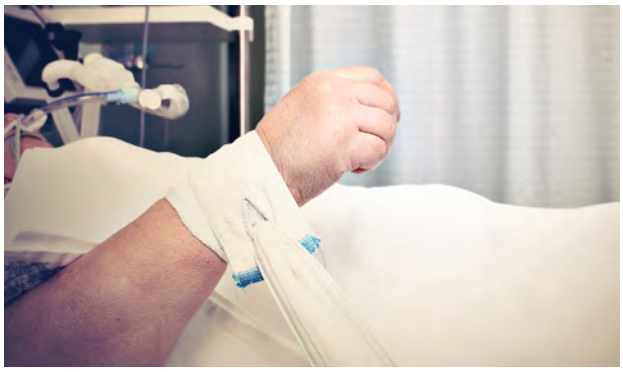
WAC 388-76-10650 through **388-76-10665** list specific rules about restraints in adult family homes.

WAC 388-107-0410 and **388-107-0420** provide specific rules about the use of restraints in enhanced services facilities.

Physical / Mechanical Restraints

Anything that prevents or limits a client's movement or access to their body is a physical restraint. Examples of physical restraints include:

- a tie, belt, or vest used to keep a client from getting out of a bed or a chair;
- clothing that a client cannot independently remove (such as a top that buttons in the back to stop a client from taking it off);
- a reclining or lounge chair, couch, or bed the client can't get out of;
- bed rails that cannot be independently lowered or are used to keep the client in bed; or
- "lap buddies" in a wheelchair.



Other physical restraints include:

- holding a person's hand down against their will;
- hugging a person to restrict their movements; or
- holding a person's legs or arms to prevent them from getting out of bed.

Chemical Restraints

Chemical restraints are drugs that control mood, mental state, or behavior, but do not treat medical conditions. Any medication or substance (even if prescribed by a doctor) may be a chemical restraint if given:

- when there are no symptoms or indications for its use;
- in too large of doses;
- for the convenience of caregivers or other staff; or
- without appropriate or enough monitoring.

Involuntary Seclusion

Involuntary seclusion or isolation is when barriers confine a person to a specific space against their will. Examples of involuntary seclusion include but are not limited to:

- locking a client in their room; or
- forcing a client to stay in bed against their will.

When Something Becomes a Restraint

Medical devices, such as shoulder straps on a wheelchair, can help protect clients from injury. However, they can also become restraints if they are misused. Something becomes a restraint when it prevents the client from exercising their free will. Consider these examples:

Example 1: The client enjoys sitting in their favorite chair but is unable to get out of it without help. The caregiver monitors the client and is available to help them get out of the chair.

Example 2: The caregiver leaves the client in the chair unmonitored, and goes to perform other tasks. The client is stuck in the chair, and unable to get out when they want.

In example 1, the chair is not a restraint. The caregiver is available to help the client exercise their freedom of choice. In example 2, the chair is a physical restraint. It prevents the client from moving freely. This causes harm to the client, violates their rights, and is considered abuse.

Dangers of Restraints

Contrary to popular belief, restraints do NOT:

- decrease falls or prevent injuries;
- make clients feel more secure and protected;
- prevent lawsuits or malpractice claims; or
- make caregiving more efficient and less worrisome for staff.

In fact, restraints are dangerous and cause physical and emotional harm, including:

- increased incontinence and/or chronic constipation;
- pressure injuries and other risks of immobility;
- injury or possible death from a client trying to remove or get out of a restraint;
- increased feelings of hopelessness, fear, anxiety, panic, depression, anger, and humiliation;
- changes in behavior and mood;
- reduced social contact, loss of independence;
- increased agitation and confusion;
- over-sedation (being tired and groggy all the time); and
- dizziness, increased risk of falls and hip fractures.

Alternatives to Restraints

Restraints are not the answer to difficult problems and behaviors. Instead, the care team should work to identify the underlying causes of the issue. Then, care strategies should address the individual needs of the client without the use of restraints.

Some examples of alternatives to restraints are listed below. In some cases, professionals specializing in resolving specific behavior and/or safety concerns may need to provide help.

Examples of physical alternatives include:

- assessment for pain and medications used properly for pain relief;
- massage to soothe and calm an agitated or anxious person; and
- appropriate application and use of wheelchairs (not as confinement or to limit movement).

Examples of activities include:

- structured daily routines;
- walking or pacing in a safe area such as an enclosed courtyard;
- organized physical exercises;
- an activity board that fits on a client's lap;
- music; and
- reading.

Examples of environmental modifications include:

- silent door, bracelet, and exit alarms (loud buzzers can be frightening or upsetting);
- signs, yellow barrier tape;
- increased or decreased lighting as needed for a client; and
- reduced level of noise.

Confidentiality and Privacy

Clients have the right to personal privacy and confidentiality of their personal and clinical records. As a caregiver, you may come to know very private and confidential information about the client. It is your responsibility to protect the client's privacy and keep their personal and confidential information safe.

Protecting Client Privacy

There are several ways you can protect a client's right to privacy. Some examples include:

- knocking and waiting to be invited before entering a client's room;
- making sure the client is not exposed to public view during personal care;
- not taking pictures, videos, or recordings of clients; and
- making sure the client has privacy during communication (e.g. visits, meetings, telephone, and mail).

Keeping Information Confidential

Clients have the right to keep their clinical and personal records confidential. This includes information about living arrangements, medical treatment, finances and personal care. All care team members must follow confidentiality laws and professional ethics when discussing clients.

Protecting a client's right to privacy and confidentiality is the basis of your professional relationship. When you need to share confidential information with other care team members, make sure you:

- share only what is needed and what is in the best interest of the client;
- do not gossip; and
- do not have the discussion in a public area where others may overhear.

You may not share confidential information with others outside of the care team without written permission from the client. If someone outside the care team asks you to share confidential information, suggest they ask the client. If the person keeps asking you, explain that you cannot talk about the client's private affairs.

Never talk about a client outside of work even if you do not use their name. Even casual conversations can jeopardize a client's privacy.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that regulates the use and disclosure of health information. This law protects a person's health information while making it accessible to their health care providers. Your employer will review with you what you need to know about HIPAA regulations for your job.

Interpreters and Translations

Clients have the right to interpreter/translation services at no cost and without significant delay.

Resident Rights

People who live in long-term care facilities have additional resident rights. These specific rights ensure that residents receive care in a way that maintains or enhances their quality of life. All residents have the right to courtesy and dignity in full recognition of their individuality and identity.

Protection of Basic Rights

Residents have the right to continue to enjoy their basic civil and legal rights. They do not lose any rights when they move into a facility. All residents have the right to freely exercise their rights without interference, force, discrimination, or punishment.

Right to Information

Residents have the right to know information concerning themselves and the facility in which they live. The facility must provide this information in a language that the resident understands. Residents must receive certain information before they move in:

- their rights as residents of the facility;
- the rules and regulations of the facility;
- the availability and cost of services, items, and activities; and
- how to contact an ombuds and file a complaint with the appropriate state agency.

Facilities must notify residents of changes that affect them, including:

- changes in the availability or charges for service, items, or activities; and
- changes in the facility's rules.

Residents also have the right to some facility records. These records include:

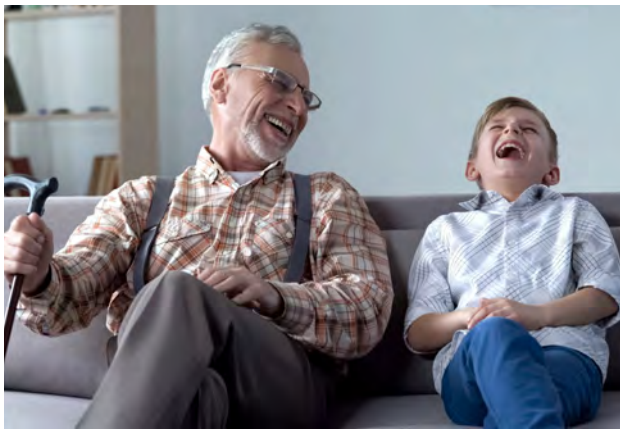
- the reports from the most recent inspection, including plans of correction; and
- records about themselves including clinical records (within 24 hours).

As a Home Care Aide, how can you support a client's right to information?

Comfort and Security

Residents have the right to a safe, clean, comfortable and homelike environment. The facility must be able to meet the resident's needs and honor their preferences as much as possible. Residents have the right to privacy in their room or unit, including the ability to lock their door.

Residents have the right to remain in the facility and not be transferred or discharged without appropriate reasons, and a 30 day notice unless an urgent condition warrants less time.



Communication and Visitation

The resident decides who they interact with, and has the right to participate in resident meetings.

The facility must allow visitors that the resident wants to see when they want to see them. If the facility believes a visitor endangers others, the facility must work with the resident on a plan to keep others safe. Before making any change that infringes on the rights of a resident, a facility must first try positive supports to address the issue. If these measures do not work, the facility must get the consent of the resident before limiting visitors. This includes family, friends, their doctor or other health care providers, representatives of protective agencies, or ombuds. The resident also has the right to allow ombuds to examine their clinical record.

To make sure that residents have the opportunity to communicate, they have the right to:

- send and receive unopened mail;
- have access to paper, pen/pencil, envelope, stamps (at their own expense); and
- have access to a telephone and privacy while using it.

Property and Finances

Residents have the right to keep and use their personal possessions in a safe and reasonable manner. The facility must treat the resident's property with respect.

Residents have the right to keep and manage their own finances. The facility must not require residents to deposit their personal funds with the facility.

Grievances

Residents have the right to make official complaints about services or lack of services. The facility is prohibited from punishing a resident for making a complaint or report.

Medicaid clients have the right to an administrative hearing when they disagree with a decision regarding services they receive through DSHS.

Scenario: A resident complains to you about the care they are receiving.

What could you do to support the resident's independence and protect their legal rights?

Think of two or three different actions you could take, and discuss your answers.

Legal Protections

Clients have legal options and access to organizations that protect their rights. Home Care Aides must be familiar with and understand these resources.

Advance Directives

Advance directives are legal documents that protect a client's right to make their own decisions. There are several types of advance directives in Washington state, and each has a different function:

- **Living wills or health care directives** explain a client's healthcare decisions in case they become incapacitated.
- **Powers of attorney** authorize another person to make decisions or act on behalf of the client.
- **Anatomical gifts** express the client's wish to donate all or part of their body for transplantation, therapy, research, or education upon their death.

These documents represent the client's wishes and can only be made or canceled by the client.

Living Wills

A living will outlines a client's desire to receive or withhold life sustaining procedures. If a client becomes incapacitated, their living will tells health care providers which procedure they do and do not agree to. For example, a living will might tell a health care provider that the client refuses life support or artificial ventilation. Living wills are sometimes called Health Care Directives.

Powers of Attorney (POA)

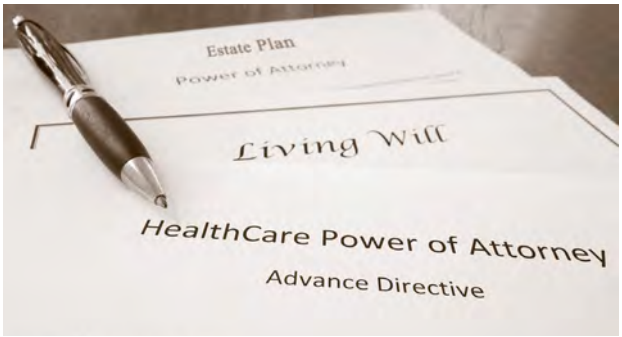
A POA document gives another person legal permission to make decisions or act on the client's behalf. The client controls everything about their POA, and the document gives very specific permission. The client chooses what the authorized person can do and when the POA's decisions can be made. Usually, healthcare POAs and financial POAs are separate documents.

Durable Power of Attorney

A simple POA is only active while the client is able to make their own decisions. It ends when the client becomes incapacitated. A durable power of attorney becomes (or remains) active when the client becomes unable to make decisions.

Durable Power of Attorney for Health Care

A durable power of attorney for health care authorizes another person to make a client's medical decisions. These decisions might include choosing treatments, medication, or end-of-life care. Clients usually choose a family member or close friend for this important role. The DPOA for health care may include instructions to help the authorized person follow the client's wishes.



Guardians

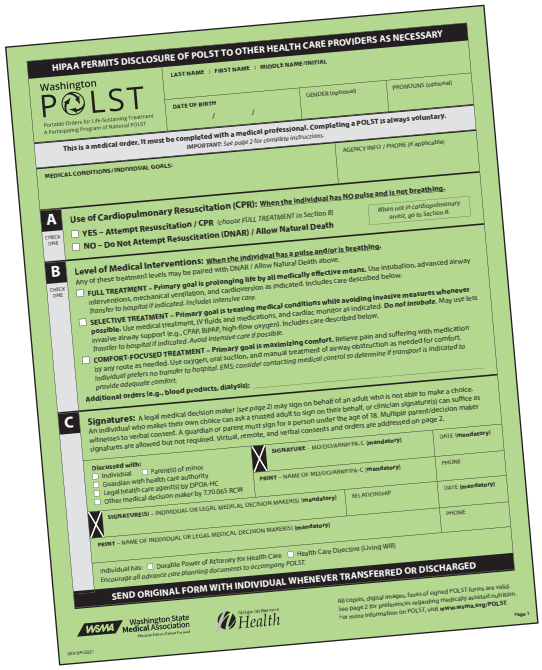
If an adult client is incapacitated, a legal guardian can take responsibility for their interests. A relative, friend, care facility, or case manager may ask the court to appoint a legal guardian. After a detailed process and review, the judge signs papers appointing a guardian.

Guardians are responsible to act in the best interest of the client. They follow the client's wishes and make the choices that the client would have made themselves. A guardian may also have authority beyond health care decisions, including the client's property, income, and/or finances.

You may need to know how and when to contact a client's guardian. This will depend on the type of guardianship and the care setting where you work.

Portable Orders for Life-Sustaining Treatment (POLST) Form

A POLST form is not an advance directive. It is a summary of the client's wishes regarding life sustaining treatment identified in their advance directives. Clients who have one or more chronic illnesses, or who are in the last stages of a life threatening illness might prepare a POLST form. The client (or their legal representative) works with a medical provider to complete and sign it.


HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Washington POLST

Portable Orders for Life-Sustaining Treatment
A Participating Program of National POLST

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL

DATE OF BIRTH

GENDER (optional)

PRONOUNS (optional)

This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.
IMPORTANT: See page 2 for completing instructions.

MEDICAL CONDITIONS/INDIVIDUAL GOALS:

AGENCY INFO / PHONE (if applicable)

A Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing.
CHECK ONE
☐ YES – Attempt Resuscitation / CPR (choose FULL TREATMENT in Section B)
☐ NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
When not in cardiopulmonary arrest, go to Section B.

B Level of Medical Interventions: When the individual has a pulse and/or is breathing.
CHECK ONE
Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
☐ FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. Transfer to hospital if indicated. Includes intensive care.
☐ SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. Transfer to hospital if indicated. Avoid intensive care if possible.
☐ COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.
Additional orders (e.g., blood products, dialysis):

C Signatures: A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with:
☐ Individual ☐ Parent(s) of minor
☐ Guardian with health care authority
☐ Legal health care agent(s) by DPOA-HC
☐ Other medical decision maker by 7.70.065 RCW

X SIGNATURE MD/DO/ARNP/PA-C (mandatory) | DATE (mandatory)

PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory) | PHONE

X SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) | RELATIONSHIP | DATE (mandatory)

PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) | PHONE

Individual has: ☐ Durable Power of Attorney for Health Care ☐ Health Care Directive (Living Will)
Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

WSMA Washington State Medical Association | Health

All copies, digital images, faxes of signed POLST forms are valid.
See page 2 for preferences regarding medically assisted nutrition.
For more information on POLST, visit www.wsma.org/POLST

Page 1

The signed POLST form represents the client's wishes and physician's orders. It gives instructions to doctors and emergency medical staff in the event of a medical emergency. It explains what treatments the client wants, and whether or not to start Cardiopulmonary Resuscitation (CPR).

In Washington state, this form is usually printed on bright green paper, although other colors are acceptable. Photocopies and faxes of signed POLST forms are also legal and valid.

See POLST Form in the Resource Directory on page 278 for an example.

Do Not Attempt Resuscitation (DNAR)

A DNAR is a client's request to refuse CPR if their heart or breathing stops. This may be written as a doctor's order or in section A of a signed POLST form. Home Care Aides can honor a client's documented wishes regarding CPR. Make sure you know and follow your facility/company's policies and procedures on what to do if you find a client not breathing/without a heartbeat.

Why might a person not want to have CPR?

Responding to Medical Emergencies

In general, if there is an emergency situation, you must call 911. However, your care setting might have additional emergency procedures. You must understand the emergency policies and procedures in the care setting where you work.

Some clients receive hospice care. Their hospice plan of care should include who to call in an emergency. Make sure you know how to respond to emergencies for each individual client before they happen.

Learn the policies about advance directives and emergency response for your care setting. You may need to give a client's documents to emergency medical services (EMS) staff when they arrive. In this case, make sure you know where to find a client's POLST form and advance directives if they have these documents.

See Module 12, Lesson 2: Surviving Loss and Grief on page 267 for more information about working with hospice.

Washington State Long-Term Care Ombuds Program

The Washington State Long-Term Care Ombuds Program protects the rights, dignity and well-being of individuals in long-term care facilities.
The Long-Term Care Ombuds Program is required by the federal Older American's Act. It has three primary responsibilities:

- working to resolve resident complaints;
- monitoring state oversight agencies; and
- commenting on proposed state laws and regulations.

There is a network of 13 local offices across Washington state. Volunteer and staff ombuds visit thousands of facilities to ensure that residents' rights are being upheld. These services are free and confidential.

Ombuds Duties

Ombuds advocate for the rights of individuals in long-term care facilities (RCW 70.129). An ombuds:

- works with residents, families and facility staff to meet the needs and concerns of the people living there;
- hears and helps to resolve complaints and concerns;
- monitors laws, regulation and policies that affect residents;
- provides public education to promote a better understanding about laws, regulations and standards governing long-term care facilities; and
- helps to establish a resident or family council.

Accessing the Ombuds Program:

People who may access the Ombuds Program include:

- residents of nursing homes, assisted living facilities, adult family homes, enhanced services facilities, and veterans homes;
- relatives and friends of residents in long-term care facilities;
- administrators and employees of nursing homes, assisted living facilities, adult family homes, enhanced services facilities and veterans homes;
- any group or individual concerned about the welfare of residents of long-term care facilities; and
- the community-at-large.

For more information or to find your local ombuds office, visit waombudsman.org or call 1-800-562-6028.

For information about the Office of the Developmental Disabilities Ombuds, visit www.ddombuds.org.

Disability Rights Washington (DRW)

DRW is a private non-profit organization that protects the rights of people with disabilities statewide. The DRW mission is to advance the dignity, equality, and self-determination of people with disabilities. They provide free services to people with disabilities, including:

- disability rights information;
- technical assistance for disability issues;
- general information about legal rights;
- strategies about how to become a stronger self-advocate;
- information sheets on many subjects to empower individuals with disabilities to better advocate for themselves;
- community education and training; and
- legal services for disability rights violations.

Contact DRW at 1-800-562-2702 or visit disabilityrightswa.org.

Summary

All clients have the right to live free from abuse, neglect, and restraints. They have the right to make choices about their lives and decisions about their health care. Protecting a client's confidentiality and privacy is essential to their well-being and dignity. Residents of facilities have additional rights specific to living in the care of facility staff.

Advance directives legally protect a client's right to make decisions if they become incapacitated. Ombuds work to protect resident rights. As a Home Care Aide, you are also an important advocate for clients and their rights.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What rights does a person lose when they start to receive long-term care services?

2. List three rights of people who live in residential facilities.

3. List two ways you can promote a client's privacy.

4. When does a piece of clothing become a mechanical restraint?

5. What steps should you follow when a client wants to make an unhealthy or unsafe decision?

6. Who could you call if you believed a client's rights were being violated?

Module Review

For each question, choose the best anwer.

1. A client's doctor is responsible for making any changes to the client's service plan.
   ❑ True ❑ False

2. A client has a legal right to:
   a. Tell a caregiver what to wear.
   b. Wear another person's clothing without their permission.
   c. Choose what to wear.

3. When confidential information must be shared with other care team members about a client, you must:
   a. Get the client's written permission before you do so.
   b. Only share what is needed and in the client's best interest.
   c. Only talk about it outside of the work setting.

4. Caregivers can make a client take their medications if it's life-threatening not to do so.
   ❑ True ❑ False

5. There is a medical emergency, 911 has been called, and your client has advance directives. Caregivers must:
   a. Give them to the EMS staff when they arrive.
   b. Only give them to the EMS staff if they ask for them.
   c. Give them to the EMS staff if they remember to.

6. A client asks you to do something you feel puts their safety at risk. You should:
   a. Explain why you are concerned and offer a safer alternative.
   b. Tell the client you won't do it and politely walk away.
   c. Do what the client asks without questioning it.

7. Mr. Stevens has Alzheimer's disease and continually finds ways to get outside and wander off. You should:
   a. Call and report it to DSHS.
   b. Block him from the door when you see him go near it.
   c. Encourage the use of a door alarm where he lives.

8. Restraints should be used to keep a client from falling out of bed.
   ❑ True ❑ False

1. False, 2. C, 3. B, 4. False, 5. A, 6. A, 7. C, 8. False

Notes:

Module 5: The Caregiver

Learning Goal

Home Care Aides will demonstrate understanding of their role as caregivers and mandatory reporters of abuse, abandonment, neglect, and financial exploitation.

Lesson 1: The Professional Caregiver

Lesson 2: Mandatory Reporting and Preventing Mistreatment

Lesson 1
The Professional Caregiver

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Recall the basic job duties and requirements of a Home Care Aide;
2. Use a service plan to provide appropriate, individualized care that promotes a client's rights, dignity, and privacy;
3. Support a client's choices;
4. Use appropriate strategies to encourage and support maximum independence when providing care;
5. Identify changes from baseline in a client's physical, mental, and emotional state through observation;
6. Provide reports of changes from baseline and concerns to the appropriate care team members; and
7. Use strategies to maintain professional boundaries.

Key Terms

Activities of daily living (ADLs): everyday personal care activities including bathing, bed mobility, eating, personal hygiene, medication assistance, walking/locomotion, transfers, and toileting.

Advocating: to speak up or take action for someone else.

Common care practices: general practices that caregivers use during personal care to promote a client's rights, dignity, comfort, and safety.

Instrumental activities of daily living (IADLs): routine tasks at home or in the community such as cooking, shopping, cleaning, and paying bills.

Monitor: to carefully observe or supervise a person or situation.

Nurse delegation (WAC 388-112A-0550): when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.

Observation: to watch, listen, or otherwise notice significant details about a client's physical, mental, and emotional state.

Personal care services: tasks done to help a client with activities of daily living and instrumental activities of daily living.

Professional boundaries: appropriate limits in a job relationship.

Prosthesis: an artificial body part such as a leg, arm, breast, or eye.

Overview

As a Home Care Aide, you improve the client's quality of life through person-centered care. You assist the client with ADLs and IADLs according to their needs and preferences. You protect the client's privacy, dignity, and safety at all times.

You are an essential member of the client's care team. They rely on your observations and reports to ensure the client continues to receive appropriate care.

You can learn about the client's strengths and needs from their service plan or negotiated care plan. You must also get to know the client as a person and respect their choices and preferences. Your compassion, responsibility, and professionalism are critical to their wellbeing and safety.

In Your Opinion

Which responsibility of a Home Care Aide is most challenging? The most rewarding? Why?

The Professional Caregiver

A Home Care Aide is a professional caregiver. You must understand your responsibilities and have the knowledge and skills to perform them well. Your work will directly impact the quality of life and wellbeing of the people you support.

1. Provide personal care as directed by the service plan and the client's preferences.
2. Follow common care practices to promote and protect the client's rights, dignity, privacy, and safety.
3. Observe, document, and report changes in the client's behavior and/or condition.
4. Follow a high standard of professional conduct, including maintaining professional boundaries.
5. Prepare for and respond to emergency situations.

Your specific duties will depend on your care setting. See Home Care Aide Roles in Different Care Settings in the Resource Directory on page 276 for more information.

Providing Personal Care

Personal care tasks are the routine activities that we do to take care of ourselves. They include bathing, eating, and other self-care tasks that keep us clean, healthy, and well. A Home Care Aide supports a client's independence by assisting with these kinds of personal care tasks.

Every person has their own strengths, preferences, and needs. Some clients may only want your support with tasks such as bathing, dressing, and taking their medications. Others might need more assistance with eating, toileting, and turning over in bed. Your responsibility is to protect the client's independence, privacy, and dignity as you assist with their individual needs.

Personal Care Services

The client receives specific personal care services depending on their needs and preferences.

> ***Reflection Question***
>
> Imagine you needed another person to help you use the bathroom and get dressed. How important would the quality of that care be to your life?

Activities of Daily Living (ADLs)

ADLs are the tasks we do to meet the basic needs of our everyday lives. The client will need some level of support with these kinds of tasks. Some tasks may not be performed by a Home Care Aide without nurse delegation.

See Module 11, Lesson 1: Self-Directed Care and Nurse Delegation on page 277 for more information.

Bathing	taking a full-body bath/shower, sponge bath, or transferring in/out of tub/shower.
Bed mobility	moving to and from a lying position, turning side to side, and positioning their body while in bed.
Body care	includes passive range of motion, applications of dressings (requires nurse delegation) and ointments or lotions to the body (may require nurse delegation), pedicure to file or trim toenails and apply lotion to feet **Please be aware that body care DOES NOT include:** • foot or nail care for clients who are diabetic or have poor circulation; and • changing bandages or dressings when sterile procedures are required.
Dressing	putting on, fastening, and taking off all items of clothing, including a prosthesis.
Eating	eating and drinking, regardless of skill. Eating includes any method of receiving nutrition such as by mouth or tube (may require nurse delegation).
Locomotion in room and immediate living environment	moving between locations in a room and immediate living environment. This might include walking or using a wheelchair or scooter. Also called "ambulation."
Locomotion outside of immediate living environment, including outdoors	moving to, and returning from, locations outside immediate living environment such as a patio or porch, backyard, the mailbox, or the next-door neighbor, etc. This might include walking or using a wheelchair or scooter. Also called "ambulation."
Medication management	receiving prescription or over-the-counter (OTC) medications, preparations, or herbal supplements. Some medication management requires nurse delegation.
Toilet use	using the toilet room, commode, bedpan, or urinal, transferring on/off toilet, cleansing the perineum, changing pads, managing an ostomy or catheter, and adjusting clothes.
Transfer	moving between surfaces (e.g. to/from bed, chair, wheelchair, shower chair). This may include cueing, hands-on assistance, or mechanical lifts.
Personal hygiene	maintaining personal hygiene, including combing hair, brushing teeth, denture care, applying makeup, washing/drying face, hands, and menstruation care.

Instrumental Activities of Daily Living (IADLs)

IADLs are routine activities around the home or in the community. Some Home Care Aides might also assist with these household tasks.

Meal preparation	planning meals, cooking, assembling ingredients, setting out food and utensils, and cleaning up after meals.
Ordinary housework	performing ordinary work around the house (e.g. doing dishes, dusting, making bed, tidying up, laundry.
Essential shopping	shopping for food, medical necessities, and household items to meet a client's health and nutritional needs. This includes shopping with or for a client.
Wood supply	splitting, stacking, or carrying wood (when the client uses wood as the sole source of fuel for heating and/or cooking).
Travel to medical services	traveling by vehicle to a medical office or clinic in the local area to obtain medical diagnosis or treatment. This includes a client driving a vehicle or traveling as a passenger in a car, bus, or taxi.
Managing finances	paying bills, balancing a checkbook, managing household expenses. **Although you may see this listed on a DSHS care plan, this task is normally done by family or friends of the client. DSHS does not pay caregivers to assist with managing finances.**
Telephone use	receiving or making telephone calls, including the use of assistive devices such as large numbers on telephone or amplification as needed.

Service Plans

When a person begins to receive long-term care services, an assessment determines their support needs. The care team (including the client) uses the assessment to develop a service plan or negotiated care plan. This plan gives you information about the client and instructions for your caregiving responsibilities.

All service plans include details about the client and the care that you will provide, such as:

- the client's preferences about care, activities, and other personal issues;
- the client's condition, special needs, behavioral symptoms, and/or diseases;
- when and how you will provide assistance based on the client's needs, health, preferences, and safety;
- how the client's medication is managed; and
- how the client communicates.

The service plan might also include contact information for care team members or the client's advance directives.

Level of Support

Every client needs a different level of support with personal care tasks. The list of tasks and amount of support that the client needs are included in their service plan.

If your client has a DSHS CARE plan (assessment details and service summary), it will tell you how much support the client needs to complete each task safely. There are five levels of support on a DSHS CARE plan:

- **Independent:** There are no safety concerns, and the client does not need any help or reminders with this specific task.
- **Supervision:** The client can complete the task safely, but you will monitor to make sure. You may need to remind the client or coach them as they complete the task. Supervision does not include any hands-on support.
- **Limited Assistance:** The client is highly involved in the task but needs some hands-on assistance. You might help guide their hands or arms as they complete the task. Limited Assistance does not include any weight bearing support.
- **Extensive Assistance:** The client needs weight bearing support or full assistance during parts of the task. You will need to support the client's weight or complete parts of the task for them.
- **Total Dependence:** The client is unable to participate in any part of the task. You will need to do all parts of the task for the client.

These levels of support are specific to DSHS. Levels of support may vary depending on your care setting and the service plan tools it uses.

Check the Service Plan

See the example DSHS CARE plan (Assessment Details and Service Summary) in the Resource Directory on page 280. What level of support does the client require for toilet use?

See the example Negotiated Service Agreement in the Resource Directory on page 303. How is the explanation of needs and preferences about toileting different from the DSHS CARE Plan?

Service Plans and Care Settings

The service plan may have a different name in your care setting. Some other names are "negotiated care plan", "negotiated service agreement," "care plan," or "plan of care."

Where you can find the service plan also depends on your care setting. Adult family homes, assisted living facilities, and enhanced services facilities usually keep the service plan in the resident's chart. If your workplace has electronic health records, the service plan may be available on a tablet or computer. If you support someone in their home, you might only receive a list of tasks.

Where can you find the service plan for a person you support in your workplace?

Understanding Client Preferences

People have the right to make choices about the care they receive. No service plan has all the details you will need to provide appropriate support. You must also communicate with the client about each task you do.

The service plan is only a document, and the client's needs and preferences may change over time. Communicate with the client regularly to make sure you are supporting them in the way they prefer. Document and report any changes.

Communicating with the Client

Some clients have difficulty speaking, do not speak at all, or use other ways to communicate (sign language, assistive devices, or gestures).

The service plan has information about how you can understand and be understood by the client. Your supervisor or employer is also a good resource for how best to communicate with the client.

If the client has a guardian or power of attorney, that person has the authority to communicate and make decisions for the client. The alternate decision maker's contact information should be listed in the care plan.

A client who has a guardian or Power of Attorney still has the right to make choices when able.

Client-Centered Care

The Skills Checklist on page 420 presents a specific step-by-step approach for each task. These steps are safe for you and the client. Once you have mastered these tasks, you will be ready to take the skills test for Home Care Aide certification. You must respect the client's feelings, moods, and day-to-day preferences. Never try to force a client to do something simply to stick to your work schedule. This independence and control is critical to a client's health and wellbeing.

Remember that supporting a person's independence and social needs has a powerful effect on their wellbeing and quality of life.

What would you do in each situation?

Situation A
Sandra is a resident in the facility where you work. Your list of tasks this morning includes assisting her to get dressed. However, when you knock on her door, she tells you she is not ready to get up yet.

Situation B
Miguel is a resident in the home where you work. He needs assistance brushing his teeth. However, when you begin the task, he stops you and says that he does not want to do it.

In situation A, you should ask Sandra why she does not want to get up to make sure nothing is wrong. Then ask her when she would like to get dressed and change your schedule to suit her preference.

In situation B, oral care is essential for Miguel's health and safety. Talk with Miguel about why it is important, ask him why he does not want to do it, and negotiate a different time or way to ensure his mouth and teeth get clean.

Skill: Common Care Practices

How you provide care strongly affects the client's emotional wellbeing. Common care practices promote and protect a client's rights, safety, comfort, and social and human needs. These practices vary depending on the specific task you are performing and the client's strengths and needs.

See Common Care Practices and Communication and Client Rights in the Skills Checklist on page 420 for a detailed list of steps.

While assisting a client to eat, promote and protect the client's…

Right to choose	Ask what they would like to eat, or offer choices.
Dignity	Offer a napkin.
Social needs	Sit at eye level and engage in conversation during the meal.
Safety	Watch for signs of choking or trouble swallowing
Independence	Encourage the client to hold the fork or spoon if able.
Comfort	Go at the client's pace, and offer beverages between bites.

Common Care Practices Activity

You are helping a client move from their room to the dining area for breakfast. What actions could you take to promote and protect the client's:

right to choose:

dignity:

social and human needs:

safety:

independence:

comfort:

Protecting Client Privacy

Most of us would prefer to wash, groom, and care for ourselves in privacy. When a person needs assistance with personal care, they may feel vulnerable or embarrassed. They might feel a loss of independence and self-esteem because they need support with basic tasks.

Physical Privacy

One way to be sensitive to a client is to honor their privacy when you perform any personal care. Always:

- knock before entering a room with a closed door, and wait for permission to enter;
- close windows, curtains, and doors before starting personal care tasks;
- keep the client's body covered as much as possible; and
- give the client privacy to do as much self-care as possible.

Personal Privacy

Everyone needs personal privacy sometimes. Respect and support a client's privacy when:

- the client wants to be alone to think or deal with problems or losses;
- the client is visiting, talking on the phone, or reading their mail; or
- the client wants to enjoy some quiet time alone.

Supporting Client Independence

Helping the client maintain independence is one of your primary goals as a Home Care Aide. The ability to take care of ourselves helps us feel secure and purposeful. Losing independence can cause anxiety and depression.

Supporting a client's mobility, social connections, and feeling of self-worth is physically and emotionally therapeutic. By helping a client do as much as they can for themselves, you support their independence. You can support a client's independence during personal care tasks by:

- giving the client opportunities to do things for themselves as much as possible;
- encouraging the client to complete tasks in small steps so they don't get discouraged;
- providing plenty of encouragement and positive feedback; and
- encouraging the use of any assistive device(s).

Be patient. Do not rush or let getting your "work done" take priority over supporting a client's independence

Advocating for a Client

Supporting a client can also mean advocating for them. This includes alerting others (including the client) that:

- a client has additional personal care needs that are not being met;
- a client has certain preferences that are not being followed;
- you are aware of other services available in the community that may be helpful for a client;
- you know of additional equipment or assistive devices that would give a client more independence.

Listen to the client for cues on what is important to them for their quality of life. Think about how that need could be met.

For example, if the resident talks a lot about going to concerts, this might mean that music is important to them. Do they have access to music? Do they have any opportunity to experience live music? Meeting this need could have a positive effect on the client's emotions and quality of life.

Observing, Documenting, and Reporting

A Home Care Aide is an important member of the client's care team. Since you are the client's day-to-day caregiver, you are in the best position to observe changes in their condition. Part of your job responsibility is to document and report these changes to the appropriate care team member.

Some changes in a client's condition, symptoms, or abilities require an adjustment to the service plan. By observing, documenting, and reporting, you make sure the client always receives the support they need.

Observing Changes from Baseline

A client's physical, mental, and emotional condition may improve or decline over time. You need to know the client's baseline and monitor carefully to recognize any changes.

A Client's Baseline

A client's baseline means their usual condition and level of ability. A baseline is also called a client's customary range of functioning. You can learn about the client's baseline from the client, their service plan, and other care team members.

What Would You Do

A client you work with complains that they often get dry, patchy areas on the legs. How can you find out if these areas are unusual for them?

Observing Changes

Make regular observations a part of your routine and get to know the client. Each time you meet them, compare what you observe to what you know about their baseline. Stay alert and pay attention to any changes.

Sometimes the client will tell you about changes they are experiencing. Encourage the client to tell you how they are feeling and any pain they are having. Listen carefully and give them time to answer completely.

Use all your senses when observing a client. You may see, hear, smell, or feel signs of change or problems.

Examples of changes to look for in a client

What you see	
	Mood or temperament • Angry outbursts • Irritability • Sadness or depression
	Physical changes • Skin change (color, rashes, open areas) • Swelling of arms, hands, legs, or feet • Changes in activity level • Change in a client's ability to do tasks
	Mobility • Change in how client moves (e.g. leans to one side, ability to stand, more unsteady on feet) • Begins to limp, stagger, trip, or bump into things • Falls or injuries
	Ability to breathe • Short of breath, gasping for air, difficulty talking • Breathing is slow or rapid
	Appearance • Change in hygiene habits or physical appearance • Unkempt or dirty clothing • Appears anxious, tense, afraid, or depressed • Change in level of consciousness; unable to wake up easily
	Bathroom habits • Constipation or diarrhea • Frequent urination or urine of strange color • Not urinating enough, or often enough (dehydration) • Blood in urine (pink or red color) • Pain or discomfort when using the bathroom
	Eating • Increase or decrease in appetite • Losing/gaining weight without trying - clothing or belts loose or tight • Any indication a client is not eating or has difficulty eating • Difficulty with swallowing

Examples of changes to look for in a client

What you hear	• Crying, moaning • Talking to self or objects or others not in the room • Slurred speech, difficulty speaking or finding words • Client tells you about a change they are having • Client talks of loneliness and/or suicide
What you feel / touch	• Skin temperature and moisture • Bumps or lumps under skin
What you smell	• Bad breath • Unusual odor from urine or stool • Odor from a cut or sore

Documenting Observations

When you observe changes in the client's condition, you need to write them down. Documenting observations means keeping a written record of any changes or concerns about a client, including:

- changes in a client's condition or baseline;
- signs of problems or symptoms of illness; and
- concerns about a client's behavior or a specific incident or event.

Creating a written record of your observations helps you and other members of the care team to:

- remember important details;
- see patterns of changes over time; and
- communicate accurate information about supporting the client.

Objective Documentation

The goal of documentation is to record the facts as you observed them. Objective documentation does not include your personal opinion or interpretation. Subjective information like this is less useful to other care team members.

If you are documenting something that the client told you, write down their exact words. If you are asked to give your opinion regarding a change or observation about a client, always start with the objective facts that led to your conclusion.

Objective vs Subjective

Read the examples below. What makes the first example subjective? Why might the subjective example be misleading to other care team members?

Subjective: Carol did not like her breakfast this morning, so she didn't eat it. I asked her if she wanted something else, but she did not. I guess she will be extra hungry tonight, so we should give her two helpings of dinner.

Objective: Carol did not eat her breakfast this morning. She said "I do not want to eat this." I asked her if she wanted something else, but she said "No, I will eat later."

Care Settings and Documentation

The specific kind of documentation that you need to do depends on your care setting. Your employer will have rules and procedures on how, when, and what you need to document. Make sure you understand your responsibilities regarding documentation. In any setting, it is always a good idea to keep notes or a log of your observations.

In most care settings, you will write daily or weekly notes on residents' progress and status. These may be called "narratives," "progress notes," or something else. These notes are in addition to specific changes or incidents that might occur.

Documentation Guidelines

You must learn the documentation policies in your own care setting. In general, when documenting your observations:

- make sure you have the correct client's record before you begin writing;
- use a blue or black pen (do not use a pencil), your narrative is part of the permanent record;
- write clearly and legibly;
- do not use abbreviations that are not widely used;
- include the correct date and time;
- make sure your documentation is complete:
  - **Description:** what happened, when, and who was there?
  - **Action:** What did you, as the caregiver, do about the problem/issue/incident?
  - **Response:** How did the client respond to the problem, incident, or issue and your actions? What was the outcome?
- sign your notes; and
- never change or erase a record.

If you are told to change a record for any reason, clearly initial and date the entry with the date the alteration occurred.

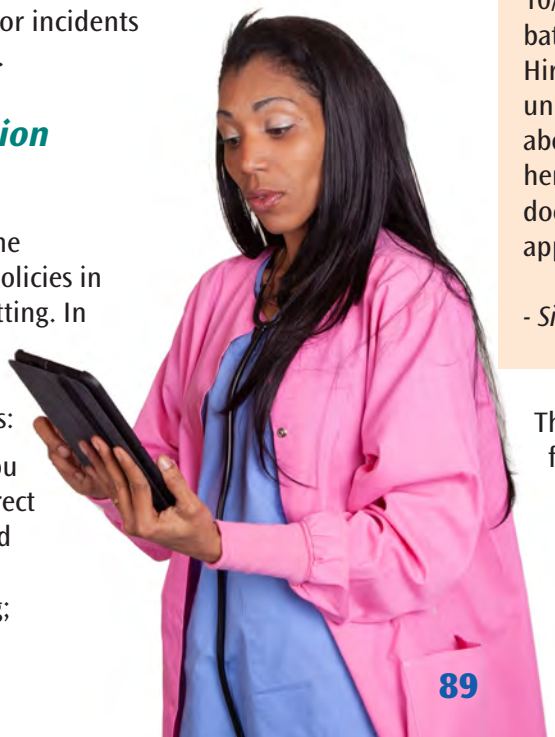
Poor Documentation vs Good Documentation

Poor Documentation:
Monday afternoon. Yelling in bathroom. Trapped herself in and is really angry.

Good Documentation:
10/11/20, 4:30 P.M. Heard Mrs. Hirono in the bathroom yelling "Let me out." Found Mrs. Hirono's bathroom door locked. Used key to unlock the door. Mrs. Hirono said she was scared about being locked in the bathroom, so I assured her she was safe, showed her how to unlock the door on her own, and visited with her until she appeared to be no longer scared.

- Signed Mx. Careful Caregiver

The good documentation gives a complete, factual picture of what happened. The caregiver wrote what they observed and heard, what the client said about their situation, and what they did to respond. The documentation is also dated and signed.



Reporting

Your employer will have rules and procedures on how, when, what, and to whom you should report. Make sure you understand these procedures and ask your supervisor if you have any questions.

When you make your report, include the objective observations you have documented. After you make your report, you should document the fact that you have reported and to whom.

When you observe changes from baseline, report them immediately to the appropriate person in your care setting.

Reporting Guidelines

Remember to always follow the specific rules and procedures around documenting and reporting in your care setting. In general, make a report when:

- you hear of or suspect abuse or neglect;
- you have concerns or questions about changes in a client's condition;
- the client develops a new problem;
- the client has personal care needs that are not being met;
- the client is getting better and no longer needs help with some of the tasks you are doing;
- you know of additional resources that would add to a client's quality of care or independence;
- you are unable or uncomfortable doing the tasks outlined in the care plan; or
- you are asked to perform tasks not outlined in the care plan and cannot resolve this with the client.

Reporting Exercise

While helping Mr. Ito dress in the morning, you notice that he becomes frustrated and irritated. He suddenly tells you to stop helping and leave him alone. You ask what is wrong, but he refuses to answer you. You give him some time and come back a few minutes later. Mr. Ito lets you finish helping him dress but still seems unhappy.

What steps would you take to document this incident? Would you report it to your supervisor? If so, when?

Professional Conduct and Boundaries

Your work as a Home Care Aide directly affects the safety and wellbeing of the people you support. Their day-to-day quality of life largely depends on how carefully and conscientiously you do your job. You are responsible for following a high standard of professional conduct as you perform your duties. Being reliable, focusing on your job, and maintaining appropriate boundaries are essential to professional caregiving.

See Tips on Maintaining Positive Professional Relationships and Communicating Professionally with your Supervisor or Employer in the Resource Directory on pages 312 and 313.

Attendance

The client, the rest of the care team, and your employer rely on you to come to work on time and as scheduled. The support you provide is a critical part of the client's service plan. If you are late or absent, some of the client's needs may be unsupported.

Organize your personal life, such as transportation and child care, so you can keep your work obligations.

Emergencies and Time Off

When you are absent or late because of an emergency, call your employer as soon as possible. Make sure you know who to call and keep their phone number where you can find it.

If you know you will need time off, tell your employer as soon as possible. This gives them a chance to arrange for coverage while you are away.

Illness

Stay home from work if you have symptoms of a contagious illness such as vomiting, diarrhea, or fever. If you work while sick, you may infect a client or your coworkers. If you are unsure whether you are contagious, contact your healthcare provider and follow their advice.

You must be in good health to safely support others. Make sure you take care of yourself!

Inform your employer as soon as you know you will be unable to go to work. If possible, make a backup plan with your employer ahead of time in case you get sick.

Job Performance

To provide the best care possible, stay focused on your job while you are at work. You will have many tasks to complete every day on a busy schedule. Meeting every client's needs will be easier if you organize your tasks and prepare for work each day.

Getting Organized

Make sure you understand your assigned duties and create a plan to get them all done. Keep a daily routine, if possible. Develop a system that works for you and the clients and keep it simple. When you are planning your work for the day:

- consider client preference and needs and build your schedule around them;
- do similar tasks together. This saves time going back and forth between unrelated tasks; and
- plan more than enough time for each task. This makes your schedule more flexible.

Remember that supporting the client's independence, safety, and wellbeing is your most important duty. Look to the client for what they need you to do and stay flexible. Sometimes you will need to change your plans.

Getting Ready for Work

Preparing yourself mentally and physically for work each day will help you do your job well. Presenting yourself as a professional will give clients and your employer confidence in your abilities.

To prepare mentally, try to leave your personal life at home. Keep your mind focused on your work while you do your job.

See Module 12: Self-Care for the Caregiver on page 352 for maintaining a work/life balance.

Preparing yourself physically each day will make your job easier and help keep you and clients safe. Check with your employer for specific guidelines in your care setting. In general:

Hair	Keep your hair clean, neat, and pulled back out of your face.
Jewelry	Make sure your jewelry will not get in the way when you are performing care tasks. Avoid sharp jewelry that might tear a client's skin. Avoid dangling earrings and long necklaces because these can get caught or pulled and cause injury.
Shoes	Wear shoes that you can work in comfortably and safely. Shoes must be closed-toe and should have slip-resistant soles. Tennis shoes, sneakers, or low oxfords are best.
Clothing	Wear clean, comfortable clothing that you can move in. Clothes that are too tight can restrict movement, and baggy clothes may get caught and cause accidents. You may often work in a person's home or in a "home like" setting. Dress in clothing that is appropriate to the environment you are working in, or wear a uniform as outlined by your employer.
Perfume	Avoid wearing perfume, fragrance or any other scented products. Many people have allergies or are sensitive to odors.
Fingernails	Fingernails should be clean, filed smoothly, and short enough to prevent injury. Long fingernails can scratch, cut, pinch, or carry germs underneath them.
Hygiene	Daily oral and body hygiene will help you and the client feel comfortable and stay healthy.

Professional Boundaries

Professional boundaries are the limits to your relationship with a client. Although you will be in close personal contact with them, your relationship must remain professional.

Developing close friendships with a client is an example of crossing a professional boundary. Crossing professional boundaries with the person you support can lead to uncomfortable or dangerous situations.

Clear professional boundaries help you keep a safe, trusting, and ethical connection with a client. If you support multiple people, professional boundaries will help you treat everyone equally and avoid favoritism.

Setting Boundaries

Establishing clear boundaries from the beginning of your working relationship will help you:

- manage your relationship with the client and other care team members;

- keep a healthy physical and emotional distance between you and the client; and
- maintain your identity as a professional caregiver.

You need to be careful about what you say and do in order to establish clear boundaries. Think about caregiving as your job and try to separate it from your personal life. Avoid actions that are inappropriate in a working relationship, such as:

- talking about your personal problems;
- making private arrangements for services outside your assigned duties, such as extra work or errands;
- accepting tips, gifts, or money from a client or their family;
- borrowing or lending money to a client or their family;
- using a client's possessions, such as a phone or vehicle, for personal use;
- gossiping; and
- whispering to others in front of a client or resident.

Warning Signs

Many caregivers find it challenging to keep professional boundaries with a client. It is natural to develop emotional attachments when you work closely with someone in their home or apartment. It can be difficult to refuse a gift or to say "no" to a kind offer.

However, crossing professional boundaries disrupts your ability to provide quality care. Watch yourself for signs that you may be crossing professional boundaries, such as:

- spending your free time with a client;
- sharing personal information or work complaints with a client;
- giving special attention to one client over another;
- keeping secrets with a client; or
- taking gifts or money from a client.

Accepting gifts or money from a client could be considered financial exploitation and adult protective services could be called to investigate.

If a client or their family attempts to give you a gift, kindly but firmly tell them that you are unable to accept gifts and thank them for the offer. If the client or family insists, or if you have already accepted a gift, tell your supervisor or employer right away.

Maintaining Boundaries

Part of your job each day is to maintain your professional boundaries. Ask yourself if your words and actions are professional and appropriate. If you find yourself getting too personally involved with a client, adjust your behavior right away.

A family member or close friend employed as a Home Care Aide has different challenges in establishing a professional working relationship with a client. See Establishing a Working Relationship as a Paid Family Caregiver the Resource Directory on page 310 for more tips and information.

Preparing for and Responding to Emergencies

Protecting client safety is a daily priority for a Home Care Aide. In an emergency situation, you are responsible for keeping the client safe. You are also in a good position to notice and help fix problems before they cause harm.

There are four ways you will protect a client's safety and wellbeing:

1. Practice good safety habits that help prevent accidents.
2. Follow up on any concerns or problems you observe.
3. Recognize the symptoms of a health emergency and respond appropriately; and
4. Prepare for fires, natural disasters, and other emergencies.

Prevent Accidents

Practicing good safety habits can prevent accidents and injury. Having a safe environment also gives clients a sense of security. Good safety habits include:

- keeping walkways clear and well-lit;
- safely storing dangerous items; and
- taking precautions to prevent falls, burns, and electric shock.

See Checklist for Home Safety, Home Safety for Clients who are Cognitively Impaired, and Environment Hazards in the Resource Directory on pages 314 and 317 for detailed safety tips.

"Follow up" on Concerns

When you see a problem or have concerns about safety, take action to resolve the situation. Talk with the client and/or other members of their care team, and report to your supervisor. By dealing with problems right away, you can prevent serious accidents or dangerous emergencies.

Examples of Appropriate Follow up

Example A: While assisting John with his shower this morning, you noticed that the water was hotter than usual. You had a hard time getting the temperature just right so he was comfortable. You know that hot water can burn skin and cause harm. You reported this to your supervisor, who adjusted the hot water heater.

Example B: Shirley, a client who uses a walker, tripped on the mat at the home's front door today. You noticed that the edge of the mat is curled up and will not lay flat. In order to prevent another trip, or worse, a fall, you remove the mat and report the issue to your supervisor.

Responding to a Medical Emergency

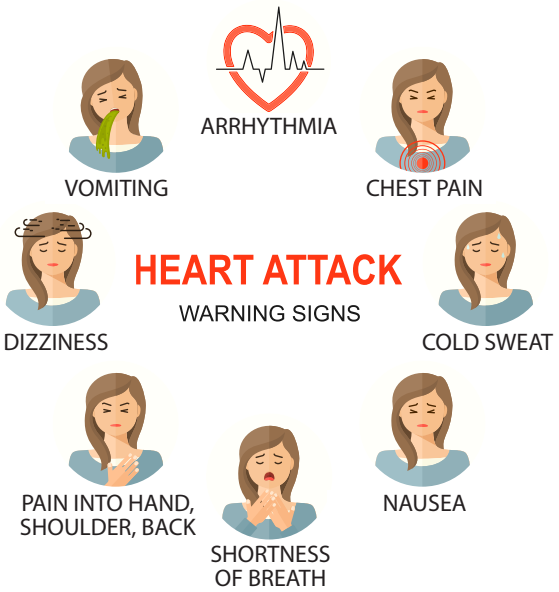
Call 911 right away if a client experiences any of the following medical emergencies:

- bleeding that will not stop;
- breathing problems (difficulty breathing, shortness of breath);
- change in mental status (such as unusual behavior, confusion, difficulty arousing);
- chest pain;
- choking;
- coughing up or vomiting blood;
- fainting or loss of consciousness;
- head or spine injury;
- mental health crisis, such as if someone is a danger to themselves or someone else;
- severe or persistent vomiting;
- sudden injury due to burns or smoke inhalation, deep or large wound, etc.;
- sudden, severe pain anywhere in the body;
- sudden dizziness, weakness or change in vision;
- swallowing a poisonous substance; or
- upper abdominal pain or pressure.

Stroke and heart attack are common medical emergencies among older adults. Know the signs of each.

Heart Attack Signs and Symptoms

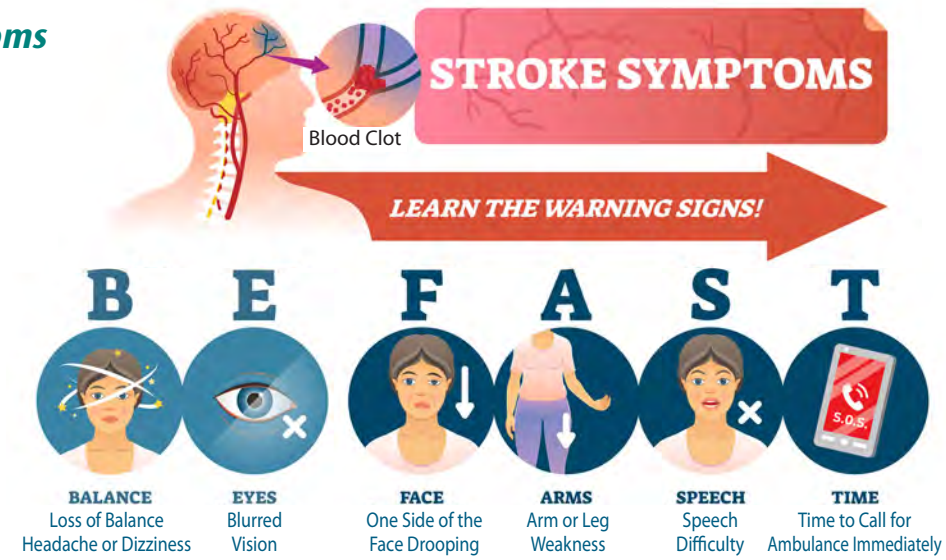
- Pain or discomfort in the chest
- Lightheadedness, nausea or vomiting
- Jaw, neck or back pain
- Discomfort or pain in the arm or shoulder
- Shortness of breath
- Indigestion/heart burn
- Extreme fatigue



Stroke Signs and Symptoms

- Numbness or weakness on one side of the body
- Confusion or trouble speaking or understanding
- Trouble seeing
- Trouble walking or loss of balance
- Severe headache with no known cause

If you think your client might be having a stroke, B.E. F.A.S.T.:



Preparing for Fire and Natural Disasters

Emergencies can happen at any time, even in your first weeks on the job. From day one, think about how you would respond to a:

- medical emergency,
- fire,
- earthquake,
- flood, and
- power outage.

When an emergency happens, you might be the only person who can provide or get help. Make emergency awareness and preparedness a priority.

Emergency Response in your Care Setting

Adult family homes, enhanced service facilities and assisted living facilities have plans, policies and procedures for responding to emergencies and disasters. If you are not sure what you should do in an emergency at your care setting, ask your supervisor. See your orientation and safety training materials to review emergency preparedness in your care setting.

If you support a client in their own home, talk with them about emergency procedures and evacuation plans. If no formal emergency plan exists, work together to make one. See Emergency Procedures and Evacuation Plans in the Resource Directory on page 320.

The client's service plan might include information about the support they need in an emergency. Talk with the client and the care team to make sure you are prepared for an emergency.

Be Ready for Emergencies

Planning ahead and knowing how to respond to a fire or other emergency is important to you and the client's safety. Make sure you know the emergency evacuation procedure for your care setting. You also need to know the location of telephones, fire extinguishers, first-aid kits, and flashlights or emergency lighting.

Your workplace may conduct drills to practice evacuation. However, you might not participate in a drill before an emergency happens. Study the evacuation procedures in your facility, and practice on your own.

Responding to a Fire

The appropriate first response to a fire emergency depends on the situation. In general, follow the guidelines listed below.

- Always help the client get to safety before you do anything else;
- call 911 and report the fire - use a cell phone or a neighbor's phone if necessary; and
- if you must leave the home/building, stay as low as possible when exiting; there is less smoke closer to the floor.

Remember the word R.A.C.E. to remind you how to respond safely if you discover a fire:

R	Rescue	Remove everyone from the immediate vicinity.
A	Alarm	Sound an alarm or call for assistance.
C	Confine the area	Close doors and windows in the area.
E	Extinguish	Extinguish the fire if it is confined to a small area and if you feel confident to do so.

See Fire Safety and Prevention in the Resource Directory on page 321 for more information.

Severe Heat

Severe heat (above 90°F / 32°C) can cause illness and death. It is especially dangerous for people who are older, have health problems, or take certain medications.

Home Care Aides must know how to help clients stay cool, recognize symptoms of heat-related illness, and respond to emergency situations.

Staying Cool

Helping clients stay cool and hydrated is the best way to prevent heat-related illness. The following practices will help.

- Stay inside. If going outside, limit time in heat to 10 minutes, wear sunscreen and a wide-brimmed sunhat and do not over-exert.
- Keep shades, blinds, and curtains closed during the day. Open windows only at night, and only if it is cool outside.
- Use air conditioning and fans. (Note: fans alone are not enough to prevent heat-related illness if the temperature is in the high 90s or above.)
- Wear loose, lightweight, light-colored clothes.
- Take cool (not cold) showers or baths.
- Encourage the client to rest.
- Do not use the oven to cook. Offer cool meals and snacks.
- To help lower a client's body temperature, place cool cloths soaked in cool water on the back of their neck, wrists, ankles, and armpits.

If it is too hot inside, find a local cooling center. Check your county website for locations. Public libraries are also good resources for an air-conditioned location.

Staying Hydrated

Our bodies use water to stay cool when it is hot, so it is important to help clients stay hydrated.

- Offer plenty of liquids without alcohol, caffeine, or sugar. If a doctor has told the client to limit liquids, ask the doctor what to do in hot weather.
- Encourage clients to drink regularly, even if they do not feel thirsty.
- Gelatin, popsicles, and ice chips are a good way to get liquids in for clients who do not like to accept fluids.
- Eat frozen fruit like grapes, peaches, or pineapple chunks.
- The body loses salt when it sweats. This can cause heat cramps. Drinking fruit juice, vegetable juice, and sports drinks can help prevent or relieve heat cramps.

See Module 9, Lesson 1: Nutrition on page 174 for more information about dehydration.

Symptoms of Heat-Related Illness

At the first sign of any of these symptoms, move the client to a cooler location, have them rest and slowly drink cool water. Use cool cloths or a cool bath to help lower their body temperature.

- Heavy sweating
- Cold, pale skin
- Fast, weak pulse
- Nausea or vomiting
- Muscle cramps
- Tiredness or weakness
- Dizziness
- Headache
- Feeling faint

Get help right away if symptoms last more than 1 hour, get worse, or if the client is throwing up.

Heat Stroke

The following are symptoms of heat stroke, an emergency condition that requires immediate medical attention.

- A temperature of 103°F or hotter
- Hot red dry or damp skin
- Not sweating, even if it is hot
- Fast strong pulse
- Changes in behavior, such as confusion, agitation, lethargy, staggering, being grouchy, or acting strangely
- Passing out/losing consciousness

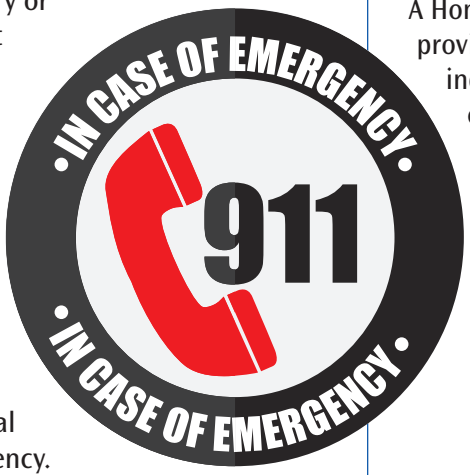
Heat stroke is a medical emergency. If a client shows the symptoms of heat stroke, call 911.

Calling 911

The appropriate first response to a fire, medical, or police emergencies depends on the situation. In most cases:

- make sure the client is safe before you do anything else; and
- call 911 for help in any situation or problem you think might be an emergency.

Calling 911 may feel scary or embarrassing. Do not let these feelings stop you from picking up the phone. The emergency medical services (EMS) personnel who respond when you call 911 will start giving your client medical care right away and quickly get them to the right hospital for their medical emergency.



Make sure you know how to use the telephone system in your workplace to call emergency services.

When calling 911:

- stay calm;
- briefly describe the problem;
- give the address and the nearest major street or intersection; and
- stay on the phone and follow the directions of the dispatcher.

It is a good idea to keep emergency information next to the telephone or in another visible location. This information may include the address and cross street of the client's home or care facility.

After the client is safe and the emergency is under control, notify the client's emergency contacts. These may be listed in the service plan or in another record such as a chart or file. In an adult family home, enhanced service facility, or assisted living facility, ask your supervisor about emergency contacts and responsibilities.

Summary

A Home Care Aide's basic job duties include providing personal care, supporting a client's independence and rights, observing and reporting changes to the appropriate person on the care team, and preparing for and responding to emergencies.

As a professional caregiver, a Home Care Aide must follow good professional conduct and maintain professional boundaries in order to provide the highest quality care.

Checkpoint

Answer these questions based on your own care setting. If you don't know the answers, check with your trainer or supervisor.

1. Where can you find the client's service plan?

2. Who can you report to if you have concerns or problems about a client's condition?

3. When, where, and how often do you need to document your observations about a client?

4. What is your employer's policy about calling out when you are sick?

5. What is the procedure for a medical emergency such as stroke or heart attack in your care setting?

6. What is the procedure for a fire in your care setting?

Lesson 2 Mandatory Reporting and Preventing Mistreatment

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Recall their mandatory reporting requirements;
2. Recognize common signs of abuse, abandonment, neglect, and financial exploitation; and
3. Demonstrate how and when to report suspected abuse, abandonment, neglect, and financial exploitation.

Key Terms

Mandatory reporter (RCW 74.34.020): a person required by law to report suspected abuse, neglect or financial exploitation of a vulnerable adult. Includes any employee of the Department of Social and Health Services; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider.

Neglect: when a person with a responsibility for a vulnerable adult fails to provide necessary goods or services, fails to prevent physical or mental harm, or puts the vulnerable adult in danger.

Overview

Home Care Aides support vulnerable adults. Part of that support is to watch for, recognize, and immediately report signs of abuse, abandonment, neglect, and financial exploitation.

Home Care Aides must understand their roles as mandatory reporters and be aware of the risk factors and signs of mistreatment.

Mandatory Reporting

Washington State Law (RCW 74.34) lists Home Care Aides as mandatory reporters for all allegations of abandonment, abuse, financial exploitation, and neglect.

As a Home Care Aide, you must immediately report to DSHS if you have reason to believe any vulnerable adult is being harmed. You must report as soon as you and the client are safe to do so. Your responsibilities as a mandatory reporter continue whether you are at work or not (24-hours a day, 7 days/week) and include any vulnerable adult – not just the client(s) you work with.

If you suspect physical or sexual assault, you must report it to law enforcement and appropriate DSHS department. If you think a vulnerable adult may be in danger or needs urgent help, call 911. Then report it to DSHS.

It is critical that you take your role as a mandatory reporter seriously. For every case of abuse reported, national statistics show as many as four cases go unreported. This means the majority of vulnerable adults being harmed continue to suffer - often without any way of getting help.

You can't let anything stop you from reporting. If you do, you are breaking the law and could be risking someone's life or continued suffering if they are being harmed.

If the person is in immediate danger, call 911.

Risk Factors

There is no single pattern for what causes abuse or who may be harmed. Abuse happens to people of all genders, ethnic backgrounds, and social positions. What is known includes:

- the abuser is often (though not always) a family member or spouse;
- abuse takes place both in private homes and community care settings; and
- vulnerable adults are at a higher risk of abuse.

Families and Abuse of a Vulnerable Adult

Family situations that can contribute to abuse are:

- a history of violence within the family;
- social isolation of the vulnerable adult;
- changes in living situations and relationships;
- a vulnerable adult's growing or continued frailty and/or dependence;
- additional emotional and financial stresses;
- emotional or psychological problems; and
- drug or alcohol problems.

Abuse, like any form of violence, is never an acceptable response to any problem.

Mistreatment in Residential Facilities

Residential facilities often have a larger client population and more complex social relationships. Client-to-client abuse is more common in residential facilities. Risk factors for client-to-client abuse include:

- residential clients with dementia, cognitive impairments or behavioral problems;
- facilities/homes with younger mentally ill residents, and/or residents with a history of violence; and
- residential clients with depression, delusions, or hallucinations.

Recognizing Signs of Abuse, Neglect, and Exploitation

As a caregiver, you must know and look for possible signs of mistreatment. One sign or a combination of signs might make you suspect something is wrong. Use your observation skills and stay alert to what you see and hear.

Watch and/or listen for:

- any sign of a problem;
- what the client is telling you;
- a nagging feeling that something is not right;
- things that do not have an explainable cause; and
- explanations for injuries or behavior that do not seem to make sense.

Types of Abuse

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult.

Sexual Abuse

"Sexual abuse" includes any form of non-consensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.

Signs of sexual abuse include:

- bruises around the breasts or genital area;
- genital infections, vaginal or anal bleeding;
- difficulty walking or sitting;
- torn, stained, or bloody underclothing;
- the vulnerable adult refuses to bathe; or
- the vulnerable adult reports being sexually abused.

Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.

Physical Abuse

"Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

Signs of physical abuse include:

- bruises, black eyes, welts, cuts;
- broken or fractured bones;
- untreated injuries in various stages of healing;
- unexplained injuries;
- broken eyeglasses/frames; or
- sudden change in behavior or unexplained withdrawal from normal activity;
- signs of being restrained (bruising or unexplained marks on wrists, rope burn);
- the vulnerable adult downplays injuries;
- the vulnerable adult is reluctant to go to a doctor or changes doctors often; or
- the vulnerable adult reports being harmed.

Mental Abuse

"Mental abuse" means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

Signs of mental abuse include:

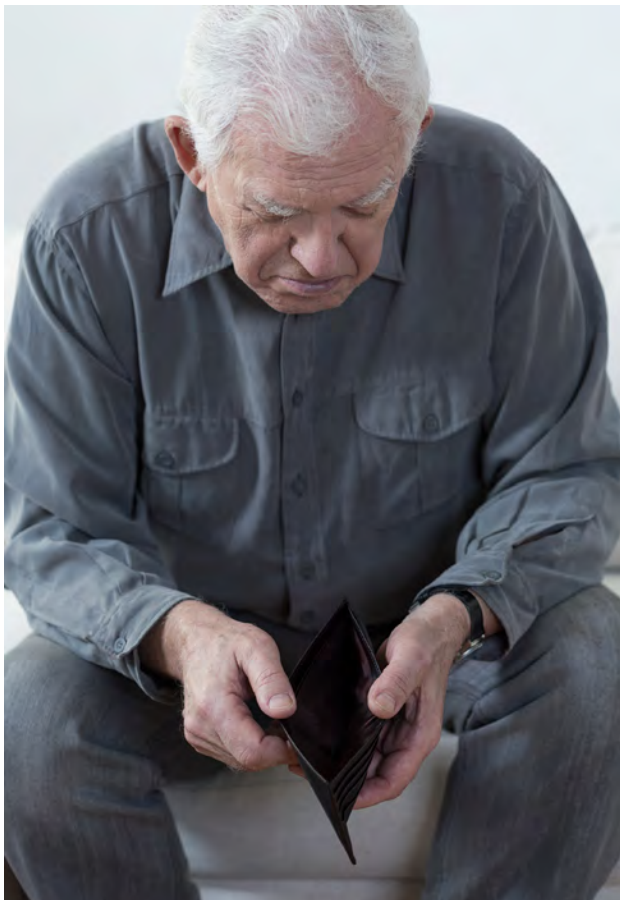
- being emotionally upset, agitated, or anxious;
- unusual behaviors (sucking, biting, rocking);
- being extremely withdrawn or fearful;
- nervousness around certain people;
- depression or nightmares; or
- the vulnerable adult reports being mentally abused.

Personal Exploitation

"Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

What Would You Do?

A client you work with has occasional visits from a family member. After some of these visits, the client becomes quiet, withdrawn, depressed, or agitated. What would be an appropriate response to this observation? Would you report it as suspected abuse? Why or why not?



Financial Exploitation

"Financial exploitation" means the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult.

Examples include illegally withdrawing money out of another person's account, forging checks, or stealing things from the house.

Signs of financial exploitation include:

- putting additional names on bank accounts;
- unauthorized ATM withdrawals;
- missing checks;
- sudden changes of a will or other financial documents;
- using or taking a vulnerable adult's property or possessions without permission;
- unpaid bills;
- telemarketing scams – which use lies, tricks, and threats to get a vulnerable adult to send money;
- unexplained transfer of assets to others (e.g. stocks, bonds, deeds, titles);
- sudden appearance of previously uninvolved relatives claiming money and/or possessions; or
- the vulnerable adult reports exploitation.

Neglect

"Neglect" is when a person with a responsibility for a vulnerable adult fails to provide necessary goods or services, fails to prevent physical or mental harm, or puts the vulnerable adult in danger.

Examples include not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care, etc.

Signs of neglect include:

- untreated injuries, health, or dental problems;
- vulnerable adult does not have the right type of clothing for the season;
- lack of food;
- hazardous, unsanitary, or unsafe living conditions (i.e. no heat, no running water);
- animal or insect infestation;
- empty or unmarked medicine bottles or outdated prescriptions;
- loss of eyeglasses, dentures, or other assistive devices;
- untreated pressure injuries;
- soiled clothing or bed;
- the vulnerable adult is dirty or smells of urine or feces; or
- the vulnerable adult reports neglect.

Abandonment

"Abandonment" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

Examples include deserting a vulnerable adult in a public place, leaving a vulnerable adult at home without the means of getting basic life necessities, or a caregiver working in a client's home who quits without notice.

Signs of abandonment include:

- the vulnerable adult is left in a public place without the means to care for themselves;
- the vulnerable adult is left alone at home and not able to care for themselves safely;
- the caregiver does not show up to provide needed care resulting in an unsafe situation for the vulnerable adult;

- the caregiver quits without notifying case manager, supervisor, the vulnerable adult, or the vulnerable adult's contact;
- the vulnerable adult reports abandonment;
- not following the care plan;
- mismanaging medications; or
- failure to address or report health concerns.

Self-neglect

"Self-neglect" means the failure of a vulnerable adult, who is not living in a facility, to provide for themselves the goods and services necessary for their own physical or mental health, impairing their wellbeing. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

Signs of self-neglect include:

- hoarding;
- not enough food or water;
- hazardous, unsafe, or unsanitary living conditions;
- inappropriate and/or inadequate clothing;
- inadequate medical care, not taking prescribed medications properly.

Helping a Self-Neglecting Adult

If appropriate, help the vulnerable adult to:

- figure out what is happening and why;
- make and keep medical appointments;
- create routines and steps to assist in keeping the routine;
- attend social functions; or
- get other family members or professionals (e.g. a case manager) involved.

Any form of abuse is a clear sign that the people involved need help immediately.

Making a Report

You can make a report online or over the telephone.

Reporting by Telephone

You may contact any of the following:

DSHS's ENDHARM hotline: 1-866-ENDHARM (1-866-363-4276)

Adult Protective Services: 1-877-734-6277 (TTY: 1-833-866-5595)

Contact APS for reports of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation of vulnerable adults living in the community and in facilities.

Complaint Resolution Unit: 1-800-562-6078 (TTY 1-800-737-7931)

Contact CRU to report concerns regarding a person living in a facility (e.g. a nursing home, adult family home, Assisted Living, enhanced services facility, intermediate care for individuals with intellectual disabilities) or receiving supported living services.

Online Reporting

Online reporting is available 24 hours a day, seven days a week. To make a report, visit:

www.dshs.wa.gov/altsa/reportadultabuse

If you are an employee of a residential facility, please complete a Residential Care Services Online Report:

www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting

Also report suspected abuse, neglect, or exploitation to your supervisor right away. The resident will be protected and an investigation will begin immediately.

More to Know about Reporting

- You do not need anyone's permission to make a report (including the client and/or your supervisor).
- You do not need proof to make a report.
- If you report in good faith and it turns out there was no abuse, you cannot be blamed or get in trouble.
- Your name will be kept confidential (unless there is a legal proceeding, you give permission to release your name, or where the law requires the release of your name to law enforcement or a licensing agency).
- Your name will not be given out to the client.

When you report, you will be asked to tell what you know about:

- the name, address, and age of the person you suspect is being harmed;
- what you think is happening, when it started, and if it continues to be a problem;
- who you think is doing the harm;
- the names of anyone else who may have some information about the situation; and
- your name, address, and the best time to reach you, so you can be contacted for any questions.

All reports will be screened by the Complaint Resolution Unit (CRU) within Residential Care Services and/or Adult Protective Services.

You do not need proof to report suspected mistreatment.

Summary

Abuse of vulnerable adults is a serious but common crime. Sadly, most abuse goes unreported. A Home Care Aide is a mandatory reporter and must report any suspected abuse or other mistreatment immediately. Reporters do not need to have proof and must report all suspicions of mistreatment.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. Who is responsible for reporting abuse of vulnerable adults?

2. When must you report suspected abuse?

3. What should you do if someone is in immediate danger?

4. List and define 3 types of abuse.

5. What are 2 signs of financial abuse?

6. What phone numbers can you call to report suspected abuse?

Module Review

For each question, choose the best anwer.

1. To support a client's independence when helping with personal care, you should encourage the client to:
   a. Do what they can.
   b. Try big, new things every day.
   c. Not use assistive devices.

2. When providing personal care, honor a client's need and right to privacy:
   a. Every time you provide care.
   b. When you have time.
   c. If the client asks for it.

3. The best way to maintain a healthy, professional boundary between you and a client is to view caregiving as your job.
   ❑ True ❑ False

4. A client's service plan has all the information you need to do your job.
   ❑ True ❑ False

5. To effectively observe changes in a client, compare their baseline to:
   a. What you see, hear, smell, or feel.
   b. Other client's behaviors.
   c. Their last visit to the doctor.

6. Is the following comment and example of objective or subjective documentation?
   "Mrs. Smith was out of control all afternoon."
   ❑ Objective ❑ Subjective

7. In most emergencies, your first response should be to:
   a. Check the service plan.
   b. Make sure the client is safe.
   c. Report to your case manager/supervisor.

8. Changes in a client's baseline should be reported when you:
   a. Have time.
   b. Feel like it.
   c. Notice them.

9. Your own beliefs and values influence how you provide care.
   ❑ True ❑ False

(Continued on next page)

10. A possible sign of physical abuse could include a vulnerable adult with a suspicious injury refusing to see a doctor.

    ❑ True ❑ False

11. Since Mr. Rogers hired another caregiver a month ago, he has given her $800 to fix her car, $725 to pay for a dentist visit, and has "misplaced" his checkbook. What should you do?

    a. Call and report it to DSHS.

    b. Talk to the new caregiver about it.

    c. Call Mr. Roger's family and tell them.

12. Put the number of the correct definition next to the term it defines.

Definition number	Term	Definition
	Financial exploitation	**1)** Willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult.
	Abandonment	**2)** Illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult.
	Neglect	**3)** Leaving the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.
	Abuse	**4)** Failing to provide necessary goods or services or failing to prevent physical or mental harm, or putting the vulnerable adult in danger.

13. When is a caregiver mandated to report abuse of a vulnerable adult? (Circle the correct answer)

    a. Any time the caregiver suspects abuse.

    b. After getting their supervisor's permission.

    c. After getting the client's permission.

14. A possible sign of neglect could include a vulnerable adult living in unsafe or unsanitary living conditions.

    ❑ True ❑ False

1. A, 2. A, 3. True, 4. False, 5. A, 6. Subjective, 7. B, 8. C, 9. True, 10. True, 11. A, 12. 2-3-4-1, 13. A, 14. True

Module 6: Infection Control and Prevention

Learning Goal

Home Care Aides will use best practices to prevent and control the spread of infections, including blood-borne infections.

Lesson 1: Breaking the Chain of Infection

Lesson 2: Blood-Borne Pathogens

Lesson 1
Breaking the Chain of Infection

Learning Objectives

After completing this lesson, Home Care Aides will be able to:

1. Recognize symptoms of commonly occurring infections;
2. Identify ways that infections spread;
3. Implement infection control standard precautions;
4. Use current best practices to control the spread of infection, including the use of handwashing, gloves, and other forms of personal protective equipment;
5. Use laundry and housekeeping measures to help control the spread of infection;
6. Properly use cleaning agents to eliminate germs on surfaces; and
7. Recall recommended vaccinations for adults to reduce and prevent the spread of illness.

Key Terms

Chain of infection: six steps describing how infectious disease spreads from one person to another.

Contagious: spread from one person to another by direct or indirect contact.

Disinfect: using a bleach or other disinfectant solution to kill pathogens on surfaces and objects.

Hand hygiene: regularly washing hands with soap and water or sanitizing hands using an alcohol-based hand rub (ABHR).

Immune system: the body's natural defenses that fight against pathogens and prevent infections.

Infectious disease: illness caused by pathogens that grow and multiply inside a person's body.

Pathogens: harmful germs such as bacteria, viruses, fungus, and parasites that can cause infection.

Personal Protective Equipment (PPE): gowns, gloves, masks, respirators, and eye protection that block the transmission of pathogens through bodily fluids and airborne droplets.

Standard precautions: infection prevention practices used with any client to avoid the transmission of pathogens.

Vaccination: the act of introducing a vaccine into the body to create immunity to a specific disease.

Vaccine: a product that prepares the immune system to fight a specific disease.

Overview

Infectious diseases are very dangerous for older adults, and pathogens can spread quickly in residential care settings.

When providing personal care, Home Care Aides look for signs of infection and avoid spreading infections themselves.

Home Care Aides must understand how infections spread and use standard precautions to break the chain of infection.

By practicing good hand hygiene, properly using gloves and other PPE, and disinfecting surfaces, Home Care Aides can protect clients and themselves.

What do you do to avoid getting sick?

Infectious Disease

Infectious diseases can cause pain, injury, disability, or even death. They develop when pathogens such as bacteria, virus, or fungus enter a person's body and multiply. Examples of common infections in health care settings include the following.

- Urinary tract infections
- Skin, nail, or wound infections
- The common cold
- Influenza (flu)
- SARS-CoV2 (COVID-19)
- Illnesses involving diarrhea
- Pneumonia

Many infections are contagious. They grow in one person and then spread to others through direct or indirect contact.

Signs and Symptoms of Infection

Recognizing when someone might have an infection helps you provide treatment and prevent the spread of the disease to others. Pay special attention to these common signs and symptoms of infection:

- Fever, chills, sweating
- Congestion or coughing
- Nausea or vomiting
- Pain
- Confusion or change in mental status
- Headache or dizziness
- Areas on the body with redness, swelling, or that feel hot to touch
- Hot or dry skin
- Burning or pain when urinating
- Feeling tired, bad, or weak
- Decline in overall well-being
- Increased breathing and pulse rates
- Rash
- Open sores with green or foul smelling discharge
- Thirst

If a client has symptoms, document and report them to the appropriate person in your care setting. If you experience any symptoms yourself, notify your employer and stay home to prevent the spread of infection.

Remember that people can have an infection and pass it to others without having any symptoms. To be safe, you must always use standard precautions when providing care.

The Chain of Infection

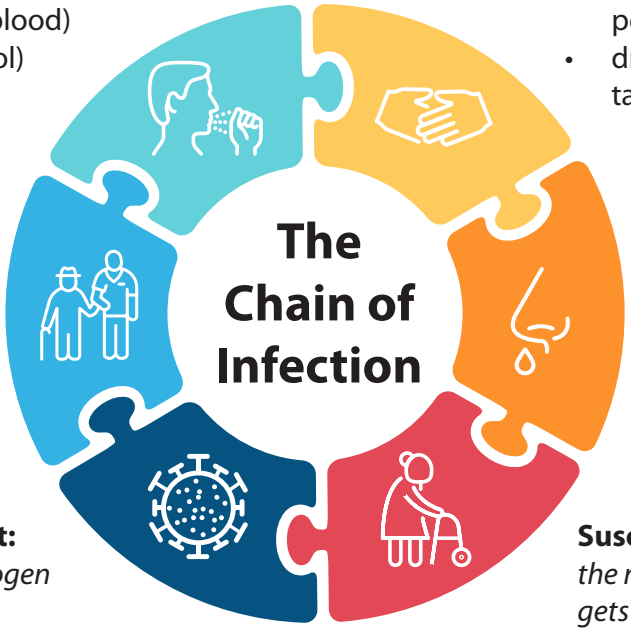
Understanding how pathogens grow and spread will help you protect yourself and others from disease. The chain of infection explains how an infectious agent (pathogen/germ) can spread from one person to another.

3 Portal of Exit:
how germs get out

- mouth (vomit, saliva)
- cuts in skin (blood)
- toileting (stool)
- nose (mucus)

4 Mode of Transmission:
how germs move

- contact (touching a person or surface)
- droplets (when you talk, sneeze, cough)



2 Reservoir:
where germs live and multiply

- people
- pets/animals
- food
- soil
- water

5 Portal of Entry:
how germs get in

- mouth
- nose
- cuts in skin
- inhaled into lungs

1 Infectious Agent:
the germ or pathogen

- bacteria
- fungus
- virus
- parasite

6 Susceptible Host:
the next person who gets sick

- older adults
- very young children
- people with weakened immune systems

Example:

A caregiver is infected with the flu but has no symptoms. They cough into their hand before helping a resident with personal care. The flu virus is transferred to the resident's hand. The resident then touches their own face, and the flu virus enters their body through the mucus membranes in their nose. They have not gotten their annual flu vaccine, so the virus grows and multiplies. The chain of infection has led the infectious disease from one person to another. The resident may now go on to infect other residents and caregivers.

What specific actions could the caregiver and/or resident do to break the chain of infection?

Remember: Most infections spread through direct or indirect contact.

Standard Precautions

As a caregiver, your job is to break the chain of infection. Understanding and following standard precautions will protect you and the people you care for from infectious disease. Standard precautions include the following.

- Hand hygiene
- Using appropriate personal protective equipment (PPE) such as gloves, masks, respirators, gowns, and eyewear
- Respiratory hygiene/cough etiquette
- Sharps safety
- Safe injection practices
- Properly cleaning/sterilizing instruments and devices
- Cleaning and disinfecting the environment

You must follow standard precautions every time you provide care for every client.

Infection Control from the Client's Viewpoint

Wearing gloves and other infection control practices limits your physical contact with the people you care for, and this can interfere with a client's need for connection and emotional support. They might feel dirty, lonely, or isolated.

You need to be sensitive to a client's feelings, but you must always follow standard precautions. Communicate with the client about why these practices are important to their health and well-being. Assure them standard precautions are for their own safety.

Hand Hygiene

Hand hygiene means cleaning your hands by handwashing with soap and water or using alcohol-based hand rub. Your hands can pick up germs from every person, surface, and object you touch. Without proper hand hygiene, your hands quickly spread germs.

Hand hygiene is the single most important thing you can do to control the spread of infection.

The CDC estimates that 2 million care recipients get an infection from health care providers every year. About 90,000 people die from these infections.

When to Clean your Hands

Germs are too small to see. Even if your hands look clean, they can spread infections. You must make hand hygiene a constant part of your daily activity.

Clean your hands at the following times.

- Upon arriving at work
- When entering a resident's room/apartment; before providing hands-on resident care
- Before putting on gloves
- After removing gloves
- Before leaving a resident's room/apartment; after providing hands-on resident care
- Before preparing food
- Before and after eating
- After using the restroom
- After touching potentially contaminated items
- After blowing your nose, sneezing, coughing, or touching your face
- After smoking
- After petting/touching animals
- Before leaving work at the end of your shift

S.W.I.P.E.S

Home Care Aides must wash their hands before preforming any personal care task. Every personal care skill procedure includes the acronym "S.W.I.P.E.S.", which helps you remember to:

S	Gather **supplies** before starting task
W	**Wash** hands before contact with a client
I	**Identify** yourself by telling the client your name
P	Provide **privacy** throughout care with a curtain, screen, or door
E	**Explain** to the client what you are doing
S	**Scan** the area to be sure everything is back in place after the task is done

Skill: Hand Washing

To be certified as a Home Care Aide, you must demonstrate that you know how to wash your hands the correct way. See Hand Washing in the Skills Checklists on page 420 for a detailed list of steps.

Germs can grow quickly on cloth towels. Use only paper towels to dry your hands.

Steps to Washing your Hands

Common Excuses for Not Performing Hand Hygiene

People sometimes choose not to wash their hands when they should. The most common reasons are:

Excuse	Fact
"My hands don't look dirty."	Germs are too small to see. Just looking at your hands will not tell whether they are really "dirty." You need to wash your hands based on the activities you do as a caregiver.
"I don't have time."	The few extra minutes it takes is well worth the benefits to you and the client. Make hand washing a part of your regular routine so you automatically build time for it into your schedule.
"Washing my hands so often dries them out."	Use moisturizing soap and lotion to prevent chapping and dry hands.

Washing hands saves lives.

Alcohol-Based Hand Rub (ABHR)

Using Alcohol-based hand rub (ABHR) is another way to kill germs on your hands. However, if your hands are visibly dirty, soap and water are still the best choice. To use ABHR effectively:

- use a product with 60-95% ethanol or isopropyl alcohol;
- apply a palm full of the product in a cupped hand, enough to cover all surfaces;
- rub hands together, covering all surfaces including palms, backs of each hand, and between fingers;
- rub until dry - this should take around 20 seconds.

Ask your supervisor if ABHR is available and approved for use in your care setting. Be sure to follow your employer's policy on the use of ABHR.

Skin and Nail Care

Frequent hand-washing and sanitizing can dry your skin. Use unscented lotions and creams to moisturize. Make sure your care setting approves the lotions you use.

Germs can live under long fingernails, even after hand hygiene. Keep natural nails less than ¼ inch long. Do not wear artificial fingernails when providing personal care.

Hand Hygiene for Clients

Germs often spread between clients who have not had the opportunity to wash their hands or been prompted to do so. Encourage, cue, and help clients wash their hands whenever appropriate.

Wearing Gloves

Gloves provide protection for you and the client. Proper use of disposable gloves helps you avoid spreading germs from one person to another.

When to Use Gloves

You must wear gloves when you:

- have direct contact with blood, body fluids, or mucous membranes;
- handle things contaminated with germs such as tissues, disposable undergarments, or soiled clothing or linens;
- provide first-aid;
- have contact with a client who has an open wound;
- clean-up bodily fluids;
- assist a client with toileting or other personal care tasks; or
- have a cut, scrape, chapped hands, or dermatitis, etc.

Proper Glove Use

Disposable gloves should:

- fit well and not feel loose;
- be made of the appropriate material, usually latex*, nitrile, or vinyl;
- not be peeling, cracked, discolored, or have punctures or tears;
- be thrown away after each use; and
- be changed between tasks and when they have become contaminated with germs (e.g. bodily fluids).

* Many people are allergic to latex. Use non-latex gloves if you or the client have a latex allergy. Some gloves are powdered, which can be irritating to some people. Switch to non-powdered gloves if the powder is a problem for you or a client.

Skill: Put on Gloves

Gloves are only effective protection if they are used correctly. Putting on gloves correctly requires following specific steps.

See Put on Gloves in the Skills Checklists on page 421 for the detailed procedure.

Skill: Take off Gloves

Taking off gloves the correct way means safely removing and disposing of them without spreading germs.

See Take off Gloves in the Skills Checklists on page 421 for the specific steps.

Personal Protective Equipment (PPE)

Personal Protective Equipment can help break the chain of infection. Masks/respirators and eye protection prevent coughs, sneezes, and droplets from entering your eyes, nose, and mouth. Gowns or aprons keep your clothing and skin clean to prevent accidentally spreading germs to others.

You should wear PPE when there is a potential for exposure of blood or bodily fluids from a client. If a client has symptoms or a confirmed infection, put PPE on before entering their room. Talk with your supervisor to learn which PPE is necessary for each situation.

Skill: Using Personal Protective Equipment

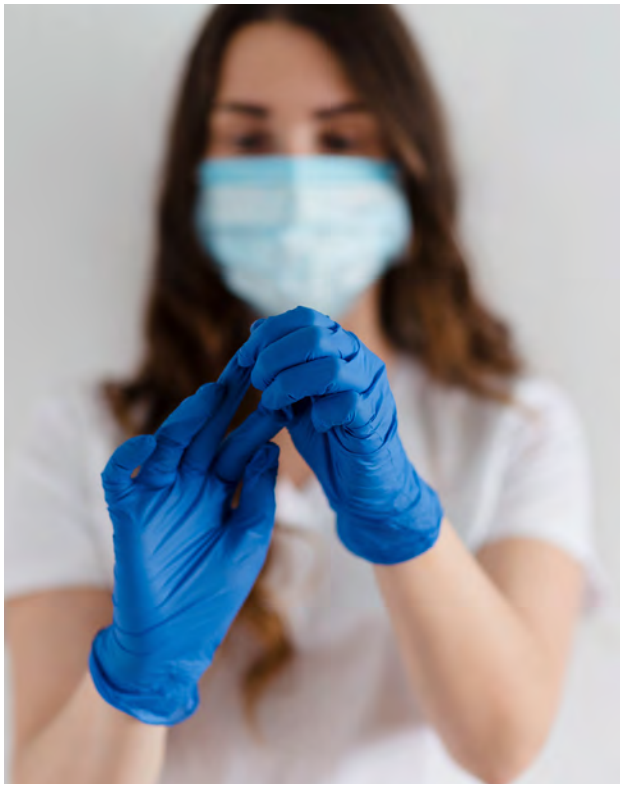
Personal protective equipment only works if you put it on and take it off the correct way. These are skills that require practice.

See Using Personal Protective Equipment in the Skills Checklists on page 421 for the detailed steps.

Removing Full PPE

Taking off PPE can spread germs if done incorrectly. When you take off your PPE, assume that the outside of all PPE is contaminated. Remove each piece of PPE without touching the outside surfaces. If your hands get contaminated while removing any piece of PPE, immediately clean your hands before continuing. To remove PPE safely, follow these steps:

1. Remove gloves and discard
2. Remove gown and discard
3. Leave the client's room
4. Perform hand hygiene
5. Remove face shield/goggles
6. Remove and discard mask
7. **Perform hand hygiene**



Respiratory Hygiene and Cough Etiquette

Practice respiratory hygiene to prevent the spread of pathogens through droplet transmission:

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Dispose of the tissue in the nearest waste container.
- If you do not have a tissue, cough or sneeze into your upper sleeve or elbow instead of your hands.
- Wash your hands or use an alcohol-based hand rub.

If you are coughing or sneezing frequently, consider wearing a facemask to protect others.

Sharps Safety

Syringes, needles, blades, lancets, and other sharp items can puncture your skin and expose you to blood-borne pathogens.

The risk of infection is very low, but you must know how to properly handle sharps to protect yourself and others.

Know Your Potential Exposure

Be aware of where you might find needles or other sharps in your workplace. For example, if you support a client who takes insulin injections, check for needles before reaching into a pile of laundry.

Sharps Safety Devices

Many sharps come with built-in safety devices such as retractable needles or plastic caps or sheaths. If your workplace uses these items, ask your employer to show you how they work so that you can handle them safely.

One important sharps safety device is a sharps disposal container. These are strong plastic containers that cannot be punctured by a needle. Ask your employer and make sure you know where these containers are located in your workplace.

Handling Needles Safely

The following guidelines will help to prevent accidental needle sticks.

- Do not bend, recap, or attempt to remove the needles from a syringe
- Do not shear or break needles
- Place used sharps immediately in the appropriate containers

Picking up Discarded Syringes

When you find a discarded syringe, protect yourself and dispose of it properly by following these steps:

1. Put on puncture-resistant gloves.
2. Do not touch the syringe with your hands.
3. Use tongs or pliers to pick up the syringe.
4. Put the syringe into a sharps disposal container needle-first.
5. Remove your gloves and discard them in a plastic trash bag.
6. Wash your hands or use alcohol based hand rub.

Disposing of a Sharps Safety Container

Sharps safety containers should be disposed of when the container is ¾ full. Never over-fill a sharps container. Each county in Washington State has regulations about how to dispose of a sharps safety container. Check with your employer or local Health Department if you are unsure.

Cleaning and Disinfecting the Environment

Clean and disinfect any surface contaminated with body fluids or blood immediately. Always wear gloves when cleaning contaminated surfaces. Use paper towels to clean up. Dispose of contaminated materials properly. Then use an approved disinfectant to kill any germs that may have stayed on the surface.

Items such as used sheets, dirty dishes, and worn clothes, as well as areas like bedrooms and bathrooms need routine cleaning and disinfection.

General Cleaning and Disinfecting Guidelines:

Cleaning and disinfecting are not the same. Cleaning with soap, water, and scrubbing removes dirt and some germs. Disinfecting with a bleach solution or a commercial household cleaning solution kills additional germs.

There are 2 steps to cleaning and disinfecting any surface:

1. Clean and scrub the surface with soap and water.
2. Disinfect the area with a bleach solution or a commercial household cleaning solution.

Follow the directions on the bleach bottle for preparing a diluted bleach solution. If your bottle does not have directions, you can make a bleach solution by mixing 5 tablespoons (1/3 cup) of bleach per gallon of room temperature water.

See Disinfecting and Sanitizing with Bleach on page 327 and Household Cleaning and Disinfection on page 234 for more information.

Special Laundry Procedures

Although the risk of exposure from soiled laundry is very small, treat laundry soiled with body fluids or blood as contaminated. It is best to not mix one client's soiled laundry together with another client's soiled laundry in order to minimize spreading of germs. When handling soiled laundry:

- Wear gloves.
- Put contaminated items in a leak proof, plastic bag or covered hamper until ready to wash.
- Handle as little as possible and do not shake items out.
- Avoid holding soiled items against your clothing.
- Wash items with a detergent and/or bleach according to the manufacturer's directions.
- Keep soiled and clean linen separate.
- Wash your hands after you are done.

See Household Cleaning and Disinfecting in the Resource Directory on page 326 for more information on doing laundry.

Proper Disposal of Contaminated Waste

Contaminated waste needs to be disposed of safely. Talk to your supervisor and make sure you know how to dispose of contaminated waste correctly in your workplace.

Strengthening the Immune System

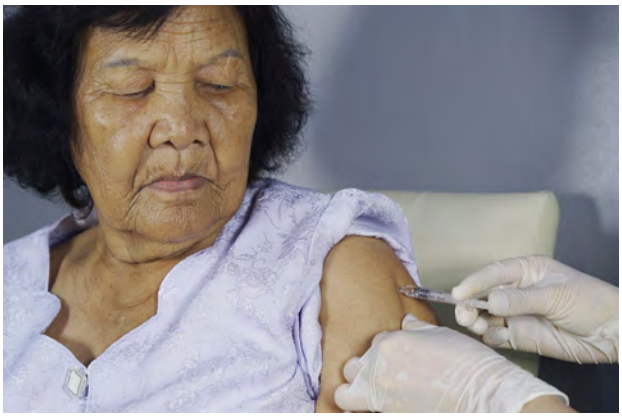
As we age, our immune systems become less effective at fighting infections. The following factors also have a negative effect on the immune system.

- Poor nutrition
- Dehydration
- Stress
- Lack of sleep
- Chronic disease or certain medications
- Thinning of the skin
- Smoking or alcohol

The following can strengthen the immune system.

- Making healthy choices in diet, fluid intake, and exercise
- Getting plenty of rest
- Maintaining good personal hygiene habits, including dental hygiene
- Reducing stress
- Getting vaccinations
- Visiting a doctor regularly

Making healthy choices for yourself, and encouraging clients to do the same, can help prevent infection.



Vaccines and Immunization

Health care workers should stay current on their vaccines. Because you work directly with clients and handle bodily fluids, you are more likely to get and spread serious disease.

Check with your employer to see if any immunizations are available through your workplace. Check with your doctor to make sure you are current on immunizations. Encourage your clients to also follow their doctor's immunization recommendations.

Types of Immunizations

- Tetanus/Diphtheria/Pertussis (whooping cough) – every ten years or if injured
- Measles, Mumps, and Rubella – one to two doses (lifetime)
- Flu shots – one dose annually
- SARS-CoV2 (COVID-19)
- Pneumonia shot – once or twice depending on age and lifestyle
- Hepatitis A – a series of 2 shots, 6 months apart
- Hepatitis B – a series of 3 shots, usually 0, 1, and 6 months apart
- Varicella (chicken pox) – 2 doses, 4 weeks apart (if not immune)

Visit hhs.gov/immunization/who-and-when/index.html for more information on which vaccinations are recommended for you.

Summary

Infectious diseases can be extremely dangerous. There are several ways that Home Care Aides can prevent the spread of infection. Knowing and watching for the symptoms of common infections, washing hands, following standard precautions, and using proper cleaning and housekeeping measures all keep clients and caregivers safe.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What should you do if a client shows symptoms of an infection?

2. What does “SWIPES” mean?

3. When should you wash your hands? List at least 5 situations.

4. How should you handle clothing or bedding that has been contaminated with bodily fluids?

5. How can you disinfect a surface?

6. What are five ways to strengthen the immune system against infection?

Lesson 2 Blood-Borne Pathogens

Learning Objectives

After completing this lesson, Home Care Aides will be able to:

1. Identify common blood-borne pathogens and diseases;
2. Recall how blood-borne pathogens are transmitted;
3. Use standard precautions to prevent the spread of blood-borne disease;
4. Recall what to do if exposed to blood-borne pathogens, including how to report;
5. Recall how HIV works in the body;
6. Identify the common symptoms of HIV/AIDS;
7. Recall the legal and ethical issues related to HIV, including required reporting, confidentiality, and non-discrimination; and
8. Appreciate the importance of emotional issues and support for clients and long-term care workers.

Key Terms

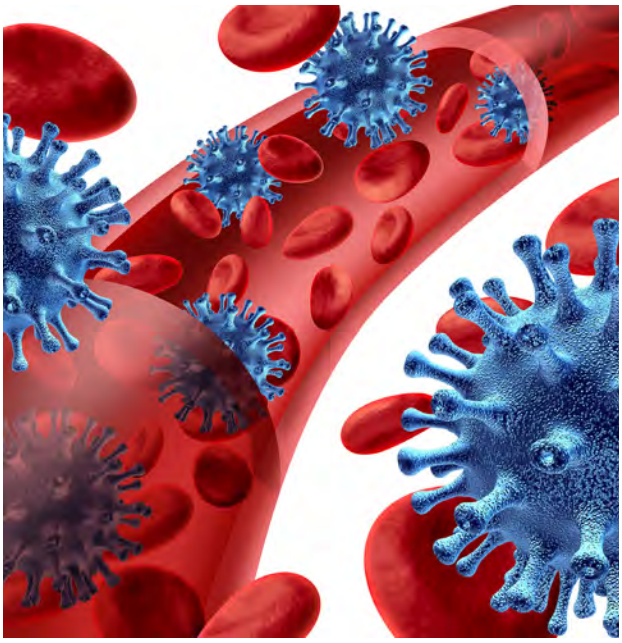
Acquired Immune Deficiency Syndrome (AIDS): the most advanced stage of HIV when the immune system is badly damaged. The body becomes vulnerable to many kinds of serious infections.

Blood-Borne pathogen: infectious microorganisms in human blood that can cause disease in humans.

Hepatitis (B and C): viral infections of the liver.

Human Immunodeficiency Virus (HIV): a virus that attacks the immune system, preventing the body from fighting infections. If untreated, HIV may cause AIDS.

Opportunistic infections: infections that attack the body due to the person's weakened immune system.



Stigma: negative attitudes and discrimination against a person based on physical appearance, diagnosis of a condition, and/or beliefs which cause a sense or feeling of shame.

Transmitted: the process of passing something from one person or place to another.

Undetectable = Untransmittable (U=U): a prevention strategy against HIV in which reducing the amount of virus in the blood prevents the transmission of the virus through sex.

Viral load: the amount of virus present in the blood, saliva, mucus, or other body fluid.

Overview

Home Care Aides are responsible to follow standard precautions and prevent the spread of blood-borne pathogens and diseases.

Home Care Aides must understand issues surrounding HIV/AIDS, including possible stigma, and know what resources are available.

What feelings do you have about blood-borne disease? What do you hope to learn about them in this lesson?

Blood-Borne Pathogens and Diseases

As a caregiver, you may come in contact with a client's blood or other bodily fluids. This presents a small risk of exposure to blood-borne pathogens. As a caregiver, you need to know the following.

- Common types of blood-borne diseases
- How blood-borne disease can and cannot be spread
- How to use standard precautions to protect yourself and clients
- What to do if you are exposed to blood or body fluids

Common Blood-Borne Diseases

The three most common blood-borne diseases caused by blood-borne pathogens are Hepatitis B, Hepatitis C, and HIV/AIDS. Syphilis and the West Nile Virus are also caused by blood-borne pathogens.

Hepatitis B (HBV)

Hepatitis B is a viral infection that infects the liver. It is a more common infection and more contagious than HIV. Approximately 90% of adults infected with HBV will recover. Some people exposed to HBV may not have any symptoms.

Talk to your doctor about whether you should have this vaccine. If you have already been vaccinated, you are not required to be vaccinated again.
If you cannot get the vaccine through your health insurance, your employer must cover the cost. If you choose to decline the vaccination, you must sign a declination statement. If you decide later that you want the vaccination, your employer must make it available to you then.

See Hepatitis B Virus Vaccine Consent/Declination in the Resource Directory on page 330 for an example Hepatitis B consent form.

Hepatitis C (HCV)

Hepatitis C is also a viral infection of the liver that may cause chronic inflammation with possible scarring (cirrhosis) and causes permanent liver damage. HCV is not as easy to contact as HBV, but is still more infectious than HIV. While it can be a short-term illness in some cases, the CDC reports that 75%–85% of people who become infected with HCV will develop a chronic infection. The most effective prevention method is avoiding high risk behaviors. There are no vaccines currently available, but there are several medications available to cure chronic Hepatitis C.

Both HCV and HBV can be spread through contact with dried blood.

See the Common Diseases and Conditions section for more information about Hepatitis A, B, C, D and E on page 372.

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus is a virus that damages the immune system of someone living with HIV. There is no vaccine against HIV. HIV will be covered in more detail in this lesson.

How Blood-Borne Pathogens Spread in the Workplace

Blood-borne pathogens spread under specific circumstances. However, not all contact can spread blood-borne pathogens.

Ways that blood-borne pathogens CAN spread:

- A needle stick or other puncture wound
- Helping a client who is bleeding
- Changing linens that are contaminated by blood or other body fluids
- Helping to clean up blood, vomit, urine or feces
- Changing a dressing or bandage with blood that has oozed from a wound
- Contact with broken skin (chapped, weeping, or dermatitis)
- Contact with mucous membranes (mouth, nose, and eyes)

Review the standard precautions from Module 6, Lesson 1. Which specific precautions help prevent against the spread of blood-borne disease?

Ways that blood-borne pathogens can NOT spread.

- Providing care for a client with a blood-borne disease when standard precautions are used
- Sharing eating utensils, plates, or glasses
- Sharing bathrooms
- Through the air
- Hugging
- Shaking or holding hands

Exposure to Blood-Borne Diseases

Any time a person comes into direct contact with blood or other body fluids, there is a risk of exposure to blood-borne pathogens. Home Care Aides should know what to do right away if they are exposed.

Type of Exposure	What to do
Your eyes are splattered with blood or body fluids.	Flush immediately with water for at least five minutes. Rinse under clean running water.
Blood or any body fluids get into your mouth.	Rinse your mouth with a 50/50 mix of hydrogen peroxide and water. Then rinse with plain water. Get medical attention for further action.
Both eyes and mouth are exposed.	Immediately rinse both as recommended above and get medical attention for further action.
A needle stick or puncture wound.	Wash thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Get medical attention.
Any bite, scratch, or lesion that may have had blood or body fluid exposure.	Wash the area thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Cover the wound with a sterile dressing. Get medical attention for further action.

Your care setting will have specific procedures for exposure to blood or other potentially infectious materials (OPIM). Talk with your employer or supervisor about what you should do if you are exposed.

If you are exposed, your employer must offer you a Hepatitis B vaccine, pay for your medical costs, keep confidential medical records, and provide a post-exposure medical exam to you.

You can also request HIV testing of the source individual. If the source individual does not want to be tested, assistance from the local health officer can be requested, provided the:

- request is made within seven days of the exposure;
- health officer determines that a "substantial exposure" has occurred. The health officer may make the determination that testing is unnecessary; and
- substantial exposure occurred on the job.

See Risk After Exposure in the Resource Directory on page 331 for further information about risk, follow-up, and reporting of exposure.

HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system. If a person with HIV does not receive treatment, they can develop AIDS (acquired immunodeficiency syndrome). Untreated HIV typically progresses through the following three stages:

1. acute HIV infection
2. chronic HIV infection
3. Acquired Immunodeficiency Syndrome (AIDS)

Symptoms of HIV/AIDS

Early symptoms of HIV may include tiredness, fever, diarrhea, enlarged lymph nodes, loss of appetite, or night sweats.

People with untreated HIV infection can develop many different health problems. These include severe pneumonia, several forms of cancer, damage to the brain and nervous system, and extreme weight loss.

How HIV Spreads

HIV transmits when infected blood, semen, vaginal fluids, and/or breast milk enter the body through mucous membranes of the anus, vagina, penis (urethra), or mouth or through cuts, sores, or abrasions on the skin. The highest concentrations of the HIV virus are in the blood, semen, vaginal fluid, and breast milk.

Anyone who has a detectable viral load can transmit the virus. Being infected means the virus is in your body and will be there for the rest of your life. You can transfer HIV to others if you have a detectable viral load and you engage in behaviors that can transmit HIV, such as the following.

- Having unprotected vaginal, anal, or oral sex with a person who has HIV. Unprotected sex is sexual intercourse without consistent or correct condom use.
- Using or being stuck with a needle or syringe that has been used by an infected person, including tattoo needles or ink and body piercing needles.

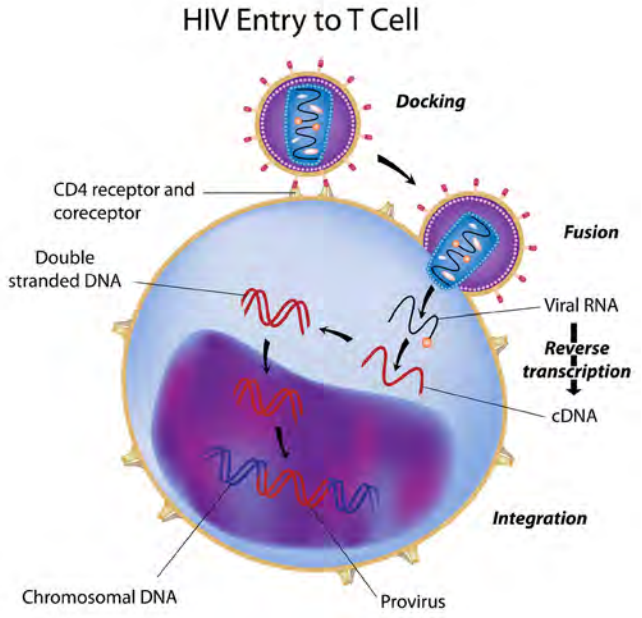
- Sharing of drug paraphernalia. The paraphernalia that carries potential of transmission are the syringe-needle, "cooker," cotton, and/or rinse water. Sharing these items (sometimes called "works") may spread the virus. Sharing works also has the potential to transmit Hepatitis C.
- Giving birth. Women with detectable HIV infection can pass the virus to their babies during pregnancy or childbirth.
- Breast feeding. The virus can pass from mothers to their babies through breast milk.
- Receiving blood. The risk of infection through blood transfusions has almost been eliminated since 1985 when careful and widespread screening and testing of the blood supply for evidence of HIV became standard practice.

HIV is not transmitted through saliva, tears, or sweat. You cannot get HIV from hugging, shaking hands, sharing toilets, closed-mouth kissing, sexual activities that do not involve the exchange of bodily fluids, or through the air.

How HIV Works in the Body

Once a person is exposed to HIV, the virus enters the blood and attaches to certain white blood cells, called T-cells. The role of T-cells is to signal other cells to produce antibodies to fight off pathogens. Producing antibodies is a critical function of our immune system.

With the HIV virus attached to the T-cells, the antibodies produced to fight the HIV virus are unable to do so. Over time, HIV destroys the T-cells and the body's immune system. The destruction leaves the person vulnerable to opportunistic infections, cancer, and other life-threatening disease.



Acquired Immune Deficiency Syndrome (AIDS)

All people diagnosed with AIDS have HIV, but not all people with HIV have an AIDS diagnosis. AIDS begins when a person with HIV infection has a T-cell count below 200. Or, they may have one of the many opportunistic infections and cancers that can occur in the presence of HIV infection. Once diagnosed with AIDS, the diagnosis does not change back to HIV if a person's T-cell count goes back above 200.

Medical treatment can delay the onset of AIDS. Without treatment, a person has an average of ten years between the time of initial infection with HIV and the start of the symptoms of AIDS.

To stay healthy for as long as possible, it is important for the person to learn their HIV status and get treatment as soon as possible. Early detection will allow a person living with HIV to get the treatment needed to take better care of their immune system. Proper treatment provides almost the same life-expectancy as someone who does not have HIV.

Diseases Associated with HIV/AIDS

Opportunistic infections usually pose little or no threat to people with healthy immune systems. For people diagnosed with HIV/AIDS, these infections may cause one or more of the following diseases:

- **Pneumocystis Carinii pneumonia:** a severe lung infection characterized by dry cough and shortness of breath.
- **Kaposi's Sarcoma:** a skin cancer that causes raised, brownish/purplish lesions on the face, hands, or other areas.
- **Toxoplasmosis:** a disease that invades tissue and may seriously damage the central nervous system, common symptoms may include fever, headaches, confusion, and/or seizures.
- **Cryptococcosis:** a disease caused by a fungus, characterized by lesions or abscesses in the lungs, tissue, joints or brain.
- **Cryptosporidiosis:** a bowel infection caused by a water-borne parasite which cause severe diarrhea, dehydration, and weakness.
- **Candidiasis:** an infection caused by a fungus, characterized by a white, filmy coating of the mouth, esophagus, vagina, or lungs.
- **Mycobacterium Avium-Complex (MAC):** infection of the gastrointestinal tract which can rapidly spread to the liver, lymph nodes, and bone marrow. Causes weakness, abdominal pain, fever, and wasting (loss of 10% or greater body weight within 30 days).
- **HIV associated Dementia:** mild to severe damage to the brain and central nervous system causing confusion, memory loss, motor control problems, mood swings, poor concentration, and personality changes.

Prevention of HIV

There are many tools available to prevent HIV. Talk to your clients about strategies to prevent HIV infection. Some of the most powerful tools that can prevent HIV transmission are:

- Choosing sexual activities that don't involve contact with body fluids (semen, vaginal fluid, or blood).
- Using condoms—they are highly effective in preventing HIV and other sexually transmitted diseases (STDs).
- Taking PrEP (pre-exposure prophylaxis)—a medicine people at risk for HIV take to prevent HIV. It must be taken as prescribed.
- Decide not to have sex (abstinence). Not having sex prevents other STDs and pregnancy.
- Get tested and treated for other STDs—people who have another STD are more likely to get HIV. Getting tested and treated for other STDs can lower the chance of getting HIV.

Treatment for HIV/AIDS

There is no cure for HIV, but it is treatable. In fact, most people are able to take a simple once-a-day medication to treat their HIV. Anti-Retroviral Therapy (ART) reduces the amount of HIV in the blood. Treatment can lead to a viral load so low that it referred to an "undetectable viral load."

When people living with HIV achieve and maintain an undetectable viral load, they cannot sexually transmit the virus to others. This progress in treatment is called "U=U" (Undetectable = Untransmittable). U=U is a "treatment as prevention" strategy.

Undetectable Equals Untransmittable (U=U)

The U=U concept means that people living with HIV who achieve and maintain an undetectable viral load cannot sexually transmit the virus to others. The success of U=U as an HIV prevention method depends on achieving and maintaining an undetectable viral load by taking ART daily as prescribed. As a Home Care Aide, you can support a client with HIV by assisting them to take their medications as prescribed.

Testing for HIV

Any person exposed to the blood or body fluids of another person may need an HIV test. If you work in a residential facility, follow the protocol where you work. If your employer is the client, call your physician to discuss the need for testing.

The Window Period

No HIV test can detect HIV immediately after infection. If you think you have been exposed to HIV in the last 72 hours, immediately talk to your health care provider about post-exposure prophylaxis (PEP).

The time between when a person may have been exposed to HIV and when a test can confirm whether they have the virus is called the window period. The window period varies from person to person and depends on the type of test used to detect HIV. It can be as short as 10 days or up to 3 months. Ask your health care provider or test counselor about the window period for the test you're taking.

Being Tested

According to the CDC, you should be tested for HIV as soon as possible after exposure to gain a baseline. You will need retests during the next several months. Discuss with your doctor or the staff of your initial tests for what works in your situation. You must give verbal or written informed consent for HIV testing. The consent must be documented.

People may test for HIV at home, at public health departments, through their medical provider, at family planning, or community health centers. Testing usually involves drawing a small amount of blood, or providing a saliva or urine sample.

Confidential or Anonymous Testing

Testing can be either confidential or anonymous. Confidential testing means the results of the test stay private. The test results only go to the person being tested and their health care worker who provides medical care and/or the test counselor.

With confidential testing, the person gives their real name. Health care providers must submit a confidential report of positive HIV test results to local public health officials.

Anonymous testing means that the clinic keeps no record of the person's name. They use only a code to process records and blood specimens. Anonymous testing cannot be used in cases of occupation exposure.

Counseling

Pretest preventative counseling is required only for people at increased risk for HIV infection or for those who request it.

Counseling topics are based on recommendations from the CDC, including risk assessment for getting or transmitting HIV, helping setting behavior change goals and risk reduction strategies, and offering referrals.

Post-test prevention counseling must be offered. Only people who test positive must be provided counseling. In this case, the person is referred to the local health department or other community organization providing this service.

Reporting Requirements

Health care providers must report HIV and AIDS cases to local health jurisdictions within three working days of diagnosis.

Positive results obtained through anonymous testing are not reportable. However, when HIV positive patients are seen for health care or tests are obtained, the health care provider and labs must report the case. Federal law also requires that states take action to require a "good faith effort" be made to notify all spouses of HIV-infected persons.

Law Against Discrimination (RCW Chapter 49.60)

HIV infection and AIDS are medical conditions that are considered disabilities under the Washington State Law Against Discrimination, Chapter 49.60 RCW and the Federal Americans with Disabilities Act. This means it is illegal to discriminate against someone who has or is believed to have AIDS or who is HIV-positive. The following areas are covered by law:

- Employment
- Rental, purchase, or sale of apartment, house, or real estate
- Places of public accommodation (restaurants, theaters, etc.)
- Health care, legal services, home repairs, and other personal services available to the general public applying for a loan or credit card, or other credit transaction
- Certain insurance transactions

See HIV and Employment Protection in the Resource Directory on page 332 for more information.

Living with HIV

In 2020, 50% of all Americans living with HIV were over 50 years old. This population is likely to grow significantly. While living with HIV, some people may experience losses of the following.

- Physical strength and abilities
- Mental abilities
- Income and savings
- Health insurance
- Housing, personal possessions, including pets
- Emotional support from family, friends, co-workers, religious and social institutions
- Job
- Independence and privacy
- Social contacts/roles
- Self-esteem
- Friends, who may pass away from HIV/AIDS

Psychosocial Support

Infection with HIV can cause distress for those who have HIV and for those who care for them. Physical weakness and pain can diminish a person's ability to get pleasure from normal daily activities. Some people with HIV/AIDS may become socially isolated, which can lead to loneliness and other mental health issues, including depression and thoughts of suicide.

Some of the feelings common for people with HIV/AIDS may include feelings such as the following.

- Loss and desperation—life as they knew is gone forever
- Disbelief, numbness, and inability to face facts
- Fear of the "unknown" and developing aids
- Rejection by family, friends, and co-workers
- Guilt about the disease, about past behaviors, or about the possibility of having transmitted it to others
- Sadness, hopelessness, helplessness, withdrawal, and isolation
- Anger at the disease, at the prospect of a lonely, painful death, at the discrimination that usually accompanies the disease, and at the lack of effective and affordable treatment

Often a caregiver may have similar feelings to the person living with HIV. Caregivers may experience the same isolation as the person with HIV infection. Finding a support system, including a qualified counselor, can be just as important for the caregiver as for the person who has HIV/AIDS. Support from co-workers can be especially important.

There are also several organizations throughout Washington that provide case management services, including support for housing, transportation, food, and linkage to Washington's drug-assistance program (ADAP). The Washington State Department of Health has a list of providers that are able to assist clients living with HIV with case management services:

doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/ClientServices/CaseManagement

See Risk After Exposure on page 331 in the Resource Directory for additional contacts in your local area.

Stigma

People living with HIV/AIDS may face negative attitudes and discrimination. This can cause harm and prevent the person from receiving the care and support they need.

Always treat people with respect and dignity regardless of their HIV status. Maintain a client's confidentiality and do not discuss their HIV status with others unless necessary for their care.

Other than protecting their privacy, what can you do to help stop stigma against people living with HIV/AIDS?

Summary

Hepatitis virus B and C, and HIV are the most common blood-borne pathogens. Home Care Aides can minimize their risk of exposure by following standard precautions. If a Home Care Aide is exposed to body fluids or other potentially infectious material, they must take immediate action, follow the reporting policy in their care setting, and seek advice from their medical provider.

People living with HIV/AIDS may face many challenges. Home Care Aides should be aware of these issues, including stigma and discrimination, and always treat every person they support with dignity and respect.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. How can blood-borne pathogens spread from one person to another? List at least three ways.

2. What are two kinds of physical contact that cannot spread blood-borne pathogens?

3. What should you do if you are exposed to body fluids in both your eyes and mouth?

4. What is the difference between HIV and AIDS?

5. Can a client be refused care if they are living with HIV?

6. Why is in important to keep a client's HIV status confidential?

Module Review

For each question, choose the best anwer.

1. Most infections are spread through the air.
   ❑ True ❑ False

2. HIV can be spread by:
   a. Holding hands or hugging.
   b. Having unprotected sex.
   c. Sharing utensils or drinking glasses.

3. To effectively kill germs on surfaces, you must:
   a. Clean with soap and water only.
   b. Disinfect and then clean with soap and water.
   c. Clean with soap and water and then disinfect.

4. Use standard precautions only if you think a client has a blood-borne disease.
   ❑ True ❑ False

5. It is only necessary to wash your hands if they look dirty.
   ❑ True ❑ False

6. Some people with an infection have no symptoms.
   ❑ True ❑ False

7. A caregiver's job is to break the chain of infection:
   a. Whenever and wherever you can.
   b. When it is part of the care plan.
   c. When you have extra time.

8. The most important thing you can do to control infection is to:
   a. Cover your mouth.
   b. Wash your hands.
   c. Get a flu shot.

9. There are laws that protect a person living with HIV/AIDS against discrimination.
   ❑ True ❑ False

10. Blood-borne pathogens can be spread by:
    a. Sharing a bathroom
    b. Coughing or sneezing
    c. Cleaning up blood

11. The only time you must wear disposable gloves is to clean up blood or bodily fluids.
    ❑ True ❑ False

12. When cleaning blood from any surface, always wear gloves.
    ❑ True ❑ False

13. HIV test results are:
    a. Kept confidential
    b. Given to your employer
    c. Available on-line

1. False, 2. B, 3. C, 4. False, 5. False, 6. True, 7. A, 8. B, 9. True, 10. C, 11. False, 12. True, 13. A

Module 7: Mobility

Learning Goal

Home Care Aides will use best practices and proper body mechanics to perform personal care tasks related to mobility and fall prevention.

Lesson 1: Safely Assist With Walking and Transfers

Lesson 2: Falls and Prevention

Lesson 1
Safely Assist With Walking and Transfers

Learning Objectives

After completing this lesson, the Home Care Aide will be able to:

1. Use proper body mechanics while performing tasks as outlined in the service plan; and
2. Demonstrate all critical steps, including the use of assistive devices and common care practices, to safely:
   a. Help a client walk; and
   b. Transfer a client from a bed to a wheelchair.

Key Terms

Assistive devices: equipment that helps a person perform a task and maintain or regain independence. Examples include but are not limited to a wheelchair, walker, cane, elevated toilet seat, and shower chair.

Body mechanics: the way we move during everyday activities. Proper body mechanics techniques prevent injury to the person and others when lifting or moving objects.

Enablers: devices that a client uses to maintain independence / anything that helps a client take their own medication (example; cup, spoon).

Mechanical lift: a mechanical device that caregivers use to transfer clients between their beds, chairs, and other locations. Lifts are used when the client's mobility is limited.

Mobility: ability to move from place to place or surface to surface.

Positioning: how a client is appropriately placed when sitting or lying down.

Transfers: moving a client from one place to another; for example from a bed to a wheelchair.

Transfer belt/gait belt: a belt worn around the client's waist to aid in transfers and walking.

Transfer board: a flat board that enables a client to slide from one level surface to another, also called a slide board.

Overview

Assisting a client with mobility is key to supporting their independence and quality of life. Personal care tasks related to mobility are physically demanding.

To prevent injury to clients and themselves, Home Care Aides use proper body mechanics and assistive devices when performing personal care tasks that involve helping a client move.

What challenges might a caregiver face when assisting a client to move?

Supporting Mobility

Mobility is an essential part of a person's independence. Participating in meaningful activities, access to food, and toileting all require the ability to move. Many factors can contribute to limited mobility, including the following.

- Conditions present at birth
- Illness
- Lack of regular exercise/movement
- Physical injury
- Medications

Mobility can also be reduced due to age-related changes in the following systems.

- Eyesight
- Hearing
- Sense of touch
- Muscle mass
- The nervous system

Limited mobility can have physical, mental and emotional effects, including the following.

- Pressure injuries
- Urinary problems (incontinence or retention)
- Constipation
- Increased stress on the heart
- Muscle weakness
- Feelings of helplessness
- Depression
- Anxiety

Encouraging a client to stay mobile greatly impacts their physical and emotional wellbeing.

Body Mechanics

Your work as a caregiver probably includes regularly helping clients move. Helping a client move is physically demanding and can cause serious injury. Proper body mechanics and techniques will help you protect your back, neck, shoulders, knees, and wrists.

Evaluate the Situation

Before helping a client move, make sure you can perform the move safely. Consider how much weight you need to carry and how far you need to go. Plan to use any assistive devices that are available. Make sure you can perform the move safely and without strain or injury. If possible, get another person to help when necessary. Remember to communicate with the client about what you are doing and understand their preferences.

Provide a Good Base of Support

Before you support any weight, make sure that your body is steady in a strong position. Spread your feet about shoulder width apart and put one foot slightly in front of the other. This position will keep you steady and protect your spine.

Do you think about how you stand when you move heavy objects? Do you lift with your legs or your back?

Prevent Back Injury

Bending at the waist or twisting your body while supporting weight can cause back or spinal injury. Protect yourself by following these guidelines:

- Hold the weight as close to your body as you can.
- Keep your back as straight as possible.
- Keep your back and neck in a straight line.
- Keep your back, feet and trunk aligned and do not twist at the waist.
- If you need to change direction, shift your feet and take small steps.

Lift with Your Legs

The muscles in your legs and buttocks are stronger than the muscles in your lower back. Bending at the waist and lifting with your back can cause fatigue and injury. Bend your knees to raise and lower the weight, and lift with your legs.

Avoid Lifting

Caregivers are at high risk for back and shoulder injuries. Avoid lifting whenever possible. Consider pulling, pushing, or sliding heavy objects instead of lifting them.

NEVER try to push, pull, or slide a client. It is dangerous and you could severely harm them or yourself. If you are unable to safely assist a client, consider an assistive device or get help.

Common Care Practices with Mobility

As with any personal care task, supporting a client's mobility requires skill, professionalism, understanding and sensitivity. When you help a client move, follow these guidelines:

- Make sure they are as comfortable as possible.
- Do everything you can to maintain their dignity and privacy.
- Listen attentively and incorporate their preferences.
- Speak clearly and respectfully, and explain what you are doing.
- Encourage the client to do what they can and support them at the level of assistance they need.
- Take your time; avoid rushing yourself and the client.
- Use assistive devices correctly and safely.
- Be aware of and address any safety concerns related to the task.

See Common Care Practices and Communication and Client Rights in the Skills Checklist on page 420 for the specific steps for these skills.

Skill: Assist a Client to Walk

A person may need support while walking for a variety of reasons. Injury, weakness, or other conditions can make walking difficult and maybe even dangerous. Falls are a serious risk for older adults. Assisting a client to stand and walk safely is an essential skill for Home Care Aides.

See Assist a Client to Walk in the Skills Checklists on page 421 for the specific steps of this skill.

Tips for Assisting a Client to Walk

1. Prepare for the walk before you start.
   - Communicate with the client and look around the environment to make sure you are both ready. Clarify with the client where they want to go and determine the level of assistance they need.
   - Think about what the client is wearing. Long loose clothing like skirts and robes that fall below the ankles can cause tripping. Encourage clients to use their glasses and/or hearing aids if they have them. Nonslip, good-fitting shoes will also help minimize trips and falls.
   - Check the path before starting the walk. Make sure it is clear and free of clutter.
2. Keep the client's body as straight as possible while assisting the client to stand. If a client has a weak leg, brace your knee against it as the client stands.
3. Once the client is standing, suggest they stand a few moments and stabilize their balance before walking. Encourage the client to stand straight, look forward, and keep a measured, smooth rhythm.

Never pull on a client's arms or put your hands under their armpits when helping them stand.

Assisting a Client to Climb Stairs

Climbing stairs can be challenging for a person with limited mobility. Before helping a client up or down stairs, make sure you know the client's diagnosis and the level of support they need. Use a gait belt for safety. Hold the gait belt in one hand and place your other hand near (but not touching) the shoulder on the client's weaker side.

When the client is going down stairs, stand to their weaker side (if they have one). They should hold the handrail on their stronger side and step down with their weaker leg first. If the client is using a cane, have them place the cane down first, before stepping down with the weaker leg. The caregiver should keep each foot on a different stair and only take a step when the client is not moving.

When going up stairs, stand slightly behind and to the side of the client's weaker side (if they have one). The client should hold the handrail nearest their strongest side and step up with their strongest leg first.

The caregiver should keep each foot on a different stair and only take a step when the client is not moving.

Encourage the client not to bend too far forward or backward. If the client begins to lose their balance, provide support with your hand on their shoulder, and move toward the client to help brace them. Do not pull the client toward you. If necessary, move with the client to sit them down on the stairs. Tell the client you will assist them sitting on the stairs. Call for help and report the incident.

What could you do to promote a client's privacy and dignity while assisting them to walk or climb stairs?

Assistive Devices for Walking

Walkers

Clients who can bear weight on their legs but are unsteady and/or need help with balance use walkers. It is important to ensure that the walker's height is adjusted to the client.

Encourage clients who use walkers to:

- use the walker properly - some have wheels to slide, others should be picked up and placed forward;
- avoid leaning into the walker;
- place their weight on the stronger leg and hands;
- avoid pulling on the walker when standing up; and
- follow the manufacturer's guidelines for front wheeled walkers.

Canes

Straight canes are for balance and are not designed to bear weight. The client must be able to bear weight on both legs and hold the cane. For clients who use a cane, follow these guidelines:

- The client should use the cane on their stronger side.
- The cane goes forward first, followed by the weaker leg and then the stronger leg.
- If the client needs assistance walking, you should stand on a client's weaker side (if they have one).

Crutches

Crutches provide support and stability when a client can only bear weight on one foot. Crutches that are in poor condition or that are not adjusted correctly can lead to injury. Crutches must be correctly adjusted to the client's height. They should have heavy, rubber suction tips to prevent slips and falls.

Braces

Braces provide specific support for weakened muscles or joints or immobilize an injured area. The brace should be custom-made for the individual. The client may need protective padding, and there may be a prescribed schedule for use and rest. It is important to watch for skin breakdown or sores and report those to your supervisor and the prescriber.

Skill: Transfer a Client from Bed to Chair or Wheelchair

Transfers are changing a client's position and/or moving them from one surface to another. Transfers are very personal. A client knows what works and doesn't for them and will have a definite opinion about how they wish to transfer.

In order to prevent injury to the client as well as to yourself, it is important to follow best practices with every transfer. If a client asks you to transfer them in a way that is unsafe, do not complete the transfer and report this to your supervisor.

As with any personal care task, talk with the client about their preferences before beginning any transfer.

Assisting a Client to Sit on the Side of a Bed

A person lying in bed will need to sit up and put their feet on the floor before they can stand or transfer to a wheelchair or other type of chair. To assist a client to sit up on the side of a bed:

- make sure the client is not too close to the edge of the bed;
- have the client bend their knees with their feet flat on the bed and to roll onto their side towards you;
- watch closely and provide assistance if needed;
- have the client bring their legs off the bed and push up with their arms to a sitting position;
- encourage the client to use hip walking if able (scooting forward one hip at a time) when scooting towards the edge of a bed;
- if the client cannot move from a lying to sitting position without hands-on assistance, assist the client by placing one arm under their shoulder and your other arm over their thighs; and
- finally, swing the client's legs off the edge of the bed and plant their feet onto the floor.

After following these steps, the client will be in position to stand or transfer to a wheelchair or other chair.

See Transfer a Client from Bed to Chair or Wheelchair in the Skills Checklists on page 421 for the specific transfer procedures.

Assistive Devices for Transfers

Transfer Boards

A transfer board is a strong flat board that helps a person slide from one surface to another. Transfer boards can help a client to transfer with less assistance. Transfer boards work well for clients who can use their arms to scoot from one side to the other.

Transfer Belt / Gait Belt

A transfer belt, also called a gait belt, is made of sturdy webbing or twill with a buckle or clasp on it. The transfer belt is placed around a client's waist and gives the caregiver a sturdy hold. Use of a transfer belt is recommended for clients who need help to transfer or walk.

Talk with your supervisor about getting a transfer belt if you need one.

The following are tips to use a transfer belt safely.

- Fasten the belt around the client's waist.
- Place the belt around the client's clothing, not their bare skin.
- The belt should be snug but not too tight. You should be able to put the flat of your hand under the belt.
- Make sure a client's breasts are not caught under the belt.
- Grasp the belt firmly when assisting with transfers or walking.

Draw Sheets

A draw sheet is a small bed sheet (or a regular sheet folded in half) that caregivers can use to help move clients in bed. Draw sheets are used to roll a client onto their sides or lift them higher in the bed. The draw sheet is placed lengthwise under the client, between their knees and shoulders.

Using a draw sheet to lift a client requires two people. Roll up each side of the draw sheet to the client lying in bed, and then lift the client up in bed.

Be careful not to drag the client's heels. If the client is able, they can also assist by bending their knees and pushing up while the caregivers use the draw sheet.

To reduce the risk of injuries, use a mechanical lift when possible.

Mechanical Lifts

Some clients cannot bear their own full weight or need complete assistance to transfer. You will need special training and a mechanical lift (such as a patient lift, sling lift, sit-to-stand or Hoyer Lift) to assist them with transfers. Your employer will provide training for any mechanical lifts you will use in your work.

Other Enablers

Devices such as bed/side rails, bed canes, and transfer poles can help a client self-positon and self-transfer. These devices are unsafe if they are damaged or not used correctly. Loose or unsecured devices can cause serious injury.

Make sure the client uses these enablers safely and correctly. Report any unsafe use or damaged enabler to your supervisor immediately.

Enablers can become restraints if they prevent clients from moving how they want to.

If you notice that an assistive device is preventing a client from moving how they want to, what should you do?

Transferring a Client from a Wheelchair into a Car

One common transfer is from a wheelchair into a car. There are several steps you can follow to perform this transfer safely.

Position the Car

- Avoid parking the car on an incline.
- Position the car away from the curb so the client stands on level pavement, or have the car close to the curb so the client will not have to step down onto the pavement from the curb.
- Have the car door open.
- Position the car seat as far back as possible. The front passenger seat is preferred.
- Non-friction upholstery such as vinyl or leather helps the client to slide easily. A large, plastic garbage can liner may also be used to make it easier for the person to slide.
- Have the car engine off—put the car in park with brakes set.

Help the Client Transfer

- Make sure the wheelchair is in the locked position. Remove the footrests.
- Have the client put their right hand on the car door.
- Have the client use their left hand to push off on the wheelchair to a standing position.
- Have the client turn, face the door, and place their left hand on the seat back or door frame and sit down sideways onto the seat.
- Have client turn in the seat and assist them, if needed, in placing one, then the other foot, in the car.
- Reverse this process if transferring the client out of car.

See the Wheelchair Safety Tips in the Resource Directory on page 335 for more information on wheelchair safety.

Safety with Transfers

Performing transfers incorrectly can cause injury to both the client and the caregiver. If you or the client are struggling with the transfer, stop and reassess the situation.

If you feel a strain in your lower back, this is a warning that you may be injuring yourself. Stop the transfer and get help.

The client should never put their arms around your neck during a transfer. It can pull you forward, make you lose your balance, and/or hurt your back. If the client uses a wheelchair, always ensure the wheels are locked before every transfer. Remove the footrests so that they do not cause a trip hazard during the transfer.

Summary

Assisting a client with movement and transfers is essential to the client's wellbeing and quality of life. However, if transfers are done incorrectly, they can cause serious injury to both client and caregiver. Using proper body mechanics and correctly using assistive devices can minimize the risks.

Transfers are very personal, and a Home Care Aide must be particularly sensitive to a client's preferences and needs when performing these tasks.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. How can you protect your back while assisting a client with a transfer? List at least 3 ways.

2. When you assist a client to stand, should you pull on their arms to help them?

3. What assistive device should you use when assisting a client to climb stairs?

4. Why is it dangerous for a Home Care Aide to physically lift clients?

5. When can an enabler like a bed rail or transfer pole become a restraint?

6. What should you do if you feel a strain in your back during a transfer?

Lesson 2: Falls and Prevention

Learning Objectives

After completing this lesson, the Home Care Aide will be able to:

1. Identify fall risk factors;
2. Take action to reduce fall risks for a client; and
3. Take proper steps to assist a client who is falling or has fallen.

Key Terms

Fall: an unplanned and abrupt move to the floor or lower level, with or without injury.

Fall Hazard: a situation or object that increases the risk of a fall.

Overview

Falls are a major health problem for older adults and can also be of concern for people with certain developmental disabilities. Understanding what causes falls, how to decrease the number of falls, and how to respond to falls is important to promoting client safety.

Fall Statistics

- One in four Americans aged 65+ falls each year.
- Every 11 seconds, an older adult is treated in the emergency room for a fall, and every 19 minutes, an older adult dies from a fall.
- Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults.
- Falls cause more than 2.8 million injuries treated in emergency departments every year, including over 800,000 hospitalizations and more than 27,000 deaths.
- Women fall more often than men.

Causes of Falls

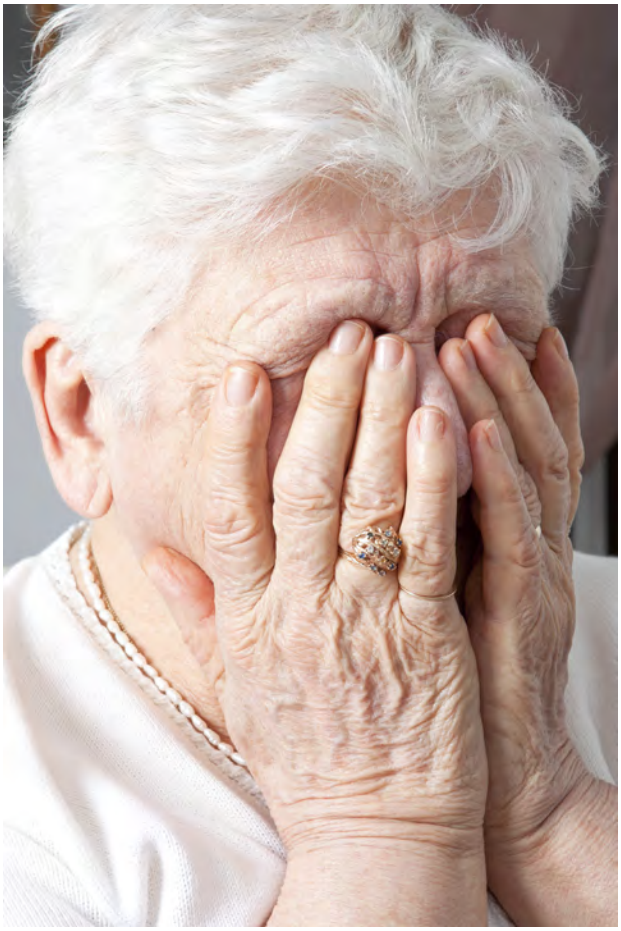
Falls can happen because of environmental or health-related causes.

Environmental Causes of Falls

- Low or poor lighting
- Household items such as throw rugs, cords, furniture and pets
- Wet or slippery floors
- Uneven floors

Health-Related Causes of Falls

- Infection
- Vision and hearing problems
- Impaired balance or awareness
- Reduced strength
- Alcohol or drug abuse
- Seizures
- Medications
- Dehydration or malnutrition
- Slowed reaction time
- Lack of physical activity



Diseases and Conditions that Increase Risk of a Fall

- Stroke
- Joint or heart disease
- Neuropathy
- Dementia
- Delirium
- Depression
- Parkinson's disease

Consequences of a Fall

There are many consequences of a fall for a client, including injury, fear, and loss.

Injury

More than 95% of hip fractures are caused by falling, usually by falling sideways. Other injuries often include fracture to the wrist, shoulder, or spine. Falls can also cause internal bleeding and traumatic brain injury.

Fear and Loss

Many clients fear falling (especially if they have fallen before) or lose confidence in their ability to move around safely. This fear can:

- limit their daily activities;
- prevent them from socializing;
- increase their feelings of dependence, isolation, and depression; and
- lead to a loss of mobility.

A lack of physical activity creates an even greater risk of falling.

Decreasing Fall Risk

There are many things you can do to reduce the risk of falling for a client. Report concerns you have about a client falling to the appropriate person where you work.

Encourage a client to:

- do regular strengthening and balance exercises;
- keep physically active (a client may require an individualized program designed by a doctor or physical therapist);
- have routine eye exams and wear prescribed glasses;
- have routine hearing exams and wear prescribed hearing aids;
- have medications reviewed by their doctor or pharmacist;
- eat regular, healthy meals, and drink enough fluids;
- reduce fall hazards in the home;
- use a walker or other needed assistive devices;
- get up slowly after eating, laying down, sitting, or resting;
- walk slowly, watch where they are going, and use handrails; and
- avoid long robes, and wear the right type of shoes.

Footwear

All clients should have sturdy walking shoes that support their feet and ankles. Shoes that tie or supportive sneakers with thin, non-slip soles and Velcro fasteners to adjust for swelling of the feet are best. Slippers and jogging shoes with thick soles should be avoided. A doctor may prescribe custom orthotics for support and stability.

Tips to Reduce Fall Hazards in the Home

- Keep walkways clear - especially to the bathroom.
- Remove throw rugs and any other things a client may trip over.
- Rooms and stairs should be free of clutter.
- All rooms should have good lighting, especially hallways and stairs.
- Stairs should have a strong hand rail.
- Vary the colors at floor level so you can see where steps and edges are.
- Use nightlights in a client's room, in the hallway and in the bathroom.
- Keep frequently used items on lower kitchen and bathroom cabinet shelves.
- Use hand rails in tubs and next to toilets.
- Use hand grips to help steady.
- Use safety toilet seats to make standing and sitting easier.
- Use mats in showers and tubs.

What to Do if You See a Client Falling

Follow these steps if you see and can get to a client who is falling:

1. Try to support the client's head and gradually ease the client onto the floor.
2. Keep your back straight, position your feet for a wide base of support. Flex at the knees and hips as you lower the client to the floor.
3. If you are behind the client, gently let them slide down your body.

Do not try to lift or catch a client who is falling. Lower them as slowly as you can and try to get them to land in a way to minimize injury.

Don't try to stop the fall. You could both be injured.

What to Do If a Client Has Fallen on the Floor

Know and follow your facility or agency policy about responding to falls.

Below are recommended steps to take.

1. Immediately ask the client what happened and how they feel. Keep in mind most people are embarrassed and may want to get up or tell you everything is fine even if they are hurt. Observe the person carefully.
2. If the client says they feel unhurt and comfortable getting up, observe carefully as they do so.
   a. Depending on where you work, you may be expected to assist the client back to their pre-fall position. Follow your employer's policies and procedures. If the client has trouble getting up, you can help steady them, but do not lift them up.
   b. If the client is injured, your role is to get the client medical help. If you are caring for a client in a private home, you should call 911. Caregivers in adult family homes, enhanced services facilities, or assisted living facilities should know and follow their employer's emergency policies and procedures.
   c. Make the client as comfortable as possible and keep them warm by covering with a blanket until the EMTs or other medical help arrives.
   d. Do not give the client anything to drink or move them.
3. Document and report the fall to the appropriate person where you work.

What to Do After a Fall

After a fall, monitor the client for injuries or changes in condition and respond to them promptly. Look at the client's body to see if there are any injuries (bruises, cuts, abrasions, etc). Check for skin temperature and listen for changes in breathing. Changes in the client's condition can help identify the cause of the fall.

Report the fall to your supervisor. The fall will also probably be reported to the client's doctor and interested family member. You will need to help your supervisor investigate the cause of the fall, and help in implementing a plan to prevent another fall.

Remember that experiencing a fall can cause strong emotional reactions such as fear and depression. These can happen immediately, hours, or days after the fall. Talk with the client and listen to how they feel. Document and report any changes you observe.

Summary

Falls are very dangerous for older adults. Experiencing a fall can have serious negative effects on a client's health and quality of life. Home Care Aides can help minimize the risk of falls by removing fall hazards and encouraging clients to make healthy and safe choices.

Home Care Aides must know how to respond to a fall and understand the policies in their care setting. Falls must be well documented and reported to help prevent future falls.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. How common are falls for people over 65 years of age?

2. What are three environmental causes of falls?

3. Which diseases and conditions can increase the risk of falls? List at least four.

4. What are the safest type of shoes for a client to wear?

5. If a client is falling, should you try to catch them?

Answer these questions based on your own care setting. If you don't know the answers, check with your trainer or supervisor.

6. What is the policy when a client has fallen in your care setting?

Module Review

For each question, choose the best answer.

1. If you see a client falling, do not try to stop the fall.
   ❑ True ❑ False

2. A transfer/gait belt is only used if the client needs extensive help to transfer or walk.
   ❑ True ❑ False

3. During a transfer, do not have a client put their arms on your:
   a. Neck
   b. Shoulders
   c. Hips

4. You cannot do anything as a caregiver to reduce the risk of a client falling.
   ❑ True ❑ False

5. When helping a client to walk, you should walk slightly behind a client and on:
   a. their stronger side.
   b. their weaker side.
   c. Either side, it doesn't matter.

6. If a client has fallen and is injured:
   a. Lift them to a chair or bed.
   b. Get them medical help.
   c. Give them a glass of water.

7. Proper body mechanics mean you lift with your:
   a. Back.
   b. Abdomen.
   c. Legs.

1. True, 2. False, 3. A, 4. False, 5. B, 6. B, 7. C

Module Scenario

Mrs. Singh is an 89-year-old client living with congestive heart failure (CHF) and high blood pressure (hypertension). You have just come in her room and she is sitting in her recliner. She tells you that she got dizzy, fell a while ago, and climbed into the chair. She tells you she is not injured and asks you not to tell anyone she fell. She would like some help getting into her bed now.

Research:	Review the information on CHF on page 361, hypertension on page 374, and falls on pages 145-149.
Problem Solve:	1. Identify what problem(s) a caregiver needs to address in this situation. 2. Pick one problem and brainstorm ways to solve it. Pick a solution. 3. How does this impact how a caregiver provides care?
Demonstrate:	One group will demonstrate for the class the proper way to assist Mrs. Singh out of her chair and assist her to walk to her bed.

Module 8: Skin and Body Care

Learning Goal

Home Care Aides will promote and maintain clients' skin integrity and perform personal care tasks related to hygiene, dressing, and range of motion.

Lesson 1: Skin Care

Lesson 2: Body Care

Lesson 1
Skin Care

Objectives

After this lesson, the Home Care Aide will be able to:

1. Promote healthy skin care practices including hygiene, nutrition, hydration, and mobility;
2. Recall the need to continuously observe a client's skin for signs and symptoms of skin breakdown;
3. Use personal care practices that promote and maintain skin integrity including position changes when sitting or lying for extended periods, and proper positioning and transfer techniques;
4. Demonstrate all critical steps, including the use of assistive devices and common care practices, to safely turn and reposition a client in bed;
5. Recall risk factors of skin breakdown;
6. Recognize a pressure injury and take appropriate action if a client appears to be developing or develops a pressure injury; and
7. Recall when to report skin changes and who to report them to.

Key Words

Dressing: a protective covering put on the skin to protect it from further injury or infection. Dressings might be "clean" or "sterile."

Nurse Delegation: when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.

Pressure injuries: skin breakdown or injury caused by pressure or friction that progressively damages layers of skin, fat and/or underlying muscle. Pressure injuries might also be called pressure sores or bed sores.

Pressure points: places on the body where the bone causes the greatest pressure on the muscles and skin. These areas are at greatest risk for pressure injuries.

Self-Directed Care: a law that protects the right of an adult person who has a functional disability and is living in their own home to direct and supervise a paid personal aide, such as an individual provider, to perform a health care task the adult person would otherwise perform for themselves.

Skin breakdown: any break in the skin, creating a risk for infection and further injury.

Skin integrity: having skin that is whole, undamaged, and intact.

Overview

Skin is a vital organ of the human body. Home Care Aides have an important role in promoting and maintaining a client's skin integrity. There are many things a Home Care Aide can do to help keep a client's skin healthy. Home Care Aides must also routinely observe a client's skin, know the types of problems to look for, and document and report skin problems immediately.

Skin

Skin is the largest organ of the body. Skin is the first line of defense a client has to heat, cold, and infection. Age and chronic illness can lead to:

- skin becoming thinner and drier - tearing easier and not healing as easily;
- the loss of the layer of fat just below the skin, decreasing the ability to stay warm;
- sweat glands losing the ability to cool the body;
- the loss of the ability to feel pain, heat, or light touch.

Promoting Healthy Skin

There are five ways to help keep skin healthy.

1. Keep skin clean.
   - Keep skin, nails, hair, and beards clean.
   - Set up a routine bathing schedule.
   - When bathing, use warm, not hot water and mild soaps. Monitor water temperature to avoid scalding and burns for any client.
   - Take extra care to make sure skin folds are clean and dry. Skin folds hold bacteria, yeast, dirt, and dead skin cells.
   - In-between baths, clean the skin as soon as you see or smell something on it.
2. Keep skin dry.
   - Use pads or briefs that absorb urine and keep moisture away from the skin for clients with incontinence. Use a cream or ointment as further protection for the skin. Provide frequent toileting and perineal care, and change incontinence products as soon as they become soiled.
   - Avoid using "blue pads" or disposable waterproof underpads that can hold moisture on the skin. A waterproof cloth pad that can be laundered and reused is a good alternative.
3. Use moisturizing creams and lotions.*
   - Gently apply lotion to dry skin regularly.
4. Encourage good nutrition.
   - Diet contributes a great deal to healthy skin. Encourage a client to eat a healthy, well-balanced diet and to drink plenty of fluids (unless on a fluid restriction). See Module 9 on page 173 for more information.
5. Encourage mobility.
   - Encourage a client to stay as mobile as possible.
   - Encourage activities or exercise that help increase circulation.
   - For clients who are unable to move about on their own, reposition frequently to minimize pressure on any part of the body. You may need to use pillows to decrease pressure.

*Some Tasks are Not Permitted

A Home Care Aide can:

- apply non-prescribed ointments, barrier creams or lotions (e.g. dandruff shampoo or body lotion to prevent drying of skin); and
- apply or change a Band-Aid in response to a first-aid situation.

A caregiver can NOT:

- change sterile dressings; or
- apply a prescribed lotion or ointment used to treat a condition (unless under Nurse Delegation or Self-Directed Care).

See Module 11 on page 227 for more information about Nurse Delegation and Self-Directed Care

Observing and Reporting Skin Problems

Observe a client's skin whenever you are doing personal care. Look at the client's skin at least once a day. If you do not have the opportunity to see a client's skin, ask them if they have any concerns regarding skin changes.

Skin Problems a Caregiver May See

Type of Problem	What is it?
Pressure Injuries (pressure ulcers/ sores)	Skin breakdown or injury caused by pressure and/or weakened skin that damages the skin and/or underlying tissues including the muscle. Pressure injuries are classified (or staged) by how deeply the skin and underlying tissues are damaged.
Stasis/Venous Ulcers	A chronically open area, caused by poor circulation of the blood in the veins. Early symptoms are a rash or a scaly, red area and itching. Skin around the ulcer becomes a discolored reddish-brown. This occurs most often on the lower legs and feet.
Arterial Ulcers	Round open areas on the feet and lower leg due to lack of blood flow to the legs.
Rashes and Infections	Most rashes are raised, red, bumpy areas on the skin that are often itchy. Skin infections are a break in the skin, like a scratch, where bacteria or fungus have spread and caused an infection.
Burns	Skin that is damaged by fire, sun, chemicals, hot objects or liquids, or electricity. Burns are classified according to how deeply the skin is damaged. 1st degree burns are when the skin is reddened and maybe swollen and tender. 2nd degree burns usually have blisters, intense redness, pain and swelling. 3rd degree burns are the most serious and involve all layers of the skin.
Skin Cancer/ Lesions	Abnormal growth on the skin that usually doesn't spread and is treatable. A more dangerous kind of skin cancer is melanoma. Melanomas are irregularly shaped and may be described as a "strange mole" or a mole that is changing. If a client has a strange mole, report this to your supervisor right away.

What to Look For

- Redness or other changes in coloring
- Swelling
- Changes in temperature (warm or cold)
- A break in skin
- Rashes, sores, or a gray or black scab over a pressure point
- Odor
- Pain

Observing any of these signs could be an indication of a skin problem and should be reported to the appropriate person in your care setting immediately.

Pressure Injuries

Pressure injuries are very common among older adults. They are painful and debilitating, and can lead to serious, even life-threatening infections.

Causes of Pressure Injuries

Immobility is the number one cause of pressure injuries. When a person sits or lies in a position too long without moving, the weight of their body puts pressure on the skin and muscle. The pressure can be from a bone pressing against another part of the body or from a mattress or chair. This unrelieved pressure cuts off blood supply to the skin. Without a blood supply, the skin - and eventually the muscle under it - dies and a pressure injury forms.

The amount of pressure needed to cause a pressure injury ranges from a small amount of pressure for a long time to high pressure for a short time.

Pressure injuries can also be caused when the skin is weakened by the following.

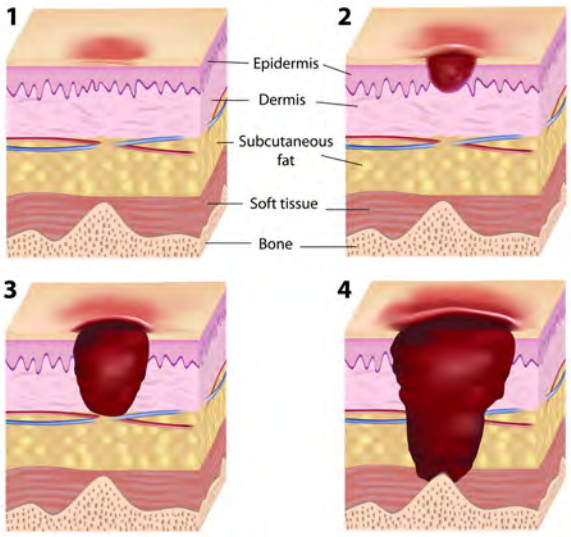
- Friction
- Too much moisture on the skin
- Dryness and cracking
- Irritation by urine, sweat, or feces
- Malnutrition and/or dehydration
- Certain chronic conditions or diseases - especially those that limit circulation

High Risk for Pressure Injuries

Clients who are fully or partially immobile or with weakened skin are at high risk for getting a pressure injury. This includes clients:

- in wheelchairs or who spend a lot of time in a chair or bed;
- who have had a pressure injury in the past;
- who are paralyzed;
- who have incontinence;
- with poor nutrition and/or dehydration;
- with a chronic illness, like diabetes, that decreases circulation;
- with cognitive impairments that make them forget to move;
- who have a decreased ability to feel sensation;
- who are obese or too thin.

Stages of Pressure Injuries

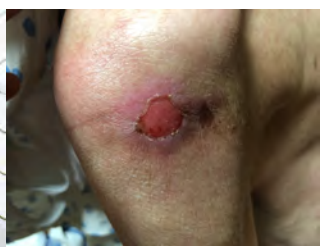


What Pressure Injuries Look Like

What a pressure injury looks like depends on how severe it is. The first signs of a pressure injury include the following.

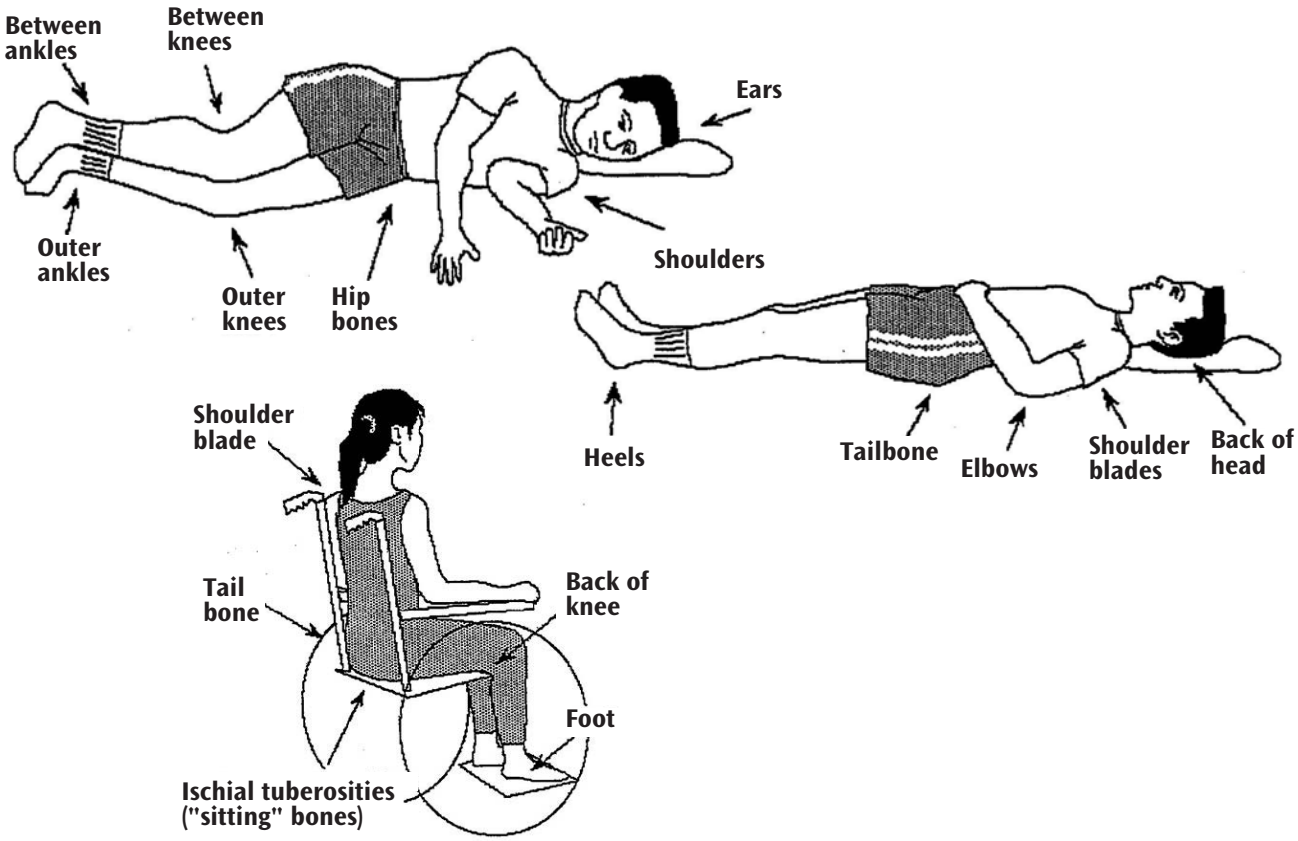
- Redness on unbroken skin lasting 15-30 minutes or more in people with light skin tones. For people with darker skin tones, the injury may appear red, blue, or purple. If in doubt, compare the area to the other side of the client's body.
- Any open area - it may be as thin as a dime and no wider than a Q-tip.
- An abrasion/scrape, blister, or shallow crater.
- Texture changes - the skin feels "mushy" rather than firm to the touch. This is especially true on heels, elbows, and hips.

A pressure injury can sometimes look like a gray or black scab. Beneath the scab is a pressure injury. If you notice a scab over a pressure point, report it to the appropriate person in your care setting immediately. Do not remove the scab. If a pressure injury is beneath it, this could cause damage or lead to infection.



Pressure Points

Pressure points are likely areas for pressure injuries.



What to do if you see a problem

Anytime you see redness on unbroken skin or feel heat in the area lasting 15-30 minutes or more - especially at a pressure point:

- reposition the client off of the red area immediately to remove pressure from the area;
- report it to the appropriate person where you work (make sure you know ahead of time who to report to about this kind of situation); and
- document your concerns in the client's records or in progress notes.

Do not:

- massage the area or the skin around it;
- use a heat lamp, hair dryer, betadine, or other wound treatments that could dry the skin out more, causing further injury; or
- use lotions or creams that keep the skin overly moist; this too can cause skin breakdown.

Skill: Turn and Position a Client in Bed

See Turn and Position a Client in Bed in the Skills Checklists on page 422 for the specific steps of this skill.

A client needs to change position frequently to protect their skin. A pressure injury can start in as little as one to two hours for clients in bed and unable to move. Clients who sit in chairs and cannot move can get pressure injuries in even less time because the pressure on the skin is greater.

A client confined to bed should change position at least every 2 hours. A person confined in a chair or wheelchair should shift their weight in the chair at least every 15 minutes for 15 seconds and change position at least every hour.

The following are general tips to remember when repositioning a client.

- Make sure there is room in the bed to roll the client.
- Ask the client to look in the direction they are being rolled.
- Do not roll the client by pulling or pushing on their arm.
- Refer to Module 7: Mobility on page 135 for tips on assisting a client to move safely.

Preventing Friction to the Skin

Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure injury - especially for those clients with weakened skin. A caregiver must take special care when transferring and positioning a client. A client must always be:

- lifted - not dragged when transferring;
- positioned in a chair or bed correctly so they cannot slide down; and
- positioned on smooth linen or clothing; wrinkles can add pressure on the skin.

Skin Care Tips for Positioning a Client Confined to a Bed or Chair

A special mattress that contains foam, air, gel, or water may be used. A doctor or the case manager (if the client has one) can help the client get special equipment. Check any special mattress daily to make sure it is working properly.

Do not use doughnut-shape cushions. They reduce blood flow and cause tissue to swell. This increases the risk of a client getting a pressure injury.

Choose a position that spreads weight and pressure most evenly, and that is comfortable for the client Use pillows or wedges to keep knees or ankles from touching each other or the bed (to prevent heel sores).

Place pillows under the client's legs from mid-calf to ankle to keep a client's heels off the bed if a client can't move at all.

Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots.

Sometimes the weight of blankets can cause pressure on the top of the feet, so a special piece of equipment known as a bed cradle may be used. The bed cradle also allows air circulation to assist in keeping the feet dry.

Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, increasing the risk for a pressure injury. Lying flat can be a problem for clients who have difficulty breathing. If this is the case, the head of the bed should not be raised at more than a 30° angle, unless necessary for breathing. This information should be included in the client's service plan.

Avoid positioning a client directly on the hipbone when they are lying on their side. Tuck pillows behind a client's back when in this position.

Lesson Summary

Promoting and maintaining healthy skin is essential for good health. Home Care Aides are responsible for helping to maintain healthy skin and recognize potential skin problems as soon as possible. In particular, a Home Care Aide should be able to recognize a pressure injury and take appropriate action, including safely repositioning the client to prevent the injury from worsening. Home Care Aides must routinely observe a client's skin and document and report any problems or signs of skin breakdown.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are five ways to promote healthy skin?

2. What should you do if you do not have the chance to observe a client's skin directly?

3. How often should a person who is confined to bed be repositioned?

4. What assistive devices might be used when turning or repositioning a client in bed? (Hint: check Module 7)

5. Where are pressure injuries most likely to occur?

6. Who should you report skin breakdown to in your workplace?

Lesson 2
Body Care

Objectives

After completing this lesson, the Home Care Aide will be able to:

1. Use best practices to perform personal care tasks as outlined in the service plan and incorporating client preferences;
2. Demonstrate all critical steps, including the use of assistive devices and common care practices, to safely:
   a. Provide oral care;
   b. Clean and store dentures;
   c. Shave with a safety razor;
   d. Provide fingernail care;
   e. Provide foot care;
   f. Provide a bed bath;
   g. Assist a client with a weak arm to dress;
   h. Put knee-high elastic stockings on a client;
   i. Provide passive range of motion for one shoulder; and
   j. Provide passive range of motion for one knee and ankle.

Key Words

Body care: personal care tasks that assist the client with hygiene, dressing, and range of motion exercises.

Elastic stockings: (also known as compression stockings) stockings or high socks that reduce leg swelling and improve blood circulation.

Oral Care: personal care tasks that help keep the teeth, tongue, and gums clean and healthy.

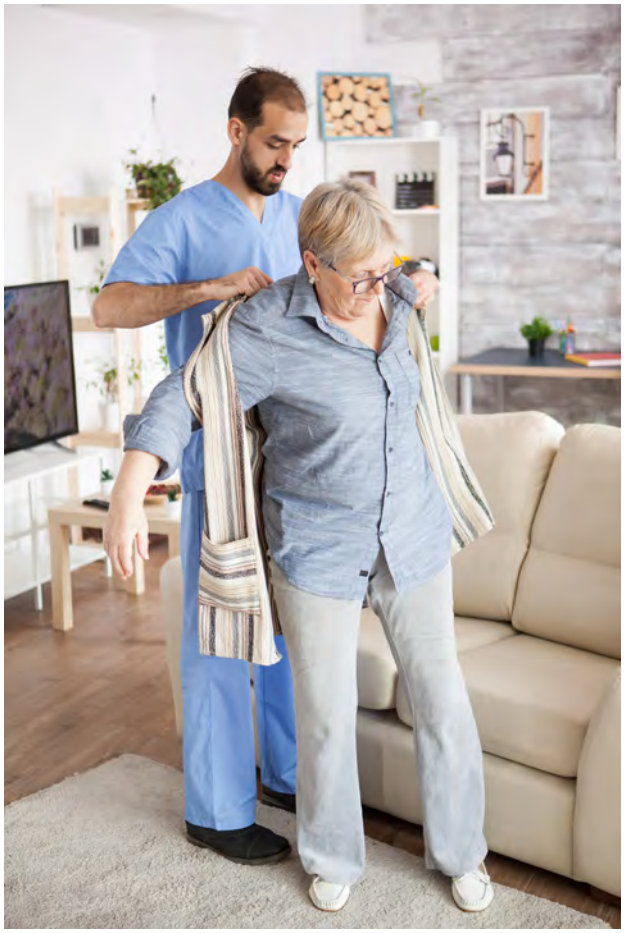
Personal hygiene: cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails.

Range of motion: how much a joint can move. Active range of motion (AROM) means the client can move joints without assistance; passive range of motion (PROM) means the caregiver physically moves the client's joints to maintain flexibility.

Safety razor: a shaving tool with a protective device between the edge of the blade and the skin.

Overview

Assisting with body care is a very important part of assisting a client to keep their skin and body healthy. Being well-groomed can also be an important mental and physical boost. Home Care Aides may provide assistance with a variety of personal care tasks that support skin and body health.



Skill: Mouth/Oral Care

See Mouth/Oral Care in the Skills Checklists on page 423 for the specific steps of this skill.

Proper care of the mouth and teeth supports a client's overall health and helps prevent mouth pain, eating difficulties, speech problems, digestive problems, tooth decay, gum disease, and even heart disease.

Providing oral care can also promote a healthy appetite. For example, providing oral care before breakfast can enhances the client's ability to taste the food and enjoy the meal.

To help prevent decay and gum disease, teeth should be brushed twice a day with fluoride toothpaste if available. If fluoride toothpaste is not available, water and a soft bristled toothbrush is sufficient. It is even better to brush after every meal. Teeth should be flossed at least once a day to clean between the teeth where the brush misses.

Watch for, document, and report any sore areas in the mouth, changes in tissue, complaints a client may have in eating comfortably, or anything unusual inside the client's mouth.

See Oral Health in the Resource Directory on page 343 for information on gum disease, dry mouth, and oral cancer.

The following are general tips when assisting a client with mouth care.

- When assisting with brushing, use short, circular movements, gently brushing the teeth with a massaging motion around each tooth. Make sure to work in a pattern so no teeth are missed.
- A soft bristle toothbrush is recommended by dentists and should be replaced when the bristles get worn (normally every three months).
- Make sure you have good light and can see what you are doing.
- Be careful not to touch the toothbrush bristles or any oral health item to other surfaces such as the counter, the sink, your bare hands, etc.
- Do not contaminate faucets, drawer handles, or other surfaces by touching with gloves that have been in contact with the client's mouth.
- If a client has difficulty grasping a toothbrush, make the handle bigger with a sponge, rubber ball or adhesive tape. An electric toothbrush may be easier to manage than a manual brush in this case.
- Toothettes, moistened gauze pads, or similar products may not clean the teeth completely and can push food further into the spaces between the teeth. These products are useful in cleaning mouth tissues when the client has no or just a few teeth, or for a client who is unable to open their mouth.

The following are general tips when assisting a client with flossing.

- Start with a strand of dental floss approximately 18 inches long.
- Use a pre-threaded flosser or floss holder (a great assistive device), or wrap the floss around the middle finger of both hands.
- Use your thumbs and forefingers to control the floss.

- Gently ease the floss between the client's teeth using a gentle back and forth motion.
- Carefully rub up and down, gently moving the floss from under the gum line to the top of the tooth. Keep the floss against the tooth so you don't injure the gums.
- If a client has not flossed before or recently, the gums may bleed when you floss. If the client has heavy deposits on their teeth, it may be difficult to get the floss between their teeth.

Skill: Clean and Store Dentures

See Clean and Store Dentures in the Skills Checklists on page 423 for the specific steps of this skill.

Like natural teeth, dentures must be properly cared for to last. If the client does not have any teeth or wears dentures, gums and mouth should be brushed and cleaned at least twice daily.

Watch for, document, and report any problems a client may have with dentures such as discomfort, trouble eating, speech problems, complaints of the dentures not fitting correctly, sore spots under or around the denture, or odor.

The following are general tips when assisting a client with denture care.

- Line the sink with a washcloth or other soft towel before cleaning dentures; this helps prevent breaking in case you drop the denture during the cleaning process.
- Allow dentures to soak overnight (or for several hours, depending on dentist's recommendations or the client's preference).
- Inspect dentures for cracks, chips, or broken teeth.
- Dentures can chip, crack, or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.
- Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture, or create a metallic taste in a client's mouth.
- Ask the client what denture cleaning product they use. Hand soap, mild dishwashing liquid, or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.
- Don't let dentures dry out - they lose their shape.
- Never soak a dirty denture. Always brush first to remove food debris.

Skill: Shave with a Safety Razor

See Shave with a Safety Razor in the Skills Checklists on page 429 for the specific steps of this skill.

The following are general tips when assisting a client with shaving.

- Do not press down hard or move the razor/shaver too fast over a client's face.
- Shave the sides of the face first, then under the nose and mouth.

Clients taking blood thinning medication should be encouraged to use an electric razor.
If using an electric razor,

- Clean the shaver's screen and cutter regularly. It is good to clean a shaver after every third shave, and best after every shave.
- All electric razors are not the same. It takes time for a client's face to adjust to using a different brand electric shaver.

Skill: Fingernail Care

See Fingernail Care on page 423 in the Skills Checklists for the specific steps of this skill.

Nail care may be a part of the bath routine. Toenail care is covered in detail within the foot care skill.

The following are general tips when assisting a client with fingernail care.

- Go from one side to the other in one direction only or file each nail tip from corner to center. Moving back and forth with an emery board and going too deep into the corners can split and weaken nails.
- Cuticles act as a barrier to infection. Do not clip them.
- Offer to apply a moisturizing cream or lotion to the hands and cuticles after you are done.

Skill: Foot Care

See Foot Care in the Skills Checklists on page 424 for the specific steps of this skill.

Smooth, clean nails provide comfort and safety for a client. Jagged or sharp nails can catch and tear on clothing and may cause injury to the toes. Always handle a client's feet gently and carefully.

The following are general tips when assisting a client with foot care.

- Inspect the client's feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- For most clients, you will only be filing nails, and not clipping nails. Always verify the client's service plan prior to performing foot care to determine whether the client's foot care includes nail filing. Never clip toenails for a client with circulatory problems or diabetes.
- Do not cut down the corners of a client's toenails or dig around the nail with a sharp instrument.
- Never file the nails too short as this may cause ingrown toenails, file the nails downward.
- Cuticles act as a barrier to infection. Do not clip them.

If a client has a circulatory problem or diabetes, a Home Care Aide may not clip the client's toenails or fingernails.

Skill: Assist a Client with a Bed Bath

See Assist a Client with a Bed Bath in the Skills Checklists on page 426 for the specific steps of this skill.

A bath can be refreshing and relaxing. A bath serves other important purposes for a client, including:

- cleaning the skin;
- stimulating circulation;
- providing movement and exercise; and
- providing an opportunity to observe the client's skin.

Bathing may happen in a shower, bathtub, bed, or as a sponge bath. Where, when, and how often the client bathes is the client's choice and should be included in the service plan.

Bathing Equipment

Ideally, the bathroom should have the following equipment.

- Bath mat
- Bath bench
- Hand-held shower
- Grab bars in the right places

If the bathroom does not have these items, talk with the appropriate person where you work to find out how a client can get needed equipment.

Bathing Tips

The following are general tips when assisting a client with a bath.

- When assisting with a bath, start at a client's head, work down and complete their front first, unless the client has another preference.
- Use less soap - too much soap increases skin dryness.
- Fragile skin requires a very gentle touch.
- Make sure the lighting is good.
- Make sure the bathroom is warm and without drafts.

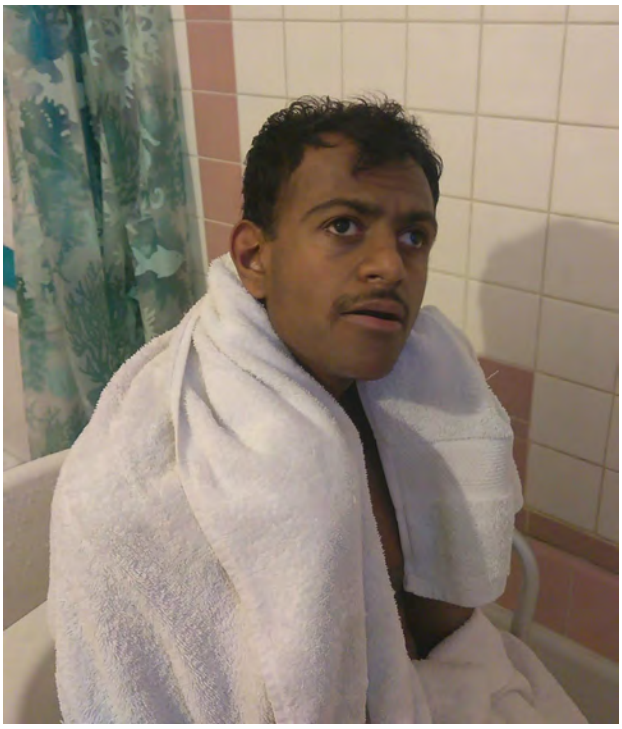
Showers

You may also be asked to assist a client with a shower instead of a bath. This can include assisting the client to get into a shower, washing body parts a client can't reach, assisting the client out of the shower, and getting dried and dressed.

The following are general tips when assisting a client with a shower using a bath bench.

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as they can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so they don't slip.
- Look for skin problems, especially at pressure points and feet.

While assisting a client with a bath, you will learn private information about their body. How should you handle this information?



Skill: Assist Client with Weak Arm to Dress

See Assist Client with Weak Arm to Dress in the Skills Checklists on page 425 for the specific steps of this skill.

Clients who need assistance with dressing often have difficulty doing things that require small finger movements like buttoning, zipping, putting on socks, and/or lacing up shoes.

Clients who have had a stroke or are paralyzed for other reasons are likely to have had some rehabilitation and instruction on how to dress.

Assistive Devices for Dressing

There are many helpful tools to assist a person to dress independently. Your job may be to assist the client in using these tools to get dressed.

- Velcro in place of buttons or shoelaces
- Zipper pulls attached to a zipper's metal tab to give the client added leverage in closing and opening the zipper (a large paper clip can also be used)
- Extended shoehorns that allow the client to get on their shoes without bending over

Types of Clothing

Certain types of clothing also can make it easier for the client to get dressed.

- Pants and skirts that pull on
- Items that fasten in front including front-fastening bras, blouses, shirts, and pants
- Clothes made of fabric that stretches, such as knits
- Velcro fasteners and large, flat buttons that are easier to open and close

Client Choice in Clothing

Choosing clothing is a very personal statement. Clients need to choose what they want to wear.

It may not be what you would choose, but if the clothing is appropriate for the weather, clean, and in good repair, do not interfere with the client's choice. If the client cannot get to the dresser or closet to choose clothing for the day, show a couple of different choices and encourage the client to choose.

A client's clothes need to fit correctly. Clothes that are too loose or tight can be a sign of a change in the client's condition or a safety problem and should be reported to the appropriate person in your care setting.

Skill: Put a Knee-High Stocking on Client

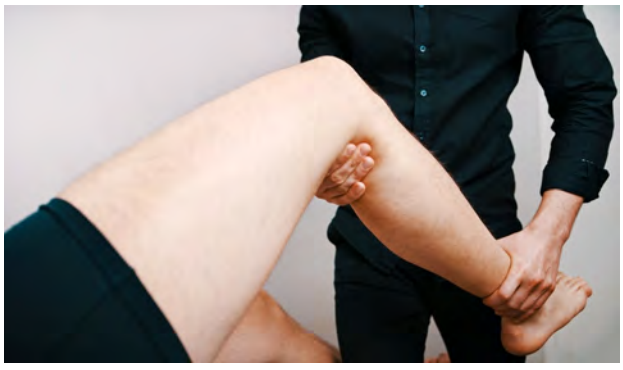
See Put a Knee High Elastic Stocking on Client on page 425 for the specific steps of this skill.

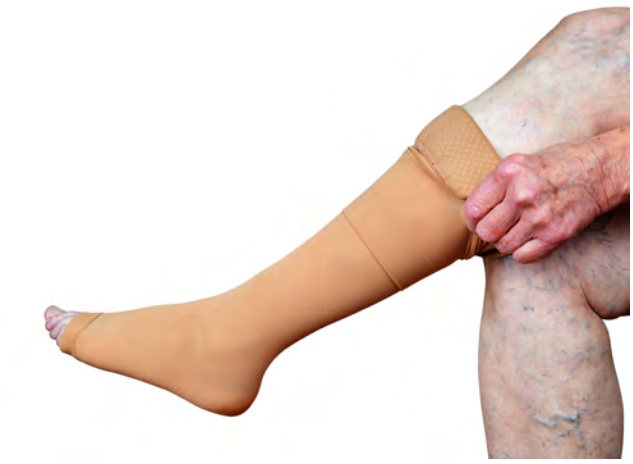
Clients with poor circulation to the feet or swelling due to fluid in the tissue (edema) might wear elastic stockings. These are typically ordered by the client's doctor, and they require special consideration when washing and drying them so they don't stretch out.

When assisting with this task, make sure to watch for any changes in skin color, temperature, swelling, or open areas on the legs. Document and report changes or abnormal skin conditions.

The following are general tips when assisting a client with elastic stockings.

- Encourage the client to have you assist with putting on elastic stockings first thing in the morning, before leg swelling gets worse.
- Encourage the client to let you put the stockings on while they are in bed.
- Make sure that the heel of the stocking is in the correct place.
- Make sure to check the stockings frequently for wrinkles after the client is dressed. Wrinkles in the stockings can cause a pressure injury and lead to skin breakdown.





Skill: Passive Range of Motion

See Passive Range of Motion for One Shoulder and Passive Range of Motion for One Knee and Ankle in the Skills Checklists on pages 425 and 426 for the specific steps of these skills.

Range of motion exercises help keep a client's joints flexible and strong, reduce stiffness, and/or increase the range of motion in a specific area. When clients are unable to move their bodies independently, they will need you to assist with passive range of motion exercises.

The following are general tips when assisting a client with passive range of motion exercises.

- Encourage the client to relax during the exercises.
- Perform each exercise slowly and consistently. Do not start and stop mid- range.
- If the muscle seems especially tight, slowly pull against it. Gentle, continuous stretching on a muscle will relax it.
- Move the joint gently to the point of resistance.
- Stop if you see signs of pain on a client's face or the client reports feeling pain.
- Depending on where you work, additional training may be required before assisting a client with full passive range of motion exercises.

Lesson Summary

Home Care Aides assist clients with a variety of tasks that support skin and body health. These tasks require practice and skill. Hygiene tasks, dressing, and range of motion exercise are all very personal. Home Care Aides must communicate with clients and treat them with dignity while performing any task. Protecting a client's privacy and treating them with respect are essential to providing quality care.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. Why is it a good idea to perform oral hygiene before breakfast?

2. How should dentures be stored?

3. Why is it important not to put lotion between the toes after providing foot care?

4. How often should you change the water during a bed bath? (Hint: see the Skills Checklist on pages 426-427)

5. Who should decide what the client wears?

6. Can elastic stockings cause pressure injuries?

7. Why are passive range of motion exercises beneficial?

Module Review

1. Dehydration is the leading cause of pressure injuries.
   ❑ True ❑ False

2. To position a client correctly in a bed, choose a position that spreads weight and pressure evenly.
   ❑ True ❑ False

3. Clients at high-risk for pressure injuries include people:
   a. That smoke.
   b. With incontinence.
   c. With food allergies.

4. To help keep a client's skin healthy, encourage them to:
   a. Use under pads that hold moisture on the skin.
   b. Eat a well-balanced diet and drink plenty of fluids.
   c. Take a bath daily using plenty of hot water.

5. Wrinkles in elastic stockings can lead to a pressure injury.
   ❑ True ❑ False

6. Anytime you see redness on a client's unbroken skin, especially at a pressure point:
   a. Remove pressure from the area immediately.
   b. Increase pressure to the area immediately.
   c. Do nothing - but watch it closely for the next few hours.

7. When assisting with passive range of motion exercises, move the joint gently to the point of:
   a. Pain.
   b. Resistance.
   c. Comfort.

8. To take good care of a client's dentures, always soak them in
   a. Bleach.
   b. Hot water.
   c. Cool water.

9. When assisting a client with a bed bath, replace the water every 2 minutes.
   ❑ True ❑ False

1. False, 2. True, 3. B, 4. B, 5. True, 6. A, 7. B, 8. C, 9. False.

Module Scenario

Lesson 1

Mr. Bernard is a 44-year-old client who had a stroke (CVA) six months ago. The results from the stroke have left Mr. Bernard depressed. He has weakness on his left side and needs help with many care tasks including positioning himself in bed. Since this morning, Mr. Bernard has refused to get out of bed and has stayed in the same position for several hours.

Research	Problem Solve	Demonstrate
Review information on stroke (CVA) on page 381, depression on page 365. Review information on pressure injuries on page 157 and changing a client's position on page 159.	1. Identify what problem(s) a caregiver needs to address in this situation. 2. Pick one problem and brainstorm ways to solve it. Pick a solution. 3. How does this impact how a caregiver provides care?	One group will demonstrate for the class repositioning Mr. Bernard in his bed, making sure to avoid pressure on areas at risk for skin breakdown.

Lesson 2

Mx. Stevens is a 78 year old client living with diabetes. Today when assisting them with foot care, you notice two new sores on their feet. They ask you to clip their toenails and clean and bandage the sores. They tell you not to worry about the sores, that they are just part of their diabetes.

Research	Problem Solve	Demonstrate
Review the diabetes section in Common Diseases and Conditions on page 368.	1. Identify what problem(s) a caregivers needs to address in this situation. 2. Pick one problem and brainstorm ways to solve it. Pick a solution. 3. How does this impact how a caregiver provides care?	One group will demonstrate for the class foot care.

Notes:

Module 9: Nutrition and Food Handling

Learning Goal

Home Care Aides will plan and prepare meals using a basic knowledge of nutrition and hydration, incorporating any diet restrictions or modifications, and prevent foodborne illness by preparing and handling food in a safe manner.

Lesson 1: Nutrition

Lesson 2: Safe Food Handling

Lesson 1
Nutrition

Objectives

After this lesson, the Home Care Aide will be able to:

1. Follow the guidelines of good nutrition and hydration to plan, shop and prepare meals for a client;
2. Incorporate any dietary requirements and restrictions per the care plan and client preferences;
3. Recognize and report when a client's food choices may vary from specifications on the service plan;
4. Demonstrate all critical steps, including the use of assistive devices and common care practices, to safely assist a resident to eat;
5. Identify diet modifications required for certain health conditions including dysphagia; and
6. Recognize and report common signs of poor nutrition and dehydration.

Key Terms

Allergy: high sensitivity and reaction to certain substances (e.g. certain foods, pollen, bee sting).

Calorie: a measurement of energy that our body gets from the food we eat.

Dehydration: not enough fluid in the body. This can lead to serious medical conditions as well as confusion.

Dysphagia: difficulty with swallowing.

Eating pattern: the foods we eat, how much and how often we eat them.

Malnutrition: a condition that results from a lack of enough nutrients in the body. Caused by not eating enough, or not eating nutritious foods.

Nutrients: substance plants or animals need to live and grow.

Nutrition: the body's process of taking in and using food

Processed food: any food that has been prepared or changed before sale such as bread, canned soup, frozen meals, potato chips, chicken nuggets, etc. includes fast food.

Overview

Healthy eating is critical for good health in all stages of life. Nutrition from a healthy diet increases energy, repairs the body, prevents disease, and helps manage body weight. Good nutrition is especially important for prolonging independence, managing chronic conditions, and preventing injury.

All Home Care Aides must understand basic nutrition and be able to help clients eat safely. Your role in a client's nutrition will depend on where you work and the level of assistance they need.

Malnutrition, dehydration, and dietary mistakes can cause injury or death. You must learn about your client's unique needs and preferences and follow their individual service plan. By supporting a safe and healthy eating pattern, you can help the client maintain good health.

Other than good health, why is food important in your life?

Healthy Eating

Healthy eating is critical for good health. The nutrition in a healthy diet can:

- increase overall health and energy - prolonging independence;
- prevent or control certain diseases (e.g. diabetes, osteoporosis, heart disease, high blood pressure, cancer, tooth decay);
- reduce bone fractures;
- encourage weight loss or maintain a healthy weight.

Choosing a variety of healthy foods in balanced proportions gives the nutrition and hydration the body needs. By balancing what we eat with daily activity, we can improve or maintain good health.

What does healthy eating mean to you?

Healthy Eating Patterns

There is no one-size-fits-all diet that every individual can (or should) follow. Everyone's body is different, and eating patterns develop throughout a person's life. Family, culture, social and economic opportunities, and access to food options all influence a person's choices.

The client's service plan will have detailed instructions about eating habits, likes and dislikes, nutritional requirements and diet modifications. As a Home Care Aide, you must also learn about your client as a person. Find out what your client likes and what they are able to eat. Involve them in meal planning and preparation as much as possible, and give them choices.

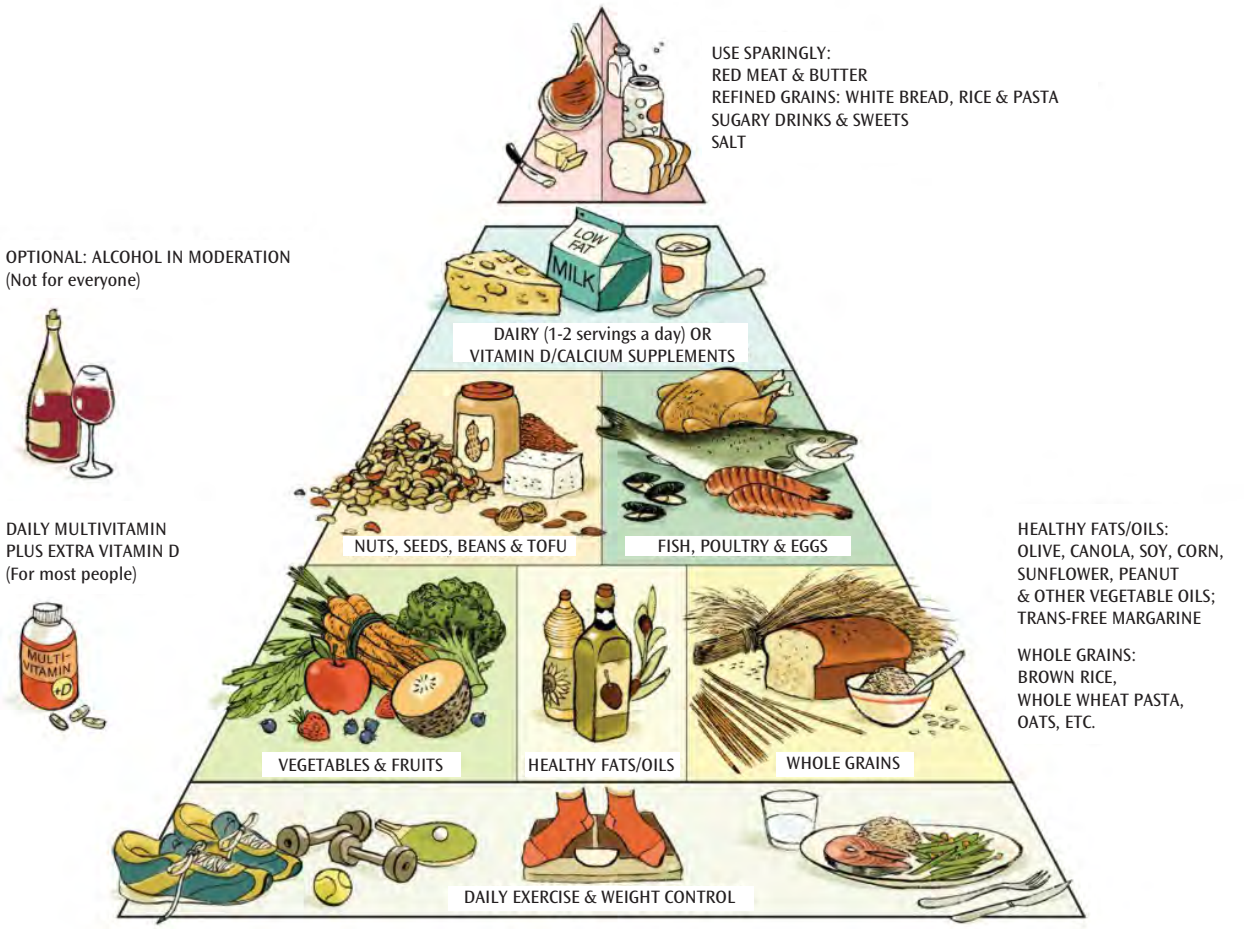
What foods are especially important to you? Why?

Variety

A healthy diet consists of mostly vegetables, fruit, and whole grains with some healthy fats and proteins.

THE HEALTHY EATING PYRAMID

Department of Nutrition, Harvard School of Public Health



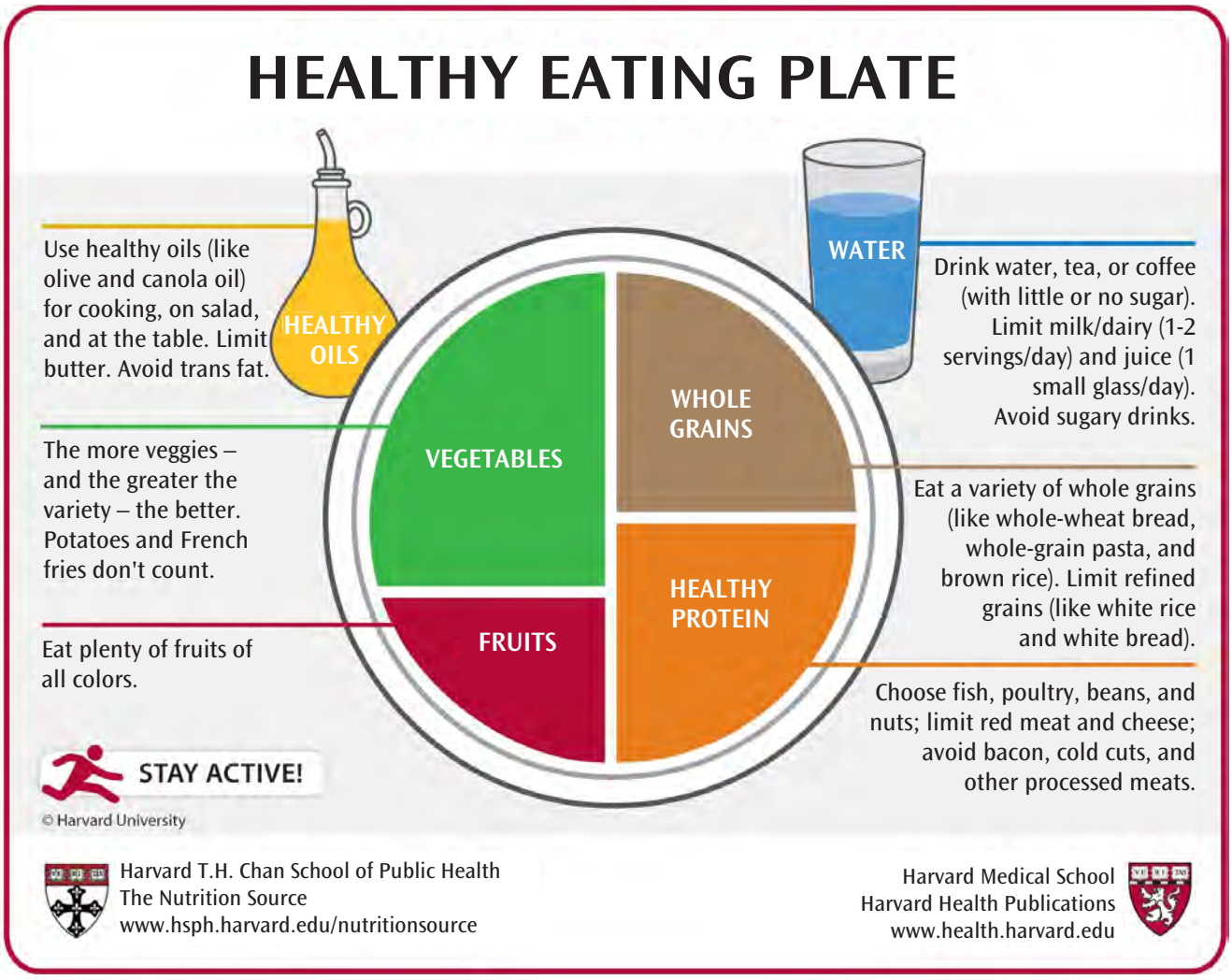
Many Americans are familiar with "the food pyramid," which shows examples of foods from each food group. Each layer of the pyramid also shows us how much we should eat from each food group. In this food pyramid, healthy levels of activity are shown as the foundation of healthy eating.

You can think of the "Healthy Eating Pyramid" as a kind of grocery list. Some things, like vegetables, fruits, whole grains, healthy proteins, and a little dairy if desired should be in your shopping cart every week. The foods at the top of the pyramid, such as red meat and white rice, should make up the smallest part of your diet.

What do you usually eat in a week? Are there any food groups you would like to eat more of? Less of? Make a list of your favorite foods from each food group.

Amount

The "Healthy Eating Plate" shows the proportions of food in a healthy, balanced meal.



Rather than viewing one's food choices as good or bad, it is helpful to see the overall picture of a person's food intake. For example, enjoying a piece of cake once a week, with the remainder of foods eaten coming from fruits, vegetables, whole grains, and lean proteins is an overall excellent eating plan.

When planning meals, consider the plate as pictured above. Creating a balanced diet starts with at least half of it being filled with fruits and vegetables, and the other half filled with healthy protein and whole grains.

Look at your list of favorite foods in the Healthy Eating Pyramid and plan a healthy meal based on the Healthy Eating Plate above.

Guidelines of Good Nutrition

The guidelines of good nutrition explain, generally, what a healthy eating pattern looks like. To have a healthy diet, most people should drink more water and eat foods that are:

1. **lower** in saturated and trans fats;
2. **lower** in sodium;
3. **lower** in sugar; and
4. **higher** in dietary fiber.

Packaged and processed foods, like fast food, microwave popcorn, candy bars, crackers, and chips do not follow these guidelines. These types of foods are high in fat, sodium, and sugar, and lack fiber and other important nutrients.

Fats

Fat is an important nutrient that gives the body energy. It helps the body absorb vitamins and supports important body functions such as the brain and immune system. Fat is also necessary for maintaining healthy skin and hair.

There are several types of fats in the foods we eat, and some are healthier than others. A diet higher in unhealthy fats can lead to high levels of LDL (bad) cholesterol and cardiovascular disease.

Healthy Fats

Unsaturated fats (both polyunsaturated and monounsaturated) do not raise blood cholesterol. These fats are normally plant oils that are liquid at room temperature. Examples include olive oil, avocado oil, and sesame oil.

A healthy diet includes more foods that contain healthy unsaturated fats.

- Almond butter
- Avocado
- Fish like salmon and tuna
- Nuts like almonds, pecans, cashews, and walnuts
- Olives
- Seeds like pumpkin, sunflower, sesame, and chia

Unhealthy Fats

Saturated fats and trans fats are unhealthy because they can increase the risks of heart disease, diabetes, cancer, and obesity. These kinds of fats are solid at room temperature.
Eat less foods containing saturated fat.

- Butter
- Cheese
- Chicken fat
- Chicken skin
- Coconut oil
- Cream
- Ice cream
- Meat
- Milk
- Palm Oil

Trans fats are harmful because they raise LDL (bad) cholesterol and lower HDL (good) cholesterol. The Food and Drug Administration banned artificial trans fats in the United States in 2018. However, some foods may still contain a small amount of trans fat as a result of food processing. In addition, trans fats may still be found in processed foods that were purchased before the ban went into effect. Check the nutrition label on foods that might still contain trans fats.

- Candy bars
- Chips
- Coffee creamer
- Crackers
- Vegetable shortenings (like Crisco)
- French fries
- Frozen pizza
- Microwave popcorn
- Refrigerated dough products
- Some stick margarine

Fried fast foods can also contain high levels of trans fat because of the high cooking temperatures used during frying.

- Fried chicken
- Battered fish
- Doughnuts
- French fries
- Mozzarella sticks

Tips to Reduce Unhealthy Fats

- Read nutrition labels carefully to see if saturated or trans fats are listed on the label.
- Look for the words "partially hydrogenated" to find trans fats in the ingredients list.
- Choose lean meat or skinless chicken and trim all visible fat before cooking.
- Use low fat cooking methods such as grilling, barbecuing, steaming, stir-frying, dry roasting, or poaching.
- Skim the fat off the top of cooled gravies, sauces, soups, or stews.
- Cook with unsaturated fats such as olive oil.
- Limit cream-based sauces and soups.

NUTRITION FACTS

Calories per serving	280
Servings per package	1
Amount/Serving	**% Daily Value**
Total Fat 14 g	22%
Sat. Fat 5 g	25%
Cholesterol 5 mg	2%
Sodium 140 mg	6%
Total Carbs 35 g	12%
Dietary Fiber 1 g	4%
Sugars 33 g	
Protein 4 g	
Calcium	4%

INGREDIENTS:
Milk Chocolate, Peanuts, Corn Syrup, Sugar, Skim Milk, Butter, Partially Hydrogenated Soybean Oil, Artificial Flavor.

Find the unhealthy fats in the nutrition label above. Hint: Look for both saturated and trans fats.

Sodium

Sodium (a mineral in salt) helps to maintain the body's water balance, blood pressure, and prevents dehydration. Too much sodium can lead to high blood pressure and heart disease.

Many people eat too much sodium. Even if salt is not added while cooking or at the table, the client could still be getting too much sodium in their diet by eating processed and/or pre-packaged foods.

Sodium Guidelines

The Dietary Guidelines for Americans recommend that healthy adults consume less than 2,300 mg of sodium per day (1 teaspoon). The American Heart Association recommends an ideal limit of no more than 1,500 mg per day for most adults. Sodium intake may be lower for the client depending on their health. Clients with congestive heart failure or high blood pressure most likely will be on a lower salt diet.

Tips to Reduce Sodium

- Look for and use sodium-free, low, reduced, light in sodium, or no salt added processed foods.
- Compare the level of salt in processed foods - the amount can vary widely between brands.
- Choose fresh, frozen, or canned vegetables and meats without salt added.
- Be "spicy" instead of "salty" when cooking. Flavor foods with a variety of herbs, spices, lemon, lime, or vinegar.
- Avoid the salt shaker or fill it with an herb substitute instead.
- Limit canned, ready-cooked, or boxed meals such as noodle casseroles or rice dishes.
- Limit highly salted foods such as corned beef, bacon, luncheon meats, pickles, chips, crackers, pretzels, or preserved meats.

Look for these phrases on food labels

Sodium-free or salt-free	Each serving in this product contains less than 5 mg of sodium.
Very low sodium	Each serving contains 35 mg of sodium or less.
Low sodium	Each serving contains 140 mg of sodium or less.

Some phrases can be misleading!

Reduced or less sodium	The product contains at least 25% less sodium than the regular version.
Lite or light in sodium	The sodium content has been reduced by at least 50% from the regular version.
Unsalted or no salt added	No salt is added during processing of a food that normally contains salt. However, some foods with these labels may still be high in sodium because some of the ingredients may be high in sodium.

Sugar

Sugar is a carbohydrate that naturally occurs in fruit, milk, and vegetables. Other carbohydrates are found in grain products like bread and pasta. Many processed foods also contain added sugar.

The body uses sugar and other carbohydrates for energy. Too much sugar can lead to diabetes, obesity, tooth decay, and cardiovascular disease. Most Americans eat too much added sugar, and obesity and diabetes are epidemics in America today.

Guidelines for Added Sugar

Avoid or reduce added sugar as much as possible. The Dietary Guidelines for Americans recommends that most Americans eat less than 50 grams (about three tablespoons) of added sugar per day.

Tips to Reduce Sugar

Avoid or strictly limit foods that have added sugars. The most common foods that have added sugars include the following.

- Sweetened coffee
- Soda
- Energy drinks
- Fruit juice drinks
- Candy bars
- Cookies
- Puddings
- Candies
- Cakes or other sweets or desert items

Replace these items with healthier choices such as whole fruits or fruit products that have no added sugar.

Look for added sugars in the ingredients list on packaged foods. In addition to the word "sugar," the following words on a food package's nutrition label also mean sugar.

- Glucose
- Fructose
- Sucrose
- High-fructose corn syrup (HFCS)
- Evaporated cane juice
- Barley malt
- Corn syrup
- Dextrose

Choose other carbohydrates wisely. Try whole grains (such as brown rice, bulgur, couscous, and quinoa) as side dishes. Switch from refined to whole grain versions of bread, cereal, pasta, and rice.

See Adding More Fruits and Vegetables into the Diet in the Resource Directory on page 345 for more information.

For more information about diabetes, carbohydrates, and diet, see Diabetes in Common Diseases and Conditions on page 368.

Dietary Fiber

Dietary fiber is a kind of carbohydrate from which the body gets little or no calories (energy). It naturally occurs in beans and peas, fruits, nuts, seeds, and vegetables. Dietary fiber can lower LDL (bad) cholesterol and help control blood glucose (blood sugar). It also helps make you feel full, increase the frequency of bowel movements, and reduces the risk of cardiovascular disease.

Guidelines for Dietary Fiber

Many Americans do not get enough dietary fiber. Most Americans should get about 28 grams of fiber per day. Most people can get the recommended amount of fiber by eating five servings of fruit and vegetables daily.

Clients should check with their doctor before increasing or decreasing dietary fiber. Fiber intake may need to be limited for adults with certain medical problems such as diverticulitis (inflammation or infection of the colon) or increased for clients who have chronic constipation.

Fiber should be increased in the diet slowly. Increasing fiber too fast can cause bloating and gas. Since fiber absorbs water, it is also important to drink plenty of fluids when increasing dietary fiber or taking fiber supplements.

Tips to Increase Dietary Fiber

- Add beans, peas, and lentils to soups, stews, salads, and rice dishes. Substituting beans for meat will provide fiber and lower fat intake.
- Choose whole-grain breads and cereals with "whole wheat flour," "stone-ground whole wheat flour" or "100 percent whole wheat flour" as the first ingredient.
- Experiment with different whole grains such as couscous, barley, bulgur, quinoa, and kasha in salads, soups, and casseroles to increase fiber.
- Eat fruits such as apples, pears, bananas, berries, melon, or oranges. Peels and seeds in fruits increase fiber.
- Eat vegetables such as carrots, sweet potatoes, broccoli, spinach, or green beans.
- To keep the fiber content of vegetables high, eat them raw or steamed just until tender and leave the skins on.
- Add dried fruits to cereal, muffins, and quick breads to increase fiber.

Look for these phrases on food labels

Good Source of Fiber, Contains Fiber, Provides Fiber	2½ grams to less than 5 grams
High Fiber, Rich in Fiber, Excellent Source of Fiber	5 grams or more

Foods Rich in Fiber

Food	Serving Size	Fiber
Bran	1/3 cup	8.5 g
Other high fiber cereals	1 cup	5 g
Whole-wheat spaghetti	1 cup	4 g
Corn on the cob	1 ear	6 g
Baked yam	1	7 g
Large carrot	1	2 g
Banana	1	4 g
Strawberries	1 cup	4 g
Apple with skin	1	3 g
Baked beans	1 cup	8 g
Kidney beans	1 cup	7 g
Split pea soup	1 cup	5 g
Baked potato with skin	1	3 g
Broccoli	1 cup	4 g
Dried figs	3 average	10 g
Pear	1 small	4 g
Prunes	5	4 g

Water, the Forgotten Nutrient

The human body needs water to live. Dehydration (a lack of enough water in our bodies) not only makes a person feel bad, but can also lead to heart injury, kidney failure, and death. Just a 2% water deficit can cause fatigue, confusion, short-term memory loss, and mood changes like increased irritability or depression. Dehydration can increase risk of urinary tract infection (UTI), kidney stones, gallstones, and constipation.

The body uses water to:

- digest food;
- remove waste;
- carry nutrients and oxygen to every cell in the body;
- cool the body;
- lubricate joints and tissues; and
- maintain healthy skin.

Guidelines for Water Intake

Everyone's water requirements are different. Most healthy people need between 9 and 13 cups each day, with 1 cup equaling 8 ounces.

- Since fruits and vegetables are mostly water, eating at least "five a day" will also help with hydration. About 20% of a person's total daily water intake comes from water-rich foods like lettuce, leafy greens, cucumbers, bell peppers, summer squash, celery, berries, and melons.
- Coffee and tea can contribute to daily fluid intake.
- Too much water can flush out electrolytes that are needed by your body and this can have a negative impact.

Some clients may be on a fluid restriction diet which limits their daily intake of water as well as foods that contain a lot of water.

Drinking More Water

Most adults in the United States do not drink enough water, and older adults tend to drink less water than younger adults. The thirst sensation tends to decline as we age, making it harder for older adults to realize they need more fluids. Conditions such as stroke or dementia can also impair thirst. Here are some tips to promote drinking more water:

- Encourage a client to drink before they become thirsty.
- Offer fluids frequently throughout the day. It is also a good idea to keep a glass of water by a client's chair or bed.
- Fill a 20-ounce water bottle four times a day or drink a large glass of water with each meal and snack.
- Add flavor to water by adding
  - sliced citrus,
  - crushed mint,
  - peeled sliced ginger or cucumber,
  - crushed berries,
  - sliced melon.
- Add a splash of juice to sparkling water for a bright, refreshing drink.

Planning, Shopping, and Preparing Meals

You may be responsible for assisting the client plan/cook meals and shop for groceries. There are some steps you can follow to make this job easier and more efficient.

Make a Meal Plan

Work with the client to plan meals several days in advance. Start by planning the main dish and then decide what else to include. Use the Healthy Eating Plate to include enough foods from each food group. When planning meals, consider:

- what foods the client prefers;
- any leftovers that need using up;
- what's in the freezer or the cupboard;
- what's on sale this week or any coupons you have; and
- how much time you will have to cook or the client's abilities if they will be cooking for themselves.

Make a Shopping List

Look at your meal plan and make sure you have the needed ingredients. Write down any items you need to buy at the store. Use the Healthy Eating Pyramid to choose the best kinds of foods from each group. For example, if your meal plan includes bread, make sure you buy whole grain bread. Once you have your list for the week, it is time to go shopping.

Shop Smart

Fresh fruits, vegetables, and proteins have more nutrients and less added ingredients than processed foods. Packaged meals like frozen dinners often contain lots of added fats, sugars, and salt. Frozen and canned fruits and can be healthy, but look out for added sugar and salt. To save money, buy foods that are on sale or in season. Remember to look at the price per weight rather than the unit price when comparing items. Always try to eat before you go shopping so you won't be tempted to purchase snack foods.

What are some smart shopping ideas you know that might help others?

Reading Food Labels

Read the nutrition facts labels on packaged foods. Try to buy products that follow the guidelines of good nutrition. 5% or less of daily value (DV) is "low" and 20% or more is "high." Look for products that are:

- **low** in saturated fat, cholesterol, sodium, and added sugars; and
- **high** in dietary fiber and protein.

The ingredients list can also be used to check if a specific ingredient is in the food or product. This is especially important if a client has allergies or other reasons to avoid particular items.

Dietary Modification: Requirements and Restrictions

A client may have a special diet due to a disease, condition, medication, or food allergy. A special diet can limit or increase the intake of certain foods or how foods must be prepared.

It is important for you to understand how and why the nutrition therapy is needed and what foods should be added or avoided in food preparation.

A client should have a doctor's prescription before you make changes to their normal diet. If you do not have the specific information you need, alert the case manager or your supervisor depending on the care setting where you work.

Balancing Choice with Safety

In some cases, a client may choose not to follow a prescribed special diet or make food choices that are not as healthy as others. Choosing which foods to eat is the client's right.

If the client is making unhealthy food choices or not following their prescribed diet, Follow the steps outlined in Balancing a Client's Right of Choice and Safety in Module 4 on page 64.

1. explain your concerns to the client;
2. offer safe alternatives;
3. report your concerns to the appropriate person in your care setting; and
4. document your concerns and what you did.

Food Allergies

Some people have allergies to food that can cause sudden, life-threatening reactions. Even a small amount of the food can make a person who has a food allergy sick.

Foods that cause the most allergies include milk, soy, eggs, wheat, peanuts, nuts, fish, and shellfish. Foods to avoid should be listed on the client's service plan.

A client with a food allergy must avoid any source of that food.

A client's safety can depend on safe preparation steps in the kitchen (e.g. paying close attention to the ingredient list on food labels). Make sure to talk with the client about any food allergies they have.

Symptoms of an allergic reaction to a food can include the following.

- A tingling or itching sensation
- Hives (raised welts on the skin)
- Swelling of the mouth or throat, eyelids, face, lips, and tongue
- Abdominal pain
- Diarrhea
- Nausea
- Vomiting
- Difficulty breathing
- Light-headedness
- Loss of consciousness

It is a medical emergency if a person develops even one whole-body reaction such as hives. As in any other emergency, call 911 and follow the emergency and reporting procedures where you work.

Dysphagia

Dysphagia is a common condition which makes swallowing more difficult. Dysphagia is more likely for people who have had a stroke, certain diseases (Parkinson's, multiple sclerosis, certain cancers), dementia, some individuals with developmental disabilities, and people who are on certain medications. Warning signs of dysphagia include:

- taking a long time to begin a swallow or needing to swallow 3-4 times for each bite of food;
- having pain while swallowing;
- being unable to swallow;
- fullness or tightness in the throat or chest or a sensation of food sticking there;
- difficulty controlling liquids in the mouth or drooling out of the front or side of the mouth;
- being hoarse;
- bringing food back up; regurgitation
- having frequent heartburn;
- having food or stomach acid back up into the throat;
- unexpected weight loss;
- coughing or gagging before, during or after a swallow;
- having to cut food into smaller pieces or avoiding certain foods because of trouble swallowing; or
- pocketing food in mouth (storing food in the cheek), spitting food out, or refusing to eat.

Report any of these signs to the appropriate person in your care setting if the client has not already been diagnosed with dysphagia.

Caring for a Client with Dysphagia

Clients who have dysphagia need support to make sure they get adequate nutrition and hydration as well as to protect against food or fluid getting into the airway and lungs.

Clients with dysphagia will have a prescribed special diet. Depending on the severity of the condition, the consistency of foods and liquid must be changed to make it easier and safer for the client to eat or drink (e.g. making foods soft and easy to swallow or thickened or thinned to prevent choking).

You may also be asked to work directly with the client's health care provider to understand how to prepare food correctly. This depends on the care setting where you work.

Diet modifications should be noted in the client's service plan. Check with your supervisor if you have any questions.

See Clients who Have Difficulty with Eating in the Resource Directory on page 347 for more information.

Skill: Assist a Client to Eat

For many people, meals fulfill not only nutritional but also social needs. The social importance of mealtime can be just as important to the client's well-being as the food they eat.

When assisting a client to eat, do things to make mealtime a pleasant experience.

- Plan the menu with the client if possible.
- Arrange the place setting and food so it looks attractive and is easy for the client to reach and eat.
- Sit down with the client whenever possible.
- Make sure the client is sitting comfortably.
- Help only when help is needed.
- Offer food at an unrushed pace.
- Take the time to make eating a highlight of the day.

See Assist a Client to Eat in the Skills Checklists on page 426 for the specific steps of this skill.

Tips for Assisting a Client to Eat

- Never assist a client to eat who is lying down, reclining, or very sleepy.
- Make sure the client's head is forward and their chin is down.
- Put a small amount of food on the spoon or fork.
- Give the client plenty of time for chewing and swallowing. Never rush.
- Tell the client what food is on the fork or spoon before putting it in their mouth.
- Treat the client as an adult not a child.

The client should remain upright for at least 20 to 30 minutes after finishing a meal.

General Tips when Helping a Client with Dysphagia to Eat

- Let the person see, smell, and taste the food to encourage saliva to flow and to improve their appetite before they start eating.
- Avoid having the client talk while eating.
- Place food in the middle of the front third of the tongue, and push the tongue down (this stops the tongue falling back into the mouth and getting in the way of the swallow).
- Watch for pocketing of food. If this happens, remove the pocketed food and have client slow down or ask the client to do a "tongue sweep" if they are able.
- You may need to prompt the swallowing process with statements like "chew thoroughly," "swallow again," "hold your breath while you swallow," and "clear your throat."

Assistive Devices to Help with Eating

Many assistive devices can help maintain a client's independence while eating including silverware with built-up handles to make them easier to grasp, two handled cups, straws, a divided plate or a plate with a rim (makes it easier to "scoop" food onto the utensil).

Recognizing and Reporting Signs of Malnutrition and Dehydration

As many as half of all older adults are at risk of malnutrition. Malnutrition occurs when a person's body does not get enough nutrients. This can be because of diet, digestive problems, dental problems, or a medical condition. Other factors that can lead to malnutrition include the following.

- Problems chewing, mouth pain, or dentures that don't fit
- An upset stomach, constipation, bloating, or gas
- Living alone
- Taking multiple medications
- Substance abuse
- No appetite

Malnutrition can lead to medical complications, weakness that leads to falls and injuries, and hospitalization.

A client with malnutrition can have a decreased ability to resist infection, heal wounds, or recover from illness, surgery or other treatments.

Observe clients for these warning signs of malnutrition.

- Unintended weight loss (e.g. clothing that is now too big)
- Eating less than half of meals and snacks
- Constant fatigue or dizziness
- Depression, loneliness, grief
- Confusion

Document and report any signs of malnutrition or dehydration to the appropriate person in your care setting.

Dehydration

Dehydration can be caused by losing too much fluid, not drinking enough water or fluids, or certain medications. A common cause of dehydration is loss of fluids through vomiting, diarrhea, and/or high fever.

Dehydration can be mild, moderate, or severe. When severe, dehydration is a life-threatening emergency. Many factors can affect how quickly a client becomes dehydrated including heat, medications, diet, how active they are, and body size.

Report any of these symptoms to the appropriate person in your care setting.

Warning Signs of Dehydration

- prolonged vomiting or diarrhea
- thirst
- dry or sticky mouth
- cracked lips
- headache
- fatigue
- dizziness
- confusion
- heavy perspiration
- fever
- dark urine
- constipation
- leg cramps

Getting more information

Senior Nutrition Programs are available in most geographic areas and help older people with nutrition problems. Contact or encourage the client to call for assistance or a referral to a dietitian for some help.

Problems Caused by Dietary Issues or Mistakes

Dietary issues can cause serious harm to a client. Some examples of these issues are:

- a very high dose of sodium (salt) to a client who has congestive heart failure and is on a severe sodium restriction may lead to fluid in the lungs and serious consequences;
- certain foods can interact with medications to reduce, slow, or change how the medications work in the body, or cause unpleasant side effects;
- food allergies can cause deadly reactions, including suffocation because of a swelling in the throat; or
- an individual with dysphagia may choke on food that is not appropriately modified.

Discuss with your instructor or a small group each of these possible dietary issues. How can a caregiver prevent these issues from happening?

Summary

Food is essential to human life, and meals are central to our daily routine. What and how we eat affects us physically, mentally, socially, and spiritually. A Home Care Aide supports their client by helping them make healthy food choices and eat safely. Studying the client's care plan and getting to know them personally is key to providing meaningful care.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What does a healthy meal look like? How much of each food group should be on the plate?

2. How can you learn about your client's dietary requirements and restrictions?

3. What can you do when a client chooses to follow an eating pattern that might not be healthy?

4. What are some ways to help a client who has dysphagia eat?

5. What are three warning signs of dehydration?

6. What are three signs of poor nutrition?

Lesson 2
Safe Food Handling

Objectives

After this lesson, Home Care Aides will be able to:

1. Identify the causes of foodborne illness and associated risks;
2. Recall examples of potentially hazardous and high-risk foods;
3. Practice good personal hygiene by:
   a. Staying home when experiencing certain illnesses or symptoms;
   b. Handwashing properly and at the right times; and
   c. Preventing bare hand contact by using gloves or utensils when handling ready to eat food;
4. Use appropriate food handling practices to prevent food borne illness:
   a. Clean: properly clean and sanitize food contact surfaces and equipment. Wash produce, but not meat, poultry, or eggs;
   b. Separate: avoid cross-contamination;
   c. Cook: thaw, cook, reheat, and maintain food at proper temperatures; and
   d. Chill: safely cool and store foods.

Key Terms

Contaminated: containing harmful substances such as dangerous germs or chemicals.

Cross-contamination: the spread of germs from raw meat to other foods or when a person spreads germs by moving from a "dirty" task to a "clean" task without first removing disposable gloves and performing hand hygiene.

Danger zone: the temperature range of 41°F - 135°F (5°C - 57.2°C) where germs grow on potentially hazardous foods.

Fecal-oral route: the way harmful germs from the feces of one person can get into the mouth of another person, ultimately causing illness.

Foodborne illness: any illness caused by eating contaminated food (also called foodborne disease or food poisoning).

Highly susceptible population (HSP): people who are more likely to experience food borne illness. Includes people younger than 5 years old, older than 65 years old, pregnant, or immunocompromised (due to cancer, AIDS, diabetes, certain medications or other conditions).

Potentially hazardous foods (PHF): food that require temperature control to prevent germs from growing (also called time/temperature control for safety (TCS) foods).

Ready to eat foods (RTE): food that does not require additional preparation or cooking to achieve food safety.

Sanitize: making a surface safe for food contact.

Overview

Foodborne illness is very common and can make anyone very sick. Highly susceptible populations are more likely to get sick, have more serious illness, and need hospitalization.

By learning what causes foodborne illness and the ways to prevent it, you can protect client safety.

Foodborne Illness

According to the Centers for Disease Control (CDC), every year nearly 1 in 6 Americans (48 million people) get sick from eating contaminated food. This leads to about 128,000 hospitalizations and 3,000 deaths. Older adults and people with chronic illness are at higher risk and are considered highly susceptible. Almost half of people aged 65 and older who have foodborne illness require hospitalization.

Symptoms of foodborne illness may appear within several hours to several weeks after eating contaminated food. They can be mild or severe, depending on the cause. The most common symptoms include upset stomach, stomach cramps, diarrhea, nausea, vomiting, fever, and dehydration. Serious long-term effects include kidney failure, chronic arthritis, brain and nerve damage, and death.

Causes of Foodborne Illness

Foodborne illness is caused by eating contaminated food. Poisonous chemicals, physical objects, and biological contamination can all make people sick.

- **Viruses** are tiny germs that can pass from person to person through food. If a person is sick or does not wash their hands, they can spread viruses to others. Viruses do not grow on food like bacteria do.
- **Bacteria** are tiny germs that are the most common cause of foodborne illness. Bacteria come from soil, animals, raw meat, and humans. They can grow on food very quickly and become dangerous if food is stored at the wrong temperature for a short time.
- **Parasites** are organisms that live inside other animals. Parasites like roundworms and tapeworms can infect people who eat undercooked meat or drink contaminated water.

- **Chemicals** can contaminate food at any stage of processing. Pesticides from the farm, metal from storage containers, and cleaners or too strong sanitizers from the kitchen can all make people sick.
- **Physical Objects** like broken glass, jewelry, bandages, staples, and fingernails can fall into food and cause injury.
- **Fungi, including mold and yeast** can make food unsafe to eat. Molds, which look like fur growing on the food, can produce toxins. Yeast looks like round, dot-shaped patches and can help harmful bacteria to grow.
- **Allergens** in foods can cause dangerous reactions in people with food allergies. Some foods that commonly cause allergic reactions are nuts, milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans. A small amount of these can be enough to cause a deadly reaction.

Sources of Foodborne Germs

The world is full of germs. Most germs are harmless, but some can make people very sick. When you understand how harmful germs contaminate food, you will be ready to prevent foodborne illness.

- **People:** Many people touch our food before we eat it. If they are sick or their hands are not clean, they can spread diseases. Viruses like **Norovirus** and **Hepatitis A** spread from person to person in this way.
- **Animals:** Healthy animals such as cows and chickens carry bacteria inside their bodies and on their skin. Bacteria like **Salmonella, Staph,** and **E. Coli** can contaminate meat, eggs, and milk. If we eat these foods raw or undercooked, the bacteria can make us very ill.
- **Storage:** Bacteria multiplies quickly on food that is stored improperly. For example, **C. perfringens** grows in food at temperatures from 54°F - 140°F (12°C - 60°C). **Botulism** can grow in foods that are not canned or jarred safely.
- **Environment:** Some dangerous bacteria live in water and soil. Fruits and vegetables can carry **Listeria** from the places where they grow. **Vibrio** lives in saltwater, and can contaminate the seafood and shellfish there.

See Hepatitis A, B, C, D and E in the Common Diseases and Conditions section on page 372 for more information.

Think about the sources of foodborne germs. What steps could you take to prevent foodborne illness from each source?

Highly Susceptible Populations

Although anyone can get sick from food when handled unsafely, certain people get sick more often or have more serious illness. People in highly susceptible populations include people younger than 5 years old, older than 65 years old, pregnant, or immunocompromised (due to cancer, AIDS, diabetes, certain medications or other conditions). Certain foods are more likely to cause foodborne illness in highly susceptible people. These foods include the following.

- Undercooked or raw food from animals (such as beef, pork, chicken, turkey, eggs, or seafood)
- Raw or lightly cooked sprouts
- Unpasteurized (raw) milk and juices
- Soft cheese (such as queso fresco), unless it is labeled as made with pasteurized milk

Potentially Hazardous Foods (PFHs)

Any food can become contaminated and cause foodborne illness, so safe food handling is always necessary. However, some foods have more potential to cause foodborne illness than others. Certain foods, called potentially hazardous foods (PFHs), are more likely to cause foodborne illness if stored at improper temperatures. These foods must be kept hot (at 135°F / 57.2°C or above) or kept cold (at 41°F / 5°C or below) to ensure safety. Common potentially hazardous foods include meat, poultry, eggs, fish, cooked starches, cooked vegetables, sprouts, cut melons, cut tomatoes, and cut leafy greens.

For more details, see Potentially Hazardous Foods (PFHs) in the Resource Directory on page 344.

Preventing Foodborne Illness

Home Care Aides have an important role in preventing foodborne illness. You may support a client by preparing food, serving meals, or assisting them to eat. You must take steps to protect clients from harmful germs whenever you provide support.

Germs such as bacteria and viruses are too small to see or smell. Hands and food that look clean may be contaminated with enough germs to make a client sick. Food that has been left too long on the counter may be dangerous to eat, but could look fine. The only way to prevent foodborne illness is to have good personal hygiene and follow safe food handling practices.

Practice Good Personal Hygiene

The first and most important step is to avoid contaminating a client's food with your own germs. Home Care Aides, even if they look and feel healthy, may accidentally spread harmful germs to client's food if they do not have good hygiene.

Employee Health

Healthy workers are one of the most important parts of preventing foodborne illness. When you feel sick, you should not work with food. The germs that make you sick may spread to a client's food and other people. **Home Care Aides should not work with food if they have**:

- symptoms of diarrhea, vomiting or jaundice;
- been diagnosed with infections that can be spread through food such as Salmonella, Shigella, E. coli, or hepatitis A;
- infected, uncovered wounds; or
- continual sneezing, coughing, or runny nose.

However, workers can work with food if they wear clean disposable gloves to cover wounds or infections on their hands or wrists. Workers should not return to work until they are symptom-free for at least 24 hours.

Handwashing

One of the most important things you can do to prevent foodborne illness is to keep your hands clean. Most foodborne illness spreads through the fecal-oral route. Wash your hands often, especially during these times when germs can spread.

- Before, during, and after preparing food
- Before and after eating
- After using the toilet
- After changing briefs or helping someone with toileting or cleanup
- After touching an animal, pet food, or animal waste
- After touching garbage
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After blowing your nose, coughing, or sneezing
- After handling uncooked eggs or raw meat, poultry, or fish and their juices

Alcohol-based hand rub works best on hands that are clean. When preparing food, you may use alcohol-based hand rub after washing your hands, but you may not use it instead of washing your hands. Nothing takes the place of proper handwashing.

Review Hand Washing in the Skills Checklist on page 420 and Hand Hygiene in Module 6, Lesson 1 on page 115.

Prevent Bare Hand Contact with Ready to Eat Foods

Even when a worker washes their hands well, they should not touch ready to eat foods with bare hands. This is to keep germs that might remain on hands from getting onto client food. Ready to eat foods include foods that are served without additional washing or cooking to remove germs. Workers should use utensils such as tongs, scoops, deli papers, or single-use gloves to keep from touching ready to eat foods. Proper glove use includes the following.

- Wash hands before putting on gloves.
- Change gloves that get ripped.
- Change gloves that might be contaminated.
- Do not wash or reusing single-use gloves.
- Change gloves when working with raw and ready to eat foods.
- Throw away gloves after use.
- Wash hands after taking gloves off.

Review Put on Gloves and Take off Gloves in the Skills Checklists and Wearing Gloves in Module 6, Lesson 1 on pages 421 and 117.

Personal Habits

Personal habits can affect food safety. When you work with food:

- wear a hair covering when preparing or handling food;
- keep fingernails trimmed so they are easy to clean;
- avoid touching your nose, mouth, or other parts of your face;
- wear clean disposable gloves while handling food if you have wounds or infections on your hands or wrists; and
- use a clean spoon or fork to taste food. Do not reuse it before cleaning and sanitizing.

Clean and Sanitize Surfaces and Equipment

Cleaning is necessary to prevent foodborne illness. Harmful germs can survive in many places, including hands, foods, surfaces, dishes, and utensils. By cleaning everything that touches the client's food, you can help keep them safe.

Keep Food Surfaces and Utensils Clean

Germs easily spread from one surface to another. Properly clean and sanitize the areas where you prepare and serve food.

- Wash and sanitize cutting boards and countertops especially after they've held raw meat, poultry, seafood, or eggs.
- Clean dining area tables, chairs, and floors regularly, and keep them free of food particles.
- Keep pets, household cleaners, and other chemicals away from food and surfaces used for food.

General Cleaning and Sanitizing Guidelines

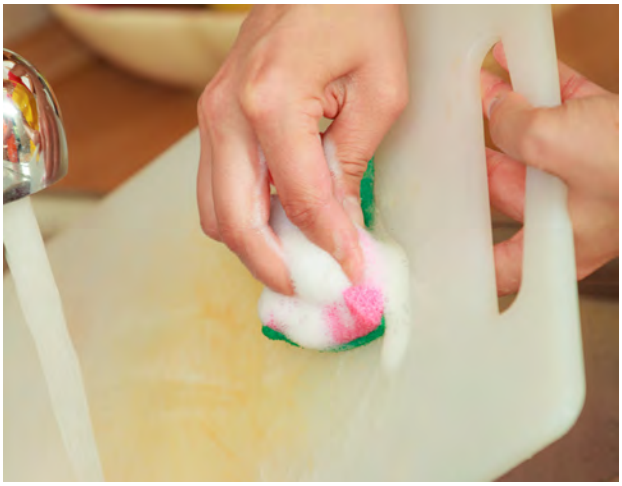
Cleaning and sanitizing are not the same. Cleaning uses soap, water, and scrubbing to remove dirt and food from surfaces. Sanitizing uses chemicals or heat to kill germs. It is important to remember that surfaces that look clean may still have germs on them that you can't see. Sanitizers must be mixed by following the directions on the label. Soap should not be added to sanitizers. All dishes and food-contact surfaces must be washed, rinsed and sanitized between uses.

1. Wash and scrub dishes in hot, soapy water.
2. Rinse dishes with clean, hot water.
3. Sanitize dishes by soaking in water and an approved sanitizer.
4. Air dry all dishes and utensils instead of using a towel.

The most common sanitizer used in kitchens is a diluted bleach solution made by mixing one teaspoon unscented bleach with one gallon of cool water.

Bleach strength varies by manufacturer. Always follow the instructions on the bottle and test your solution with chlorine test strips to make sure it's safe.

See Cleaning and Disinfecting with Bleach in the Resource Directory on page 327 for specific guidelines.



Kitchen equipment and appliances can also carry harmful contaminants.

- Keep refrigerators, freezers, and ice makers clean.
- Clean spills from the microwave, stove, or oven after each use.
- Make sure fans in the food preparation areas are clean.
- Clean, sanitize, and air dry blenders, food processors, and mixers after each use.
- Clean the can opener often (germs collect and grow there).
- Wipe off can lids before opening to remove dust and particles.
- Clean and sanitize food thermometers after each use.

The things we use to clean can also spread disease. Dangerous bacteria grow quickly in damp places such as sponges, dishcloths, sink drains and faucet handles.

- Clean and sanitize sinks and faucets regularly.
- Use paper towels to clean spills and wipe surfaces.
- Throw away used paper towels, and do not reuse them.
- Use separate clean paper towels for drying hands.
- Use separate paper towels for wiping up spills from the floor.
- Wash all towels, cloths, and sponges often.
- Wash sponges in the dishwasher every few days, and replace them every few weeks.
- Use dish cloths once and wash them in the hot cycle of the washing machine.
- Never rinse mops in the kitchen sink.

After Cleaning

- Keep pots, pans, and utensils off of the floor.
- Put cups and glasses away upside down on clean surfaces. When you pick them up again, do not touch the rims.
- When you put away eating utensils, touch only the handles.

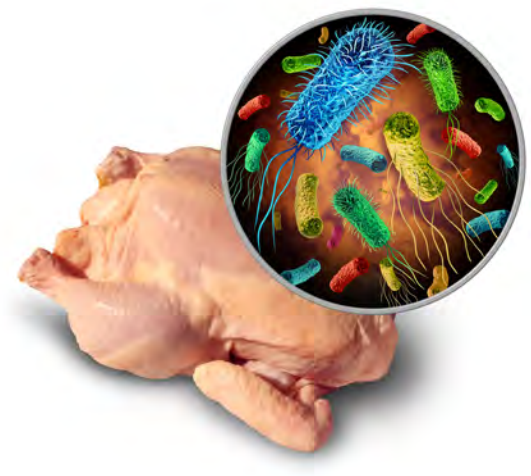
Wash Fruits and Vegetables, but not Meat, Poultry, or Eggs

Make sure your sink has been cleaned and sanitized before washing produce. All raw produce should be rinsed under running water to remove dirt and debris before cutting. Scrub firm produce like melons or cucumbers with a clean produce brush while rinsing. Commercial produce washes are acceptable when used according to the label instructions. Do not use soap or bleach to clean produce. It is not necessary to wash produce that is packaged and labeled “ready to eat” or “pre-washed.” Do not rinse meat, poultry, or eggs. This will only spread bacteria to other surfaces.

Separate to Prevent Cross-Contamination

Raw meat, poultry, eggs, and seafood can contaminate other food with harmful germs. It is important to keep raw foods and their juices away from cooked food, ready to eat food, and produce. Follow these tips to prevent cross-contamination when handling, preparing, and storing food.

- Wash your hands after handling raw meat, poultry, or seafood.
- Use separate cutting boards, dishes, and utensils for raw meat, poultry, eggs and seafood.
- Never use the same cutting boards, dishes, or utensils for both raw foods and cooked foods.
- Wash, rinse, and sanitize cutting surfaces, utensils and knives after cutting raw meat, poultry, or seafood.
- Store raw meat, fish, and poultry in leak-proof containers on the lower shelves of the refrigerator.
- Never let blood or juice from raw meat, fish, or poultry to drip onto other foods in the refrigerator.
- Use dishes, utensils and cutting boards that are in good condition. Cracked wooden spoons or chipped dishes are good places for germs to grow and should be discarded.
- Never place cooked food back on the same plate or cutting board that previously held raw food.
- If you use marinade for raw food as a sauce for cooked food, boil it first.
- Always use clean dishes to serve food.



Store Foods Safely

- Freeze any raw meat, poultry, and seafood that you will not use within 2 days.
- Keep eggs in their original carton and store them in the main compartment of the refrigerator.
- Never store cooked food, ready-to-eat foods or fresh produce in the same container as raw meat, fish, or poultry.
- Don't store perishables, such as eggs, in the refrigerator door. Because the door is opened frequently, its temperature is generally higher than the rest of the refrigerator and may not be safe.
- In your grocery cart, keep raw meat, poultry, seafood, and eggs away from other foods.
- Never store food on the floor, soiled surfaces, or near rust.
- Store cleaning supplies and chemicals below and away from food.
- Do not store food in galvanized cans or containers with metal coatings because some foods can "pull off" the metal which can cause poisoning.
- Check canned and jarred foods for proper seals. If the food looks or smells bad, or if the can is damaged, throw it away.

Cook and Maintain Food at Proper Temperatures

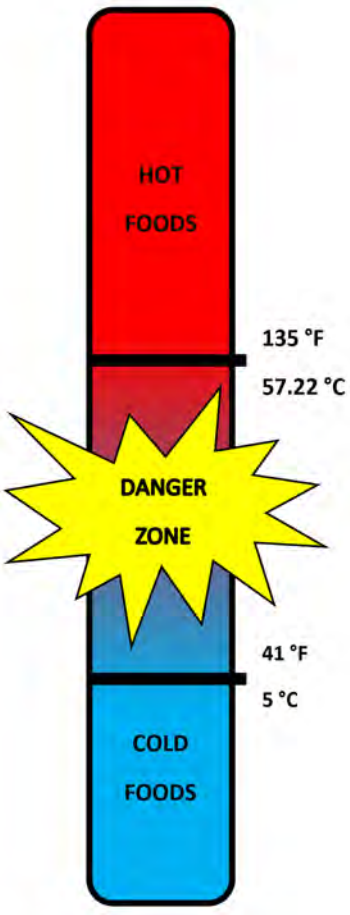
Cooking hazardous foods to a high temperature kills harmful germs and makes the food safe to eat. These foods can become dangerous again if they stay at room temperature for too long. Bacteria grow fast, and can double in number in as little as 20 minutes. You must cook food and keep it at safe temperatures to avoid foodborne illness.

The Danger Zone 41°F - 135°F (5°C – 57.2°C)

Never leave raw meat, poultry, eggs, or fish at room temperature; store them in the refrigerator or freezer.

To make meat, poultry, eggs, and fish safe to eat, heat them to their minimum cooking temperature.

Serve food as soon as possible after cooking.



Never leave food out of the refrigerator for more than 2 hours. If the temperature is above 90°F, do not leave food out for more than 1 hour.

Keep hot food hot: Store PHFs at or above 135°F. Place cooked food in chafing dishes, preheated steam tables, warming trays, and/or slow cookers.

Keep cold food cold: Store PHFs at or below 41°F. Place food in refrigerators or containers on ice.

Food Thermometers

Using a food thermometer is the only reliable way to check the temperature of food. When cooking, use a thermometer to make sure the food reaches a safe minimum internal temperature. For both hot and cold foods, use a thermometer to make sure they stay at safe holding temperatures.

Digital food thermometers reach and display internal temperatures within 2 to 5 seconds. The thin metal probe of the thermometer can check the temperature of both thin and thick foods.

Wash, rinse and sanitize the thermometer before use and after using on raw animal foods to prevent cross contamination. Use an alcohol swab or sanitizer when checking the temperature of different ready-to-eat foods.

The correct way to measure internal temperature depends on the type of food:

- Always insert the thermometer in the thickest part of the food, away from bone, fat, or gristle.
- For foods with irregular shapes like chickens and roasts, also check the temperature in several places.
- For foods cooked in a microwave, stir to help the food cook evenly, and check in several places.
- For thin foods such as hamburger patties, make sure the thermometer probe does not touch the pan or cooking surface.
- For mixed dishes like casseroles and quiches, also check the temperature in several places.

Safe Cooking Temperature

Food is safely cooked when the internal temperature is high enough to kill the germs that can make you sick. Most harmful germs are destroyed between 140 °F and 165 °F. Different foods have different minimum safe temperatures. Always cook raw meat and poultry to their safe minimum internal temperature.

When you think the food is done, use a food thermometer to check the temperature. Look at the minimum cooking temperatures chart to be sure the foods have reached their safe temperature. Some foods require rest time after cooking. Remove these foods from the heat source and let them sit for the specified time.

Minimum Cooking Temperatures (with required durations)

165°F (73.9°C) for 15 seconds	• Poultry (chicken and turkey) • Stuffed pasta, fish, meat, poultry, ratites (emu, ostrich) • Stuffing or casseroles containing fish, meat, poultry, or ratites • All raw animal foods cooked in a microwave
155°F (68.3°C) for 15 seconds	• Ground, chopped, restructured, or combined fish or meat, such as hamburger and sausage • Ratites (emu, ostrich) • Mechanically tenderized or injected meats • Unpasteurized eggs cooked for hot holding (pasteurized eggs have no required cooking temperature)
145°F (62.8°C) for 15 seconds	• Unpasteurized eggs cooked for immediate consumption (pasteurized eggs have no required cooking temperature) • Fish or meat, including pork, that is not stuffed or comminuted (not including roasts, or as otherwise mentioned in the above cooking temperatures) • Game animals that are inspected by the USDA
145°F (62.8°C) (surface)	• Whole-muscle, intact beef steaks (as labeled by the processor) that have not been scored or tenderized must be cooked to have a color change on the surface
135°F (57.2°C)	• Plant foods that will be hot held

Reheating Food

As soon as food cools below 135 °F, bacteria can start to grow. Reheat food to 165 °F within 2 hours to kill any new harmful germs. Follow these guidelines to safely reheat food.

- Only reheat food that has been safely prepared and refrigerated promptly.
- If the food has been in the danger zone for more than two hours, throw it away.
- If leftovers have been in the refrigerator for more than 3 days, throw them away.
- Use the burner on a stove, microwave, oven, or a double boiler.
- In the microwave oven, cover the food, stir, and rotate so it heats evenly.
- Use a food thermometer to check the temperature of reheated food.

Be careful when serving reheated food from the microwave to prevent burns. These foods can be very hot in some places or even get hotter after they come out.

Thawing Frozen Food

Never thaw food at room temperature, on a counter, or in warm water. These methods let harmful bacteria grow quickly to high, possibly unsafe numbers. The inside of the food may be at a safe temperature, but the outside could be perfect for bacterial growth.

There are 3 safe ways to thaw foods. Plan ahead to allow enough time to do it right!

1. Thaw food inside the refrigerator. It may take longer, but this is the best and safest way.
2. Thaw the food under cool, running water - never under warm or hot water.
3. Use a microwave and follow the manufacturer's defrosting instructions.

Have any of the safe food handling guidelines surprised you? Is there anything you will do differently now that you know them?

Chill and Store Foods Properly

One of the most common causes of foodborne illness is improper cooling of cooked and leftover foods. Bacteria can grow in any food even after it is safely cooked. Cooling and storing foods properly is very important to reducing foodborne illness.

Cooling Foods

To keep foods safe, refrigerate them as soon as possible after cooking. Bacteria can grow quickly in cooling food. To cool food to a safe temperature quickly use the shallow pan method.

- Divide the food into small portions (less than 2 inches thick) in separate small uncovered containers.
- Place the containers directly into the refrigerator or freezer. Do not overpack the refrigerator or stack containers. Air must be able to circulate freely in order to chill foods effectively.
- Use a thermometer to check that the food is below 41°F / 5°C and then cover, wrap, or seal the containers.
- Label and date refrigerated or frozen foods.

Special consideration for cold salads

Potato, pasta, macaroni, egg, and chicken salads have to be cold enough to prevent bacteria from growing. When making these foods, cook all ingredients to safe temperatures and then chill to below 41°F / 5°C. Then mix the ingredients quickly and serve.

Storing Cold Food

Even in the refrigerator, food can become unsafe to eat. Spoiled food can smell or taste bad, or have harmful bacteria. Regularly throw out food that has been in the refrigerator too long. Throw away foods that are past their expiration date. Leftovers can stay in the refrigerator for up to 3 days.

Frozen food loses moisture (water) over time. Your refrigerator should be set to a temperature that keeps foods at 41°F / 5°C or below and your freezer should be set to a temperature that maintains food in a solid, frozen state. Use an appliance thermometer to be sure.

Refreezing Previously Frozen Leftovers

Sometimes there are leftover leftovers. It is safe to refreeze any food remaining after reheating previously frozen leftovers to the safe temperature of 165°F / 73.95°C as measured with a food thermometer.

If a large container of leftovers was frozen and only a portion of it is needed, it is safe to thaw the leftovers in the refrigerator, remove the needed portion and refreeze the remainder of the thawed leftovers without reheating it.

Summary

Foodborne illness can be very serious, especially for older adults. There are many causes of foodborne illness but safe food handling can prevent them. You must be careful when you handle a client's food or help them to eat. Practice good personal hygiene (don't work when sick, wash your hands, prevent bare hand contact with ready to eat foods) and follow the clean, separate, cook, and chill guidelines to keep client safe. These practices will help you and your family avoid foodborne illness, as well.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. Who is part of the highly susceptible population?

2. What are three examples of potentially hazardous foods?

3. When should a Home Care Aide not work with food?

4. What kind of foods should you not touch with your bare hands?

5. What is the difference between cleaning and sanitizing?

6. Why is it important to keep foods out of the danger zone?

Module Review

For each question, choose the best answer.

1. Only water counts a client's needed daily intake of fluids.
   ❑ True ❑ False

2. If a client is on a special diet, you need to know:
   a. Whether the client's family likes the diet.
   b. What special foods or preparation is needed.
   c. Whether the diet has worked for others.

3. A nutrition food label is used in meal planning and shopping to help you:
   a. Decide if you will like the taste of the food.
   b. Compare and choose healthy foods.
   c. Know if it is something the client likes.

4. Dehydration is a life-threatening condition.
   ❑ True ❑ False

5. A healthy diet means choosing a variety of healthy foods and:
   a. Never eating less healthy foods.
   b. Setting limits on eating less healthy foods.
   c. Eating healthy foods a few days a week.

6. The safest way to thaw foods is to use the following:
   a. Counter.
   b. Refrigerator.
   c. Hot water.

7. To prevent cross-contamination, always use a dedicated cutting surface for meat, fish, and poultry, and a different cutting surface for bread, fruits, and vegetables.
   ❑ True ❑ False

8. Food borne illness is caused by eating contaminated food.
   ❑ True ❑ False

(Continued on next page)

9. To be safe, your refrigerator should be set to a temperature that keeps foods at 41°F or below.
   ❑ True ❑ False

10. The number of daily servings needed from each of the healthy eating pyramid groups is the same for every person.
    ❑ True ❑ False

11. Germs grow quickly at temperatures within the danger zone, which are:
    a. 0°F and 100°F
    b. -10°F to 120°F
    c. 41°F - 135°F

12. Foods must be reheated to 165°F.
    ❑ True ❑ False

13. The most important safe food handling practices are:
    a. Washing your hands and cooking and cooling foods safely.
    b. Shopping for and preparing nutritious foods.
    c. Using an oven mitt when handling hot foods or meats.

1. False, 2. B, 3. B, 4. True, 5. B, 6. B, 7. True, 8. True, 9. True, 10. False, 11. C, 12. True, 13. A

Module 10: Toileting

Learning Goal

Home Care Aides will understand the normal range of bowel and bladder function and safely assist with toileting personal care tasks.

Lesson 1: Bowel and Bladder Function

Lesson 2: Assisting with Toileting

Lesson 1
Bowel and Bladder

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Demonstrate an understanding of bowel and bladder functioning, including:
   a. Factors that promote healthy bowel and bladder functioning;
   b. The signs, symptoms, and common causes of abnormal bowel and bladder function;
2. Recall the need to know a resident's bowel and bladder functioning baseline; and
3. Recall when and to whom to report changes.

Key Terms

Bladder: the organ in the body that collects and holds urine.

Bowels: the system of intestines that process food and eliminate solid waste from the body.

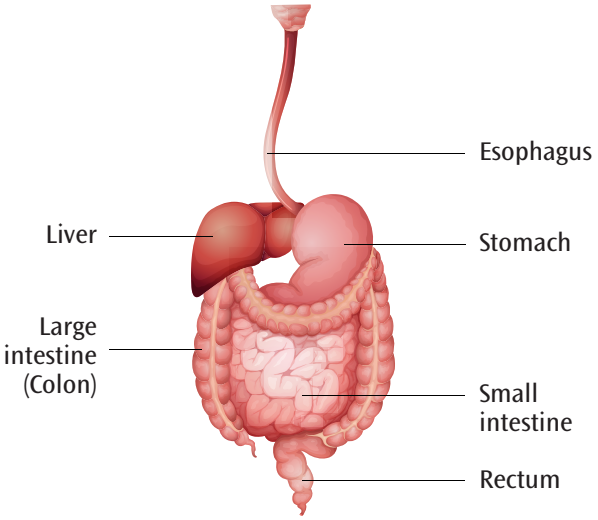
Stool: solid waste that passes through the bowels and exits the body.

Urinary incontinence: the inability to control bladder functions.

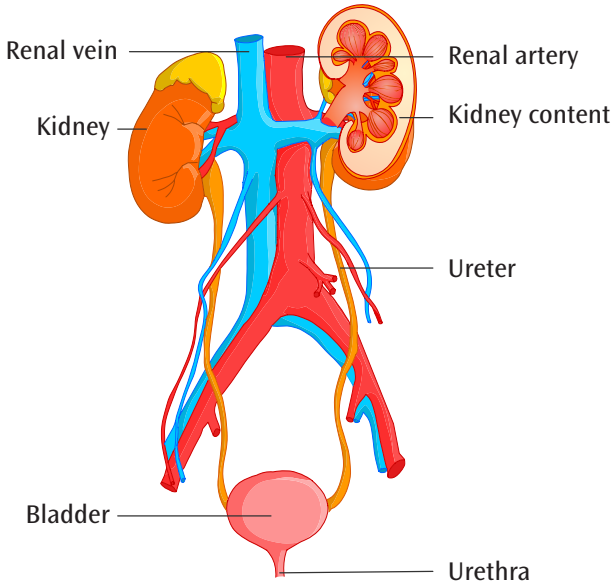
Urethra: the tube which carries urine from the bladder out of the body.

Urinary system: the system of organs that produces urine and discharges it from the body.

Human Digestive System



Urinary System



Overview

The human body eliminates toxins and waste through the urinary system and bowels. Home Care Aides need to understand what is normal bowel and bladder function for the client and report any problems.

Home Care Aides can also encourage the client to make choices that maintain good urinary and bowel function.

Urinary and Bowel Function

Following are general guidelines for what is normal and not normal urinary and bowel function.

Normal bowel function varies from person to person. It is critical that you learn a client's baseline so that you can recognize, document, and report changes.

Urinary Function

Normal	Not normal
• Emptying the bladder about every 3-4 hours during the day (6-8 times in 24 hours) • Getting up once at night to empty the bladder	• Getting up more than twice at night to empty the bladder • Experiencing urine leakage or wetting accidents (Urinary incontinence) • Pain or burning during urination • Emptying the bladder more than 8 times a day • Frequent, sudden, strong urges to go to the bathroom • Blood in urine (may appear pink) • Cloudy or dark-colored urine • Strong urine odor

Bowel Function

Normal	Not normal
"Normal" bowel function varies greatly among people. The following describe a normal range of bowel functioning • Regular, happening as often as 3 times a week to 3 times a day • Formed, but soft • Without excessive urgency (needing to rush to the toilet) • With minimal effort and no straining • Without the need of laxatives	• Straining or difficulty passing stool • Stool is dry or hard; has blood and/or mucus • Crampy, abdominal pain • Constipation • Diarrhea • Bloating and/or excessive gas • Changes in bowel habits • Continual need for laxatives • Blood in stool (can appear black or "tarry", or bright red)

Maintaining Good Urinary and Bowel Function

Many of the recommendations for maintaining good urinary and bowel function are identical to making healthy choices for overall health and well-being.

Encourage a client to take the following steps.

- **Drink plenty of fluids:** Drink 6-8 cups of fluid (preferably water) per day, more when the weather is hot or when exercising. Cut down on alcohol and beverages containing caffeine (tea, coffee, soda) and sugar (fruit juices, sodas, "energy drinks").
- **Make healthy food choices:** Fiber is especially important to good bowel function. Plenty of fruits, vegetables, beans, nuts, and seeds increase fiber intake.
- **Stay active and fit as much as possible:** Physical activity speeds the movement of food through the digestive system.
- **Relax:** Don't strain to empty the bladder or bowel or sit on the toilet too long.
- **Talk to a doctor:** Encourage a client to see their doctor whenever there are changes or concerns about urination or bowel habits.

- **Stick to the client's toileting routines:** Encourage a client not to ignore their body's signals and go to the bathroom when they have the "urge" to go. Learn what the client's usual pattern is so you have time to assist and recognize if there are changes in a client's normal toileting.
- **Make sure the environment supports a client's routine:** Keep the path to the bathroom clear and free of clutter. Keep assistive devices, such as a walker or cane, nearby. Place a night light in the bathroom or leave a light on. Place a commode, urinal, or bedpan at the bedside if client is unable to get to a bathroom.

Problems with Urinary and Bowel Function

Urinary Tract Infections (UTI)

A urinary tract infection is caused when bacteria invades the urinary system and multiplies, leading to an infection. Urinary tract infections are more common for people who have female anatomy.

Urinary tract infections are easiest to treat if discovered before they become severe or spread beyond the bladder into the kidneys.

Report any signs of UTI immediately to the appropriate person in your care setting.

Urinary Tract Infections (UTI)

Common Causes	• A habit of waiting too long to urinate • Prostate enlargement • Neurological problems that affect bladder emptying, including spina bifida and multiple sclerosis • Diabetes • Sexual activity • Post menopause • Multiple pregnancies • Not keeping the areas around the urethra, vagina, and anus clean and dry • Wiping from the back towards the front, introducing stool bacteria into the urethra • Something in the urinary tract that stops the flow of urine (e.g. a kidney stone)
Signs or Symptoms	• Unexplained or worsening confusion or agitation • An intense urge to urinate followed by passing only a small amount of urine • A painful, burning feeling in the area of the bladder or urethra during urination • Urine that is milky, cloudy, or reddish due to the presence of blood • Urine that has an unpleasant odor • Feeling “lousy” or weak • Unexplained lower back pain • Fever, chills, sweating • Bladder spasms/pain • Pelvic pain in the center of the pelvis • Nausea • Uncomfortable pressure above the pubic bone • Feeling of fullness in the rectum

Urinary Incontinence

Urinary incontinence occurs when a person cannot control their bladder functions. Common causes include the following.

- Urinary tract or vaginal infections
- Side effects of some medicines
- Constipation
- Blocked urethra due to an enlarged prostate
- Weakness of the muscles holding the bladder in place
- An overactive bladder muscle
- Some types of surgery
- Spinal cord injuries
- Diseases involving the nerves and/or muscles (multiple sclerosis, muscular dystrophy, polio, or stroke for example)

Most urinary incontinence is treatable.

Types of Urinary Incontinence

- **Stress incontinence:** loss of urine when the person coughs, laughs, strains, lifts, etc. It is a problem of weakness in the pelvic muscles. This is the most common kind of incontinence.

- **Urge/reflex incontinence:** a strong, sudden need to urinate followed by an instant bladder contraction and involuntary loss of urine. There is often not enough time between the urge to urinate and the urination.

Help for Urinary Incontinence

Incontinence is difficult for many people to talk about. Many people, including many clients, still believe it is a part of normal aging and there is nothing that can be done about it. **This is not the case.** The majority of those affected by urinary incontinence can be cured or at least the symptoms improved. Although success rates in treating incontinence are high, only a small number of people ask for help.

For many, incontinence also affects their emotional, psychological, and social well-being. Many people are afraid to participate in normal daily activities that might take them too far from a toilet; others may avoid social gatherings or outings for fear of having an "accident."

A client should be encouraged to talk with their doctor and find out what is causing the problem. Sometimes simple changes in diet or changing certain medications can cure or improve incontinence. More frequently, treatment involves a combination of medicine, bladder training or pelvic floor exercises.

Report Urinary Incontinence

Make sure to report any problems with incontinence to the appropriate person in your care setting – especially if this is a new problem for a client.

Constipation

Constipation is caused when the stool moves too slowly through the bowel and too much water is absorbed by the body. This makes the stools hard, dry, and difficult for all or any part of the stool to be passed. Constipation is a common concern for many clients.

Help for Constipation

The cause of the constipation needs to be identified so the right treatment can be planned. In many cases, diet and lifestyle changes (increasing fiber, water, and physical activity levels) help to relieve symptoms and prevent constipation.

You may be asked to assist with a bowel program individually designed for a client and/or to use specific equipment. The client, a family member, or a health professional should train you on any individualized services.

When to Report Constipation

Do not let the client go more than one to two days past their regular bowel movement pattern without reporting the problem to the appropriate person.

Blood in the stools or a change in the color of the stool is of particular concern. Stools that have blood in them often appear black and tarry. Be aware that iron supplements, beets, blackberries, blueberries, or dark green vegetables can change stool and urine color temporarily.

Change in a client's bowel habits can be a sign of a serious illness.

Constipation

Common Causes	• Some medications (especially those used to treat pain) • Not enough fluid and/or fiber in the diet • Overuse of laxatives • Lack of exercise, or immobility • Anxiety, depression, or grief • Changes in life or routine • Diseases such as diabetes, Parkinson's disease, multiple sclerosis, and spinal cord injuries • Conditions like diverticulosis or hemorrhoids • Ignoring the urge to have a bowel movement • Problems with the colon or rectum
Signs or Symptoms	• Bowel movements less frequently than is normal for the individual or less than 3 times per week • Stool that are hard or clay-like • Straining • Pain before, during, or after having a bowel movement • Passage of small amounts of stool or inability to pass stool • Abdominal discomfort, bloating, nausea, feelings of fullness • Sensing the need for a bowel movement but can't follow through • Bright red blood in stool or change in stool color

Fecal Impaction

A fecal impaction is a mass of dry, hard stool that a client cannot pass through the colon or rectum; this is an unpleasant and dangerous situation. The client may or may not have an urge to pass stool. Clients who have chronic constipation are at the greatest risk.

Report Symptoms of Fecal Impaction

Report any of the following symptoms to the appropriate person immediately.

- Sudden, watery diarrhea (especially for clients with chronic constipation)
- Frequent straining with passage of liquid or small, semi-formed stools
- Abdominal cramping or discomfort
- Pain in the rectal area
- Lack of appetite or nausea
- Increased confusion and/or irritability
- Fever
- Unusual odor to breath

Diarrhea

Diarrhea occurs when the stool moves too fast through the intestinal system and not enough water is removed from the stool before being passed.

Help for Diarrhea

A possible dangerous side effect of diarrhea is dehydration. Clear liquids (water, diluted fruit juices, sports drinks, broth, and teas) help to keep the client hydrated. Intermittent heat can be applied to the abdomen to help relieve pain, cramps, and tenderness. It is best to avoid dairy products (milk, butter, and creams) which can make diarrhea worse. Ask the appropriate person in your care setting what the client should eat when having diarrhea.

When to Report Diarrhea

Diarrhea may be a sign of a serious problem. Monitor the client for changes in eating, drinking, and toileting habits and other indications that they may have a serious condition.

Report to the appropriate person in your care setting if the client has diarrhea. Watch for and report immediately any of the following signs.

- Severe pain in the abdomen or rectum
- Fever
- Blood in the stool
- Signs of dehydration (thirst, dry or sticky mouth, cracked lips, headache, fatigue, dizziness, confusion, fever, dark urine, leg cramps)
- More than two episodes of diarrhea within a 24 hour period of time

When the client has diarrhea, report the type of stool (contents, odor, color) and frequency of stool to the appropriate person in your care setting. Documenting and recording the bowel movements makes it easier when reporting.

Diarrhea

Common Causes	• A virus or bacterial infection • Food borne illness • Anxiety, stress • Side effect of a medicine • Overuse of laxatives • Too much fiber • Intestinal conditions (e.g. colitis, Crohn's disease, diverticulosis) • Food intolerances (e.g. lactose, gluten) or certain foods (e.g. beans, prunes, orange juice) • A dramatic change in diet • Excessive alcohol or caffeine usage
Signs or Symptoms	• An urgent need to use the bathroom • Loose, frequent, watery stools • Cramping or abdominal pain • Bloating • Nausea • Fever

Notes

Summary

Good bowel and bladder function are necessary for good health. As a Home Care Aide, you can support a client's good bowel and bladder function by encouraging the client to make healthy choices and watch for and report any signs of problems.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are three ways to maintain good urinary and bowel function?

2. How many times a day does the bladder empty in normal urinary function?

3. Is urinary incontinence a normal part of aging?

4. If a client shows unusual agitation or confusion, what might be the problem?

5. When should you report diarrhea?

6. What does blood in the stool look like?

Lesson 2 Assistance with Toileting

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Use person centered strategies to promote and protect client independence, privacy, dignity, comfort, and safety while assisting with toileting tasks;
2. Demonstrate all critical steps, including the use of assistive devices and common care practices, to safely assist with:
   a. Perineal care (also called "pericare"),
   b. Catheter care,
   c. Condom catheter care,
   d. The use of a bedpan, and
   e. Incontinence products.

Key Terms

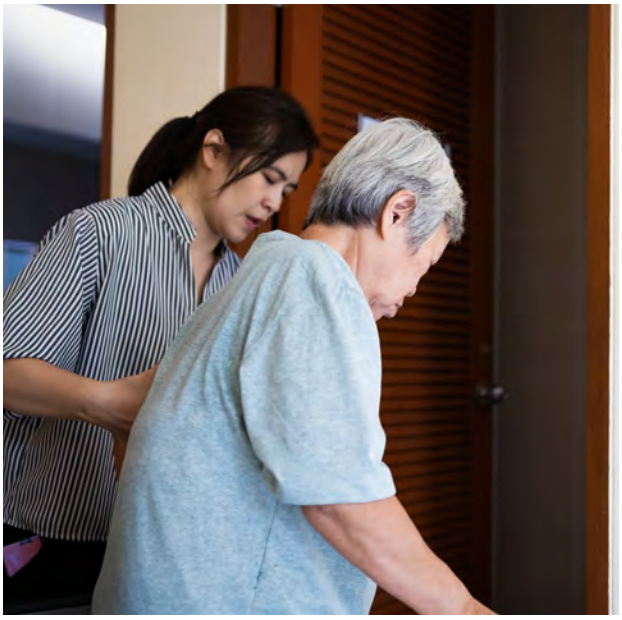
Colostomy: an opening on the surface of the abdomen where the bowel is opened and redirected to the outside of the body.

Condom catheter: an external urinary catheter that covers the penis and carries the urine away through a tube.

Perineal care (Pericare): cleansing of the genital and anal areas of the body.

Urinary catheter: a tube inserted into the bladder to drain urine.

Urostomy: an opening on the surface of the abdomen where a tube is inserted into the bladder to drain urine.



Overview

Each client needs different kinds and amounts of assistance with toileting. It is especially important to assist the client in staying clean and dry. No matter what kind of assistance you provide, you can protect the client's privacy, dignity, and independence.

When assisting a client with toileting, part of your job as a Home Care Aide is to observe for signs of bowel problems, bladder problems, and skin breakdown. You must report these to the appropriate person in your care setting.

How would you feel if you needed assistance using the bathroom?

How would you want the person assisting you to behave?

Caregiver's Role in Toileting

The client's service plan will outline toileting assistance the client needs. Assistance may include any of the following.

- Cueing and reminding
- Helping the client to and from the bathroom
- Helping the client transfer on and off and use the toilet or assistive equipment
- Undoing a client's clothing, pulling down clothing, and refastening clothing correctly when they are done toileting
- Perineal care
- Emptying the bedpan, urinal, or commode into the toilet
- Emptying a urinary catheter bag, changing a catheter bag, adjusting catheter tubing, and/or keeping the catheter tubing clean
- Assisting with incontinence products such as pads, briefs, or moisture barrier cream.

How could you support a client's independence while providing each type of assistance listed above?

Privacy, Dignity, and Independence

Toileting is a very private matter. No matter how routine it may become for you, it is a very vulnerable and defenseless time for a client. A reassuring attitude from you can help lessen feelings of embarrassment for the client.

When assisting a client with toileting, do everything you can to give the client privacy and maintain their dignity. This can include things like:

- looking the other way for a few moments;
- leaving the room (if it is safe to do so);
- allowing the client extra time to do what they can on their own; and
- being patient when a request for assistance comes when you are busy with other things.

The following are general tips when assisting a client with toileting.

- Assist the client as much as possible into a normal, sitting position.
- If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.
- Put anything the client requires within easy reach (e.g. toilet paper).
- If assisting with wiping, move from front to back, be gentle but thorough, and wear gloves.

Skill: Assisting with Perineal Care

Perineal care, or "pericare," is the cleansing of the genital and anal areas. Stool and urine can irritate skin and lead to infection. Regular and thorough perineal care is necessary to protect a client's skin integrity and good health.

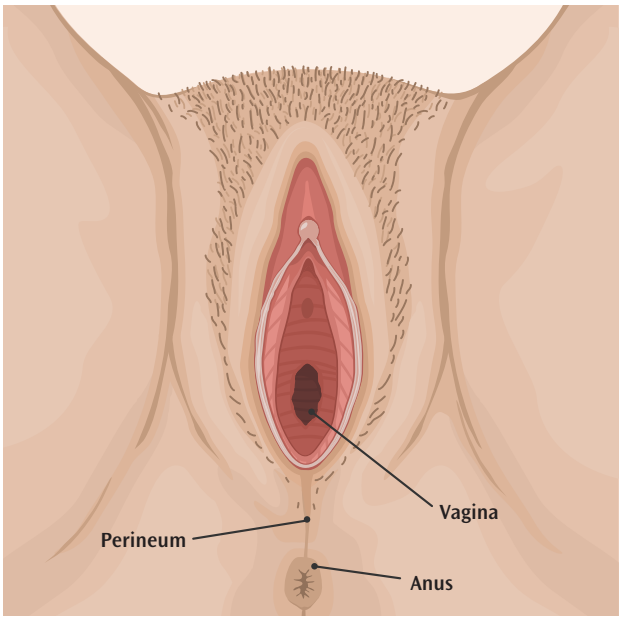
A client will want to do their own pericare if possible. Providing privacy and preserving the client's dignity are critical if help is needed by the client.

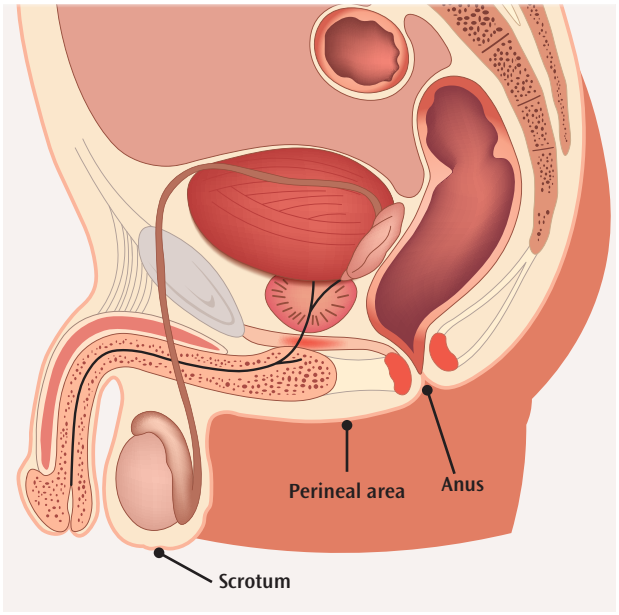
See Assisting with Perineal Care in the Skills Checklists on page 427 for detailed steps of this skill.

The following are some general tips when helping a client with pericare.

- Always tell the client what you are doing before starting perineal care.
- If the client is in bed, put down a pad or something else to protect the bed before beginning the task.
- Stay alert for any pain, itching, irritation, redness, or rash in this area. Report any concerns to the appropriate person in your care setting.
- Alcohol-free, personal cleansing wipes* may be preferred by a client instead of a washcloth and soap.
- If the client's bed is wet or soiled, protect them from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.

*Never flush personal cleansing wipes down the toilet, even if they say "flushable" on the package. Dispose of them in the garbage.





Skill: Assist Client with Use of a Bedpan

While it is preferable to use the toilet in the bathroom, that is not always possible. A client might use assistive equipment, such as a bedpan, commode, or urinal.

Clients not able to get out of bed may have to use a bedpan. See Assist Client with Use of Bedpan in the Skills Checklist on page 429 for detailed steps of this skill.

The following are some general tips when helping a client with a bedpan.

- Always help the client as soon as requested.
- Put a protective pad on the bed before the client uses the bedpan.
- If the pan is cold, warm it with warm water.
- Once the client is done, keep the bedpan level so it doesn't spill.
- If the client's bed is wet or soiled, protect them from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.
- Always wear gloves while placing the bedpan and removing it.

Other Assistive Devices

Commode

For clients who cannot get to the toilet in a bathroom, a commode can be very helpful. A commode is a portable chair with arms and a backrest with the seat open like a toilet and a bucket under the seat.

The bucket needs to be emptied, cleaned, and disinfected after each use. Putting a little water, liquid soap, or a very small amount of bleach water in the empty bucket makes it easier to clean the bucket after use.

Refer to Module 7: Mobility on page 135 for steps to assist a client with transfers, such as to a bedside commode.

Urinal

A urinal is a container to urinate in when the person is unable to get to the toilet. There are different models of urinals for people with male or female anatomy.

Do not leave the urinal in place for a long period of time. It can cause skin breakdown. Empty, clean, and disinfect the urinal after each use. Be sure to store the clean urinal within reach of the client, so they can access it as needed.

Incontinence Products

There are many products on the market to help a client manage urinary incontinence, including moisture barrier creams, disposable pads, and briefs. Refer to these products as "briefs" rather than "diapers;" this protects the client's dignity and minimizes any embarrassment associated with incontinence.

A client may prefer certain products, so know the client's preferences.

Assisting with Incontinence Products

Urine and stools are very irritating on the skin. Routinely check to see if a client needs assistance with changing the products. Be sure the client is cleansing the skin whenever the products are changed; assist as needed. Always help a client as soon as they need or request it.

Remember to observe the client's skin and report any problems you may see.

Disposal and Laundry

When disposing of incontinence products:

- wear gloves;
- empty stool into the toilet;
- put the pads, briefs, or wipes and your gloves in a garbage bag;
- secure the bag and take it out to the trash immediately;
- wash your hands; and
- deodorize the room, as needed.

Urinary Catheters

Catheters are tubes that drain urine into a bag. A client may have a catheter because of:

- urinary blockage,
- a weak bladder unable to completely empty,
- unmanageable incontinence,
- surgery (used to drain the bladder during and after surgery), or
- skin breakdown (allows skin to heal or rest for a period of time)

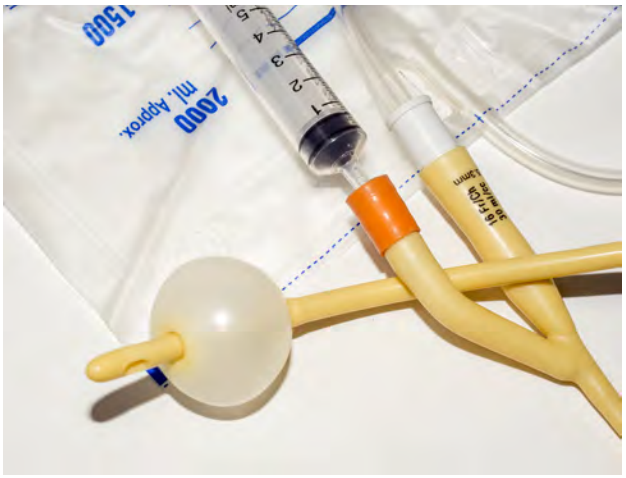
Internal catheters

There are three types of catheters that go directly into the bladder to drain urine.

1. Straight (in and out catheter).
   - The straight catheter is inserted into the bladder, urine is drained, and then the catheter is removed.

If a caregiver is to insert this type of catheter, the task needs to be delegated to the caregiver under nurse delegation or by the in-home client under self-directed care. The task must be documented in the client's service plan and special training is required.

2. Indwelling Suprapubic catheter.
   - The indwelling suprapubic catheter is a straight tube with a balloon near the tip. It is placed directly into the bladder through a urostomy (a hole made in the abdomen just above the pubic bone). The balloon is inflated with a normal saline solution after the catheter has been placed in the bladder and keeps the catheter from falling out.



3. Indwelling/Foley urethral catheter.
   - The indwelling urethral catheter is also a straight tube with a balloon near the tip but is inserted through the urethra.
   - For either the Suprapubic or Foley catheter, the catheter attaches to tubing that drains the urine into a urinary drainage leg bag or overnight bag. The leg bag is attached to the leg, thigh, or calf. An overnight drainage bag hangs on the bed or chair. It is important that the bag be situated below the level of the client's bladder, so urine will drain freely and not back up into the bladder.
   - Caregivers may be asked to change the bags, clean the tubing or empty the urinary drainage bag (see next page).

- This catheter can be left in place for one to two months if there are no problems. A nurse or doctor can remove and replace the catheter, usually on a routine basis but also when it is blocked or comes out.
- It is important that the caregiver check the tubing to ensure it is not kinked or twisted, so urine will flow from the bladder to the bag without backing up.
- The tubing is often secured to the client's leg so that it isn't accidentally pulled. It is important for the caregiver to check the skin on the leg often, regularly change the location where the tubing is secured, and report any skin breakdown to the proper person in your work setting.

Home Care Aides are not allowed to insert or replace indwelling catheters. Home Care Aides may be asked to change the urinary drainage bag.

Skill: Catheter Care

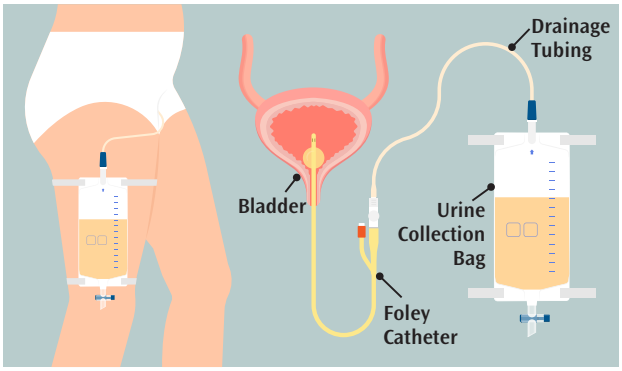
See Catheter Care in the Skills Checklist on page 428 for the detailed steps of this skill.

The following are general tips when helping a client with catheter care.

- Make sure the bag is kept lower than the bladder.
- Make sure the catheter is always secured to the leg to prevent tugging of the tube.
- Clean from the opening downwards, away from the body.
- When emptying the urinary catheter bag, be sure the end of the bag doesn't touch anything. This helps stop germs from entering the bag.
- In some care settings, you may be asked to measure the amount of urine in the bag.

Make sure to observe and report if:

- the urine appears cloudy, dark-colored, or is foul smelling;
- there isn't much urine to empty (as compared to the same time on other days);
- an in-dwelling catheter comes out; or
- the client has pain, burning, or irritation.



Skill: Condom Catheter Care

Condom Catheters (also called external catheters) are designed to fit over a penis. The condom catheter is made up of a sheath (or condom) attached to a tube that leads to a drainage bag. The condom is held onto the penis with tape or other sticky material.

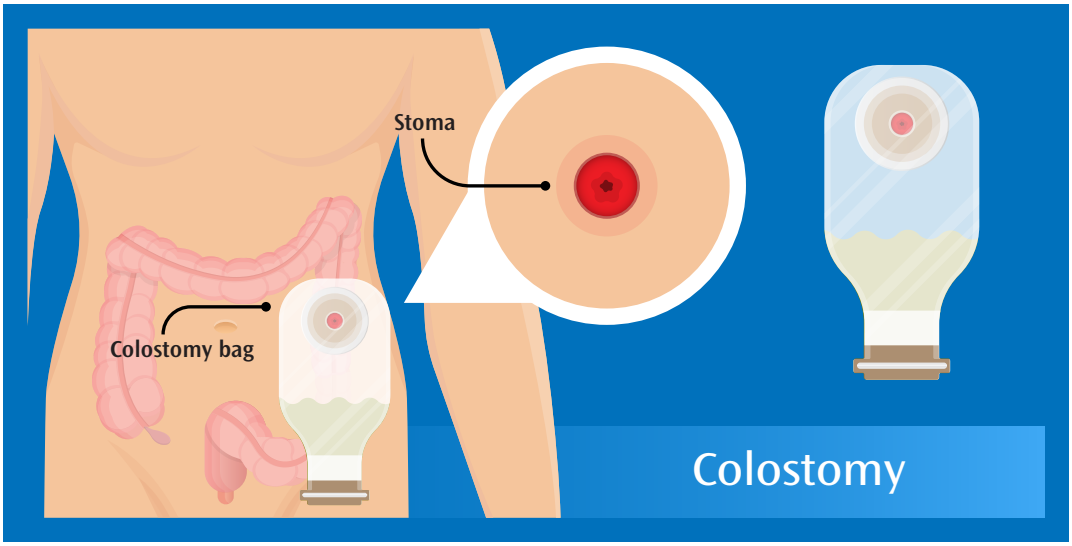
See Condom Catheter Care in the Skills Checklist on page 428 for the detailed steps of this skill.

The following are general tips when helping a client with condom catheter care.

- Condom catheters can be difficult to keep in place and should be changed daily or as needed.
- Observe the client's skin for irritation caused from adhesive sensitivity or allergy.
- Making a homemade condom catheter out of a regular condom and tubing is not recommended.

Colostomy Care

- Clients with Crohn's disease, colorectal cancer, diverticular disease, or a serious injury to the colon may require a colostomy. A bag is attached to the skin over the opening (stoma) to collect stool as it empties from the bowel. A colostomy may be permanent or temporary, depending upon the reason it was needed.
- A client manages their colostomy in their own way. In an in-home setting, a caregiver can assist the client with colostomy care if their employer self-directs their care or if the task is delegated under nurse delegation. Special training is needed to do this task. In adult family homes or assisted living facilities, colostomy care includes emptying, cleaning, and replacing the bag. Replacing the protective skin cover, called a wafer, and providing skin care beneath the wafer requires a nurse, or a caregiver under nurse delegation.
- Observe the skin for redness and/or irritation. Also watch for a change in stool consistency or frequency. Report and document any problems to the appropriate person in your care setting.



Summary

Home Care Aides assist clients with toileting as the individual client needs. If you assist a client with wiping or cleaning, make sure the perineal area is well cleansed. Always respect a client's dignity, protect their privacy, and support their independence while providing assistance.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. Where is the perineal area?

2. Why is it important to keep the perineal area clean and dry.

3. What are three assistive devices for toileting.

4. Why is it inappropriate to refer to incontinence products as "diapers?"

5. Can a Home Care Aide remove an indwelling urinary catheter?

6. Without nurse delegation, how can a Home Care Aide assist a client with a colostomy?

Module Review

For each question, choose the best anwer.

1. Dehydration can be a dangerous side-effect of diarrhea.
   ❑ True ❑ False

2. Bowel function is usually the same for every person.
   ❑ True ❑ False

3. A client with what condition is at the greatest risk of fecal impaction?
   a. High blood pressure.
   b. Diabetes.
   c. Chronic constipation.

4. When assisting with catheter care, always clean from the opening downwards, away from the body.
   ❑ True ❑ False

5. Incontinence is just a part of aging and few medical treatments are effective.
   ❑ True ❑ False

6. Which of the following help to control symptoms or prevent constipation?
   a. Decreasing physical activity.
   b. Increasing fiber and water intake.
   c. Overuse of laxatives.

7. Unexplained or worsening confusion can be a symptom of a urinary tract infection.
   ❑ True ❑ False

8. To maintain good urinary and bowel function, encourage a client to:
   a. Read the paper on the toilet to relax.
   b. Change their toileting routine each week.
   c. Stay as physically active as they can.

1. True, 2. False, 3. C, 4. True, 5. False, 6. B, 7. True, 8. C

Module Scenario

Mrs. Crump is a 52-year-old client living with Parkinson's disease and Down Syndrome. She has a difficult time getting to the bathroom in time and is often incontinent. Today she was incontinent in the dining room and will not let you assist her with changing her clothes.

Research:	Review the sections on Parkinson's disease on page 378 and Developmental Disabilities on page 366 in the Common Diseases and Conditions section.
Problem solve:	1. Identify what problem(s) a caregiver needs to address in this situation. 2. Pick one problem and brainstorm ways to solve it. Pick a solution. 3. How does this impact how a caregiver provides care?
Demonstrate:	One group will demonstrate for the class the proper way to assist a person with pericare.

Notes

Module 11: Nurse Delegation and Medications

Learning Goal

Home Care Aides will identify tasks that require nurse delegation and follow the steps necessary to safely assist a client with medication.

Lesson 1: Nurse Delegation and Self-Directed Care

Lesson 2: Medication Assistance and Medication Administration

Lesson 1
Nurse Delegation and Self-Directed Care

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Identify the requirements for performing a nurse-delegated task, as described in WAC 388-112A-0550; and
2. Recall when self-directed care is possible.

Key Terms

Individual provider (IP): a qualified and contracted long-term care worker who provides in-home caregiving to clients who are eligible for Medicaid in-home care services.

Long-term care worker (LTCW) (WAC 388-71-0836): a person who provides paid, personal care services for older people or people with disabilities. LTCWs include Certified Home Care Aides (HCA), Nursing Assistants – Certified (NAC), and Nursing Assistants – Registered (NAR).

Nurse delegation (WAC 388-112A-0550): when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.

Registered nurse: a nurse who has graduated from a nursing program, passed a national licensing exam, and met all licensing requirements for their state.

Self-directed care (RCW 74.39.007): a law that protects the right of an adult person who has a functional disability and is living in their own home to direct and supervise a paid personal aide, such as an individual provider, to perform a health care task the adult person would otherwise perform for themselves.

Overview

There are tasks that a long-term care worker may not perform without additional special training. These health care tasks require professional knowledge, skill, and delegation to safely perform. Usually, a nurse would perform these tasks. Nurse delegation allows a registered nurse (RN) to train a long-term care worker to perform these kinds of tasks in some care settings.

The requirements for nurse delegation are written in law. Only Certified Home Care Aides, Nursing Assistants - Certified (NAC), or Nursing Assistants - Registered (NAR) can do delegated tasks.

Clients who live in their own homes and employ a paid personal caregiver such as an individual provider can self-direct their own care. In this case, the client must train the paid caregiver to perform the task. There are many important differences between nurse delegation and self-directed care. A long-term care worker must clearly understand those differences.

Nurse Delegation

Nurse delegation is a Washington State law that allows a registered nurse (RN) to train a long-term care worker to perform specific health care tasks for one client in certain settings. These tasks are different from personal care tasks. Without nurse delegation, a long-term care worker is not allowed to do them.

Nurse Delegation and Care Settings

Nurse delegation can happen in a client's home, an assisted living facility, or an adult family home. Nurse delegation is not allowed in enhanced services facilities, skilled nursing facilities, medical clinics, or hospitals.

Training Requirements for Nurse Delegation

Before you can accept a delegated task, you must:

1. be certified as a HCA, NAC or NAR;
2. pass the Nurse Delegation for Nursing Assistants and Home Care Aides class and training on the specific task for the specific client*;
3. be willing to perform the specific skilled task to be delegated; and
4. show the delegating RN that you can correctly perform the specific skilled task.

*if you will be delegated the task of insulin injections, you must also successfully complete the Nurse Delegation for Nursing Assistants: Special Focus on Diabetes training.

If you have concerns or complaints about nurse delegation, contact the RN delegator or speak to your employer. If the issue rises to the level of abuse, neglect, or other mistreatment, call DSHS at 1-800-562-6078.

Delegated Tasks

After you have met all the requirements, you must take direction from the delegating RN. The RN will supervise the delegation and evaluate the client's condition. The RN will decide when nurse delegation begins and ends. Each task for each client is delegated separately.

Types of Tasks That Must be Delegated

- Medication administration
- Non-sterile dressing changes
- Urinary catheterization using clean technique
- Ostomy care (caring for the skin and changing the wafer around the ostomy) in established and healed condition
- Blood glucose monitoring
- Gastrostomy feedings (tube feeding) in established and healed condition

The above list of tasks that can be delegated is not a complete list. The RN will determine whether a task should be delegated and instruct you on how to safely and accurately perform that task.

How would you feel about performing each of these nurse delegated tasks?

Types of Tasks That may NOT be Delegated

There are certain tasks written in law that cannot be delegated.

- Injections, other than insulin
- Sterile procedures
- Maintenance of central IV lines
- Anything which requires nursing judgment

Your Role in Nurse Delegation

You have a very important role in the care and wellbeing of clients. Once you are taught a delegated task for a specific client, you are responsible for five primary actions:

1. **Performing** the delegated task according to the specific instructions of the RN. These instructions should be written somewhere so that you can refer back to them as needed. You may be required to document that you completed the task.
2. **Observing** the client for changes which may indicate:
   - potential side effects from medications,
   - negative reactions to procedures, or
   - complications from the client's disease.
3. **Reporting** changes in the client's condition promptly.
   - If you work in a facility or for a home care agency, report to the delegating RN and your supervisor according to your employer's policy.
   - Individual providers report to the delegating RN and the case manager.
4. **Reporting** to the delegating RN any changes to delegated medications or treatments, or medications or treatments that may require delegation.
5. **Renewing** your registration or certification on time so you can continue to legally perform a delegated task.

You can make the difference in a client's quality of health and life by being observant and communicating quickly.

Self-Directed Care

A Washington State law protects the rights of a client living in their own home to direct a paid personal aide (working privately or as an individual provider, not for a home care agency) to perform health care tasks the client cannot physically do. These are health care tasks that a caregiver would not otherwise be allowed to do (e.g. placing a pill in the client's mouth or assisting with an injection).

Self-directing these health care tasks gives a client the freedom to direct and supervise their own care. It allows them to continue to live at home rather than move to a care facility, where a licensed professional would have to perform the task(s) or a qualified caregiver would perform them with nurse delegation.

Self-Directed Care Rules

The self-directed care law only applies to clients who employ a paid personal aide such as an IP. Agency providers and residents of adult family homes, assisted living facilities, and enhanced services facilities are not allowed to participate in self-directed care.

If the personal aide is an individual provider, any care tasks that a client wants to self-direct must be listed in the DSHS care plan. The case manager must be involved and the DSHS care plan needs to be updated to include the task before it can be done.

Roles in Self-Directed Care

The specific roles and responsibilities of the client, personal aide and case manager are outlined in law.

Client responsibilities include:

- informing their health care provider that task(s) will be self-directed to the caregiver;
- informing the case manager of their desire to self-direct certain tasks and providing the necessary information that must be documented in the DSHS care plan; and
- training, directing, and supervising the personal aide in performing the task(s).

Personal aide responsibilities include:

- deciding if they are comfortable providing the self-directed care task;
- getting trained by the client to do the task(s); and
- performing the task(s) according to the instructions from the client.

Case manager responsibilities include:

- documenting the self-directed care tasks in the DSHS care plan, including what is to be done and who is doing it;
- providing the personal aide and the client with a copy of the DSHS care plan with the self-directed care tasks listed;
- updating the DSHS care plan, as needed.

Differences between Nurse Delegation and Self-Directed Care

The difference between these programs can be confusing. The following chart describes the main differences between these programs.

	Nurse Delegation	Self-Directed Care
Who trains and supervises the task itself?	Registered Nurse	The Client
Where can it be done?	Assisted Living Facility Adult Family Home In-home	In-home only (not through a home care agency)
Who can participate?	Long-term care workers who have met all the requirements	Paid personal aides such as individual providers

Notes

Summary

Nurse delegation allows long-term care workers to perform health care tasks that require nursing level knowledge and skills. Each task must be delegated separately for each client; this allows specific instructions based on the client's unique needs and preferences. Long-term care workers must successfully complete additional training before performing any delegated task.

The RN who delegates the skilled task is responsible for monitoring the performance of the long-term care worker. The long-term care worker reports to the RN and follows their direction. Clients who live in their own homes and employ a paid personal aide or state-funded individual provider can supervise and self-direct health care tasks that they would otherwise perform themselves.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What four requirements must a long-term care worker meet before they can perform a nurse delegated task?

2. What is the name of the nurse delegation training course?

3. Who is responsible for supervising nurse delegation?

4. What are the five responsibilities of the long-term care worker performing a nurse delegated task?

5. Who can self-direct their own care?

6. Can a Home Care Aide working in an assisted living facility participate in self-directed care?

Lesson 2
Medication Assistance and Medication Administration

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Identify what a Home Care Aide is allowed and not allowed to do when assisting with medications;
2. Recall terms related to medication assistance including prescription drugs, over the counter medications, and as needed (PRN) medications, medication side effects, and drug interactions
3. Demonstrate all critical steps of medication assistance and administration, including the use of assistive devices and common care practices, to safely provide medication assistance;
4. Recall each of the five rights of medication assistance;
5. Recognize common symptoms of medication side effects;
6. Use strategies to work with a resident who chooses not to take prescribed medications;
7. Recall when to report concerns, and who to report them to;
8. Identify what is a medication error, when to report a medication error, and who to report it to; and
9. Use safe practices to store medications according to label instructions.

Key Terms

Five rights of medication: a safe medication practice to ensure the right drug, right dose, right route and right patient at the right time.

Legend drug: any drug that requires a prescription or restricted use by practitioners.

Medication: A substance that changes the chemical activity in the human body. Includes prescription medications, over-the-counter medications, vitamins, and herbs.

Medication administration: support with medication above medication assistance. This may include placing a pill in a client's mouth or applying medicated ointment. Medication administration requires a nurse to administer or nurse delegation.

Medication assistance (RCW 69.41.010): assisting a client to self-administer their medication. This may include handing them a pill or pouring a dose into a spoon. The client must perform the final step (such as placing a pill in their own mouth).

Medication interaction: the combined effects of many medications or medications and food.

Medication route: the way a medication enters the body.

Over-the-counter (OTC) medication: medication that does not need a prescription. OTC medications include vitamins and herbal remedies.

Side effects: A secondary and usually undesirable effect of a medication or therapy.

What challenges might a client have with taking their medication?

Overview

Medications are substances that change the chemical activity in the human body. Medications may have positive effects or negative side effects. Home Care Aides must learn how to safely assist clients with medications. It is important to recognize and report negative reactions.

Home Care Aides must know the difference between medication assistance and medication administration. Home Care Aides are responsible for staying within their professional boundaries.

Medication Basics

Medications are powerful substances that can treat, cure, or help control an illness, relieve symptoms like pain, and prevent disease. Medications include:

- prescriptions (also called legend drugs) which must be ordered by a health care professional (doctor, nurse practitioner, physician's assistant, or dentist); and
- over-the-counter (OTC) medications which anyone can purchase without a prescription at a store.

Any compound that changes the chemical activity within the human body is a medication. Vitamins, herbal remedies, inhaled substances, naturopathic and homeopathic remedies are all medications.

Medication Names

All medications have a generic and brand or trade name. The generic name gives information about the chemical makeup of the medication. Generic medication names are not capitalized. The brand or trade name is used by a specific manufacturer when they sell the product. The name is owned by the manufacturer, is always capitalized, and cannot be used by any other company.

Brand or trade name	Generic medication name
Tylenol	acetaminophen
Motrin or Advil	ibuprofen
Lasix	furosemide

Medication Packaging

Medication is packaged in a variety of ways.

- Pill bottles or bottles with droppers;
- Bubble packs or bingo cards (cardboard cards that have rows of plastic bubbles for each dose of medication);
- Medication organizers, like medisets and weekly pill boxes;
- Unit dose packaging with each dose packaged separately. Keep unit-dose packages sealed until ready to use so the label stays with the medication.

Medication Labels

All medications must be in a pharmacy or manufacturer's labeled medicine bottle or other container. Following is information that should always be on the medicine label.

- **Client name** - including first and last name.
- **Medication name** - generic or brand/trade.
- **Dose** - amount of tablets, drops, etc. to be used. Usually described in milligrams (mg) or micrograms (mcg).
- **Route** - how the medication is to be administered (oral, topical, etc.). If the medication is to be taken orally, this is commonly not stated on the label.
- **Frequency/timing** – how often to give the medication (e.g. twice a day, or every four hours).
- **Amount** – how much is in the container
- **Date** - when the prescription was filled, and the medication's expiration date.

There may also be a special warning label that provides more information on the use of the medication. For example: "Medication should be taken with food."

Medication Interactions and Side Effects

Medications are used for their positive benefits. For example, they can ease pain, lower blood pressure, improve mood, soothe a rash, reduce a fever, or kill germs. However, medications can also cause serious harm or even death. To help prevent negative effects, Home Care Aides must understand the basic ideas of medication interaction and side effects.

Medication Interactions

Prescription and OTC medications can interact with other medications, food, alcohol, vitamins, and herbal remedies. These interactions may increase or decrease the effectiveness and/or the side effects of the medicine being taken. Interactions are more likely for clients who take a higher number of medications.

Read the label and insert that comes with a medication and stay alert to special instructions, anything that should be avoided (e.g. food), and/or possible side effects of the drug.

For example, iron supplements (like ferrous sulfate) should be taken on an empty stomach. When taken with some kinds of antibiotics, the iron decreases the strength of the antibiotic.

Side Effects

The effects of medications that are not part of their positive benefits are called side effects. People who are older or who have certain disease(s) are more likely to have side effects.

Part of the Home Care Aide's job is to observe the client and watch for side effects of medication. Become familiar with the most common side effects so that you can recognize them when they occur.

The side effects listed below are only the most common. When a client begins to take a newly prescribed medication, look up the side effects so you know what to watch for.

Promptly report any side effects that you observe. All side effects require attention by a healthcare provider. Severe side effects require immediate attention.

Common side effects of medication

Mild to moderate side effects

- Occasional constipation
- Dryness of mouth, nose, skin
- Fatigue or unusual tiredness
- Nausea
- Mild restlessness
- Vomiting
- Weight gain

Severe side effects

- Blurred vision
- Severe constipation
- Diarrhea
- Hives or skin rash
- Impotence
- Menstrual irregularities
- Nervousness, inability to sit still
- Tremors
- Twitching/tardive dyskinesia
- Urine retention
- Swelling of the lips, face, and/or tongue

Allergic Reactions to Medication

An allergic reaction happens when the body's immune system reacts to a medication causing the body to produce chemicals that cause itching, swelling, muscle spasms, and can lead to throat and airway tightening. The reaction can range from mild to life threatening.

If the client experiences reactions or side effects that may be life-threatening, such as difficulty breathing, call 911.

Routes of Medication

Medication can be taken in several different ways or methods. These methods are called routes. These are the seven routes of medication:

Route	Definition
Oral	Oral medications are taken by mouth and swallowed; most often with a glass of water or other beverage. Oral medications come in liquid, syrup, powder, tablet, or capsule form. The medication is absorbed into the bloodstream through the lining of the stomach and intestine. This is the slowest way for medication to reach the cells of the body.
Sublingual	Sublingual administration means placing a medication under the tongue where it dissolves in the client's saliva. Sublingual route should not be followed with a glass of water/beverage, but rather allowed to dissolve completely. The medication is absorbed through the mucous membrane that makes up the lining of the mouth. The client should not swallow the tablet, or drink or eat, until all of the medication is dissolved. Medications administered through the sublingual route are absorbed faster than through the oral route.
Topical	Topical administration is applying a medication directly to the skin or mucous membrane. Medications for topical use are often designed to soothe irritated tissues, or to prevent or cure local infections. Topical medications come in the form of creams, lotions, ointments, liquids, powders, patches, and ear drops and eye drops or ointment.
Rectal	Rectal administration is inserting the medication into the rectum in the form of a suppository or enema. Absorption through the lining of the rectum is slow and irregular. This route is used sometimes when the client cannot take oral medications.
Vaginal	Vaginal administration is inserting the medication into the vagina in the form of a cream, foam, tablet, or suppository. Vaginal medications are usually given for their local effects, as in the treatment of vaginal infections.
Inhalation	Medication administered through inhalation is sprayed or inhaled into the nose, throat, and lungs using a hand-held inhaler or nebulizer. Absorption of the medication occurs through the mucous membranes in the nose and throat, or through the tiny air sacs that fill the lungs.
Injection	Medications can be injected by piercing the skin with a needle and putting the medication into a muscle, fatty tissue, under the skin, or into a vein.

Medication Assistance and Medication Administration

There is a legal difference between medication assistance and medication administration. Home Care Aides must understand which tasks they can perform. Medication administration requires nurse delegation

Medication Assistance

Medication assistance is helping the client to take their medication independently. Medication assistance does not require nurse delegation. Medication assistance includes:

- opening a medication container;
- handing the container to the client or using an enabler, such as a cup, soufflé (medication) cup, or spoon, to hand the medication to the client;
- pouring an individual dose of liquid medication from a bottle to a medicine spoon, medicine cup, or oral syringe;
- reminding the client to take a medication;
- steadying a client's wrist/hand; or
- altering medication.

Altering Medication

Altering medication means crushing or dissolving a medication so it is easier to take. Altering medication requires the approval of the health practitioner (nurse, doctor, physician assistant-certified, dentist, or pharmacist).

Any altering of medication must be written into the client's service plan or other location in the client's health file. Some medications cannot be altered, such as extended release (ER) and sustained-release (SR) medications.

Requirements for Medication Assistance

Legally, there are two conditions that must be met to be considered medication assistance. The client:

- must be able to perform the "last step" for themselves (e.g. placing a pill in the their mouth or applying ointment to their skin); and
- must be aware they are taking medication.

If the client does not meet both of these conditions for medication assistance, the medication must be administered by a licensed nurse or delegated and administered under nurse delegation.

Medication Assistance in Assisted Living Facilities

In licensed assisted living facilities, a Home Care Aide may perform the last step if the client can accurately direct the Home Care Aide to do so. This means the client knows what the medication does, how to administer it, and can direct the Home Care Aide to perform the physical act of putting the medicine where it needs to go. This does not include injectable medications like insulin.

This exception only applies in assisted living facilities and for clients who have a physical limitation that prevents them from self-administering the medication without assistance.

This exception is written in law specifically for assisted living facilities and does not apply in adult family homes, enhanced services facilities, or home care agencies.

Medication Administration

Administering medication requires either a nurse to perform, or a qualified caregiver with nurse delegation. Under nurse delegation, you give medications to the client in the manner you were instructed by the delegating RN. In this case, the client may be confused, unaware that they are taking medication, or may be physically unable to perform the "last step."

The following are ways that you might perform medication administration under nurse delegation.

- Place a medication in the client's mouth.
- Apply medicine to the client's skin.
- Give medicine via a gastrostomy tube.
- Perform insulin injections (requires additional training).

Nurse delegation is required for a Home Care Aide to administer medication.

Medication administration is necessary when:

- a client is unaware that they are taking medication; or
- a client is physically unable to take or apply their medication.

Some medication administration tasks cannot be delegated.

Comparing Medication Assistance to Medication Administration

Task	Medication Assistance	Medication Administration	Can be delegated?
Opening containers, handing container to client	X		
Pouring liquid medication into a container and handing to client	X		
Putting medication in client's hand	X		
Crushing, cutting, or mixing medication (only if a pharmacist or other health care provider determines it is safe) and handing it to the client.	X		
Putting medication in a client's mouth or applying to skin		X	Yes
Steadying or guiding a client's wrist	X		
Injecting medications (other than insulin)		X	No

Client Rights

Clients have three main rights related to medication:

1. Right to choose not to take medication
2. Right to informed consent (the client has the right to know what the medication is being given for)
3. Right to not be chemically restrained (medication can't be used for caregiver convenience or to change a resident's behavior)

Protect client rights whenever you participate in medication assistance or administration.

Medication assistance cannot include forcing a client to take their medication or hiding medication in something, such as food, in order to get the person to take it.

Skill: Medication Assistance

Your role as a caregiver may be to assist a client in taking medication. The client's service plan or medication administration record will detail exactly what your responsibilities are in this area.

Home Care Aides are responsible for following specific steps while providing medication assistance. These steps include preparing the dose, assisting the client with taking the medication, observing, and documenting.

See Medication Assistance in the Skills Checklist on page 429 for detailed steps.

The following are general tips when assisting a client with oral medications:

- Ask the client to sit up when taking oral medicine to make it easier to swallow.
- If the client cannot sit up and is lying in bed, help him/ her roll to the side to make swallowing easier."

Individuals have the right to privacy when taking medications. Make sure you protect their privacy. This includes privacy of medical records and health information.

Five "Rights" of Medication

There are five "rights" of medication that guide your actions anytime you help a client with medications: right medication, client, dose, route, and time. Check the five rights at these three times:

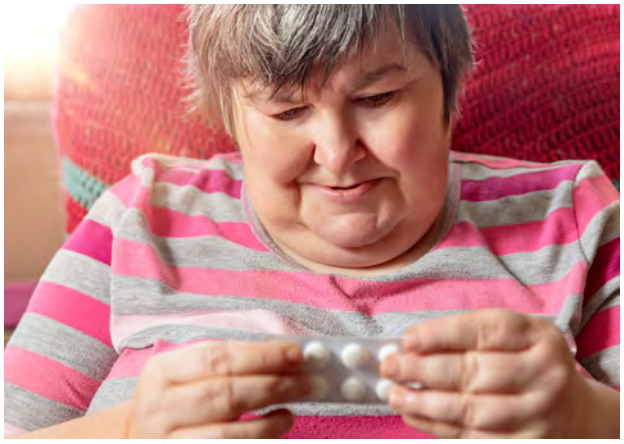
- First when taking the medication out of the storage area
- Again when moving it from the original container to the enabler (med cup, etc)
- Finally when putting it back into the storage area

Three checks every time a medication is assisted/administered minimizes medication errors.

1. Right Medication

Every time a medication is assisted or administered, check the medication label to make sure:

- the client's name is on the container (for prescription medication only);
- the name of the medication on the container matches the prescriber's order;
- the medication is not expired; and
- you verify the correct time, dosage, route and that you are aware of any special instructions for this medication (e.g. needs to be taken with food).



2. Right Client

Always identify the client. It is your responsibility to make absolutely certain you know who the client is before you assist them with medication. Stay with each client while they take the medicine.

3. Right Dose

Know the correct dosage symbols and abbreviations for medications. Be sure that the amount the client takes matches the amount on the label.

Commonly Used Abbreviations* for Dose

cc	Cubic centimeter, same as ml
cm	Centimeter
gm	Gram
gtt	Drop
gtts	Drops
IU	International units
Kg	Kilogram
L	Liter
mcg	Microgram
mEq	Milliquivalent
mg	Milligram
ml	Milliliter, same as cc
mm	Millimeter
u	Unit

*You may see these abbreviations when receiving a prescribed order from a doctor, but when transcribing onto a medication sheet (MAR), it is best practice not to abbreviate.

4. Right Route

Make sure the client takes the medication through the intended rout.

The Seven Routes

Oral	taken by mouth and swallowed
Sublingual	placed under the tongue
Topical	applied directly to the skin or mucous membranes
Rectal	inserted into the rectum
Vaginal	inserted into the vagina
Inhalation	breathed in or sprayed into the nose or throat
Injection	inserted into a muscle, fatty tissue, under the skin or into a vein with a needle

Common Abbreviations for Routes

OD	Right eye
OS	Left eye
OU	Both eyes
po	By mouth
SC or SQ	Subcutaneous (route for insulin injections)
SL	Sublingual
PR	Rectal

5. Right Time

The regular schedule for medications will be determined by the client, the doctor, a nurse, or the facility/agency's policy where you work. The schedule should be clear so you can assist the client at the right time. Check the medication record or medicine container for the correct time for the medication. Refer to the list to make sure you know the correct abbreviations for times.

Commonly Used Abbreviations for Times

@	At
p	After
pc	After meals
Prn*	As needed
hs	Bedtime
a	Before
ac	Before meals
q	Every
q4h	Every 4 hours
qhs	Every bedtime
qd	Every day
qod	Every other day
bid	2 times a day
tid	3 times a day
qid	4 times a day
dc	Discontinue (stop)
noc	Nocturnal (at night)
c	With
s	Without

Once-a-day medications should be taken at the same time every day. Certain medications should be taken at specific times. For example, warfarin (Coumadin) and statin drugs are consistently taken in the late afternoon/evening. Medications to treat hypothyroidism are generally taken first thing in the morning and on an empty stomach.

Timeframes should be unique to the individual client. For example. If the medicine is ordered in the AM, and the resident gets up at 10, then that would be that resident's "AM." Another resident with the same order who gets up every morning at 6 AM might want their meds at 7.

Follow the policy on medication timeframes where you work.

If a client misses a dose, do not give them a double dose the next time unless instructed to do so by a medical professional.

*As Needed Medications and Professional Judgment

PRN medications (Latin for Pro Re Nata) are medications taken on an "as needed" basis.

You may assist the client with "as needed" medications if there are specific, written directions to follow or the client indicates they need the medication.

For example, if a client who does not have cognitive impairment asks for their pain medication, it is OK for a Home Care Aide to provide medication assistance.

However, if professional judgment is required to decide if the medication is needed, or when the client is not able to determine what is needed, medication assistance is not possible.

For example, if a client has cognitive impairment and is nonverbal and their service plan does not include how the client demonstrates pain, the Home Care Aide cannot decide when to give the pain medication.

Observation, Documentation, and Reporting

As with performing any care task, part of your responsibility in medication assistance is to observe, document, and report changes.

Observation

For medication assistance, observe and make sure the client takes their medication. Also watch for signs of side effects or other reactions. Report any changes or concerns.

Documentation and Reporting

The rules for documenting medication assistance and medication administration have been set in law for assisted living facilities, enhanced services facilities, and adult family homes. You must document every medication taken and refused, as well as follow up on PRN medications and document if they worked or not. Check with your employer/supervisor to learn more about how and when to document. Agency workers should follow agency guidelines.

There are no specific documentation rules for in-home clients. For IPs, it is good practice to document:

- any drug reactions, possible side-effects, and/or changes observed;
- if a client chooses not to take a medication.

When the Client Chooses not to Take Medication

Individuals have the right to choose not to take medications or treatments.

Sometimes a client doesn't want to take a medication. The first thing you should do is to simply ask them why they will not take the medication.

Clients might not want to take medications for a variety of reasons. Sometimes a client may not tell you they do not want to take a medication but will simply "hide" it in their cheek, under their tongue, or spit it out after you have left the room.

Review the following chart of some common reasons a client may choose not to take their medications and potential remedies.

If there is no solution to why a client doesn't want to take the medication and/or they continue to choose not to do so, report this to the appropriate person in your care setting. Document that the client did not take the medication, why, and who you notified according to the rules for where you work.

Reason	Remedy
Unpleasant taste	Offer the client crackers, an apple, or juices afterward to help cover up bad taste. Use ice to numb the taste buds for a few minutes before the client takes the medication. Discuss this issue with the doctor or your supervisor to see if the client could use a different form of medication or a different medication.
Unpleasant side effects	An example of an unpleasant side effect might be drowsiness or dry mouth. Ask the doctor or your supervisor if a different medication is a possibility or if the medication can be taken at a different time of day. If a change to the medication cannot be made, discuss how to treat the medication's side effect.
Lack of understanding	Provide simple reminders like "This pill lowers your high blood pressure."
Denial of need for medication	You can discuss the need to take the medication with the client, but do not argue. It may help to show the client a statement written by the doctor. The client has the right to not to take medication.
Background or cultural reasons	A client's background and/or culture can impact their view on the use of medications versus other types of treatments and/or therapies. Encourage the client to share any concerns with their health care provider.

Reporting Errors

It is considered an error when the medication is not given according to the directions. This includes any error related to the five rights of medication. These would include:

- wrong time,
- wrong medication,
- wrong person,
- wrong dose,
- wrong route, or
- any omission.

You should have an understanding of what to do when you discover an error. Make sure you know the specific procedures in your workplace.

It is important that you report any errors you discover as soon as possible.

While we all try not to make errors, they sometimes happen. Report errors that you discover regardless of who might have made the error and regardless of the outcome to the client.

You should receive additional training and orientation to your job assisting with medications. Speak with your supervisor about receiving training. If you are unsure about what to do when assisting with medications, ask the appropriate person in your care setting before performing medication assistance.

Storage and Disposal of Medications

There are several guidelines you should be familiar with for medication storage:

- Medications should be stored in original containers with a legible, original label.
- Non-refrigerated medications should be kept in a dry place, not warmer than 85°F.
- Refrigerated medications should be stored at 36-46°F. It is safest to keep refrigerated medication in a zip-lock style plastic bag or other leak-proof container.
- Be sure to separate medication storage from food storage.
- If you work in an adult family home or assisted living facility, follow the facility policy regarding medication storage.

In-home clients can store medications as they choose. Encourage the client to keep medications out of the reach of children or pets, in its original container, and to store them in a cool, dry spot.

Storage of Controlled Substances

Scheduled drugs have a high potential for abuse and must be stored securely. Examples of scheduled drugs are morphine and fentanyl. In assisted living facilities, adult family homes, and enhanced services facilities, these drugs need to be double locked and counted each shift by two qualified staff members.

Safe Disposal of Medications

Medication needs to be disposed of when it is discontinued or recalled, expires, or if the client dies. Follow your employer's policy and procedure on proper medication destruction for medications that have expired or discontinued. When disposing of controlled substances, a witness is required.

If the client lives in their own home, you may help them reach out to the local police department and learn if they have a drug return method available. The Department of Health also has a safe medication return program:

doh.wa.gov/forpublichealthandhealthcareproviders/healthcareprofessionsandfacilities/safemedicationreturnprogram

Notes

Summary

Home Care Aides provide basic assistance for clients who self-administer their own medications. This medication assistance can include opening containers, preparing a dose of medication, and handing medication to the client. Placing medication in a client's mouth or otherwise administrating medication requires a nurse administer the medication, or the Home Care Aide administers with nurse delegation.

Part of a Home Care Aide's responsibility during medication assistance is to observe and watch for side effects and other reactions. The Home Care Aide documents and reports these to the appropriate person in their care setting. The Home Care Aide also documents and reports when a client chooses not to take a medication.

Home Care Aides check the five rights of medication each time they perform medication assistance and report any medication errors they find immediately. Home Care Aides also follow medication labels, the policies in their care settings, and best practices to store and dispose of medications appropriately.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. Can a Home Care Aide performing medication assistance place a pill in the client's mouth?

2. Why is it important for a Home Care Aide to understand medication interactions and side effects?

3. Are Home Care Aides allowed to assist with PRN medications without nurse delegation?

4. What should you do if you find a medication error?

5. What steps should you take if a client chooses not to take a medication?

6. What are the five rights of medications?

Module Review

For each question, choose the best anwer.

1. Match each action with the correct category.

Task	Medication Assistance	Medication Administration under Nurse Delegation	Home Care Aide may not perform
Putting medication in a client's mouth or applying to skin			
Placing a medication in a client's hand			
Using nursing judgment about a medication			
Steadying or guiding a client's wrist			
Reminding or coaching a client to take medication			

2. The risk of drug interactions typically increases when a client takes a lot of medications.
   ❑ True ❑ False

3. Clients living in an adult family home or assisted living facility can self-direct care tasks to a caregiver.
   ❑ True ❑ False

4. Which of the following care tasks cannot be done by a caregiver under nurse delegation? (circle the correct answer).
   a. Tube feedings.
   b. Injecting medications (other than insulin).
   c. Colostomy care.

5. A caregiver can assist a client with PRN medications, when there are clear, written directions and: (circle the correct answer)
   a. The client requests it.
   b. Nursing judgment is required.
   c. You have time to help.

6. The caregiver decides what needs to be documented regarding medication in an adult family home or assisted living facility.
   ❑ True ❑ False

(Continued on next page)

7. The wrong medication was given to a client by mistake. Your first action must be to: (circle the correct answer)
   a. Watch for side-effects.
   b. Report it immediately
   c. Offer the correct medication.

8. When assisting with medications, you must read the medication label and verify it is the correct medication, person, time, dose, and route: (circle the correct answer)
   a. The first time you give it to a client only.
   b. Every time you perform medication assistance.
   c. When you think about it and have time.

9. Only report a client's continued refusal to take a medication if you think it will harm them.
   ❑ True ❑ False

1. Medication Administration under nurse delegation - Medication Assistance - Home Care Aide may not perform - Medication Assistance - Medication Assistance, 2. True, 3. False, 4. B, 5. A, 6. False, 7. B, 8. B, 9. False

Module Scenario

Mr. Gaines is a 67-year-old client living in an adult family home; he has diabetes, arthritis, and cancer. The cancer treatment has made him very weak. He usually manages his own oral medications, and you deliver his insulin pen. Today, he asks you to open his medication bottles, because he is too weak to remove the lids. He also asks you to put the needle in his stomach and inject his insulin for him.

RESEARCH:	PROBLEM SOLVE:	DEMONSTRATE:
Review Common Diseases and Conditions for information about arthritis on page 356 and cancer on page 359.	1. Identify what problem(s) a caregiver needs to address in this situation. 2. Pick one problem and brainstorm ways to solve it. Pick a solution. 3. How does this impact how a caregiver provides care?	One group will demonstrate for the class the proper way to assist a person with medication.

Notes

Module 12: Self-Care for Caregivers

Learning Goal

Home Care Aides will use strategies to reduce stress, avoid burnout, and cope with grief and loss.

Lesson 1: Practicing Self-Care

Lesson 2: Surviving Loss and Grief

Lesson 1
Practicing Self-Care

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Recall aspects of a long-term care worker's job that can lead to stress and burnout;
2. Recognize common signs and symptoms of stress and burnout;
3. Recall the importance of practicing self-care to avoid burnout; and
4. Use behaviors, practices, and resources to reduce stress and avoid burnout.

Key Terms

Burnout: a state of physical, emotional, and mental exhaustion.

Compassion fatigue: stress caused by exposure to other people's trauma.

Self-care: actions to maintain one's own well-being, health, and happiness.

Stress: mental or emotional strain or tension.

Stressor: Any situation or thought that makes you feel frustrated, angry, or anxious.

Overstressed: having too much stress that it interferes with daily life and activities.

Overview

Stress is a natural part of life, but too much stress can have a negative impact on wellbeing. Home Care Aides need to understand the signs and symptoms of stress so they can take care of themselves and avoid burnout.

Self-care takes time, intention, and effort. With practice, Home Care Aides can use effective self-care techniques to manage their stress and maintain their wellbeing.

What kinds of activities do you do to take care of yourself? How often do you do them? Do you feel that you are in control of managing your stress?

Caregiver Stress and Burnout

Caregiving is rewarding work, but it can also be physically and emotionally challenging. Like all professions, caregivers also have other life pressures and responsibilities. Caregivers can be so busy caring for others that they may often neglect their own emotional, mental, physical, and spiritual health. All of this adds up to a lot of stress on one person.

Not all stress is bad. Stress is a normal part of everyday life. Usual amounts of stress keep you alert and motivate you to take action. However, too much stress for long periods of time is hard on your body, mind, and spirit.

When you are under a lot of stress, your body goes on high alert. Essential body functions, like respiration and heart rate, speed up. Less urgent functions, such as the immune system, become vulnerable. This puts you at greater risk for infections, certain diseases, depression, or anxiety.

Too much stress for too long can cause burnout. Caregivers who are burned out feel like they have "nothing left." Beyond the physical exhaustion, there is often a loss of hope, purpose, and meaning.

What might be some negative consequences of caregiver burnout?

Signs and Symptoms of Stress and Burnout

Stress and burnout can affect your body, emotions, mind, and behavior. Stay alert to the following common warning signs. If you experience these symptoms, you may be under too much stress and be at risk of burning out.

Common Signs and Symptoms of Stress

Physical	Emotional / Mental	Behavioral
• Headache • Muscle tension or pain • Chest pain • Fatigue • Change in sex drive • Stomach upset • Sleep problems	• Anxiety • Restlessness • Lack of motivation or focus • Feeling overwhelmed • Irritability or anger • Sadness or depression • Panic	• Overeating or undereating • Angry outbursts • Drug or alcohol misuse • Tobacco use • Social withdrawal • Exercising less often • Problems with relationships

Causes of Stress (Stressors)

Causes of stress, or stressors, affect everyone differently. A situation or event that causes one person to become overstressed might not be a problem for someone else.

Everyday life contributes to our stress levels. Work, parenting, and financial issues are all common stressors.

Stress also comes from major life events such as marriage or divorce, a birth or death in the family, leaving a job, or starting a new one.

Other causes of stress include:

- Family issues
- Concern for personal health/illness
- Concern for health/illness of others
- Bullying or harassment
- Death of someone close to you
- Trying to maintain a healthy lifestyle
- Issues in the workplace
- Losing your job or feeling insecure about employment

Identifying the causes of your stress can give you some control and help you feel better.

Compassion Fatigue

Compassion fatigue (also known as secondary trauma) is the emotional, physical and spiritual distress that may result from providing care to others who are experiencing significant emotional or physical pain and suffering. Compassion fatigue may increase chronic stress and shares many of the symptoms of burnout. It can lead to exhaustion both mentally and physically.

Problems in the Workplace

Serious problems in the workplace, such as discrimination, harassment, and abusive conduct can create an unsafe and unhealthy environment. You have the right to be free of discrimination, harassment, and abuse at work.

If a client or coworker is behaving in a way that makes you feel discriminated against, harassed, or abused, speak to your supervisor or employer.

Negative Thinking

Stress can also be caused by our own thoughts and feelings. The following are some examples of negative thinking.

- "Everything is out of my control."
- "I am helpless to change the situation."
- "I am not doing enough."
- "I am not doing a good job."
- "I cannot do this anymore."

Try to reframe negative thinking. Ask yourself "Is this negative thought true? Am I being kind to myself? How can I reframe this thought from a different perspective?"

Practicing Self-Care

Self-care helps you cope with stress and avoid burnout. Similar to filling a car with gas before it is empty and stops working, self-care can refuel the body, mind, and spirit.

Good self-care for caregivers includes the following.

- Recognize and reduce stress in your life.
- Set boundaries.
- Find positive outlets for your emotions.
- Learn to relax.
- Make healthy nutrition choices.
- Drink enough water to stay hydrated.
- Get enough sleep and physical activity.

Self-Assessment for Stress

Check off any behaviors that may be true for you.

- ❑ I take on more than I can realistically do.
- ❑ I skip breaks, lunch, or other free time.
- ❑ I don't take vacations – even when I need one.
- ❑ It is hard for me to ask for help - even when I need it.
- ❑ It is not easy for me to seek out emotional support from others.
- ❑ I don't make or keep needed medical appointments.
- ❑ I usually don't take the time to eat right or exercise.
- ❑ I don't get enough sleep.
- ❑ I have developed some unhealthy habits that I would like to quit.

If you checked "yes" for several statements, you should consider starting a self-care routine to cope with your stress and avoid burnout.

Tips for Making Positive Behavior Changes

Making positive lifestyle changes can be a challenge. Habits take time and effort to change. It helps to feel confident in your ability to change and see the importance and benefit to you and/or your loved ones. Here are three important tips for making positive changes in your life.

Be Honest with Yourself about your Capabilities and Goals

Set specific, realistic short-term and long-term goals. Focus on small changes and start slowly. You are more likely to succeed if you take one small step at a time. Setting unrealistic goals or too many changes at once often leads to feelings of frustration or defeat and may cause you to give up.

Get Help

Create a support system. Looking for and accepting help is one of the best tools you have in making a successful change. Find people who will encourage and support you in sticking with your goals. Talking with a person who has already been through what you are experiencing may be helpful. Don't assume others can read your mind and know what you need. Be specific and ask for what you want. If that person can't give it to you, find someone who can! Seek help from a licensed therapist or other professionals as needed.

Reward Yourself

Create your own reward system and give yourself encouragement along the way. Celebrate every success, no matter how small. Avoid rewards like food and buying things. Instead, treat yourself with a nap, your favorite music, or spending time on a favorite hobby. Be patient - don't expect immediate results. Feel good about the steps you are making and do your best to stay positive. If you slip and go back to old behaviors, don't give up. It can take months to form new habits. Give yourself grace and keep trying.

Setting Boundaries

Your time and energy are limited resources. One of the first actions you can do to reduce stress and prevent burnout is to recognize you have the right to meet your own needs and set realistic boundaries to what you can and can't do for others.

How to Set Boundaries

To set boundaries, you must first be realistic with yourself about what you can and can't do. Work on taking extra time to think about what you are being asked to do rather than automatically saying "yes." The following are some questions to help you sort through what you can and can't do.

- Are you clear about what you are being asked to do?
- Are you interested in what you are being asked to do?
- Do you realistically have the time to add this activity to your schedule without creating unnecessary stress?
- Are you looking for the approval from others by saying yes and not thinking about what is best for you?
- What is your "gut" reaction for what is best for you?
- What will happen if you say "no?"

If you are not sure how you feel about it and it is not an emergency, let the other person know you need some time to think it over. For example, "I need some time to think this over, I will get back with you later this afternoon."

Communicating your Boundaries

When you want to say "no":

- Use the word "no" when telling another person you can't or won't do something.
- Use "I" statements without making excuses. No excuses are necessary. You have a basic right to say "no."
- Explaining why you said "no" isn't necessary, but if you feel the need to explain, be brief. Long explanations are not needed and tend to sound like excuses.
- Make sure your body language matches what you are saying. Often people unknowingly nod their heads and smile when saying "no."
- Plan ahead. If you know someone is going to ask you, plan what you will say in advance.
- You may have to say "no" several times before the person hears you. Just repeat your "no" calmly.
- Offer alternatives if they exist and are within your boundaries. "I am unable to do what you have asked, but I can do..."

Practice, Practice, Practice

Saying "no" gets easier with practice. Start with small steps and with people or situations outside of your family and work. For example, say "no" to the telemarketer that calls or to the clerk at the grocery store who asks for your email address.

When you build up to saying "no" to family and friends, remember they may not be used to you setting boundaries. Be prepared for resistance or denials in your ability to stick to "no." This is a common human reaction to change. It doesn't mean that what you are doing is wrong or that you should feel guilty. Stick to your boundaries if it is in your own best interest.

Challenges to Setting Boundaries

Often, caregivers want to "do it all" and find it difficult to say "no" in many areas of their lives. However, not setting healthy barriers can lead to stress, burnout, frustration, and often anger and resentment. The following are tips for overcoming difficulties with setting barriers.

Challenge	Tip
It is hard for me to say "no."	Learning to say "no" takes practice. Start by saying "no" to little things to increase your confidence.
I feel guilty or selfish when I try to set boundaries.	If you take on more work than you can do, you will not be able to do your best. Be realistic about how much you can do.
It is not easy for me to tell others when I need time for myself.	Everyone needs some time to take care of themselves. You have the right and need to take care of yourself.
I am afraid others will be angry if I tell them I can't do something.	You cannot control and are not responsible for other people's feelings or reactions. If they scare you into taking on more work than you can do, it will not be good for either of you.
I set boundaries but then back down too easily.	Setting and keeping boundaries takes practice. If someone keep pressuring you, stay calm and repeat your "no."
People rarely take me seriously when I do try to set boundaries.	If you have never set firm boundaries before, people may not believe you can. Stick to your boundaries and people will learn you are serious.

Finding Positive Outlets for Your Emotions

It is normal for caregivers to feel a variety of strong emotions. It is important to deal with these feelings in a constructive manner.

Talking with Others

Talking can help you vent your emotions, clarify your feelings, feel connected to others, and ease pressure and emotional stress.

- **Talk to a trusted friend or loved one.** Talking with an understanding friend or loved one can make problems easier to face and deal with. You may need to explain your situation or your need for help. It may be helpful to let them know if you are only venting or if you need help to identify a solution. If you communicate your needs, friends and family can offer emotional support.
- **Talk with your supervisor or other caregivers.** Caregiver support groups can provide a safe place to share personal experiences and feelings with others who are in similar circumstances. Support groups can share coping strategies and help each other. To find a support group, search for "caregiver support groups near me" on the internet or talk to your supervisor.
- **Speak with a licensed counselor or therapist.** Set regular appointments with a professional to give you more tools for healthy ways to cope with stress. You don't have to wait until you have a problem to see a professional. Professionals can give you tools to increase your resilience for when stressful events happen in the future.
- **Keep a journal.** Write down your thoughts and feelings. Journaling can help provide perspective and can serve as an important release for your emotions.

Remember to keep client and resident information confidential when talking through your feelings with trusted friends or a support group.

Activities that Replenish Your Mind, Body, and Spirit

The following are some good ways to relax, de-stress, and refuel your mind, body, and spirit.

- Walking
- Spending time outdoors
- Taking a nap
- Gardening
- Reading or listening to a book
- Spending time with friends
- Listening to music
- Meditation
- Doing yoga
- Visualizing a comforting scene
- Laughter
- Journaling

Find what works for you. Staying socially connected and involved with activities and people that bring you pleasure is essential for good self-care. Establish a routine and schedule times for activities each week.

Relaxation Techniques

Relaxation techniques are physical practices that you can use to make a difference in the way you feel.

Deep Breathing

One easy and helpful exercise is deep breathing. When stressed, our breathing becomes shallow and rapid. Deep breathing involves learning to control your breathing rate while also learning to breath from your diaphragm.

There are many benefits to deep breathing. Deep breathing:

- lowers blood pressure;
- relaxes the muscles;
- slows your heart and respiration rate;
- prevents stress from building up;
- reduces general anxiety; and
- increases your energy level.

Follow these steps to practice deep breathing.

1. Sit or lie down, whatever is most comfortable and appropriate at the moment. Close your eyes.
2. Place one hand below your ribs. Place the other hand on your chest.
3. Inhale slowly and deeply through your nose, starting from your diaphragm. Feel your belly push up into your hand.
4. Hold your breath for a second or two*, then slowly breath out through your mouth. Feel your belly go in with the breath.
5. As you inhale, imagine the air you're breathing is spreading relaxation through your body.
6. As you exhale, imagine your breath is pushing away stress and tension.
7. Repeat until you feel relaxed and less stressed.

*If you have high blood pressure, glaucoma, heart, or cerebral problems, avoid holding your breath.

Try to practice deep breathing every day. You can use it to calm yourself anytime in any place.

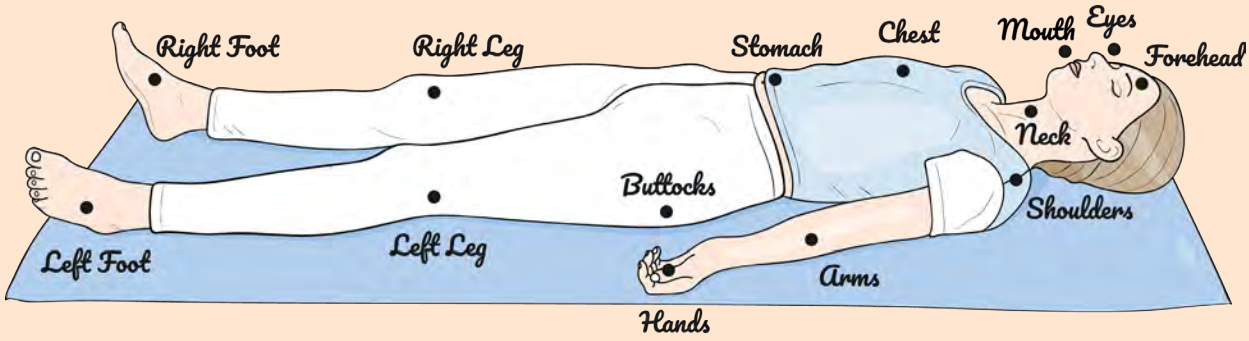
If you need help, many free apps and online videos are available to help guide you.

Progressive Muscle Relaxation (PMR)

PMR is another simple relaxation and stress reduction technique. PMR teaches you to relax your muscles. Through practice, you can use PMR at the first signs of tension, anxiety, or stress to relax.

If you have a history of serious injuries, muscle spasms, or back problems, check with your health care provider before practicing PMR.

1. Sit in a chair or lay in bed. Get as comfortable as possible—no tight clothes, no shoes, and don't cross your legs. Take a deep breath.
2. Focus on a specific muscle group (feet, hands, face, etc.).
3. A standard practice is to move from each foot and leg up through the abdomen, chest, each hand, arm, neck, shoulders, and face.
4. Inhale and tense or squeeze as hard as is comfortable the selected muscle for eight seconds.
5. Done properly, the tension will cause the muscles to start to shake and you will feel mild discomfort. If you feel pain - stop or don't squeeze as hard. Be careful with the muscles in your feet and your back.
6. Exhale and release the muscles quickly - letting them become loose and limp. Let all the tightness and pain flow out of the muscles. Stay relaxed for fifteen seconds and then move to the next muscle.



Getting Enough Sleep

Getting enough sleep is an essential part of maintaining good health. A lack of sleep can cause serious short-term and long-term problems, including the following.

- Lack of alertness
- Excessive daytime sleepiness
- Memory problems
- Moodiness
- Loss of motivation
- Greater likelihood of accidents
- High blood pressure
- Diabetes
- Heart attack
- Stroke
- Weight gain

Most people need about seven to eight hours of sleep each day. However, many people find it hard to get enough sleep. See Tips for Getting a Good Night's Sleep in the Resource Directory on page 351 for more information.

Healthy Choices for Physical Activity

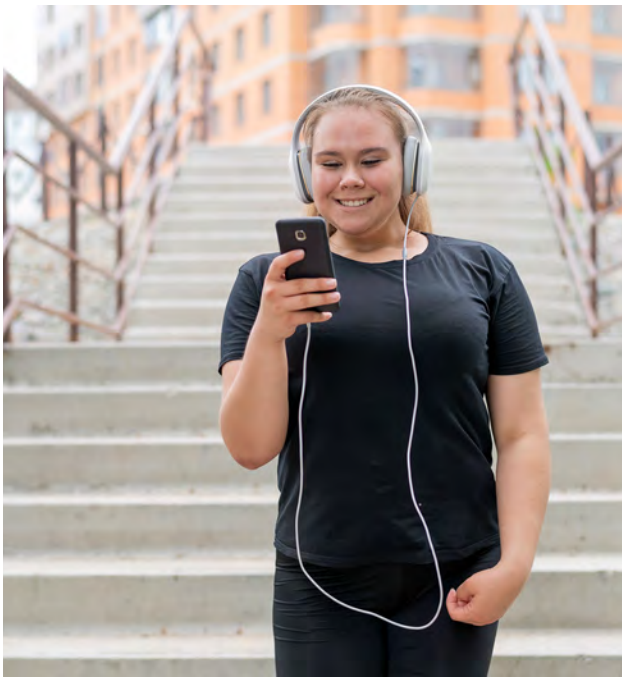
In addition to reducing stress and anxiety, staying physically active can also help you:

- sleep better;
- reduce blood pressure;
- increase brain and heart health;
- lower the risk of some cancers;
- maintain a healthy weight;
- improve bone strength; and
- reduce the risk of falls.

How Much Exercise is Enough?

Being physically active does not have to mean playing sports or exercising at a gym. For adults 18-64 years of age, the CDC recommends a minimum of:

- 150 minutes a week of moderate intensity activity such as brisk walking and
- 2 days a week of activities that strengthen muscles.



Tips for Starting or Maintaining Physical Activity

Staying active works best when you:

- Choose activities you enjoy. Consider a wide range of choices. Alternate activities for variety.
- Get a family member or friend to do the activity with you.
- Set specific short-term goals that you can achieve, such as walking thirty minutes a day three days this week.
- Remember that something is better than nothing. Aim for shorter, more frequent sessions rather than the occasional prolonged session.
- Make use of everyday routines. Take the stairs instead of the elevator, use a rake rather than a leaf blower, walk or bike to the corner store instead of driving, or do stretching exercises while watching TV.

General Exercise Guidelines

- Warm up and then stretch before you exercise. Always ease into an activity for the first five minutes and slow down the pace for the last five minutes instead of stopping suddenly. See Stretching Exercises in the Resource Directory on page 353 for some examples of stretching exercises..
- Start with as little as ten minutes of exercise a day and increase gradually to at least thirty minutes most days.
- Exercise at a comfortable pace. To check your pace, use the "talk test." You should be able to speak a few words in a row, but you should not be able to sing.
- Wear shoes that fit and clothes that move with you.
- Drink plenty of fluids, especially water.

Always check with your doctor before starting any exercise program.

See Encouraging a Client to be Physically Active in the Resource Directory on page 355 for some information and tips on supporting a client's physical activity.

Making Healthy Choices for Nutrition

Focus on eating more fruits, vegetables, and whole grains. Eat less sugar, salt, and unhealthy fats.

SSee Module 9, Lesson 1: Nutrition on page 174 for more information on making healthy choices in what you eat.

Tips for Starting or Maintaining a Healthy Diet

- Change what you eat one meal at a time.
- Plan your meals and snacks and then buy the foods you need for the week.
- Eat breakfast. Eating on a regular schedule helps to control your appetite.
- Drink plenty of water.
- Choose smaller portions.
- Eat at restaurants rarely and avoid fast foods.
- Take meals and healthy snacks to work.
- Remove temptations from the house.
- When you eat, focus on the food and enjoy it. Eat slowly, limit distractions, and enjoy meals with others.
- Avoid eating for emotional reasons, such as stress, boredom, or negative feelings.

Value Your Role as a Caregiver

Your self-care and well-being are essential to your role as a caregiver. Be proud of what you are doing and accomplishing. The demands and challenges of caregiving may be overlooked by others, so it is important that you take pride in your own work. You are doing an essential and very difficult job. You deserve recognition for what you do. If the recognition is not available from those around you, find ways to acknowledge and reward yourself.

Summary

Many aspects of your life and job can cause you stress. Too much stress is unhealthy and can lead to burnout. Learning to cope with the stress in your life is an important part of your ability to continue providing care. Setting realistic goals, maintaining healthy boundaries, and practicing good self-care techniques can help you cope with your stress and avoid burnout.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are three common causes of stress?

2. What is "compassion fatigue?"

3. Stress can have physical, emotional, and behavioral effects. List one effect from each category.

4. Why is it important to practice effective self-care?

5. How much sleep and exercise do most adults need?

Make a Personal Self-Care Plan

Making achievable, short-term goals is important for effective self-care. Think about the next week and plan at least four specific self-care goals you can achieve. Try to pick a mix of physical, emotional, and mental activities.

My Personal Self-care Plan:

I, _____ (insert name), will do my best to achieve the following self-care goals this week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When I achieve one specific self-care goal, I will celebrate my success by:

When I achieve four specific self-care goals, I will celebrate my success by:

Lesson 2 Surviving Loss and Grief

Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Identify common losses a client and long-term care worker may experience;
2. Recognize common symptoms associated with grief and loss;
3. Recall why self-care is important during the grieving process; and
4. Use strategies and resources to support themselves and the client in the grieving process.

Key Terms

Anticipatory Grief: grief that occurs before death or other loss.

Grief: an emotional and physical reaction to a great loss such as the death of someone close.

Hospice: care for people who are terminally ill that focuses comfort and quality of life by reducing pain and suffering.

Overview

Grief is a natural reaction to loss. It can have strong emotional and physical symptoms. Everyone goes through the grieving process in their own way. Feeling and expressing one's feelings is necessary to move through the stages of grief.

Both clients and caregivers may experience grief and loss. Home Care Aides can support clients who are experiencing grief by being present and listening. They should also practice good self-care to manage their own grief.

Grief

Grief is an emotional and physical reaction to loss. It can cause pain and difficult emotions. The feelings can be overwhelming and make life hard for the person experiencing grief. It is important for caregivers to be sensitive to a client who may be experiencing loss and grief.

The loss of a loved one is just one possible cause of grief. Clients may also experience grief over other losses, such as the following.

- Home and personal possessions
- Physical abilities
- Relationships and social activities
- Income or financial security
- Feeling of purpose and meaning
- Privacy
- Control
- Hopes for the future
- Self esteem
- Independence

Grief as a Caregiver

It is also important for you to be aware of the losses you personally may experience as a caregiver. Family caregivers, as well as non-related caregivers, can also experience anticipatory grief seeing a person's condition worsen or when expecting the person's death. A client's grief can also trigger strong emotional reactions in you.

Reflect on a time or times in your life that you have experienced or anticipated a loss. How did you support yourself in these times of grief?

Symptoms of Grief

How strongly we react to loss depends on many factors, and each person experiences grief in their own way. There is no right or wrong way to feel after a loss, and the reactions may be unexpected. Grief can have emotional, physical, mental, and social effects.

Emotional

- Shock and disbelief
- Sadness
- Guilt
- Anger
- Fear

Mental

- Forgetfulness
- Inability to concentrate
- Distraction or preoccupation
- Confusion
- Loss of the perception of time
- Difficulty making decisions

Physical

- Fatigue
- Nausea
- Lowered immunity
- Weight loss or weight gain
- Aches and pains
- Insomnia

Social

- Withdrawing from others
- Increased dependence
- Over-sensitivity
- Lack of interest
- Relationship difficulties
- Lower self-esteem

Spiritual

- Feeling cut off or angry at a higher source or questioning faith

When you reflected on your grief experience, did you experience any of these symptoms? Reflect on ways that you could support yourself and others experiencing these symptoms.

The Process of Grieving

Grieving is a process that can take weeks, months, or even years. The grieving process does not follow a fixed order. The process may come in waves. Emotions and reactions may appear, fade, or reappear again later. The waves may start out large and overwhelming and may get softer and more spread out over time.

A key for moving through the grieving process is to acknowledge, feel, and express all the emotions and reactions brought on by grief-related changes.

If you are experiencing grief, be a good listener to yourself. Let yourself feel your emotions. There is no right or wrong way to feel. There is no set timeline. Try to understand what your feelings are telling you. Be patient. Everyone grieves in their own way and time.

Grief Rituals

It is important to find ways to stay healthy and keep functioning as you move through the grief process. Practice self-care as you would in any other stressful life situation.

The use of a meaningful ritual or practice is another way to cope with loss. Some rituals people have used include the following.

- Creating a memory book or quilt
- Planting a special flower, tree, bush
- Attending the funeral, wake, or memorial service
- Writing a letter to the person who has died
- Donating to a favorite charity
- Having a celebration of the person's life
- Lighting candles
- Making an oversized card for the family with staff writing about special times

Support for Grief and Loss

Face-to-face support from other people can help you through the grieving process. Seek support from friends and family. Share how you are feeling and the difficulties you are going through, even if it is awkward or difficult. Expressing your feelings is necessary for moving through the grieving process.

In addition to friends and family, you might draw comfort from your faith or religious tradition, join a grief support group, or talk to a therapist or grief counselor. To find a support group in your area, contact local hospitals, hospices, funeral homes, and counseling centers.

When to Seek Professional Help

The sadness of loss never goes away completely, but it should not take over your life forever. If the symptoms of grief are so severe and prolonged that you cannot resume your life, or if thinking about the loss disrupts your daily routine and other relationships, you should talk with a mental health professional.

Supporting Others Who are Grieving or Facing Death

It is common for caregivers to be surrounded by others grieving from a variety of losses or to care for a client approaching death. It can be difficult to know what to say or not to say in these situations.

There are no easy or right ways to talk about grief or death, and many people avoid it. There is no better gift you can give another human being than to be open and present with them during this time. A client wishing to talk about death or other painful losses may need to:

- be reassured they are not alone;
- know that someone cares enough to listen;
- discuss important memories or learnings from their life;
- have help coping with fears and intense emotions; and
- find ways to say good-bye to you and others.

Be Available

Give the person time to talk. Don't take over. Let the person know that you are available to listen and willing to talk. Since knowing what to say isn't always easy, here are a few suggestions:

- "If you want to talk about this, I am here for you."
- "I can't really fully understand what you are feeling, but I can offer my support."
- "You are important to me."
- "I wish I knew the right thing to say, but I care, and I am here if you need me."
- "How can I support you?"

What other thoughts or phrases might show the person that you want to help them by listening?

Feel and Express your Own Feelings

Be yourself. Many people try to hide their own feelings because they don't want to upset the person who is facing significant loss or death. Most of the time it is helpful and appropriate to let the other person know you are sad and concerned for them.

Remember Everyone is Different

People express their thoughts and emotions in a variety of ways. Avoid making and communicating judgments about how a person should be feeling.

In some cultures, it is not acceptable to talk about dying or show grief. Do your best to be aware of any cultural differences a person may have that impact their relationship with loss and death.

Sometimes saying nothing is the right thing to do. Just listening can be the best thing to help a client work through their feelings.

Hospice Care

Some clients who are believed to have no more than six months to live may choose and be eligible for hospice care. Hospice care is designed to relieve or decrease pain and control other symptoms. The focus is no longer on curing disease. The goal of hospice care is to help make sure the person's last days are spent comfortably, with dignity and quality, surrounded by the people they love.

Hospice care can be given in the client's home, a hospital, adult family home, assisted living facility, nursing home, or a private hospice facility.

If hospice becomes involved in a client's care, the hospice nurse will work with the care team to develop a hospice care plan. If the client will receive hospice, the case manager or your supervisor needs to be involved to make sure the service plan is updated.

Depending on where you work or your relationship with the client, how involved you are with the hospice care plan will vary. You are still an important part of the client's care.

Summary

Everyone experiences grief and loss sometime in their lives. Caregivers may experience grief from both their own losses and those of the people they care for. Managing the emotions and physical symptoms of grief is an important part of the caregiver's self-care. Caregivers can also help clients to work through their grieving process by being available and listening.

Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are some common losses a client may experience? List at least three.

2. Grief can have emotional, physical, mental, social, and spiritual effects. List one of each.

3. Why is it important for a caregiver to practice self-care during the grieving process?

4. What should you do to move through the grieving process?

5. Where can you look for a support group for grief and loss?

Module Review

For each question, choose the best anwer.

1. The process of grieving normally follows a fixed, orderly course.
   ❑ True ❑ False

2. Caregiver burnout is usually caused by too much stress for too long without self-care to refuel the body/mind/spirit.
   ❑ True ❑ False

3. To effectively communicate "no" when setting boundaries with others:
   a. Give a long explanation for why you can't do something.
   b. Use the word "no" and repeat it if necessary.
   c. Offer a good excuse for why you can't do it.

4. A high amount of stress strengthens your immune system.
   ❑ True ❑ False

5. Friends and family are telling you stress is becoming a problem in your life. When should you take steps to reduce it?
   a. As soon as possible.
   b. In a few months.
   c. No action is necessary.

6. Good self-care includes taking really good care of everyone but yourself.
   ❑ True ❑ False

7. Grief only impacts a person's emotions.
   ❑ True ❑ False

8. This afternoon a client has just learned of the death of a close friend. You should:
   a. Tell them all about your own experiences with loss.
   b. Let the person know you care and are available to listen.
   c. Avoid any conversation about it for a few days.

9. To successfully make a change in your lifestyle, (e.g. eating better, getting more exercise) set realistic goals and start slowly.
   ❑ True ❑ False

10. To set healthy boundaries with others, you first have to be realistic about what?
    a. Whether the person will accept it.
    b. What you have the ability to do.
    c. What is best for the other person.

1. False, 2. True, 3. B, 4. False, 5. A, 6. False, 7. False, 8. B, 9. True, 10. B

Notes

Appendices

Resource Directory

Common Diseases and Conditions

Glossary

Skills Checklists

Home Care Aide Roles in Different Care Settings

In-Home (IP or through Agency)	Adult Family Home	Enhanced Services Facility	Assisted Living Facility
• Work in someone's private home or apartment • Need to be independent and able to handle any situation that comes up • Must have access to the DSHS care plan – must work out details of tasks directly with client (IP only) • May not have formal client "charts" – but some form of log or journal is helpful and recommended • May be doing a lot of different tasks and need to be flexible and adaptable as the client's situation requires • Are required to keep time sheets and do other paperwork related to hours worked • May not have a lot of back-up if you are ill or not able to come to work • May be asked to do self-directed care tasks (IP only) • May be asked to do nurse delegated care tasks	• Reports to a supervisor (provider/resident manager) • May do a lot of different tasks such as cooking, cleaning, as well as personal care • May be asked to do nurse delegated tasks • Must have access to the negotiated care plan • May not have a lot of back-up if you are ill or not able to come to work • Must follow AFH procedures and understand and support client preferences • Will do some level of documentation as per procedures of the adult family home	• Reports to a supervisor or ESF Administrator • May do a lot of different tasks such as cooking, cleaning, going on outings, as well as personal care • May not do nurse delegated tasks • Must have access to the negotiated care plan • Must always meet staff-to-resident ratio, even when staff aren't able to come to work • Must follow ESF procedures and understand and support client preferences • Will do some level of documentation as per procedures of the facility	• Reports to a supervisor • Takes care of more than one client. • Caregiver job may focus on personal care with other departments in the facility, responsible for other aspects of care like activities, housekeeping, laundry, meal preparation • May be asked to do nurse delegated tasks • Must have access to the negotiated service agreement (care plan) • May not have a lot of back- up if you are ill or not able to come to work • Must follow ALF procedures and understand and support client preferences • Will do some level of documentation as per procedures of the facility

Recipe for Healthy Aging

People who remain healthy, happy, and independent as they age share certain characteristics. These people:

- are physically active;
- eat a diet high in fruits, vegetables, and whole grains, and low in saturated fats;
- are socially active with friends and family;
- don't smoke;
- maintain a recommended weight level;
- keep their blood pressure and cholesterol within normal range;
- take medications properly;
- get enough calcium;
- drink alcohol only in moderation (if at all);
- see a health care provider regularly, find out about screening tests (e.g. screening for breast, cervical, and colorectal cancers, diabetes, and depression), and get the immunizations they might need;
- take care of their teeth and visit a dentist regularly;
- learn new things and stay active in the community;
- laugh; and
- find and use ways to effectively cope with stressful events.

Friendships have been found to have as positive an effect on healthy aging as keeping physically fit. Friendships help to:

- extend the length of our lives;
- have a positive impact on our immune systems; and
- help to protect our minds from mental decline as we age.

Portable Orders for Life-Sustaining Treatment (POLST) (1 of 2)

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Washington POLST
Portable Orders for Life-Sustaining Treatment
A Participating Program of National POLST

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL		
DATE OF BIRTH / /	GENDER (optional)	PRONOUNS (optional)

This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.
IMPORTANT: *See page 2 for complete instructions.*

MEDICAL CONDITIONS / INDIVIDUAL GOALS:	AGENCY INFO / PHONE (if applicable)

A — Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing.

CHECK ONE

☐ **YES – Attempt Resuscitation / CPR** *(choose FULL TREATMENT in Section B)*
☐ **NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death**

When not in cardiopulmonary arrest, go to Section B.

B — Level of Medical Interventions: When the individual has a pulse and/or is breathing.

CHECK ONE

Any of these treatment levels may be paired with DNAR / Allow Natural Death above.

☐ **FULL TREATMENT – Primary goal is prolonging life by all medically effective means.** Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below.
Transfer to hospital if indicated. Includes intensive care.

☐ **SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.** Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. ***Do not intubate.*** May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below.
Transfer to hospital if indicated. Avoid intensive care if possible.

☐ **COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort.
Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional orders (e.g., blood products, dialysis): _____

C — Signatures:

A legal medical decision maker *(see page 2)* may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with: ☐ Individual ☐ Parent(s) of minor ☐ Guardian with health care authority ☐ Legal health care agent(s) by DPOA-HC ☐ Other medical decision maker by 7.70.065 RCW	X **SIGNATURE** – MD/DO/ARNP/PA-C **(mandatory)**	DATE **(mandatory)**
	PRINT – NAME OF MD/DO/ARNP/PA-C **(mandatory)**	PHONE

X **SIGNATURE(S)** – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) **(mandatory)**	RELATIONSHIP	DATE **(mandatory)**
PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) **(mandatory)**		PHONE

Individual has: ☐ Durable Power of Attorney for Health Care ☐ Health Care Directive (Living Will)
Encourage all advance care planning documents to accompany POLST.

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

WSMA Washington State Medical Association
Physician Driven, Patient Focused

Washington State Department of Health

All copies, digital images, faxes of signed POLST forms are valid.
See page 2 for preferences regarding medically assisted nutrition.
For more information on POLST, visit **www.wsma.org/POLST**.

REV 04/2021

Page 1

Portable Orders for Life-Sustaining Treatment (POLST) (2 of 2)

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL	DATE OF BIRTH / /

Additional Contact Information (if any)

LEGAL MEDICAL DECISION MAKER(S) (by DPOA-HC or 7.70.065 RCW)	RELATIONSHIP	PHONE
OTHER CONTACT PERSON	RELATIONSHIP	PHONE
HEALTH CARE PROFESSIONAL COMPLETING FORM	ROLE / CREDENTIALS	PHONE

Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition)

☐ **Check here if not discussed**

This section is NOT required. This section, whether completed or not, does not affect orders on page 1 of form.
Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults. The POLST does not replace an advance directive. When an individual is no longer able to make their own decisions, consult with the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

Food and liquids to be offered by mouth if feasible and consistent with the individual's known preferences.

☐ Preference is to avoid medically assisted nutrition.
☐ Preference is to discuss medically assisted nutrition options, as indicated.*
Discuss short- versus long-term medically assisted nutrition (long-term requires surgical placement of tube).

* Medically assisted nutrition is proven to have no effect on length of life in moderate- to late-stage dementia, and it is associated with complications. People may have documents or known wishes to not have oral feeding continued; the directions for oral feeding may be subject to these known wishes.

Discussed with: ____ Individual ____ Health Care Professional ____ Legal Medical Decision Maker

Directions for Health Care Professionals

NOTE: An individual with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

Any incomplete section of POLST implies full treatment for that section. This POLST is valid in all care settings. It is primarily intended for out of hospital care, but valid within health care facilities per specific policy. The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

Completing POLST

- Completing POLST is voluntary for the individual; it should be offered as appropriate but not required.
- Treatment choices documented on this form should be the result of shared decision making by an individual or their health care agent and health care professional based on the individual's preferences and medical condition.
- POLST must be signed by an MD/DO/ARNP/PA-C and the individual or their legal medical decision maker as determined by guardianship, DPOA-HC, or other relationship per 7.70.065 RCW, to be valid. Multiple decision maker signatures are allowed, but not required.
- Virtual, remote, and verbal orders and consents are acceptable in accordance with the policies of the health care facility. For examples, see FAQ at www.wsma.org/POLST.
- POLST may be used to indicate orders regarding medical care for children under the age of 18 with serious illness. Guardian(s)/parent(s) sign the form along with the health care professionals. See FAQ at www.wsma.org/POLST.

NOTE: This form is not adequate to designate someone as a health care agent. A separate DPOA-HC is required to designate a health care agent.

Honoring POLST

Everyone shall be treated with dignity and respect.

SECTIONS A AND B:

- No defibrillator should be used on an individual who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the individual should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). This may include medication by IV route for comfort.
- Treatment of dehydration is a measure which may prolong life. An individual who desires IV fluids should indicate "Selective" or "Full Treatment."

Reviewing POLST

This POLST should be reviewed whenever:

- The individual is transferred from one care setting or care level to another.
- There is a substantial change in the individual's health status.
- The individual's treatment preferences change.

To void this form, draw a line across the page and write "VOID" in large letters. Notify all care facilities, clinical settings, and anyone who has a copy of the current POLST. Any changes require a new POLST.

Review of this POLST form: Use this section to update and confirm order and preferences.

This meets the requirement of establishing code status and basic medical guidance for admission to nursing and other facilities.

REVIEW DATE	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			☐ No Change ☐ Form Voided ☐ New Form Completed

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

Copies, digital images, and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST, visit **www.wsma.org/POLST**.

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Page 2

DSHS CARE Plan (Assessment Details) (1 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Client Demographics

Client Information

Client Name: Hadalamb, Mari

Assessor Name: Lennox, Tari A (RomoTA)

Current Case Manager: Lennox, Tari A (RomoTA)

Office: Vancouver HCS/Vancouver/Clark

Assessment Date: 03/08/2022

Reason For Assessment

Mari moved from Illinois to move in with her daughter. She is requesting in-home care with her daughter as her contracted IP. Her friend and room-mate Dolly is willing to help out at night after she gets home from work.

Was client the primary source of information? Yes

Other sources of information:

Wolf, Nancy

My Goals and Plans

What's important to me:

To help my daughter.
Family
Spend more time with my friend.

Topics of Interest

Category: Recreational

Subcategory: Increase participation in activities

Related to: Interested in Bingo

General Strength(s) and Preference(s)

Strengths:

Client is motivated, Recognizes need to dial 911, Doesn't need assistance at night, Client is weight bearing, Able to exit in emergency, Client is cooperative with caregiver, Will ask for assistance, Able to dial 911, Client participates in tasks with cueing, Client participates in tasks with some assistance

DSHS CARE Plan (Assessment Details) (2 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Preferences:

Prefers to try tasks before assistance is offered, Prefers to Self-direct care, Client expresses preferences, Client prefers to take part in tasks, Client prefers to make own decisions

Safety

Mari reports that she fell 3 times in the Fall because of a new puppy. She was able to crawl to furniture to help herself up.
She was sad that she had to give him away to move here.

In-home evacuation plan: Client can evacuate independently

Collateral Contacts

Name: CASA Ministries
Relationship: Not related
Role:
Facility staff

Name: Hadalamb, Mari
Relationship: Self

Name: SW Hospice
Relationship: Not related
Role:
Home Health Provider

Name: Party, Dolly
Relationship: Friend
Role:
Durable Power of Atty/Healthcare, Durable Power of Atty/Financial
Phone:
(360)555-6454

Communication

DSHS CARE Plan (Assessment Details) (3 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Speech/Hearing

Client's ability to make themselves understood by those closest to them, using any means of communication:

Usually Understood

Client's level of understanding of others, using any means of communication:

Usually Understood

Modes of expression:

Speech

Hearing: Minimal difficulty in noisy setting

Equipment:

Type	Status	Supplier
Hearing aid left	Has, uses	
Hearing aid right	Has, uses	

Telephone Use

How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)

Caregiver Instructions:

Provide assistance at client's request

Vision

Ability to See: Impaired

Limitations:

None of these

DSHS CARE Plan (Assessment Details) (4 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Equipment:		
Type	**Status**	**Supplier**
Glasses	Has, uses	

Mental/Physical Health

Diagnosis

1. RESTLESS LEGS SYNDROME
2. Hypertension
3. Osteoporosis
4. HYPERLIPIDEMIA NEC/NOS

   High Cholesterol

5. VITAMIN D DEFICIENCY NOS

Health Indicators:

History of recurrent infections, Fatigue

Is client comatose? No

Medications

The list of medications was obtained from medical record/client/caregiver on the date of this assessment. Do not use this list as the basis for assistance with or administration of medications.

1. BONIVA TABLET
2. Calcium Tablet Chews
3. CARBIDOPA LEVODOPA TABLETS
4. LISINOPRIL

DSHS CARE Plan (Assessment Details) (5 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

5. MIRALAX POWDER FOR SOLUTION

6. NAPROXEN

7. SIMVASTATIN

8. VITAMIN D CAPSULES

What are the routes?

Oral

At most, how many times per day does the client take medications? 3

Medication Management

Self Administration: Assistance required

Frequency of need: Daily, Partially met, 1/4-1/2 of the time

Client Limitations:

Complex regimen, Cannot open containers, Poor coordination, Forgets to take medications, Unaware of dosages

Caregiver Instructions:

Document medication taken, Inform client of each medication given, Place medication in client's hand, Re-order medications, Report adverse reactions

Provider
Party, Dolly
WOLF NANCY L

Pain

DSHS CARE Plan (Assessment Details) (6 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Pain Site:	
Pain Site	**Score**
Joint pain	3

Frequency with which client complains or shows evidence of pain:

Pain less than daily

Pain Management: Treated, full control

Impact:

Fatigue

Medical Additional Details

Client states she was hospitalized early 2021 when she had a stroke. She then contracted COVID at the hospital.

Health Indicators

Height: 5 feet **Weight:** 125 pounds

Body Mass Index: 24.40972 Normal

Weight loss: 5% or more in last 30 days; or 10% in last 180 days: No

Weight gain: 5% or more in last 30 days; or 10% in last 180 days: No

In general, how would you rate your health?: Good

Date of last doctor visit: 01/2022

Doctor name: Riggs, Paul

Allergy

Any severe or life threatening allergies: No

DSHS CARE Plan (Assessment Details) (7 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Treatments/Programs/Therapies

Self Directed Care: Individuals who have a functional impairment may direct their Individual Provider to perform a health related task that they would normally be able to perform themselves if they did not have a functional impairment that prevents them from doing so.

Nurse Delegation: In private homes, Adult Family Homes, and in Assisted Living Facilities a Registered Nurse may delegate specific health related tasks to a qualified provider. The tasks are performed as instructed and supervised by the delegating nurse.

Type: Programs
Name: Wellness education

Providers:	
Provider	**Frequency**
Other	Monthly

Type: Rehab/Restorative Care
Name: Range of Motion (active)

Providers:	
Provider	**Frequency**
Client	QD (once daily)

Client needs to continue her ROM to continue her strength after her stroke.

General comments

Mari reports that she was a seamstress for over 30 years. She lived in Illinois and was married with 2 children. 1 has passed. She is happy to be spending time with her daughter.

Sleep

DSHS CARE Plan (Assessment Details) (8 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Is provider generally able to get 5 hours of sleep out of an 8 hour period?

Yes

Care planning for sleep:

Stays up late, Sleeps in, Naps, Wakens to toilet all/most nights

Is client satisfied with sleep quality? Yes

Mari likes her room cold and her electric blanket or extra blankets on the bed. The blinds must be pulled. She likes her door closed.

Memory

Is there evidence of short term memory loss? Short term memory is OK

Is there evidence of long term memory loss? Long term memory problem

Caregiver Instruction(s):

Give simple, one step directions, Simplify environment, Give gentle verbal reminders

Is individual oriented to person? Yes

Cognitive Performance

Decisions

How the client made decisions related to tasks of daily living in the last 7 days:

Difficulty in new situations - The client had an organized daily routine, made decisions related to ADLs in familiar situations, but experienced some difficulty in decision making when faced with new tasks or situations.

DSHS CARE Plan (Assessment Details) (9 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Behavior

Current Behaviors (occurred in the last 7 days):

Name: Non-health related repetitive anxious complaints/questions

Behavior description:

Ever since she had her stroke she believes that she is having another one when her leg is tired and/or giving out.

Frequency: Daily

Alterability: Easily altered

Personalized interventions:

Remind Mari that this is normal. Remind her to be off of her feet and put her feet up often. Offer tea.

Past Behaviors (did not occur in the last 7 days):

Name: Left home and gotten lost

Last occurred: 02/2018

Is there a current intervention? Addressed with current interventions

Personalized interventions:

Mari will need to be Supervised when outside and during shopping trips

Name: Hiding items

Last occurred: 10/2017

Is there a current intervention? No interventions in place

Depression

She misses "home"

ADL

The following are the clients functional limitations as they impact ADL functioning:

General weakness, Left sided weakness, Partial weight bearing, Unsteady gait

Independence and Improvement

DSHS CARE Plan (Assessment Details) (10 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Number of days per week the client usually went out of their residence:

Daily

Overall self-sufficiency has changed significantly as compared to status of 90 days ago: No Change

Potential for improved function in ADL's and/or IADL's:

Client : can be more independent

Do tasks need to be broken down into individual steps to be accomplished (task segmentation)? No

Does client adjust easily to change in routine? Yes

Universal Precautions

The formal and informal caregiver will use latex/plastic gloves when in contact with any secretions to prevent spread of infection. Thorough hand washing with soap will be done before and after gloving. Gloves will be put on and discarded at the end of each task. If the primary care provider orders these gloves they can be paid for through the medical coupon.

Walk in Room, Hallway, and Rest of Immediate Living Environment

Self Performance and Support Provided in the last 7 days:
Limited assistance, One person physical assist

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Caregiver Instructions:
Physically assist with uneven surfaces and stairs, Physically assist with walking, Make sure client wears shoes/slippers, Encourage to walk daily

Equipment:		
Type	**Status**	**Supplier**
Walker w/seat	Has, uses	

Provider:
Party, Dolly
WOLF NANCY L

The Dr prefers that she uses her walker in the house. Physically assist her by guiding her back to her walker and remind her.

DSHS CARE Plan (Assessment Details) (11 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Locomotion in Room and Immediate Living Environment

How the individual moves to and returns from areas outside of their immediate living environment

Self Performance and Support Provided in the last 7 days:
Limited assistance, One person physical assist

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Equipment:		
Type	**Status**	**Supplier**
Walker w/seat	Has, uses	

Provider:
Party, Dolly
WOLF NANCY L

Locomotion outside of Immediate Living Environment to Include Outdoors

How the individual moves to and returns from areas outside of their immediate living environment

Self Performance and Support Provided in the last 7 days:
Limited assistance, One person physical assist

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Caregiver Instructions:
Physically assist with mobility, Keep client within sight

Equipment:		
Type	**Status**	**Supplier**
Walker w/seat	Has, uses	

Provider:
Party, Dolly
WOLF NANCY L

She prefers to hold onto someone when walking outside, carts in the stores and use her walker if she has to.

Bed Mobility

DSHS CARE Plan (Assessment Details) (12 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

How individual moves to and from lying position, turns side to side, and positions body while in bed

Self Performance and Support Provided in the last 7 days:
Independent, No setup or physical help

Caregiver Instructions:
Provide assistance at client's request

Falls

How many times has client fallen within last 6 months? : 3

Consequence(s):

Injury

Transfers

How client moves between surfaces, to/from bed, chair, wheelchair, standing position, (exclude to/from bath/toilet)

Self Performance and Support Provided in the last 7 days:
Extensive assistance, One person physical assist

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Caregiver Instructions:
Physically assist completing transfers, Transfer slowly

Provider:
Party, Dolly
WOLF NANCY L

Eating

How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

Self Performance and Support Provided in the last 7 days:
Supervision, Setup help only

DSHS CARE Plan (Assessment Details) (13 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Caregiver Instructions:
Cue to complete eating tasks, Bring food to client, Cut food into small pieces

Equipment:		
Type	**Status**	**Supplier**
Partials	Has, uses	

Provider:
Party, Dolly
WOLF NANCY L

Toilet Use

How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes

Self Performance and Support Provided in the last 7 days:
Independent, Setup help only

Status and Assistance Available:
Partially met, 1/4-1/2 of the time

Caregiver Instructions:
Provide assistance at client's request, Empty/clean bedpan/urinal/commode, Put commode near bed at night

Equipment:		
Type	**Status**	**Supplier**
Commode	Has, uses	
Mattress cover	Has, uses	
Briefs/pads	Has, uses	
Raised toilet seat	Has, uses	

Provider:
Party, Dolly
WOLF NANCY L

Mari is adamant that she wants to be alone in the bathroom.

DSHS CARE Plan (Assessment Details) (14 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Continence Issues

Bladder control (last 14 days): Frequently incontinent

Bowel control (last 14 days): Usually continent

Bowel Pattern (last 14 days):

Regular

Appliances & Programs (last 14 days):

Any scheduled toileting plan, Pads/briefs

Individual management (last 14 days): Uses independently

Dressing

How individual puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis

Self Performance and Support Provided in the last 7 days:
Limited assistance, One person physical assist

Status and Assistance Available:
Partially met, Over 3/4 but not all of the time

Caregiver Instructions:
Physically assist with dressing tasks

Provider:
Party, Dolly
WOLF NANCY L

Her friend helps her dress in the morning and at night.

Personal Hygiene

How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum

Self Performance and Support Provided in the last 7 days:
Supervision, Setup help only

Status and Assistance Available:
Met

DSHS CARE Plan (Assessment Details) (15 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Caregiver Instructions:
Cue client to complete personal hygiene tasks, Provide assistance at client's request

Provider:
Party, Dolly

Bathing

How individual takes full-body shower, sponge bath, and transfer in/out of Tub/Shower

Self Performance and Support Provided in the last 7 days:
Physical help/transfer only, One person physical assist

Status and Assistance Available:
Unmet

Caregiver Instructions:
Standby while client bathes, Transfer in/out of tub/shower

Equipment:		
Type	**Status**	**Supplier**
Shower chair	Has, uses	
Grab bars	Has, uses	
Non-slip tub mat or surface	Has, uses	

Provider:
WOLF NANCY L

Foot Care

Foot Care Needs:	
Foot Care	**Status**
Orthotics	Received
Toenail trimming	Needs

Toenail Trimming

DSHS CARE Plan (Assessment Details) (16 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Diabetes, poor circulation to the feet, and/or blood thinning medication require trimming of nails and callouses to be self-directed or done by a family member or health care professional, unless trimming of nails is only done by filing.

Will any assistance be provided with toenail trimming? Yes

Who will assist with toenail trimming? Formal

Skin Care

Skin Care (Other than feet):	
Skin Care	**Status**
Application ointments/lotions	Need met

Pressure injuries:

Skin intact over all pressure points

Number of current pressure injuries: 0

Client had skin injury that was resolved or cured in the last year: No

IADL

Meal Preparation

How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils)

Client Needs:

Assistance, Partially met, 1/4-1/2 of the time

Caregiver Instructions:

Prepare breakfast, Prepare dinner, Prepare lunch, Ask for client's choices, Work out a menu with client

Provider:
Party, Dolly
WOLF NANCY L

Nutritional/Oral

Nutrional Problems:

DSHS CARE Plan (Assessment Details) (17 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Complains about taste of food, Leaves 1/4 or more on plate

Oral hygiene and dental problems:

None of these

Nutritional Approaches:	
Diet	**Adhere To**
Low sodium	No

Ordinary Housework

How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)

Client Needs:

Assistance, Partially met, 1/4-1/2 of the time

Caregiver Instructions:

Provide assistance at client's request, Clean kitchen after each meal, Vacuum/mop/sweep/dust regularly

Provider:
Party, Dolly
WOLF NANCY L

Essential Shopping

How shopping is performed for food and household items (e.g., selecting items, managing money). Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maintenance of the client

Client Needs:

Assistance, Met

DSHS CARE Plan (Assessment Details) (18 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Caregiver Instructions:
Assist to complete essential shopping task, Pick up medications

Provider:
Party, Dolly

Transportation

How client travels by vehicle for medical needs (e.g., gets to places beyond walking distance). Includes accompanying or transporting client to physician's office or clinic in the local area to obtain a diagnosis or treatment

Client Needs:
Assistance, Partially met, Less than 1/4 of the time

Caregiver Instructions:
Drive client to appointments, Accompany client to appointment

Provider:
Party, Dolly
WOLF NANCY L

Wood Supply

How client gets wood for heat (this must be only source of heat)

Is wood the only source of heat? No

Provider Information

Provider Information

The following schedule(s), if identified, are based on the consumer's preference at the time of the assessment.

DSHS CARE Plan (Assessment Details) (19 of 19)

Washington State Department of Social & Health Services
Transforming lives

Assessment Details

Current Significant Change

Client's Preferred Schedule:	
Day	**Time of Day**
Weekdays	Afternoon

Informal Providers:

Provider: Party, Dolly **Phone:** (360)555-6454
Assigned Tasks:
Dressing, Eating, Essential Shopping, Housework, Locomotion In Room, Locomotion Outside Room, Meal Preparation, Med. Mgmt., Personal Hygiene, Toilet Use, Transfers, Transportation, Walk In Room

Provider: Hadalamb, Mari
Assigned Tasks:
Application ointments/lotions, Range of Motion (active)

Formal Providers:

Provider: Smart Source of California LLC
Assigned Tasks:
Wellness education

Provider: WOLF NANCY L **Phone:** (360)555-8283
Assigned Tasks:
Bathing, Dressing, Eating, Housework, Locomotion In Room, Locomotion Outside Room, Meal Preparation, Med. Mgmt., Toenail trimming, Toilet Use, Transfers, Transportation, Walk In Room

Definitions

ADL Self-Performance Code Definitions

Based on the last 7 Days (after set up has occurred)...

Independent:

No help or oversight OR help/oversight only 1 or 2 times.

Supervision:

DSHS CARE Plan (Service Summary) (1 of 4)

Washington State Department of Social & Health Services
Transforming lives

Service Summary
Current Significant Change

Client Information

Client Name: Hadalamb, Mari

Address:
9859 NE 63rd Street, Vancouver, WA, 98662

Phone: (360)555-6684 **Ext:** **Type:** Home

Gender: Female **Age:** 91

Primary Spoken Language: English

Speaks English? Yes **Interpreter Required?** No

Contacts

Substitute Decision Makers:

Name: Party, Dolly
Type: Durable Power of Atty/Financial, Durable Power of Atty/Healthcare
Phone: (360)555-6454

Services

Client is functionally eligible for: CFC + COPES

Recommended Living Situation:

Client Chosen/Planned Living Situation:
In Home

Transportation Reimbursement:
You are eligible to receive up to 100 miles per month from your individual provider (IP) to meet your identified transportation needs. Mileage reimbursement is based upon use of the paid IP's personal vehicle and actual miles driven, not to exceed the 100 mile limit. The miles may be split between one or more qualified individual providers. Mileage reimbursement may be used for essential shopping and/or medical transportation not met by a Medicaid Brokered transportation resource.

Classification: B Med **Daily Rate:** N/A **Monthly Hours:** 45

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Client Name: Hadalamb, Mari
Client ACES ID: 012336548
Client ProviderOne ID: 100102057WA

Assessment Date: 03/08/2022
Date Completed: 03/16/2022
Date Printed: 03/16/2022 06:06 PM

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DSHS CARE Plan (Service Summary) (2 of 4)

Washington State Department of Social & Health Services
Transforming lives

Service Summary
Current Significant Change

Your IP cannot work more hours than their work week limit unless:

- DSHS has approved this ahead of time; or
- You had an unplanned health or safety need and your IP had to stay with you until help arrived. If this happens, your IP must report the emergency to your case manager the next business day or as soon as possible.

It is up to your IP to tell you if she or he is also working for another client because that may change the number of hours your IP can work for you.

You may use your CFC hours for any combination of personal care, relief care, and/or skills acquisition training.

Provider Information

The following schedule(s), if identified, are based on the consumer's preference at the time of the assessment.

Client's Preferred Schedule:

Day	Time of day
Weekdays	Afternoon

Informal Providers:

Provider: Party, Dolly **Phone:** (360)555-6454

Assigned Tasks:

Dressing, Eating, Essential Shopping, Housework, Locomotion In Room, Locomotion Outside Room, Meal Preparation, Med. Mgmt., Personal Hygiene, Toilet Use, Transfers, Transportation, Walk In Room

Provider: Hadalamb, Mari **Phone:**

Assigned Tasks:

Application ointments/lotions, Range of Motion (active)

Formal Providers:

Provider: Smart Source of California LLC **Phone:**

Assigned Tasks:

Wellness education

Provider: WOLF NANCY L **Phone:** (360)555-8283

Assigned Tasks:

Bathing, Dressing, Eating, Housework, Locomotion In Room, Locomotion Outside Room, Meal Preparation, Med. Mgmt., Toenail trimming, Toilet Use, Transfers, Transportation, Walk In Room

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DSHS CARE Plan (Service Summary) (3 of 4)

Washington State Department of Social & Health Services
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Service Summary
Current Significant Change

Referrals/Indicators

Nursing Service Indicators

Indicator: Immobility issues affecting plan **Refer ?** No

Reasons not Referred:

Need being met by caregiver, Prevention plan in place

My Goals and Plans

What's important to me:

To help my daughter.
Family
Spend more time with my friend.

Topics of Interest

Category: Recreational

Subcategory: Increase participation in activities

Related to: Interested in Bingo

Necessary Supplemental Accommodation

The client will need her friend who is the POA to help her with her paperwork.

Worker Information

Assessor: Lennox, Tari (RomoTA)

Current Case Manager Name: Lennox, Tari A RomoTA

Phone: (360)555-9503 **Ext:**

The role of the Case Manager is to:

1. Determine program eligibility, complete assessments identifying your preferences, strengths and needs and reassess annually or as needs change;
2. Assist you to develop a plan of care that documents your choice of services and qualified providers;
3. Authorize payment for services identified in your plan of care;
4. Monitor that services are provided according to your plan of care.

Clients have the right to waive case management services other than those listed in items 1, 2, 3, and 4 above.

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Client Name: Hadalamb, Mari
Client ACES ID: 012336548
Client ProviderOne ID: 100102057WA

Assessment Date: 03/08/2022
Date Completed: 03/16/2022
Date Printed: 03/16/2022 06:06 PM

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DSHS CARE Plan (Service Summary) (4 of 4)

Washington State Department of Social & Health Services
Transforming lives

Service Summary
Current Significant Change

Client Signature

I am aware of all alternatives available to me and I understand that access to 24-hour care is available only in residential settings, including community residential settings. I agree with the above services outlined on this summary.

- I understand that participation in all ALTSA/LTC paid services is voluntary and I have a right to decline or terminate services at any time.
- I understand that I must notify my case manager if I have a change in my living situation.

By signing this plan, I agree that I have been included in creating it and I agree to receive the services listed in it. I understand that agreeing to receive the services in this plan does not waive any hearing rights I have.

_____

Client/Representative Signature **Date**

Social Service Specialist/Case Manager Signature

_____

Social Service Specialist/Case Manager Signature **Date**

Signature of Provider responsible for implementing the Plan of Care

_____

Provider Signature **Provider Printed Name** **Date**

0123365488000000

Negotiated Service Agreement (1 of 6)

NEGOTIATED SERVICE AGREEMENT

Client's name: Jonathan ("John") Packard Date of birth: December 24, 1942

Medical History:	Current Medical Status:
John has high blood pressure, dementia, and had a stroke.	**John is stable. He needs reminders for meals and help with everyday tasks.**

	What client prefers to do independently	**What provider/support person does/When**
Dressing Indep Assist Depend ☐ **X** ☐ Day time wishes: **Dressed by 8 AM.** Nighttime wishes: **In pajamas by 8 PM.**	John can choose his clothes. He likes to wear suspenders with his pants. He likes his clothes to match, and they must be ironed and hung up.	Put on his socks and shoes, and button is shirts. Ensure his shirt is tucked in, and tell him he looks "sharp" before he leaves his room. If his clothes get dirty during the day, assist him to change into clean ones.
Personal Hygiene Indep Assist Depend ☐ **X** ☐ How often? **Twice a day** When? **Before breakfast and bed** Time required: **10 – 15 minutes** Preferences: **Do not rush him; he can easily get frustrated.**	John likes to wash his face and hands before breakfast and bed. He brushes his teeth at that time too. He needs reminders to comb his hair.	After John gets dressed in the morning, wet a warm washcloth and encourage him to wash his hands and face. Put the toothpaste on his toothbrush and encourage him to brush his teeth. Put his brush in his right hand and tell him to comb his hair.

Client Name: Jonathan "John" Packard

Negotiated Service Agreement (2 of 6)

Negotiated Service Agreement

	What client prefers to do independently	What provider/support person does/When
Bathing Indep Assist Depend ☐ **X** ☐ How often? **Mondays and Thursdays** When? **Before bed** Time/equipment needed: **30 minutes; bath bench** Preferences: **Likes ivory soap**	John likes to wash his own hair and the body parts he can reach. He can adjust the temperature of the water himself.	John will sometimes tell you he doesn't want to shower. Offer him options – 7 PM or 7:30, for example. Help him in and out of the shower. Wash areas he cannot reach. Help him rinse off, especially his hair. Tidy up after the shower and ensure the floor is dry.
Eating Indep Assist Depend **X** ☐ ☐ Special diet? **Regular diet** Eating habits: **Three meals a day** Food allergies: **Shellfish** Equipment needed: **None** Wishes: **Coffee at every meal**	John gets to breakfast each morning by 8:15. He drinks coffee "with the boys." He prefers scrambled eggs. He likes "meat and potatoes" and will ask for an alternate if he does not like what is on the menu.	If John does not show up for a meal, please go to his apartment and check on him. If he starts needing reminders for meals, please notify the nurse.
Toileting Indep Assist Depend ☐ **X** ☐ Urinary problems? **Incontinence** BM problems? **Occasional constipation** Needed equipment: **Briefs, size medium** Wishes: **Honor his dignity**	John has urinary incontinence. He knows when he needs to use the restroom, and can get there on his own. He sits down when he uses the bathroom. He is able to wipe himself.	John needs help changing his briefs before breakfast, lunch, dinner, and at bedtime. Provide perineal care during this time. Report any redness or skin breakdown to the nurse. Order his briefs from Capital Products (1-800-555-1212) on the first of every month; store them in his closet. Report constipation to the nurse.

Client Name: Jonathan "John" Packard

Negotiated Service Agreement (3 of 6)

Negotiated Service Agreement

	What client prefers to do independently	What provider/support person does/When
Mobility/Transfers Indep Assist Depend **X** ☐ ☐ Adaptive equipment? **Transfer pole** Extra transporting support? **No.** Preferences:	John has a transfer pole near his bed and in the bathroom near his toilet. He uses this to stand up and sit down. He is proud and does not like hands-on assistance. He walks independently without any assistance.	Report any changes in his transfer status and mobility/walking ability (unsteadiness on his feet, falls) to the nurse.
Positioning Indep Assist Depend **X** ☐ ☐ Equipment/supplies? **None** Preferences: **Sleeps on his back mostly**	John can position himself in bed on his own.	
Communication/Visual Visual problems: **X** yes ☐ no Hearing problems: **X** yes ☐ no Able to express self: **X** yes ☐ no Comments:	John wears glasses. He stores them in his bedside table at night. John wears hearing aids. He can adjust the loudness on his own.	Please clean John's glasses each morning and whenever they appear dirty. Please put his hearing aids in each morning and plug them in to charge each night (charger in the bathroom). Change batteries as needed.
Medication Indep Assist Administer ☐ **X** ☐ Schedule: **AM, noon, and bedtime** Allergies: **Keflex, Digoxin** Preferences: **Takes medications only in his room.**	John knows he takes medications, and can tell you which one is which. He can put them in his own mouth.	Order, store, and deliver medications. Watch John take his medications. If he refuses a medication, notify the nurse.

Client Name: Jonathan "John" Packard

Negotiated Service Agreement (4 of 6)

Negotiated Service Agreement

Pleasurable Activities Indep Individual Group X X X Preferences: **John likes to participate in activities with the other men in the home.**	**What client prefers to do independently** John watches westerns in his room most afternoons. He likes to "tinker" with small engines, and water the plants in the garden. He enjoys trivia groups and outings "with the guys."	**What provider/support person does/When** Invite John to activities. If he looks bored, offer to take him to the "shop" to work on an engine or wood project.
Nursing Services Yes No ☐ X	DESCRIBE NURSING SERVICES PROVIDED: None.	DESCRIBE NURSE DELEGATED TASKS: None.
Behavioral Issues Yes No X ☐ Describe: **John easily gets frustrated when he cannot complete tasks on his own.**	John likes to make his own decisions and do things at his own pace. When he feels rushed, he will yell and often refuse care.	Offer choices. Take your time. Encourage John to do as much as he can on his own. Thank him for his efforts. Speak slowly, calmly, and smile.
Leaving the Home Can client leave home independently? Yes No ☐ X If no, describe methods to maintain safety: **John's son will come take him on outings weekly. Elopement protocol.**	John likes to spend time in the courtyard, sitting on the bench or watering the plants. This is a safe place where he cannot get lost.	Whenever John goes on an outing, he needs a caregiver with him. Do not leave him alone in a store or other location. If he goes missing, follow the elopement protocol.

Health issues to monitor: **Check blood pressure every Friday and report results to the nurse.**

Client Name: Jonathan "John" Packard

Negotiated Service Agreement (5 of 6)

Negotiated Service Agreement

Volunteer services provided/when: **None.**

Contractors utilized/services/when: **John's chaplain comes in once a week, often Saturdays, to visit. They usually visit in his room.**

Physical enablers: **Transfer pole (see assessment for safety).**

NOTES: John's condition has remained relatively unchanged since his last service agreement update. He asks more about where his room is, and will occasionally get lost on his way to the dining room; this is not a daily event, however. We will continue monitoring and adjust the service agreement should this become routine. His doctor changed his blood pressure medication since our last update; this seems to have better maintained his blood pressure readings.

Client Name: Jonathan "John" Packard

Negotiated Service Agreement (6 of 6)

Negotiated Service Agreement

SIGNATURE PAGE – NEGOTIATED SERVICE AGREEMENT

Date of original plan: February 29, 2020

Signatures:

Provider: Sandra Nurse, RN	Date: 2.29.2020	Review Date: 2.28.2021	Review Date:
Client: John Packard	Date: 2.29.2020	Review Date: 2.28.2021	Review Date:
Client Representative: John Packard Jr.	Date: 3.1.2020	Review Date: 2.28.2021	Review Date:
Client Representative: N/A	Date:	Review Date:	Review Date:
Case Manager (if applicable): N/A	Date:	Review Date:	Review Date:
Other Participant: N/A	Date:	Review Date:	Review Date:

INFORMATION WITHIN THIS DOCUMENT IS CONSISTENT WITH REQUIREMENTS IN WAC 388-78A

Client Name: Jonathan "John" Packard

Communication Tools

When verbal communication is difficult or impossible, these tools can help the caregiver and client communicate more effectively. These will take practice at first, and they may not work for everyone. However, anything that can support good communication is worth trying.

The Communication Chart

The Communication Chart is a person-centered resource that can help you communicate with a client you care for. It can give them a voice in their own care and help them control how they are supported. It also helps you get to know them and learn how to support them, even in challenging times.

The Communication Chart tells us what a person may be communicating with their behavior. It also tells others how they can respond to that behavior. Finally, it documents a person's communication patterns and needs, which may be useful to other individuals who provide support.

Making a Communication Chart

A communication chart is a table of four columns and any number of rows:

I do this…	In this situation…	It often means…	And I need you to…
shake my head	*taking a bath*	*I want to get out.*	*help me get out*
shake my head	*mealtime*	*I don't want to eat that.*	*give me something else*

Complete the chart by following these four steps:

1. Start with the first column. Describe the behavior or action the caregiver will see, feel, or hear.
2. Next, complete the second column. Behaviors can have different meanings in different situations.
3. In the third column, describe what you think the action usually means. Remember that people do not always behave the same way every time.
4. In the fourth column, explain how caregivers or others should respond to the behavior. Also explain what they should not do or say in response.

The communication chart can help you and others understand what a client is trying to say or what they need. However, it is just one tool, and you should not rely on it completely. It is usually a good idea to confirm what the person needs before you react. Always refer to the client's service plan. If you do create a communication chart with your client, share it with your supervisor. They can add it to the client's service plan.

Picture Cards

Picture cards can be very useful for people living with conditions that affect communication. The client and caregiver can use picture cards to communicate about activities, choices, needs, feelings, and more. They can express simple one-word answers or complete sentences and ideas.

For example, instead of asking "What do you want for lunch?" the caregiver could offer pictures for the client to choose from. As another example, the client could hold up a picture of a bed when they want to lie down. With just a few cards, communication between you and your client can improve.

There are many resources online for these types of communication cards. Some are free to download and print, while others are commercially produced and sold. There are also digital versions that can be used on a smartphone or tablet. Some organizations offer training on their own picture communication systems and products. Report to your supervisor any communication strategies you use so they can update the service plan.

Establishing a Working Relationship as a Paid Family Caregiver

When the client is a family member or friend, there are different challenges in establishing an effective working relationship. There are years of past family history, changing family roles, and other family members involved with their opinions and needs.

If you are a paid family caregiver, the DSHS Case Manager or Social Worker has experience working with families such as yours in this situation. They are a good resource and can give you some excellent suggestions and advice on how to make things work.

Set ground rules

Develop ground rules before you begin this new, working relationship. Consider these questions when establishing ground rules you and your family member can both agree to:

- How can you make it easier for your family member to tell you how they want things done?
- Are there ways your family member may like to be treated differently when you are "working?" Are there things you should do differently during those hours?
- What things can you do to help your family member feel and be as independent as possible?
- How will you navigate hurt feelings, misunderstandings, or handle things when both of you are upset?
- Are there any personal care tasks that might make your family member feel self- conscious or anxious? If so, what are some of the things you can do to help your family member feel more comfortable?
- How will you problem solve issues that come up with other family members?
- What will you do to maintain your own independence, dignity, and respect?

View the hours you are working as a job

Find ways to make working hours different than normal family time. The difficult part of this for most families is who gets to decide what is best for the person requiring care.

During your assigned work hours, this boundary is and should be very clear. Your family member is your employer during work hours. Your family member's choices and preferences determine how things should be done.

Establish and keep to a set routine

Maintain a schedule and work hours like you would any other job. Having a set routine also helps other family members know when you are "working."

Make use of the DSHS Care Plan

The DSHS Care Plan is a tool which will assist you in defining the tasks that need to be done. Use the DSHS Care Plan as the starting point for a discussion of what needs to be done. That way things are covered fully and there are no surprises. Remember to notify the case manager if this plan needs to be updated.

Evaluate your ability to continue to provide care

Taking care of yourself is essential for your own well-being and ability to continue to provide quality care for your family member (see Module 12 on page 254 for more tips on self-care.)

Family Caregiver Support Program

The Family Caregiver Support Program provides support, respite, training, and/or advice to unpaid family caregivers. Contact your local Senior Information and Assistance office to learn more about what help may be available. To find out more, go to the ALTSA website: dshs.wa.gov/altsa/home-and-community-services/agencies-help#FCSP. To find the local office, look for Senior Services in the yellow pages of your phone book and find Senior Information and Assistance or go to dshs.wa.gov/ALTSA/resources to search by county to find the "Area Agencies on Aging in Your Community".

Maintaining Positive Professional Relationships

Trust is a critical part of building and maintaining effective, positive, working relationships. Your co-workers and/or your supervisor need to feel:

- they can believe what you say;
- you will act responsibly; and
- you will honor the commitments you make.

Tips for Maintaining Positive Professional Relationships

1. Be clear about what your job duties are and commit to doing them.
   - Be honest and don't agree to do things if you do not plan to follow through on them.
   - Don't agree to do something if you don't know how to do it; ask to be shown the correct way.
2. Confirm the deadlines and standards you are expected to meet.
   - Know how you will find out about any changes in assigned duties and tasks.
   - Meet work deadlines and keep your supervisor and co-workers informed about accomplishments and problems.
   - Whenever possible, agree to check in with co-workers before deciding on any issue that impacts them.
   - When you disagree with something, don't keep quiet about it. Explain your reasons and solutions clearly and constructively.
   - Regularly review what you do in terms of efficiency and effectiveness and identify ways things could be improved.
   - Show initiative, demonstrate sound judgment, and ask questions when you are confused.
   - Discuss and deal with problems as they arise.
3. Treat others courteously and respectfully and acknowledge their contributions.
   - Start with similarities, not differences, among people when you build relationships.
   - Value differences – don't expect everyone to be like you.
   - Value the team.
   - Work with others in a way that encourages openness and honesty.
   - Expect to compromise.
   - Avoid being defensive.
   - Know what is confidential and must not be discussed.

Communicating Professionally with your Supervisor/Employer

- Make sure that your goals, role, and what are acceptable work processes and practices, are all well-defined and agreed upon by both of you.
- Establish a good line of communication. Be willing to share what you know and to keep your supervisor informed at the level that fits their work style.
- Maintain honesty and dependability by honoring commitments and deadlines.
- Be a team player. Bring positive information to your supervisor about co-workers or jobs well done and not always complaints and difficulties.
- Understand who your supervisor is and what they expect. Look at issues from their perspective – not just from your own.
- Talk about issues before they become problems.
- Don't talk negatively about your supervisor, co-workers, or clients to others.

When There is a Problem

- Schedule time to talk with your supervisor one-on-one.
- Clearly state the problem and its impact without getting defensive or aggressive.
- Be clear about what you want or need.
- If you have made a mistake, take responsibility for it.
- Ask your supervisor for feedback, and then use the feedback to take action.
- Work with your supervisor in coming up with strategies or solutions in solving the problem.
- If you have a problem with a particular person, talk with them first to see if you can work it out.
- If you are upset or emotional. Find a way to relax or calm yourself before speaking with your boss.

Checklists for Safety

Good safety habits help prevent accidents in the home or facility and increase a client's sense of physical security and safety. Report any concerns you have to the appropriate person in your care setting.

	Kitchen
	Keep cords, towels, papers, etc., away from the stove.
	Turn pot handles inward.
	Separate knives and sharp objects from other utensils.
	Store medicines and household cleansers away from food. (ALF and AFH care settings have specific storage requirements)
	Do not use electrical appliances that need repair.
	Wipe up spills immediately.

	Bathroom (Most accidents happen in the bathroom. Pay special attention to making the bathroom a safe area.)
	A safe bathroom will include a bath bench, grab bars (soap dishes and towel bars are not grab bars), and hand-held shower. If grab bars are missing or damaged, talk with the appropriate person(s) in your care setting.
	Check the temperature of the water to make sure it is not too hot. Adjust the water heater to a temperature to prevent accidental burns. Note: 120 degrees F is the maximum hot water temperature permitted in assisted living facilities and adult family homes.
	Check the bath mat. Is it clean and intact? Bath mats can be washed every 2-3 months in hot water with bleach to keep mildew down. Colored bath mats work best for people with poor vision or dementia.
	Keep floor clean and dry. Check for water at the base of the tub or shower and keep the drain free of clogs. Standing water can cause a slip.
	Keep electrical appliances away from water and unplugged when not in use.
	Make sure medicines and poisonous/toxic substances are clearly labeled. Store medications in accordance with the medication section in the care plan. If independent, place medications where client can easily reach them. Lock medications if required for safety. Remember to keep all medications out of the reach of children.

Doors, closets, cabinets	
	Sliding glass or closet doors should move easily and stay on tracks.
	Be sure glass doors are easy to see to reduce risk of walking into them. Decals at eye level are a good idea.
	Keep cupboard doors closed to prevent people from hitting their heads.
	Closet door should be easily opened from either the outside or inside.

Electrical safety	
	Check electrical cords for wear, loose plugs or prongs, and missing ground plugs. Don't use an appliance until a frayed cord is repaired.
	Grab the plug when unplugging electrical equipment, not the cord.
	Red receptacle covers designate emergency outlets powered by backup generators.
	Keep cords out of walkways.
	Don't place cords under rugs.
	Avoid overloading electrical outlets.
	Avoid using extension cords.

Furniture	
	Allow space for using and turning a wheel chair, walker, or cane.
	Keep furniture (such as foot stools) in the usual place.
	Avoid using swivel chairs if client is unsteady or has balance problems.
	Chair seats should be 18-20 inches from the floor. This height allows for easier transfers.
	Tables should be at least 30 inches high to allow clients in wheel chairs to sit at the table.
	All furniture should be sturdy.

Entryway, hallways, stairs	
	Keep these areas clear of objects that could block passage or pose a tripping hazard.
	Handrails on both sides of steps and stairways are helpful (these are required in assisted living facilities, adult family homes, and enhanced services facilities).
	Secure all floor covering (throw rugs).
	Worn treads and tears in carpeting should be repaired.
	For better visibility, edges of steps should be a contrasting color. It may help to mark top and bottom steps in a different color.
	Stairs and hallways should be well lit.

Storage areas	
	Do not mix cleaning solutions. A poisonous gas may form.
	Do not use unlabeled products. Dispose of properly.
	Keep cleaning products away from food products.

Throughout the home	
	Floors are not slippery.
	Entrances to every room have a light switch or lamps that can be easily reached and lit.
	Items used every day are stored within easy reach.
	Doors open easily.
	Exterior and interior lighting is good.
	Outside pathways are free of tripping hazards such as lawn furniture, hoses, and other objects.
	Telephones are easily reached and phone cords are out of walkways.
	Lamps are easily reached and lit.
	Make sure step ladder or step stool is sturdy, and step surface is not slippery.

Home Safety for Clients who are Cognitively Impaired

A client who is cognitively impaired may not understand or only have a limited understanding of danger or dangerous situations. These guidelines are specific to clients living in their own homes. For other care settings, check with your supervisor and policies/procedures on keeping cognitively impaired clients safe. Depending on the level and type of cognitive impairment of the client, extra safety precautions may be required to reduce danger and prevent harm. These preventions may include the following.

- Keep poisons, cleaning supplies, and medications out of sight, reach, and locked up.
- Use silent warning devices on exits that lets staff know if someone has left via pager or similar device. Audible alarms may cause fear or startle clients and should not be used. Before installing anything, you should consult with the case manager or RCS.
- Keep an eye on a client who smokes and making sure they correctly use matches / lighters, an ashtray, and safely put out any cigarettes.
- If the client smokes, report to your supervisor immediately if the client is no longer safe doing so (burnt clothing, inability to safely light the cigarette or dispose of it safely).

- Keep dangerous equipment such as knives, sharp objects, or power tools stored safely and, if used by the client, deemed safe and supervised.
- Keep an eye on a client who is likely to leave the burners going on the stove.
- Keep firearms unloaded and locked up and locking ammunition in a separate place.
- Cover unused electrical outlets with safety caps.
- Make sure there is a clear path to the bathroom and a night light is installed.
- Put a gate at the top and/or bottom of stairs or dangerous areas.
- Keep car keys in a secure place.
- Install a portable motion detector in the bedroom or near exits (silent).
- Keep outside lights off at night. Remove or cover mirrors.
- Remove all unnecessary furniture and clutter.
- Keep frequently used items in the same place.
- Put away items that may cause confusion.

Environment Hazards

Using hazardous chemicals

As a caregiver, you may have to use or be exposed to hazardous chemicals in your job. This does not have to be a terrible thing. Hazardous chemicals can make your job easier. For example, grease cutters can make cleaning easier and disinfectants can help to stop the spread of infection and save lives.

You may come in contact with hazardous chemicals during routine housekeeping, cleaning up of spills, or removal of waste. These products may seem harmless, but they are solvents that can damage skin and eyes. Always wear appropriate protection, such as household gloves and safety glasses, and following the product's instructions and warnings.

Chemical warning labels

A warning label is designed to alert you that a chemical is dangerous. It will show:

- the product's chemical name;
- any hazardous ingredients;
- hazard warnings; and
- the chemical manufacturer's name and address.

You can find out how to work safely with hazardous chemicals by reading information on warning labels and by following your workplace's policies and procedures.

By law, every chemical container must have a warning label attached to it by its product. Make a habit of reading container labels of any products you use.

It is also important containers stay labeled. Replace damaged, incomplete, or missing labels. When putting a chemical into another container, be sure to label the new container as hazardous. Never leave an unmarked container of a hazardous chemical.

IMPORTANT: Never mix bleach with ammonia or other household cleaners such as glass cleaners. Mixing bleach and ammonia can create a poisonous gas that can harm or kill you or the person you are caring for.

Natural Disaster Preparedness Checklist

The next time disaster strikes, you may not have much time to prepare. Learn how to protect yourself and others by planning ahead. The checklist below will assist you. Post the checklist where everyone can find it, preferably, near your other emergency checklists.

For further information, contact your nearest American Red Cross office or your local fire/police departments. Create a Natural Disaster Emergency Plan:

- Have escape routes posted in each room.
- Post emergency numbers near all phones.

Natural Disaster Supplies Kit

	Water (one gallon per individual per day) a 3 day supply
	Packaged or canned foods (3 day supply)
	Non-electric can opener
	Portable cooking stove, pots & pans, plates, silverware, utensils
	Pet foods (3 day supply)
	Crates and ID for pets
	Change of clothing, rain gear, and sturdy shoes
	Blankets or sleeping bags
	First aid kit
	Prescription medications
	Extra eyeglasses
	Battery powered radio
	Flashlights
	Extra batteries
	Credit cards and cash
	Extra set of car keys and house keys
	List of important phone numbers
	Any special items for disabled/elderly clients
	Contact plan

Emergency Procedures and Evacuation Plans

Preparing an evacuation plan

1. Draw a floor plan showing escape routes/ nearest exit.
2. Establish TWO exits for each room. One exit may need to be a window if fire blocks a door.
3. If applicable, sleep with bedroom door closed. It helps to hold back heat and smoke.

4. In an apartment, learn where the fire escape is and how to use it to exit the building. Count the number of doors in the building to get to the exit. In a fire, you may not be able to see even a brightly lit exit sign because of smoke.
5. Do not use elevators in the event of a fire.
6. Find out what, if any, building features are affected by the fire alarm (i.e., doors automatically close, etc.).
7. Emergency evacuation is typically done in coordination with EMS. Agree on a fixed location out-of-doors where everyone is to gather for a head count. The degree of assistance needed to evacuate the client may be included in the care plan. Know how to get the client to safety and what assistive devices may be needed. Make sure that no one goes back inside once you have exited.
8. Practice – Practice – Practice.
9. Post the floor plan at the facility (as required by licensing rules), or client's home.

Emergency Evacuation for Persons with Disabilities*

Persons with disabilities have four basic evacuation options:

1. Horizontal evacuation: moving away from the area of danger to a safer place on the same floor of the building/home or using building exits to the outside ground level.
2. Stairway evacuation: using steps to reach ground level exits from the building/home.
3. Stay in Place: unless there is immediate danger, remain in a room with an exterior window, a telephone, and a solid or fire resistant door. With this approach, the person may keep in contact with emergency services by dialing 911 and reporting his or her location directly.
4. Area of refuge: with an evacuation assistant, going to an area away from obvious danger. The evacuation assistant will then go to the building/home evacuation assembly point and notify emergency personnel of the location of the person with a disability. Emergency personnel will determine if further evacuation is necessary.

For false alarms or an isolated and contained fire, a person with a disability may not have to evacuate.

* The information is excerpted from a University of Washington Environmental Health and Safety brochure.

Know and follow the evacuation plan for each client outlined in their care plan.

Mobility Impaired Wheelchair

Persons using wheelchairs should Stay in Place, or move to an Area of Refuge with their assistant when the alarm sounds.

Stairway evacuation of wheelchair users should be conducted by trained professionals. Only in situations of extreme danger should untrained people attempt to evacuate wheelchair users. Moving a wheelchair down stairs is never safe.

Mobility Impaired - Non Wheelchair

A person with mobility problems that can still walk independently may be able to take stairs in an emergency with minor assistance. The individual should wait until the heavy traffic has cleared before attempting the stairs if possible. If there is no immediate danger (detectable smoke, fire, or unusual odor), the person with a disability may choose to stay in the building, using the other options, until the emergency personnel arrive and determine if evacuation is necessary.

Fire Safety and Prevention

The following are general precautions for fire safety in a person's home. If you work in a residential facility, follow your employer's fire safety procedures.

Every home and facility should have working smoke detectors, flashlights, and a fire extinguisher (see below). Replace batteries in all smoke detectors every six months.

Post the full address of the home or facility with phone number near each telephone. In an emergency, it is easy to panic and forget information you would normally remember. The address and phone number should be printed in large, clear print.

In addition:

- Replace burned out light bulbs.
- Keep all items away from heaters.
- Avoid using space heaters.
- Make sure there is access to outside exits – Do not block exits.
- Know all of the alternate exits to use in case of fire.
- Make sure communication systems, such as telephones, are operational and that you know how to use them.

Remember SMOKE is the most dangerous part of a fire.

Fire Safety

Never:

- Put water on a grease or liquid fire. Water will cause the fire to spread.
- Put water on an electrical fire. It can give you a serious shock.
- Re-enter a burning building to save pets or valuables.
- Try to move a burning object out of the room.
- Use an elevator as a fire escape route.

Using a fire extinguisher

Each home or facility should have a fire extinguisher. As a caregiver, you need to know how to use it. Find out where the fire extinguisher is located and be sure it is in good working order. Think of the word P.A.S.S. to help you remember the steps to using a fire extinguisher.

P = Pull	Hold the extinguisher upright and pull the ring pin, snapping the plastic seal.
A = Aim	Stand back from the fire, aim at the base of the fire nearest you.
S = Squeeze	Keeping the extinguisher upright, squeeze the handles together to discharge.
S = Sweep	Sweep from side to side.

When the fire is out, watch to make sure it stays out. Evacuate everyone from the area and ventilate the area immediately after using a fire extinguisher.

Emergency shut-offs

During an emergency, you might also need to know how to shut-off the utilities. Know the location of master controls for:

- fire alarm panel and/or smoke detector;
- main electrical panel and/or breaker box;
- emergency generator and source (natural gas pipeline or natural gas bottle outside of building);
- cold water – main shut-off;
- boilers – furnace shut-off;
- gas main shut-off; and
- oxygen location (in use and in storage).

Home Fire Safety Checklist

Check Yes or No beside each question	Yes	No
Do you have at least one smoke detector in each level of your home?		
Are the batteries in your smoke detector(s) in good working condition?		
Does everyone in your family know that the emergency number is 911?		
Do you have a plan of escape from your home in case of fire?		
Does your family hold fire drills in your home?		
Do you keep exit routes clear in your home?		
Do you make sure that all cigarette, cigars, and pipe ashes are completely extinguished before disposal? Keep matches/lighting devices in a safe place.		
Are all members of your household instructed not to smoke in bed?		
Have your removed all waste, debris, and litter from your garage?		
If you store paint, varnish, etc. in the garage, are the containers always tightly closed?		
Is there an approved safety can for storing gasoline for lawnmowers, snow blowers, etc.?		
Do you keep basement, storerooms, and attic free of rubbish, old papers, oily rags, etc.?		
Are stoves, broilers, and other cooking equipment kept clean and free of grease?		
Do you have shutoffs on all equipment using natural gas?		
Are all fireplaces equipped with approved metal fire screens or glass fire doors?		
Do all rooms have an adequate number of outlets to take care of electrical appliances?		
Have you done away with all multiple attachment plugs?		
Are all flexible electrical extension and lamp cords in your home in the open; none are placed under rugs, over hooks, through partitions of doorways; not frayed or cracked?		
Is your furnace serviced regularly?		
Do you always see that your portable space heater is placed well away from curtains, drapes, furniture, etc.?		

Household Cleaning and Disinfecting

Materials Needed

- Dry mop
- Wet mop
- Dust cloths
- Vacuum
- Gloves
- Whisk broom
- Full size broom
- Plastic bucket
- Metal bucket
- Dustpan and brush

Cleaners

Always read the labels and follow product directions before using any cleaning and disinfecting products.

The following cleaners are safe and are not toxic to the environment:

- Baking soda
- White vinegar
- Borax

These items can be used to clean the toilet bowl, the tub/shower area, to absorb odors, to remove stains from carpets, clean windows and glass items.

How to clean a bathroom

It is easier to keep the bathroom clean if you keep up with it every day.

- Rinse out the sink after each use.
- Hang up towels and washcloths.
- Wash out the bathtub after each use.
- Flush the toilet after each use.
- Remove excess hair from the sink or tub.
- Remove dirty clothes.

The floor, toilet bowl, tub and/or shower, and sink should be cleaned and disinfected weekly. These areas can be maintained regularly with common household cleaners. Wear gloves and mask if appropriate.

1. Put on rubber gloves.
2. Remove the throw rugs and shake them out. Put them in the laundry to be cleaned if needed.
3. Spray or sprinkle on cleaner. Allow cleaner to sit for few minutes, then rinse or wipe it off.
4. Wipe down all of the sink surfaces with a disinfectant.
5. Clean the soap trays.
6. Spray the mirror with a glass cleaner and wipe it down.
7. Wipe down the bath tub and shower with a disinfectant.
8. Scrub the inside of the toilet with a brush. Flush the toilet to rinse the bowl. Scrub the inside of the toilet bowl with a long-handled brush. Wipe down the outside of bowl, seat, and lid with a disinfectant.
9. Sweep or vacuum the floor.
10. For linoleum or tile, mop the floor with disinfectant.
11. Take out any garbage.
12. Put back the rugs.
13. Check and refill toilet paper.
14. Put out fresh towels

Other tips

- The water used to clean contaminated surfaces or clothing should be flushed down the toilet.
- Keep supplies in a safe place.
- Clean after a steamy bath or shower. The walls, fixtures, etc., will be much easier to clean after the steam has loosened the dirt.

How to Clean a Kitchen

To make kitchen cleaning less of a chore, wipe up spills when they happen, keep the counters uncluttered, and clean as you go when you are preparing food.

1. Using a good all-purpose cleaner, wipe down the top and front of the stove.
2. Clean oven at least monthly with oven cleaner following the instructions on the can.
3. Wipe down the sides, door, and handle of the refrigerator with disinfectant.
4. Remove everything from inside. Using an all-purpose cleaner, clean the sides, shelves, and veggie drawers.
5. Replace everything in the refrigerator, adding a small dish with baking soda in it to eliminate any odors.
6. Wipe down the countertops and sink with disinfectant. Pay special attention to faucets and handles.
7. Wipe the outside and inside of the microwave. To clean the inside, put water in a microwave safe bowl, bring it to a boil, and let it sit for 5-10 minutes. Remove the bowl and simply wipe the inside of the microwave clean.
8. Clean floors with a disinfectant.

Other tips

- Dishcloths used to clean counters and dishes should not be used to clean the floor or to clean bathroom spills.
- Change and launder dishcloths often.
- Be aware of any mouse droppings under refrigerators, in cabinets/pantry, drawers, and under the sink in kitchen and bathroom. Clean and disinfect these areas.

Cleaning Other Living Areas of House (Floors, Dusting, Mopping, Sweeping)

Vacuum rugs and other areas

You will find that your house stays cleaner and has less need for deep cleaning if you vacuum regularly. Use your vacuum attachments and periodically go over the blinds and drapes.

- Check vacuum bag or canister. Replace the bag or empty the canister if needed.
- Ensure that vacuum works, no frayed cords.
- Shake rugs outside.

Wash walls and windows

- Wear gloves and mask if appropriate.
- Use disinfectant.
- Ensure the safety of client due to allergies, etc.
- Clean high traffic areas frequently.
- Clean light switches, hallways, etc.
- Washing walls and inside windows is limited to twice per year in those areas are actually used by the client.

Dust furniture

- Use appropriate cleaner.
- Wear gloves if needed.
- Use clean rags and or sponge.
- Be careful with client's heirlooms, antiques, etc.

Clean blinds

- Vacuum drapes and/or blinds using the vacuum attachment.
- For a good cleaning, take blinds down and soak in the bathtub or lay them outside and wash down using the hose.
- Turn to get both sides.

How to Do Laundry

It is best not to mix one client's laundry with another's. It's also best not to mix a client's laundry with the facility's laundry (kitchen towels for example).

1. Gather all soiled clothes from different areas
   - From bathroom
   - From bedrooms
   - From kitchen
2. Separate whites from darks
   - Read labels in clothing
   - Line dry
   - Machine dry
3. Spot clean if necessary
   - Is there a product in the home?
   - Does client want to use product?
   - Is client allergic?
4. Laundry detergent
   - Is there laundry detergent in the home?
   - Does client have a preference?
   - Is client allergic to any laundry detergent?
5. Bleach, if necessary
   - Read labels
   - Ask client if they want bleach to be used
   - Is client allergic?

6. Fabric softener, if desired
   - Read labels
   - Ask client if they want fabric softener in their clothes
   - Is client allergic?
7. Put laundry into washing machine
   - Make sure that washing machine is not overloaded
8. Put detergent, bleach, fabric softener in the labeled compartments.
9. Turn on the washing machine
10. Place washed items into dryer or hang accordingly
11. Fold and return to client's closet or dresser

Disinfecting and Sanitizing with Bleach

Washington State Department of Health
DOH 970-216 January 2015

Disinfecting and Sanitizing with Bleach
Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments

Preparation Tips

- **Prepare** a fresh bleach solution each day in a well-ventilated area that is separate from children.
- **Label** bottles of bleach solution with contents, ratio and date mixed.
- **Use cool water. Always add** bleach to cool water, **NOT** water to bleach.
- **Wear** gloves and eye protection.
- **Prepare** solution in an area with an eye wash.

Water	Bleach Strength* 2.75%	Bleach Strength* 5.25-6.25%	Bleach Strength* 8.25%
Disinfecting Solutions For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
1 Gallon	1/3 Cup, plus 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1½ Tablespoons	2¼ Teaspoons	1½ Teaspoons
Sanitizing Solutions For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.			
1 Gallon	1 Tablespoon	2 Teaspoons	1 Teaspoon
1 Quart	1 Teaspoon	½ Teaspoon	¼ Teaspoon

Disinfection of non-porous non-food contact surfaces can be achieved with 600 parts per million (ppm) of chlorine bleach. To make measuring easier, the strengths listed in this table represent approximately 600-800 ppm of bleach for disinfecting, and approximately 100 ppm for sanitizing. Chlorine test strips with a measuring range of 0–800 ppm or higher can also be used to determine the strength of the solution.

Contact your local health jurisdiction for further instructions on cleaning and disinfecting if specific disease or organisms are identified as causing illness in your program.

***Use only plain unscented bleach** that lists the percent (%) strength on the manufacturer's label. Read the label on the bleach bottle to determine the bleach strength. For example, Sodium Hypochlorite…6.25% or 8.25%.

Steps to Follow

- **Clean** the surface with soap and water before disinfecting or sanitizing.
- **Rinse** with clean water and dry with paper towel.
- **Apply** chlorine bleach and water solution to the entire area to be disinfected or sanitized.
- **Air dry** for at least 2 minutes.

This chart was created by the Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Department of Early Learning, Snohomish Health District, Local Hazardous Waste Management Program in King County, Washington State Department of Ecology, the Coalition for Safety and Health in Early Learning, and the Washington State Department of Health.

For people with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Based on the information contained herein, careful review of the literature and correspondence with EPA, the Disinfection Workgroup recommends staying as close as possible to a 600 ppm disinfection level for general non-food contact surface disinfection.

A thorough review of evidence-based literature has shown that 600 ppm to be an effective disinfectant when used appropriately. The literature suggests that there are key advantages to using lower strength chlorine bleach as a disinfectant (CDC, 2009). Chlorine bleach:

- Does not leave a toxic residue that requires rinsing in children's areas.
- Is unaffected by water hardness.
- Is inexpensive and fast acting.

The Disinfection Workgroup created a chart titled *Disinfecting and Sanitizing with Bleach: Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments* that lists recipes for creating disinfection and sanitizing solutions for the most common concentrations of chlorine bleach currently on the market. The chart uses a disinfection level of 600-800 ppm, and a sanitizing level at approximately 100 ppm. The chart also reminds providers to check with their local health department when disease or pathogenic organisms are present that require a higher level of disinfection to kill. For example, a norovirus outbreak, or dealing with a child with *Clostridium difficile.*

How to Determine Chlorine Bleach strength:

- Read the fine print on the label.
- The active ingredients may be listed on the back or front of the container's label, and listed in a similar manner to the example below showing the strength or percent of chlorine in a container of 8.25% bleach.

Active Ingredients
Sodium Hypochlorite...8.25%
Other ingredients.....91.75%
Total.....100%

References

Centers for Disease Control and Prevention (CDC). (2009, December 29). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Retrieved from http://www.cdc.gov/hicpac/disinfection_sterilization/6_0disinfection.html.

Environmental Protection Agency (EPA). (2014, June 12). Pesticides: Regulating Pesticides – Antimicrobial Policy & Guidance Documents. Retrieved from http://www.epa.gov/oppad001/regpolicy.htm.

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Prepared by: The Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Local Hazardous Waste Management Program in King County, Snohomish Health District, the Coalition for Safety and Health in Early Learning, Washington State Department of Early Learning, Washington State Department of Ecology, and the Washington State Department of Health.

Washington State Department of Health

Chlorine Bleach Disinfecting and Sanitizing Chart Companion Document

DOH 970-216 January 2015

Background: Sodium hypochlorite is the active ingredient in household bleach or chlorine bleach. It is economical, and is an effective disinfectant with a broad spectrum of antimicrobial activity. It has been the primary disinfectant used in early learning programs in Washington State for more than 30 years. During this time, most household chlorine bleach was available at strengths of 5.25-6.25%. The recommended concentration for disinfection has been 600-800 ppm of chlorine bleach and 50 to 200 parts per million (ppm) for sanitizing.

In 2012, some manufacturers changed their chlorine bleach formulation to a strength of 8.25% with a registered non-food contact surface disinfection level of 2400 ppm, the level often used in hospitals. Their sanitizing level is 200 ppm, the upper end of the range allowed by the Food and Drug Administration (FDA).

Problem: As of 2014, the most available household chlorine bleach used for disinfection in children's programs in many areas of Washington State is at a strength of 8.25%. Instructions for use of these products and other strength bleaches indicate 2400 ppm of chlorine bleach is needed for disinfection. This represents 3 to 4 times the levels previously recommended for Washington's child cares. This issue has raised the question of what guidance to give child care providers regarding the concentration of disinfection and sanitizing solutions for use in their programs.

Discussion: It is prudent to use as few chemicals as possible in a child's environment. We believe 2400 ppm is too strong to use in children's environments when they are present, especially since children's lungs are still developing, and are more vulnerable to exposures to toxic chemicals.

The U.S. Environmental Protection Agency (EPA) (2014) guidelines contain procedures for testing, and test organisms that products must be able to destroy at 99.9% in order to be labeled as disinfectants and receive EPA's approval. The Disinfection Workgroup found several products that received EPA approval for disinfection at a strength of 600 ppm. For example:

Name of Product	Strength of Sodium Hypochlorite	EPA's Approval date
Aqua Guard Bleach	12.5%	August 4, 2014
Clorox Ultra Bleach	6.15%	August 29, 2012
KA Steel	12.5%	February 25, 2014
KIK International –Pure Bright Disinfectant Bleach	5.25%	January 13, 2014
So White Brand Bleach and Disinfectant	5.25%	July 11, 2013
Vertex	5.25%	February 12, 2014

Prepared by: The Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Local Hazardous Waste Management Program in King County, Snohomish Health District, the Coalition for Safety and Health in Early Learning, Washington State Department of Early Learning, Washington State Department of Ecology, and the Washington State Department of Health.

Hepatitis B Virus Vaccine Consent/Declination

Blood-borne Pathogens

I have received information about and understand the following:

- The symptoms and modes of transmissions of blood-borne pathogens. These include Hepatitis B virus (HBV).
- The facility's infection control program.
- The facility's procedure to follow if an exposure incident occurs.
- The Hepatitis vaccine is available, at no cost, to certain employees. Employees who qualify have jobs that expose them to blood or other potentially infectious materials.
- Recommendations for standard medical practice in the community will guide employee vaccination.

Signature of Employee _____ Date _____

Print Employee Name _____

Hepatitis B Vaccine Declination (Appendix A to Section 1910.1030)

I understand I may be at risk of acquiring the HBV infection due to my occupational exposure to blood or other potentially infectious materials. I have received the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline getting the vaccination at this time. I understand:

- I will continue to be at risk of acquiring Hepatitis B by declining this vaccine.
- I can receive the Hepatitis B vaccination series in the future, at no charge to me if:
  - My job continues to expose me to blood or other potentially infectious materials, and;
  - I want the vaccine.

Signature of Employee _____ Date _____

Print Employee Name _____

Dose #1 Date _____ Lot # _____ Location _____

Dose #2 Date _____ Lot # _____ Location _____

Dose #3 Date _____ Lot # _____ Location _____

Risk After Exposure

No scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended.

- Exposures from needle sticks or cuts cause most infections. The average risk of HIV infection after a needle stick/cut exposure to HIV-infected blood is 0.3%.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be 0.1%.
- The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. The risk may be higher if the skin is damaged or if the contact involves a large area of skin or is prolonged.

While the risk of contracting a disease from an occupational exposure is small, you should consider your options before making decisions that may affect the rest of your life.

Report exposure to the appropriate person in your workplace. Prompt reporting is essential because, in some cases, treatments should be started as soon as possible.

Discuss the possible risks of Hepatitis B and Hepatitis C with your health care provider. If you have not already received your Hepatitis B vaccine, the treatment will usually include a Hepatitis B vaccination.

Testing and Consent After Blood-Borne Pathogen Exposure

In case of exposure to body fluids, this is what you need to know:

- You should document and report the incident. Documentation is important to protect yourself and others.
- You have the right to clinical evaluation and HBV/HIV antibody testing after exposure. The source individual will be tested for HBV/HIV. Their consent if required unless:
    - The request to test happens within 7 days after exposure.
    - The exposure fits the criteria of the definition of a “substantial exposure” as defined in WAC 246-100-205.
    - You belong to a specific employment category (health care provider, law enforcement, firefighters, and staff of health care facilities as defined in WAC 246-100-205).
- You should seek medical evaluation if any severe episodes of fever and illness appear within 12 weeks after exposure. Any HIV seronegative workers should retest six weeks, three months, and six months after exposure.
- If you are exposed to HBV, the CDC Advisory Committee on Immunization Practices recommends timely HBV post exposure prophylaxes to prevent HBV infection and subsequent development of chronic infection or liver disease. The type of procedures would depend on your HBV vaccination status and your HBV serologic status.

Washington State Referral and Resource Numbers

Washington State HIV/AIDS Hotline: 1-800-272-AIDS (2437)

CMS Regional Office Home Page: https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices

The Centers for Medicare & Medicaid Services (CMS) is a Federal Agency within the U.S. Department of Health & Human Services. Programs for which CMS is responsible include Medicare, Medicaid, State Children's Health Insurance Program, HIPAA, and CLIA.

HIV Client Services Home Page:

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/ClientServices

The HIV Client Services Home Page will provide information on services that support and assist persons living with HIV/AIDS, such as the Early Intervention Program. This website will help answer questions about services and provide links to other related sites. You can obtain a copy of the "Family Resource Guide" by calling 877-376-9316.

HIV and Employment Protection

Employment

Employers may not discriminate against persons with HIV infections or AIDS in:

- Employment
- Recruitment hiring
- Transfers
- Layoffs
- Terminations
- Rate of pay
- Job assignments
- Leaves of absence
- Sick leave, or other leave
- Fringe benefits available by virtue of employment

Discrimination Free Environment

Employers must:

- Provide and maintain a working environment free of discrimination.
- Assure that no harassment, intimidation, or personnel distinction is made in terms and conditions of employment.
- Provide proper education, should a possible threat of discrimination arise in the workplace. Education must focus on ending harassment, the use of slurs, and/or intimidation.

Employees with HIV infection have the right to be treated with the same dignity, concern, and support as employees with other life-threatening illnesses.

Persons with HIV infection and/or AIDS who feel discriminated against may file a complaint with:

- The U.S Equal Employment Opportunity Commission, or
- The Washington State Human Rights Commission (WSHRC).

Reasonable Accommodation

Employers are responsible for providing reasonable work site accommodations, which enable a qualified, disabled employee or job applicant to perform the essential tasks of the job.

Reasonable accommodation means relatively inexpensive and minimal modifications, such as:

- providing special equipment;
- altering the work environment;
- allowing flextime or allowing the employee to work at home;
- providing frequent rest breaks; and
- restructuring the job.

Usually, the supervisor works with the employee's physician to assess medical restrictions. They will then devise working conditions that satisfactorily meet the employee's needs.

Employers Cannot Ask or Require the Following During a Job Interview:

- Questions directed at the perception or presence of HIV infection or AIDS, unless based on a "bona fide" occupational qualification listed in WAC 246-100-206 (12).
- A blood test to determine HIV infection or AIDS.
- A physical exam to identify HIV infection or AIDS, unless there is a need for reasonable accommodations related to job conditions.
- Questions about lifestyle, living arrangements, or sexual orientation or affectional preference.

Exceptions to the rule: applicants for the US military, the Peace Corps, and the Job Corps, and persons who apply for US citizenship.

A work site may expose a person to HIV. If this occurs, the person should follow Washington Industrial Safety and Health Act (WISHA) recommendations. These state that an individual has seven days to report the exposure to their supervisor. The testing period is different.

All medical information provided to management, supervisory staff, and/or treatment teams about a person who is diagnosed as having HIV infection or AIDS is strictly confidential.

A breach of this confidentiality is illegal. Legal action can be taken under applicable state and federal laws if:

1. Such a breach occurs, and;
2. Results in any adverse action by management, supervisors, or employees against any disabled person.

Health care providers may only exchange medical information when it is for the care, treatment, and benefit of the patient. Health care providers are not permitted to exchange medical information for infection control (WAC 246-101-120).

Harassment is illegal

- Employees shall not harass a person who is HIV-positive, perceived to have HIV, or who has AIDS.
- Any employee who harasses or discriminates against an employee who has HIV will face disciplinary action.
- Staff meetings scheduled to define workplace policies regarding HIV/AIDS and HBV may be very helpful.

Testing Related to Sexual Assault

Most experts recommend that a sexual assault victim go directly to the nearest hospital emergency room. Trained staff in the emergency room will counsel the victim. They may also offer testing and referral for HIV, STDs, and pregnancy. Some emergency departments may refer sexual assault survivors to the local health department for HIV testing. In Washington State, only the victims of convicted sexual offenders may learn the attacker's HIV status.

Partner Notification

Partner notification is a voluntary, confidential service provided to people who are HIV positive and their sexual and/or injection equipment-sharing partners. Under federal law, a good faith attempt must be made to notify the spouse of an individual with HIV. "Spouse" is defined as the person in a marriage relationship with the person who has HIV/AIDS up to 10 years prior to the test. Procedures and guidance for partner notification can be found in WAC 246-100.

Wheelchair Safety Tips

Prevent accidents before they can happen. Plan ahead of time for emergencies, such as brake failure on a power chair, a power chair moving by itself, or a manual chair tipping backwards.

Environmental Concerns

- When pushing a client in a wheelchair outdoors, stay aware of the environment and avoid holes or cracks in the sidewalk that can cause the wheelchair to pitch forward.
- Avoid rain and snow which are especially hazardous to power wheelchair users and expensive equipment.

General Safety Tips

- On power wheelchairs, always turn power off and lock before transferring or when using a platform lift (a mechanical device that raises the wheelchair to a higher surface such as a van). On manual wheelchairs, always set wheel locks before transferring.
- Keep loose objects or lap covers away from wheel spokes.
- If you have a wheelchair with removable arms or leg rests, make sure they are secure before use by lifting up on the arms and gently swinging the leg rests out away from the chair. Make sure the footrests are out of the way when the client stands up, so they don't trip on them.

- Don't put heavy loads on the back of a manual wheelchair - it may make the wheelchair tip over backwards.

Maintenance Tips

- Encourage the client to have their chair checked at least once a year by the dealer and/or to do any needed repairs.
- Make sure the brakes, locks, armrests, footrests, wheels, tires, tire pressure, and casters are in good working condition.
- Check that the seat cushion is not bottoming out. The air level in inflatable cushions needs to be checked frequently. Gel cushions need to be massaged periodically to keep the gel from settling into hard lumps.
- Batteries should be fully charged before leaving home. Periodically, the batteries should be checked by a technician for proper fluid levels and for remaining charge capacities. A back-up fully charged battery is important in case of power outages or other emergencies.

Pushing a Wheelchair Downhill

- When the gradient is very steep, push the client down backwards to prevent the wheelchair user from tipping out.
- Never travel across an incline. The wheelchair is likely to fall over sideways.

Hearing Loss

Infections, certain medications, exposure to very loud noises over a long period of time, and aging can all result in hearing loss. Hearing loss often occurs gradually, and many people are unaware they are experiencing a problem. As a caregiver, it is important that you be aware of the symptoms of hearing loss and facts about hearing aids.

Hearing Aids

Among adults aged 70 and older with hearing loss who could benefit from hearing aids, fewer than one in three (30 percent) has ever used them. Even fewer adults aged 20 to 69 (approximately 16 percent) who could benefit from wearing hearing aids have ever used them.

Resistance to Wearing Hearing Aid(s)

Many people will go to any length to deny that they have a hearing loss. Most often this is because they think a hearing aid makes them look and feel old, they are embarrassed by the hearing loss, or they are reluctant to make a change and learn to adjust to wearing a hearing aid.

Acknowledging that there is a hearing problem is the first step in successfully helping a person get help. There are amplification devices for the telephone and radio, hearing aids, and certain techniques like lip reading that can help with hearing loss.

What you can do to help

- Be supportive and encouraging.
- Avoid nagging or other interactions that may cause them to feel inadequate and alone.
- Introduce the person to someone who wears a hearing aid who is positive, active, and adjusted to wearing it. This has convinced more people to pursue hearing aids than any other method.
- Make small steps in your encouraging requests. First ask “Would you think about going to …” Later on, ask: “Would you seriously consider doing…?” and then: “How about if I make an appointment with…?”

Adjusting to wearing a hearing aid

- Once the client has received the hearing aid, it will take several weeks and sometimes longer for them to learn how to use and be comfortable with the aid. During this time, it is important that the client return to the doctor to have a final adjustment and to also talk about any issues they may be having.
- Provide the person with lots of support and encourage family members and friends to comment on how much better the client is hearing since the hearing aid was put in.

Myths and Facts about Hearing Aids

Myth	Fact
Hearing aids restore hearing to normal just as an eyeglass prescription can restore vision to "20/20."	Hearing aids do not restore hearing to "normal," they improve hearing and listening abilities as well as quality of life.
A hearing aid will damage your hearing.	A properly fitted and maintained hearing aid will not damage your hearing.
Wearing a hearing aid is a sign you're getting old.	Hearing impairments are common in older adults, however there are people of all ages who could benefit from them.
Hearing aids are large and unsightly. Most people don't want to wear them.	Most people are not aware of the latest advances that have been made in hearing aids. There are hearing aids that are small, discreet and fit "in the ear." The type of hearing aid is dependent upon the type of hearing loss and the person who is experiencing it.

Deaf and Hard of Hearing Resources & Organizations

Washington State Department of Social and Health Services - Office of the Deaf and Hard of Hearing:
dshs.wa.gov/altsa/office-deaf-and-hard-hearing

Hearing Loss Association of America - Washington State Association (HLA-WA):
hearingloss-wa.org • P. O. Box 265, Redmond, WA 98073-0265 • E-mail: info@hearingloss-wa.org

Hearing Loss Association of America
hearingloss.org/ • 6116 Executive Blvd., Suite 320, Rockville, MD 20852
E-mail: info@hearingloss.org

Loop Washington
Get in the Hearing Loop! An educational campaign to increase awareness about hearing loss, hearing aids, benefits of telecoils, hearing loops and public hearing access accommodations.
hearingloop.org
E-mail: cheripz@gmail.com

Benefits of Early Hearing Loss Treatment
betterhearing.org/your-hearing-health/the-benefits-of-healthy-hearing/

Identifying Symptoms of Hearing Loss
hearingloss.org/hearing-help/hearing-loss-basics/symptoms-diagnosing/

How to Communicate with Someone Who Has Hearing Loss
agingcare.com/articles/hearing-loss-communication-techniques-144762.htm

It Takes Two to Communicate: Two-Way Communication Tip Cards:
hearingloss.org/news-media/brochure-downloads/

Hearing Assistive Technology

Hearing assistive technology can assist a person to hear better in situations where a hearing aid is insufficient. Other assisted listening devices, such as pocket talkers, enable communication with a person who has a hearing loss but does not wear a hearing aid.

- Diglo (formerly Harris Communications): Diglo.com
- Washington State Office of Deaf & Hard of Hearing Services: dshs.wa.gov/altsa/odhh/telecommunication-equipment-distribution (distributes amplified and captioned telephones to persons who are deaf or hard of hearing)

Hearing Professionals, Hearing Aids, and Hearing Centers Near You

- Hearing Tracker: hearingtracker.com/hearing-aids/usa/washington (searches for hearing aid resources by location)
- Hearing Speech and Deaf Center: hsdc.org/ (provides case management, advocacy and information to individuals who are deaf and hard of hearing)

Financial Assistance for Hearing Aids

- Northwest Access Fund: nwaccessfund.org/who-we-are/about-us/
- Hearing Speech and Deaf Center: hsdc.org/
- University of Washington Speech and Hearing Clinic: sphsc.washington.edu/hearing-aid-assistance-program-haap
- Veterans Health: "Veterans! Hard of hearing? VA can help." www.prosthetics.va.gov/psas/Hearing_Aids.asp
- Hearing Health Research: hearinghealthfoundation.org/research

Tips on Handling Difficult Behaviors

Humans are complex. People that care for others and people who receive care can express negative emotions differently. As a caregiver, it's good to pay attention to your client's need to be able to express negative emotions, but being a caregiver does not mean you have to tolerate anything that is disrespectful or harms you in any way.

Read and refer to the client's service plan. For instance, it's good to know what medications the client is on and what side effects there might be. Remember, if you experience difficult behaviors, don't hesitate to talk to your supervisor or the client's case manager. Behavior is a form of communication. Even quietness or "lack of a behavior" is communication.

Anger

Coping with Another Person's Anger

- Don't take the anger personally. Often, another person's anger is directed at what you represent or the situation, not at you as a person.
- Acknowledge the anger and let the other person know that you realize they are angry.
- Listen carefully to what the other person has to say. Allow the person to express their anger before responding.
- Find something to agree about.
- Keep your tone of voice calm and your pitch low.
- Give the person a chance to make decisions and be in control.
- Look for patterns to the angry behavior. Try to break the pattern. If you can avoid the triggers that lead up to an angry outburst, you can reduce frustration for both of you.
- Help the person regain a sense of control by asking if there is anything that would help them feel better.
- Offer alternative ways to express anger (e.g. writing down the complaints on a list).
- Know when to back off. Sometimes when people are angry, they need time alone to cool down and take a break. If either of you is losing control of the situation, walk away (if it would not put you or the client in danger).
- Take several deep breaths, count to 10.

If the person is unable to control the anger and/or you fear that they could be a threat to you, to themselves or to others, get help.

Tips for Expressing Your Own Anger

- Learn to recognize and acknowledge the fact that you are/feel angry.
- Decide whether or not it is appropriate to express your anger. Think carefully before you respond.
- If you don't feel you can control your anger, take a "time out" (e.g., leave the room and take a walk outside until you feel calmer, if it would not put you or the client in danger).
- Express your anger directly and appropriately using "I" statements.
- Once you've acknowledged and expressed your anger, let it go.

What to Do When a Situation Becomes Violent

- Do not isolate yourself with a person you think may be dangerous. Keep a safe distance, do not turn your back, and stay seated if possible. Leave the door open or open a closed door and sit near the door. Be sure someone else is near to help, if possible.
- Use a calm, non-challenging approach to cool down the situation. Move and speak slowly, quietly, yet confidently. Be respectful.
- NEVER touch the person or try to remove them from the area. Even a gentle push or holding the person's arm may be misinterpreted and the person may respond with violence.
- Use delaying tactics to help give the person time to calm down (e.g., offer a drink of water in a paper cup).
- If the situation worsens, find a way to excuse yourself, leave the room/area and get help. "You've raised some good questions. I'll talk with my supervisor to see what we can do." "I think I hear someone at the door. Excuse me for a minute while I go see who it is." Make sure leaving the room would not put you or the client in danger.

If the Person Has Some Kind of Dementia

People with dementia may be easily confused and suspicious. They may think that others are trying to do them harm. As a result of delusions or hallucinations, drug reactions, and pain, some people may become violent. For example, a person may become violent from being too cold in a bath.

- Always see if you can figure out what may be happening. Is there a pattern? Do violent behaviors occur at certain times or in reaction to certain events, people, or things? Take advantage of any patterns or cues to try and stop the problem from happening.
- Try distraction. Set up ways to distract the person if you see a violent outburst coming.
- Know and use things the person likes (e.g. going for a walk, listening to music, having a snack) and offer these.
- Get help. If you see that these behaviors happen during certain activities (like bathing or dressing), try to get others to help you at these times.
- If all else fails, protect yourself. Stand out of range. If you feel that the person may injure you, leave the room and get help.

Behavior that may be Disrespectful

A caregiver is a professional and deserves respect. Establishing respectful behavior between a client and the caregiver is important. Work with the client to set mutual boundaries and expectations for respectful communication.

- Calm yourself. The natural response to being treated disrespectfully is anger. Take several deep, relaxing breaths. Now you are ready to respond effectively.
- Evaluate the behavior. Is it intentionally disrespectful? Does it create a problem?
- Identify what, if anything, is in the environment that may be causing the behavior (e.g., too much coffee, watching crime shows on TV) and decrease these activities.
- Know what medications the client is taking and the possible side effects. Rule out any issues or concerns.
- Listen to what the client might actually be communicating behind the disrespectful words.
- Sometimes a client may be pushing boundaries to get a reaction from the caregiver. Some caregivers will respond quickly to being disrespected, but sometimes not giving the expected reaction to the client can be better.
- Give clear feedback. Let the client know what they have done that was disrespectful and how it makes you feel. Be specific, use "I" statements, and keep your comments brief and factual. "When you use that tone of voice with me, it upsets me, and I feel unappreciated."
- Set clear boundaries and communicate politely how you wish to be treated.
- Ask the client, "What's wrong?" This can help resolve the situation rather than make it worse. Reflect back what you are seeing/hearing, check in, remind the person about ground rules, and tell them from your point of view what you are experiencing and that you feel disrespected.

Sexual Behaviors

Sexual behavior may not be personal or even intended as sexual. Behavior relating to public indecency (disrobing, masturbation, etc.) may actually be an expression of a need. For example, a client pulling down their pants might need to go to the bathroom. They are not necessarily "exposing" themselves for sexual reasons.

- Contact your supervisor or the client's case manager right away when it is safe to do so if another family member or neighbor is making you feel uneasy.
- Even though the behavior may be upsetting and/or embarrassing for you, try not to overreact. The client may be reacting to what feels good and has forgotten the rules.
- Find ways to redirect the client into another activity or remove them from the area if in a public setting.
- Document and report, and follow your care setting's policies and procedures.
- Remember you are not alone. Speak with your supervisor or the person's case manager when you need help or if there is something upsetting or disturbing happening.
- It is important that you report and talk about instances of inappropriate sexual behavior. Too often, caregivers just "let it go," which can be a dangerous way to deal with sexual misconduct. Seek support for your feelings in a nurturing and supportive environment. Talk to your supervisor or someone else for guidance on navigating sexual behavior that makes you uncomfortable.

Handling Mistreatment while Providing Care in a Person's Home

Everyone should feel safe while at work. Try out these techniques if you are feeling uncomfortable or unsafe, or are experiencing harassment, abuse or discrimination while working with a client in their own house or apartment.

Level 1 You **feel uncomfortable** with behavior or conduct of the client or somebody else in the household, but **do not feel that your safety is at risk.**	• If you feel comfortable, ask the client to stop the behavior and explain that you are feeling uncomfortable. • Re-read the client's service plan to see if the unwanted behavior is addressed in the plan and if there are interventions listed to help you address their behavior(s). Contact your supervisor or employer for a new copy of the plan. • Contact your supervisor or employer for suggestions or to report new, unwanted behaviors.
Level 2 You **feel unsafe** with behavior or conduct of the client or somebody else in the household, **but do not want or need to immediately leave the situation.**	• Contact your supervisor or employer and report the behaviors causing you to feel unsafe. Provide details to help them understand the situation. • Consider accessing specialized training to help you better understand the client's behavioral needs. To learn more about training options, contact your supervisor or employer. • Contact your supervisor or employer if you no longer wish to provide care to the client.
Level 3 You **feel unsafe** with the behavior or conduct of the client or somebody else in the household and **want or need to immediately leave the situation.**	• Leave the home, then immediately call your supervisor or employer to let them know that you left and explain your concerns with the situation. If there are concerns about the client being alone and you are unable to contact your supervisor or employer, attempt to contact a supervisor or other DSHS/Area Agency on Aging (AAA) staff member. If leaving the client alone will put them in immediate danger call 911. • Review all of the interventions listed in levels 1 and 2. • Contact your supervisor or your employer if you no longer wish to provide care to your client.

Oral Health

Tooth Decay

Tooth decay or having a cavity is caused when bacteria (germs) in the mouth create acid from the foods we eat. The acids destroy the enamel of the teeth, causing holes or cavities to form.

As the disease progresses, the teeth may become sensitive to hot, cold, or sweets, and an infection (abscess) may develop. If the tooth cannot be repaired, it may need to be removed, which can create new problems with eating, speaking, and self-esteem.

Gum Disease

Gingivitis is when the plaque (the germs and food that stick to our teeth) is not removed from the teeth each day, the bacteria irritate the gums, causing gingivitis. The gums may become red and swollen, and may bleed easily when brushed or flossed.

If the gingivitis is not controlled, the bacteria may destroy the bone that holds the teeth in place. This is called Periodontal Disease. When the bone is destroyed, the teeth may become loose and may need to be removed. People living with diabetes and smokers are at greater risk for developing periodontal disease.

Dry Mouth

Dry mouth leaves the teeth, gums, tongue, and other mouth tissues feeling dry. Dry mouth can be caused by medication side effects, saliva gland problems, or chemo or radiation therapy.

With dry mouth, the teeth are more likely to decay because there is not enough saliva to wash away food particles and acids. Gum problems and other infections can also develop.

Dry mouth products and saliva substitutes are available to decrease symptoms. Encourage the client to contact their doctor or pharmacist regarding medication side effects.

Sugarless gum or mints containing xylitol are a good way to stimulate saliva flow and protect your mouth. Never suck on sugary candy to moisten the mouth.

Oral Cancer

Cancer can appear anywhere within the mouth: tongue, lips, cheeks, gums, roof or floor of the mouth, and throat. Tobacco and alcohol increase the risk of developing cancer. Oral cancer is usually painless in its first stages, so symptoms may be ignored until the condition becomes painful. Warning signs of oral cancer include:

- sores that do not heal within 2 weeks;
- lumps, bumps, or swelling;
- red or white patches or sores; and
- difficulty chewing or swallowing.

It is important to have anything that doesn't heal within two weeks checked by a physician or dentist.

Potentially Hazardous Foods (PHFs)

Chicken, Beef, Pork, and Turkey	Most raw animal meat contains bacteria. You can kill bacteria by cooking poultry and meat to a safe internal temperature.
Fruits and Vegetables	Fresh fruits and vegetables can be contaminated anywhere from farm to table, including by cross-contamination in the kitchen. The safest fruits and vegetables are cooked; the next safest are washed. Always wash fresh produce.
Raw Milk and Raw Milk Products	Raw (unpasteurized) milk can have harmful germs. Raw milk products, such as soft cheese, ice cream, and yogurt can also cause dangerous infections. Before using these products, make sure they are made from pasteurized milk.
Eggs	Eggs can have Salmonella even if they look clean. Always cook eggs until the yolks and whites are firm to kill bacteria and make them safe.
Seafood	Like raw meat and poultry, raw seafood can have dangerous bacteria. Cook seafood to safe temperatures, and do not eat raw or undercooked fish or shellfish.
Sprouts	Sprouts and bacteria both grow well in warm, humid environments. Raw or lightly cooked sprouts may have harmful bacteria. Rinsing sprouts will not remove bacteria. Thoroughly cook sprouts to reduce the chance of foodborne illness.
Raw Flour	Flour usually has not been treated to kill germs. Food made with flour is safe only after it is cooked. Never eat raw dough or batter.
Melons	Cut melon at room temperature is a good environment for bacteria to grow. Throw away cut melons left at room temperature for more than 4 hours. Eat cut melon right away or keep it in the refrigerator at 41° F or colder and for no more than 7 days.
Hot Dogs and Lunch Meats	Prepared meat products are a good environment for bacteria to grow. Heat hot dogs, lunch meats, cold cuts, bologna, or dry sausages to a safe internal temperature before serving. Older adults should avoid eating refrigerated pâté or meat spreads from a deli or meat counter.
Smoked Fish	Some kinds of preserved fish must be refrigerated. Cold smoked fish items are often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” Older people should not eat cold smoked fish unless it is canned or shelf-stable or it is in a cooked dish, such as a casserole.

Adding More Fruits and Vegetables into the Diet

Eating at least five servings of fruits and vegetables daily may help reduce the risk of certain types of cancer, heart disease, stroke, diabetes, and other diseases. Even so, many people do not eat enough fruits and vegetables.

Servings

Five servings is actually the minimum number of fruits and vegetables to be eaten daily. Ideally nine servings a day is better.

A serving size is:

- 1 medium-size fruit;
- 1 cup raw, cooked, frozen or canned fruits (in 100% juice) or vegetables;
- 1 cup (6 oz.) 100% fruit or vegetable juice;
- ½ cup cooked, canned or frozen legumes (beans and peas);
- Two cups raw, leafy vegetables;
- ½ cup dried fruit.

Tips for Adding More Fruits and Vegetables

It may seem difficult to eat so many fruits and vegetables each day. Here are some good food habits that can help:

- Make it a habit to include one or more servings of vegetables or fruits at each meal and during snack times. Offer a salad with lunch and an apple for an afternoon snack.
- Keep fruits and vegetables where you can see them. Store cut and cleaned vegetables at eye-level in the refrigerator or keep a bowl of fruit on the table.
- Start the day with 100% fruit or vegetable juice.

- Keep things fresh and interesting by combining fruits and vegetables of different flavors and colors, like red grapes with pineapple chunks, or cucumbers and red peppers.
- Add fresh fruits and vegetables to foods your client already eats — like berries and bananas to yogurt or cereal, vegetables to pasta and pizza, and lettuce, tomato, and onion to sandwiches.
- Frozen fruits and vegetables are healthy and ready when you need them. Add frozen mixed vegetables to canned or dried soups and casseroles.
- Make a quick smoothie using frozen fruit.
- Add a fresh fruit topping on low fat ice cream.
- Freeze leftover vegetables to add to stews.

Eating a Rainbow of Color

Colorful fruits and vegetables provide the wide range of vitamins, minerals, fiber, and chemicals the body uses to maintain good health and energy levels, protect against the effects of aging, and reduce the risk of certain cancers and heart disease.

One of the best ways to keep your body healthy is to try to eat many different colors of fruits and vegetables every day.

- Blue/Purple: memory, healthy aging, and urinary tract
- Red: heart, memory, urinary tract
- Green: vision, strong bones and teeth
- Yellow/Orange: heart, vision, immune system
- White: heart and maintaining healthy cholesterol levels





Red	Orange/Yellow	Green	Blue/Purple	White
red apples	yellow apples	green apples	blackberries	bananas
beets	apricots	artichokes	blueberries	cauliflower
red cabbage	butternut squash	asparagus	eggplant	garlic
cherries	cantaloupe	avocados	figs	ginger
cranberries	carrots	green beans	juneberries	jicama
pink grapefruit	grapefruit	broccoli	plums	mushrooms
red grapes	lemons	brussels sprouts	prunes	onions
red peppers	mangoes	green cabbage	purple grapes	parsnips
pomegranates	nectarines	cucumbers	raisins	potatoes
red potatoes	oranges	green grapes		turnips
radishes	peaches	honeydew		
raspberries	pear	kiwi		
rhubarb	yellow peppers	lettuce		
strawberries	pineapple	limes		
tomatoes	pumpkin	green onions		
watermelon	yellow squash	peas		
	sweet corn	green pepper		
	Sweet potatoes	spinach		
	tangerines	zucchini		
	yellow tomatoes			

Affording Fruits and Vegetables

Getting enough fruits and vegetables does not mean spending lots of money. Fruits and vegetables are actually good buys considering the amount of healthy nutrients in them.

- Buy fruits and vegetables on sale and stick to those that are in season.
- Buy frozen and canned fruits and vegetables. They are often less expensive.
- Compare brands of frozen and canned items to get the best deals.

Keeping Produce Fresh

Encourage a client to buy both fresh as well as canned or frozen fruits (preferably in 100% juice or water) vegetables, and juices. Use the fresh produce first and save the canned items for later in the week. Buy both ripe and not-so-ripe fresh fruits and vegetables. For example, buy both yellow and green bananas so that the not-so-ripe bananas will last a few days longer and be ready to eat after the ripe ones are gone.

Clients who Have Difficulty with Eating

Clients who have difficulty with eating are at higher risk for malnutrition. Watch for any of these challenges and try to find strategies to help the client eat well. Report and document any changes in a client's condition or any signs of malnutrition.

Difficulty Chewing

Chewing problems can be due to dentures or other mouth pain. Encourage a client to visit their dentist since many problems are treatable. Encourage a client to try:

- cooking all foods until soft and tender; and
- cutting food into small bites and eating slowly.

Foods to Serve

- Fruit and vegetable juices
- Soft canned fruit
- Creamed and mashed vegetables
- Substituting ground or finely cut meats in place of whole meats
- Eggs, yogurt, puddings and soup (never use raw eggs)
- Cooked cereals, rice, bread pudding and soft cookies
- Foods with sauces to make them moist and easy to chew

Lack of Appetite

A client may not feel like eating due to a reduced ability to taste and smell, medications, depression, denture pain, or constipation. Encourage the client to try:

- talking with their doctor;
- eating 4-6 smaller meals during the day;
- increasing their activity level (if able);
- choosing healthy, high calorie, high protein foods or adding nutritionally balanced drinks;
- eating the biggest meal when their appetite is best; and
- adding more spices and/or herbs to food to increase the flavor.

Dysphagia

Foods that are difficult for clients with dysphagia to eat include:

Foods that Fall Apart	Bulky or Sticky Foods
Dry bread, crackers	Fresh white bread
Chips and nuts	Peanut butter
Thin, pureed applesauce	Plain mashed potatoes
Plain rice	Bananas
Thin, hot cereal	Refried beans
Plain ground meats	Bran cereals
Cooked peas or corn	Chunks of plain meat
	Raw vegetables and some fruits

Food Preparation

Foods can be thickened or thinned to individual requirements. Many foods can be used to change a liquid to a different consistency. For example:

To thicken foods, add:	To thin foods, add:
Bread crumbs	Broth
Cornstarch	Bouillon
Cooked cereals (cream of wheat or rice)	Gravy
Custard mix	Juice
Graham cracker crumbs	Liquid flavored gelatin
Gravy	Melted hot butter/margarine
Mashed potatoes/instant potato flakes	Milk (hot or cold)
Plain unflavored gelatin powder	Plain yogurt
Pureed fruits, meats, vegetables	Strained pureed soups
Saltine cracker crumbs	Water
Plain sauces (white, cheese, tomato)	

You may see orders for thickness such as nectar thick (easily pourable, similar to thicker cream soups), honey thick (slightly thicker and less pourable, similar to liquid honey), or spoon thick (holds its own shape, cannot pour, usually eaten with a spoon, similar to pudding or yogurt). The amount of thickening agent needed to reach a certain food consistency varies depending on the food being thickened and on the thickening agent used. **Always follow the doctor's orders specific to consistency of foods and liquids.**

Thickened Beverages

Clients who have dysphagia get dehydrated quickly if they are not offered enough beverages. They are also at great risk of aspiration (inhaling of foods or fluids) if they are served thin liquids.

If the client's doctor has prescribed thickened liquids and/or pureed foods, follow your workplace's policies or instructions to ensure proper preparation for these items.

Tips to Make Foods Easier to Chew and Swallow

- To avoid forming a hard crust on the top of a food or around the edges, cook the food in a covered casserole dish.
- To make soft scrambled eggs, cook the eggs in the top of a double boiler.
- To keep meat or fish moist, cook in juice or soup.
- To make pureed meat, first drain soft, cooked meat. Place meat in a food processor or blender to make a paste. Add hot liquid (broth) to the paste and thin to desired consistency.

Sample Menu

Breakfast	• Coffee or tea or a fruit and vegetable smoothie • Suitable cereal (e.g. oatmeal or cream of rice served with brown sugar and whipped cream)
Mid-Morning	• Juice • Smooth full fat yogurt or fortified milkshake
Lunch	• Thick vegetable and meat soup • Mashed potatoes • Pureed spinach • Pureed fruit or applesauce
Afternoon	• Beverage of choice • Soft fruit and/or pudding
Evening	• Soup • Soft mean or beans • Mashed potato • Soft-boiled vegetables • Fruit (banana or stewed fruit) • Beverage of choice
Late Evening	• Pudding or flavored gelatin

Recipes

Fruit shake

- In a blender, combine 1½ cups of fresh, frozen, or canned fruit with 1 cup milk.
- Mix until smooth.

Fruit blend

- In a blender, mix ¼ cup apple juice, ¼ cup orange juice, and 1 cup canned peaches or pears.
- Mix until smooth.

High-protein smoothies

- In a blender, mix 1 cup fruit-flavored yogurt and 1 cup milk with soft, fresh, peeled fruit or soft, canned fruit and 1 cup of cottage cheese.
- Mix until smooth.

Cottage cheese pudding

- Mix together ¼ cup cottage cheese and 3 tablespoons of pureed fruit.
- Chill.

Creamed vegetable soup

- In a blender, add ½ cup strained or very soft cooked vegetable, ½ cup fortified milk, cream, or plain yogurt, 1 teaspoon margarine, salt, onion powder, and crushed dried parsley flakes to taste.
- Mix to desired consistency.

Tips for Getting a Good Night's Sleep

If you are having sleep problems (not able to fall asleep, wake up too often, don't feel well-rested when you wake up in the morning) or simply want to improve the quality and quantity of your sleep, try the following techniques.

- Establish a regular time for going to bed and getting up in the morning.
- Avoid naps, especially in the evening.
- Get to bed as early as possible.
- Avoid using loud alarm clocks.
- Keep the bedroom relatively cool, well ventilated, and in complete darkness if possible.
- Use the bed for sleep only, excessive time in bed seems to fragment sleep.
- Do something relaxing in the half-hour before bedtime. Reading, meditation, or a leisurely walk are all appropriate activities.
- Exercise in the morning is best. However, if the morning does not work then exercise before dinner. A low point in energy occurs a few hours after exercise; sleep will then come more easily. Exercising close to bedtime, however, may increase alertness.
- Take a hot bath about an hour and a half to two hours before bedtime. This alters the body's core temperature rhythm and helps people fall asleep more easily and more continuously. Taking a bath close to bedtime can also increase alertness.
- Eat light meals and schedule dinner four to five hours before bedtime. A light snack such as fruit or a slice of turkey meat can help sleep. A large meal prior to going to bed may have the opposite effect.
- Avoid fluids just before bedtime so that sleep is not disturbed by the need to urinate.
- Avoid caffeine in the hours before sleep.
- Avoid alcohol beverages prior to going to bed.
- If you are still awake 20 minutes after trying to get to sleep, go into another room and read, journal, or do a quiet activity using dim lighting until feeling very sleepy. Avoid watching television, using your computer, cell phone or tablet, or using bright lights.
- If a specific worry is keeping you awake, try to think of the problem in terms of images rather than in words. Or, take some time to write it down so you don't have to hang onto it. This method may allow you to fall asleep more quickly and to wake up with less anxiety.
- The essential oil of lavender, chamomile, bergamot oil, valerian oil, and others promotes calming that leads to sleep.
- Wear socks to bed. It can be helpful to dab a little essential oil on the bottom of your feet before you put the socks on.
- Maintain a healthy weight.

Stretching

Flexibility is necessary to perform tasks that require bending, lifting, twisting, and reaching. Muscles shrink and weaken if they are not used. If your muscles are not flexible you may be at risk for muscle pulls or tears which can be very painful.

Stretching will help you maintain good posture, keep your joints functional, and will prevent certain injuries.

Stretching tips

- Warm up the body prior to stretching as this will increase blood flow around the body and your muscles will become more limber.
- If you are unable to warm-up, then stretch after a warm shower or bath. Your muscles will be more pliable and receptive to stretching.
- Begin with gradual mobility exercises of all the joints (e.g., rotate the wrists, bend your arms, and roll your shoulders).
- It only takes 5 to 10 minutes, and you can do the exercises wherever you may feel comfortable.
- Never bounce while stretching as it can cause muscle damage.
- Hold the stretch for 15 to 20 seconds. You may feel some discomfort, if you feel pain then you must stop the stretching exercise.
- Remember to breathe, do not hold your breath.
- Don't do stretching exercises as soon as you wake up. This is the time when you are most likely to pull a muscle.

Water aerobics and swimming are also excellent for increasing flexibility. The warmer water helps relax muscles and the reduction of gravitational pull allows for a wider range of motion.

Stretching Exercises

Stretches side of neck

1. Sit or stand with arms hang loosely at sides.
2. Tilt head sideways, first one side then the other.
3. Hold for 5 seconds, relax, and repeat 1-3 times.

Stretches back of neck

1. Sit or stand with arms hanging loosely at sides.
2. Gently tilt head forward to stretch back of neck.
3. Hold 5 seconds, relax, and repeat 1-3 times.

Stretches side of shoulder and back of upper arm

1. Stand or sit and place right hand on left shoulder.
2. With left hand, pull right elbow across chest toward left shoulder
3. Hold 10 to 15 seconds, relax, and repeat on other side.

Stretches shoulder, middle back, arms, hands, fingers, wrist

1. Interlace fingers and turn palms out.
2. Extend arms in front at shoulder height.
3. Hold 10 to 20 seconds, relax, and repeat.

Stretches triceps, top of shoulders, waist

1. Keep knees slightly flexed.
2. Stand or sit with arms overhead.
3. Hold elbow with hand of opposite arm.
4. Pull elbow behind head gently as you slowly lean to side until mild stretch is felt.
5. Hold 10 to 15 seconds, relax, and repeat on other side.

Stretches middle back

1. Stand with hands on hips.
2. Gently twist torso at waist until stretch is felt. Keep knees slightly flexed.
3. Hold 10 to 15 seconds, relax, and repeat on other side.

Stretches front on thigh (quadriceps)

1. Stand near a wall and place left hand on wall for support.
2. Standing straight, grasp top of left foot with right hand.
3. Pull heel toward buttocks.
4. Hold to 20 seconds, relax, and repeat on other side.

Stretches calf

1. Stand near a wall and lean on it with forearms, with head resting on hands.
2. Place right foot in front of you, leg bent, left leg straight behind you.
3. Slowly move hips forward until you feel stretch in calf of left leg.
4. Keep left heel flat and toes pointed straight ahead.
5. Hold easy stretch 10 to 20 seconds. Do not bounce or hold your breath.
6. Repeat on other side.

Stretches inner thigh, groin

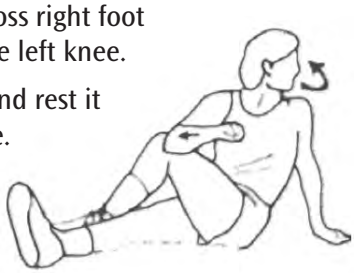
1. Stand with feet pointed straight ahead, a little more than shoulder-width apart. If necessary, hold on to something (chair, etc.) for balance.
2. Bend right knee slightly and move left hip downward toward right knee.
3. Hold 10 to 15 seconds, relax, and repeat on other side.

Stretches side of hip, hamstrings

1. Sit on floor with right leg straight out in front.
2. Bend left leg, cross left foot over, place outside right knee.
3. Pull left knee across body toward opposite shoulder.
4. Hold 10 to 20 seconds, relax, and repeat on other side.

Stretches lower back, side of hip, and neck

1. Sit on floor with left leg straight out in front.
2. Bend right leg, cross right foot over, place outside left knee.
3. Bend left elbow and rest it outside right knee.
4. Place right hand behind hips on floor.



5. Turn head over right shoulder, rotate upper body right.
6. Hold 10 to 15 seconds, relax, and repeat on other side.

Stretches shoulders, arms, hands, feet and ankles

1. Lie on floor, extend arms overhead, keep legs straight.
2. Reach arms and legs in opposite directions.
3. Stretch 5 seconds, relax.

Encouraging a Client to be Physically Active

Many people with some level of disability or chronic illness assume it is too late to make changes. However, there is strong, scientific evidence that it is rarely too late for healthy life-style choices to positively, and often greatly, impact a person's physical, emotional, and mental health.

Strengthening activities can help a client:

- keep muscles and bones strong;
- increase strength and independence;
- reduce the need for a cane; and
- reduce the risk of bone fractures and other injuries or make recovery faster if they are injured.

Regular endurance (aerobic) activity can help a client:

- lose or maintain weight;
- strengthen the heart and lower your blood pressure and cholesterol;
- keep joints moving and reduce arthritis pain;
- lower stress and boost their mood;
- have more energy; and
- meet new friends by joining a class or walking group.

A Caregiver's Role in a Client's Physical Activity

Your role as a caregiver is to support the client to remain as physically active as possible. This can mean:

- giving the client extra time for them to do a task by themselves;
- having a good understanding of the key benefits of remaining active;
- helping the client understand the many benefits to them of remaining active;
- serving as a role model by making healthy choices and being physically active; and
- encouraging the client to talk with their health care provider about this issue and steps they can take to stay or become more physically active.

Always rely on the client's care plan and the client themselves to understand their abilities, goals, and preferences.

Additional Resources

Excellent, free information that gives examples and illustrations on how to do strengthening, endurance, balance, and flexibility exercises is available at nia.nih.gov/health/exercise-physical-activity

Common Diseases and Conditions

Arthritis

WHAT IT IS

Arthritis is a chronic condition that causes pain in joints. There are different kinds of arthritis, which require different treatments. The major kinds of arthritis are:

Osteoarthritis (OA) – the most common type of arthritis that affects weight-bearing joints including hands, fingers, hips, knees, and spine. OA causes stiffness and pain in the affected joints.

Rheumatoid arthritis (RA) – a degenerative joint disease that causes stiffness and pain. RA can affect any or all of the joints of the body, and is accompanied by fever, fatigue, and a general sense of not feeling well. RA has the potential for causing the most damage, since it can affect almost all of the joints of the body.

Gout – is caused by uric acid build-up in the body resulting in pain, redness, and swelling in small joints, mainly the great toe.

SIGNS/SYMPTOMS

- Redness, swelling, or warmth in a joint
- Reduced ability to move the joint
- Aching pain and/or stiffness in the joint(s)
- Stiffness in the morning
- Slower movement
- Complaints of aches and pains, or avoidance of activities

TYPES OF TREATMENTS

Goals of treatment are to reduce pain and inflammation, slow down or stop joint damage, and improve the person's ability to function. Many treatments may be used at one time, and may include:

- **prescription and OTC medications** to treat pain and decrease inflammation;
- **nutritious diet** to maintain or decrease weight and improve overall health;
- **rest** to improve the body's ability to repair itself;
- **exercise or stretching** to increase joint mobility and decrease stiffness; and
- **surgery** to replace a joint (commonly hip and knee).

Alternative therapies may include:

- **heat and cold therapy** – for some kinds of arthritis, heat can temporarily relax joints, especially before exercise. Hot compresses and warm baths can help. Cold compresses can be applied to sore joints to decrease pain;
- **acupuncture** – many people with arthritis believe that acupuncture reduces pain and/or decreases stress associated with the disease;
- **stress reduction** – stress may affect the amount of pain a person feels. Support groups and visualization techniques, along with other ways to relax and find comfort, can help to reduce stress;
- **vitamins and herbal supplements**; and
- **massage**.

THINGS TO AVOID

- Non-activity or over exercising
- Taking medications, vitamins or herbal supplements without advice from the doctor or more frequently than recommended

WAYS TO PREVENT

Many cases are not preventable. The goal in these instances is to diagnose and treat arthritis early. For those cases that are preventable:

- maintain a healthy weight;
- get regular exercise (taking care not to overuse the joints);
- avoid repetitive motions in the same joints;
- rest when needed; and
- eat a healthy diet with fruits and vegetables, along with vitamin supplements.

Arthritis (continued)

CAREGIVING TIPS

THINGS TO WATCH FOR

- Side effects of medications

THINGS YOU CAN DO TO HELP

- Offer frequent rest breaks in combination with exercise.
- Encourage client to take prescribed medications.
- Help arrange the client's environment so that they can be as independent as possible.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
  1 AMS Circle
  Bethesda, MD 20892-3675
  (877) 22-NIAMS
  niams.nih.gov
- Arthritis Foundation (National)
  1355 Peachtree St NE Suite 600
  Atlanta, GA 30309
  1-800-283-7800
  arthritis.org

Bipolar Disorder

WHAT IT IS

Bipolar disorder, also called manic depression, is a serious brain disorder that causes extreme highs and lows in mood, energy, and functioning. It is a chronic and life-long condition.

SIGNS/SYMPTOMS

Because bipolar disorder has two phases, mania and depression, symptoms are different depending upon where the person is in their cycle of the disorder. Signs/symptoms of **manic phase** may include the following.

- Extremely happy mood
- Irritable and/or angry mood
- Increased energy and activity
- More thoughts and faster thinking than normal
- Increased talking and faster speech than normal
- Unrealistic beliefs in one's abilities and powers
- Poor judgment
- Increased sexual interest and activity
- Decreased sleep

Signs/symptoms of **depressive phase** may include the following.

- "Low" mood
- Decreased energy and activity
- Change in appetite (either eating more or less)
- Change in sleep patterns (either more or less)
- Restlessness and irritability
- Less talking, slower speech
- Less interest and participation in activities normally enjoyed
- Decreased sexual interest and activity
- Feelings of hopelessness and helplessness
- Feelings of guilt and worthlessness
- Negative outlook
- Thoughts of suicide

TYPES OF TREATMENTS

Since bipolar disorder cannot be cured, the goal of treatment is to manage symptoms with medications to treat mania and depression, behavioral therapy, and support groups.

THINGS TO AVOID

Taking herbal or OTC medications in combination with prescribed medications without first talking with the doctor.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Talk of suicide – get help immediately.
- Self-harm or behaviors that could harm others – get help immediately.
- Times when the client chooses not to take prescribed medications – notify your supervisor and the prescriber.

THINGS YOU CAN DO TO HELP

- Encourage the client to take medications as ordered.
- Encourage meaningful activity.
- Listen to the client.
- Encourage the client to do as much for self as they can.
- Provide consistent routines.
- Encourage client to make healthy choices in diet and exercise.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Alliance on Mental Illness (NAMI)
  4301 Wilson Boulevard, Suite 300
  Arlington, VA 22203
  1-800-950-NAMI
  nami.org

Cancer

WHAT IT IS

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start with this abnormal cell growth.

SIGNS/SYMPTOMS

Many symptoms are related to where the cancer is located in the body (e.g. blood in stool from colon cancer or shortness of breath from lung cancer). Some cancers may not have any symptoms. The following symptoms are common with most cancers.

- Fever
- Chills
- Night sweats
- Weight loss
- Loss of appetite
- Fatigue

TYPES OF TREATMENTS

Treatment options may be used alone or combined, depending on the type of cancer and the condition of the client. Treatments include the following.

- **Surgery** - if the cancer is contained to one area and has not spread, surgery may remove all or part of the cancer.
- **Radiation therapy** - targets and kills cancer cells in a certain area of the body. Radiation can also affect normal cells.
- **Chemotherapy** - a course of drugs that kill cells throughout the body, both cancerous and normal cells.
- **Medications** - used to treat the symptoms of cancer and side effects of treatment (e.g. pain, fever, infection, and/or nausea).
- **Alternative therapies** - either alone or in combination with the other options listed above, including:
  - acupuncture;
  - vitamins, minerals, and herbs;
  - nutrition;
  - meditation; and
  - faith healing.

THINGS TO AVOID

- Smoking or chewing tobacco
- High fat foods
- People with infectious illnesses – people with cancer have immune systems that are not working well, so they are more likely to get an infection.

WAYS TO PREVENT

Some forms of cancer are the result of family history (genetics). Although they cannot be prevented, they may be detected early for timely treatment. Efforts to prevent cancer include the following.

- Avoid excessive alcohol, sun exposure and tanning beds, and tobacco.
- Eat a low-fat healthy diet with plenty of fruits and vegetables.
- Maintain a healthy weight.
- Exercise regularly.
- Get regular check-ups from the doctor.
- Avoid environmental pollution like second-hand smoke and car exhaust.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Pain
- Infection
- Weight loss
- Confusion
- Depression

THINGS YOU CAN DO TO HELP

- Encourage the client to exercise, rest often, eat nutritious meals, and drink fluids.
- Provide things that will bring comfort and decrease pain.
- Be sensitive to the client's physical and emotional state.

WHERE TO GET MORE INFORMATION

- The client's doctor
  The American Cancer Society
  1-800-ACS-2345
  cancer.org

Cataract

WHAT IT IS

A cataract is a clouding of the lens in the eye that decreases vision. Most cataracts are related to aging. A cataract can occur in either or both eyes. Because cataracts grow slowly, vision gets worse over time.

SIGNS/SYMPTOMS

- Cloudy or blurred vision
- Lights may appear too bright, like a glare - a halo may appear around lights
- Colors don't appear as brilliant
- Poor night vision
- Frequent changes in glasses or contact prescriptions

TYPES OF TREATMENTS

Early treatment includes the following.

- New prescription for eyeglasses or contact lenes
- Better lighting
- Anti-glare glasses and sunglasses
- Use of a magnifying glass

After the above options have been tried, the only other treatment is surgery. If a client has cataracts in both eyes, surgery will be done on one eye at a time to allow for healing between surgeries.

THINGS TO AVOID

- Bright lights
- Driving at night

WAYS TO PREVENT

- Wear sunglasses and a hat with a brim to block the sun.
- Avoid smoking.
- Eat healthy, with plenty of fruits and vegetables – especially dark, leafy greens.
- Monitor and manage high blood pressure and diabetes.
- Avoid excessive alcohol.
- Get regular eye exams.

CAREGIVING TIPS

THINGS TO WATCH FOR

- If client has had surgery, they may experience post-surgery pain.
- Remove tripping hazards in the home – ensure pathways are clear.

THINGS YOU CAN DO TO HELP

- Assist client to get reading materials with large print.
- Ensure the home has adequate lighting.
- Assist client to walk as needed, especially in unfamiliar areas or uneven ground.
- Keep client's glasses clean and within reach.
- Encourage client to make and keep eye appointments.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Eye Institute Information Office
  31 Center Drive MSC 2510
  Bethesda, MD 20892-2510
  (301) 496-5248
  2020@nei.nih.gov
  nei.nih.gov

Congestive Heart Failure (CHF)

WHAT IT IS

CHF is when the heart grows weaker and cannot pump enough blood throughout the body. This results in blood backing up into the lungs and/or other parts of the body. CHF often develops gradually over years but can happen suddenly.

SIGNS/SYMPTOMS

- Shortness of breath
- Cough
- Swelling in the legs and feet
- Weight gain
- Decreased alertness or concentration
- Sleep problems
- Dizziness

TYPES OF TREATMENTS

- **A healthy life-style** to manage some of the symptoms of CHF
- **Medications**
  - Diuretics or "water pills" to decrease swelling
  - Pills to lower blood pressure
  - Pills to make the heart beat stronger and slower
- **Oxygen therapy** to help with breathing
- **Treating other illnesses** to improve symptoms of CHF
- **Fluid restriction** to avoid buildup of fluid in the lungs

THINGS TO AVOID

- High-fat, high-salt foods
- Smoking
- Excessive alcohol
- Environments that are too hot or too cold

WAYS TO PREVENT

- Make healthy choices in diet (including a low-salt diet), exercise, and alcohol consumption.
- Avoid smoking.
- Keep other chronic illnesses like diabetes or heart disease under control.

CAREGIVING TIPS

THINGS TO WATCH FOR

The following symptoms are serious and should be reported immediately.

- Sudden weight gain
- Shortness of breath that gets worse
- Leg swelling that is new
- Coughing or wheezing
- Needing to sleep propped up or sitting up
- Chest pain or a heavy feeling in chest

THINGS YOU CAN DO TO HELP

- Encourage the client to make and keep doctor appointments.
- Encourage the client to take medications as prescribed.
- Encourage client to make healthy choices in diet and exercise.
- Encourage the client to wear clothing that is:
  - not too tight – tight socks, stockings, shoes, etc. may block blood flow; and
  - appropriate for the weather – clothes that will make the client too warm or too cold causes the body to work harder to keep at the right temperature.
- Assist the client to conserve their energy when doing daily activities.
- Be aware if the client has or uses nitroglycerin (NTG) tablets.

WHERE TO GET MORE INFORMATION

- The client's doctor
  National Heart, Lung, & Blood Institute (NHLBI)
  Building 31
  31 Center Drive
  Bethesda, MD 20892
  (877) 645-2448
  nhlbi.nih.gov
- American Heart Association National Center
  7272 Greenville Avenue
  Dallas, TX 75231
  1-800-AHA-USA-1 or 1-800-242-8721
  americanheart.org

Chronic Obstructive Pulmonary Disease (COPD)

WHAT IT IS

COPD is a group of lung diseases that damages the lungs making it difficult to breathe. The airways (the tubes and air sacs that carry air in and out of the lungs) are partly blocked or damaged, making it hard to get air in and out. Smoking is the leading cause of COPD. Common types of COPD are emphysema and chronic bronchitis.

SIGNS/SYMPTOMS

- Shortness of breath
- Cough that doesn't go away
- Excess mucus
- Wheezing
- Chest tightness
- Decreased exercise tolerance

TYPES OF TREATMENTS

COPD cannot be cured. The client's doctor will recommend treatments that help relieve symptoms and help the client breathe easier. The goals of COPD treatment are to:

- relieve symptoms;
- slow the progress of the disease;
- keep the client active;
- prevent and treat breathing problems; and
- improve overall health.

The treatments for COPD may include:

- drug/inhaler therapy (to open airways and decrease inflammation);
- oxygen therapy;
- exercise; and
- a low-salt, nutritious diet with adequate fluids.

THINGS TO AVOID

- Smoking
- Salt/sodium
- Junk foods
- Caffeine

WAYS TO PREVENT

- Avoid smoking.
- Stay away from second-hand smoke, environmental pollutants, and car exhaust.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Increased shortness of breath
- Signs of infection - increased mucus or change in color, fever, confusion
- Weight loss
- Signs of depression – COPD limits many activities

THINGS YOU CAN DO TO HELP

- Offer frequent, nutritious, smaller meals instead of 3 large meals during the day. Eating and drinking can increase shortness of breath and be uncomfortable for client.
- Avoid wearing perfume, perfumed hairspray or lotions, and other scents that can irritate the lungs.
- Encourage activity with rest periods.
- Prop pillows or raise the head of the bed to help the client breathe easier. Clients with COPD may not be able to catch their breath when lying flat.
- Offer plenty of water, if ok with the doctor. Water thins mucus in the lungs.
- Encourage the client to get a one-time pneumococcal vaccination and an annual flu shot.
- Allow plenty of time for activities.
- Do not smoke near any client.

WHERE TO GET MORE INFORMATION

- The client's doctor
- American Lung Association (National)
  61 Broadway, 6th Floor New York, NY 10006
  1-800-LUNGUSA
  lung.org
- The American Lunch Association in WA
  5601 6th Ave S Ste 460
  Seattle, WA 98108
  (206) 441-5100
  InfoMTP@Lung.org
- National Heart, Lung, & Blood Institute
  NHLBI Health Information Center
  PO Box 30105
  Bethesda, MD 20824-0105
  (301) 592-8573
  nhlbi.nih.gov

Dementia

WHAT IT IS

Dementia is not a normal part of aging or a disease. The term "dementia" describes symptoms of a disease, injury, or illness. Dementia can impair memory, communication and language, focus and attention, reasoning and judgement, and vision. Many diseases cause dementia, including Alzheimer's disease and vascular disease. Types of progressive dementia include the following.

- Vascular, or multi-infarct dementia
- Lewy Body
- Huntington's dementia
- Parkinson's dementia
- Pick's disease
- HIV/AIDS dementia
- Korsakoff's disease (related to alcoholism or chronic thiamine deficiency)

Delirium

It is important to watch for and report any sudden confusion or other dementia-like symptoms. Delirium can be reversed with proper medical evaluation and treatment. Possible reasons for delirium include the following.

- Infection (often pneumonia or urinary tract infection)
- Dehydration/poor nutrition
- Electrolyte imbalance, diabetes out of control, thyroid problems, renal problems
- Medications

SIGNS/SYMPTOMS

- Progressive memory loss
- Inability to concentrate
- Decrease in problem-solving skills and judgment capability
- Confusion
- Hallucinations and delusions
- Altered perception
- Inability to recognize familiar objects or persons
- Disturbance or change in sleep-wake cycle
- Impaired motor functions including:
  - inability to dress self in later stages or do other things to care for self;
  - gait changes/fall risk; and
  - inappropriate movements.
- Disorientation, including:
  - person, place, time;
  - visual-spatial; and
  - inability to interpret environmental cues.
- Unable to problem-solve or learn
- Absent or impaired language ability, including:
  - inability to understand what others are saying;
  - inability to read and/or write;
  - inability to speak;
  - inability to name objects;
  - inappropriate speech; use of jargon or wrong words; and
  - persistent repetition of phrases.
- Personality changes, including:
  - irritability;
  - poor temper control;
  - anxiety;
  - indecisiveness;
  - self-centeredness;
  - inflexibility;
  - no observable mood (flat affect);
  - inappropriate mood or behavior;
  - inappropriate sexual behavior; and
  - inability to function or interact in social or personal situations.

Dementia (continued)

TYPES OF TREATMENTS

Because there is no cure for dementia, the goal of treatment is to control symptoms. The first step is evaluation of the client's health status, to make sure that another illness or a side effect of a medication is not creating increased confusion. Treatments can include:

- **Making changes in the environment** – creating an environment that is safe, with familiar surroundings and people;
- **Behavioral interventions** – reinforce desirable behaviors, responding appropriately to challenging behaviors, and anticipating the client's needs; and
- **Medication** – medication options specifically designed to treat dementia may slow the progression of the disease.

THINGS TO AVOID

- Medications used as chemical restraints – medications should be used to treat symptoms, not for staff convenience.
- Medications that were not prescribed by the client's doctor including over-the-counter (OTC) and herbal medications should not be taken.
- Many medications have side effects that may make the symptoms of dementia worse or increase behavioral symptoms.
- Reality orientation – reminding the person, telling them that they are wrong or not remembering something correctly.
- Avoid arguing with the client.

WAYS TO PREVENT

The cause of dementia is unknown. Many studies have been done, with new ideas of what factors cause dementia. Some common prevention themes include:

- making healthy choices in diet and exercise; and
- challenging your mind with games, crossword puzzles, and brain teasers.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Sudden increased confusion, increased or worsening behavioral symptoms – these may be signs of delirium (acute state of mental confusion) that must be treated immediately.
- Depression – many people with dementia become depressed.
- Pain or discomfort – people with dementia may be unable to tell you about pain or discomfort and these may be reflected in behaviors.

THINGS YOU CAN DO TO HELP

- Listen to the client, allow them time to reminisce.
- Slow down and allow more time for activities.
- Let the client do as much for themselves as possible.
- Don't "reality orient" the client – validate their feelings.
- If the client is experiencing a behavioral symptom, try to figure out what is causing that behavior (e.g. physical problems causing pain).
- Take care of yourself – it takes a lot of energy and patience to care for someone with dementia.

WHERE TO GET MORE INFORMATION

- The client's doctor
- Alzheimer's Association of Washington
  1-800-272-3900
  alzwa.org

Depression

WHAT IT IS

Depression is a feeling of sadness that becomes severe. It may last for long periods of time, and may prevent someone from living life as they would otherwise prefer. Depression is ranked in terms of severity including mild, moderate, or severe. The causes of depression can include:

- family history of depression;
- chemical imbalance or other physical problems in the brain;
- trauma and stress;
- physical illness; and
- other mental illnesses, like anxiety or schizophrenia.

SIGNS/SYMPTOMS

- Constant sad, anxious, or "empty" mood
- Crying, tearfulness, or inability to cry
- Feelings of hopelessness, guilt, or worthlessness
- Loss of interest, pleasure, or withdrawal from hobbies and/or social activities that were once enjoyed
- Decreased energy, fatigue
- Trouble concentrating, remembering, making decisions
- Changes in sleep patterns
- A dramatic change in appetite, resulting in weight gain or weight loss
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Constant physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and/or chronic pain

TYPES OF TREATMENTS

The degree of the depression influences treatment and can include:

- antidepressant medication;
- psychotherapy or "talk therapy";
- alternative therapies such as acupuncture, massage, light therapy, herbal therapies, and megavitamin treatment; and
- healthy diet and regular exercise.

THINGS TO AVOID

- Alcohol and other depressants
- Social isolation

WAYS TO PREVENT

No one thing causes or prevents depression. Ideas that might help someone get through tough times are:

- good coping skills;
- a trusted person to talk to;
- counseling before the depression gets worse;
- healthy life-style habits; and
- volunteering or getting involved in group activities to avoid social isolation.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Client's talk of suicide and/or death
- Increase in symptoms
- Medication side-effects

THINGS YOU CAN DO TO HELP

- Break large tasks into smaller ones, and encourage client to do the best they can.
- Help the client set and reach realistic goals.
- Encourage the client to:
  - stay socially active and involved;
  - be physically active;
  - take prescribed medications and attend therapy; and
  - listen and offer support.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Institute of Mental Health (NIMH)
  6001 Executive Blvd, Room 6200, MSC 9663
  Bethesda, MD 20892-9663
  (866) 615-6464
  nimh.nih.gov/index.shtml
- Depression and Bipolar Support Alliance (DBSA)
  55 E Jackson Blvd, Suite 490
  Chicago, IL 60604
  (800) 826-3632
  dbsalliance.org

Developmental Disability

WHAT IT IS

Approximately 1.49% of the population, or 89,000 children and adults in Washington, may have a diagnosis of developmental disability that qualifies them for state services.

The causes and kinds of developmental disabilities vary greatly. Below are some examples.

Intellectual Disability

People with intellectual disability are individuals who have difficulty learning general knowledge or adapting to the environment.

The most common cause of intellectual disability is Down Syndrome, which is a condition caused by a chromosomal abnormality where an extra chromosome affects the development of the brain and body.

Other causes of intellectual disability include:

- infections such as rubella;
- intoxications during pregnancy such as Fetal Alcohol Syndrome (FAS);
- poor environmental factors in early life; and/or
- brain damage before the age of eighteen.

There is a wide variation in the level of intellectual disability and each individual will have different abilities and needs.

Cerebral Palsy

Cerebral Palsy is a general term used to describe a group of chronic disorders that cause difficulty in controlling movement. The disorder appears in the first few years of life, and generally does not worsen over time.

People with cerebral palsy may have limited control over their muscles and limbs. There may be excessive muscle tightening, stiffness of the body or limbs, shaky muscles, slurred speech, and slow, or uncontrolled movements.

Persons with cerebral palsy have very different kinds of abilities and disabilities (e.g. blindness, deafness, epilepsy, or intellectual disability). Many people with cerebral palsy have average or above average intelligence.

Epilepsy

Epilepsy is a brain disorder involving recurring seizures. Seizures are episodes of disturbed brain function that cause changes in attention and/or behavior. Seizures can be related to:

- injury to the brain (e.g. stroke or head injury);
- an inherited abnormality;
- a temporary condition, such as exposure or withdrawal from certain drugs, or exposure to sodium or glucose in the blood (repeated seizures may not recur once the underlying problem is corrected); or
- no identifiable cause.

The severity of symptoms can vary from simple staring spells to loss of consciousness and violent convulsions.

According to the Epilepsy Foundation of America, in 50% to 80% of cases, seizures can be successfully controlled by appropriate medication and treatment. People with epilepsy have the same range of intelligence as others. Males and females are affected equally.

Autism

Autism is a complex developmental disorder that normally appears in the first 3 years of life, affects the brain's normal development, and results in a wide range of behavior. Autism occurs more often in males than females.

The symptoms may vary from mild to severe and include:

- impaired social interactions (e.g. wanting social isolation, experiencing social awkwardness, inability to participate comfortably in two-way conversations);
- impaired verbal and nonverbal communication (e.g. not speaking at all, unable to interpret body language); or
- restricted and repetitive patterns of behavior (e.g. difficulty learning abstract concepts, generalizing information, and tolerating changes in routines and/or environments).

With appropriate therapy, many of the symptoms of autism can be improved, though most people will have some symptoms throughout their lives.

Developmental Disability (continued)

TYPES OF TREATMENTS

The primary goal of treatment for any person living with a disability is to develop the person's potential to their fullest. Some interventions may include the following.

- Occupational therapy
- Physical therapy
- Speech therapy
- Education to obtain and maintain work
- Life skills training

CAREGIVING TIPS

Adults with disabilities want to be treated as independent people. Always offer age-appropriate choices, particularly if a person cannot directly express what they want.

The person with disabilities is the best judge of what they can or cannot do. Don't make decisions for them about participating in any activity.

WHERE TO GET MORE INFORMATION

- The Washington State Division of Developmental Disabilities' website is an excellent resource for additional information and resources.
  dshs.wa.gov/dda
- The Arc of Washington State
  2638 State Avenue NE
  Olympia, WA 98506
  www.arcwa.org

Diabetes

WHAT IT IS

The body uses a hormone called insulin to transport sugar (glucose) into the body's cells for energy. If there is very little or no insulin (Type 1 Diabetes), or the body no longer responds to insulin correctly (Type 2 Diabetes), cells don't get needed energy and the glucose builds up in the bloodstream unused. This leftover glucose can cause both short-term and long-term health conditions when not treated.

Type 1 Diabetes is usually diagnosed in childhood. The body makes little or no insulin and daily injections of or an insulin pump are required.

Type 2 Diabetes is much more common and occurs when the body does not produce enough insulin to keep blood glucose levels normal and/or the body does not respond well to the insulin. Type 2 Diabetes usually occurs in adulthood and is on the rise due to the increasing number of older Americans, obesity, and lack of exercise.

SIGNS/SYMPTOMS

Type 1 Diabetes:

- Increased thirst
- Frequent urination
- Weight loss in spite of increased appetite
- Fatigue
- Nausea/vomiting

Type 2 Diabetes:

- Increased thirst
- Frequent urination
- Increased appetite
- Fatigue
- Blurred vision
- Slow-healing infections

Because Type 2 Diabetes develops slowly, some people with high blood sugar experience no symptoms at all.

When caring for a person with diabetes, it is important to notice the symptoms of high and low blood sugar, as well as skin concerns. When diabetes is not managed, life-threatening conditions can happen.

Signs and symptoms of low blood sugar:

- Weakness, shaking
- Drowsiness
- Headache
- Confusion
- Dizziness
- Double vision
- Fast heartbeat
- Convulsions or unconsciousness

Signs and symptoms of high blood sugar:

- Increased thirst and urination
- Nausea
- Deep and rapid breathing
- Hunger
- Drowsiness
- Loss of consciousness

TYPES OF TREATMENTS

There is no cure for diabetes. The short-term goal is to stabilize blood sugar. The long-term goals of treatment are to relieve symptoms and prevent long-term complications such as heart disease and kidney failure.

A client with diabetes will be encouraged to:

- eat a well-balanced diet;
- limit eating processed foods due to increased sugars, fats, and sodium;
- control the intake of carbohydrates;
- limit eating "simple" carbohydrates like white flour, white rice and pasta, sugary foods such as cookies, doughnuts, cakes and pies, and avoid sugary drinks;
- avoid or limit saturated fats;
- take an active role in understanding the basics of good nutrition and its impact on blood sugar;
- exercise and control their weight.

The goal for a client with diabetes is to maintain a healthy diet and control their blood sugar levels. There are many different types of diets recommended for diabetes. People with diabetes might get input from their doctor about what types of foods to eat and what types to avoid. A dietician can also help in planning diets. Normally, a dietitian can design a program specific to the client's medical needs and personal food preferences.

Diabetes (continued)

Medications

People with Type 1 Diabetes take insulin by injection each day, sometimes many times per day. People with Type 2 Diabetes typically take oral medications each day to increase the production of insulin or the body's sensitivity to insulin.

Exercise helps with blood sugar control, weight loss, and high blood pressure. People with diabetes should check with their doctor before starting any exercise program.

THINGS TO AVOID

- Smoking causes decreased blood circulation, especially to the feet.
- Alcohol can have adverse effects on blood sugar.
- Junk food is high in sugar, sodium, and fat.

WAYS TO PREVENT

Type 1 Diabetes is thought to be hereditary and may not be preventable.

People with Type 2 Diabetes are typically overweight and may not be physically active. Prevention can include promoting a healthy low-sugar, low-fat diet with fresh fruits, vegetables, and whole grains and a regular exercise routine.

The American Diabetes Association recommends that all adults be screened for diabetes at least every three years. A person at high risk should be screened more often.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Signs/symptoms of low or high blood sugar
- Skin condition, especially the legs and feet

THINGS YOU CAN DO TO HELP

- Encourage healthy meal choices and regular eating.
- Encourage the client to monitor their blood sugar regularly, if advised by physician.
- Know the client's plan for what to do when blood sugar gets too low or high.
- Encourage client to take all medications.
- Assist the client to inspect their feet daily.
- Encourage the client to avoid clothing that restricts circulation, like tight elastic stockings and socks.
- Encourage the client to wear shoes that fit well, and check for small rocks or other items in the shoes.
- Encourage the client to wear a Medic Alert Diabetes bracelet or necklace.

WHERE TO GET MORE INFORMATION

- The client's doctor
- Diabetes, Level 1 Capable Caregiving for Diabetes
  ALTSA Specialty Training
  DSHS Publication #22-1849
- American Diabetes Association
  2451 Crystal Drive, Suite 900
  Arlington, VA 22202
  (800) 342-2383
  diabetes.org
- National Institute of Diabetes and Digestive and Kidney Diseases
  1-800-860-8747
  niddk.nih.gov/health-information/diabetes

Glaucoma

WHAT IT IS

Glaucoma is a group of eye diseases that can cause vision loss and blindness by damaging the optic nerve in the back of the eye.

SIGNS/SYMPTOMS

Most people with chronic glaucoma do not have any symptoms until vision is lost.

Acute Angle-Closure Glaucoma

Acute angle-closure glaucoma comes on quickly, and some symptoms include:

- eye pain;
- headaches;
- haloes around lights;
- dilated pupils;
- vision loss;
- red eyes; and
- nausea and vomiting.

Go to the emergency room or an eye doctor's office right away if a client experiences some of the symptoms of acute angle-closure glaucoma.

TYPES OF TREATMENTS

- **Medications** – usually eye drops, these medications either decrease the amount of fluid in the eye or help the eye to drain fluid.
- **Surgery** – may create areas for eye fluid to drain, or reopen areas for drainage.

THINGS TO AVOID

- Certain medications such as cold and allergy medications, which can cause acute glaucoma attack for people who have chronic glaucoma
- Caffeine, which can increase eye pressure

WAYS TO PREVENT

- Get regular eye exams for early detection.
- Manage diabetes and high blood pressure well.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Gradual or sudden loss of vision
- Eye pain
- Severe headaches

THINGS YOU CAN DO TO HELP

- Encourage the client to take medications as prescribed.
- Provide a safe environment to prevent falls.
- Assist the client to obtain large-print books and activities, books on tape, etc.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Eye Institute Information Office
  31 Center Drive MSC 2510
  Bethesda, MD 20892-2510
  (301) 496-5248
  2020@nei.nih.gov
  nei.nih.gov

Heart Attack (Myocardial Infarction, or MI)

WHAT IT IS

A heart attack happens when the blood supply to part of the heart muscle is severely reduced or stopped by one or more of the coronary arteries being blocked.

SIGNS/SYMPTOMS

Symptoms of a heart attack may be different for every person. Many people experience "silent" heart attacks, meaning that their symptoms do not include pain in the chest, and are therefore ignored. Common symptoms may include:

- uncomfortable pressure, squeezing, fullness, or pain in the chest;
- pain or discomfort in one or both arms, back, neck, jaw, or stomach;
- shortness of breath;
- feeling of indigestion;
- nausea or dizziness;
- cold sweat;
- feeling light-headed;
- paleness of skin;
- feeling weak or overly tired; and
- unexplained anxiety.

Women tend to have atypical chest pain or to complain of abdominal pain, difficulty breathing, nausea, and unexplained fatigue.

TYPES OF TREATMENTS

During or right after a heart attack, the emergency room staff may give the client medications to break up the blockage, decrease the pain, and get blood flowing to the heart again. The client may undergo surgery to improve blood flow to the heart. Treatments after the heart attack often focus on prevention of another heart attack, and include:

- **medications** - depending on the client's condition, medications may be used to prevent future blood blockages to the heart, increase blood flow, lower blood pressure and/or cholesterol.
- **life-style changes,** including:
  - healthy diet – low salt and fat, high in fruits, vegetables and whole grains;
  - increase exercise;
  - quitting smoking;
  - lose weight, if needed; and
  - decrease and/or better manage stress

WAYS TO PREVENT

- Avoid smoking
- Exercise regularly, maintain a healthy weight
- Eat healthy foods, low in salt and fat and plenty of fruits and vegetables
- Manage stress
- Maintain good blood pressure, blood sugars, and cholesterol levels

CAREGIVING TIPS

These tips are intended for the client who has already had a heart attack.

THINGS TO WATCH OUT FOR

- Find out what kinds of symptoms the client had during their last heart attack and watch for these symptoms. The symptoms of a second heart attack may not be the same as those of a first heart attack. Call 911 immediately if you observe, or the client reports heart attack symptoms.
- Ensure that the client does not overexert themselves. Emotional stress or physical labor can trigger a heart attack.

THINGS YOU CAN DO TO HELP

- Encourage the client to take prescribed medications as ordered.
- Encourage the client to make and keep doctor appointments.
- Remind the client to rest and pace themselves to avoid exhaustion.
- Get training in CPR

WHERE TO GET MORE INFORMATION

- The client's doctor
- Office on Women's Health, U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Washington, DC 202011
  1-800-994-9662
  womenshealth.gov
- American Heart Association National Center
  7272 Greenville Avenue
  Dallas, TX 75231
  1-800-AHA-USA-1 or 1-800-242-8721
  americanheart.org

Hepatitis A, B, C, D and E

WHAT IT IS

Hepatitis is a liver disease caused by the hepatitis virus. Hepatitis is classified by letters, depending on the cause and symptoms of the disease. In the United States, most cases of hepatitis include Hepatitis A, B, and C. Hepatitis D and E are less common.

Hepatitis A

Hepatitis A Is an inflammation of the liver caused by the Hepatitis A virus. Hepatitis A is usually spread from person to person by eating or drinking something contaminated with the Hepatitis A virus. Casual contact does not spread the virus. Hepatitis A usually lasts for a short time.

Hepatitis B and C

Hepatitis B and C are passed by contact with the blood (fresh or dried) or other body fluids of someone who has the Hepatitis B or C virus.

Most people who become infected with Hepatitis B get rid of the virus within 6 months. 10% of people infected with Hepatitis B develop a chronic, life- long infection. Chronic Hepatitis B increases your chance of permanent liver damage, including cirrhosis (scarring of the liver) and liver cancer.

Many people who are infected with hepatitis C do not have symptoms. Hepatitis C is often detected during blood tests for a routine physical or other medical procedure. If the infection has been present for many years, the liver may be permanently scarred.

Hepatitis D

Hepatitis D is passed by contact with blood (dried or fresh) or other body fluids but only occurs if the person also has hepatitis B. Hepatitis D may increase the severity of symptoms associated with all forms of hepatitis B.

Hepatitis E

Hepatitis E is passed through contaminated food or water and is more common in places where people have less access to clean water.

SIGNS/SYMPTOMS

Many people do not show symptoms. For those people who do, symptoms include:

- yellow eyes;
- dark urine;
- nausea/vomiting;
- fever;
- tiredness;
- loss of appetite;
- stomachache; and
- muscle or joint pain.

TYPES OF TREATMENTS

- There is no medical treatment for Hepatitis A. Discomfort can be relieved by rest and proper nutrition.
- Medications are prescribed for people who have chronic hepatitis B or C.
- Treatment is the same for hepatitis D as with hepatitis B.
- There is no treatment for hepatitis E. Hepatitis E usually resolves on its own over several weeks to months.

THINGS TO AVOID

- Alcohol and substances that can be toxic to the liver, like acetaminophen (Tylenol)

WAYS TO PREVENT

- Get vaccinations (hepatitis A and B only).
- Immune Globulin (IG), if used shortly after exposure, can prevent hepatitis from developing.
- Avoid unclean food and water.
- Wash hands often.
- Clean contaminated surfaces with bleach water or other disinfectant.
- Practice safe sex.
- Don't share needles or personal care items (e.g. razors or toothbrushes).
- Avoid tap water when traveling internationally and practicing good hygiene and sanitation.

Hepatitis A, B, C, D and E (continued)

CAREGIVING TIPS

THINGS TO WATCH FOR

- Darker urine color and pale bowel movements – these are late signs of hepatitis.

THINGS YOU CAN DO TO HELP

- Use proper infection control techniques – including washing your hands and keeping the areas cleaned and disinfected.

WHERE TO GET MORE INFORMATION

- The client's doctor
- Hepatitis B Foundation
  3805 Old Easton Road
  Doylestown, PA 18902
  (215) 489-4900
  hepb.org

High blood pressure (Hypertension or "HTN")

WHAT IT IS

Blood pressure is the force in the arteries when the heart beats (systolic pressure or top number) and when the heart is at rest (diastolic pressure or bottom number). High blood pressure is defined in an adult as a blood pressure at or above 130 systolic pressure, or at or above 80 diastolic pressure (130/80). cdc.gov/bloodpressure/facts.htm

SIGNS/SYMPTOMS

Most people with high blood pressure experience no symptoms at all and find out about it while visiting the doctor and having their blood pressure taken. For those people who do have symptoms, they may include the following.

- Headache
- Blurred vision
- Dizziness
- Ringing in ears

TYPES OF TREATMENTS

- **A healthy life-style** - by making healthy choices in diet, exercise and alcohol use, a person can sometimes manage high blood pressure without other treatment.
- **Medications**
- **Alternative therapies** – herbal remedies, acupuncture, meditation, and other alternative therapies may be used alone or in combination with other treatments.

THINGS TO AVOID

- High-fat, high-salt foods
- Smoking
- Excessive use of alcohol
- Stress
- Mixing OTC and/or herbal medicines with medications ordered by the doctor - talk with the doctor before taking these medications.

WAYS TO PREVENT

- Make healthy choices in diet, exercise, and alcohol usage.
- Avoid smoking.
- Decrease stress.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Complaints of headache, dizziness, or blurred vision

THINGS YOU CAN DO TO HELP

- Encourage client to take medications as ordered.
- Encourage the client to make and keep doctor appointments.
- Encourage the client to make healthy food choices (low salt, low saturated fats).
- Encourage and assist the client to do relaxing activities.
- Encourage client to exercise, if able.

WHERE TO GET MORE INFORMATION

- The client's doctor
- American Heart Association National Center
  7272 Greenville Avenue
  Dallas, TX 75231
  1-800-AHA-USA-1 or 1-800-242-8721
  americanheart.org
- National Heart, Lung, & Blood Institute
  NHLBI Health Information Center
  PO Box 30105
  Bethesda, MD 20824-0105
  (301) 592-8573
  nhlbi.nih.gov

Multiple Sclerosis

WHAT IT IS

Multiple Sclerosis (MS) is a chronic, unpredictable, and progressive disease of the central nervous system that attacks and destroys tissues in the brain and spinal cord. There are several forms of MS, but all forms affect nerve function, resulting in problems from mild numbness and difficulty walking to paralysis and blindness.

SIGNS/SYMPTOMS

Some people may have symptoms for a short period of time (relapse), and then may be symptom-free for a long time (remission). Other people may experience symptoms regularly and the symptoms may get worse. Some common symptoms include the following.

- Fatigue
- Visual problems
- Numbness
- Dizziness
- Sexual, bladder and/or bowel dysfunction
- Leg stiffness and/or difficulty walking
- Weakness
- Tremors
- Slurred speech
- Swallowing problems
- Chronic, aching pain
- Mild cognitive changes
- Depression

Symptoms get worse as the client gets tired (often in the late afternoon) or stressed.

Symptoms also tend to get worse as the client's body temperature rises.

TYPES OF TREATMENTS

- **Medications** have been shown to reduce the number and severity of relapses, development of new areas of inflammation, and delay short-term disease progression. Medications are also used to treat symptoms (e.g. pain).
- **Physical therapy** can help the client maintain strength and muscle tone.
- **Speech therapy** can help with slurred speech and swallowing difficulties.
- **Occupational therapy** can help with changes in the client's environment to adapt to physical changes of the disease.
- **Counseling and group therapy** can assist in the emotional aspects of the disease.
- **Life-style changes** including adequate combinations of exercise and rest, along with a nutritious diet.
- **High-dose, short-term steroid treatments** are used to reduce the severity and length of a relapse and to minimize the possibility of permanent damage.
- Some clients use **alternative therapies** in combination with other treatments including vitamin and mineral supplements, relaxation techniques, cannabis, acupuncture, and massage.

THINGS TO AVOID

- Hot tubs, saunas, or other environments that can cause the client's temperature to increase

WAYS TO PREVENT

There is no known prevention for MS.

Multiple Sclerosis (continued)

CAREGIVING TIPS

THINGS TO WATCH FOR

- Fever – even a minor infection can cause symptoms to appear
- Symptoms of depression
- Difficulty swallowing

THINGS YOU CAN DO TO HELP

- Be flexible. MS is sometimes unpredictable. A client may be unable to do a task they could do yesterday or may regain the ability to do a task they needed help with before.
- Encourage the client to exercise regularly and get enough rest.
- Encourage the client to eat nutritious foods that are high in fiber. A healthy diet will help to keep the immune system strong, while the fiber will help to prevent constipation, which is common in people with MS.
- Ensure the client's home/apartment doesn't get too warm. Use an air conditioner or other cooling methods to keep the client from getting overheated.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Multiple Sclerosis Society
  1-800-334-4867
  nationalmssociety.org

Osteoporosis

WHAT IT IS

Osteoporosis is a disease in which bones become fragile and more likely to break. This occurs more often in women than men, and most often the hip, spine, and wrist are affected (although any bone can break). Most women with osteoporosis are past menopause but bone loss may have begun earlier.

SIGNS/SYMPTOMS

Often there are no symptoms – bone loss occurs slowly over time. The first symptom may be a broken bone that occurs from a minor injury, like bumping into something. Other symptoms may include the following.

- Pain (especially in the lower back, neck, and hip)
- Decreased height
- "Stooped" posture

TYPES OF TREATMENTS

- **Exercise** - weight bearing, like walking, jogging, dancing, or resistance training, including weight lifting
- **Vitamin and mineral supplement** (e.g. calcium, magnesium and vitamin D)
- **Nutrition** - healthy diet of fruits, vegetables, and whole grains, and with calcium
- **Medications** - to reduce bone loss or pain, or to increase bone density or bone mass

THINGS TO AVOID

- Medications that cause fatigue (these can increase falls and fractures)
- Smoking and excessive use of alcohol

WAYS TO PREVENT

- Take daily calcium and get enough vitamin D (sunlight).
- Eat a healthy diet rich in calcium (dairy products, green leafy vegetables, bony fish, baked beans, and dried fruit).
- Exercise daily, especially weight-bearing and resistance training exercises (e.g. walking, dancing, jogging, lifting weights).
- Ask your doctor about a bone density test to determine your current risk.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Home safety – make sure there are no hazards that could cause a fall.
- Pain

THINGS YOU CAN DO TO HELP

- Assist the client to walk, if needed.
- Encourage client to wear shoes that fit well.
- Encourage the client to exercise regularly.
- Encourage the client to make healthy food choices that include calcium.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Osteoporosis Foundation
  251 18th Street S, Suite 630
  Arlington, VA, 22202
  1-800-231-4222
  info@nof.org
  http://www.nof.org/

Parkinson's Disease

WHAT IT IS

Parkinson's disease is a disorder of the brain characterized by shaking (tremor) and difficulty with walking, movement, and coordination.

SIGNS/SYMPTOMS

- Muscle stiffness
- Difficulty bending arms and legs
- Loss of balance
- "Shuffling" walk
- Slow movements
- Difficulty starting to move
- Muscle aches and pains
- Difficulty swallowing
- Drooling
- Shaking or tremors, including:
  - during activity (but is more noticeable at rest);
  - may become severe enough to get in the way of activities; and
  - may get worse when tired or stressed.
- Reduced ability to show facial expressions, including:
  - "masked" face;
  - staring;
  - inability to close mouth; and
  - decreased eye blinking.
- slow, monotone voice;
- loss of fine motor skills, including:
  - handwriting becomes difficult, messy;
  - eating may be difficult, slow; and
  - frequent falls,
- constipation;
- dementia in advanced Parkinson's disease; and
- depression.

TYPES OF TREATMENTS

Parkinson's disease cannot be cured. Treatment is focused on decreasing the symptoms, and can include:

- **medications** used to:
  - increase dopamine in the brain; improving movement and balance;
  - reduce tremors;
  - reduce pain; and
  - treat depression
- **support groups**;
- **therapy** - physical, occupational, and speech therapies can assist the client to maximize their abilities and adapt daily routines to enhance independence.
- **nutrition and exercise** - because swallowing becomes difficult, and constipation is common, eating may not be enjoyable. See Module 9 on page 186 for information on dysphagia. Exercise, along with frequent rest breaks, loosens muscles and helps to maintain independence.

THINGS TO AVOID

- Stress
- Over-medicating

WAYS TO PREVENT

Since it is unclear what causes Parkinson's disease, there are no current prevention methods.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Side effects to medications
- Difficulty swallowing
- Confusion

THINGS YOU CAN DO TO HELP

- Assist the client to walk or supervise and encourage using needed assistive devices (e.g., a walker or cane).
- Allow the client time to respond and be patient with activities of daily living.
- Encourage the client to avoid stress and perform your caregiving in a stress-free way.
- Encourage frequent rest breaks.
- Allow plenty of time for eating and try to make dining enjoyable and relaxing.

WHERE TO GET MORE INFORMATION

- American Parkinson Disease Association
  Northwest Chapter
  180 Nickerson Street, Suite 108
  Seattle, WA 98109
  (206) 695-2905
  apdaparkinson.org/community/northwest

Pneumonia

WHAT IT IS

Pneumonia is an infection of the lungs. Most cases of pneumonia are caused by bacteria, and it can be a complication of influenza. Sometimes a virus of fungi can cause Pneumonia.

Aspiration pneumonia happens when a person inhales contents of the stomach or mouth into the lungs (this sometimes happens when a person has a hard time swallowing).

People at a higher risk of getting pneumonia include those with chronic illnesses like diabetes, heart disease, or COPD, taking steroid medications, and/or whose immune system no longer works well (e.g., people receiving chemotherapy or with HIV/AIDS).

Pneumonia is the leading cause of hospitalization for both children and adults. Most cases can be treated successfully, but tens of thousands of people in the U.S. die from pneumonia every year, most of them adults over the age of 65.

SIGNS/SYMPTOMS

- Fever
- Chills
- Bluish colored lips and nails
- Cough with mucus (pneumonia caused by a virus may have a dry cough without mucus)
- Shortness of breath
- Chest pain
- Fast breathing and heartbeat
- Decreased appetite
- Fatigue
- Decreased oxygen saturation levels (oximetry readings)

In older clients, fatigue and confusion may be the only symptoms.

TYPES OF TREATMENTS

The treatment depends on what caused the pneumonia and how severe it is. Some treatments include:

- medications to treat infection or to treat symptoms (like fever and pain);
- rest;
- increased fluids;
- oxygen;
- coughing and breathing deeply (this will help to clear mucus from the lungs, and keep the chest muscles strong); and
- hospital care.

THINGS TO AVOID

- Smoking
- Alcohol

WAYS TO PREVENT

- Wash hands frequently.
- Get a Pneumococcal vaccination and a yearly flu shot.
- Don't smoke.
- Make healthy choices in diet and exercise.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Symptoms that don't get better with treatment

THINGS YOU CAN DO TO HELP

- Encourage client to take all medications as ordered by doctor.
- Help the client sit up and move around (this will help loosen up the mucus and get oxygen into the lungs and blood).
- Wash your hands and use other infection control practices to prevent the spread of infection.
- Encourage the client to drink fluids and eat nutritious meals.

WHERE TO GET MORE INFORMATION

- The client's doctor
- American Lung Association (National)
  61 Broadway, 6th Floor New York, NY 10006
  1-800-LUNGUSA
  lung.org
- The American Lunch Association in Washington
  5601 6th Ave S Ste 460
  Seattle, WA 98108
  (206) 441-5100
  InfoMTP@Lung.org

Schizophrenia

WHAT IT IS

Schizophrenia is a chronic brain disorder that interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others.

SIGNS/SYMPTOMS

- Hallucinations – hearing voices or seeing things that are not there
- Delusions – beliefs that are false (e.g. believing they are God, believing someone can read their mind)
- Confused thinking and speech
- Difficulty having a conversation
- Lack of pleasure or interest in life
- Decreased attention and motivation to do anything
- Mood swings

TYPES OF TREATMENTS

- **Medication** - to balance brain chemicals, ultimately controlling or minimizing symptoms
- **Individual and group therapy**
- **Hospitalization** - when symptoms get out of control and medications need to be reevaluated and adjusted

THINGS TO AVOID

- OTC medications and herbs unless under the direction of a doctor
- Street drugs

WAYS TO PREVENT

No one knows what exactly causes schizophrenia. Since there is no known cause, prevention methods are unclear.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Signs that the illness is not being well controlled
- Behavior that could cause harm to the client or to someone else

THINGS YOU CAN DO TO HELP

- Encourage and assist client to eat a healthy diet.
- Encourage the client to take medications as prescribed. If the client does not feel the need to take medications, remind them of the benefits of taking the medications, and the risks if they chose not to take them.
- When a client experiences behavioral symptoms, hallucinations and/or delusions, what is happening is very real to them. Be sure to stay calm, tell the person that you are trying to understand how they are feeling, and that you are trying to keep them safe.
- Maintain consistent routines.

WHERE TO GET MORE INFORMATION

- The client's doctor
- National Alliance on Mental Illness (NAMI)
  4301 Wilson Boulevard, Suite 300
  Arlington, VA 22203
  1-800-950-NAMI
  nami.org

Stroke, Cerebrovascular Accident (CVA), or Brain Attack

WHAT IT IS

A stroke occurs when a blood vessel that supplies blood to the brain bursts or is blocked by a clot. Within minutes, the nerve cells in that area of the brain become damaged and die. The part of the body controlled by the damaged section of the brain no longer functions normally.

A transient ischemic attack (TIA) is a mini-stroke that has similar symptoms of a stroke, but TIA symptoms usually go away within 10 to 20 minutes (they may last up to 24 hours).

TIAs are warning signs of another stroke, so the client needs to see a doctor immediately if this occurs.

SIGNS/SYMPTOMS

Symptoms begin suddenly and may include:

- face drooping or numbness on one side;
- arm weakness or numbness on one side;
- slurred speech, difficult to understand;
- trouble seeing in one or both eyes, such as dimness, blurring, double vision, or loss of vision;
- loss of balance, headache, or dizziness;
- severe headache; and
- new or worsening confusion.

Call 911 immediately if a client shows even one of the signs of stroke.

TYPES OF TREATMENTS

After medical treatment in a hospital and/or a rehabilitation center, treatment at home focuses on regaining normal functioning and preventing more strokes. Treatments include:

- physical strengthening, speech and/or occupational therapy; and
- decreasing risk factors.

Since many people who have strokes also have other chronic illnesses (e.g diabetes, high blood pressure, high cholesterol, and heart conditions), the focus is on improving those conditions. Medications to treat other chronic illnesses may be prescribed.

- Medications to thin the blood may also be prescribed if the stroke was caused by a blood clot.

THINGS TO AVOID

- Excessive amounts of alcohol (high alcohol intake may lead to high blood pressure)
- High-fat, high-salt diet (foods high in fat and salt increase blood pressure and may clog arteries)
- Smoking and caffeine (they can stress the body and may raise blood pressure)

WAYS TO PREVENT

There are many ways to decrease the likelihood of a stroke, including:

- avoid smoking;
- eat a healthy, low-fat, low-salt diet, with fresh fruits and vegetables, and whole grains;
- exercise regularly;
- take medication as directed;
- get blood pressure checked regularly, and see the doctor if it's too high;
- maintain a healthy weight; and
- decrease stress.

Stroke, Cerebrovascular Accident (CVA), or Brain Attack (continued)

CAREGIVING TIPS

These tips are intended for the client who has already had a stroke.

THINGS TO WATCH FOR

- Signs of another stroke or a transient ischemic attack (TIA)

THINGS YOU CAN DO TO HELP

Much of how the caregiver can assist and support the client will depend upon what functions the stroke affected.

With One-Sided Weakness:

- Use words like “right” or “left” side, not "good" or "bad' side.
- Assist a client with walking or transferring by supporting the weaker side.
- Assist with dressing by dressing the weaker side first and undressing the stronger side first.
- Use adaptive equipment and clothing as appropriate.
- Allow plenty of time for any activity.
- Make sure that the home is free of tripping hazards.

With Speech or Language Difficulty:

- Keep your questions and directions simple and one at a time.
- Try to ask “yes” and “no” questions.
- Use a picture board, if appropriate.
- Give the client a pencil and paper if they are able to write.

With Swallowing Difficulty:

- See information on Dysphagia in Clients who Have Difficulty with Eating in the Resource Directory on page 348.

Provide Emotional Support:

- A stroke can be devastating to the client and may cause frustration, anger, and depression. Learning to do things over again that they have always been able to do is a difficult and slow process.
- Be supportive and positive whenever the client makes progress.
- Encourage the client to keep therapy appointments and do their exercises.

WHERE TO GET MORE INFORMATION

- The client’s doctor
- American Stroke Association
  7272 Greenville Avenue
  Dallas TX 75231
  1-888-4-STROKE
  stroke.org
- National Association of State Head Injury Administrators (NASHIA)
  PO Box 1878
  Alabaster, AL 35007
  nashia.org

Traumatic Brain Injury (TBI)

WHAT IT IS

Acquired Brain Injury (ABI) is damage to the brain, which occurs after birth. ABIs include Traumatic Brain Injury (TBI). A TBI is an injury to the brain and may be temporary or permanent and cause partial or long-term disability or failure to cope with the demands of daily living. The most common type of brain injury is a concussion. A concussion is caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells. Concussions are serious. A concussion may not be life threatening, although the effects of a concussion can be serious.

The brain is complex, and every brain injury is unique. Some symptoms may appear right away, while others may not show up for days or weeks. Sometimes the injury makes it hard for people to recognize or admit that they are having problems.

Signs of a brain injury may be subtle, and people may look fine, even though they are acting or feeling different. Because all injuries are different, so is healing. Most people with mild injury heal fully, but it can take time. The injury and healing may be affected by type and severity, age, the areas of the brain injured, previous mental and physical conditions and many other factors.

SIGNS/SYMPTOMS

Signs and symptoms of TBIs are unique to each individual and the injury to the brain. Signs and symptoms will vary by individual and severity of the injury. These signs and symptoms may be present as physical, sensory or cognitive/mental.

Mild signs and symptoms may include:

- Physical: Difficulty sleeping, dizziness or loss of balance, fatigue or drowsiness, headache, loss of consciousness for a few seconds to a few minutes, nausea or vomiting, dazed, confused or disoriented, problems with speech, and sleeping more than usual.
- Sensory: Sensitivity to light or sound, blurred vision, ringing in ears, bad taste in the mouth or changes in the ability to smell.
- Cognitive or mental: Feeling depressed or anxious, memory or concentration problems, mood changes or mood swings.

Moderate to Severe signs and symptoms may include:

- Physical: Clear fluids draining from the nose or ears, convulsions or seizures, dilation of one or both pupils of the eyes, inability to awaken from sleep, loss of consciousness from several minutes to hours, loss of coordination, persistent headache that worsens, repeated vomiting or nausea, and weakness or numbness in fingers or toes.
- Cognitive or mental: Agitation, combativeness or other unusual behavior, coma and other disorders of consciousness, profound confusion, and slurred speech.

TYPES OF TREATMENTS

TBI may cause physical, intellectual, emotional, social, and/or vocational difficulties for the person with a brain injury. These problems may affect both the present and future life and personality of the survivor of a brain injury. Treatment for a TBI is based on the severity of the injury. Since TBI cannot be cured, treatment is focused on rehabilitation and support services. Some treatment options include:

- therapy (occupational, physical, speech/language, recreational);
- quality of life therapies (music, art, dance/movement, yoga, mediation);
- personal care assistance;
- home modifications; and
- family support services.

WAYS TO PREVENT

Reduce the risk of falling by:

- engaging in regular balance, strength, and coordination exercises;
- maintaining a clutter-free home;
- ensuring medications are not causing dizziness or interfering with balance;
- getting regular vision checks; and
- avoiding excess alcohol intake.

Traumatic Brain Injury (TBI) (continued)

CAREGIVING TIPS

THINGS TO WATCH FOR

- Complaints of a headache or blurred vision
- Dizziness, loss of balance
- Nausea/vomiting
- Attention and memory problems
- Behavioral and emotional changes (frustration, impulsivity, less effective social skills, impaired self-awareness, depression, anxiety, mood swings)
- Bladder and bowel changes
- Fatigue, lacking energy, poor stamina and slower thinking speed
- Muscle weakness / immobility
- Seizures
- Sensory changes (blurry vision, double vision, increased sensitivity to light, ringing in ears, changes in taste and smell)
- Altered sleep patterns
- Spasticity (involuntary muscle tightness and stiffness, decreased range of movement)
- Swallowing and appetite changes

THINGS YOU CAN DO TO HELP

- Encourage the client to do skills independently if able.
- Make use of assistive devices or memory aids (e.g. setting a timer to remember tasks or creating a daily planner).
- Assist the client in starting and/or completing tasks as needed.
- Encourage rest, take breaks when tired.
- Decrease stimuli and distractions.
- Encourage the client to drink plenty of water.

WHERE TO GET MORE INFORMATION

- The client's doctor
- Brain Injury Association of America
  1-800-444-6443
  www.biausa.org
- National Association of State Head Injury Administrators
  PO Box 1878
  Alabaster, AL 35007
  (301) 656-3500
  nashia.org
- Traumatic Brain Injury (TBI) Resources Washington State: dshs.wa.gov/altsa/traumatic-brain-injury/traumatic-brain-injury-tbi-resources-washington-state
- What is TBI Video: https://www.youtube.com/watch?v=BLEiAGmMvdk

Tuberculosis (TB)

WHAT IT IS

TB is an airborne infection caused by Mycobacterium Tuberculosis bacteria. TB usually affects the lungs, but it can attack any organ in the body.

SIGNS/SYMPTOMS

Many people with TB never develop the active disease. Older adults and/or individuals with weakened immune systems are at higher risk for progression to disease or reactivation of dormant disease.

If active TB does develop, it can occur two to three months after infection, or years later. Usually there are no symptoms of active TB until the disease has progressed. Symptoms of active disease include the following.

- Fever
- Fatigue
- Weight loss
- Persistent cough
- Night sweats
- Weakness
- Blood in sputum

TYPES OF TREATMENTS

People with TB take two to four different antibiotics over an extended period (usually six months or more). Therapy to cure TB may be different for people who have the active disease versus those who are infected with TB but don't have symptoms.

People with active TB may be placed in a special isolation room at the start of treatment. This is to make sure the infection is not spread to others.

If an individual infected with TB does not take the antibiotics routinely, or the antibiotics are not absorbed well by the body, the TB may become drug resistant. This means that different medications need to be used, and for a longer period of time. Surgery may also be needed to remove portions of the lungs where germs cannot be reached by antibiotics.

THINGS TO AVOID

Avoid alcohol when taking antibiotics.

WAYS TO PREVENT

The best prevention of transmission to others is early detection. Skin testing can be given to determine exposure. A positive test indicates prior TB exposure and preventive therapy should be discussed with your doctor.

A person with active TB should also prevent the spread of droplets by covering their nose and mouth when coughing or sneezing and properly disposing of tissues contaminated by mucous materials.

Good ventilation is important - especially in places where people at risk gather.

CAREGIVING TIPS

THINGS TO WATCH FOR

- Increased coughing
- Blood in sputum (a mixture of saliva and phlegm)
- Fatigue and weight loss

THINGS YOU CAN DO TO HELP

- Report symptoms to your supervisor right away.
- Help the client get an appointment to see a doctor.
- Encourage client to take all medications as prescribed.

WHERE TO GET MORE INFORMATION

- The client's doctor
- cdc.gov/tb/default.htm
- American Lung Association (National)
  61 Broadway, 6th Floor New York, NY 10006
  1-800-LUNGUSA
  lung.org
- The American Lunch Association in Washington
  5601 6th Ave S Ste 460
  Seattle, WA 98108
  (206) 441-5100
  InfoMTP@Lung.org

Home Care Aide Glossary

A

Word	Definition
Abandonment	Action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care
Abdomen	The lower half of the trunk of the body
Abuse	Willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult, including sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult
Active listening	A way of listening where the listener gives the speaker their full attention and observes not only their words but also nonverbal cues like body language and tone
Activities of Daily Living (ADLs)	Everyday personal care activities including bathing, bed mobility, eating, personal hygiene, medication assistance, walking/locomotion, transfers, and toileting
Administer	To give or apply something to someone
Advance Directives	A written document of a person's wishes regarding medical care and healthcare decisions in the event they become unable to make decisions for themselves
Adult Family Home	Residential, neighborhood home licensed to care for two to six people (qualified homes can apply for a capacity up to eight people)
Advocate	To speak up or take action for someone else
Aging	Physical and mental process of growing old

AIDS (Acquired Immune Deficiency Syndrome)	The most advanced stage of HIV when the immune system is badly damaged. The body becomes vulnerable to many kinds of serious infections.
Airborne spread	One way a germ can spread from one person to another and cause an infection. In this case, airborne spread involves the germ traveling through the air and a person breathing it into the mouth, nose, and lungs.
Allergy	High sensitivity and reaction to certain substances (e.g. certain foods, pollen, bee sting)
Alzheimer's Disease	Progressive, degenerative brain disorder that affects memory, judgment, and personality
Ambulation	The process of walking or moving about
Anatomical gift	An advance directive that specifies which parts of a person's body may be used, after death, for transplantation or research purposes
Anatomy	Body structure
Anticipatory grief	Grief that occurs before death or other loss
Anonymous	Not named or identified
APS	Adult Protective Services, the unit within DSHS that investigates suspected abuse
Aspiration	Inhaling solids or fluids into the lungs. This often leads to pneumonia.
Assault	A physical attack. An assault on a resident requires a call to the police.
Assertiveness	Behaving confidently, boldly, or without fear
Assessment	Gathering information to determine what care and services a client needs and wants and how and when they want assistance provided
Assessment details	A section of a DSHS care plan that describes the client's strengths, limitations, and care task preferences, and provides specific caregiver instructions

Assisted living facility (ALF)	A larger residential facility licensed to care for 7 or more people
Assistive devices	Equipment that helps a person perform a task and maintain or regain independence. Examples include but are not limited to a wheelchair, walker, cane, elevated toilet seat, and shower chair.
Autism	A developmental disorder which may severely impair language ability or the ability to relate to other people

B

Word	Definition
Bacteria	Microscopic organisms (germs), which can cause infectious diseases
Baseline	The client's usual condition and level of ability (physical, emotional, mental, behavioral and social)
Bed bound	Confined to the bed
Bedpan	A pan used to collect urine and/or feces while a person is confined to bed
Beliefs	Individual viewpoints, feelings, and opinions
Bias	A conscious or unconscious preference that influences your judgment
Biological hazards	Living things and/or their waste products that can cause an infection and requires special protection
Bipolar disorder	A mood disorder which causes periods of greatly elated or excited moods as well as periods of low moods or depression. Also known as manic-depressive illness.
Bladder	The organ in the body that collects and holds urine

Blood-borne pathogens	Infectious microorganisms in human blood that can cause disease in humans
Blood pressure (BP)	The amount of pressure exerted against the walls of the blood vessels when the heart is pumping
Body care	Personal care tasks that assist the client with hygiene, dressing, and range of motion exercises
Body Language	Nonverbal communication through conscious and unconscious gestures and movements
Body mechanics	The way we move during everyday activities. Proper body mechanics techniques prevent injury to the person and others when lifting or moving objects.
Body systems	The way the body works to perform essential functions. An example would be the circulatory system with heart, blood vessels and blood.
Bony prominence	Place on the body where a bone is close to the surface of the skin, and protrudes, including the elbow, knee, and shoulder blades. Bony prominences have higher risk of pressure injuries and require careful positioning and frequent repositioning to keep an injury from happening.
Bowels	The small and large intestines that process food and eliminate solid waste from the body
Bowel movement	Process of getting rid of stool (feces) from the body
Brainstorming	Freely creating many ideas or solutions without criticism or evaluation
Burnout	A state of physical, emotional, and/or mental exhaustion

C

Word	Definition
Calorie	A measurement of energy that our body gets from the food we eat
Cancer	Cells that are diseased and grow out of control, spreading and destroying healthy tissue and organs
Cane	Walking stick used for balance or to support weight
Carbohydrates	Substances that provide energy to the body
Cardiovascular	Having to do with the heart, blood, and blood vessels
Cardiovascular Disease	Any disease that affects the heart or blood vessels in the body, also called heart disease
Caregiver	One who provides personal care, support, and assistance to another person
Care plan	A written plan that outlines everything the care team is to do to support the client. Also called a service plan or negotiated service agreement.
Care settings	Where a client lives, such as an adult family home, assisted living facility, enhanced services facility, or their own house or apartment
Care team	Everyone who supports a client, including professionals, friends, family, and the client themselves
Case Manager	Person who helps the client define the services that are needed, documents them in the care plan, and provides on-going case management
Cataract	Clouding of the lens of the eye
Cell	The basic unit of all living things
Cerebral	Pertaining to the brain

Cerebral Vascular Accident (CVA)	Occurs when there is a stoppage of blood to brain tissue by a clot, clogging of an artery, or bleeding into the brain; also known as a stroke or brain attack
Chemical	A substance or compound
Chemical hazards	Products with hazardous ingredients
Chemotherapy	Treatment using drugs; mostly used for cancer
Choking	Food, objects or swelling blocking the airways to the lungs
Cholesterol	A fatty substance found in body tissue and blood
Chain of infection	Six steps describing how infectious disease spreads from one person to another
Chronic Obstructive Pulmonary Disease (COPD)	A progressive and irreversible condition of the respiratory system in which the person has difficulty breathing due to a problem in the lungs
Cisgender (adj)	A person whose gender identity matches the sex assigned at birth
Circulatory system	The heart, blood vessels, blood, and all the organs that pump and carry blood and other fluids throughout the body
Client	The focus of the care team, the person who needs assistance. Also referred to as a resident
Cognitive	Thinking, the mental process of knowing, reasoning, and remembering
Cognitively impaired	Condition where a person has difficulty in processing and/or recalling information
Collaborative	Two or more people working together for a purpose
Colostomy	An opening on the surface of the abdomen where the bowel is opened and redirected to the outside of the body

Comatose	Unconscious, not alert
Commode	A movable chair containing a built-in pan to collect urine and/or feces; used instead of a toilet and often situated near a client's bed for ease of use
Common care practices	General practices that caregivers use during personal care to promote a client's rights, dignity, comfort, and safety, including identifying yourself to the client when beginning care, using infection control measures to protect the client throughout the procedure, and making sure commonly used objects are within reach of the client after care
Compassion fatigue	Stress caused by exposure to other people's trauma
Communicable Disease	Any disease that is spread from one person to another
Communication	The exchange of information by talking, writing, gestures, or behavior
Condom catheter	An external urinary catheter that covers the penis and carries the urine away through a tube
Confidential	Private, secret information not to be shared unless necessary for the client's care
Confusion	Mentally unclear or uncertain
Congestive Heart Failure (CHF)	A condition where the heart is not strong enough to pump blood throughout the body and pumps so weakly that blood backs up in the veins and body organs. This can lead to shortness of breath and/or swelling of the feet and ankles.
Consent	Permission
Constipation	Difficult or painful bowel movement, hard stool
Contagious	Spread from one person to another by direct or indirect contact
Contaminated	Containing harmful substances such as dangerous germs or chemicals

Contractures	When muscle tissue becomes shortened because of spasm or paralysis, either permanently or temporarily
CPR (cardiopulmonary resuscitation)	manual chest compressions and ventilation in an attempt to restart a person's heart
Creed	A system of religious belief or faith
Cross-contamination	The spread of germs from raw meat to other foods or when a person spreads germs by moving from a "dirty" task to a "clean" task without first removing disposable gloves and performing hand hygiene
CRU	The Complaint Resolution Unit. The unit within DSHS that receives calls and collects information about abuse and neglect in an adult family home, assisted living facility, enhanced service facility, or nursing home
Crutch	Supports that are used to assist in walking, they fit under the armpit and are usually used in pairs
Cue/Cuing	To remind, encourage, or prompt someone
Cultural background	The attitudes and behavior characteristics of a particular social group or organization. Includes views about food, dress, religion, family relationships and roles.
Custom	Long-established practice or belief, a way of doing things

D

Word	Definition
Danger Zone	The temperature range of 41°F - 135°F (5°C - 57.2°C) where germs grow on potentially hazardous foods
Decline	A decrease or worsening from a former or normal condition
Defecate	Have a bowel movement

Dehydration	Not enough fluid in the body. This can lead to serious medical conditions as well as confusion.
Delirium	Sudden onset of confusion. Often caused by an infection, medical condition, side effect of a medication, pain, or dehydration. Delirium must be treated quickly so the client can return to baseline.
Dementia	Changes in the brain that lead to a general loss of intellectual functions and personality changes. Dementia is progressive and there is no cure.
Dementing illnesses	Diseases which cause a loss of intellectual functioning. These include: Alzheimer's, Vascular dementia, Parkinson's dementia, Huntington's chorea, Pick's Disease, AIDS dementia, Cruetzfelt-Jakob disease, and Korsakoff's disease
Demonstrate	To show
Denial	Refusing to believe a fact or theory
Dentures	False teeth or artificial teeth that may replace some or all of the person's teeth. May be described as being partial or complete, and upper or lower.
Depression	Chronic or ongoing "low mood", a condition where a client may show a loss of interest in usual activities or have changes in appetite or sleep patterns, may show feelings of despair, worthlessness or suicidal thinking. Depression can only be diagnosed by a medical professional.
Dermis	Inner layer of skin
Developmental disabilities	A condition beginning before the age 18 that is expected to last a person's lifetime and substantially limits them in some of these areas: self-care; communication; learning; mobility; and or self-direction. Examples include Down Syndrome, cerebral palsy and autism.
Diabetes	Type 1—a chronic disease of the endocrine system in which the pancreas makes little or no insulin. The person with Type 1 diabetes must take insulin in order to survive. Type 2—The pancreas makes insulin but the body does not use it properly. The person with Type 2 diabetes may or may not take medication to manage their condition.

Diagnosis	Name of disease or medical condition
Diarrhea	Excessive amounts of liquid stool
Dietitian	Health professional specializing in meal planning, healthy food choices, and food preparation
Digestion	The bodily process in which food is broken down mechanically and chemically in the mouth, stomach, and intestines, and is changed into forms that can enter the bloodstream and be used by the cells
Digestive system	The group of body organs that carries out digestion, including the mouth, stomach, and intestines
Direct contact	Spread of infection directly from one person to another
Disability	An impairment that requires modification or assistance with a task or function. A disability may be temporary or permanent.
Discovery	The ongoing process of fully getting to know someone as a whole person
Disease	A malfunction of some part of the body; does not have to be associated with age
Disinfecting	Using a bleach or other disinfectant solution to kill pathogens on surfaces and objects
Disorder	A medical condition that causes an impairment of the mind or body
Disorientation	Confusion regarding time, date, season, place or one's identity
Diuretics	A substance which increases the production of urine
Document (v)	To make and keep a written record
Draw sheet	Linen placed under the person and used to help move them in the bed
Dressing	A protective covering put on the skin to protect it from further injury or infection. Dressings might be "clean" or "sterile."

Droplet spread	Contact with germs from an infected person when they cough or sneeze
Drug interaction	An interaction between a drug and another substance usually resulting in undesirable side effects and that prevents the drug from performing as expected
DSHS	The Department of Social and Health Services, the state agency that provides programs and services to help children, adults, and families in Washington state
DSHS plan of care	A plan of care (care plan) written by a DSHS case manager for a DSHS client
Dysphagia	Difficulty with swallowing

E

Word	Definition
E coli	Bacteria ingested through contaminated food or water causing inflammation of the small intestine
Eating pattern	The foods we eat, how much and how often we eat them
Edema	Swelling, retaining fluids in tissue; is often seen in the ankles, legs or hands
Elastic stockings	(also known as compression stockings) stockings or high socks that reduce leg swelling and improve blood circulation
Elimination	The process of removing wastes from the body by the bowels or bladder
Emotion	Feeling
Emotional and social needs	Basic requirements for contentment and companionship

Empathy	The ability to understand and demonstrate sensitivity to the feelings of another
Enabler	Devices that a client uses to maintain independence / Anything that helps a client take their own medication (example; cup, spoon)
Enema	Putting fluid into the rectum to cleanse or stimulate the bowels, or to give medication or other therapy
Enhanced services facility (ESF)	Residential facilities for up to sixteen people with specialized staff and intensive services that focus on behavioral interventions
Environment	Surroundings which affect the individual, including light, sound, texture, and motion
Epilepsy	Disease of the nervous system which includes seizures
Essential shopping	Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health, maintenance, and well-being of the client
Ethnicity	A grouping of people who share a common culture, religion, language, etc.
Excrete	To discharge from the body
Expiration	To breathe out air from the lungs
Extremity	Limbs of the body, including the arms and legs
Eye contact	Two people looking directly at each other

F

Word	Definition
Fall	An unplanned and abrupt move to the floor or lower level, with or without injury

Fall Hazard	A situation or object that increases the risk of a fall
Facial expressions	The look on a person's face
Fecal impaction	A large mass of dry, hard stool that cannot be passed
Fecal-oral route	The way harmful germs from the feces of one person can get into the mouth of another person, ultimately causing illness
Feces	Waste matter discharged from the bowels after food has been digested
Feedback	Our response or reaction to the messages we receive
Feeding tubes	Special tubes that are passed into the stomach for providing nourishment. Also called gastrostomy tubes, or G-tubes
Fever	Body temperature above normal
Fiber	Roughage essential for proper elimination, often found in fruits and vegetables, whole grains and seeds
Financial exploitation	The illegal or improper use of a vulnerable adult's property, money, or resources
First aid	Immediate care given in response to illness or injury, which may be followed by further medical help
Five rights of medication	A safe medication practice to ensure the right drug, right dose, right rout and right patient at the right time.
Flexibility	The ability to adapt or respond to changes or to bend a joint
Foodborne illness	Any illness caused by eating contaminated food (also called foodborne disease or food poisoning)
Food groups	Grains, dairy products, fruits and vegetables, fats, and proteins
Fracture	Break in the continuity of a bone / a broken bone

Friction	Rubbing one surface against another
Functional disabilities	A physical, cognitive, emotional, or mental condition caused by disease, developmental disability, or chemical dependency which impairs a person's ability to live independently

G

Word	Definition
Gait belt	A belt worn around the client's waist to aid in transfers and walking
GI system (Gastrointestinal)	A group of organs that process food for use by the body including the mouth, esophagus, stomach, intestines, liver and bowels
Gender expression	How a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics express their gender
Gender identity	A person's internal, deeply held sense of their gender
Generic drug	A drug product that is no longer owned or controlled by a particular company
Genitals	External reproductive organs, "private" areas of body
Germ	Tiny living organism such as bacteria, virus, or fungus that has the ability to cause an infectious disease or illness
Gestures	Movements made with your arms, hands or body
Glaucoma	Increased pressure inside the eyeball
Glucose	Sugar
Grand mal seizure	Seizure resulting in the loss of consciousness

Grief and grieving	An emotional and physical reaction to a great loss such as the death of someone close
Grievance	A formal complaint
Ground Rules	Basic rules for behavior
Guardian	A person authorized by the court to act and make decisions in the best interest of a client who is incapacitated
Guilt	The feeling that you are responsible for an offense or wrongdoing

H	
Word	**Definition**
Habit	Something you do often and regularly, sometimes without knowing that you are doing it
Hand hygiene	Regularly washing hands with soap and water or sanitizing hands using an alcohol-based hand rub (ABHR)
Hazards	Possible source of danger, potential for injury or harm
Health care directives	Written instructions that explain the person's wishes about any medical or end of life decisions that must be made if they become unable to make decisions for themselves. Also called Advance Directives
Hearing aid	Device worn in the ear to improve hearing
Hearing loss / impairment	a decrease in the ability to hear sounds, deafness
Heart disease	Abnormal condition of the heart and/or circulation
Hepatitis	A viral infection of the liver, includes Hepatitis A, B, C and others

Heritage	The traditions and culture that we inherit
Highly susceptible population (HSP)	People who are more likely to experience food borne illness. Includes people younger than 5 years old, older than 65 years old, pregnant, or immunocompromised (due to cancer, AIDS, diabetes, certain medications or other conditions.).
HIV (Human Immunodeficiency Virus)	A virus that attacks the immune system, preventing the body from fighting infections. If untreated, HIV may cause AIDS.
Hospice	Care for people who are terminally ill that focuses on comfort and quality of life by reducing pain and suffering
Host	A plant, animal or human in which a parasite, virus, bacteria, or fungus lives
Hygiene	Being clean and sanitary
Hyperglycemia	High level of sugar in the blood
Hypertension	High blood pressure
Hypoglycemia	Low level of sugar in the blood
Hypotension	Low blood pressure

I

Word	Definition
Immobile	Unable to move
Immune	Resistance to a particular disease because of past infection or vaccination

Immune system	The body's natural defenses that fight against pathogens and prevent infections
Immunizations	A medical treatment given to protect against a particular disease; also called vaccinations
Impaction	Inability to have a bowel movement, bowels blocked by very hard stool
Impairment	An abnormality, partial or complete loss, or loss of the function of a body part, organ, or system
Important TO / Important FOR	A person-centered concept that describes what a person needs to be happy, comfortable, fulfilled, safe, and healthy
Inactive	Not active, not working
Incapacitated	Unable to act, make, or communicate sound decisions (i.e. a person is unable to make decisions about their care.)
Incident Report	A written record of something unusual, unexpected or a mistake
Incontinence	The inability to control bladder and/or bowel functions
Independent or Independence	To be self-reliant and able to do a task for oneself
Indirect contact	Transmission of an infectious disease by touching an object or surface that contains germs from an infected person
Individual provider (IP)	A qualified and contracted long-term care worker who provides in-home caregiving to clients who are eligible for Medicaid in-home care services
Indwelling catheter	A tube inserted into the bladder to drain urine
Infection	Growth of harmful germs in the body
Infection control	Stopping germs from spreading and causing infection
Infectious	Easily spread, capable of causing infection

Infectious disease	Illness caused by pathogens that grow and multiply inside a person's body
Inflammation	The body's reactions to injury or infection, symptoms include redness, pain, and/or swelling of an area
Inhalation	To breathe in
Insomnia	Inability to go to sleep or stay asleep
Instrumental Activities of Daily Living (IADL)	Routine tasks at home or in the community such as cooking, shopping, cleaning, and paying bills
Involuntary seclusion	Making a person stay alone against their will, a form of mental abuse
Insulin	Hormone made by the pancreas which carries glucose into cells. Sometimes used to treat diabetes.
Insulin shock	Condition resulting from too much insulin or too little food causing very low blood sugar
Interactive Learning	Training in which the student is an active participant
Interpersonal	Relationships between people
Intersex (adj)	People whose anatomy and/or genetics show both male and female characteristics
Intestines	An organ of the digestive system that runs from the stomach to the anus and absorbs water and other materials
Irreversible	A situation that cannot be changed back to the way it was
Isolation	Separation from others

J-L

Word	Definition
Joint	A part of the body where two bones join together, such as knees, wrists, and elbows
Labia	Folds of skin at entrance to vagina
Laundry	Washing, drying, ironing, and mending clothes and linens used by the client or helping the client to perform these tasks
Learning styles	The way a person uses their physical senses to learn
Legend drug	Drugs that need a prescription from a medical doctor or other licensed practitioner
Lesions	Sores
Licensed Practical Nurse (LPN)	A nurse who has completed a state-approved nursing program and passed a state test to show proficiency
Lift	Raise, move
Ligament	Tough cords of connective tissue binding bones together
Linen	Bedding, sheets, pillowcases, wash cloths and towels
Locomotion	How someone moves
Long-term care worker (LTCW)	a person who provides paid, personal care services for older people or people with disabilities. LTCWs include Certified Home Care Aides (HCA), Nursing Assistants – Certified (NAC), and Nursing Assistants – Registered (NAR)
Lubricant	A slippery liquid, gel, or oil that is used to reduce friction on or soreness of body tissue
Lubricate	To make slippery or smooth

M

Word	Definition
Malnutrition	A condition that results from a lack of enough nutrients in the body. Caused by not eating enough, or not eating nutritious foods.
Mandatory Reporter	A person required by law to report suspected abuse, neglect or financial exploitation of a vulnerable adult. Includes any employee of the Department of Social and Health Services; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider
Malnourished	Condition resulting from not eating enough or not eating a healthy diet
Meal preparation	How meals are prepared. Includes planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals.
Mechanical lift	A mechanical device that caregivers use to transfer clients between their beds, chairs, and other locations. Lifts are used when the client's mobility is limited.
Medication administration	Support with medication above medication assistance. This may include placing a pill in a client's mouth or applying medicated ointment. Medication administration requires a nurse to administer or nurse delegation.
Medication assistance	Assisting a client to self-administer their medication. This may include handing them a pill or pouring a dose into a spoon. The client must perform the final step (such as placing a pill in their own mouth).
Medication interaction	The combined effects of many medications or medications and food
Medication	A substance that changes the chemical activity in the human body. Includes prescription medications, over-the-counter medications, vitamins, and herbs.

Medication Route	The way a medication enters the body, such as oral, topical, rectal, vaginal, inhaled, or injected
Mental abuse	Willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.
Mental illness	A brain disorder that affects thoughts, emotions, and behavior
Mentally competent	Being able to think clearly and rationally
Microorganism	Disease-producing bacteria, or living matter, that is too small to see with the naked eye and is seen only with a microscope. Also called a microbe.
Mindfulness	Being aware of one's own thoughts, emotions, or experiences on a moment-to-moment basis
Mobility	Ability to move from place to place or surface to surface
Mobility aids	Devices to help clients walk and move more easily, such as canes and walkers
Monitor	To carefully observe or supervise a person or situation
Mucous	Sticky, wet liquid produced inside the nose and other parts of the body
Mucous membrane	Thin skin that produces mucous to protect the inner surface of the body, (i.e. nose and mouth)
Muscular system	The muscles, which make the body parts move
Myocardial infarction	Heart attack

N

Word	Definition
Natural body defenses	External and internal substances in the body that help destroy germs (i.e. skin, white blood cells, stomach acid)
Neglect and negligence	"Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety
Non-ambulatory	Cannot walk
Nonverbal Communication	Communication without words, including body language, gestures, and facial expressions
NPO	Nothing by mouth, no food or beverages consumed by mouth
Nurse Delegation	When a licensed registered nurse transfers a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.
Nutrients	Substances plants or animals need to live and grow
Nutrition	The body's process of taking in and using food

O

Word	Definition
Obese	Overweight

Objective documentation	Writing down the facts only
Observe/Observation	To watch, listen, or otherwise notice significant details about a client's physical, mental, and emotional state
Ombuds	A person who advocates for the rights of clients in long-term care facilities
Open-ended questions	Questions that require explanation or discussion
Opportunistic infections	Infections that attack the body due to the person's weakened immune system
Oral	Anything to do with the mouth
Oral Care	Personal care tasks that help keep the teeth, tongue, and gums clean and healthy
Oral hygiene	Cleaning of the teeth, mouth, and gums
Organ	A part of the body that performs a certain function, such as the brain, stomach, and lungs
Organism	Any living thing
Osteoporosis	Medical condition in which bones become brittle and fragile due to deficiency of calcium or vitamin D or hormonal changes
Overstressed	Having too much stress that it interferes with daily life and activities
Over-the-counter (OTC) medication	Medication that does not need a prescription. OTC medications include vitamins and herbal remedies.

P

Word	Definition
Pace	The speed at which something is done
Paralysis	Loss of ability to move a part of the body
Paranoia	A condition in which a person thinks something bad will happen or that people want to hurt them
Paraplegia	Paralysis from the waist down
Paraphrase	Repeat statement in your own words
Parkinson's	A disease of the central nervous system that progresses slowly and causes rigid muscles, shaking, tremors and weakness
Pathogen	Harmful germs such as bacteria, viruses, fungus, and parasites that can cause infection
Perineal care (Pericare)	Cleansing of the genital and anal areas of the body
Perineum	The area between the genitals and the anus
Personal care services	Tasks done to help a client with activities of daily living and instrumental activities of daily living
Personal hygiene	Cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails
Person-first language	A way of talking about people that shows the person is more important than their diseases, disabilities, or conditions
Petit mal	Seizure which does not result in loss of consciousness
Pneumonia	Infection of the lungs, symptoms include fever, chills and cough

Positioning	How a client is appropriately placed when sitting or lying down
Posture	A position or attitude of the body
Personal Protective Equipment (PPE)	gowns, gloves, masks, respirators, and eye protection that block the transmission of pathogens through bodily fluids and airborne droplets
Precautions	Measures taken beforehand to prevent possible danger
Prejudice	Making judgments or forming negative opinions, especially when formed without thought or knowledge
Potentially hazardous foods (PHF)	Food that requires temperature control to prevent germs from growing (also called time/temperature control for safety (TCS) foods)
Pressure injuries	Skin breakdown or injury caused by pressure or friction that progressively damages layers of skin, fat and/or underlying muscle
Pressure points	Places on the body where the bone causes the greatest pressure on the muscles and skin. These areas are at greatest risk for pressure injuries
Privacy	To screen from view when assisting with personal care or not talking about the client's personal matters
Problem solving	Process used to deal with difficult or complex situations
Procedure	The correct steps of doing something
Processed food	Any food that has been prepared or changed before sale such as bread, canned soup, frozen meals, potato chips, chicken nuggets, etc. Includes fast food.
Professional	Exhibiting a courteous, conscientious, and businesslike manner in the workplace
Professional boundaries	Appropriate limits in a job relationship
Professionalism	Following a high standard of personal conduct
Prosthesis	An artificial body part such as a leg, arm, breast, or eye

Psychological	Relating to an individual's mind
Psychosocial	Relating to an individual's emotional, psychological, and social well being
Pulmonary	Refers to the lungs
Pulse	Throbbing of the arteries caused by contractions of the heart as it pumps blood. Radial pulse is measured on the wrist, apical pulse is measured over the heart.

Q-R

Word	Definition
Quadriplegia	Paralysis from the neck down
Race	A social division of people based on certain physical traits such as skin color
Range of motion	How much a joint can move. Active range of motion (AROM) means the client can move joints without assistance; passive range of motion (PROM) means the caregiver physically moves the client's joints to maintain flexibility.
Ready to eat foods (RTE)	Food that does not require additional preparation or cooking to achieve food safety
Rehabilitation	Restoring a person's physical and/or mental abilities
Religion	A system of beliefs, ceremonies, and rules used to worship a god or group of gods
Reporting	Communicating important information
Resources	Available services and information

Respect	Holding someone in high regard
Respiration	Breathing, includes inhalation, or breathing in air, and exhalation, or breathing air out
Respiratory system	The group of body organs that carry on the function of respiration; the system brings oxygen into the body and eliminates carbon dioxide
Registered nurse	A nurse who has graduated from a nursing program, passed a national licensing exam, and met all licensing requirements for their state
Restraint	An object or method for restricting movement for discipline or convenience and not medically necessary. The use of restraints is illegal.
Rhetoric	Language with a persuasive effect that often lacks sincerity or meaningful content
Rights	Standards of justice, law, and morality, examples are the right to privacy and the right to refuse medical treatments
Role	What a person is expected to do and not do
Routine	A schedule or way of doing things

S

Word	Definition
Safety hazard	Dangerous condition or obstacle to security
Safety razor	A shaving tool with a protective device between the edge of the blade and the skin
Salmonella	Bacteria ingested through contaminated food or water causing an infection in the small intestine

Sanitize	Making a surface safe for food contact
Secretion	To produce and release a liquid
Sedentary	A lifestyle that includes only the light physical activity associated with typical day-to-day life
Seizure	Abnormal function of the brain which causes convulsions
Self-care	Actions to maintain one's own well-being, health, and happiness
Self-determination	The ability of a person to control what they do and what happens to them
Self-Directed Care	A law that protects the right of an adult person who has a functional disability and is living in their own home to direct and supervise a paid personal aide, such as an individual provider, to perform a health care task the adult person would otherwise perform for themselves
Sensory	Relating to the senses of seeing, hearing, touching, tasting, and smelling
Service plan or care plan	A guide or map of the care and services a client wants and needs, including how and when services should be offered and who will provide them. In an assisted living, this document is called a "negotiated service agreement."
Service Summary	A section of the DSHS care plan that documents contact information, caregivers' schedules, and the client's goals
Sexual abuse	Any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person and a client, regardless of whether the act is consensual.
Sexual orientation	A person's enduring physical, romantic, and/or emotional attraction to members of the same and/or other sex
Sexuality	Characteristics or feelings relating to sex

Shock	A state of collapse resulting from reduced blood volume and blood pressure, usually caused by severe injuries such as hemorrhage or burns on many parts of the body. May also result from an emotional blow or pain.
Side effects	A secondary and usually undesirable effect of a medication or therapy
Skeletal system	The bones and connections between them that provide the framework for the body
Skin	The organ of the body that covers the body and protects it, composed of layers of tissue
Skin breakdown	Any break in the skin, creating a risk for infection and further injury
Skin care	Cleansing and protection of the skin
Skin integrity	Having skin that is whole, undamaged, and intact
Slide board	Board used to transfer people if there is no chance of spinal injury, also called a transfer board
Spinal cord	One of the main organs of the nervous system, it is inside the spine and carries messages from the brain to other parts of the body, and from parts of the body back to the brain.
Spiritual	Related to the spirit or soul, sacred, or religious
Sputum	Mucus coughed up from the lungs
Standard Precautions	Infection prevention practices used with every client, regardless of the client's infectious status, to avoid the transmission of pathogens through the blood, body fluids, non-intact skin or mucous membranes
Sterile dressing	A protective, bacteria-free, covering put on an injury
Sterilization	The process of destroying all microorganisms, including spores
Sternum	Breastbone

Stigma	Negative attitudes and discrimination against a person based on physical appearance, diagnosis of a condition, and/or beliefs which cause a sense or feeling of shame
Stool	Solid waste that passes through the bowels and exits the body through the anus. Also called feces or bowel movement.
Stoma	An artificial opening connecting a body passage to the outside; i.e. colostomy, tracheostomy, ileostomy or urostomy
Stress	Mental or emotional strain or tension
Stressor	Any situation or thought that makes you feel frustrated, angry, or anxious
Stroke	Rupture or blockage of a blood vessel in the brain depriving parts of the brain of blood supply, also called a brain attack or cerebrovascular accident (CVA)
Subjective documentation	Writing down your personal feelings, impressions, or interpretations
Symptom	Evidence of disease, infection, disorder, or condition

T

Word	Definition
Temperature	Measurement of heat such as a person's body temperature, the temperature of food, or the temperature of air or water
Tendons	Tough cords of connective tissue that bind muscles to other body parts
Thermometer	Instrument for measuring temperature. There are different thermometers to check body temperature, food temperature, and water temperature.
Tone	The sound or pitch of the words you speak

Tools	Techniques or objects that help you accomplish a task
Toxins	A poisonous substance, can be produced by bacteria, and cause illness and disease. Toxins can also include chemicals in everyday products that, if used incorrectly, can make a person sick.
Transfer belt/gait belt	A belt worn around the client's waist to aid in transfers and walking
Transfer board	A flat board that enables a client to slide from one level surface to another, also called a slide board
Transfers	Moving a client from one place to another; for example from a bed to a wheelchair
Transmitted	The process of passing something from one person or place to another, such as an infection from a virus
Travel to medical services	Accompanying and/or transporting a client to a physician's office or clinic in the local area to obtain medical diagnosis or treatment
Tuberculosis (TB)	A highly infectious airborne disease caused by bacteria, primarily affects the lungs
Tumor	An abnormal growth in or on the body; can be benign, or malignant. A malignant tumor is also called "cancer."

U

Word	Definition
Unconditional positive regard	Acceptance and support of a person regardless of what the person says or does
Unconscious	Not alert, unable to respond
Urethra	The body part which carries urine from the bladder out of the body

Urinalysis	Lab test to urine for diagnostic purposes; often referred to as a "UA"
Urinal	Container used for urinating; often used for bedbound clients who have difficulty getting to the toilet
Urinary Catheter	A tube inserted into the bladder to drain urine
Urinary incontinence	The inability to control bladder functions
Urinary system	The system of organs that produces urine and discharges it from the body
Urinary Tract	The organs of the body that produce and discharge urine, including the kidneys, ureters, bladder and urethra
Urinary Tract Infection (UTI)	An infection of one or more parts or the urinary tract. Symptoms might include pain, urgency, and frequency of urination, fever, and/or change in cognition (new or worsening confusion). May have no symptoms.
Urination	The process of getting rid of urine from the bladder
Urine	Liquid waste from the kidneys, usually clear and yellow/pale yellow in color
Urostomy	An opening on the surface of the abdomen where a tube is inserted into the bladder to drain urine

V

Word	Definition
Vaccination	The act of introducing a vaccine into the body to create immunity to a specific disease
Vaccine	A product that prepares the immune system to fight a specific disease
Values	A particular behavior or tradition seen as important

Vein	Blood vessel that carries blood to the heart
Verbal	Spoken words
Vertebrae	Bones of the spine
Virus	The smallest known living disease-producing organism
Viral load	The amount of virus present in the blood, saliva, mucus, or other body fluid
Visualization	Seeing something in your mind
Visually impaired	Blindness or loss of sight
Void	Urinate
Vomiting	Throwing up the contents of the stomach out of the mouth
Vulnerable	Easily hurt, influenced, or attacked
Vulnerable adult	A person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or found incapacitated under chapter 11.88 RCW; or who has a developmental disability as defined under RCW 71A.10.020; or admitted to any facility; or receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or receiving services from an individual provider; or who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

W

Word	Definition
Walker	A device used for walking
Weight	Measure of heaviness

Wheelchair	Chair mounted on wheels
Wound	Injury to the skin or an organ

Notes

Skills Checklist

https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=16-245&title=

Skills Practice Procedure Checklist for Home Care Aides DSHS Approved

Common Care Practices - for you to successfully demonstrate this skill you need to:	YES	NO
Identify yourself to the client when beginning care	☐	☐
Use infection control measures and standard precautions to protect the client and yourself through procedures	☐	☐
Promote client's social and human needs throughout procedures	☐	☐
Promote client's **rights** throughout procedures	☐	☐
Promote client's **safety** throughout procedures	☐	☐
Promote client's **comfort** throughout procedures	☐	☐
Leave common use items within client's reach at end of care, e.g., phone, glasses, remote, tissues, glass of water)	☐	☐

Communication and Client Rights - for you to successfully demonstrate this skill you need to:	YES	NO
Explain what you are doing	☐	☐
Speak slowly, clearly, and respectfully	☐	☐
Engage client and listen attentively	☐	☐
Observe client for changes	☐	☐
Support client's choice and independence	☐	☐
Respect client's need for privacy	☐	☐

S.W.I.P.E.S. - for you to successfully demonstrate this skill you need to:	YES	NO
Gather **Supplies** before starting task	☐	☐
Wash your hands before contact with a client	☐	☐
Identify yourself by telling the client your name	☐	☐
Provide privacy throughout care with a curtain, screen, or door	☐	☐
Explain what you are doing for the client	☐	☐
Scan the area to be sure everything is back in place after the task is done	☐	☐

Hand Washing - for you to successfully demonstrate this skill you need to:	YES	NO
Make sure supplies are within easy reach so no contaminated surface is touched throughout task	☐	☐
Turn on warm water at sink	☐	☐
Wet hands and wrists thoroughly	☐	☐
Apply soap to hands	☐	☐
Lather all surfaces of fingers and hands, including above the wrists, producing friction for at least 20 seconds, keeping fingers pointed down	☐	☐
Thoroughly rinse all surfaces of hands and wrists without contaminating hands (keeping fingers pointed down)	☐	☐
Use clean paper towel(s) to dry all surfaces of fingers, hands, and wrists starting at fingertips	☐	☐
Use clean, dry paper towel or clean, dry area of paper towel to turn off faucet without contaminating hands	☐	☐
Dispose of used paper towels in wastebasket immediately after shutting off faucet	☐	☐
End procedure with clean hands avoiding contamination (e.g., direct contact with faucet controls, paper towel dispenser, sink, or trash can)	☐	☐

Put on Gloves - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Wash your hands before contact with gloves	☐	☐
Check each glove for holes or other deterioration before using	☐	☐
Grasp glove at cuff and pull onto hand	☐	☐
Grasp other glove at cuff and pull onto other hand	☐	☐
Check to make sure gloves fit snugly over each finger	☐	☐

Take off Gloves - for you to successfully demonstrate this skill you need to:	YES	NO
With one gloved hand, grasp the other glove just below the cuff on the outside	☐	☐
Pull glove down over hand so it is inside out	☐	☐
Keep holding removed glove with gloved hand and crumple it into a ball	☐	☐
With two fingers of bare hand, reach under cuff of the second glove	☐	☐
Pull glove down inside out so it covers the first glove	☐	☐
Remove gloves, dispose of gloves in trash can, and wash hands	☐	☐

Follow the Centers for Disease Control and Prevention (CDC) guidelines to identify when to use Personal Protective Equipment (PPE) and for donning and removing PPE - to successfully complete these skills, follow the link below to review and practice all current PPE protocols with your skills instructor.

	YES	NO
Using Personal Protective Equipment (PPE) | CDC https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html	☐	☐

Assist a Client to Walk - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Stand in front of and face client	☐	☐
Assist client to put on and properly fasten non-skid footwear	☐	☐
Explain walking destination before client begins walking	☐	☐
Prepare client for standing by positioning knees at a 90 degree angle with feet flat on the floor	☐	☐
Have client lean forward on the chair seat before standing	☐	☐
Place transfer belt (if needed) around client's waist, assist client to stand	☐	☐
Cue client to push up with arms from chair to stand	☐	☐
Place hand on client's arm, back, waist, or hold transfer belt while client stands	☐	☐
Ask how client feels after standing or while walking	☐	☐
Walk slightly behind and to one side (weaker side, if any) of client for the full distance	☐	☐
Cue positioning before client sits, with legs centered against seat of chair for safe sitting	☐	☐
Cue client to reach for chair before sitting	☐	☐
Place hand on client's arm, back, waist or, if used, hold transfer belt when client sits. Remove transfer belt.	☐	☐
Leave client sitting safely in chair with hips against the back of the seat	☐	☐
Wash hands	☐	☐

For the HCA skills test, the client requires stand by assistance to walk. No assistive devices are used. The client is seated in a chair when care begins.

Transfer a Client from Bed to Chair or Wheelchair - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Position chair or wheelchair close to bed with the arm of the wheelchair almost touching the bed	☐	☐
Lock wheels on wheelchair	☐	☐
Fold up or remove footrests	☐	☐
Assist client to roll toward side of bed	☐	☐
Provide support holding behind client shoulders or back and hips, assist client to a sitting position	☐	☐

Transfer a Client from Bed to Chair or Wheelchair - for you to successfully demonstrate this skill you need to (continued):	YES	NO
Assist client to put on non-skid footwear	☐	☐
Make sure client's feet are flat on floor before standing	☐	☐
Apply transfer / gait belt (if needed) over clothing, around client's waist with enough room to allow for placement of flat of hand only between belt and clients body	☐	☐
Stand in front of client	☐	☐
Grasp transfer belt on sides or around back when assisting client to stand and throughout transfer	☐	☐
Brace one or both of client's legs with your own legs, then cue client to stand	☐	☐
Turn client upon standing so that back of legs are centered against seat of wheelchair	☐	☐
Cue client to hold onto armrests before sitting in wheelchair	☐	☐
Provide controlled gentle lowering into the wheelchair seat	☐	☐
Reposition client with hips touching the back of the wheelchair and makes sure client's body is aligned with chair	☐	☐
Remove transfer / gait belt	☐	☐
Position client's feet on footrests, lock / unlock wheelchair per client choice and/or safety	☐	☐
Leave client in wheelchair with proper body alignment and feet positioned on footrest	☐	☐
Wash hands	☐	☐

For the HCA skills test care begins with the client lying in bed. The client can stand but is unable to walk. A transfer belt is used.

Turn and Position a Client in Bed - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Flatten the head of the bed, if it's not flat already	☐	☐
Stand on the side of the bed opposite the direction you plan to turn the client	☐	☐
Cue the client to scoot toward you	☐	☐
If the client is unable to scoot toward you, assist by getting the client's entire body in alignment and near you so you can safely roll the client	☐	☐
Place both hands beneath the client's head / shoulders and move that portion of the body toward you	☐	☐
Place both hands beneath the client's trunk and bottom and move that portion of the body toward you	☐	☐
Place both hands beneath the client's thighs and lower legs and move that portion of the body towards you	☐	☐
Return to the side of the bed you plan to turn the client	☐	☐
Place client's arm on top of their chest and ensure their legs are crossed in the direction you will be turning the client onto their side	☐	☐
Place your hands on the client's hip and shoulder and gently roll the client over on their side toward you (**Tip: make sure there is room to roll the client**)	☐	☐
Position client a safe distance from the edge of bed when turned onto side	☐	☐
Position client in proper body alignment	☐	☐
Head supported by pillow	☐	☐
Shoulder adjusted so client is not lying on arm and top arm is supported. Leave client's lower arm and shoulder free from being tucked under side	☐	☐
Back supported by supportive device. Position device (e.g., padding, pillow) against back rolled and tucked to maintain client's side lying position	☐	☐
Top knee flexed, top leg supported by supportive device with hip in proper alignment. Use device (e.g., padding, pillow) to support top leg, maintain alignment of top hip, leave top knee flexed	☐	☐
Leave client in side-lying position, avoiding direct pressure on hipbone with their ankles and knees separated	☐	☐
Support top arm with supportive device	☐	☐
Cover client with top sheet, remove gloves (if used) and wash hands	☐	☐

For the HCA skills test the client is lying on their back in bed when care begins.

Mouth / Oral Care - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Ensure client is in an up-right sitting position	☐	☐
Wash hands and put on gloves	☐	☐
Offer to place a towel across client's chest before providing mouth care	☐	☐
Prior to starting, ask client about any mouth pain	☐	☐
Moisten toothbrush or toothette and apply toothpaste	☐	☐
Clean all surfaces of teeth with brush or toothette, using gentle circular motions	☐	☐
Offer to brush client's tongue	☐	☐
Offer client clean water to rinse their mouth	☐	☐
Hold basin near client's chin to collect rinse water	☐	☐
Pat dry client's lips and face, and remove towel	☐	☐
Rinse and dry basin and rinse toothbrush before storing	☐	☐
Remove and dispose of gloves. Wash hands.	☐	☐
For the HCA skills test the client is sitting at a table while this care is provided.		

Clean and Store Dentures - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Put on gloves	☐	☐
Use technique to reduce the risk of denture breakage if dropped during cleaning (e.g., brushing denture directly over sink lined with washcloth / paper town / towel, filled with water inside basin)	☐	☐
Prevent contamination of denture throughout procedure (e.g., floating in sink water or setting denture directly on unprotected surface	☐	☐
Obtain dentures from client. If the client is unable to remove them, gently remove dentures from the client's mouth. Take the lower denture out first, then the upper denture	☐	☐
Rinse dentures in cool running water before brushing	☐	☐
Apply toothpaste or denture cleanser to toothbrush	☐	☐
Brush dentures on all surfaces	☐	☐
Rinse all surfaces of denture under cool, running water	☐	☐
Assist client with replacing or storing dentures	☐	☐
Rinse denture cup before putting dentures in it	☐	☐
Place dentures in clean denture cup with solution or cool water	☐	☐
Dispose of sink liner or other soiled items. Remove and dispose of gloves. Wash hands	☐	☐
For the HCA skills test the client is sitting at a table or lying in bed while this care is provided.		

Fingernail Care - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Wash hands and put on gloves	☐	☐
Put water in a bowl. Confirm the water is safe and at a comfortable temperature for the client. Adjust if necessary	☐	☐
Place water at a comfortable level for client	☐	☐
Put client's fingers in water and allow to soak	☐	☐
Pat dry client's hand including between fingers, prior to shaping or cleaning client's fingernails	☐	☐
Dry client's hand by patting with towel, not rubbing	☐	☐
Clean under nails with orange stick. Wipe orange stick on towel after cleaning each nail	☐	☐
Groom nails with file or emery board	☐	☐
Move back and forth with an emery board and do not go too deeply into the corners as this can cause the nail to split and weaken nails	☐	☐
File nails from one side to the other in one direction only or file each nail tip from corner to center	☐	☐

SKILLS PRACTICE PROCEDURE CHECKLIST FOR HOME CARE AIDES DSHS APPROVED
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Fingernail Care - for you to successfully demonstrate this skill you need to (continued):	YES	NO
Cuticles act as a barrier to infection. Do not clip cuticles.	☐	☐
Finish with nails smooth and free of rough edges	☐	☐
Offer to apply lotion	☐	☐
Empty, clean water bowl(s), store equipment, dispose of used linen(s) and trash appropriately and leave the table dry at completion of procedure	☐	☐
Remove gloves, wash hands	☐	☐

If a client has a circulatory problem or diabetes, a Home Care Aide should not use an orange stick on the client's fingernails.

For the HCA skills test the client is sitting at a table while this care is provided.

Foot Care - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Wash hands and put on gloves	☐	☐
Inspect the client's foot carefully before starting the procedure by checking between the toes and the heels of the foot. Inquire whether the client has any pain or sensitive areas before beginning	☐	☐
Put water in basin, filling it no less than halfway full	☐	☐
Ask client if water temperature is comfortable before foot is completely submerged. Adjust if necessary	☐	☐
Put the client's foot completely in the water	☐	☐
Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth. **Keep water in basin soap free for use as rinse water by: (1) washing foot with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one for rinsing**	☐	☐
Be sure to add the soap to the wet washcloth rather than directly in the water	☐	☐
Wash client's entire foot including between toes with soapy washcloth after soaking	☐	☐
Rinse to remove soap from foot and in between toes	☐	☐
Prior to cleaning dirt out from under client's nails, gently pat their foot dry including between their toes	☐	☐
Clean under nails with orange stick. Wipe orange stick on towel after cleaning each nail	☐	☐
Groom nails straight across with file or emery board	☐	☐
Move back and forth with an emery board and do not go too deeply into the corners as this can cause the nail to split and weaken	☐	☐
File nails from one side to the other in one direction only or file each nail tip from corner to center	☐	☐
Cuticles act as a barrier to infection. Do not clip cuticles.	☐	☐
Finish with nails smooth and free of rough edges	☐	☐
Ask if client would like lotion applied. If so, put lotion in your hand and apply lotion to the client's entire foot making sure not to put lotion in-between the toes. Remove excess lotion (if any) with towel	☐	☐
Assist client to replace socks and shoes	☐	☐
Empty, rinse, wipe bath basin, and return to proper storage	☐	☐
Remove gloves and wash hands	☐	☐

If a client has a circulatory problem or diabetes, a Home Care Aide should not use an orange stick on the client's toenails.

For the HCA skills test the client is sitting in a chair while this care is provided.

The following are general tips when helping a client with nail care:	YES	NO
Inspect your client's feet and hands regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes / fingers, or other changes. Document and report any swelling or redness you notice around the area. Always verify the client's care plan prior to performing nail care.	☐	☐
Monitor minor cuts and keep them clean.	☐	☐
Do not put lotion in-between the toes – the lotion causes moisture that promotes fungal growth	☐	☐
Do not cut down the corners of a client's nails or dig around the nail with a sharp instrument for any client.	☐	☐
Smooth, clean nails provide comfort and safety for a client. Jagged or sharp nails can catch and tear on clothing and may cause injury to the toes / fingers. Always handle a client's feet and hands gently and carefully	☐	☐

Assist Client with a Weak Arm to Dress - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills.	☐	☐
Ask client what they would like to wear	☐	☐
Put on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints	☐	☐
Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip before placing garment on the unaffected side. Place shirt sleeve over weak arm before putting on non-affected arm.	☐	☐
Cue client with dressing	☐	☐
Ensure client is sitting when putting feet and legs into pants and when assisting with non-skid footwear	☐	☐
Provide support to client when pulling up and securing pants.	☐	☐
Finish with client dressed appropriately (clothing right side out, zippers / buttons fastened, etc.).	☐	☐
Wash hands	☐	☐

For the HCA skills test the client is able to stand. The client is wearing a T-shirt and underwear and needs to be dressed in a shirt, pants, socks, and shoes. The client will be dressed over their own clothing.

Put a Knee High Elastic Stocking on Client - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills.	☐	☐
Prepare stocking for application by turning stocking inside out, at least to heel area.	☐	☐
Place foot of stocking over toes, foot, and heel, moving client's foot and leg naturally, supporting extremity and avoiding force or over-extension of limb and joints	☐	☐
Pull top of stocking over foot, heel, and leg.	☐	☐
Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the client's toes	☐	☐
Complete application of stocking over foot with the toes and heel in proper position per stocking design	☐	☐
Leave stocking raised to knee and wrinkle free.	☐	☐
Wash hands	☐	☐

For HCA skills test the client is lying in bed while this care is provided.

Passive Range of Motion for One Shoulder - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills.	☐	☐
While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.	☐	☐
Ask the client about their comfort level throughout the exercise. Stop if pain occurs	☐	☐
Support client's arm holding under elbow and wrist, while performing range of motion for shoulder	☐	☐

Passive Range of Motion for One Shoulder - for you to successfully demonstrate this skill you need to (continued):	YES	NO
Raise client's straightened arm toward ceiling, back towards the Head of Bed (HOB) and return to a flat position as one repetition (shoulder flexion / extension). Repeat at least three (3) times	☐	☐
Move client's straightened arm away from side of body towards HOB and return client's straightened arm to midline of client's body as one repetition (shoulder abduction / adduction). Repeat at least three (3) times	☐	☐
Place client's flexed elbow at client's shoulder level, rotate forearm toward HOB and rotate forearm down towards hip. Repeat at least three (3) times	☐	☐
Wash hands	☐	☐
For the HCA skills test the client is lying in bed while this care is provided.		

Passive Range of Motion for One Knee and Ankle - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
While supporting the client's limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance	☐	☐
Knee: support the client's leg at knee and ankle joints, while performing range of motion for knee	☐	☐
Ask the client how they feel during the exercise. Stop if pain occurs	☐	☐
Bend the knee back to the point of resistance and then return leg flat to bed (followed by straightening knee as one repetition – knee flexion / extension). Repeat at least three (3) times	☐	☐
Ankle: support foot and ankle while performing range of motion for ankle	☐	☐
Push the foot forward towards the leg, and in a separate motion push the foot pointed down toward to the foot of bed as one repetition (ankle flexion / extension). Repeat three (3) times	☐	☐
Wash hands	☐	☐
For the HCA skills test the client is lying in bed while this care is provided.		

Assist a Client to Eat - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Ensure client is sitting upright in chair before assistance begins	☐	☐
Offer client a clothing protector	☐	☐
Sit at client's eye level to assist the client to eat	☐	☐
Offer food in bite-size pieces, alternating types of food offered or ask client's preference for each bite	☐	☐
Offer a beverage to the client during the meal	☐	☐
Make sure the client's mouth is empty before offering the next bite or sip of beverages	☐	☐
Engage client in conversation throughout the meal	☐	☐
Wipe food from client's mouth and hands as necessary and at the end of the meal	☐	☐
Remove clothing protector, if worn, and dispose of in proper container	☐	☐
Remove leftover food	☐	☐
Leave table clean, dry, and clear of food items	☐	☐
Wash hands	☐	☐
For the HCA skills test the client is sitting at a table when care begins for this skill.		

Assist a Client with a Bed Bath - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Put on gloves	☐	☐
Remove or fold back top bedding. Keep client covered with bath blanket or top sheet	☐	☐
Remove client's gown / sleepwear	☐	☐
Ensure the water temperature is safe and confirm with the client it is at a comfortable temperature for them. Adjust if necessary	☐	☐

Assist a Client with a Bed Bath - for you to successfully demonstrate this skill you need to (continued):	YES	NO
Keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into the basin of water; or (2) using two separate basins of water: one for washing and one for rinsing	☐	☐
Replace water anytime it gets soapy, cool, or dirty	☐	☐
Place a dry towel behind the client's head / neck	☐	☐
Wet washcloth (no soap) and begin with eyes. Use a different area of the washcloth for each eye, washing inner to outer corner	☐	☐
Wash the rest of the face, ears, and neck using soap (if the client prefers)	☐	☐
Rinse, dry area with a towel – pat, don't rub	☐	☐
Expose one arm and place a towel underneath it. Support the client's arm with the palm of your hand underneath the client's elbow. Wash the client's arm, shoulder, and armpit. Rinse and pat dry	☐	☐
Place the client's hand in the water basin. Wash the client's hand, rinse, and pat dry. Repeat with the other arm and hand	☐	☐
Wash, rinse, and pat dry the client's chest and abdomen	☐	☐
Uncover one of the client's legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry	☐	☐
Slide the client's foot into the water basin. Wash the client's foot, rinse, and pat dry. Repeat with the leg and foot	☐	☐
Assist the client to turn on their side, away from you. Place a bath blanket or towel alongside their back Wash the client's back and buttocks, rinse, and pat dry	☐	☐
Assist the client to their back. Provide privacy and let the client perform their own perineal care (if able); if not, this task is covered separately	☐	☐
Leave client covered with top sheet and/or blanket at the end of care	☐	☐
Remove bedding that may have gotten wet	☐	☐
Place soiled clothing and linen in proper container	☐	☐
Empty, rinse, clean, sanitize bath basins and return to proper storage	☐	☐
Remove and dispose of soiled gloves	☐	☐
Wash hands	☐	☐

Assist with Perineal Care - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Fill basin with water, use water that is a safe and comfortable temperature for the client. Adjust as requested	☐	☐
Wear gloves while providing perineal care, while rinsing and drying equipment and handling soiled linens	☐	☐
Protect client's bedding from getting wet with a towel or disposable bed pad	☐	☐
Uncover the perineal area. Make sure the client's privacy is maintained	☐	☐
Keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into the basin of water; or (2) using two separate basins of water: one for washing and one for rinsing	☐	☐
Gently wash entire perineal area with a soapy washcloth. Use a clean area of the washcloth for each stroke. Clean from front to back of perineal area	☐	☐
Rinse entire perineal area with a clean washcloth. Use a clean area of the washcloth for each stroke. Rinse from front to back of perineal area	☐	☐
Gently pat dry perineal area, moving from front to back	☐	☐
Assist client with rolling to side. Make sure client is a safe distance from the edge of bed	☐	☐
Wash, rinse, and pat dry buttocks and peri-anal area. Use a clean area of the washcloth for each stroke. Wipe from front to back to avoid contaminating the perineal area	☐	☐
Replace bed pad or bottom sheet, if necessary	☐	☐
Minimize exposure of the client's body during the procedure	☐	☐
Leave client covered with top sheet and/or blanket at the end of care	☐	☐
Remove soiled or wet washcloths, towels, bed pads, bedding, or clothing. Dispose of in proper containers	☐	☐
Remove and dispose of soiled gloves	☐	☐
Wash hands	☐	☐

For the HCA skills test the client is a female mannequin. The client is lying in bed while this care is provided. This skill will be performed using soap and water not wipes.

Catheter Care - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Test water temperature in basin. Determine if water temperature is safe and verify with client it is comfortable adjust if necessary	☐	☐
Keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap and apply directly to the washcloth instead of adding soap into the basin of water; or (2) using two separate basins of water: one for washing and one for rinsing	☐	☐
Minimize exposure of the client's body during care	☐	☐
Wear gloves, before handling catheter, tubing, urinary drainage bag or beginning cleansing and throughout the procedure while providing catheter care, while rinsing and drying equipment and handling soiled linens	☐	☐
Position client a safe distance from the edge of the bed if turned on side during care	☐	☐
Place towel or pad under catheter tubing before washing as to not get client's sheets or clothing wet during cleaning	☐	☐
Uncover area surrounding catheter only	☐	☐
Use soapy washcloth to cleanse catheter	☐	☐
Change spot on washcloth for each washing and rinsing stroke. Do not tug catheter. Hold catheter near opening where it enters the body to avoid tugging it	☐	☐
Clean at least four inches of the catheter nearest the opening of the urethra, moving from the opening downwards away from the body. Use a clean area of the washcloth for each stroke	☐	☐
Using a different washcloth, rinse at least four inches of the catheter nearest the opening, move from the opening downwards away from the body, using a clean area of the washcloth for each stroke	☐	☐
Pat dry any area of client's skin that may have gotten wet	☐	☐
Leave skin areas that become wet during care and bed sheets dry at completion of care	☐	☐
Keep the urinary drainage bag positioned lower than bladder throughout care and at the end of the procedure. Make sure there are no kinks in catheter tubing	☐	☐
Dispose of towels and other items in proper containers	☐	☐
Leave client covered with top sheet at the end of care	☐	☐
Remove and dispose of gloves and wash hands	☐	☐
For the HCA skills test the client is lying in bed while this care is provided.		

Condom Catheter Care	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Put on gloves	☐	☐
Uncover genital area only	☐	☐
Wash and dry penis carefully, cut long hairs	☐	☐
Observe skin of penis for open areas	☐	☐
If sores or raw areas are present, do not apply condom	☐	☐
Put skin adhesive over penis	☐	☐
Roll condom catheter over penis area	☐	☐
Attach condom to tubing. Check that the tip of the condom is not twisted	☐	☐
Secure tubing to the client's leg. Ensure bag is below the level of the bladder	☐	☐
Remove and dispose of gloves and wash hands	☐	☐

Medication Assistance - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Check client's medication schedule	☐	☐
Remind the client it is the scheduled time to take their prescribed medication	☐	☐
Select the correct medication bottle, labeled with client's name	☐	☐
Take the medication container from where it is stored, look at the label, and verify the 5 Rights - medication, client, amount, route, and time	☐	☐
Open the container, look at the label and verify the 5 Rights again	☐	☐
Pour the medication from the bottle to the lid cap without touching medication	☐	☐
Give client the correct number of pills by pouring them from the lid cap to their hand without touching the medication	☐	☐
Cue client to take medication	☐	☐
Assist the client to take medication without having your hand over the client's hand or tipping the client's hand to place pill(s) into the client's mouth, or placing the pill directly into the client's mouth	☐	☐
Offer the client a full glass of fluid (for oral medications)	☐	☐
Observe and make sure the medication is taken. Ask client or check if medication is swallowed	☐	☐
Close the medication container and put it back in the appropriate place; verify the five (5) rights again	☐	☐
Document that the client has taken the medication. If they have not, document that too	☐	☐
Wash hands	☐	☐
For the HCA skills test the client is sitting a table while this care is provided.		

Assist Client with use of Bedpan - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills	☐	☐
Before placing bedpan, lower the head of the bed	☐	☐
Wear gloves to place bedpan correctly under client's buttocks (standard bedpan: positions bedpan so wider end of the pan is aligned with the client's buttocks; fracture pan: position bedpan with handle toward foot of bed). Have client bend knees and raise hips (if able)	☐	☐
Raise head of bed after placing bedpan under the client	☐	☐
Put toilet tissue within client's reach	☐	☐
Ask client to let you know when they are finished	☐	☐
Offer to cover client with a bed sheet or blanket	☐	
Lower the head of the bed before removing the bedpan	☐	☐
Put on gloves before removing the bedpan	☐	☐
Remove bedpan and empty contents into toilet	☐	☐
Provide perineal care (follow checklist procedures)	☐	☐
Clean and sanitize equipment as per protocol. Return to proper storage	☐	☐
Remove and dispose of gloves and wash hands	☐	☐

Shave with a Safety Razor - for you to successfully demonstrate this skill you need to:	YES	NO
Use S.W.I.P.E.S. skill	☐	☐
Put on gloves	☐	☐
Ask client if they wear dentures. If so, make sure they are in their mouth	☐	☐
Wash face with warm wet washcloth	☐	☐
Apply shaving lather to the area to be shaved	☐	☐
Hold razor securely	☐	☐
Hold skin taut with free hand and shave with smooth even movements in direction of hair	☐	☐
Rinse safety razor in warm water between strokes to keep the razor clean and wet	☐	☐
Shave sides first, then nose and mouth	☐	☐
Wash, rinse, and dry face	☐	☐
Clean and put away equipment	☐	☐
Remove and dispose of gloves and wash hands	☐	☐

Washington State
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